



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-0584/P5

TJD:cdc&wlj/

eplo
ahc

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

FOR 2019-2021 BUDGET -- NOT READY FOR INTRODUCTION

1 AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

1. Long-term care programs; managed care

This bill generally makes changes to certain long-term care programs that receive funding under the Medical Assistance program. The Family Care program concluded its expansion statewide replacing the Community Options Program, known as COP. The bill eliminates the statutory language for the COP program, a requirement that DHS certify availability of an aging and disability resource center, and a requirement that aging and disability resource centers perform outreach in new Family Care program counties. The bill requires aging and disability resource centers to provide information and assistance on the self-directed services option, known as IRIS; the Family Care Partnership program; and the program of all-inclusive care for the elderly, known as PACE, in addition to the current requirement to provide information and assistance on the Family Care program. The bill eliminates regional long-term care advisory committees, which, among other things, evaluate the care management organizations that administer the Family Care program.

Current law specifies a 45-day deadline by which an applicant for or recipient of Medical Assistance must file an appeal of his or her eligibility determination. The

bill specifies that for appeals of the adverse benefit determinations described in the bill made by a care management organization or managed care organization, the Medical Assistance recipient has 90 days to appeal. The bill also specifies that the individual seeking an appeal must exhaust the internal appeal procedures of the care management organization or managed care organization first.

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

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

1 **SECTION 1.** 16.009 (2) (em) of the statutes is amended to read:

2 16.009 (2) (em) Monitor, evaluate, and make recommendations concerning
3 long-term community support services received by clients of the long-term support
4 community options program under s. 46.27 the self-directed services option, the
5 family care program, the Family Care Partnership Program, and the program of
6 all-inclusive care for the elderly.

7 **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
9 determining eligibility for an individual for a long-term care program under s. 46.27,
10 46.275, or 46.277, the family care benefit under s. 46.286, the family care partnership
11 program, the long-term care program defined in s. 46.2899 (1), or any other
12 demonstration program or program operated under a waiver of federal medicaid law
13 that provides long-term care benefits shall exclude from the determination any
14 income from assets accumulated in an account that is part of a qualified ABLE
15 program under section 529A of the Internal Revenue Code.

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

17 20.435 (4) (b) *Medical Assistance program benefits.* Biennially, the amounts
18 in the schedule to provide a portion of the state share of Medical Assistance program

1 benefits administered under subch. IV of ch. 49, for a portion of the Badger Care
2 health care program under s. 49.665, to provide a portion of the Medical Assistance
3 program benefits administered under subch. IV of ch. 49 that are not also provided
4 under par. (o), to fund the pilot project under s. 46.27 (9) and (10), to provide a portion
5 of the facility payments under 1999 Wisconsin Act 9, section 9123 (9m), to fund
6 services provided by resource centers under s. 46.283, for services under the family
7 care benefit under s. 46.284 (5), for the community options program under s. 46.27,
8 2017 stats., for assisting victims of diseases, as provided in ss. 49.68, 49.683, and
9 49.685, ~~for distributing grants under s. 146.64,~~ and for reduction of any operating
10 deficits as specified in 2005 Wisconsin Act 15, section 3. Notwithstanding s. 20.002
11 (1), the department may transfer from this appropriation account to the
12 appropriation account under sub. (5) (kc) funds in the amount of and for the purposes
13 specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the
14 department may credit or deposit into this appropriation account and may transfer
15 between fiscal years funds that it transfers from the appropriation account under
16 sub. (5) (kc) for the purposes specified in s. 46.485 (3r).

****NOTE: This is reconciled s. 20.435 (4) (b). This section has been affected by
drafts with the following LRB numbers: -0584/p3 and -1772/p2.

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

18 20.435 (4) (bd) *Long-term care programs.* The amounts in the schedule for
19 ~~assessments, case planning, services, administration and risk reserve escrow~~
20 ~~accounts under s. 46.27,~~ for pilot projects under s. 46.271 (1), to fund services
21 provided by resource centers other entities under s. 46.283 (5), for services under the
22 family care program under s. 46.284 (5), ~~for services and supports under s. 46.2803~~
23 ~~(2), and~~ and for services provided under the children's community options program under

1 s. 46.272, and for the payment of premiums under s. 49.472 (5). Notwithstanding ss.
2 20.001 (3) (a) and 20.002 (1), the department may under this paragraph transfer
3 moneys between fiscal years. ~~Except for moneys authorized for transfer under this~~
4 ~~appropriation or under s. 46.27 (7) (fm) or (g), all moneys under this appropriation~~
5 ~~that are allocated under s. 46.27 and are not spent or encumbered by counties or by~~
6 ~~the department by December 31 of each year shall lapse to the general fund on the~~
7 ~~succeeding January 1 unless transferred to the next calendar year by the joint~~
8 ~~committee on finance.~~

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

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

23 **SECTION 6.** 20.435 (4) (hp) of the statutes is amended to read:

24 20.435 (4) (hp) *Disabled children's long-term support waivers.* All moneys
25 received under ss. 46.03 (18) and 46.10 for services for children reimbursed under a

1 waiver under s. 46.27(11), 46.275, or 46.278 or provided under the disabled children's
2 long-term support program, as defined in s. 46.011 (1g), for distribution to counties
3 according to a formula developed by the department as a portion of the state share
4 of payments for services for children under the waiver under s. 46.278 or for services
5 provided under the disabled children's long-term support program.

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

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

23 **SECTION 8.** 20.435 (4) (in) of the statutes is amended to read:

24 20.435 (4) (in) *Community options program; family care; recovery of costs*
25 *administration.* From the moneys received from the recovery of costs of care under

1 ss. 46.27 (7g), 2017 stats., and 49.849 for enrollees who are ineligible for medical
2 assistance, the amounts in the schedule for administration of the recovery of costs
3 of the care.

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

5 20.435 (4) (w) *Medical Assistance trust fund.* From the Medical Assistance
6 trust fund, biennially, the amounts in the schedule for meeting costs of medical
7 assistance administered under ss. ~~46.27~~, 46.275 (5), 46.278 (6), 46.283 (5), 46.284 (5),
8 49.45, and 49.472 (6), for refunds under s. 50.38 (6) (a) and (6m) (a), and for
9 administrative costs associated with augmenting the amount of federal moneys
10 received under 42 CFR 433.51.

11 **SECTION 10.** 20.435 (7) (b) of the statutes is amended to read:

12 20.435 (7) (b) *Community aids and Medical Assistance payments.* The
13 amounts in the schedule for human services and community mental health services
14 under s. 46.40, to fund services provided by resource centers under s. 46.283 (5), to
15 fund activities in support of resource center operations, for services under the family
16 care benefit under s. 46.284 (5), for Medical Assistance payment adjustments under
17 s. 49.45 (52) (a) for services described in s. 49.45 (52) (a) 1., for Medical Assistance
18 payments under s. 49.45 (6tw), and for Medical Assistance payments under s. 49.45
19 (53) for services described in s. 49.45 (53) that are provided before January 1, 2012.
20 Social services disbursements under s. 46.03 (20) (b) may be made from this
21 appropriation. Refunds received relating to payments made under s. 46.03 (20) (b)
22 for the provision of services for which moneys are appropriated under this paragraph
23 shall be returned to this appropriation. Notwithstanding ss. 20.001 (3) (a) and
24 20.002 (1), the department of health services may transfer funds between fiscal years
25 under this paragraph. The department shall deposit into this appropriation funds

1 it recovers under ss. 46.495 (2) (b) and 51.423 (15), from prior year audit adjustments
2 including those resulting from audits of services under s. 46.26, 1993 stats., or s.
3 46.27, 2017 stats. Except for amounts authorized to be carried forward under s.
4 46.45, all funds recovered under ss. 46.495 (2) (b) and 51.423 (15) and all funds
5 allocated under s. 46.40 and not spent or encumbered by December 31 of each year
6 shall lapse to the general fund on the succeeding January 1 unless carried forward
7 to the next calendar year by the joint committee on finance.

8 **SECTION 11.** 20.930 of the statutes is amended to read:

9 **20.930 Attorney fees.** Except as provided in ss. 5.05 (2m) (c) 7., 19.49 (2) (b)
10 6., ~~46.27 (7g) (h)~~, 49.496 (3) (f), and 49.682 (6), no state agency in the executive branch
11 may employ any attorney until such employment has been approved by the governor.

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

13 **46.10 (16)** The department shall delegate to county departments under ss.
14 51.42 and 51.437 or the local providers of care and services meeting the standards
15 established by the department under s. 46.036, the responsibilities vested in the
16 department under this section for collection of patient fees for services other than
17 those provided at state facilities, those provided to children that are reimbursed
18 under a waiver under s. ~~46.27 (11)~~, 46.275, 46.278, or 46.2785, or those provided
19 under the disabled children's long-term support program if the county departments
20 or providers meet the conditions that the department determines are appropriate.
21 The department may delegate to county departments under ss. 51.42 and 51.437 the
22 responsibilities vested in the department under this section for collection of patient
23 fees for services provided at the state facilities if the necessary conditions are met.

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

1 46.21 (2m) (b) 1. a. The powers and duties of the county departments under ss.
2 46.215, 51.42 and 51.437, ~~including the administration of the long-term support~~
3 ~~community options program under s. 46.27, if the county department under s. 46.215~~
4 ~~is designated as the administering agency under s. 46.27 (3) (b) 1.~~

5 **SECTION 14.** 46.21 (2m) (b) 1. b. of the statutes is repealed.

6 **SECTION 15.** 46.215 (1) (m) of the statutes is repealed.

7 **SECTION 16.** 46.22 (1) (b) 1. e. of the statutes is repealed.

8 **SECTION 17.** 46.23 (3) (bm) of the statutes is repealed.

9 **SECTION 18.** 46.269 of the statutes is amended to read:

10 **46.269 Determining financial eligibility for long-term care programs.**

11 To the extent approved by the federal government, the department or its designee
12 shall exclude any assets accumulated in a person's independence account, as defined
13 in s. 49.472 (1) (c), and any income or assets from retirement benefits earned or
14 accumulated from income or employer contributions while employed and receiving
15 ~~state-funded benefits under s. 46.27~~ or medical assistance under s. 49.472 in
16 determining financial eligibility and cost-sharing requirements, if any, for a
17 long-term care program under s. ~~46.27~~, 46.275, or 46.277, for the family care
18 program that provides the benefit defined in s. 46.2805 (4), for the Family Care
19 Partnership program, or for the self-directed services option, as defined in s. 46.2897
20 (1).

21 **SECTION 19.** 46.27 of the statutes is repealed.

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

23 46.271 (1) (c) The department may contract with an aging unit, as defined in
24 s. ~~46.27~~ 46.82 (1) (a), for administration of services under par. (a) if, by resolution,
25 the county board of supervisors of that county so requests the department.

1 SECTION 21. 46.275 (3) (e) of the statutes is repealed.

2 SECTION 22. 46.275 (5) (b) 7. of the statutes is amended to read:

3 46.275 (5) (b) 7. Provide services in any community-based residential facility
4 unless the county or department uses as a service contract the approved model
5 contract developed under s. 46.27 (2) (j), 2017 stats., or a contract that includes all
6 of the provisions of the approved model contract.

7 SECTION 23. 46.277 (1m) (at) of the statutes is amended to read:

8 46.277 (1m) (at) "Private nonprofit agency" ~~has the meaning specified in s.~~
9 46.27 (1) (bm) means a nonprofit corporation, as defined in s. 181.0103 (17), that
10 provides a program of all-inclusive care for the elderly under 42 USC 1395eee or
11 1396u-4.

12 SECTION 24. 46.277 (3) (a) of the statutes is amended to read:

13 46.277 (3) (a) ~~Sections 46.27 (3) (b) and Section 46.275 (3) (a) and (c) to (e) apply~~
14 applies to county participation in this program, except that services provided in the
15 program shall substitute for care provided a person in a skilled nursing facility or
16 intermediate care facility who meets the level of care requirements for medical
17 assistance reimbursement to that facility rather than for care provided at a state
18 center for the developmentally disabled. The number of persons who receive services
19 provided by the program under this paragraph may not exceed the number of
20 nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as
21 part of a plan submitted by the facility and approved by the department.

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22 SECTION 25. 46.277 (5) (d) 2. a. of the statutes is repealed.

23 SECTION 26. 46.277 (5) (d) 3. of the statutes is amended to read:

24 46.277 (5) (d) 3. If subd. 2. ~~a. or b.~~ ^{Strike} applies, no county may use funds received
25 under this section to pay for services provided to a person who resides or intends to

1 reside in a community-based residential facility and who is initially applying for the
2 services, if the projected cost of services for the person, plus the cost of services for
3 existing participants, would cause the county to exceed the limitation under sub. (3)
4 (c). The department may grant an exception to the requirement under this
5 subdivision, under the conditions specified by rule, to avoid hardship to the person.

6 **SECTION 27.** 46.277 (5) (f) of the statutes is amended to read:

7 46.277 (5) (f) No county or private nonprofit agency may use funds received
8 under this subsection to provide services in any community-based residential
9 facility unless the county or agency uses as a service contract the approved model
10 contract developed under s. 46.27 (2) (j), 2017 stats., or a contract that includes all
11 of the provisions of the approved model contract.

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

13 46.278 (4) (a) ~~Sections 46.27 (3) (b) and Section 46.275 (3) (a) and (c) to (e) apply~~
14 applies to county participation in a program, except that services provided in the
15 program shall substitute for care provided a person in an intermediate care facility
16 for persons with an intellectual disability or in a brain injury rehabilitation facility
17 who meets the intermediate care facility for persons with an intellectual disability
18 or brain injury rehabilitation facility level of care requirements for medical
19 assistance reimbursement to that facility rather than for care provided at a state
20 center for the developmentally disabled.

21 **SECTION 29.** 46.2803 of the statutes is repealed.

22 **SECTION 30.** 46.2805 (1) (b) of the statutes is amended to read:

23 46.2805 (1) (b) A demonstration program known as the ~~Wisconsin~~ partnership
24 Family Care Partnership program under a federal waiver authorized under 42 USC
25 ~~1315~~ 1396n.

1 **SECTION 31.** 46.281 (1d) of the statutes is amended to read:

2 **46.281 (1d) WAIVER REQUEST.** The department shall request from the secretary
3 of the federal department of health and human services any waivers of federal
4 medicaid laws necessary to permit the use of federal moneys to provide the family
5 care benefit and the self-directed services option to recipients of medical assistance.
6 The department shall implement any waiver that is approved and that is consistent
7 with ss. 46.2805 to 46.2895. Regardless of whether a waiver is approved, the
8 department may implement operation of resource centers, care management
9 organizations, and the family care benefit.

10 **SECTION 32.** 46.281 (1n) (d) of the statutes is repealed.

11 **SECTION 33.** 46.281 (3) of the statutes is repealed.

12 **SECTION 34.** 46.2825 of the statutes is repealed.

13 **SECTION 35.** 46.283 (3) (f) of the statutes is amended to read:

14 **46.283 (3) (f)** Assistance to a person ~~who is eligible for the family care benefit~~
15 with respect to the person's choice of whether or not to enroll in the self-directed
16 services option, as defined in s. 46.2899 (1), a care management organization for the
17 family care benefit or the Family Care Partnership program, or the program of
18 all-inclusive care for the elderly and, if so, which available long-term care program
19 or care management organization would best meet his or her needs.

20 **SECTION 36.** 46.283 (4) (e) of the statutes is repealed.

21 **SECTION 37.** 46.283 (4) (f) of the statutes is amended to read:

22 **46.283 (4) (f)** Perform a functional screening and a financial and cost-sharing
23 screening for any resident, ~~as specified in par. (e),~~ who requests a screening and
24 assist any resident who is eligible and chooses to enroll in a care management
25 organization or the self-directed services option to do so.

1 **SECTION 38.** 46.283 (6) (b) 7. of the statutes is repealed.

2 **SECTION 39.** 46.283 (6) (b) 9. of the statutes is amended to read:

3 46.283 (6) (b) 9. Review the number and types of grievances and appeals
4 concerning the long-term care system in the area served by related to the resource
5 center, to determine if a need exists for system changes, and recommend system or
6 other changes if appropriate.

7 **SECTION 40.** 46.283 (6) (b) 10. of the statutes is repealed.

8 **SECTION 41.** 46.285 (intro.) of the statutes is renumbered 46.285 and amended
9 to read:

10 **46.285 Operation of resource center and care management**
11 **organization.** In order to meet federal requirements and assure federal financial
12 participation in funding of the family care benefit, a county, a tribe or band, a
13 long-term care district or an organization, including a private, nonprofit
14 corporation, may not directly operate both a resource center and a care management
15 organization, ~~except as follows:~~

16 **SECTION 42.** 46.285 (1) of the statutes is repealed.

17 **SECTION 43.** 46.285 (2) of the statutes is repealed.

18 **SECTION 44.** 46.286 (3) (b) 2. a. of the statutes is repealed.

19 **SECTION 45.** 46.287 (2) (a) 1. (intro.) of the statutes is amended to read:

20 46.287 (2) (a) 1. (intro.) Except as provided in subd. 2., a client may contest any
21 of the following applicable matters by filing, within 45 days of the failure of a resource
22 center or ~~care management organization~~ county to act on the contested matter
23 within the time frames specified by rule by the department or within 45 days after
24 receipt of notice of a decision in a contested matter, a written request for a hearing
25 under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1):

1 **SECTION 46.** 46.287 (2) (a) 1. d. of the statutes is renumbered 46.287 (2) (a) 1m.

2 b.

3 **SECTION 47.** 46.287 (2) (a) 1. e. of the statutes is repealed.

4 **SECTION 48.** 46.287 (2) (a) 1. f. of the statutes is repealed.

5 **SECTION 49.** 46.287 (2) (a) 1m. of the statutes is created to read:

6 46.287 (2) (a) 1m. Except as provided in subd. 2., a client may contest any of
7 the following adverse benefit determinations by filing, within 90 days of the failure
8 of a care management organization to act on a contested adverse benefit
9 determination within the time frames specified by rule by the department or within
10 90 days after receipt of notice of a decision upholding the adverse benefit
11 determination, a written request for a hearing under s. 227.44 to the division of
12 hearings and appeals created under s. 15.103 (1):

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

17 c. Denial or limited authorization of a requested service, including
18 determinations based on type or level of service, requirements or medical necessity,
19 appropriateness, setting, or effectiveness of a covered benefit.

20 d. Reduction, suspension, or termination of a previously authorized service,
21 unless the service was only authorized for a limited amount or duration and that
22 amount or duration has been completed.

23 e. Denial, in whole or in part, of payment for a service.

1 f. The failure of a care management organization to act within the time frames
2 provided in 42 CFR 438.408 (b) (1) and (2) regarding the standard resolution of
3 grievances and appeals.

4 g. Denial of an enrollee's request to dispute financial liability, including
5 copayments, premiums, deductibles, coinsurance, other cost sharing, and other
6 member financial liabilities.

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

10 i. Development of a plan of care that is unacceptable to the enrollee because the
11 plan of care requires the enrollee to live in a place that is unacceptable to the enrollee;
12 the plan of care does not provide sufficient care, treatment, or support to meet the
13 enrollee's needs and support the enrollee's identified outcomes; or the plan of care
14 requires the enrollee to accept care, treatment, or support that is unnecessarily
15 restrictive or unwanted by the enrollee.

16 j. Involuntary disenrollment from the care management organization.

17 **SECTION 50.** 46.287 (2) (b) of the statutes is amended to read:

18 46.287 (2) (b) An enrollee may contest a decision, omission or action of a care
19 management organization other than those specified in par. (a), ~~or may contest the~~
20 ~~choice of service provider. In these instances, the enrollee shall first send a written~~
21 ~~request for review by the unit of the department that monitors care management~~
22 ~~organization contracts. This unit shall review and attempt to resolve the dispute.~~
23 1m. by filing a grievance with the care management organization. If the dispute
24 grievance is not resolved to the satisfaction of the enrollee, he or she may request

1 a hearing under the procedures specified in par. (a) 1. ~~(intro.)~~ that the department
2 review the decision of the care management organization.

3 **SECTION 51.** 46.288 (2) (intro.) of the statutes is renumbered 46.288 (2) and
4 amended to read:

5 46.288 (2) Criteria and procedures for determining functional eligibility under
6 s. 46.286 (1) (a), financial eligibility under s. 46.286 (1) (b), and cost sharing under
7 s. 46.286 (2) (a). ~~The rules for determining functional eligibility under s. 46.286 (1)~~
8 ~~(a) 1m. shall be substantially similar to eligibility criteria for receipt of the long-term~~
9 ~~support community options program under s. 46.27. Rules under this subsection~~
10 ~~shall include definitions of the following terms applicable to s. 46.286:~~

11 **SECTION 52.** 46.288 (2) (d) to (j) of the statutes are repealed.

12 **SECTION 53.** 46.2896 (1) (a) of the statutes is amended to read:

13 46.2896 (1) (a) “Long-term care program” means the long-term care program
14 under s. ~~46.27, 46.275, 46.277, 46.278, or 46.2785~~; the family care program providing
15 the benefit under s. 46.286; the Family Care Partnership program; or the long-term
16 care program defined in s. 46.2899 (1).

17 **SECTION 54.** 46.82 (3) (a) 13. of the statutes is repealed.

18 **SECTION 55.** 49.45 (2) (a) 23. of the statutes is amended to read:

19 49.45 (2) (a) 23. Promulgate rules that define “supportive services”, “personal
20 services” and “nursing services” provided in a certified residential care apartment
21 complex, as defined under s. 50.01 (6d), for purposes of reimbursement under ss.
22 ~~46.27 (11) (e) 7. and s. 46.277 (5) (e).~~

23 **SECTION 56.** 49.45 (3) (a) of the statutes is amended to read:

24 49.45 (3) (a) Reimbursement shall be made to each county department under
25 ss. 46.215, 46.22, and 46.23 for any administrative services performed in the Medical

1 Assistance program on the basis of s. 49.78 (8). ~~For purposes of reimbursement~~
2 ~~under this paragraph, assessments completed under s. 46.27 (6) (a) are~~
3 ~~administrative services performed in the Medical Assistance program.~~

4 **SECTION 57.** 49.45 (5) (a) of the statutes is amended to read:

5 49.45 (5) (a) Any person whose application for medical assistance is denied or
6 is not acted upon promptly or who believes that the payments made in the person's
7 behalf have not been properly determined or that his or her eligibility has not been
8 properly determined may file an appeal with the department pursuant to par. (b).
9 Review is unavailable if the decision or failure to act arose more than 45 days before
10 submission of the petition for a hearing, except as provided in par. (ag) or (ar).

11 **SECTION 58.** 49.45 (5) (ag) of the statutes is created to read:

12 49.45 (5) (ag) A person shall request a hearing within 90 days of the date of
13 receipt of a notice from a care management organization or managed care
14 organization upholding its adverse benefit determination relating to any of the
15 following or within 90 days of the date the care management organization or
16 managed care organization failed to act on the contested matter within the time
17 specified by the department:

18 1. Denial or limited authorization of a requested services, including a
19 determination based on the type or level of service, requirement for medical
20 necessity, appropriateness, setting, or effectiveness of a covered benefit.

21 2. Reduction, suspension, or termination of a previously authorized service,
22 unless the service was only authorized for a limited amount or duration and that
23 amount or duration has been completed.

24 3. Denial, in whole or in part, of payment for a service.

25 4. Failure to provide services in a timely manner.

1 5. Failure of a care management organization or managed care organization
2 to act within the time frames provided in 42 CFR 438.408 (b) (1) and (2) regarding
3 the standard resolution of grievances and appeals.

4 6. Denial of an enrollee's request to dispute financial liability, including
5 copayments, premiums, deductibles, coinsurance, other cost sharing, and other
6 member financial liabilities.

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

10 **SECTION 59.** 49.45 (5) (ar) of the statutes is created to read:

11 49.45 (5) (ar) If a federal regulation specifies a different time limit to request
12 a hearing than par. (a) or (ag), the time limit in the federal regulation shall apply.

13 **SECTION 60.** 49.45 (5) (b) 1. (intro.) of the statutes is amended to read:

14 49.45 (5) (b) 1. (intro.) Upon receipt of a timely petition under par. (a) the
15 department shall give the applicant or recipient reasonable notice and opportunity
16 for a fair hearing. The department may make such additional investigation as it
17 considers necessary. Notice of the hearing shall be given to the applicant or recipient
18 and, if a county department under s. 46.215, 46.22, or 46.23 is responsible for making
19 the medical assistance determination, to the county clerk of the county. The county
20 may be represented at such hearing. The department shall render its decision as
21 soon as possible after the hearing and shall send a certified copy of its decision to the
22 applicant or recipient, to the county clerk, and to any county officer charged with
23 administration of the Medical Assistance program. The decision of the department
24 shall have the same effect as an order of a county officer charged with the
25 administration of the Medical Assistance program. The decision shall be final, but

1 may be revoked or modified as altered conditions may require. The department shall
2 deny a petition for a hearing or shall refuse to grant relief if:

3 **SECTION 61.** 49.45 (5) (b) 1. d. of the statutes is created to read:

4 49.45 (5) (b) 1. d. The issue is an adverse benefit determination described in
5 par. (ag) 1. to 7. made by a care management organization or managed care
6 organization and the person requesting the hearing has not exhausted the internal
7 appeal procedure with the organization.

8 **SECTION 62.** 49.45 (6m) (c) 5. of the statutes is amended to read:

9 49.45 (6m) (c) 5. Admit only patients assessed or who waive or are exempt from
10 the requirement of assessment under s. 46.27 (6) (a) or, if required under s. 50.035
11 (4n) or 50.04 (2h), who have been referred to a resource center.

12 **SECTION 63.** 49.45 (6m) (L) of the statutes is amended to read:

13 49.45 (6m) (L) For purposes of ss. ~~46.27 (11) (e) 7.~~ and s. 46.277 (5) (e), the
14 department shall, by July 1 annually, determine the statewide medical assistance
15 daily cost of nursing home care and submit the determination to the department of
16 administration for review. The department of administration shall approve the
17 determination before payment may be made under s. ~~46.27 (11) (e) 7.~~ or 46.277 (5)
18 (e).

19 **SECTION 64.** 49.45 (47) (b) of the statutes is amended to read:

20 49.45 (47) (b) No person may receive reimbursement under s. ~~46.27 (11)~~ for the
21 provision of services to clients in an adult day care center unless the adult day care
22 center is certified by the department under sub. (2) (a) 11. as a provider of medical
23 assistance.

24 **SECTION 65.** 49.46 (1) (a) 14. of the statutes is amended to read:

1 49.46 (1) (a) 14. Any person who would meet the financial and other eligibility
2 requirements for home or community-based services under s. ~~46.27 (11)~~, 46.277, or
3 46.2785 but for the fact that the person engages in substantial gainful activity under
4 42 USC 1382c (a) (3), if a waiver under s. 49.45 (38) is in effect or federal law permits
5 federal financial participation for medical assistance coverage of the person and if
6 funding is available for the person under s. ~~46.27 (11)~~, 46.277, or 46.2785.

7 **SECTION 66.** 49.46 (1) (em) of the statutes is amended to read:

8 49.46 (1) (em) To the extent approved by the federal government, for the
9 purposes of determining financial eligibility and any cost-sharing requirements of
10 an individual under par. (a) 6m., 14., or 14m., (d) 2., or (e), the department or its
11 designee shall exclude any assets accumulated in a person's independence account,
12 as defined in s. 49.472 (1) (c), and any income or assets from retirement benefits
13 earned or accumulated from income or employer contributions while employed and
14 receiving ~~state-funded benefits under s. 46.27~~ or medical assistance under s. 49.472.

15 **SECTION 67.** 49.46 (2) (b) 8. of the statutes is amended to read:

16 49.46 (2) (b) 8. Home or community-based services, if provided under s. ~~46.27~~
17 ~~(11)~~, 46.275, 46.277, 46.278, 46.2785, 46.99, or under the family care benefit if a
18 waiver is in effect under s. 46.281 (1d), or under the disabled children's long-term
19 support program, as defined in s. 46.011 (1g).

20 **SECTION 68.** 49.47 (4) (as) 1. of the statutes is amended to read:

21 49.47 (4) (as) 1. The person would meet the financial and other eligibility
22 requirements for home or community-based services under s. ~~46.27 (11)~~, 46.277, or
23 46.2785 or under the family care benefit if a waiver is in effect under s. 46.281 (1d)
24 but for the fact that the person engages in substantial gainful activity under 42 USC
25 1382c (a) (3).

1 **SECTION 69.** 49.47 (4) (as) 3. of the statutes is amended to read:

2 49.47 (4) (as) 3. Funding is available for the person under s. ~~46.27 (11)~~, 46.277,
3 or 46.2785 or under the family care benefit if a waiver is in effect under s. 46.281 (1d).

4 **SECTION 70.** 49.47 (4) (b) (intro.) of the statutes is amended to read:

5 49.47 (4) (b) (intro.) Eligibility exists if the applicant's property, subject to the
6 exclusion of any amounts under the Long-Term Care Partnership Program
7 established under s. 49.45 (31), any amounts in an independence account, as defined
8 in s. 49.472 (1) (c), or any retirement assets that accrued from employment while the
9 applicant was eligible for the community options program under s. 46.27 (11), 2017
10 stats., or any other Medical Assistance program, including deferred compensation
11 or the value of retirement accounts in the Wisconsin Retirement System or under the
12 federal Social Security Act, does not exceed the following:

13 **SECTION 71.** 49.472 (3) (b) of the statutes is amended to read:

14 49.472 (3) (b) The individual's assets do not exceed \$15,000. In determining
15 assets, the department may not include assets that are excluded from the resource
16 calculation under 42 USC 1382b (a), assets accumulated in an independence
17 account, and, to the extent approved by the federal government, assets from
18 retirement benefits accumulated from income or employer contributions while
19 employed and receiving medical assistance under this section or state-funded
20 benefits under s. 46.27, 2017 stats. The department may exclude, in whole or in part,
21 the value of a vehicle used by the individual for transportation to paid employment.

22 **SECTION 72.** 49.472 (3) (f) of the statutes is amended to read:

23 49.472 (3) (f) The individual maintains premium payments under sub. (4) (am)
24 and, if applicable and to the extent approved by the federal government, premium

1 payments calculated by the department in accordance with sub. (4) (bm), unless the
2 individual is exempted from premium payments under sub. (4) (dm) ~~or (5)~~.

3 **SECTION 73.** 49.472 (4) (am) of the statutes is amended to read:

4 49.472 (4) (am) To the extent approved by the federal government and except
5 as provided in pars. (dm) and (em) ~~and sub. (5)~~, an individual who receives medical
6 assistance under this section shall pay a monthly premium of \$25 to the department.

7 **SECTION 74.** 49.472 (5) of the statutes is repealed.

8 **SECTION 75.** 49.849 (1) (e) of the statutes is amended to read:

9 49.849 (1) (e) "Public assistance" means any services provided as a benefit
10 under a long-term care program, as defined in s. 49.496 (1) (bk), medical assistance
11 under subch. IV, ~~long-term community support services funded under s. 46.27 (7)~~,
12 or aid under s. 49.68, 49.683, 49.685, or 49.785.

13 **SECTION 76.** 49.849 (2) (a) (intro.) of the statutes is amended to read:

14 49.849 (2) (a) (intro.) Subject to par. (b), the department may collect from the
15 property of a decedent by affidavit under sub. (3) (b) or by lien under sub. (4) (a) an
16 amount equal to the medical assistance that is recoverable under s. 49.496 (3) (a), the
17 long-term community support services under s. 46.27, 2017 stats., that is
18 recoverable under s. 46.27 (7g) (c) 1., 2017 stats., or the aid under s. 49.68, 49.683,
19 49.685, or 49.785 that is recoverable under s. 49.682 (2) (a) or (am), and that was paid
20 on behalf of the decedent or the decedent's spouse, if all of the following conditions
21 are satisfied:

22 **SECTION 77.** 49.849 (6) (a) of the statutes is renumbered 49.849 (6).

23 **SECTION 78.** 49.849 (6) (b) of the statutes is repealed.

24 **SECTION 79.** 50.034 (1) (a) of the statutes is amended to read:

1 50.034 (1) (a) No person may operate a residential care apartment complex that
2 provides living space for residents who are clients under s. 46.27(11) or 46.277 and
3 publicly funded services as a home health agency or under contract with a county
4 department under s. 46.215, 46.22, 46.23, 51.42 or 51.437 that is a home health
5 agency unless the residential care apartment complex is certified by the department
6 under this section. The department may charge a fee, in an amount determined by
7 the department, for certification under this paragraph. The amount of any fee
8 charged by the department for certification of a residential care apartment complex
9 need not be promulgated as a rule under ch. 227.

10 **SECTION 80.** 50.034 (3) (a) 1. of the statutes is repealed.

11 **SECTION 81.** 50.034 (5m) of the statutes is amended to read:

12 50.034 (5m) PROVISION OF INFORMATION REQUIRED. ~~Subject to sub. (5p), when~~
13 When a residential care apartment complex first provides written material
14 regarding the residential care apartment complex to a prospective resident, the
15 residential care apartment complex shall also provide the prospective resident
16 information specified by the department concerning the services of a resource center
17 under s. 46.283, the family care benefit under s. 46.286, and the availability of a
18 functional screening and a financial and cost-sharing screening to determine the
19 prospective resident's eligibility for the family care benefit under s. 46.286 (1).

20 **SECTION 82.** 50.034 (5n) (intro.) of the statutes is amended to read:

21 50.034 (5n) REQUIRED REFERRAL. (intro.) ~~Subject to sub. (5p), when~~ When a
22 residential care apartment complex first provides written material regarding the
23 residential care apartment complex to a prospective resident who is at least 65 years
24 of age or has developmental disability or a physical disability and whose disability
25 or condition is expected to last at least 90 days, the residential care apartment

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

3 **SECTION 83.** 50.034 (5p) of the statutes is repealed.

4 **SECTION 84.** 50.034 (6) of the statutes is amended to read:

5 50.034 (6) FUNDING. Funding for supportive, personal or nursing services that
6 a person who resides in a residential care apartment complex receives, other than
7 private or 3rd-party funding, may be provided only under s. ~~46.27(11)(e)7. or 46.277~~
8 (5) (e), except if the provider of the services is a certified medical assistance provider
9 under s. 49.45 or if the funding is provided as a family care benefit under ss. 46.2805
10 to 46.2895.

11 **SECTION 85.** 50.035 (4m) of the statutes is amended to read:

12 50.035 (4m) PROVISION OF INFORMATION REQUIRED. ~~Subject to sub. (4p), when~~
13 When a community-based residential facility first provides written material
14 regarding the community-based residential facility to a prospective resident, the
15 community-based residential facility shall also provide the prospective resident
16 information specified by the department concerning the services of a resource center
17 under s. 46.283, the family care benefit under s. 46.286, and the availability of a
18 functional screening and a financial and cost-sharing screening to determine the
19 prospective resident's eligibility for the family care benefit under s. 46.286 (1).

20 **SECTION 86.** 50.035 (4n) (intro.) of the statutes is amended to read:

21 50.035 (4n) REQUIRED REFERRAL. (intro.) When a community-based residential
22 facility first provides written information regarding the community-based
23 residential facility to a prospective resident who is at least 65 years of age or has
24 developmental disability or a physical disability and whose disability or condition is
25 expected to last at least 90 days, the community-based residential facility shall refer

1 the individual to a resource center under s. 46.283 ~~or, if the secretary has not certified~~
2 ~~under s. 46.281 (3) that a resource center is available in the area of the~~
3 ~~community-based residential facility to serve individuals in an eligibility group to~~
4 ~~which the prospective resident belongs, to the county department that administers~~
5 ~~a program under ss. 46.27 or 46.277, unless any of the following applies:~~

6 **SECTION 87.** 50.035 (4p) of the statutes is repealed.

7 **SECTION 88.** 50.04 (2g) (a) of the statutes is amended to read:

8 50.04 (2g) (a) ~~Subject to sub. (2i), a~~ A nursing home shall, within the time
9 period after inquiry by a prospective resident that is prescribed by the department
10 by rule, inform the prospective resident of the services of a resource center under s.
11 46.283, the family care benefit under s. 46.286, and the availability of a functional
12 screening and a financial and cost-sharing screening to determine the prospective
13 resident's eligibility for the family care benefit under s. 46.286 (1).

14 **SECTION 89.** 50.04 (2h) (a) (intro.) of the statutes is amended to read:

15 50.04 (2h) (a) (intro.) ~~Subject to sub. (2i), a~~ A nursing home shall, within the
16 time period prescribed by the department by rule, refer to a resource center under
17 s. 46.283 a person who is seeking admission, who is at least 65 years of age or has
18 developmental disability or physical disability and whose disability or condition is
19 expected to last at least 90 days, unless any of the following applies:

20 **SECTION 90.** 50.04 (2i) of the statutes is repealed.

21 **SECTION 91.** 50.04 (2m) of the statutes is repealed.

22 **SECTION 92.** 50.06 (7) of the statutes is amended to read:

23 50.06 (7) An individual who consents to an admission under this section may
24 request that ~~an assessment be conducted for the incapacitated individual under the~~
25 ~~long-term support community options program under s. 46.27 (6) or, if the secretary~~

1 ~~has certified under s. 46.281 (3) that a resource center is available for the individual,~~
2 a functional screening and a financial and cost-sharing screening to determine
3 eligibility for the family care benefit under s. 46.286 (1). If admission is sought on
4 behalf of the incapacitated individual or if the incapacitated individual is about to
5 be admitted on a private pay basis, the individual who consents to the admission may
6 waive the requirement for a financial and cost-sharing screening under s. 46.283 (4)
7 (g), unless the incapacitated individual is expected to become eligible for medical
8 assistance within 6 months.

9 **SECTION 93.** 51.06 (8) (b) 6. of the statutes is amended to read:

10 51.06 (8) (b) 6. The extent of Medical Assistance provided to relocated or
11 diverted individuals that is in addition to Medical Assistance provided to the
12 individuals under s. ~~46.27 (11)~~, 46.275, 46.277, or 46.278, as a family care benefit
13 under ss. 46.2805 to 46.2895, or under any other home-based or community-based
14 program for which the department has received a waiver under 42 USC 1396n (c).

15 **SECTION 94.** 51.42 (3) (ar) 3. of the statutes is amended to read:

16 51.42 (3) (ar) 3. Plan for and establish a community developmental disabilities
17 program to deliver the services required under s. 51.437 if, under s. 51.437 (4g) (b),
18 the county board of supervisors in a county with a single-county department of
19 community programs or the county boards of supervisors in counties with a
20 multicounty department of community programs transfer the powers and duties of
21 the county department under s. 51.437 to the county department of community
22 programs. The county board of supervisors in a county with a single-county
23 department of community programs and the county boards of supervisors in counties
24 with a multicounty department of community programs may designate the county
25 department of community programs to which these powers and duties have been

1 transferred as the administrative agency of ~~the long-term support community~~
2 ~~options program under s. 46.27 (3) (b) 1. and 5.~~ and the community integration
3 programs under ss. 46.275, 46.277 and 46.278.

4 **SECTION 95.** 51.421 (1) of the statutes is amended to read:

5 51.421 (1) PURPOSE. In order to provide the least restrictive and most
6 appropriate care and treatment for persons with serious and persistent mental
7 illness, community support programs should be available in all parts of the state.
8 In order to integrate community support programs with other long-term care
9 programs, community support programs shall be coordinated, to the greatest extent
10 possible, ~~with the community options program under s. 46.27,~~ with the protective
11 services system in a county, with the medical assistance program under subch. IV of
12 ch. 49 and with other care and treatment programs for persons with serious and
13 persistent mental illness.

14 **SECTION 96.** 54.21 (2) (g) of the statutes is amended to read:

15 54.21 (2) (g) The current and likely future effect of the proposed transfer of
16 assets on the ward's eligibility for public benefits, including medical assistance ~~or a~~
17 ~~benefit under s. 46.27.~~

18 **SECTION 97.** 54.34 (1) (k) of the statutes is amended to read:

19 54.34 (1) (k) Whether the proposed ward is a recipient of a public benefit,
20 including medical assistance ~~or a benefit under s. 46.27.~~

21 **SECTION 98.** 71.52 (6) of the statutes is amended to read:

22 71.52 (6) "Income" means the sum of Wisconsin adjusted gross income and the
23 following amounts, to the extent not included in Wisconsin adjusted gross income:
24 maintenance payments (except foster care maintenance and supplementary
25 payments excludable under section 131 of the internal revenue code), support money,

1 cash public assistance (not including credit granted under this subchapter and
2 amounts under s. 46.27, 2017 stats.), cash benefits paid by counties under s. 59.53
3 (21), the gross amount of any pension or annuity (including railroad retirement
4 benefits, all payments received under the federal social security act and veterans
5 disability pensions), nontaxable interest received from the federal government or
6 any of its instrumentalities, nontaxable interest received on state or municipal
7 bonds, worker's compensation, unemployment insurance, the gross amount of "loss
8 of time" insurance, compensation and other cash benefits received from the United
9 States for past or present service in the armed forces, scholarship and fellowship gifts
10 or income, capital gains, gain on the sale of a personal residence excluded under
11 section 121 of the internal revenue code, dividends, income of a nonresident or
12 part-year resident who is married to a full-year resident, housing allowances
13 provided to members of the clergy, the amount by which a resident manager's rent
14 is reduced, nontaxable income of an American Indian, nontaxable income from
15 sources outside this state and nontaxable deferred compensation. Intangible drilling
16 costs, depletion allowances and depreciation, including first-year depreciation
17 allowances under section 179 of the internal revenue code, amortization,
18 contributions to individual retirement accounts under section 219 of the internal
19 revenue code, contributions to Keogh plans, net operating loss carry-backs and
20 carry-forwards, capital loss carry-forwards, and disqualified losses deducted in
21 determining Wisconsin adjusted gross income shall be added to "income". "Income"
22 does not include gifts from natural persons, cash reimbursement payments made
23 under title XX of the federal social security act, surplus food or other relief in kind
24 supplied by a governmental agency, the gain on the sale of a personal residence
25 deferred under section 1034 of the internal revenue code or nonrecognized gain from

1 involuntary conversions under section 1033 of the internal revenue code. Amounts
2 not included in adjusted gross income but added to “income” under this subsection
3 in a previous year and repaid may be subtracted from income for the year during
4 which they are repaid. Scholarship and fellowship gifts or income that are included
5 in Wisconsin adjusted gross income and that were added to household income for
6 purposes of determining the credit under this subchapter in a previous year may be
7 subtracted from income for the current year in determining the credit under this
8 subchapter. A marital property agreement or unilateral statement under ch. 766 has
9 no effect in computing “income” for a person whose homestead is not the same as the
10 homestead of that person’s spouse.

11 **SECTION 99.** 71.58 (7) (a) of the statutes is amended to read:

12 71.58 (7) (a) For an individual, means income as defined under s. 71.52 (6), plus
13 nonfarm business losses, plus amounts under s. 46.27, 2017 stats., less net operating
14 loss carry-forwards, less first-year depreciation allowances under section 179 of the
15 internal revenue code and less the first \$25,000 of depreciation expenses in respect
16 to the farm claimed by all of the individuals in a household.

17 **SECTION 100.** 102.07 (20) of the statutes is amended to read:

18 102.07 (20) An individual who is performing services for a person participating
19 in the self-directed services option, as defined in s. 46.2897 (1), for a person receiving
20 long-term care benefits under s. ~~46.27~~, 46.275, or 46.277 or under any children’s
21 long-term support waiver program on a self-directed basis, or for a person receiving
22 the Family Care benefit, as defined in s. 46.2805 (4), or benefits under the Family
23 Care Partnership program, as described in s. 49.496 (1) (bk) 3., on a self-directed
24 basis and who does not otherwise have worker’s compensation coverage for those

1 services is considered to be an employee of the entity that is providing financial
2 management services for that person.

3 **SECTION 101.** 108.02 (13) (k) of the statutes is amended to read:

4 108.02 (13) (k) "Employer" does not include a county department, an aging
5 unit, or, under s. 46.2785, a private agency that serves as a fiscal agent or contracts
6 with a fiscal intermediary to serve as a fiscal agent under s. 46.27 (5) (i), 46.272 (7)
7 (e), or 47.035 as to any individual performing services for a person receiving
8 long-term support services under s. ~~46.27 (5) (b)~~, 46.272 (7) (b), 46.275, 46.277,
9 46.278, 46.2785, 46.286, 46.495, 51.42, or 51.437 or personal assistance services
10 under s. 47.02 (6) (c).

11 **SECTION 102.** 108.22 (10) of the statutes is amended to read:

12 108.22 (10) A private agency that serves as a fiscal agent under s. 46.2785 or
13 contracts with a fiscal intermediary to serve as a fiscal agent under s. ~~46.27 (5) (i)~~,
14 46.272 (7) (e), or 47.035 as to any individual performing services for a person
15 receiving long-term support services under s. ~~46.27 (5) (b)~~, 46.272 (7) (b), 46.275,
16 46.277, 46.278, 46.2785, 46.286, 46.495, 51.42, or 51.437 or personal assistance
17 services under s. 47.02 (6) (c) may be found jointly and severally liable for the
18 amounts owed by the person under this chapter, if, at the time the person's quarterly
19 report is due under this chapter, the private agency served as a fiscal agent for the
20 person. The liability of the agency as provided in this subsection survives
21 dissolution, reorganization, bankruptcy, receivership, assignment for the benefit of
22 creditors, judicially confirmed extension or composition, or any analogous situation
23 of the person and shall be set forth in a determination or decision issued under s.
24 108.10. An appeal or review of a determination under this subsection shall not
25 include an appeal or review of determinations of amounts owed by the person.

1 **SECTION 103.** 632.697 of the statutes is amended to read:

2 **632.697 Benefits subject to department's right to recover.** Death
3 benefits payable under a life insurance policy or an annuity are subject to the right
4 of the department of health services to recover under s. 46.27 (7g), 2017 stats.,
5 49.496, 49.682, or 49.849 an amount equal to the medical assistance that is
6 recoverable under s. 49.496 (3) (a), an amount equal to aid under s. 49.68, 49.683,
7 49.685, or 49.785 that is recoverable under s. 49.682 (2) (a) or (am), or an amount
8 equal to long-term community support services under s. 46.27, 2017 stats., that is
9 recoverable under s. 46.27 (7g) (c) 1., 2017 stats., and that was paid on behalf of the
10 deceased policyholder or annuitant.

11 **SECTION 104.** 701.0508 (1) (b) 1. of the statutes is amended to read:

12 **701.0508 (1) (b) 1.** The claim is a claim based on tort, on a marital property
13 agreement that is subject to the time limitations under s. 766.58 (13) (b) or (c), on
14 Wisconsin income, franchise, sales, withholding, gift, or death taxes, or on
15 unemployment compensation contributions due or benefits overpaid; a claim for
16 funeral or administrative expenses; a claim of this state under s. 46.27 (7g), 2017
17 stats., 49.496, 49.682, or 49.849; or a claim of the United States.

18 **SECTION 105.** 705.04 (2g) of the statutes is amended to read:

19 **705.04 (2g)** Notwithstanding subs. (1) and (2), the department of health
20 services may collect, from funds of a decedent that are held by the decedent
21 immediately before death in a joint account or a P.O.D. account, an amount equal to
22 the medical assistance that is recoverable under s. 49.496 (3) (a), an amount equal
23 to aid under s. 49.68, 49.683, 49.685, or 49.785 that is recoverable under s. 49.682 (2)
24 (a) or (am), or an amount equal to long-term community support services under s.

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

3 **SECTION 106.** 766.55 (2) (bm) of the statutes is amended to read:

4 766.55 (2) (bm) An obligation incurred by a spouse that is recoverable under
5 s. 46.27 (7g), 2017 stats., 49.496, 49.682, or 49.849 may be satisfied from all property
6 that was the property of that spouse immediately before that spouse's death.

7 **SECTION 107.** 859.02 (2) (a) of the statutes is amended to read:

8 859.02 (2) (a) It is a claim based on tort, on a marital property agreement that
9 is subject to the time limitations under s. 766.58 (13) (b) or (c), on Wisconsin income,
10 franchise, sales, withholding, gift, or death taxes, or on unemployment insurance
11 contributions due or benefits overpaid; a claim for funeral or administrative
12 expenses; a claim of this state under s. 46.27 (7g), 2017 stats., 49.496, 49.682, or
13 49.849; or a claim of the United States; or

14 **SECTION 108.** 859.07 (2) (a) 3. of the statutes is amended to read:

15 859.07 (2) (a) 3. The decedent or the decedent's spouse received services
16 provided as a benefit under a long-term care program, as defined in s. 49.496 (1) (bk),
17 medical assistance under subch. IV of ch. 49, long-term community support services
18 funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685, or 49.785.

19 **SECTION 109.** 867.01 (3) (am) 4. of the statutes is amended to read:

20 867.01 (3) (am) 4. Whether the decedent or the decedent's spouse received
21 services provided as a benefit under a long-term care program, as defined in s. 49.496
22 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support
23 services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685,
24 or 49.785.

25 **SECTION 110.** 867.01 (3) (d) of the statutes is amended to read:

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

8 **SECTION 111.** 867.02 (2) (am) 6. of the statutes is amended to read:

9 867.02 (2) (am) 6. Whether the decedent or the decedent's spouse received
10 services provided as a benefit under a long-term care program, as defined in s. 49.496
11 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support
12 services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685,
13 or 49.785.

14 **SECTION 112.** 867.03 (1g) (c) of the statutes is amended to read:

15 867.03 (1g) (c) Whether the decedent or the decedent's spouse ever received
16 services provided as a benefit under a long-term care program, as defined in s. 49.496
17 (1) (bk), medical assistance under subch. IV of ch. 49, long-term community support
18 services funded under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685,
19 or s. 49.785.

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

21 867.03 (1m) (a) Whenever an heir, trustee, person named in the will to act as
22 personal representative, or person who was guardian of the decedent at the time of
23 the decedent's death intends to transfer a decedent's property by affidavit under sub.
24 (1g) and the decedent or the decedent's spouse ever received services provided as a
25 benefit under a long-term care program, as defined in s. 49.496 (1) (bk), medical

1 assistance under subch. IV of ch. 49, long-term community support services funded
2 under s. 46.27 (7), 2017 stats., or aid under s. 49.68, 49.683, 49.685, or 49.785, the
3 heir, trustee, person named in the will to act as personal representative, or person
4 who was guardian of the decedent at the time of the decedent's death shall give notice
5 to the department of health services of his or her intent. The notice shall include the
6 information in the affidavit under sub. (1g) and the heir, trustee, person named in
7 the will to act as personal representative, or person who was guardian of the
8 decedent at the time of the decedent's death shall give the notice by certified mail,
9 return receipt requested.

10 **SECTION 114.** 867.03 (1m) (b) of the statutes is amended to read:

11 867.03 (1m) (b) An heir, trustee, person named in the will to act as personal
12 representative, or person who was guardian of the decedent at the time of the
13 decedent's death who files an affidavit under sub. (1g) that states that the decedent
14 or the decedent's spouse received services provided as a benefit under a long-term
15 care program, as defined in s. 49.496 (1) (bk), medical assistance under subch. IV of
16 ch. 49, long-term community support services funded under s. 46.27 (7), 2017 stats.,
17 or aid under s. 49.68, 49.683, 49.685, or 49.785 shall attach to the affidavit the proof
18 of mail delivery of the notice required under par. (a) showing the delivery date.

19 **SECTION 115.** 867.03 (2g) (b) of the statutes is amended to read:

20 867.03 (2g) (b) Property transferred under this section to or by an heir, trustee,
21 person named in the will to act as personal representative, or person who was
22 guardian of the decedent at the time of the decedent's death is subject to the right of
23 the department of health services to recover under s. 46.27 (7g), 2017 stats., 49.496,
24 49.682, or 49.849 an amount equal to the medical assistance that is recoverable
25 under s. 49.496 (3) (a), an amount equal to aid under s. 49.68, 49.683, 49.685, or

1 49.785 that is recoverable under s. 49.682 (2) (a) or (am), or an amount equal to
2 long-term community support services under s. 46.27, 2017 stats., that is
3 recoverable under s. 46.27 (7g) (c) 1., 2017 stats., and that was paid on behalf of the
4 decedent or the decedent's spouse. Upon request, the heir, trustee, person named in
5 the will to act as personal representative, or person who was guardian of the
6 decedent at the time of the decedent's death shall provide to the department of health
7 services information about any of the decedent's property that the heir, trustee,
8 person named in the will to act as personal representative, or person who was
9 guardian of the decedent at the time of the decedent's death has distributed and
10 information about the persons to whom the property was distributed.

11 **SECTION 116.** 893.33 (4r) of the statutes is amended to read:

12 893.33 (4r) This section applies to liens of the department of health services
13 on real property under ss. 46.27 (7g), 2017 stats., 49.496, 49.682, and 49.849.

14 (END)

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SECTION 1. 46.277 (5) (d) 2. (intro.) and b. of the statutes are consolidated, renumbered 46.277 (5) (d) 2. and amended to read:

46.277 (5) (d) 2. No county may use funds received under this section to provide residential services in any community-based residential facility, as defined in s. 50.01 (1g), unless one of the following applies: b. The the department approves the provision of services in a community-based residential facility that entirely consists of independent apartments, each of which has an individual lockable entrance and exit and individual separate kitchen, bathroom, sleeping and living areas, to individuals who are eligible under this section and are physically disabled or are at least 65 years of age.

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.

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

END INSERT 9-22