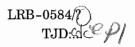


State of Misconsin 2019 - 2020 LEGISLATURE



In:1131

DOA:.....Stinebrink, BB0038 - Long-term care; managed care

FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION

SLA X-ref SLC

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An Act ...; **relating to:** the budget.

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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

- 2 Section 1. 16.009 (2) (em) of the statutes is amended to read:
- 3 16.009 (2) (em) Monitor, evaluate, and make recommendations concerning
- 4 long-term community support services received by clients of the long-term support
- 5 community options program under s. 46.27, the family care program, the Family
- 6 Care Partnership Program, and the program of all-inclusive care for the elderly.

History: 1981 c. 20; 1983 a. 524; 1985 a. 29; 1987 a. 27; 1989 a. 31, 294; 1991 a. 39, 232; 1993 a. 16, 205; 1995 a. 27 s. 9126 (19); 1997 a. 131; 1999 a. 9, 82, 86, 186; 2003 a. 33; 2007 a. 20 ss. 74, 9121 (6) (a); 2009 a. 28; 2011 a. 32; 2017 a. 165 s. 114; 2017 a. 59.

- **SECTION 2.** 16.643 (2) of the statutes is amended to read:
- 8 16.643 (2) ELIGIBILITY FOR LONG-TERM CARE PROGRAMS. A person who is
 - determining eligibility for an individual for a long-term care program under s. 46.27,

46.275, or 46.277, the family care benefit under s. 46.286, the family care partnership program, the long-term care program defined in s. 46.2899 (1), or any other demonstration program or program operated under a waiver of federal medicaid law that provides long-term care benefits shall exclude from the determination any income from assets accumulated in an account that is part of a qualified ABLE program under section 529A of the Internal Revenue Code.

History: 2015 a. 55, 312.

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SECTION 3. 20.435 (4) (b) of the statutes is amended to read:

20.435 (4) (b) Medical Assistance program benefits. Biennially, the amounts in the schedule to provide a portion of the state share of Medical Assistance program benefits administered under subch. IV of ch. 49, for a portion of the Badger Care health care program under s. 49.665, to provide a portion of the Medical Assistance program benefits administered under subch. IV of ch. 49 that are not also provided under par. (o), to fund the pilot project under s. 46.27 (9) and (10), to provide a portion of the facility payments under 1999 Wisconsin Act 9, section 9123 (9m), to fund services provided by resource centers under s. 46.283, for services under the family care benefit under s. 46.284 (5), for the community options program under s. 46.27, 2017 stats., for assisting victims of diseases, as provided in ss. 49.68, 49.683, and 49.685, for distributing grants under s. 146.64, and for reduction of any operating deficits as specified in 2005 Wisconsin Act 15, section 3. Notwithstanding s. 20.002 (1), the department may transfer from this appropriation account to the appropriation account under sub. (5) (kc) funds in the amount of and for the purposes specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the department may credit or deposit into this appropriation account and may transfer

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- between fiscal years funds that it transfers from the appropriation account under
- sub. (5) (kc) for the purposes specified in s. 46.485 (3r).

History. 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 153, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 20; 1975 c. 412, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 25; 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 222; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434; 2007 a. 20 ss. 331 to 422, 9121 (6) (a); 2007 a. 39, 88, 107, 111, 130; 2009 a. 2, 15; 2009 a. 28 ss. 325 to 470, 485, 488, 490; 2009 a. 76, 180, 190, 219, 274, 276, 279, 318, 334; 2011 a. 32, 70, 257; 2013 a. 10, 92; 2013 a. 116 s. 31; 2013 a. 126, 127, 129, 131, 132, 137; 2013 a.

SECTION 4. 20.435 (4) (bd) of the statutes is amended to read:

20.435 (4) (bd) Long-term care programs. The amounts in the schedule for assessments, case planning, services, administration and risk reserve escrow accounts under s. 46.27, for pilot projects under s. 46.271 (1), to fund services provided by resource centers other entities under s. 46.283 (5), for services under the family care program under s. 46.284 (5), for services and supports under s. 46.2803 (2), and for services provided under the children's community options program under s. 46.272, and for the payment of premiums under s. 49.472 (5). Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department may under this paragraph transfer moneys between fiscal years. Except for moneys authorized for transfer under this appropriation or under s. 46.27 (7) (fm) or (g), all moneys under this appropriation that are allocated under s. 46.27 and are not spent or encumbered by counties or by the department by December 31 of each year shall lapse to the general fund on the succeeding January 1 unless transferred to the next calendar year by the joint committee on finance.

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SECTION 5. 20.435 (4) (gm) of the statutes is amended to read:

20.435 (4) (gm) *Medical assistance; provider refunds and collections.* All moneys received from provider refunds, third party liability payments, drug rebates, audit recoveries, and other collections related to expenditures made from pars. (b), (jz), and (w), except for those moneys deposited in the appropriation accounts under par. (im) or (in) regardless of the fiscal year in which the expenditure from par. (b), (jz), or (w) is made, to provide a portion of the state share of Medical Assistance program benefits administered under subch. IV of ch. 49; to provide a portion of the Badger Care health care program under s. 49.665; to provide a portion of the Medical Assistance program benefits administered under subch. IV of ch. 49 that are not also provided under par. (o); to fund the pilot project under s. 46.27 (9) and (10); to fund services provided by resource centers under s. 46.283; to fund services under the family care benefit under s. 46.284 (5); and to assist victims of diseases, as provided in ss. 49.68, 49.683, and 49.685.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 782 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 103; 1989 a. 170; 1989

Section 6. 20.435 (4) (hp) of the statutes is amended to read:

20.435 (4) (hp) *Disabled children's long-term support waivers*. All moneys received under ss. 46.03 (18) and 46.10 for services for children reimbursed under a waiver under s. 46.27 (11), 46.275, or 46.278 or provided under the disabled children's long-term support program, as defined in s. 46.011 (1g), for distribution to counties according to a formula developed by the department as a portion of the state share

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- of payments for services for children under the waiver under s. 46.278 or for services
- 2 provided under the disabled children's long-term support program.

SECTION 7. 20.435 (4) (im) of the statutes is amended to read:

20.435 (4) (im) Medical assistance; correct payment recovery; collections; community services; other recoveries. All moneys received from the recovery of correct medical assistance payments under ss. 49.496 and 49.849, all moneys received as collections and other recoveries from providers, drug manufacturers, and other 3rd parties under medical assistance performance-based contracts, all moneys received from the recovery of costs of care under ss. 46.27 (7g), 2017 stats., and 49.849 for enrollees who are ineligible for Medical Assistance, all moneys not appropriated under par. (in), and all moneys credited to this appropriation account under s. 49.89 (7) (f), for payments to counties and tribal governing bodies under s. 49.496 (4) (a), for payment of claims under s. 49.849 (5), for payments to the federal government for its share of medical assistance benefits recovered, for the state share of medical assistance benefits provided under subch. IV of ch. 49, for payments to care management organizations for provision of the family care benefit under s. 46.284 (5), for payments for long-term community support services funded under s. \$46.27 (7) as provided in s. 46.27 (7g) (e) and 49.849 (6) (b), for administration of the waiver program under s. 46.99, and for costs related to collections and other recoveries.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53;

 $1989 \ a. \ 56 \ ss. \ 13, 259; 1989 \ a. \ 102; 1989 \ a. \ 107 \ ss. \ 11, 13, 17 \ to \ 37; 1989 \ a. \ 120, 122, 173, 199, 202, 318, 336, 359; 1991 \ a. \ 6, 39, 189, 269, 275, 290, 315, 322; 1993 \ a. \ 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 \ a. \ 27 \ ss. \ 806 \ to \ 961r, 9126 \ (19); 1995 \ a. \ 77, 98; 1995 \ a. \ 216 \ ss. \ 26, 27; 1995 \ a. \ 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 \ a. \ 27 \ ss. \ 211, 214, 216, 217, 527 \ to \ 609; 1997 \ a. \ 35, 105, 231, 237, 280, 293; 1999 \ a. \ 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 \ a. \ 16, 91, 103, 105; 2003 \ a. \ 33, 139, 186, 318, 320, 326, 327; 2005 \ a. \ 15, 22; 2005 \ a. \ 25 \ ss. 299 \ to \ 331, 2498 \ to \ 2500, 2510; 2005 \ a. \ 74, 107, 199, 228, 264, 388, 406, 434; 2007 \ a. \ 38, 331 \ to \ 422, 9121 \ (6) \ (a); 2007 \ a. \ 39, 88, 107, 111, 130; 2009 \ a. \ 28 \ ss. 325 \ to \ 470, 485, 488, 490; 2009 \ a. \ 76, 180, 190, 219, 274, 276, 279, 318, 334; 2013 \ a. 32, 70, 257; 2013 \ a. \ 20, 92; 2013 \ a. \ 116 \ s. \ 31; 2013 \ a. \ 126, 127, 129, 131, 132, 137; 2013 \ a. \ 168 \ s. \ 77; 2013 \ a. \ 168 \ s. \ 21; 2013 \ a. \ 195, 203, 246; 2015 \ a. \ 55, 153, 172, 195, 265, 274; 2017 \ a. \ 59 \ ss. \ 369 \ to \ 392, 451; 2017 \ a. \ 96, 184, 186, 250, 261, 266, 296.$

Section 8. 20.435 (4) (in) of the statutes is amended to read:

20.435 (4) (in) Community options program; family care; recovery of costs administration. From the moneys received from the recovery of costs of care under ss. 46.27 (7g), 2017 stats., and 49.849 for enrollees who are ineligible for medical assistance, the amounts in the schedule for administration of the recovery of costs of the care.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 (e. 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 257 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 464, 465; 1979 a. 27 ss. 360 to 392, 451; 2017 a. 26, 123; 131, 132, 137; 2013 a. 166 s. 77; 2013 a. 168 s. 21; 2013 a. 195, 203, 246; 2015 a. 55, 153, 172, 195, 265, 274; 2017 a. 12, 28; 2017 a. 59 ss. 369 to 392, 451; 2017 a. 96, 184, 186, 250, 261, 266, 296.

Section 9. 20.435 (4) (w) of the statutes is amended to read:

20.435 (4) (w) *Medical Assistance trust fund*. From the Medical Assistance trust fund, biennially, the amounts in the schedule for meeting costs of medical assistance administered under ss. 46.27, 46.275 (5), 46.278 (6), 46.283 (5), 46.284 (5), 49.45, and 49.472 (6), for refunds under s. 50.38 (6) (a) and (6m) (a), and for administrative costs associated with augmenting the amount of federal moneys received under 42 CFR 433.51.

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20.435 (7) (b) Community aids and Medical Assistance payments. amounts in the schedule for human services and community mental health services under s. 46.40, to fund services provided by resource centers under s. 46.283 (5), to fund activities in support of resource center operations, for services under the family care benefit under s. 46.284 (5), for Medical Assistance payment adjustments under s. 49.45 (52) (a) for services described in s. 49.45 (52) (a) 1., for Medical Assistance payments under s. 49.45 (6tw), and for Medical Assistance payments under s. 49.45 (53) for services described in s. 49.45 (53) that are provided before January 1, 2012. Social services disbursements under s. 46.03 (20) (b) may be made from this appropriation. Refunds received relating to payments made under s. 46.03 (20) (b) for the provision of services for which moneys are appropriated under this paragraph shall be returned to this appropriation. Notwithstanding ss. 20.001 (3) (a) and 20.002(1), the department of health services may transfer funds between fiscal years under this paragraph. The department shall deposit into this appropriation funds it recovers under ss. 46.495 (2) (b) and 51.423 (15), from prior year audit adjustments including those resulting from audits of services under s. 46.26, 1993 stats., or s. 46.27, 2017 stats. Except for amounts authorized to be carried forward under s. 46.45, all funds recovered under ss. 46.495 (2) (b) and 51.423 (15) and all funds allocated under s. 46.40 and not spent or encumbered by December 31 of each year shall lapse to the general fund on the succeeding January 1 unless carried forward to the next calendar year by the joint committee on finance.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1978 a. 192, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 69, 89, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 440, 444, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 130, 186, 318, 320, 326, 327; 2005 s. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434; 2007 a. 39, 88, 107, 111, 130; 2009 a. 2, 15; 2009 a. 28 ss. 325 to 470, 485, 488, 490; 2009 a. 76, 180, 190, 219, 274, 276, 279, 318, 334; 2011 a. 32, 70, 257; 2013 a. 10, 92; 2013 a. 116 s. 31; 2013 a. 126, 127, 129, 131, 132, 137; 2013 a. 166 s. 77; 2013 a. 168 s. 21; 2013 a. 195, 2

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SECTION 11

SEC	CTION 11.	20.930 o	f the	statutes	is amei	nded to	read:

2 20.930 Attorney fees. Except as provided in ss. 5.05 (2m) (c) 7., 19.49 (2) (b) 6., 46.27 (7g) (h), 49.496 (3) (f), and 49.682 (6), no state agency in the executive branch may employ any attorney until such employment has been approved by the governor.

History: 1979 c. 221; 1989 a. 119 s. 1; Stats. 1989 s. 20.930; 1993 a. 490; 1999 a. 9; 2007 a. 1; 2015 a. 118.

SECTION 12. 46.10 (16) of the statutes is amended to read:

46.10 (16) The department shall delegate to county departments under ss. 51.42 and 51.437 or the local providers of care and services meeting the standards established by the department under s. 46.036, the responsibilities vested in the department under this section for collection of patient fees for services other than those provided at state facilities, those provided to children that are reimbursed under a waiver under s. 46.27–(11), 46.275, 46.278, or 46.2785, or those provided under the disabled children's long-term support program if the county departments or providers meet the conditions that the department determines are appropriate. The department may delegate to county departments under ss. 51.42 and 51.437 the responsibilities vested in the department under this section for collection of patient fees for services provided at the state facilities if the necessary conditions are met.

History: 1971 c. 125; 1971 c. 213 s. 5; 1973 c. 90 ss. 223, 223m, 560 (3); 1973 c. 198, 333; 1975 c. 39 ss. 347 to 350, 734; 1975 c. 41, 94; 1975 c. 189 s. 99 (2); 1975 c. 198, 199; 224; 1975 c. 413 s. 18; 1975 c. 428; 1975 c. 430 ss. 6, 80; 1977 c. 29, 203; 1977 c. 418 ss. 294 to 295, 924 (50), 929 (18); 1977 c. 428; 1977 c. 447 s. 206; 1977 c. 449 ss. 75, 497; 1979 c. 34; 1979 c. 102 ss. 236 (4), 237; 1979 c. 117, 221, 331; 1981 c. 20 ss. 755 to 758, 2202 (20) (i), (n); 1981 c. 81; 1983 a. 27 ss. 955m, 2202 (20); 1985 a. 29, 176, 281, 332; 1987 a. 307; 1989 a. 31, 56, 96, 212; 1991 a. 39, 221, 315, 316; 1993 a. 16, 27, 385, 437, 446, 479, 481; 1995 a. 27 ss. 2054, 2055, 9130 (4); 1995 a. 77, 224, 404; 1997 a. 3, 27, 35, 237, 308; 1999 a. 9, 103; 2001 a. 16, 59, 103; 2003 a. 33; 2005 a. 25, 264, 434; 2007 a. 20, 97; 2009 a. 28, 218; 2011 a. 260; 2015 a. 55, 373; 2017 a. 207 s. 5; s. 13.92 (1) (bm) 2.; s. 35.17 correction in (2).

Cross-reference: See also s. DHS 1.01, Wis. adm. code.

SECTION 13. 46.21 (2m) (b) 1. a. of the statutes is amended to read:

18 46.21 (**2m**) (b) 1. a. The powers and duties of the county departments under ss. 19 46.215, 51.42 and 51.437, including the administration of the long-term support

SECTION 13

- $1 \qquad {\color{red} {\rm community~options~program~under~s.~46.27, if~the~county~department~under~s.~46.215}}$
- is designated as the administering agency under s. 46.27 (3) (b) 1.

History 1973 c. 136, 153, 262; 1975 c. 224; 1975 c. 213 s. 18; 1977 c. 271, 272, 449; 1979 c. 34; 1981 c. 217, 329, 391; 1983 a. 27, 239, 368, 524; 1985 a. 29 s. 3202 (23); 1985 a. 720, 176, 332; 1987 a. 399; 1989 a. 31, 112, 319; 1991 a. 274; 1993 a. 27, 186, 213, 446; 1995 a. 27, 77, 201; 1997 a. 27, 79, 164, 237, 283; 1999 a. 9; 2005 a. 264, 388, 443; 2007 a. 20, 45; 2009 a. 28, 180; 2011 a. 32; 2013 a. 20, 203; 2017 a. 207 s. 5.

- 3 **Section 14.** 46.21 (2m) (b) 1. b. of the statutes is repealed.
- 4 Section 15. 46.215 (1) (m) of the statutes is repealed.
- 5 **Section 16.** 46.22 (1) (b) 1. e. of the statutes is repealed.
- 6 Section 17. 46.23 (3) (bm) of the statutes is repealed.
- 7 **Section 18.** 46.269 of the statutes is amended to read:

46.269 Determining financial eligibility for long-term care programs.

To the extent approved by the federal government, the department or its designee shall exclude any assets accumulated in a person's independence account, as defined in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or accumulated from income or employer contributions while employed and receiving state-funded benefits under s. 46.27 or medical assistance under s. 49.472 in determining financial eligibility and cost-sharing requirements, if any, for a long-term care program under s. 46.27, 46.275, or 46.277, for the family care program that provides the benefit defined in s. 46.2805 (4), for the Family Care Partnership program, or for the self-directed services option, as defined in s. 46.2897 (1).

History: 2017 a. 59.

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Section 19. $46.2\frac{1}{7}$ of the statutes is repealed.

SECTION 20. 46.271 (1) (c) of the statutes is amended to read:

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1	46.271 (1) (c) The department may contract with an aging unit, as defined in
2	s. 46.27 ± 46.82 (1) (a), for administration of services under par. (a) if, by resolution,
3	the county board of supervisors of that county so requests the department.
	History 1989 a. 31, 336; 1991 a. 39, 235; 1993 a. 16; 1997 a. 27; 1999 a. 9; 2015 a. 55.
4	Section 21. 46.275 (3) (e) of the statutes is repealed.
5	SECTION 22. 46.275 (5) (b) 7. of the statutes is amended to read:
6	46.275 (5) (b) 7. Provide services in any community-based residential facility
7	unless the county or department uses as a service contract the approved model
8	contract developed under s. 46.27 (2) (j), 2017 stats., or a contract that includes all
9	of the provisions of the approved model contract.
	History 1983 a. 27; 1985 a. 29 ss. 896b to 896L, 3202 (23); 1985 a. 120, 176; 1987 a. 27; 1987 a. 161 s. 13m; 1987 a. 186; 1989 a. 31; 1993 a. 16; 1995 a. 27, 77; 1997 a. 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33, 318; 2005 a. 25, 264; 2007 a. 20, 153; 2009 a. 2, 302; 2011 a. 32, 126; 2015 a. 180.
10	SECTION 23. 46.277 (1m) (at) of the statutes is amended to read:
11	46.277 (1m) (at) "Private nonprofit agency" has the meaning specified in s.
12	46.27 (1) (bm) means a nonprofit corporation, as defined in s 181.0103 (17), that
13	provides a program of all-inclusive care for the elderly under 42 USC 1395eee or
14	<u>1396u-4</u> .
	History: 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 355; 2007 a. 20 ss. 926 to 928, 9121 (6) (a); 2009 a. 277; 2013 a. 165 s. 114; 2015 a. 55, 180; 2017 a. 366.
15	Cross-reference: See also ch. DHS 73, Wis. adm. code. SECTION 24. 46.277 (3) (a) of the statutes is amended to read:
16	46.277 (3) (a) Sections 46.27 (3) (b) and Section 46.275 (3) (a) and (c) to (e) apply
17	applies to county participation in this program, except that services provided in the
18	program shall substitute for care provided a person in a skilled nursing facility or
19	intermediate care facility who meets the level of care requirements for medical
20	assistance reimbursement to that facility rather than for care provided at a state

center for the developmentally disabled. The number of persons who receive services

provided by the program under this paragraph may not exceed the number of

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nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

History: 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 355; 2007 a. 20 ss. 926 to 928, 9121 (6) (a); 2009 a. 277; 2013 a. 165 s. 114; 2015 a. 55, 180; 2017 a. 366.

3 Section 25. 46.277 (5) (d) 2. a. of the statutes is repealed.

Section 26. 46.277 (5) (d) 3^{\lor} of the statutes is amended to read:

46.277 (5) (d) 3. If subd. 2. a. or b. applies, no county may use funds received under this section to pay for services provided to a person who resides or intends to reside in a community-based residential facility and who is initially applying for the services, if the projected cost of services for the person, plus the cost of services for existing participants, would cause the county to exceed the limitation under sub. (3) (c). The department may grant an exception to the requirement under this subdivision, under the conditions specified by rule, to avoid hardship to the person.

History: 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 355; 2007 a. 20 ss. 926 to 928, 9121 (6) (a); 2009 a. 277; 2013 a. 165 s. 114; 2015 a. 55, 180; 2017 a. 366.

12 Sec also ch. DHS 73, Wis. adm. code.
Section 27. 46.277 (5) (f) of the statutes is amended to read:

46.277 (5) (f) No county or private nonprofit agency may use funds received under this subsection to provide services in any community-based residential facility unless the county or agency uses as a service contract the approved model contract developed under s. 46.27 (2) (j), 2017 stats., or a contract that includes all of the provisions of the approved model contract.

History; 1983 a. 27; 1985 a. 29 ss. 896nc to 896u, 3202 (23); 1985 a. 176; 1987 a. 27, 186, 399; 1989 a. 31; 1991 a. 39; 1993 a. 16; 1995 a. 27; 1997 a. 13, 27, 114; 1999 a. 9; 2001 a. 16; 2003 a, 33; 2005 a. 25, 355; 2007 a. 20 ss. 926 to 928, 9121 (6) (a); 2009 a. 27; 2013 a. 165 s. 114; 2015 a. 55, 180; 2017 a. 366.

Cross-reference: See also ch. DHS 73, Wis. adm. code.

SECTION 28. 46.278 (4) (a) of the statutes is amended to read:

46.278 (4) (a) Sections 46.27 (3) (b) and Section 46.275 (3) (a) and (c) to (e) apply applies to county participation in a program, except that services provided in the program shall substitute for care provided a person in an intermediate care facility

for persons with an intellectual disability or in a brain injury rehabilitation facility
who meets the intermediate care facility for persons with an intellectual disability
or brain injury rehabilitation facility level of care requirements for medical
assistance reimbursement to that facility rather than for care provided at a state
center for the developmentally disabled.

History: 1987 a. 27, 186; 1989 a. 31; 1991 a. 269; 1993 a. 16; 1995 a. 27; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2007 a. 153; 2011 a. 32, 126; 2013 a. 173 s. 33.

SECTION 29. 46.2803 of the statutes is repealed.

Section 30. 46.2805 (1) (b) of the statutes is amended to read:

46.2805 (1) (b) A demonstration program known as the Wisconsin partnership

Family Care Partnership program under a federal waiver authorized under 42 USC

1315 1396n.

History: 1999 a. 9, 185; 2003 a. 33; 2007 a. 20, 141; 2009 a. 247.

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11 SECTION 31. 46.281 (1n) (d) of the statutes is repealed.

12 **Section 32.** 46.281 (3) of the statutes is repealed.

13 Section 33. 46.2825 of the statutes is repealed.

SECTION 34. 46.283 (3) (f) of the statutes is amended to read:

46.283 (3) (f) Assistance to a person who is eligible for the family care benefit with respect to the person's choice of whether or not to enroll in the self-directed services option, as defined in s. 46.2899 (1), the program of all-inclusive care for the elderly, the Family Care Partnership, or a care management organization for the family care benefit and, if so, which available long-term care program or care management organization would best meet his or her needs.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 386, 388; 2007 a. 20 ss. 969, 971 to 973, 976, 978 to 991; 2009 a. 2, 28, 180, 247, 249; 2011 a. 32; 2015 a. 55; 2017 a. 59.

21 SECTION 35. 46.283 (4) (e) of the statutes is repealed.

SECTION 36. 46.283 (4) (f) of the statutes is amended to read:

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1 46.283 (4) (f) Perform a functional screening and a financial and cost-sharing screening for any resident, as specified in par. (e), who requests a screening and 2 assist any resident who is eligible and chooses to enroll in a care management 3 organization or the self-directed services option to do so. 4 History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 386, 388; 2007 a. 20 ss. 969, 971 to 973, 976, 978 to 991; 2009 a. 2, 28, 180, 247, 249; 2011 a. 32; 2015 a. 55; 2017 a. 59. **SECTION 37.** 46.283 (6) (b) $\overrightarrow{7}$ of the statutes is repealed. 5 **SECTION 38.** 46.283 (6) (b) 9. of the statutes is amended to read: 6 7 46.283 (6) (b) 9. Review the number and types of grievances and appeals 8 concerning the long-term care system in the area served by related to the resource 9 center, to determine if a need exists for system changes, and recommend system or 10 other changes if appropriate. History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 386, 388; 2007 a. 20 ss. 969, 971 to 973, 976, 978 to 991; 2009 a. 2, 28, 180, 247, 249; 2011 a. 32; 2015 a. 55; 2017 a. 59. **Section 39.** 46.283 (6) (b) 10. of the statutes is repealed. 11 Section 40. 46.285 (intro.) of the statutes is renumbered 46.285 and amended 12 13 to read: 14 46.285 Operation of resource center and care management organization. In order to meet federal requirements and assure federal financial 15 participation in funding of the family care benefit, a county, a tribe or band, a 16 long-term care district or an organization, including a private, nonprofit 17 18 corporation, may not directly operate both a resource center and a care management 19 organization, except as follows: History 1999 a. 9; 2005 a. 386; 2007 a. 20. **Section 41.** 46.285 (1) of the statutes is repealed. 20 **Section 42.** 46.285 (2) of the statutes is repealed. 21 **Section 43.** 46.286 (3) (b) 2. a. of the statutes is repealed. 22

Section 44. 46.287 (2) (a) 1. (intro.) of the statutes is amended to read:

46.287 (2) (a) 1. (intro.) Except as provided in subd. 2., a client may contest any of the following applicable matters by filing, within 45 days of the failure of a resource center or eare management organization county to act on the contested matter within the time frames specified by rule by the department or within 45 days after receipt of notice of a decision in a contested matter, a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1):

History, 1999 a. 9; 2003 a. 33; 2013 a. 20.

SECTION 45. 46.287 (2) (a) 1. d. of the statutes is renumbered 46.287 (2) (a) 1m.

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Section 46. 46.287 (2) (a) 1. e. of the statutes is repealed.

Section 47. 46.287 (2) (a) 1. f. of the statutes is repealed.

Section 48. 46.287 (2) (a) 1m. of the statutes is created to read:

46.287 (2) (a) 1m. Except as provided in subd. 2., a client may contest any of the following adverse benefit determinations by filing, within 120 days of the failure of a care management organization to act on a contested adverse benefit determination within the time frames specified by rule by the department or within 120 days after receipt of notice of a decision upholding the adverse benefit determination, a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1):

a. Denial of functional eligiblity under s. 46.286 (1) as a result of the care management organization's administration of the long-term care functional screen, including a change from a nursing home level of care to a non-nursing home level of care.

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1	c. Denial or limited authorization of a requested service, including
2	determinations based on type or level of service, requirements or medical necessity,
3	appropriateness, setting, or effectiveness of a covered benefit.
4	d. Reduction, suspension or termination of a previously authorized service,
5	unless the service was only authorized for a limited amount or duration and that
6	amount or duration has been completed.
7	e. Denial, in whole or in part, of payment for a service.
8	f. The failure of a care management organization to act within the timeframes
9	provided in 42 CFR 438.408 (b) (1) and (2) regarding the standard resolution of
10	grievances and appeals.
11)	g. Denial of an enrollee's request to dispute financial liability, including
12	copayments, premiums, deductibles, coinsurance, other cost sharing, and other
13	member financial liabilities.
14	h. Denial of an enrollee, who is a resident of a rural area with only one care
15	management organization, to obtain services outside the care management
16	organization's network of contracted providers.
17	$i. \ Development \ of \ a \ plan \ of \ care \ that \ is \ unacceptable \ to \ the \ enrollee \ because \ the$
18	plan of care requires the enrollee to live in a place that is unacceptable to the enrollee;
19	the plan of care does not provide sufficient care, treatment, or support to meet the

enrollee's needs and support the enrollee's identified outcomes; or the plan of care

requires the enrollee to accept care, treatment, or support that is unnecessarily

j. Involuntary disenrollment from the care management organization.

Section 49. 46.287 (2) (b) of the statutes is amended to read:

restrictive or unwanted by the enrollee.

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46.287 (2) (b) An enrollee may contest a decision, omission or action of a care 1 management organization other than those specified in par. (a), or may contest the $\mathbf{2}$ choice of service provider. In these instances, the enrollee shall first send a written 3 request for review by the unit of the department that monitors care management 4 organization contracts. This unit shall review and attempt to resolve the dispute. 5 1m. by filing a grievance with the care management organization, If the dispute 6 grievance is not resolved to the satisfaction of the enrollee, he or she may request a superstrike 7 8 hearing under the procedures specified in par. (a) 1. (intro.) that the department 9 review the decision of the care management organization.

History; 1999 a. 9; 2003 a. 33; 2013 a. 20.

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****Note: The requested language uses both "care management organization" and "managed care entity." I do not know if these terms mean the same thing or something different. If the preferred term is "managed care entity," then the definition should be confirmed and the term "care management organization" should be replaced throughout the statutes.

SECTION 50. 46.288 (2) (intro.) of the statutes renumbered 46.288 (2) (intro.) amended to read:

46.288 (2) Criteria and procedures for determining functional eligibility under s. 46.286 (1) (a), financial eligibility under s. 46.286 (1) (b), and cost sharing under s. 46.286 (2) (a). The rules for determining functional eligibility under s. 46.286 (1) (a) 1m. shall be substantially similar to eligibility criteria for receipt of the long-term support community options program under s. 46.27. Rules under this subsection shall include definitions of the following terms applicable to s. 46.286:

History: 1999 a. 9; 2007 a. 20; 2009 a. 28.

SECTION 51. 46.288 (2) (d) to (j) of the statutes are repealed.

19 Section 52. 46.2896 (1) (a) of the statutes is amended to read:

46.2896 (1) (a) "Long-term care program" means the long-term care program under s. 46.27, 46.275, 46.277, 46.278, or 46.2785; the family care program providing

the benefit under s. 46.286; the Family Care Partnership program; or the long-term care program defined in s. 46.2899 (1).

History: 2015 a. 55.

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3 Section 53. 46.82 (3) (a) 13. of the statutes is repealed.

SECTION 54. 49.45 (2) (a) 23° of the statutes is amended to read:

49.45 (2) (a) 23. Promulgate rules that define "supportive services", "personal services" and "nursing services" provided in a certified residential care apartment complex, as defined under s. 50.01 (6d), for purposes of reimbursement under ss.

8 46.27 (11) (c) 7. and s. 46.277 (5) (e).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (f); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; 2013 a. 20, 92; 2013 a. 116 ss. 2, 3, 29, 30; 2013 a. 117 ss. 2, 4; 2013 a. 130; 2013 a. 165 s. 114; 2013 a. 226; 2015 a. 55, 152, 153, 172, 294; 2017 a. 34, 59, 138, 185, 262, 268, 271, 279, 306, 344, 370; s. 13.92 (1) (bm) 2.

Cross-reference: See also chs. HA 3 and DHS 35, 101, 102, 103, 104, 105, 106, 107, and 108, Wis. adm. code.

SECTION 55. 49.45 (3) (a) of the statutes is amended to read:

49.45 (3) (a) Reimbursement shall be made to each county department under ss. 46.215, 46.22, and 46.23 for any administrative services performed in the Medical Assistance program on the basis of s. 49.78 (8). For purposes of reimbursement under this paragraph, assessments completed under s. 46.27 (6) (a) are administrative services performed in the Medical Assistance program.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 23 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1999 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 27, 182, 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 1912 (6) (a); 2007 a. 90, 97, 104, 414, 1, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; 2013 a. 20, 92; 2013 a. 116 ss. 2, 3, 29, 30; 2013 a. 117 ss. 2, 4; 2013 a. 130; 2013 a. 165 s. 114; 2013 a. 226; 2015 a. 55, 152, 153, 172, 294; 2017 a. 34, 59, 138, 185, 262, 268, 271, 279, 306, 344, 370; s. 13.92 (1) (bm) 2.

Cross-reference: See also chs. HA 3 and DHS 35, 101, 102, 103, 704, 105, 106, 107, and 108, Wis. adm. code.

SECTION 56. 49.45 (5) (a) of the statutes is amended to read:

49.45 (5) (a) Any person whose application for medical assistance is denied or is not acted upon promptly or who believes that the payments made in the person's

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behalf have not been properly determined or that his or her eligibility has not been
properly determined may file an appeal with the department pursuant to par. (b).
Review is unavailable if the decision or failure to act arose more than 45 days before
submission of the petition for a hearing, except as provided in par. (ag) or (ar).
SECTION 57. 49.45 (5) (ag) of the statutes is created to read:
49.45 (5) (ag) A person shall request a hearing within 120 days of the date of
receipt of a notice from a care management organization upholding its adverse
benefit determination relating to any of the following or within 120 days of the date
the care management organization failed to act on the contest matter within the time
specified by the department:
1. Denial or limited authorization of a requested services, including a
determination based on the type or level of service, requirement for medical
necessity, appropriateness, setting or effectiveness of a covered benefit.
2. Reduction, suspension or termination of a previously authorized service,
unless the service was only authorized for a limited amount or duration and that
amount or duration has been completed.
3. Denial, in whole or in part, of payment for a service.
4. Failure to provide services in a timely manner.
5. Failure of a care management organization to act within the timeframes
provided in 42 CFR 438.408 (b) (1) and (2) regarding the standard resolution of
grievances and appeals.
6. Denial of an enrollee's request to dispute financial liability, including
copayments, premiums, deductibles, coinsurance, other cost sharing, and other
member financial liabilities

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7. Denial of an enrollee, who is a resident of a rural area with only one care management organization, to obtain services outside the care management organization's network of contracted providers.

Section 58. 49.45 (5) (ar) of the statutes is created to read:

49.45 (5) (ar) If a federal regulation specifies a different time limit to request a hearing than par. (a) or (ag), the time limit in the federal regulation shall apply.

SECTION 59. 49.45 (5) (b) 1. (intro.) of the statutes is amended to read:

49.45 (5) (b) 1. (intro.) Upon receipt of a timely petition under par. (a) the department shall give the applicant or recipient reasonable notice and opportunity for a fair hearing. The department may make such additional investigation as it considers necessary. Notice of the hearing shall be given to the applicant or recipient and, if a county department under s. 46.215, 46.22, or 46.23 is responsible for making the medical assistance determination, to the county clerk of the county. The county may be represented at such hearing. The department shall render its decision as soon as possible after the hearing and shall send a certified copy of its decision to the applicant or recipient, to the county clerk, and to any county officer charged with administration of the Medical Assistance program. The decision of the department shall have the same effect as an order of a county officer charged with the administration of the Medical Assistance program. The decision shall be final, but may be revoked or modified as altered conditions may require. The department shall deny a petition for a hearing or shall refuse to grant relief if:

History 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837 to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 123, 124, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 22, 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; 2013 a. 20, 92; 2013 a. 116 ss. 2, 3, 29, 30; 2013 a. 117 ss. 2, 4; 2013 a. 130; 2013 a. 165 s. 114; 2013 a. 226; 2015 a. 55, 152, 153, 172, 294; 2017 a. 34, 59, 138, 185, 262, 268, 271, 279, 306, 344, 370; s. 13.92 (1) (bm) 2.

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SECTION 60.	49.45 (5) (b) 1. d	of the statutes is	created to read:
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49.45 (5) (b) 1. d. The issue is an adverse benefit determination described in par. (ag) 1. to 7. made by a care management organization and the person requesting the hearing has not exhausted the internal appeal procedure with the care management organization.

Section 61. 49.45 (6m) (c) 5. of the statutes is amended to read:

49.45 (6m) (c) 5. Admit only patients assessed or who waive or are exempt from the requirement of assessment under s. 46.27 (6) (a) or, if required under s. 50.035 (4n) or 50.04 (2h), who have been referred to a resource center.

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 3; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to

Cross-reference: See also chs. HA 3 and DHS 35, 101, 102, 103, 104, 105, 106, 107, and 108, Wis. adm. code.

SECTION 62. 49.45 (6m) (L) of the statutes is amended to read:

49.45 (6m) (L) For purposes of ss. 46.27 (11) (e) 7. and s. 46.277 (5) (e), the department shall, by July 1 annually, determine the statewide medical assistance daily cost of nursing home care and submit the determination to the department of administration for review. The department of administration shall approve the determination before payment may be made under s. 46.27 (11) (c) 7. or 46.277 (5) (e).

History 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (f); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909j; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 123, 122, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 22; 2005 a. 25, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; 2013 a. 20, 92; 2013 a. 116 ss. 2, 3, 29, 30; 2013 a. 117 ss. 2, 4; 2013 a. 130; 2013 a. 165 s. 114; 2013 a. 226; 2015 a. 55, 152, 153, 172, 294; 2017 a. 34, 59, 138, 185, 262, 268, 271, 279, 306, 344, 370; s. 13.92 (1) (bm) 2.

Cross-reference: See also chs. HA 3 and DHS 35, 101, 102, 103, 104, 105, 106, 107, and 108, Wis. adm. code.

SECTION 63. 49.45 (47) (b) of the statutes is amended to read:

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49.45 (47) (b) No person may receive reimbursement under s. 46.27 (11) for the provision of services to clients in an adult day care center unless the adult day care center is certified by the department under sub. (2) (a) 11. as a provider of medical assistance.

History 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837 fto 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 197 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 22; 2005 a. 25 ss. 1210 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342; 2011 a. 10, 32, 120, 126, 158, 192, 209, 258; 2011 a. 260 s. 81; 2015 a. 20, 92; 2015 a. 13, 92 (1) (bm) 2.

Cross-reference: See also chs. HA 3 and DHS 35, 101, 102, 103, 104, 105, 106, 107, and 108, Wis. adm. code.

SECTION 64. 49.46 (1) (a) 14. of the statutes is amended to read:

49.46 (1) (a) 14. Any person who would meet the financial and other eligibility requirements for home or community-based services under s. 46.27 (11), 46.277, or 46.2785 but for the fact that the person engages in substantial gainful activity under 42 USC 1382c (a) (3), if a waiver under s. 49.45 (38) is in effect or federal law permits federal financial participation for medical assistance coverage of the person and if funding is available for the person under s. 46.27 (11), 46.277, or 46.2785.

History: 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 253; 2007 a. 20, 91; 2009 a. 28, 221; 2011 a. 10, 32; 2013 a. 20; 2013 a. 116 s. 29; 2013 a. 117 s. 2, 3; 2015 a. 55; 2017 a. 59, 119, 306.

Cross-reference: See also chs. DHS 102, 103, and 107, Wis. adm. code.

SECTION 65. 49.46 (1) (em) of the statutes is amended to read:

49.46 (1) (em) To the extent approved by the federal government, for the purposes of determining financial eligibility and any cost-sharing requirements of an individual under par. (a) 6m., 14., or 14m., (d) 2., or (e), the department or its designee shall exclude any assets accumulated in a person's independence account, as defined in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or accumulated from income or employer contributions while employed and receiving state-funded benefits under s. 46.27 or medical assistance under s. 49.472.

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173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 253; 2007 a. 20, 91; 2009 a. 28, 221; 2011 a. 10, 32; 2013 a. 20; 2013 a. 116 s. 29; 2013 a. 117 s. 2, 3; 2015 a. 55; 2017 a. 59, 119, 306.

Cross-reference: See also chs. DHS 102, 103, and 107, Wis. adm. code.

SECTION 66. 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, 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).

History 1971 c. 125, 211, 215; 1973 c. 90, 147; 1975 c. 39; 1977 c. 29 ss. 592m, 1656 (18); 1977 c. 389, 418; 1979 c. 34, 221; 1981 c. 20, 93, 317; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 245 ss. 10, 15; 1983 a. 538; 1985 a. 29, 120, 176, 253; 1987 a. 27, 307, 339, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1454d to 1460 and 2909g, 2909i; 1989 a. 122, 173, 333, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 99, 269, 277, 446, 450, 491; 1995 a. 27, 77, 164, 289, 303, 457; 1997 a. 27, 35, 105, 237; 1999 a. 9; 2001 a. 16; 2003 a. 33; 2005 a. 25, 253; 2007 a. 20, 91; 2009 a. 28, 221; 2011 a. 10, 32; 2013 a. 20; 2013 a. 116 s. 29; 2013 a. 117 s. 2, 3; 2015 a. 55; 2017 a. 59, 119, 306.

Section 67. 49.47 (4) (as) 1. of the statutes is amended to read:

49.47 (4) (as) 1. The person would meet the financial and other eligibility requirements for home or community-based services under s. 46.27 (11), 46.277, or 46.2785 or under the family care benefit if a waiver is in effect under s. 46.281 (1d) but for the fact that the person engages in substantial gainful activity under 42 USC 1382c (a) (3).

History: 71971 c. 125; 1971 c. 213 s. 5; 1971 c. 215; 1973 c. 90, 147, 333; 1977 c. 29 ss. 593, 1656 (18); 1977 c. 105 s. 59; 1977 c. 273, 418; 1979 c. 34; 1981 c. 20, 93; 1981 c. 314 s. 144; 1983 a. 27, 245; 1985 a. 29; 1987 a. 27, 307, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1462k to 1466d, 2909c to 2909i; 1989 a. 173, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 269, 277, 437; 1995 a. 27 ss. 3026 to 3028, 9126 (19); 1995 a. 225, 289, 295; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2005 a. 25, 253; 2007 a. 11; 2007 a. 20 ss. 1596 to 1604, 9121 (6) (a); 2009 a. 28, 180; 2011 a. 10, 32; 2013 a. 20; 2013 a. 116 ss. 29, 30; 2013 a. 117 s. 2, 3; 2017 a. 59.

Cross-reference: See also chs. DHS 102, 103, and 107, Wis. adm. code/ SECTION 68. 49.47 (4) (as) 3. of the statutes is amended to read:

49.47 (4) (as) 3. Funding is available for the person under s. 46.27 (11), 46.277, or 46.2785 or under the family care benefit if a waiver is in effect under s. 46.281 (1d).

History. 1971 c. 125; 1971 c. 213 s. 5; 1971 c. 215; 1973 c. 90, 147, 333; 1977 c. 29 ss. 593, 1656 (18); 1977 c. 105 s. 59; 1977 c. 273, 418; 1979 c. 34; 1981 c. 20, 93; 1981 c. 314s. 144; 1983 a. 27, 245; 1985 a. 29; 1987 a. 27, 307, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1462k to 1466d, 2909c to 2909i; 1989 a. 173, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 269, 277, 437; 1995 a. 27 ss. 3026 to 3028, 9126 (19); 1995 a. 225, 289, 295; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2005 a. 25, 253; 2007 a. 11; 2007 a. 20 ss. 1596 to 1604, 9121 (6) (a); 2009 a. 28, 180; 2011 a. 10, 32; 2013 a. 20; 2013 a. 116 ss. 29, 30; 2013 a. 117 s. 2, 3; 2017 a. 59.

Cross-reference: See also chs. DHS 102, 103, and 107, Wis. adm. code.

SECTION 69. 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

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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:

History 1971 c. 125; 1971 c. 213 s. 5; 1971 c. 215; 1973 c. 90, 147, 333; 1977 c. 29 ss. 593, 1656 (18); 1977 c. 105 s. 59; 1977 c. 273, 418; 1979 c. 34; 1981 c. 20, 93; 1981 c. 314 s. 144; 1983 a. 27, 245; 1985 a. 29; 1987 a. 27, 307, 399, 413; 1989 a. 9; 1989 a. 31 ss. 1462k to 1466d, 2909c to 2909i; 1989 a. 173, 336, 351; 1991 a. 39, 178, 269, 316; 1993 a. 16, 269, 277, 437; 1995 a. 27 ss. 3026 to 3028, 9126 (19); 1995 a. 225, 289, 295; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2005 a. 25, 253; 2007 a. 11; 2007 a. 20 ss. 1596 to 1604, 9121 (6) (a); 2009 a. 28, 180; 2011 a. 10, 32; 2013 a. 20; 2013 a. 116 ss. 29, 30; 2013 a. 117 s. 2, 3; 2017 a. 59.

Cross-reference: See also chs. DHS 102, 103, and 107, Wis. adm. code.

SECTION 70. 49.472 (3) (b) of the statutes is amended to read:

49.472 (3) (b) The individual's assets do not exceed \$15,000. In determining assets, the department may not include assets that are excluded from the resource calculation under 42 USC 1382b (a), assets accumulated in an independence account, and, to the extent approved by the federal government, assets from retirement benefits accumulated from income or employer contributions while employed and receiving medical assistance under this section or state-funded benefits under s. 46.27. The department may exclude, in whole or in part, the value of a vehicle used by the individual for transportation to paid employment.

History: 1999 a. 9, 185; 2001 a. 16; 2003 a. 33; 2009 a. 2; 2011 a. 10, 32; 2015 a. 55; 2015 a. 197 s. 51; 2017 a. 59.

Cross-reference:—See also chs. DHS 103 and 107 and s. DHS 103.087, Wis. adm. code.

SECTION 71. 49.472 (3) (f) of the statutes is amended to read:

49.472 (3) (f) The individual maintains premium payments under sub. (4) (am) and, if applicable and to the extent approved by the federal government, premium payments calculated by the department in accordance with sub. (4) (bm), unless the individual is exempted from premium payments under sub. (4) (dm) or (5).

History 1999 a. 9, 185; 2001 a. 16; 2003 a. 33; 2009 a. 2; 2011 a. 10, 32; 2015 a. 55; 2015 a. 197 s. 51; 2017 a. 59.

Eross-reference: See also chs. DHS 103 and 107 and s. DHS 103.087, Wis. adm. code.

SECTION 72. 49.472 (4) (am) of the statutes is amended to read:

1	49.472 (4) (am) To the extent approved by the federal government and except
2	as provided in pars. (dm) and (em) and sub. (5), an individual who receives medical
3	assistance under this section shall pay a monthly premium of \$25 to the department.
	History: 1999a. 9, 185; 2001 a. 16; 2003 a. 33; 2009 a. 2; 2011 a. 10, 32; 2015 a. 55; 2015 a. 197 s. 51; 2017 a. 59.
4	Cross-reference: See also chs. DHS 103 and 107 and s. DHS 403.087, Wis. adm. code. SECTION 73. 49.472 (5) of the statutes is repealed.
5	SECTION 74. 49.849 (1) (e) of the statutes is amended to read:
6	49.849 (1) (e) "Public assistance" means any services provided as a benefit
7	under a long-term care program, as defined in s. $49.496(1)$ (bk), medical assistance
8	under subch. IV, long-term community support services funded under s. 46.27 (7),
9	or aid under s. 49.68, 49.683, 49.685, or 49.785.
	History; 2013 a. 20 ss. 1222, 2305, 2307, 2308, 2310 to 2312, 2314 to 2317; 2013 a. 92; 2013 a. 151 s. 28; 2015 a. 55.
10	SECTION 75. 49.849 (2) (a) (intro.) of the statutes is amended to read:
11	49.849 (2) (a) (intro.) Subject to par. (b), the department may collect from the
12	property of a decedent by affidavit under sub. (3) (b) or by lien under sub. (4) (a) an
13	amount equal to the medical assistance that is recoverable under s. $49.496(3)(a)$, the
14	long-term community support services under s. 46.27, 2017 stats., that is
15	recoverable under s. 46.27 (7g) (c) $1., 2017$ stats., or the aid under s. $49.68, 49.683$,
16	49.685, or 49.785 that is recoverable under s. 49.682 (2) (a) or (am), and that was paid
17	on behalf of the decedent or the decedent's spouse, if all of the following conditions
18	are satisfied:
	History: 2013 a. 20 ss. 1222, 2305, 2307, 2308, 2310 to 2312, 2314 to 2317; 2013 a. 92; 2013 a. 151 s. 28; 2015 a. 55.
19	SECTION 76. 49.849 (6) (a) of the statutes is renumbered 49.849 (6).
20	SECTION 77. 49.849 (6) (b) of the statutes is repealed.
21	SECTION 78. 50.034 (1) (a) of the statutes is amended to read:
22	50.034 (1) (a) No person may operate a residential care apartment complex that
23	provides living space for residents who are clients under s. 46.27 (11) or 46.277 and

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publicly funded services as a home health agency or under contract with a county department under s. 46.215, 46.22, 46.23, 51.42 or 51.437 that is a home health agency unless the residential care apartment complex is certified by the department under this section. The department may charge a fee, in an amount determined by the department, for certification under this paragraph. The amount of any fee charged by the department for certification of a residential care apartment complex need not be promulgated as a rule under ch. 227.

History: 1995 a. 27; 1997 a. 13, 252; 1999 a. 9, 63, 185; 2001 a. 16; 2003 a. 33; 2005 a. 22; 2007 a. 20; 2009 a. 28; 2013 a. 165 s. 114

8 Section 79. 50.034 (3) (a) 1. of the statutes is repealed.

SECTION 80. 50.034 (5m) of the statutes is amended to read:

When a residential care apartment complex first provides written material regarding the residential care apartment complex to a prospective resident, the residential care apartment complex shall also provide the prospective resident information specified by the department concerning the services of a resource center under s. 46.283, the family care benefit under s. 46.286, and the availability of a functional screening and a financial and cost-sharing screening to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

History: 1995 a. 27; 1997 a. 13, 252; 1999 a. 9, 63, 185; 2001 a. 16; 2003 a. 33; 2005 a. 22; 2007 a. 20; 2009 a. 28; 2013 a. 165 s. 114

Cross-reference: See also ch. DHS 89, Wis. adm. code.

SECTION 81. 50.034 (5n) (intro.) of the statutes is amended to read:

50.034 (5n) Required referral. (intro.) Subject to sub. (5p), when When a residential care apartment complex first provides written material regarding the residential care apartment complex to a prospective resident who is at least 65 years of age or has developmental disability or a physical disability and whose disability or condition is expected to last at least 90 days, the residential care apartment

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1 complex shall refer the prospective resident to a resource center under s. 46.283, 2 unless any of the following applies:

History: 1995 a. 27; 1997 a. 13, 252; 1999 a. 9, 63, 185; 2001 a. 16; 2003 a. 33; 2005 a. 22; 2007 a. 20; 2009 a. 28; 2013 a. 165 s. 114

- 3 Section 82. 50.034 (5p) of the statutes is repealed.
- **SECTION 83.** 50.034 (6) of the statutes is amended to read:
 - 50.034 (6) Funding for supportive, personal or nursing services that a person who resides in a residential care apartment complex receives, other than private or 3rd-party funding, may be provided only under s. 46.27 (11) (c) 7. or 46.277 (5) (e), except if the provider of the services is a certified medical assistance provider under s. 49.45 or if the funding is provided as a family care benefit under ss. 46.2805 to 46.2895.

History, 1995 a. 27; 1997 a. 13, 252; 1999 a. 9, 63, 185; 2001 a. 16; 2003 a. 33; 2005 a. 22; 2007 a. 20; 2009 a. 28; 2013 a. 165 s. 114

Cross-reference: See also ch. DHS 89, Wis. adm. code.

SECTION 84. 50.035 (4m) of the statutes is amended to read:

50.035 (4m) Provision of information required. Subject to sub. (4p), when When a community-based residential facility first provides written material regarding the community-based residential facility to a prospective resident, the community-based residential facility shall also provide the prospective resident information specified by the department concerning the services of a resource center under s. 46.283, the family care benefit under s. 46.286, and the availability of a functional screening and a financial and cost-sharing screening to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

History: 1983 a. 363; 1985 a. 176; 1987 a. 403 ss. 67, 256; 1989 a. 336; 1991 a. 39; 1995 a. 27 ss. 3235 to 3237, 9116 (5); 1997 a. 27, 114, 237; 1999 a. 9, 32, 103, 186; 2001 a. 16; 2003 a. 33; 2007 a. 20; 2009 a. 28; 2011 a. 32.

Cross-reference: See also ch. DHS 83, Wis. adm. code.

SECTION 85. 50.035 (4n) (intro.) of the statutes is amended to read:

50.035 (4n) REQUIRED REFERRAL. (intro.) When a community-based residential facility first provides written information regarding the community-based

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SECTION 85

residential facility to a prospective resident who is at least 65 years of age or has developmental disability or a physical disability and whose disability or condition is expected to last at least 90 days, the community-based residential facility shall refer the individual to a resource center under s. 46.283 or, if the secretary has not certified under s. 46.281 (3) that a resource center is available in the area of the community-based residential facility to serve individuals in an eligibility group to which the prospective resident belongs, to the county department that administers a program under ss. 46.27 or 46.277, unless any of the following applies:

History: 1983 a. 363; 1985 a. 176; 1987 a. 403 ss. 67, 256; 1989 a. 336; 1991 a. 39; 1995 a. 27 ss. 3235 to 3237, 9116 (5); 1997 a. 27, 114, 237; 1999 a. 9, 32, 103, 186; 2001 a. 16; 2003 a. 33; 2007 a. 20; 2009 a. 28; 2011 a. 32.

Cross-reference: See also ch. DHS 83, Wis. adm. code.
Cross-reference: See also ch. DHS 83, Wis. adm. code.
SECTION 86 50 035 (4

SECTION 86. 50.035 (4p) of the statutes is repealed.

SECTION 87. 50.04 (2g) (a) of the statutes is amended to read:

50.04 (2g) (a) Subject to sub. (2i), a A nursing home shall, within the time period after inquiry by a prospective resident that is prescribed by the department by rule, inform the prospective resident of the services of a resource center under s. 46.283, the family care benefit under s. 46.286, and the availability of a functional screening and a financial and cost-sharing screening to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

History 1977 c. 170 ss. 6, 29; 1977 c. 272; 1979 c. 34; 1981 c. 20, 121, 317, 391; 1983 a. 27 s. 2200 (1); 1985 a. 29; 1985 a. 182 s. 57; 1985 a. 332 s. 251 (1), (7); 1987 a. 27, 127, 399; 1989 a. 31, 336; 1991 a. 39, 269, 315; 1995 a. 27; 1997 a. 27, 114, 237, 252, 280; 1999 a. 9, 32, 103; 2003 a. 33; 2007 a. 20, 153; 2009 a. 28; 2011 a. 70, 126.

Section 88. 50.04 (2h) (a) (intro.) of the statutes is amended to read:

50.04 (2h) (a) (intro.) Subject to sub. (2i), a A nursing home shall, within the time period prescribed by the department by rule, refer to a resource center under s. 46.283 a person who is seeking admission, who is at least 65 years of age or has

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- developmental disability or physical disability and whose disability or condition is
 expected to last at least 90 days, unless any of the following applies:
- History: 1977 c. 170 ss. 6, 29; 1977 c. 272; 1979 c. 34; 1981 c. 20, 121, 317, 391; 1983 a. 27 s. 2200 (1); 1985 a. 29; 1985 a. 182 s. 57; 1985 a. 332 s. 251 (1), (7); 1987 a. 27, 127, 399; 1989 a. 31, 336; 1991 a. 39, 269, 315; 1995 a. 27; 1997 a. 27, 114, 237, 252, 280; 1999 a. 9, 32, 103; 2003 a. 33; 2007 a. 20, 153; 2009 a. 28; 2011 a. 70, 126.
- 3 **Section 89.** 50.04 (2i) of the statutes is repealed.
- 4 Section 90. 50.04 (2m) of the statutes is repealed.
- **SECTION 91.** 50.06 (7) of the statutes is amended to read:
 - 50.06 (7) An individual who consents to an admission under this section may request that an assessment be conducted for the incapacitated individual under the long-term support community options program under s. 46.27 (6) or, if the secretary has certified under s. 46.281 (3) that a resource center is available for the individual, a functional screening and a financial and cost-sharing screening to determine eligibility for the family care benefit under s. 46.286 (1). If admission is sought on behalf of the incapacitated individual or if the incapacitated individual is about to be admitted on a private pay basis, the individual who consents to the admission may waive the requirement for a financial and cost-sharing screening under s. 46.283 (4) (g), unless the incapacitated individual is expected to become eligible for medical assistance within 6 months.

History: 1993 a. 187; 1999 a. 9; 2005 a. 264, 387; 2007 a. 20, 45; 2009 a. 28, 319.

Section 92. 51.06 (8) (b) 6 of the statutes is amended to read:

51.06 (8) (b) 6. The extent of Medical Assistance provided to relocated or diverted individuals that is in addition to Medical Assistance provided to the individuals under s. 46.27 (11), 46.275, 46.277, or 46.278, as a family care benefit under ss. 46.2805 to 46.2895, or under any other home-based or community-based program for which the department has received a waiver under 42 USC 1396n (c).

Section 93. 51.42 (3) (ar) 3. of the statutes is amended to read:

51.42 (3) (ar) 3. Plan for and establish a community developmental disabilities program to deliver the services required under s. 51.437 if, under s. 51.437 (4g) (b), the county board of supervisors in a county with a single-county department of community programs or the county boards of supervisors in counties with a multicounty department of community programs transfer the powers and duties of the county department under s. 51.437 to the county department of community programs. The county board of supervisors in a county with a single-county department of community programs and the county boards of supervisors in counties with a multicounty department of community programs may designate the county department of community programs to which these powers and duties have been transferred as the administrative agency of the long-term support community options program under s. 46.27 (3) (b) 1. and 5. and the community integration programs under ss. 46.275, 46.277 and 46.278.

History: 1971 c. 125; 1973 c. 90, 198, 333, 336; 1975 c. 39, 198, 199, 224, 422; 1975 c. 428 s. 16; 1975 c. 430 ss. 24 to 31, 80; 1977 c. 26 ss. 37, 38, 75; 1977 c. 29 ss. 612 to 6239, 1656 (18); 1977 c. 193; 1977 c. 203 s. 106; 1977 c. 272; 1977 c. 354 s. 101; 1977 c. 418, 428, 447; 1979 c. 34, 117, 177, 221, 330, 355; 1981 c. 20 ss. 923 to 942, 2202 (20) (d), (n), (q); 1981 c. 93 ss. 105 to 122, 186; 1981 c. 329; 1983 a. 27 ss. 1106 to 1112, 2202 (20); 1983 a. 189 ss. 44, 329 (5); 1983 a. 192, 239, 365, 375, 524; 1985 a. 29, 120, 176; 1987 a. 3, 27, 199, 339, 366; 1989 a. 31, 122; 1991 a. 39, 274, 315; 1993 a. 16, 437, 445; 1995 a. 27 ss. 3260 to 3262, 9126 (19), 9145 (1); 1995 a. 64, 77, 92, 201, 224, 276, 352, 417; 1997 a. 27, 164, 237, 268; 1999 a. 9; 2001 a. 10, 16, 38; 2003 a. 320; 2005 a. 264, 388, 431, 434; 2007 a. 20 ss. 1819m to 1821, 9121 (6) (a); 2007 a. 45, 97; 2009 a. 28, 180, 276, 334; 2011 a. 32, 126; 2013 a. 203, 251; 2015 a. 55; 2017 a. 34, 150.

Cross-reference: See also chs. DHS 34, 40, 61, 63, 65, and 75, Wis. adm. code.

SECTION 94. 51.421 (1) of the statutes is amended to read:

51.421 (1) Purpose. In order to provide the least restrictive and most appropriate care and treatment for persons with serious and persistent mental illness, community support programs should be available in all parts of the state. In order to integrate community support programs with other long-term care programs, community support programs shall be coordinated, to the greatest extent possible, with the community options program under s. 46.27, with the protective services system in a county, with the medical assistance program under subch. IV of

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ch. 49 and with other care and treatment programs for persons with serious and persistent mental illness.

History: 1983 a. 441; 1985 a. 120, 176; 1987 a. 27, 368; 1989 a. 31; 1993 a. 16; 1995 a. 27; 1997 a. 237; 2001 a. 16; 2005 a. 264; 2009 a. 28; 2015 a. 55.

3 SECTION 95. 54.21 (2) (g) of the statutes is amended to read:

54.21 (2) (g) The current and likely future effect of the proposed transfer of assets on the ward's eligibility for public benefits, including medical assistance or a benefit under s. 46.27.

History: 2005 a. 387.

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SECTION 96. 54.34 (1) (k) of the statutes is amended to read:

54.34 (1) (k) Whether the proposed ward is a recipient of a public benefit, including medical assistance or a benefit under s. 46.27.

History: 4971 c. 41 s. 8; Stats. 1971 s. 880.07; 1973 c. 284; 1977 c. 394; 1979 c. 32, 110, 355; 1981 c. 317; 1987 a. 366; 1989 a. 56; 1993 a. 316, 486; 2005 a. 264; 2005 a. 387-ss. 100, 317 to 328, 330; 2007 a. 97 s. 232; 2015 a. 381; 2017 a. 187.

NOTE: The above annotations relate to guardianships under th. 880, stats., prior to the revision of and renumbering of that chapter to ch. 54 by 2005 Wis. Act 387.

SECTION 97. 71.52 (6) of the statutes is amended to read:

71.52 (6) "Income" means the sum of Wisconsin adjusted gross income and the following amounts, to the extent not included in Wisconsin adjusted gross income: maintenance payments (except foster care maintenance and supplementary payments excludable under section 131 of the internal revenue code), support money, cash public assistance (not including credit granted under this subchapter and amounts under s. 46.27, 2017 stats.), cash benefits paid by counties under s. 59.53 (21), the gross amount of any pension or annuity (including railroad retirement benefits, all payments received under the federal social security act and veterans disability pensions), nontaxable interest received from the federal government or any of its instrumentalities, nontaxable interest received on state or municipal bonds, worker's compensation, unemployment insurance, the gross amount of "loss of time" insurance, compensation and other cash benefits received from the United

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States for past or present service in the armed forces, scholarship and fellowship gifts or income, capital gains, gain on the sale of a personal residence excluded under section 121 of the internal revenue code, dividends, income of a nonresident or part-year resident who is married to a full-year resident, housing allowances provided to members of the clergy, the amount by which a resident manager's rent is reduced, nontaxable income of an American Indian, nontaxable income from sources outside this state and nontaxable deferred compensation. Intangible drilling costs, depletion allowances and depreciation, including first-year depreciation allowances under section 179 of the internal revenue code, amortization, contributions to individual retirement accounts under section 219 of the internal revenue code, contributions to Keogh plans, net operating loss carry-backs and carry-forwards, capital loss carry-forwards, and disqualified losses deducted in determining Wisconsin adjusted gross income shall be added to "income". "Income" does not include gifts from natural persons, cash reimbursement payments made under title XX of the federal social security act, surplus food or other relief in kind supplied by a governmental agency, the gain on the sale of a personal residence deferred under section 1034 of the internal revenue code or nonrecognized gain from involuntary conversions under section 1033 of the internal revenue code. Amounts not included in adjusted gross income but added to "income" under this subsection in a previous year and repaid may be subtracted from income for the year during which they are repaid. Scholarship and fellowship gifts or income that are included in Wisconsin adjusted gross income and that were added to household income for purposes of determining the credit under this subchapter in a previous year may be subtracted from income for the current year in determining the credit under this subchapter. A marital property agreement or unilateral statement under ch. 766 has

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no effect in computing "income" for a person whose homestead is not the same as the homestead of that person's spouse.

History 1987 a. 312, 411; 1989 a. 31, 100; 1991 a. 39, 195; 1995 a. 27, 201; 1997 a. 27, 39; 1999 a. 150 s. 672; 2007 a. 11; 2009 a. 28; 2013 a. 145; 2017 a. 59.

28 SECTION 98. 71.58 (7) (a) of the statutes is amended to read:

71.58 (7) (a) For an individual, means income as defined under s. 71.52 (6), plus nonfarm business losses, plus amounts under s. 46.27, 2017 stats., less net operating loss carry-forwards, less first-year depreciation allowances under section 179 of the internal revenue code and less the first \$25,000 of depreciation expenses in respect to the farm claimed by all of the individuals in a household.

History: 1987 a. 312, 411; 1989 a. 31; 1993 a. 112; 2005 a. 25, 387; 2009 a. 28.

Section 99. 102.07 (20) of the statutes is amended to read:

102.07 (20) An individual who is performing services for a person participating in the self-directed services option, as defined in s. 46.2897 (1), for a person receiving long-term care benefits under s. 46.27, 46.275, or 46.277 or under any children's long-term support waiver program on a self-directed basis, or for a person receiving the Family Care benefit, as defined in s. 46.2805 (4), or benefits under the Family Care Partnership program, as described in s. 49.496 (1) (bk) 3., on a self-directed basis and who does not otherwise have worker's compensation coverage for those services is considered to be an employee of the entity that is providing financial management services for that person.

History, 1975 c. 147 s. 54; 1975 c. 224; 1977 c. 29; 1979 c. 278; 1981 c. 325; 1983 a. 27, 98; 1985 a. 29, 83, 135; 1985 a. 150 s. 4; 1985 a. 176, 332; 1987 a. 63; 1989 a. 31, 64, 359; 1993 a. 16, 81, 112, 399; 1995 a. 24, 77, 96, 117, 225, 281, 289, 417; 1997 a. 35, 38, 118; 1999 a. 14, 162; 2001 a. 37; 2005 a. 96; 2007 a. 130; 2009 a. 28, 42, 288; 2011 a. 123; 2013 a. 20; 2015 a. 55, 180, 258, 334; 2017 a. 59.

Section 100. 108.02 (13) (k) of the statutes is amended to read:

108.02 (13) (k) "Employer" does not include a county department, an aging unit, or, under s. 46.2785, a private agency that serves as a fiscal agent or contracts with a fiscal intermediary to serve as a fiscal agent under s. 46.27 (5) (i), 46.272 (7)

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(e), or 47.035 as to any individual performing services for a person receiving long-term support services under s. 46.27 (5) (b), 46.272 (7) (b), 46.275, 46.277, 46.278, 46.2785, 46.286, 46.495, 51.42, or 51.437 or personal assistance services under s. 47.02 (6) (c).

Historys 1971 c. 53; 1971 c. 213 s. 5; 1973 c. 247; 1975 c. 223, 343; 1975 c. 373 s. 40; 1977 c. 29, 133; 1979 c. 52, 221; 1981 c. 36, 353; 1983 a. 8 ss. 4 to 12, 54; 1983 a. 168; 1983 a. 189 ss. 158 to 161, 329 (25), (28); 1983 a. 384, 477, 538; 1985 a. 17, 29, 332; 1987 a. 38 ss. 6 to 22, 134; 1987 a. 255; 1989 a. 31; 1989 a. 56 ss. 151, 259; 1989 a. 77, 303; 1991 a. 89; 1993 a. 112, 213, 373, 492; 1995 a. 27 ss. 3777, 9130 (4); 1995 a. 118, 225; 1997 a. 3, 27, 39; 1999 a. 15, 82, 83; 2001 a. 35, 103, 105; 2003 a. 197; 2005 a. 25, 86, 149, 441; 2007 a. 20 s. 9121 (6) (a); 2007 a. 59; 2009 a. 180, 287; 2011 a. 32, 123; 2013 a. 20, 36, 104, 151; 2013 a. 173 s. 33; 2015 a. 55; 2015 a. 195 s. 83; 2015 a. 258, 295, 334; 2017 a. 157; 2017 a. 365 ss. 50, 111; s. 13.92 (1) (bm) 2.; s. 35.17 correction in (15) (km).

Section 101. 108.22 (10) of the statutes is amended to read:

108.22 (10) A private agency that serves as a fiscal agent under s. 46.2785 or contracts with a fiscal intermediary to serve as a fiscal agent under s. 46.27 (5) (i), 46.272 (7) (e), or 47.035 as to any individual performing services for a person receiving long-term support services under s. 46.27 (5) (b), 46.272 (7) (b), 46.275, 46.277, 46.278, 46.2785, 46.286, 46.495, 51.42, or 51.437 or personal assistance services under s. 47.02 (6) (c) may be found jointly and severally liable for the amounts owed by the person under this chapter, if, at the time the person's quarterly report is due under this chapter, the private agency served as a fiscal agent for the person. The liability of the agency as provided in this subsection survives dissolution, reorganization, bankruptcy, receivership, assignment for the benefit of creditors, judicially confirmed extension or composition, or any analogous situation of the person and shall be set forth in a determination or decision issued under s. 108.10. An appeal or review of a determination under this subsection shall not include an appeal or review of determinations of amounts owed by the person.

History: 1973 c. 247; Sup. Ct. Order, 67 Wis. 2d 585, 774 (1975); 1975 c. 343; 1979 c. 52; 1981 c. 36; 1985 a. 17, 29; 1987 a. 38; 1989 a. 77; 1991 a. 89; 1993 a. 112, 373; 1995 a. 224; 1997 a. 39; 1999 a. 15; 2001 a. 35; 2003 a. 197; 2005 a. 86; 2007 a. 59; 2009 a. 287; 2011 a. 198, 236; 2013 a. 36, 276; 2015 a. 86, 334; 2017 a. 157.

SECTION 102. 632.697 of the statutes is amended to read:

632.697 Benefits subject to department's right to recover. Death benefits payable under a life insurance policy or an annuity are subject to the right

of the department of health services to recover under s. 46.27 (7g), 2017 stats., 49.496, 49.682, or 49.849 an amount equal to the medical assistance that is recoverable under s. 49.496 (3) (a), an amount equal to aid under s. 49.68, 49.683, 49.685, or 49.785 that is recoverable under s. 49.682 (2) (a) or (am), or an amount equal to long-term community support services under s. 46.27, 2017 stats., that is recoverable under s. 46.27 (7g) (c) 1., 2017 stats., and that was paid on behalf of the deceased policyholder or annuitant.

History: 2013 a. 20; 2015 a. 55.

Section 103. 701.0508 (1) (b) of the statutes is amended to read:

701.0508 (1) (b) 1. The claim is a claim based on tort, on a marital property agreement that is subject to the time limitations under s. 766.58 (13) (b) or (c), on Wisconsin income, franchise, sales, withholding, gift, or death taxes, or on unemployment compensation contributions due or benefits overpaid; a claim for funeral or administrative expenses; a claim of this state under s. 46.27 (7g), 2017 stats., 49.496, 49.682, or 49.849; or a claim of the United States.

History: 1997 a. 188; 1999 a. 9; 2013 a. 20; 2013 a. 92 ss. 118, 119; Stats. 2013 s. 701.0508.

SECTION 104. 705.04 (2g) of the statutes is amended to read:

705.04 (2g) Notwithstanding subs. (1) and (2), the department of health services may collect, from funds of a decedent that are held by the decedent immediately before death in a joint account or a P.O.D. account, an amount equal to the medical assistance that is recoverable under s. 49.496 (3) (a), an amount equal to aid under s. 49.68, 49.683, 49.685, or 49.785 that is recoverable under s. 49.682 (2) (a) or (am), or an amount equal to long-term community support services under s.

91 46.27, 2017 stats., that is recoverable under s. 46.27 (7g) (c) 1., 2017 stats., and that 92 was paid on behalf of the decedent or the decedent's spouse.

History 1973 c. 291; 1983 a. 186; 1985 a. 37 s. 187; 1995 a. 27 ss. 7065 to 7065c, 9126 (19); 1999 a. 9; 2005 a. 216, 387; 2007 a. 20 s. 9121 (6) (a); 2007 a. 97; 2009 a. 177; 2013 a. 20; 2015 a. 55.

Section 105. 766.55 (2) (bm) of the statutes is amended to read:

766.55 (2) (bm) An obligation incurred by a spouse that is recoverable under s. 46.27 (7g), 2017 stats., 49.496, 49.682, or 49.849 may be satisfied from all property that was the property of that spouse immediately before that spouse's death.

History: 1983 a. 186; 1985 a. 37; 1987 a. 393; 2013 a. 20, 92.

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Section 106. 859.02 (2) (a) of the statutes is amended to read:

859.02 (2) (a) It is a claim based on tort, on a marital property agreement that is subject to the time limitations under s. 766.58 (13) (b) or (c), on Wisconsin income, franchise, sales, withholding, gift, or death taxes, or on unemployment insurance contributions due or benefits overpaid; a claim for funeral or administrative expenses; a claim of this state under s. 46.27 (7g), 2017 stats., 49.496, 49.682, or 49.849; or a claim of the United States; or

History: 1989 a. 96; 1991 a. 39, 89, 301; 1995 a. 27; 1997 a. 39; 1999 a. 9; 2005 a. 216; 2013 a. 20.

Cross-reference: See s. 893.93 (1) (c), which bars all claims against a decedent or the estate if administration not commenced within 6 years after death.

Section 107. 859.07 (2) (a) 3. of the statutes is amended to read:

859.07 (2) (a) 3. The decedent or the decedent's spouse received services provided as a benefit under a long-term care program, as defined in s. 49.496 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7), 2017 stats f, or aid under s. 49.68, 49.683, 49.685, or 49.785.

History 1977 c. 73; 1985 a. 29; 1989 a. 31, 96, 359; 1991 a. 39; 1995 a. 27 ss. 7191b to 7191c, 9126 (19); 1995 a. 77; 1997 a. 237; 1999 a. 9; 2001 a. 107; 2007 a. 20 ss. 3768 to 3769, 9121 (6) (a); 2013 a. 20; 2015 a. 55.

Section 108. 867.01 (3) (am) 4. of the statutes is amended to read:

867.01 (3) (am) 4. Whether the decedent or the decedent's spouse received services provided as a benefit under a long-term care program, as defined in s. 49.496

112 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685, 113 114 or 49.785.

History: 1971 c. 40 s. 93; 1973 c. 42, 90; 1975 c. 331, 421; 1977 c. 449; 1985 a. 278; 1987 a. 27; 1989 a. 234; 1991 a. 220; 1993 a. 16, 437, 486; 1995 a. 27 ss. 7193b to 7194c, 9126 (19); 1999, a. 9, 94; 2005 a. 216; 2007 a. 20 s. 9121 (6) (a); 2009 a. 28; 2013 a. 20; 2015 a. 55.

cross-reference: See ch. 705 concerning multiple-party and agency accounts. Cross-reference: See s. 856.01 for jurisdiction for administration of estates.

Cross-reference:

Cross-reference: See s. 54.66 (4), which provides for summary closing by guardian of small estate of ward.

Cross-reference: See s. 103.165 (3) for payment of decedent's employee's cash bond by employer directly to decedent's dependents.

SECTION 109. 867.01 (3) (d) of the statutes is amended to read: 115

> 867.01 (3) (d) Notice. The court may hear the matter without notice or order notice to be given under s. 879.03. If the decedent or the decedent's spouse received services provided as a benefit under a long-term care program, as defined in s. 49.496 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685, or 49.785, the petitioner shall give notice by certified mail to the department of health services as soon as practicable after filing the petition with the court.

History 1971 c. 40 s. 93; 1973 c. 42, 90; 1975 c. 331, 421; 1977 c. 449; 1985 a. 278; 1987 a. 27; 1989 a. 234; 1991 a. 220; 1993 a. 16, 437, 486; 1995 a. 27 ss. 7193b to 194c, 9126 (19); 1999 a. 9, 94; 2005 a. 216; 2007 a. 20 s. 9121 (6) (a); 2009 a. 28; 2013 a. 20; 2015 a. 55.

cross-reference: See ch. 705 concerning multiple-party and agency accounts.

Cross-reference:/See s. 54.66 (4), which provides for summary closing by guardian of small estate of ward.

Cross-reference: See s. 103.165 (3) for payment of decedent's employee's each bond by employer directly to decedent's dependents.

SECTION 110. 867.02 (2) (am) 6. of the statutes is amended to read:

124 867.02 (2) (am) 6. Whether the decedent or the decedent's spouse received 125services provided as a benefit under a long-term care program, as defined in s. 49.496 126 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685, 127

128 or 49.785.

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History 1971 c. 40 s. 93; 1973 c. 90, 243; 1975 c. 331, 421; 1977 c. 449; 1985 a. 278; 1987 a. 27 ss. 2160w, 2170d, 3200 (47); 1989 a. 234; 1991 a. 220; 1993 a. 16, 437, 486; 4995 a. 27 ss. 7195b to 7196, 9126 (19); 1909 a. 9. 94; 2005 a. 216; 2007 a. 20 a. 0121 (6) (20); 2013 a. 20, 2015 a. 55 1995 a. 27 ss. 7195b to 7196, 9126 (19); 1999 a. 9, 94; 2005 a. 216; 2007 a. 20 s. 9121 (6) (a); 2013 a. 20; 2015 a. 55.

Section 111. 867.03 (1g) (c) of the statutes is amended to read: 129

> 867.03 (1g) (c) Whether the decedent or the decedent's spouse ever received services provided as a benefit under a long-term care program, as defined in s. 49.496

(1) (bk), medical assistance under subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7), <u>2017 stats.</u>, or aid under s. 49.68, 49.683, 49.685, or s. 49.785.

History 1973 c. 43; 1975 c. 380 s. 5; 1979 c. 29; 1989 a. 234; 1993 a. 16, 205, 437; 1995 a. 27 ss. 7197b to 7199c, 9126 (19); 1997 a. 27; 1999 a. 9, 94; 2005 a. 216, 387; 2007 a. 20 s. 9121 (6) (a); 2013 a. 20, 92; 2015 a. 55; 2017 a. 90, 332; s. 35.17 correction in (1g) (c), (1p), (2g) (b).

Section 112. 867.03 (1m) (a) of the statutes is amended to read:

867.03 (1m) (a) Whenever an heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death intends to transfer a decedent's property by affidavit under sub. (1g) and the decedent or the decedent's spouse ever received services provided as a benefit under a long-term care program, as defined in s. 49.496 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685, or 49.785, the heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death shall give notice to the department of health services of his or her intent. The notice shall include the information in the affidavit under sub. (1g) and the heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the deced

History 1973 c. 43; 1975 c. 380 s. 5; 1979 c. 29; 1989 a. 234; 1993 a. 16, 205, 437; 1995 a. 27 ss. 7197b to 7199c, 9126 (19); 1997 a. 27; 1999 a. 9, 94; 2005 a. 216, 387; 2097 a. 20 s. 9121 (6) (a); 2013 a. 20, 92; 2015 a. 55; 2017 a. 90, 332; s. 35.17 cyrrection in (1g) (c), (1p), (2g) (b).

SECTION 113. 867.03 (1m) (b) of the statutes is amended to read:

867.03 (1m) (b) An heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death who files an affidavit under sub. (1g) that states that the decedent or the decedent's spouse received services provided as a benefit under a long-term

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care program, as defined in s. 49.496 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685, or 49.785 shall attach to the affidavit the proof of mail delivery of the notice required under par. (a) showing the delivery date.

History: 1973 c. 43; 1975 c. 380 s. 5; 1979 c. 29; 1989 a. 234; 1993 a. 16, 205, 437; 1995 a. 27 ss. 7197b to 7199c, 9126 (19); 1997 a. 27; 1999 a. 9, 94; 2005 a. 216, 387; 2007 a. 20 s. 9121 (6) (a); 2013 a. 20, 92; 2015 a. 55; 2017 a. 90, 332; s. 35.17 correction in (1g) (c), (1p), (2g) (b).

SECTION 114. 867.03 (2g) (b) of the statutes is amended to read:

867.03 (2g) (b) Property transferred under this section to or by an heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death is subject to the right of the department of health services to recover under s. 46.27 (7g), 2017 stats., 49.496, 49.682, or 49.849 an amount equal to the medical assistance that is recoverable under s. 49.496 (3) (a), an amount equal to aid under s. 49.68, 49.683, 49.685, or 49.785 that is recoverable under s. 49.682 (2) (a) or (am), or an amount equal to long-term community support services under s. 46.27, 2017 stats., that is recoverable under s. 46.27 (7g) (c) 1., 2017 stats., and that was paid on behalf of the decedent or the decedent's spouse. Upon request, the heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death shall provide to the department of health services information about any of the decedent's property that the heir, trustee, person named in the will to act as personal representative, or person who was guardian of the decedent at the time of the decedent's death has distributed and information about the persons to whom the property was distributed.

History 1973 c. 43; 1975 c. 380 s. 5; 1979 c. 29; 1989 a. 234; 1993 a. 16, 205, 437; 1995 a. 27 ss. 7197b to 7199c, 9126 (19); 1997 a. 27; 1999 a. 9, 94; 2005 a. 216, 387; 2007 a. 20 s. 9121 (6) (a); 2013 a. 20, 92; 2015 a. 55; 2017 a. 90, 332; s. 35.17 correction in (1g) (c), (1p), (2g) (b).

177 893.33 (4r) This section applies to liens of the department of health services 178 on real property under ss. 46.27 (7g), 2017 stats., 49.496, 49.682, and 49.849.

History 1979 c. 323; 1981 c. 261; 1985 a. 135; 1987 a. 27, 330; 1991 a. 39; 1997 a. 140; 1999 a. 150; 2009 a. 378, 379; 2013 a. 20, 92; 2017 a. 102.

(1) The 60-year provision relating to easements and covenants is reduced to 40 years.

Section 9119. Nonstatutory provisions; Health Services.

The (1)Rules; functional eligibility for long-term care programs. department of health services shall update, by rule, criteria used to determine functional eligibility for the family care program and other long-term care programs, especially criteria used to determine whether or not an individual is at a nursing home level of care. The department of health services may promulgate emergency eligilibility criteria under this subsection. update functional rules Notwithstanding s. 227.24 (1) (c) and (2), any emergency rules promulgated under this subsection remain in effect until the date on which permanent rules take effect or July 1, 2023, whichever is sooner. Notwithstanding s. 227.24 (1) (a) and (3), the department of health services is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

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Judicial Council Committee's Note, 1979 [deleted in part]: This section is based primarily on previous 893.15. That section, an interesting combination of limitations statute and marketable title statute, was of significant help to real estate titles since enactment in 1941. The beneficial effects were strengthened and expanded by enactment of s. 706.09 in 1967. This draft preserves the useful essence of previous s. 893.15, while updating some language. Changes which affect substance are:

⁽²⁾ New subs. (8) and (9) are transitional provisions applying to limitation periods already running the period specified in previous s. 893.15, or the period in this statute, whichever is shorter.

⁽⁵⁾ This draft makes explicit that only those who purchase for valuable consideration after the period of limitation has run or their successors may avail themselves of the benefits of this statute. There is no requirement that the purchaser be without notice, which is to be contrasted with s. 706.09 of the statutes where periods far shorter than 30 years are specified in many subsections. [Bill 326-A]

Dodge, Tamara

From:

Stinebrink, Cory R - DOA

Sent:

Thursday, January 31, 2019 4:12 PM

To:

Dodge, Tamara

Cc: Subject: Dombrowski, Cynthia A - DOA FW: LRB Draft Number 19-0584 P1

Follow Up Flag: Flag Status:

FollowUp Flagged

Tami-

Could I get you to do a redraft on this one that doesn't include the nonstatutory provision?

Thanks, Cory

From: christopher.connor@wisconsin.gov < christopher.connor@wisconsin.gov >

Sent: Thursday, January 31, 2019 2:22 PM

To: Stinebrink, Cory R - DOA < Cory. Stinebrink@wisconsin.gov>

Cc: Dombrowski, Cynthia A - DOA < Cynthia. Dombrowski@wisconsin.gov>; Connor, Christopher B - DOA < Christopher. Connor@wisconsin.gov>; Connor, Christopher B - DOA < Christopher. Connor@wisconsin.gov>

Subject: LRB Draft Number 19-0584_P1

We have received an LRB draft for DOA Tracking Code BB0038

LRB Topic: Long-term care; managed care

LRB Draft Number: 19-0584 P1

Drafter: TJD

Drafting Attorney: Tamara J. Dodge

Phone: (608) 267-7380

E-mail: Tamara.Dodge@legis.wisconsin.gov

The document can be found in the Stat Language site on SharePoint: https://doa.sbo.wisconsin.gov/statutes/Shared%20Documents/19-0584 P1.pdf

Please Note: All new drafts are marked "OUT" and Final = "No" by default. Please update these fields in this record and related drafts as soon as you know if they are "IN" or Final.

Thanks,

Chris