1	completed his or her sentence,
2	supervision, or was discharged by

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including any probation, parole, or extended supervision, or was discharged by the department of corrections, more than 5 years before the date of the investigation under sub. (2) (am).

(b) If the department or tribe determines that the person has demonstrated rehabilitation in accordance with procedures established by the department by rule or by the tribe and by clear and convincing evidence, the prohibition in sub. (4m) (a) does not apply.

**Section 595.** 48,686 (5c) (a) of the statutes is renumbered 48.686 (5c).

**Section 596.** 48.686 (5c) (b) of the statutes is repealed.

**Section 597.** 48.686 (5c) (c) of the statutes is repealed.

**Section 598.** 48.686 (5g) of the statutes is amended to read:

48.686 (5g) On January 1 of each year, the department shall submit a report to the legislature under s. 13.172 (2) that specifies the number of persons in the previous year who have requested to demonstrate that they have been rehabilitated under sub. (5) (a), the number of persons who successfully demonstrated that they have been rehabilitated under sub. (5) (a), and the reasons for the success or failure of a person who has attempted to demonstrate that he or she has been rehabilitated.

**Section 599.** 48.686 (5m) of the statutes is amended to read:

48.686 (5m) Notwithstanding s. 111.335, the department a licensing entity may refuse to license a person issue an approval to operate a child care center, the department in a county having a population of 750,000 or more, a county department, or an agency contracted with under s. 48.651 (2) may refuse to certify a child care provider under s. 48.651, a school board may refuse to contract with a person under s. 120.13 (14) program to a person, and a child care program may refuse to employ or contract with a caregiver or noncaregiver employee or permit a

nonclient resident household member to reside at the child care program if the person has been convicted of or adjudicated delinquent on or after his or her 10th birthday for an offense that is not a serious crime, but that is, in the estimation of the department, substantially related to the care of a client. The department shall notify the provider and the individual of the results of a substantially related determination pursuant to the process set forth in sub. (4p) for criminal background check determinations. The individual shall have the same appeal rights as set forth in sub. (4s), and the same appeal procedures apply.

**Section 600.** 48.686 (7) of the statutes is amended to read:

48.686 (7) The department shall conduct throughout the state periodic training sessions that cover procedures and uses of criminal background investigations; reporting and investigating misappropriation of property or abuse or neglect of a client; and any other material that will better enable entities to comply with the requirements of this section.

**Section 601.** 48.715 (4g) (a) of the statutes is amended to read:

48.715 (4g) (a) If a person who has been issued a license under s. 48.66 (1) (a) or a probationary license under s. 48.69 to operate a child care center is convicted of a serious crime, as defined in s. 48.686 (1) (e), if a caregiver specified in s. 48.686 (1) (ag) 1. or a nonclient resident, as defined in s. 48.686 (1) (bm), of the subject to a background check under s. 48.686 (2) who operates, works at, or resides at a child care center is convicted or adjudicated delinquent for committing a serious crime on or after his or her 10th birthday, or if the results of a criminal background check conducted under s. 48.686 indicate that the person, caregiver, or nonclient resident household member, or noncaregiver employee is not eligible to be licensed, certified, or employed, or permitted to reside at a child care program, the department shall

revoke the license of the child care center immediately upon providing	g written notice
of revocation and the grounds for revocation and an explanation of	the process for
appealing the revocation.	

**Section 602.** 48.715 (4g) (b) of the statutes is amended to read:

48.715 (4g) (b) If a person who has been issued a license under s. 48.66 (1) (a) or a probationary license under s. 48.69 to operate a child care center is the subject of a pending criminal charge alleging that the person has committed a serious crime, as defined in s. 48.686 (1) (c), or if a caregiver specified in s. 48.686 (1) (ag) 1. or a nonclient resident, as defined in s. 48.686 (1) (bm), of the subject to a background check under s. 48.686 (2) who operates, works at, or resides at a child care center is the subject of a pending criminal charge or delinquency petition alleging that the person has committed a serious crime on or after his or her 10th birthday, the department shall immediately suspend the license of the child care center until the department obtains information regarding the final disposition of the charge or delinquency petition indicating that the person is not ineligible to be licensed to operate, work at, or reside at a child care center.

**Section 603.** 48.981 (7) (a) 4p. of the statutes is amended to read:

48.981 (7) (a) 4p. A public or private agency in this state or any other state that is investigating a person for purposes of licensing the person to operate a foster home or placing a child for adoption in the home of the person or for the purposes of conducting a background investigation under s. 48.685 of an adult congregate care worker, as defined in s. 48.685 (1) (ap).

**Section 604.** 49.133 of the statutes is repealed.

**Section 605.** 49.1385 of the statutes is amended to read:

1	49.1385 Grants for services for homeless and runaway youth. The
2	department may award not more than \$100,000 \$400,000 in each fiscal year in
3	grants to support programs that provide services for homeless and runaway youth.
4	<b>Section 606.</b> 49.141 (1) (n) of the statutes is renumbered 49.141 (1) (Lm) and
5	amended to read:
6	49.141 (1) (Lm) "Trial employment match program job "Subsidized
7	employment placement" means a work component of Wisconsin Works administered
8	under s. 49.147 (3).
9	<b>Section 607.</b> 49.143 (2r) of the statutes is amended to read:
10	49.143 (2r) JOB PROGRAMS. A Wisconsin Works agency shall collaborate with
11	the local workforce development board to connect individuals seeking employment
12	with employment opportunities, including the trial employment match program
13	subsidized employment placement under s. 49.147 (3).
14	Section 608. 49.145 (2) (n) 1. (intro.) of the statutes is amended to read:
15	49.145 (2) (n) 1. (intro.) Except as provided in subd. 4., beginning on the date
16	on which the individual has attained the age of 18, the total number of months in
17	which the individual or any adult member of the individual's Wisconsin Works group
18	has participated in, or has received benefits under, any of the following or any
19	combination of the following does not exceed 48-60 months, whether or not
20	consecutive:
21	<b>Section 609.</b> 49.145 (2) (n) 1. a. of the statutes is amended to read:
22	49.145 (2) (n) 1. a. The job opportunities and basic skills program under s.
23	49.193, 1997 stats. Active participation on or after October 1, 1996, in the job
24	opportunities and basic skills program counts toward the 48-60-month limit.

**SECTION 610.** 49.147 (1m) (b) of the statutes is amended to read:



49.147 (1m) (b) If the Wisconsin Works agency determines that the appropriate placement for an individual is in unsubsidized employment or a trial employment match program job subsidized employment placement and that the individual needs and wishes to pursue basic education, including a course of study meeting the standards established under s. 115.29 (4) (a) for the granting of a declaration of equivalency of high school graduation, the Wisconsin Works agency shall pay for the basic education services identified in the employability plan developed for the individual.

**Section 611.** 49.147 (2) (am) 2. of the statutes is amended to read:

49.147 (2) (am) 2. A Wisconsin Works agency shall, every 30 days, review the provision of case management services to an individual under this paragraph, if the individual is not successful in obtaining unsubsidized employment after legitimate efforts to secure employment, to determine whether the individual should be placed in a trial employment match program job subsidized employment placement, community service job, or transitional placement. The department shall promulgate rules that specify the criteria for the review process under this subdivision.

**Section 612.** 49.147 (3) (title) of the statutes is amended to read:

49.147 (3) (title) Trial Subsidized Employment match program placement.

**Section 613.** 49.147 (3) (a) of the statutes is amended to read:

49.147 (3) (a) Administration. A Wisconsin Works agency shall administer a trial employment match program subsidized employment placement as part of its administration of the Wisconsin Works program to improve the employability of individuals who otherwise are not able to obtain unsubsidized employment, as determined by the Wisconsin Works agency, by providing work experience and training to assist them to move promptly into unsubsidized employment. In

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determining an appropriate placement for a participant, a Wisconsin Works agency
shall give priority to placement under this subsection over placements under subs.
(4) and (5).

**Section 614.** 49.147 (3) (ac) (intro.) of the statutes is amended to read:

49.147 **(3)** (ac) *Employer subsidies and reimbursements.* (intro.) The Wisconsin Works agency shall pay to an employer that employs a participant under this subsection a wage subsidy in an amount that is negotiated between the Wisconsin Works agency and the employer but that is not more than the state or federal minimum wage that applies to the participant. The wage subsidy shall be paid for each hour that the participant actually works, up to a maximum of 40 hours number of hours per week, as negotiated between the Wisconsin Works agency and the employer. The employer shall pay the participant any difference between the wage subsidy amount and the participant's wage and must pay the participant at least minimum wage. In addition to paying the wage subsidy, the Wisconsin Works agency may, as negotiated between the Wisconsin Works agency and the employer, reimburse the employer for all or a portion of other costs that are attributable to the employment of the participant, including any of the following:

**Section 615.** 49.147 (3) (am) of the statutes is amended to read:

49.147 (3) (am) Education or training activities. A trial employment match program job subsidized employment placement includes education and training activities, as prescribed by the employer as an integral part of work performed in trial employment match program the subsidized employment placement.

**Section 616.** 49.147 (3) (c) of the statutes is amended to read:

49.147 (3) (c) *Time-limited participation*. A participant under this subsection may participate in a trial employment match program job subsidized employment

placement for a maximum of 6 months, with an opportunity for a 3-month extension under circumstances determined by the Wisconsin Works agency. A participant may participate in more than one trial employment match program job subsidized employment placement, but may not exceed a total of 24 months of participation under this subsection. The months need not be consecutive. The department or, with the approval of the department, the Wisconsin Works agency may grant an extension of the 24-month limit on a case-by-case basis if the participant has made all appropriate efforts to find unsubsidized employment and has been unable to find unsubsidized employment because local labor market conditions preclude a reasonable job opportunity for that participant, as determined by a Wisconsin Works agency and approved by the department.

\*\*\*\*Note: This is reconciled s. 49.147 (3) (c). This Section has been affected by drafts with the following LRB numbers: -0654/P1 and -1935/P1.

## **Section 617.** 49.147 (4) (a) of the statutes is amended to read:

49.147 (4) (a) Administration. A Wisconsin Works agency shall administer a community service job program as part of its administration of Wisconsin Works to improve the employability of an individual who is not otherwise able to obtain employment, as determined by the Wisconsin Works agency, by providing work experience and training, if necessary, to assist the individual to move promptly into unsubsidized public or private employment or a trial employment match program job subsidized employment placement. In determining an appropriate placement for a participant, a Wisconsin Works agency shall give placement under this subsection priority over placements under sub. (5). Community service jobs shall be limited to projects that the department determines would serve a useful public purpose or projects the cost of which is partially or wholly offset by revenue generated from such

projects. After each 6 months of an individual's participation under this subsection and at the conclusion of each assignment under this subsection, a Wisconsin Works agency shall reassess the individual's employability.

**Section 618.** 49.147 (4) (as) of the statutes is amended to read:

49.147 (4) (as) Required hours. Except as provided in pars. (at) and (av) and sub. (5m), a Wisconsin Works agency shall require a participant placed in a community service job program to work in a community service job for the number of hours determined by the Wisconsin Works agency to be appropriate for the participant at the time of application or review and may require a participant to participate in education or training activities for not more than 10 hours per week, except that the Wisconsin Works agency may not require a participant under this subsection to spend more than 40 hours per week in combined activities under this subsection.

**Section 619.** 49.147 (4) (b) of the statutes is amended to read:

49.147 (4) (b) Time-limited participation. An individual may participate in a community service job for a maximum of 6 months, with an opportunity for a 3-month extension under circumstances approved by the department. An individual may participate in more than one community service job, but may not exceed a total of 24 months of participation under this subsection. The months need not be consecutive. The department or, with the approval of the department, the Wisconsin Works agency may grant an extension to the 24-month limit on a case-by-case basis if the Wisconsin Works agency determines that the individual has made all appropriate efforts to find unsubsidized employment and has been unable to find unsubsidized employment because local labor market conditions proclude a reasonable employment opportunity in unsubsidized employment for that

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1	participant, as determined by a Wisconsin Works agency and approved by the
2	department, and if the Wisconsin Works agency determines, and the department
3	agrees, that no trial employment match program job opportunities are available in
4	the specified local labor market.
	****Note: This is reconciled s. $49.147$ (4) (b). This Section has been affected by drafts with the following LRB numbers: $-0654/P1$ and $-1935/P1$ .
5	SECTION 620. 49.147 (5) (a) 3. of the statutes is amended to read:
6	49.147 (5) (a) 3. The Wisconsin Works agency determines that the individual
7	is incapable of performing a trial employment match program job subsidized
8	employment placement or community service job. 149.147(5)(b) 1. of the State is renumbered 49.147(5)(b) (inthe
9	SECTION 621. 49.147 (5) (b) 2. of the statutes is repealed.
10	SECTION 621. 49.147 (5) (bs) of the statutes is repeated.  Section 622. 49.147 (5) (bs) of the statutes is amended to read:
11	49.147 (5) (bs) Required hours. Except as provided in par. (bt) and sub. (5m),
12	a Wisconsin Works agency may require a participant placed in a transitional
13	placement to participate in education or training activities for not more than 12
(14)	hours per week and to engage in activities under par. (b) ±, but may not require a
15	participant under this subsection to spend more than 40 hours per week in combined
16	activities under this subsection.
17	SECTION 623. 49.147 (5m) (a) 4. of the statutes is amended to read:
18	49.147 (5m) (a) 4. The participant is employed or engages in work under a
19	community service job or transitional placement for 25 hours per week in addition
20	to participation under this subsection.
21	SECTION 624. 49.148 (1) (a) of the statutes is amended to read:

49.148 (1) (a) Trial employment match program jobs Subsidized employment

placement. For a participant in a trial employment match program job subsidized

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employment placement, the amount established in the contract between the Wisconsin Works agency and the trial employment match program job subsidized employment placement employer, but not less than minimum wage for every hour actually worked in the trial employment match program job subsidized employment placement, not to exceed 40 hours the maximum number of allowable hours per week, as negotiated between the Wisconsin Works agency and the employer, paid by the employer. Hours spent participating in education and training activities under s. 49.147 (3) (am) shall be included in determining the number of hours actually 1209 EMM) worked.

**Section 625.** 49.148 (1m) (a) 1. of the statutes is amended to read:

49.148 (1m) (a) 1. A custodial parent of a child 8-12 weeks old or less who meets the eligibility requirements under s. 49.145 (2) and (3), unless another adult member of the custodial parent's Wisconsin Works group is participating in, or is eligible to participate in, a Wisconsin Works employment position or is employed in unsubsidized employment, as defined in s. 49.147 (1).

**SECTION 626.** 49.148 (1m) (c) (intro.) of the statutes is amended to read:

49.148 (1m) (c) (intro.) For purposes of the time limits under ss. 49.145 (2) (n) and 49.147 (3) (c), and (4) (b), and (5) (b) 2., all of the following apply:

**Section 627.** 49.148 (2) of the statutes is created to read:

49.148 (2) INTERNET SERVICE PROVIDER SUBSCRIPTIONS. A person who meets the eligibility requirements under s. 49.145 (2) and (3) may apply to the department for a monthly amount sufficient to pay the cost of an Internet service provider subscription or \$57, whichever is lower. An application submitted under this subsection shall include documentation of the Internet service provider and the monthly cost of the subscription. If the department determines that an applicant is

eligible, the department shall coordinate with a Wisconsin Works agency to make
payments on behalf of the person to the appropriate Internet service provider. The
department may promulgate rules to administer this subsection.

**Section 628.** 49.155 (6) (b) of the statutes is amended to read:

49.155 (6) (b) The department shall set maximum payment rates for Level I certified family child care providers certified under s. 48.651 (1) (a) for services provided to eligible individuals under this section. The maximum rates set under this paragraph may not exceed 75 percent of the rates established under par. (a).

**SECTION 629.** 49.155 (6) (c) of the statutes is amended to read:

49.155 (6) (c) The department shall set maximum payment rates for Level II certified family child care providers for services provided to eligible individuals under this section. The maximum rates set under this paragraph may not exceed 50 percent of the rates established under par. (a).

**Section 630.** 49.155 (7) (a) 1. of the statutes is amended to read:

49.155 (7) (a) 1. If a child care provider is convicted of a serious crime, as defined in s. 48.686 (1) (c), or if a caregiver specified in s. 48.686 (1) (ag) 1. a. or a nonclient resident, as defined in s. 48.686 (1) (bm), of the person subject to a background check under s. 48.686 (2) who operates, works at, or resides at a child care provider is convicted or adjudicated delinquent for committing a serious crime on or after his or her 10th birthday, as defined in s. 48.686 (1) (c), or if the department provides written notice under s. 48.686 (4p) that the child care provider, caregiver, or nonclient resident person is ineligible for certification, employment, or residence to operate, work at, or reside at the child care provider, the department or the county department under s. 46.215, 46.22, or 46.23 shall refuse to allow payment to the child

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care provider for any child care provided under this section beginning on the date of the conviction or delinquency adjudication.

**Section 631.** 49.155 (7) (a) 2. of the statutes is amended to read:

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49.155 (7) (a) 2. If a child care provider is the subject of a pending criminal charge alleging that the person has committed a serious crime, as defined in s. 48.686 (1) (c), or if a caregiver specified in s. 48.686 (1) (ag) 1, or a nonclient resident, as defined in s. 48.686 (1) (bm), of the person subject to a background check under s. 48.686 (2) who operates, works at, or resides at a child care provider is the subject of a pending criminal charge or delinquency petition alleging that the person has committed a serious crime on or after his or her 10th birthday, as defined in s. 48.686 (1) (c), the department or the county department under s. 46,215, 46,22, or 46,23 shall immediately suspend refuse to allow payment to the child care provider for any child care provided under this section until the department obtains information regarding the final disposition of the charge or delinquency petition indicating that the person is not ineligible to receive such a payment operate, work at, or reside at the child care provider.

**Section 632.** 49.155 (7) (b) of the statutes is repealed and recreated to read: 49.155 (7) (b) 1. If a person subject to a background check under s. 48.686 (2) who operates, works at, or resides at a child care provider has been convicted or adjudicated delinquent for committing an offense that is not a serious crime, as defined in s. 48.686 (1) (c), but the department determines under s. 48.686 (5m) that the offense substantially relates to the care of children or the department determines that the offense substantially relates to the operation of a business, the department or the county department under s. 46.215, 46.22, or 46.23 may refuse to allow payment to the child care provider for child care provided under this section.



2. If a person subject to a background check under s. 48.686 (2) who operates, works at, or resides at a child care provider is the subject of a pending criminal charge or delinquency petition for committing an offense that is not a serious crime, as defined in s. 48.686 (1) (c), but the department determines under s. 48.686 (5m) that the offense substantially relates to the care of children or the department determines that the offense substantially relates to the operation of a business, the department or the county department under s. 46.215, 46.22, or 46.23 may refuse to allow payment to the child care provider for child care provided under this section.

**Section 633.** 49.159 (1) (a) (intro.) of the statutes is amended to read:

49.159 (1) (a) (intro.) An individual who would be eligible under s. 49.145 except that the individual is the noncustodial parent of a dependent child is eligible for services and benefits under par. (b) if the individual is subject to a child support order, the individual satisfies all of the requirements related to substance abuse screening, testing, and treatment under s. 49.162 that apply to the individual, and any of the following applies to the custodial parent of the dependent child:

**Section 634.** 49.161 (1) (title) of the statutes is amended to read:

49.161 (1) (title) Trial employment match program jobs Subsidized EMPLOYMENT PLACEMENT OVERPAYMENTS.

**Section 635.** 49.162 of the statutes is repealed.

**SECTION 636.** 49.163 (2) (am) 7. of the statutes is repealed.

**Section 637.** 49.164 of the statutes is created to read:

**49.164** Transform Milwaukee Jobs for Childless Adults. The department shall establish a program identical to the Transform Milwaukee Jobs program under s. 49.163 except that a participant is not required to meet the eligibility criterion under s. 49.163 (2) (am) 2.

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(7) (kg).

Section 638. 49.175 (1) (intro.) of the statutes is amended to read	d:
2 49.175 (1) Allocation of funds. (intro.) In this section, with res	spect to any
of the following that fund a contract for services, "allocation" means	the amount
4 <u>under the contract that the department is obligated to pay.</u> Except as	provided in
5 subs. sub. (2) and (3), within the limits of the appropriations under s. 20	0.437 (2) (a)
6 (cm), (dz), (k), (kx), (L), (mc), (md), (me), and (s) and (3) (kp), the depart	tment shall
7 allocate the following amounts for the following purposes:	
****NOTE: This is reconciled s. 49.175 (1) (intro.). This Section has been by drafts with the following LRB numbers: 1126/P2 and 2027/P3.	affected
8 <b>Section 639.</b> 49.175 (1) (a), (b), (c), (f), (g), (i), (k), (m), (n), (o), (p), (	(q), (qm), (r)
9 (s), (t), (u), (w), (y), (z) and (zh) of the statutes are amended to read:	
49.175 (1) (a) Wisconsin Works benefits. For Wisconsin World	ks benefits
\$42,500,000 $$41,156,900$ in fiscal year $2017-18$ $2019-20$ and $$41,150,900$	\$44, <del>625,</del> 000
12 <u>\$41,157,200</u> in fiscal year <del>2018-19</del> <u>2020-21</u> .	
(b) Wisconsin Works agency contracts; job access loans. For con-	ntracts with
14 Wisconsin Works agencies under s. 49.143 and for job access loans und	ler s. 49.147
15 (6), \$52,000,000 \$51,528,300 in fiscal year 2017–18 2019–20 and \$	\$ <del>54,600,0</del> 00
16 \$51,528,300 in fiscal year 2018–19 2020–21.	•
(c) Case management incentive payments. For supplement p	ayments to
individuals under s. 49.255, \$2,700,000 in fiscal year <del>2017–18</del> <u>20</u>	019-20 and
19 \$2,700,000 in fiscal year <del>2018-19</del> <u>2020-21</u> .	
20 (f) Homeless case management services grants. For grants to shelf	ter facilities
under s. 16.3085, \$500,000 <u>\$1,000,000</u> in each fiscal year. All money	ys allocated

under this paragraph shall be credited to the appropriation account under s. 20.505



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- (g) State administration of public assistance programs and overpayment collections. For state administration of public assistance programs and the collection of public assistance overpayments, \$15,987,000 \$16,461,200 in fiscal year 2017–18 2019-20 and \$15,902,900 \$16,608,300 in fiscal year 2018-19 2020-21.
- (i) Emergency assistance. For emergency assistance under s. 49.138 and for transfer to the department of administration for low-income energy or weatherization assistance programs, \$7,000,000 \$6,000,000 in each fiscal year.
- (k) Transform Milwaukee and Transitional Jobs programs. For contract costs under the Transform Milwaukee Jobs program and the Transitional Jobs program under s. 49.163, \$7,000,000 \$8,000,000 in fiscal year 2017-18 2019-20 and \$8,000,000 \$9,000,000 in fiscal year 2018-19 2020-21.
- Children first. For services under the work experience program for noncustodial parents under s. 49.36, \$1,140,000 \$2,280,000 in each fiscal year.
- (n) Fostering futures: connections count. For funding community connectors to interact with vulnerable families with young children and to connect families with formal and informal community support, \$360,300 in fiscal year 2017-18 and \$560,300 in fiscal year 2018-19 \$560,300 in each fiscal year.
- 18 (o) Evidence-based substance abuse prevention grants. For grants awarded 19 under s. 48.545 (2) (c), \$500,000 in each fiscal year 2018-19.
- Suffe (p) Direct child care services. For direct child care services under s. 49.155 or 20

21 \$289,215,200\\\\\$367,967,800 in fiscal year 2017-18 2019-20 and 49.257

\$318,369,200 \$376,852,600 in fiscal year 2018-19 2020-21.

\*\*\*\*NOTE: This is reconciled s. 49.175 (1) (p). This SECTION has been affected by drafts with the following LRB numbers: -2027/P4 and -2077/P2.

1	(q) Child care state administration and licensing activities. For state
2	administration of child care programs under s. 49.155 and for child care licensing
3	activities, $\$36,189,400$ $\$39,722,100$ in fiscal year $2017-18$ $2019-20$ and $\$36,030,000$
4	\$40,215,200 in fiscal year $2018-19$ $2020-21$ .
5	(qm) Quality care for quality kids. For the child care quality improvement
6	activities specified in s. ss. 49.155 (1g) and 49.257, \$15,652,700 \$16,532,900 in each

fiscal year 2019-20 and \$16,683,700 in fiscal year 2020-21.

\*\*\*\*NOTE: This is reconciled s. 49.175 (1) (qm). This Section has been affected by drafts with the following LRB numbers: -2027/P4 and -2077/P2.

- (r) Children of recipients of supplemental security income. For payments made under s. 49.775 for the support of the dependent children of recipients of supplemental security income, \$26,938,000 \$25,013,300 in each fiscal year.
- (s) Kinship care and long-term kinship care assistance. For kinship care and long-term kinship care payments under s. 48.57 (3m) (am) and (3n) (am), for assessments to determine eligibility for those payments, and for agreements under s. 48.57 (3t) with the governing bodies of Indian tribes for the administration of the kinship care and long-term kinship care programs within the boundaries of the reservations of those tribes, \$22,012,100 \$26,847,200 in fiscal year 2017–18 2019–20 and \$22,741,200 \$28,448,100 in fiscal year 2018–19 2020–21.
- (t) Safety and out-of-home placement services. For services provided to ensure the safety of children who the department or a county determines may remain at home if appropriate services are provided, and for services provided to families with children placed in out-of-home care, \$6,282,500 \$9,300,900 in fiscal year 2017–18 2019–20 and \$7,314,300 \$10,191,900 in fiscal year 2018–19 2020–21. To receive funding under this paragraph, a county shall match a percentage of the amount

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- received that is equal to the percentage the county is required to match for a distribution under s. 48.563 (2) as specified by the schedule established by the department under s. 48.569 (1) (d).
- (u) Prevention services. For services to prevent child abuse or neglect, \$5,289,600 in each fiscal year \$6,302,100 in fiscal year 2019–20 and \$7,464,600 in fiscal year 2020–21.
- (w) Wisconsin Community Services grants. For a grant to Wisconsin Community Services for the community building workshop facilitator training to provide services that are targeted to individuals in the city of Milwaukee who are eligible for funds under the federal Temporary Assistance for Needy Families block grant program under 42 USC 601 et seq., \$400,000 in each fiscal year, and for a grant to the We Got This program in the city of Milwaukee, \$25,000 in each fiscal year.
- (y) Offender reentry demonstration project. For the offender reentry demonstration project under s. 49.37 (1), \$187,500 in fiscal year 2017–18 and \$250,000 in fiscal year 2018–19 \$825,000 in each fiscal year.
- (z) Grants to the Boys and Girls Clubs of America. For grants to the Wisconsin Chapter of the Boys and Girls Clubs of America to fund programs that improve social, academic, and employment skills of youth who are eligible to receive temporary assistance for needy families under 42 USC 601 et seq., focusing on study habits, intensive tutoring in math and English, and exposure to career options and role models, \$1,275,000 \$2,675,000 in each fiscal year. Grants provided under this paragraph may not be used by the grant recipient to replace funding for programs that are being funded, when the grant proceeds are received, with moneys other than those from the appropriations specified in sub. (1) (intro.). The total amount of the grants includes funds for the Green Bay Boys and Girls Clubs for the BE GREAT:

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Graduate program in the amount of matching funds that the program provides, up to \$75,000 \$1,400,000 in each fiscal year, to be used only for activities for which federal Temporary Assistance for Needy Families block grant moneys may be used. The total amount of the grants also includes funds to be equally distributed among the Milwaukee, Oshkosh, and Appleton Boys and Girls Clubs for the BE GREAT: Graduate program in the amount of matching funds that the program provides, up to \$100,000 in each fiscal year, to be used only for activities for which federal Temporary Assistance for Needy Families block grant moneys may be used.

(zh) *Earned income tax credit supplement*. For the transfer of moneys from the appropriation account under s. 20.437 (2) (md) to the appropriation account under s. 20.835 (2) (kf) for the earned income tax credit, \$69,700,000 in each fiscal year \$85,700,000 in fiscal year 2019–20 and \$86,700,000 in fiscal year 2020–21.

**Section 640.** 49.175 (2) (a) of the statutes is amended to read:

49.175 (2) (a) The department may not reallocate funds that are allocated under a paragraph under sub. (1) for any purpose specified in a paragraph under sub. (1) unless the department first notifies the joint committee on finance in writing of the proposed reallocation. If the cochairpersons of the committee do not notify the department within 14 working days after the date of the department's notification that the committee has scheduled a meeting to review the proposed reallocation, the department may make the proposed reallocation. If, within 14 working days after the date of the department's notification, the cochairpersons of the committee notify the department that the committee has scheduled a meeting to review the proposed reallocation, the department may make the proposed reallocation only upon approval of the committee if the secretary of administration approves the reallocation.

**SECTION 641.** 49.175 (2) (c) of the statutes is amended to read:

49.175 (2) (c) If the amounts of federal block grant moneys that are required to be credited to the appropriation accounts under s. 20.437 (2) (mc) and (md) are less than the amounts appropriated under s. 20.437 (2) (mc) and (md), the department shall submit a plan to the joint committee on finance secretary of administration for reducing the amounts of moneys allocated under sub. (1). If the cochairpersons of the committee do not notify the department within 14 working days after the date the department submits the plan that the committee has scheduled a meeting to review the proposed reduction plan, If the secretary of administration approves the plan, the amounts of moneys required to be allocated under sub. (1) may be reduced as proposed by the department and the department shall allocate the moneys as specified in the plan. If, within 14 working days after the date the department submits the plan, the cochairpersons of the committee notify the department that the committee has scheduled a meeting to review the proposed reduction plan, the department may allocate the moneys as specified in the plan only upon approval of the committee.

Section 642. 49.175 (3) of the statutes is repealed.

**Section 643.** 49.257 of the statutes is created to read:

49.257 Milwaukee child care grant program. (1) In this section, "child care provider" has the meaning given in s. 49.155 (1) (ag).

\*\*\*\*Note: As defined here, "child care provider" includes licensed child care centers, child care providers certified for purposes of Wisconsin Shares, and child care programs established or contracted for by a school board.

(2) From the allocation under s. 49.175 (1) (p), the department may award grants to child care providers to support access to high-quality child care for families that reside in a geographic area with high-poverty levels, as identified by the

1	department, in the city of Milwaukee. A grant under this section may be used for
2	start-up costs, ongoing operational costs, including subsidy payments for eligible
3	families, and quality improvement activities. A child care provider that is awarded
4	a grant under this subsection shall contribute matching funds equal to 25 percent
5	of the amount awarded. The matching contribution may be in the form of money or
6	in-kind goods or services.
7	(3) From the allocation under s. 49.175 (1) (qm), the department may award
8	grants to any of the following to improve overall child care quality in the geographic
9	area identified under sub. (2):
10	(a) Child care providers and employees of child care providers.
11	(b) Educational institutions for the purpose of educating employees of child
12	care providers.
	care providers.  Section 644. 49.36 (3) (a) of the statutes is amended to read:
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12 13	SECTION 644. 49.36 (3) (a) of the statutes is amended to read:
12 13 14	SECTION 644. 49.36 (3) (a) of the statutes is amended to read: 49.36 (3) (a) Except as provided in par. (f) and subject to sub. (3m), a person
12 13 14 15	SECTION 644. 49.36 (3) (a) of the statutes is amended to read: 49.36 (3) (a) Except as provided in par. (f) and subject to sub. (3m), a person ordered to register under s. 767.55 (2) (am) shall participate in a work experience
12 13 14 15 16	SECTION 644. 49.36 (3) (a) of the statutes is amended to read:  49.36 (3) (a) Except as provided in par. (f) and subject to sub. (3m), a person ordered to register under s. 767.55 (2) (am) shall participate in a work experience program if services are available.
12 13 14 15 16 17	Section 644. 49.36 (3) (a) of the statutes is amended to read:  49.36 (3) (a) Except as provided in par. (f) and subject to sub. (3m), a person ordered to register under s. 767.55 (2) (am) shall participate in a work experience program if services are available.  Section 645. 49.36 (3m) of the statutes is repealed.
12 13 14 15 16 17	Section 644. 49.36 (3) (a) of the statutes is amended to read:  49.36 (3) (a) Except as provided in par. (f) and subject to sub. (3m), a person ordered to register under s. 767.55 (2) (am) shall participate in a work experience program if services are available.  Section 645. 49.36 (3m) of the statutes is repealed.  Section 646. 49.45 (2) (a) 23. of the statutes is amended to read:
12 13 14 15 16 17 18	Section 644. 49.36 (3) (a) of the statutes is amended to read:  49.36 (3) (a) Except as provided in par. (f) and subject to sub. (3m), a person ordered to register under s. 767.55 (2) (am) shall participate in a work experience program if services are available.  Section 645. 49.36 (3m) of the statutes is repealed.  Section 646. 49.45 (2) (a) 23. of the statutes is amended to read:  49.45 (2) (a) 23. Promulgate rules that define "supportive services", "personal

**Section 647.** 49.45 (2p) of the statutes is repealed.

SECTION 648. 49.45 (2t) of the statutes is repealed.

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\*\*\*\*Note: This is reconciled s. 49.45 (2t). This section has been affected by drafts with the following LRB numbers: -1569/P1, -0943/P3, -1885/P2, and -1927/P3.

**Section 649.** 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.

**Section 650.** 49.45 (3) (e) 11. of the statutes is amended to read:

49.45 (3) (e) 11. The department shall use a portion of the moneys collected under s. 50.38 (2) (a) to pay for services provided by eligible hospitals, as defined in s. 50.38 (1), other than critical access hospitals, under the Medical Assistance Program under this subchapter, including services reimbursed on a fee-for-service basis and services provided under a managed care system. For state fiscal year 2008-09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for fiscal year 2008-09, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (a) for the fiscal year divided by 61.68 53.69 percent.

**Section 651.** 49.45 (3) (e) 12. of the statutes is amended to read:

49.45 (3) (e) 12. The department shall use a portion of the moneys collected under s. 50.38 (2) (b) to pay for services provided by critical access hospitals under the Medical Assistance Program under this subchapter, including services

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reimbursed on a fee-for-service basis and services provided under a managed care system. For each state fiscal year, total payments required under this subdivision, including both the federal and state share of Medical Assistance, shall equal the amount collected under s. 50.38 (2) (b) for the fiscal year divided by 61.68 53.69 percent.

**Section 652.** 49.45 (3m) (a) (intro.) of the statutes is amended to read:

49.45 (3m) (a) (intro.) Subject to par. (c) and notwithstanding sub. (3) (e), from the appropriations under s. 20.435 (4) (b) and (o), in each fiscal year, the department shall pay to hospitals that serve a disproportionate share of low-income patients an amount equal to the sum of \$27,500,000 \$29,000,000, as the state share of payments, and the matching federal share of payments. The department may make a payment to a hospital under this subsection under the calculation method described in par. (b) if the hospital meets all of the following criteria:

**Section 653.** 49.45 (3m) (b) 3. a. of the statutes is amended to read:

49.45 (3m) (b) 3. a. No single hospital receives more than \$4,600,000 \$9,200,000, except that a hospital that is a free-standing pediatric teaching hospital located in Wisconsin that has a percentage calculated under subd. 1. a. greater than 50 percent may receive up to \$12,000,000 each fiscal year.

**Section 654.** 49.45 (3p) (a) of the statutes is amended to read:

49.45 (3p) (a) Subject to par. (c) and notwithstanding sub. (3) (e), from the appropriations under s. 20.435 (4) (b) and (o), in each fiscal year, the department shall pay to hospitals that would are not eligible for payments under sub. (3m) but that meet the criteria under sub. (3m) (a) except that the hospitals do not provide obstetric services 1. and 2. and that, in the most recent year for which information is available, charged at least 6 percent of overall charges for services to the Medical

Assistance program for services provided to Medical Assistance recipients an amount equal to the sum of \$250,000 \$500,000, as the state share of payments, and the matching federal share of payments. The department may make a payment to a hospital under this subsection under a calculation method determined by the department that provides a fee-for-service supplemental payment that increases as the hospital's percentage of inpatient days for Medical Assistance recipients at the hospital the total amount of the hospital's overall charges for services that are charges to the Medical Assistance program increases.

**Section 655.** 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 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 656.** 49.45 (5) (ag) of the statutes is created to read:

49.45 (5) (ag) A person shall request a hearing within 90 days of the date of receipt of a notice from a care management organization or managed care organization upholding its adverse benefit determination relating to any of the following or within 90 days of the date the care management organization or managed care organization failed to act on the contested 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.

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1	2. Reduction, suspension, or termination of a previously authorized service,
2	unless the service was only authorized for a limited amount or duration and that
3	amount or duration has been completed.
4	3. Denial, in whole or in part, of payment for a service.
5	4. Failure to provide services in a timely manner.
6	5. Failure of a care management organization or managed care organization
7	to act within the time frames provided in 42 CFR 438.408 (b) (1) and (2) regarding
8	the standard resolution of grievances and appeals.
9	6. Denial of an enrollee's request to dispute financial liability, including
10	copayments, premiums, deductibles, coinsurance, other cost sharing, and other
11	member financial liabilities.
12	7. Denial of an enrollee, who is a resident of a rural area with only one care
13	management organization or managed care organization, to obtain services outside
14	the organization's network of contracted providers.
15	Section 657. 49.45 (5) (ar) of the statutes is created to read:
16	49.45 (5) (ar) If a federal regulation specifies a different time limit to request
17	a hearing than par. (a) or (ag), the time limit in the federal regulation shall apply.
18	Section 658. 49.45 (5) (b) 1. (intro.) of the statutes is amended to read:
19	49.45 (5) (b) 1. (intro.) Upon receipt of a timely petition under par. (a) the
20	department shall give the applicant or recipient reasonable notice and opportunity
21	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:

**Section 659.** 49.45 (5) (b) 1. d. of the statutes is created to read:

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 or managed care organization and the person requesting the hearing has not exhausted the internal appeal procedure with the organization.

**Section 660.** 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.

**Section 661.** 49.45 (6m) (L) of the statutes is amended to read:

49.45 **(6m)** (L) For purposes of ss. 46.27 (11) (c) 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).

**Section 662.** 49.45 (6xm) of the statutes is created to read:

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49.45 (6xm) PEDIATRIC INPATIENT SUPPLEMENT. (a) From the appropriations under s. 20.435 (4) (b), (o), and (w), the department shall, using a method determined 2 3 by the department, distribute a total sum of \$2,000,000 each state fiscal year to hospitals that meet all of the following criteria: 4 5 1. The hospital is an acute care hospital located in this state. 2. During the hospital's fiscal year, the inpatient days in the hospital's acute 6 care pediatric units and intensive care pediatric units totaled more than 12,000 days, 7 not including neonatal intensive care units. For purposes of this subsection, the 8 9 hospital's fiscal year is the hospital's fiscal year that ended in the 2nd calendar year preceding the beginning of the state fiscal year. 10 11 (b) Notwithstanding par. (a), from the appropriations under s. 20.435 (4) (b), 12 (o), and (w), the department may, using a method determined by the department, distribute an additional total sum of \$10,000,000 in each state fiscal year to hospitals 13 14 that are free-standing pediatric teaching hospitals located in Wisconsin that have 15 a percentage calculated under s. 49.45 (3m) (b) 1. a. greater than 45 percent. 16 **Section 663.** 49.45 (19) (title) of the statutes is amended to read: 17 49.45 (19) (title) Assigning Establishing paternity and assigning medical 18 SUPPORT RIGHTS. 19 **Section 664.** 49.45 (19) (a) of the statutes is amended to read: 49.45 (19) (a) As Except as provided in par. (c), as a condition of eligibility for 20 21 medical assistance, a person shall, notwithstanding other provisions of the statutes, be deemed to have assigned to the state, by applying for or receiving medical 22

assistance, any rights to medical support or other payment of medical expenses from

any other person, including rights to unpaid amounts accrued at the time of

1	application for medical assistance as well as any rights to support accruing during
2	the time for which medical assistance is paid.
3	SECTION 665. 49.45 (19) (am) of the statutes is created to read:
4	49.45 (19) (am) As a condition of eligibility for medical assistance, a person
5	shall cooperate in good faith with efforts directed at establishing the paternity of a
6	nonmarital child and obtaining support payments or any other payments or property
7	to which the person and the dependent child or children may have rights. This
8	cooperation shall be in accordance with federal law and regulations applying to
9	paternity establishment and collection of support payments and may not be required
10	if the person has good cause for refusing to cooperate, as determined by the
11	department in accordance with federal law and regulations.
	****Note: This draft reinstates the requirement to cooperate that was in the statutes before being replaced by the provision in 2017 Wisconsin Act 268. Please advise if you do not want to reinstate this requirement.
12	SECTION 666. 49.45 (19) (c) of the statutes is amended to read:
13	49.45 (19) (c) If the mother of a child was enrolled in a health maintenance
14	organization or other prepaid health care plan under medical assistance at the time
15	of the child's birth, The state may not seek recovery of birth expenses that may be
16	recovered by the state under this subsection are the birth expenses incurred by the
17	health maintenance organization or other prepaid health care plan.
18	SECTION 667. 49.45 (23) of the statutes is repealed.
19	SECTION 667. 49.45 (23) of the statutes is repealed.  SECTION 668. 49.45 (23) (g) of the statutes is repealed.
20	SECTION 669. 49.45 (23b) of the statutes is repealed.
	****Note: This is reconciled s. $49.45$ (23b). This Section has been affected by drafts with the following LRB numbers: $-1567/P1$ and $-1566/P1$ .

Section 670. 49.45 (24k) of the statutes is repealed.

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**SECTION 671.** 49.45 (24L) of the statutes is created to read:

- 49.45 (24L) Critical access reimbursement payments to dental providers. (a) Based on the criteria in pars. (b) and (c), the department shall increase reimbursements to dental providers that meet quality of care standards, as established by the department.
- (b) In order to be eligible for enhanced reimbursement under this subsection, the provider must meet one of the following qualifications:
- 1. For a nonprofit or public provider, 50 percent or more of the individuals served by the provider are individuals who are without dental insurance or are enrolled in the Medical Assistance program.
- 2. For a for-profit provider, 5 percent or more of the individuals served by the provider are enrolled in the Medical Assistance program.
- (c) For dental services rendered on or after January 1, 2020, by a qualified nonprofit critical access dental provider, the department shall increase reimbursement by 50 percent above the reimbursement rate that would otherwise be paid to that provider. For dental services rendered on or after January 1, 2020, by a qualified for-profit critical access dental provider, the department shall increase reimbursement by 30 percent above the reimbursement rate that would otherwise be paid to that provider. For dental providers rendering services to individuals in managed care under the Medical Assistance program, for services rendered on or after January 1, 2020, the department shall increase reimbursement to pay an additional amount on the basis of the rate that would have been paid to the dental provider had the individual not been enrolled in managed care.
- (d) If a provider has more than one service location, the thresholds described under par. (b) apply to each location, and payment for each service location would be determined separately.



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**Section 672.** 49.45 (29w) (b) 1. b. of the statutes is amended to read:

49.45 (29w) (b) 1. b. "Telehealth" is means a service provided from a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment between an individual or a provider at an originating site and a provider at a remote location with the service being of sufficient audio and visual fidelity and clarity as to be functionally equivalent to face-to-face contact; or, in circumstances determined by the department, an asynchronous transmission of digital clinical information through a secure electronic communications system from one provider to another provider. "Telehealth" does not include telephone conversations or Internet-based communications between providers or between providers and individuals.

Section 673. 49.45 (29y) (d) of the statutes is repealed.

**Section 674.** 49.45 (30y) of the statutes is created to read:

- 49.45 (30y) CERTIFIED DOULA SERVICES; PILOT PROJECT. (a) In this subsection, "certified doula" means an individual who has received certification from a doula certifying organization recognized by the department.
- (b) For purposes of this subsection, services provided by certified doulas include continuous emotional and physical support during labor and birth of a child and intermittent services during the prenatal and postpartum periods.
- (c) Subject to par. (d), the department shall reimburse under the Medical Assistance program benefits as provided under this subsection for pregnant women enrolled in the Medical Assistance program who reside in the counties of Brown, Dane, Milwaukee, Rock, or Sheboygan, or another county as determined by the department.

(d) The department shall request from the secretary of the federal department of health and human services any approval necessary to allow reimbursement under the Medical Assistance program for services provided by a certified doula. The department may not pay reimbursement unless federal approval is not required or any required federal approval allowing reimbursement under s. 49.46 (2) (b) 12p. is approved and in effect.

\*\*\*\*Note: This is reconciled s. 49.45 (30y) (d). This Section has been affected by drafts with the following LRB numbers: -1927/P3, -1566/P1, and -1569/P1.

## **Section 675.** 49.45 (41) of the statutes is amended to read:

- 49.45 (41) Mental health crisis intervention services" means crisis intervention services for the treatment of mental illness, intellectual disability, substance abuse, and dementia that are provided by a mental health crisis intervention program operated by, or under contract with, a county, if the county is certified as a medical assistance provider.
- (b) If a county elects to become certified as a provider of mental health crisis intervention services, the county may provide mental health crisis intervention services under this subsection in the county to medical assistance recipients through the medical assistance program. A county that elects to provide the services shall pay the amount of the allowable charges for the services under the medical assistance program that is not provided by the federal government. The department shall reimburse the county under this subsection only for the amount of the allowable charges for those services under the medical assistance program that is provided by the federal government.

**Section 676.** 49.45 (41) (c) of the statutes is created to read:

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- 49.45 (41) (c) Notwithstanding par. (b), if a county elects to deliver crisis intervention services under the Medical Assistance program on a regional basis according to criteria established by the department, all of the following apply:
- 1. After January 1, 2020, the department shall require the county to annually contribute for the crisis intervention services an amount equal to 75 percent of the county's expenditures for crisis intervention services under this subsection in calendar year 2017, as determined by the department.
- 2. The department shall reimburse the provider of crisis intervention services in the county the amount of allowable charges for those services under the Medical Assistance program, including both the federal share and nonfederal share of those charges, that exceeds the amount of the county contribution required under subd. 1.
- 3. If a county submits a certified cost report under s. 49.45 (52) (b) to claim federal medical assistance funds, the claim based on certified costs made by a county for amounts under subd. 2. may not include any part of the nonfederal share of the amount under subd. 2.

**Section 677.** 49.45 (47) (b) of the statutes is amended to read:

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.

**Section 678.** 49.45 (47) (dm) of the statutes is created to read:

49.45 (47) (dm) Every 24 months, on a schedule determined by the department, an adult day care center shall submit through an online system prescribed by the department a report in the form and containing the information that the department requires, including payment of any fee due under par. (c). If a complete report is not

timely filed, the department shall issue a warning to the operator of the adult day care center. The department may revoke an adult day care center's certification for failure to timely and completely report within 60 days after the report date established under the schedule determined by the department.

**Section 679.** 49.45 (60) of the statutes is repealed.

**SECTION 680.** 49.46 (1) (a) 1m. of the statutes is amended to read:

49.46 (1) (a) 1m. Any pregnant woman whose income does not exceed the standard of need under s. 49.19 (11) and whose pregnancy is medically verified. Eligibility continues to the last day of the month in which the 60th day or, if approved by the federal government, the 365th day after the last day of the pregnancy falls.

**SECTION 681.** 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.

**Section 682.** 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.

1	Section 683. 49.46 (1) (j) of the statutes is amended to read:
2	49.46 (1) (j) An individual determined to be eligible for benefits under par. (a)
3	9. remains eligible for benefits under par. (a) 9. for the balance of the pregnancy and
4	to the last day of the month in which the 60th day or, if approved by the federal
5	government, the 365th day after the last day of the pregnancy falls without regard
6	to any change in the individual's family income.
7	<b>Section 684.</b> 49.46 (2) (b) 8. of the statutes is amended to read:
8	49.46 (2) (b) 8. Home or community-based services, if provided under s. 46.27
9	(11), 46.275, 46.277, 46.278, 46.2785, 46.99, or under the family care benefit if a
10	waiver is in effect under s. 46.281 (1d), or under the disabled children's long-term
11	support program, as defined in s. 46.011 (1g).
12	<b>Section 685.</b> 49.46 (2) (b) 12p. of the statutes is created to read:
13	49.46 (2) (b) 12p. Subject to the limitations under s. 49.45 (30y), services
14	provided by a certified doula.
15	<b>Section 686.</b> 49.46 (2) (b) 15. of the statutes is amended to read:
16	49.46 (2) (b) 15. Mental health crisis Crisis intervention services under s. 49.45
17	(41).
18	<b>SECTION 687.</b> 49.46 (2) (b) 21. of the statutes is created to read:
19	49.46 (2) (b) 21. Subject to par. (bv), nonmedical services that contribute to the
20	determinants of health.
21	SECTION 688. 49.46 (2) (bv) of the statutes is created to read:
22	49.46 (2) (bv) The department shall determine those services under par. (b) 21
23	that contribute to the determinants of health. The department shall seek any
24	necessary state plan amendment or request any waiver of federal Medicaid law to
25	implement this paragraph. The department is not required to provided the services

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under this paragraph as a benefit under the Medical Assistance program if the  $^{2}$ federal department of health and human services does not provide federal financial 3 participation for the services under this paragraph. \*\*\*\*Note: This is reconciled s. 49.46 (2) (bv). This section has been affected by drafts with the following LRB numbers: -1885/P2, -1566/P1, and -1569/P1. **Section 689.** 49.463 of the statutes is repealed. 4 5 **Section 690.** 49.47 (4) (ag) 2. of the statutes is amended to read: 6 49.47 (4) (ag) 2. Pregnant and the woman's pregnancy is medically verified 7 Eligibility continues to the last day of the month in which the 60th day or, if approved 8 by the federal government, the 365th day after the last day of the pregnancy falls. 9 **Section 691.** 49.47 (4) (as) 1. of the statutes is amended to read: 10 49.47 (4) (as) 1. The person would meet the financial and other eligibility 11 requirements for home or community-based services under s. 46.27 (11), 46.277, or 12 46.2785 or under the family care benefit if a waiver is in effect under s. 46.281 (1d) 13 but for the fact that the person engages in substantial gainful activity under 42 USC 14 1382c (a) (3). 15 **Section 692.** 49.47 (4) (as) 3. of the statutes is amended to read: 16 49.47 (4) (as) 3. Funding is available for the person under s. 46.27 (11), 46.277, 17 or 46.2785 or under the family care benefit if a waiver is in effect under s. 46.281 (1d). **Section 693.** 49.47 (4) (b) (intro.) of the statutes is amended to read: 18 19 49.47 (4) (b) (intro.) Eligibility exists if the applicant's property, subject to the 20 exclusion of any amounts under the Long-Term Care Partnership Program

established under s. 49.45 (31), any amounts in an independence account, as defined

in s. 49.472 (1) (c), or any retirement assets that accrued from employment while the

applicant was eligible for the community options program under s. 46.27 (11), 2017

1	stats., or any other Medical Assistance program, including deferred compensation
2	or the value of retirement accounts in the Wisconsin Retirement System or under the
3	federal Social Security Act, does not exceed the following:
4	Section 694. 49.471 (1) (cr) of the statutes is created to read:
5.	49.471 (1) (cr) "Enhanced federal medical assistance percentage" means a
6	federal medical assistance percentage described under 42 USC 1396d (y) or (z).
7	<b>Section 695.</b> 49.471 (4) (a) 4. b. of the statutes is amended to read:
8	$49.471$ (4) (a) 4. b. The individual's family income does not exceed $100 \ \underline{133}$
9	percent of the poverty line before application of the 5 percent income disregard unde
10	42 CFR 435.603 (d).
11	<b>Section 696.</b> 49.471 (4) (a) 8. of the statutes is created to read:
12	49.471 (4) (a) 8. An individual who meets all of the following criteria:
13	a. The individual is an adult under the age of 65.
14	b. The adult has a family income that does not exceed 133 percent of the povert
15	line, except as provided in sub. (4g).
16	c. The adult is not otherwise eligible for the Medical Assistance program unde
17	this subchapter or the Medicare program under 42 USC 1395 et seq.
18	Section 697. 49.471 (4g) of the statutes is created to read:
19	49.471 (4g) Medicaid expansion; federal medical assistance percentage. Fo
20	services provided to individuals described under sub. (4) (a) 8., the department shall
21	comply with all federal requirements to qualify for the highest available enhanced
22	federal medical assistance percentage. The department shall submit any
23	amendment to the state medical assistance plan, request for a waiver of federa

Medicaid law, or other approval request required by the federal government to

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provide services to the individuals described under sub. (4) (a) 8. and qualify for the highest available enhanced federal medical assistance percentage.

\*\*\*\*Note: This is reconciled s. 49.471 (4g). This Section has been affected by drafts with the following LRB numbers: -0943/P3, -1566/P1, and -1569/P1.

**Section 698.** 49.471 (6) (b) of the statutes is amended to read:

49.471 (6) (b) A pregnant woman who is determined to be eligible for benefits under sub. (4) remains eligible for benefits under sub. (4) for the balance of the pregnancy and to the last day of the month in which the 60th day or, if approved by the federal government, the 365th day after the last day of the pregnancy falls without regard to any change in the woman's family income.

**Section 699.** 49.471 (6) (L) of the statutes is created to read:

49.471 (6) (L) The department shall request from the federal department of health and human services approval of a state plan amendment, a waiver of federal Medicaid law, or approval of a demonstration project to maintain eligibility for post-partum women to the last day of the month in which the 365th day after the last day of the pregnancy falls under ss. 49.46 (1) (a) 1m. and 9. and (j), 49.47 (4) (ag) 2., and 49.471 (4) (a) 1g. and 1m., (6) (b), and (7) (b) 1.

**Section 700.** 49.471 (7) (b) 1. of the statutes is amended to read:

49.471 (7) (b) 1. A pregnant woman whose family income exceeds 300 percent of the poverty line may become eligible for coverage under this section if the difference between the pregnant woman's family income and the applicable income limit under sub. (4) (a) is obligated or expended for any member of the pregnant woman's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision continues without regard to any change in family income for

to read:

the balance of the pregnancy and to the last day of the month in which the 60th day
or, if approved by the federal government, the 365th day after the last day of the
woman's pregnancy falls. Eligibility obtained by a pregnant woman under this
subdivision extends to all pregnant women in the pregnant woman's family.
SECTION 701. 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, 2017 stats. The department may exclude, in whole or in part,
the value of a vehicle used by the individual for transportation to paid employment.
Section 702. 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).
SECTION 703. 49.472 (4) (am) of the statutes is amended to read:
49.472 (4) (am) To the extent approved by the federal government and except
as provided in pars. (dm) and (em) and sub. (5), an individual who receives medical
assistance under this section shall pay a monthly premium of \$25 to the department.
SECTION 704. 49.472 (5) of the statutes is repealed.
SECTION 705. 49.485 of the statutes is renumbered 20.9315 (19) and amended

1	20.9315 (19) Whoever knowingly presents or causes to be presented to any
2	officer, employee, or agent of this state a false claim for medical assistance shall
3	forfeit not less than \$5,000 nor more than \$10,000, plus 3 times the amount of the
4	damages that were sustained by the state or would have been sustained by the state,
5	whichever is greater, as a result of the false claim. The attorney general may bring
6	an action on behalf of the state to recover any forfeiture incurred under this section.
7	Section 706. 49.686 (3) (d) of the statutes is amended to read:
8	49.686 (3) (d) Has applied for coverage under and has been denied eligibility
9	for medical assistance within 12 months prior to application for reimbursement
10	under sub. (2). This paragraph does not apply to an individual who is eligible for
11	benefits under the demonstration project for childless adults under s. 49.45 (23)
<b>12</b>	BadgerCare Plus under s. 49.471 (4) (a) 8. or to an individual who is eligible for
13	benefits under BadgerCare Plus under s. 49.471 (11).
14	Section 707. 49.79 (1) (bg) of the statutes is repealed.
15	Section 708. 49.79 (1) (em) of the statutes is repealed.
16	Section 709. 49.79 (6m) of the statutes is repealed.
17	Section 710. 49.79 (6q) of the statutes is repealed.
18	SECTION 711. 49.79 (6t) of the statutes is repealed.
19	Section 712. 49.79 (6u) of the statutes is repealed.
20	SECTION 713. 49.79 (9) (a) 1g. of the statutes is amended to read:
21	49.79 (9) (a) 1g. Except as provided in subds. 2. and 3., beginning October 1,
22	2019, the department shall require, to the extent allowed by the federal government,
23	all able-bodied adults without dependents in this state to participate in the
24	employment and training program under this subsection, except for able-bodied

adults without dependents who are employed, as determined by the department.

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1	The department may require other able individuals who are 18 to 60 years of age, or
2	a subset of those individuals to the extent allowed by the federal government, who
3	are not participants in a Wisconsin Works employment position to participate in the
4	employment and training program under this subsection.
5	SECTION 714. 49.79 (9) (d) of the statutes is repealed.
6	Section 715. 49.79 (9) (f) of the statutes is repealed.

**Section 716.** 49.791 of the statutes is repealed.

\*\*\*\*Note: This is reconciled s. 49.791. This Section has been affected by drafts with the following LRB numbers: -1731/P2, -1288/P1, and -1774/P1.

**Section 717.** 49.849 (1) (e) of the statutes is amended to read:

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

**SECTION 718.** 49.849 (2) (a) (intro.) of the statutes is amended to read:

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

**SECTION 719.** 49.849 (6) (a) of the statutes is renumbered 49.849 (6).

**SECTION 720.** 49.849 (6) (b) of the statutes is repealed.

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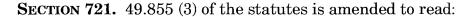
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49.855 (3) Receipt of a certification by the department of revenue shall constitute a lien, equal to the amount certified, on any state tax refunds or credits owed to the obligor. The lien shall be foreclosed by the department of revenue as a setoff under s. 71.93 (3), (6), and (7). When the department of revenue determines that the obligor is otherwise entitled to a state tax refund or credit, it shall notify the obligor that the state intends to reduce any state tax refund or credit due the obligor by the amount the obligor is delinquent under the support, maintenance, or receiving and disbursing fee order or obligation, by the outstanding amount for past support, or medical expenses, or birth expenses under the court order, or by the amount due under s. 46.10 (4), 49.345 (4), or 301.12 (4). The notice shall provide that within 20 days the obligor may request a hearing before the circuit court rendering the order under which the obligation arose. Within 10 days after receiving a request for hearing under this subsection, the court shall set the matter for hearing. Pending further order by the court or a circuit court commissioner, the department of children and families or its designee, whichever is appropriate, is prohibited from disbursing the obligor's state tax refund or credit. A circuit court commissioner may conduct the hearing. The sole issues at that hearing shall be whether the obligor owes the amount certified and, if not and it is a support or maintenance order, whether the money withheld from a tax refund or credit shall be paid to the obligor or held for future support or maintenance, except that the obligor's ability to pay shall also be an issue at the hearing if the obligation relates to an order under s. 767.805 (4) (d) 1. or 767.89 (3) (e) 1. regarding birth expenses and the order specifies that the court found that the obligor's income was at or below the poverty line established under 42 USC 9902 (2).

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\*\*\*\*NOTE: This is reconciled s. 49.855 (3). This SECTION has been affected by drafts with the following LRB numbers: -1963/p1 and -1932/p2.

**Section 722.** 49.855 (4m) (b) of the statutes is amended to read:

49.855 (4m) (b) The department of revenue may provide a certification that it receives under sub. (1), (2m), (2p), or (2r) to the department of administration. Upon receipt of the certification, the department of administration shall determine whether the obligor is a vendor or is receiving any other payments from this state. except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s. 45.40 (1m), this chapter, or ch. 46, 108, or 301. If the department of administration determines that the obligor is a vendor or is receiving payments from this state, except for wages, retirement benefits, or assistance under s. 45.352, 1971 stats., s. 45.40 (1m), this chapter, or ch. 46, 108, or 301, it shall begin to withhold the amount certified from those payments and shall notify the obligor that the state intends to reduce any payments due the obligor by the amount the obligor is delinquent under the support, maintenance, or receiving and disbursing fee order or obligation, by the outstanding amount for past support, or medical expenses, or birth expenses under the court order, or by the amount due under s. 46.10 (4), 49.345 (4), or 301.12 (4). The notice shall provide that within 20 days after receipt of the notice the obligor may request a hearing before the circuit court rendering the order under which the obligation arose. An obligor may, within 20 days after receiving notice, request a hearing under this paragraph. Within 10 days after receiving a request for hearing under this paragraph, the court shall set the matter for hearing. A circuit court commissioner may conduct the hearing. Pending further order by the court or circuit court commissioner, the department of children and families or its designee. whichever is appropriate, may not disburse the payments withheld from the obligor.

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The sole issues at the hearing are whether the obligor owes the amount certified and, if not and it is a support or maintenance order, whether the money withheld shall be paid to the obligor or held for future support or maintenance, except that the obligor's ability to pay is also an issue at the hearing if the obligation relates to an order under s. 767.805 (4) (d) 1. or 767.89 (3) (e) 1. regarding birth expenses and the order specifies that the court found that the obligor's income was at or below the poverty line established under 42 USC 9902 (2).

**Section 723.** 50.03 (3) (b) (intro.) of the statutes is amended to read:

50.03 (3) (b) (intro.) The application for a license and, except as otherwise provided in this subchapter, the report of a licensee shall be in writing upon forms provided by the department and shall contain such information as the department requires, including the name, address and type and extent of interest of each of the following persons:

**Section 724.** 50.03 (4) (c) 1. of the statutes is amended to read:

50.03 (4) (c) 1. A community-based residential facility license is valid until it is revoked or suspended under this section. Every 24 months, on a schedule determined by the department, a community-based residential facility licensee shall submit through an online system prescribed by the department a biennial report in the form and containing the information that the department requires, including payment of the fees required any fee due under s. 50.037 (2) (a). If a complete biennial report is not timely filed, the department shall issue a warning to the licensee. The department may revoke a community-based residential facility license for failure to timely and completely report within 60 days after the report date established under the schedule determined by the department.

**Section 725.** 50.033 (2m) of the statutes is amended to read:

50.033 (2m) Reporting. Every 24 months, on a schedule determined by the department, a licensed adult family home shall submit through an online system prescribed by the department a biennial report in the form and containing the information that the department requires, including payment of the any fee required due under sub. (2). If a complete biennial report is not timely filed, the department shall issue a warning to the licensee. The department may revoke the license for failure to timely and completely report within 60 days after the report date

## **Section 726.** 50.034 (1) (a) of the statutes is amended to read:

established under the schedule determined by the department.

50.034 (1) (a) No person may operate a residential care apartment complex that provides living space for residents who are clients under s. 46.27 (11) or 46.277 and 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.

## **Section 727.** 50.034 (2m) of the statutes is created to read:

50.034 (2m) Reporting. Every 24 months, on a schedule determined by the department, a residential care apartment complex shall submit through an online system prescribed by the department a report in the form and containing the information that the department requires, including payment of any fee required under sub. (1). If a complete report is not timely filed, the department shall issue a warning to the operator of the residential care apartment complex. The department

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÷	may revoke a residential care apartment complex's certification or registration for
	failure to timely and completely report within 60 days after the report date
	established under the schedule determined by the department.
	<b>Section 728.</b> 50.034 (3) (a) 1. of the statutes is repealed.
	SECTION 729. 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).

**SECTION 730.** 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 complex shall refer the prospective resident to a resource center under s. 46.283, unless any of the following applies:

**Section 731.** 50.034 (5p) of the statutes is repealed.

**Section 732.** 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

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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.

**Section 733.** 50.035 (4m) of the statutes is amended to read:

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).

**SECTION 734.** 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 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:

**SECTION 735.** 50.035 (4p) of the statutes is repealed.

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**Section 736.** 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).

**Section 737.** 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 developmental disability or physical disability and whose disability or condition is expected to last at least 90 days, unless any of the following applies:

**SECTION 738.** 50.04 (2i) of the statutes is repealed.

**Section 739.** 50.04 (2m) of the statutes is repealed.

**Section 740.** 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)



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(g), unless the incapacitated individual is expected to become eligible for medical assistance within 6 months.

**SECTION 741.** 51.03 (7) of the statutes is created to read:

51.03 (7) From the appropriation under s. 20.435 (5) (dg), the department may award grants to regional crisis stabilization facilities for adults. If the department awards grants, the department shall establish criteria for a regional crisis stabilization facility to receive a grant under this subsection.

**Section 742.** 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 743.** 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

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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.

**SECTION 744.** 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 ch. 49 and with other care and treatment programs for persons with serious and persistent mental illness.

**Section 745.** 51.422 (1) of the statutes is amended to read:

51.422 (1) Program creation. The department shall create 2 or 3 new, regional comprehensive opioid treatment programs, and in the 2017–19 fiscal biennium, shall create 2 or 3 additional regional comprehensive opioid and methamphetamine treatment programs, to provide treatment for opioid and opiate addiction and methamphetamine addiction in underserved, high-need areas. The department shall obtain and review proposals for opioid and methamphetamine treatment programs in accordance with its request-for-proposal procedures. A program under this section may not offer methadone treatment.

**Section 746.** 51.422 (2) of the statutes is amended to read:

51.422 (2) PROGRAM COMPONENTS. An opioid or methamphetamine treatment program created under this section shall offer an assessment to individuals in need of service to determine what type of treatment is needed. The program shall

51.441 Comprehensive mental health consultation program. The
SECTION 747. 51.441 of the statutes is created to read:
post-treatment care.
individuals who have completed treatment to county-based or private
addiction, and abstinence-based treatment. The program shall transition
have been approved by the federal food and drug administration if for treating opioid
including both long-acting opioid antagonist and partial agonist medications that
necessary. The program shall provide counseling, medication-assisted treatment,
transition individuals to a certified residential program, if that level of treatment is

51.441 Comprehensive mental health consultation program. The department shall convene a statewide group of interested persons, including at least one representative of the Medical College of Wisconsin, to develop a concept paper, business plan, and standards for a comprehensive mental health consultation program that incorporates general psychiatry, geriatric psychiatry, addiction medicine and psychiatry, a perinatal psychiatry consultation program, and the child psychiatry consultation program under s. 51.442.

**Section 748.** 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.

**SECTION 749.** 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.

**Section 750.** 59.17 (2) (b) 7. of the statutes is repealed.

**Section 751.** 59.40 (4) of the statutes is amended to read:

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59.40 (4) CLERK OF CIRCUIT COURT, DEBT COLLECTOR CONTRACT. If authorized by the board under s. 59.52 (28), the clerk of circuit court may contract with a debt collector, as defined in s. 427.103 (3), or enter into an agreement with the department of revenue under s. 71.93 (8) for the collection of debt. Any contract entered into with a debt collector shall provide that the debt collector shall be paid from the proceeds recovered by the debt collector. Any contract entered into with the department shall provide that the department shall charge a collection fee, as provided under s. 71.93 (8) (b) 1. (am). The net proceeds received by the clerk of circuit court after the payment to the debt collector shall be considered the amount of debt collected for purposes of distribution to the state and county under sub. (2) (m).

**Section 752.** 59.52 (6) (a) of the statutes is amended to read:

59.52 (6) (a) *How acquired; purposes*. Take and hold land acquired under ch. 75 and acquire, lease or rent property, real and personal, for public uses or purposes of any nature, including without limitation acquisitions for county buildings, airports, parks, recreation, highways, dam sites in parks, parkways and playgrounds, flowages, sewage and waste disposal for county institutions, lime pits for operation under s. 59.70 (24), equipment for clearing and draining land and controlling weeds for operation under s. 59.70 (18), ambulances, acquisition and transfer of real property to the state for new collegiate institutions or research facilities, and for transfer to the state for state parks and for the uses and purposes specified in s. 23.09 (2) (d). The power of condemnation may not be used to acquire property for the purpose of establishing or extending a recreational trail; a bicycle way, as defined in s. 340.01 (5s); a bicycle lane, as defined in s. 340.01 (5e); or a pedestrian way, as defined in s. 346.02 (8) (a).

Section 753. 59.54 (25) (a) (intro.) of the statutes is amended to read: