

**FY 2013-14: DEPARTMENT OF COMMUNITY HEALTH**  
**Summary: As Reported by the House Subcommittee**  
**House Bill 4213 (H-1) Draft 1**



**Analyst: Margaret Alston, Sue Frey, and Steve Stauff**

	FY 2012-13 YTD as of 2/7/13	FY 2013-14 Revised Executive	FY 2013-14 House	FY 2013-14 Senate	FY 2013-14 Enacted	Difference: House From FY 2012-13 YTD	
						Amount	%
<b>IDG/IDT</b>	\$10,023,800	\$10,056,100	\$10,056,100			\$32,300	0.3
<b>Federal</b>	9,693,023,500	11,392,469,900	9,882,379,600			189,356,100	2.0
<b>Local</b>	257,148,600	227,545,600	251,820,200			(5,328,400)	(2.1)
<b>Private</b>	93,364,000	106,333,300	126,342,400			32,978,400	35.3
<b>Restricted</b>	2,158,060,000	2,172,313,600	2,165,424,200			7,364,200	0.3
<b>GF/GP</b>	2,817,437,800	2,725,532,500	2,887,001,600			69,563,800	2.5
<b>Gross</b>	<b>\$15,029,057,700</b>	<b>\$16,634,251,000</b>	<b>\$15,323,024,100</b>			<b>\$293,966,400</b>	<b>2.0</b>
<b>FTEs</b>	3,552.6	3,589.6	3,577.6			25.0	0.7

Notes: (1) FY 2012-13 year-to-date (YTD) figures include mid-year budget adjustments through February 7, 2013.  
 (2) Appropriation figures for all years include all proposed appropriation amounts, including amounts designated as one-time.  
 (3) Federal revenue is overstated by \$3,836,700, local revenue is understated by \$23,900, and state restricted revenue is understated by \$3,812,800 in the Executive Budget Bill for FY 2013-14.

**Overview**

The Department of Community Health budget provides funding for a wide range of behavioral health (mental health and substance abuse), public health, and medical services programs, including Medicaid. Established in 1996, the Department also includes the Office of Services to the Aging, the Crime Victim Services Commission, and health policy.

**Major Budget Changes From FY 2012-13 YTD Appropriations**

**1. Medicaid Expansion**

The House does not concur with the Executive to expand Medicaid. The Executive projected Medicaid expansion savings within the Department of Community Health budget of \$181.7 million GF/GP and additional federal Medicaid revenue of \$1.5 billion, both covering three quarters of the fiscal year. Across the Department of Community Health and the Department of Corrections, the GF/GP savings are estimated to be \$205.9 million mainly from shifting current state costs to federal revenue, with one half of these savings to be deposited in a Budget Stabilization Fund sub-fund entitled the Michigan Health Savings Fund to pay future state costs when the state share of expansion costs increases from 0% to 5% in 2017 and then 10% in 2020. The expansion of the income criteria for Medicaid eligibility up to 133% of the federal poverty level (FPL) is estimated to qualify an additional 320,000 Michigan residents in FY 2013-14. The assumed expansion start date is January 1, 2014.

	FY 2012-13 Year-to-Date (as of 2/7/13)	FY 2013-14 House Change
<b>Gross</b>	<b>\$12,158,621,600</b>	<b>\$0</b>
Federal	8,242,226,900	0
Restricted	1,954,513,900	0
Local	45,815,600	0
Private	2,100,000	0
GF/GP	\$1,913,965,200	\$0

**2. Medicaid Cost Increases**

The House concurs with the Executive's Medicaid program cost adjustments. Included is an increase for FY 2013-14 of \$182.8 million Gross (\$66.6 million GF/GP) to cover Medicaid caseload, utilization and inflation changes within Medical Services, Mental Health/Substance Abuse, Children's Special Health Care Services and the Federal Medicare Pharmaceutical programs. Also recognized is a FY 2012-13 Medicaid caseload, utilization and inflation adjustment reducing various Medicaid appropriation lines by \$183.0 million Gross (\$63.1 million GF/GP).

	FY 2012-13 Year-to-Date (as of 2/7/13)	FY 2013-14 House Change
<b>Gross</b>	<b>\$12,158,621,600</b>	<b>(\$202,200)</b>
Federal	8,242,226,900	(3,620,700)
Restricted	1,954,513,900	0
Local	45,815,600	0
Private	2,100,000	0
GF/GP	\$1,913,965,200	\$3,418,500

<b>Major Budget Changes From FY 2012-13 YTD Appropriations</b>		<b>FY 2012-13 Year-to-Date (as of 2/7/13)</b>	<b>FY 2013-14 House Change</b>
<b>3. Health Insurance Claims Assessment (HICA)</b>	<b>Gross</b>	<b>\$398,051,600</b>	<b>\$0</b>
The <u>House</u> concurs with the <u>Executive</u> regarding no change to the base FY 2012-13 HICA authorization. The <u>Executive</u> proposes changes to PA 141 of 2011, the Health Insurance Claims Assessment Act, by replacing on January 1, 2014, the 1% current assessment with a levied rate that would generate revenue not greater than \$400.0 million in the immediate preceding year. The most recent estimate is that HICA revenues are short \$129.2 million in FY 2012-13. The <u>House</u> has not proposed any changes to the Health Insurance Claims Assessment Act.	Restricted	398,051,600	0
	GF/GP	\$0	\$0
<b>4. Healthy Kids Dental Expansion</b>	<b>Gross</b>	<b>\$99,000,000</b>	<b>\$0</b>
The <u>House</u> does not concur with the <u>Executive</u> on the continued phase-in of the statewide coverage for the Healthy Kids Dental program by increasing the budget \$11.6 million Gross (\$3.9 million GF/GP). The expansion would include the counties of Ingham, Ottawa and Washtenaw, enrolling an additional 70,500 children.	Federal	65,726,100	0
	GF/GP	\$33,273,900	\$0
<b>5. Economic Adjustments</b>	<b>Gross</b>	<b>N/A</b>	<b>\$16,308,500</b>
The <u>House</u> concurs with the <u>Executive</u> to include a net increase of \$16.3 million Gross (\$7.3 million GF/GP) to finance negotiated lump sum salary and wage increase of 1.0%, insurance rate increases, actuarially-required retirement rate increase, and economic adjustments for worker's compensation, building occupancy, rent, and food costs for FY 2013-14.	IDG	N/A	52,000
	Federal	N/A	4,007,500
	Restricted	N/A	773,800
	Local	N/A	4,206,100
	Private	N/A	3,300
	GF/GP	N/A	\$7,265,800
<b>6. Community Health Automated Medicaid Processing System (CHAMPS) One-Time Only Appropriation</b>	<b>Gross</b>	<b>\$60,201,100</b>	<b>(\$30,000,000)</b>
The <u>House</u> concurs with the <u>Executive</u> to eliminate the FY 2012-13 one-time only appropriation of \$30.0 million Gross (\$3.0 million GF/GP) for CHAMPS. The <u>House</u> does not concur with the <u>Executive</u> to include the FY 2013-14 one-time only appropriation of \$18.3 million Gross (\$2.3 million GF/GP) for CHAMPS in order to finalize implementation of the medical codes for diagnosis and inpatient procedures (ICD-10) as required by federal law.	Federal	49,621,000	(27,000,000)
	GF/GP	\$10,580,100	(\$3,000,000)
<b>7. Jail Diversion Programs Initiative</b>	FTE	N/A	1.0
The <u>House</u> concurs with the <u>Executive</u> to redirect base funding reduction from Caro Regional Mental Health Center - Psychiatric Hospital and Walter P. Reuther Psychiatric Hospital that is partially financed by \$1.6 million GF/GP from the CMHSP, Purchase of State Services Contracts line item for a jail diversion program initiative that would do the following: create an Advisory Council to advise the Department of Community Health on the state's jail diversion plan; and enhance current jail diversion efforts for individuals with mental illness, emotional disturbance, or developmental disability within five communities. Related to Sec. 500.	<b>Gross</b>	<b>N/A</b>	<b>\$1,630,000</b>
	GF/GP	N/A	\$1,630,000
<b>8. Mental Health and Substance Abuse Services for Veterans</b>	<b>Gross</b>	<b>N/A</b>	<b>\$0</b>
The <u>House</u> does not concur with the <u>Executive</u> to add \$60,000 GF/GP to the Behavioral Health Program Administration line item to support programs designed to improve mental health and substance abuse service quality for veterans and their families. The funding would be allocated as follows: \$20,000 for credentialing CMHSPs and Substance Abuse Disorder (SUD) providers in TriCare, an insurance system that pays for treatment for active duty/military families; \$10,000 for co-location and/or co-credentialing of CMHSP and SUD providers by the Veterans Health Administration; \$20,000 for a law enforcement training program in recognizing post-traumatic stress disorder related behavior; and \$10,000 for military cultural competency for all CMHSPs and at least one SUD provider in each coordinating agency area.	GF/GP	N/A	\$0

<b>Major Budget Changes From FY 2012-13 YTD Appropriations</b>		<b>FY 2012-13 Year-to-Date (as of 2/7/13)</b>	<b>FY 2013-14 House Change</b>
<b>9. Behavioral Health Homes</b>			
The <u>House</u> concurs with the <u>Executive</u> to provide funding of \$900,000 Gross (\$90,000 GF/GP) for the implementation of three behavioral health homes demonstration projects ensuring better coordination of physical and behavioral health care for Medicaid beneficiaries with chronic conditions such as asthma, heart disease, obesity, mental condition, or substance abuse disorder. The demonstration projects will be located in the Washtenaw region (Washtenaw, Livingston, Lenawee, and Monroe counties), Northern Michigan (21 counties which include Manistee, Emmett, and Iosco), and either Saginaw County or the Genesee region (which includes St. Clair, Lapeer, and Sanilac counties).	<b>Gross</b>	<b>N/A</b>	<b>\$900,000</b>
	Federal	N/A	810,000
	GF/GP	N/A	\$90,000
<b>10. Family Support Subsidy Program</b>			
The <u>House</u> concurs with the <u>Executive</u> to increase TANF funding for the Family Support Subsidy Program which provides \$222.11 monthly payment to an average of 7,189 income-eligible families with a child under age 18 living at home who is severely mentally impaired, severely multiply impaired, or autistic by \$203,900 anticipating a 1.1% caseload increase in FY 2013-14.	<b>Gross</b>	<b>\$19,161,000</b>	<b>\$203,900</b>
	TANF	19,161,000	203,900
	GF/GP	\$0	\$0
<b>11. Actuarially Sound Capitation Payment Rates Adjustment</b>			
The <u>House</u> concurs with the <u>Executive</u> to include a capitation rate increase of 2.5% for Health Plans and 1.25% for Prepaid Inpatient Health Plans (PIHPs) to ensure that capitation payment rates for these managed care entities are actuarially sound in FY 2013-14. This adjustment results in an additional \$112.5 million Gross (\$37.9 million GF/GP) for the Medicaid Mental Health Services, Medicaid Substance Abuse Services, and Health Plan Services line items.	<b>Gross</b>	<b>\$6,572,096,900</b>	<b>\$112,546,900</b>
	IDG	2,925,900	0
	Federal	4,472,162,300	74,641,100
	Restricted	1,269,917,600	0
	Local	38,931,800	0
	GF/GP	\$788,159,300	\$37,905,800
<b>12. Mental Health Services for Special Populations</b>			
The <u>House</u> concurs with the <u>Executive</u> to not continue the FY 2012-13 one-time appropriation of \$3.0 million GF/GP for mental health services for special populations. The one-time funding is allocated as follows: \$250,000 for Hispanic/Latino Commission within the Department of Civil Rights; \$700,000 for ACCESS; \$700,000 for Arab/Chaldean; \$650,000 for Chaldean Chamber Foundation; and \$700,000 for Michigan Jewish Federation.	<b>Gross</b>	<b>\$8,842,800</b>	<b>(\$3,000,000)</b>
	GF/GP	\$8,842,800	(\$3,000,000)
<b>13. Mental Health Innovation Grants One-Time Only Appropriation</b>			
The <u>House</u> does not concur with the <u>Executive</u> to provide one-time only FY 2013-14 appropriation of \$5.0 million GF/GP for mental health innovation grants that will be allocated as follows: \$2.5 million to finance and support home-based mental health services for children; \$1.0 million for care management and treatment of high-risk youth; and \$1.5 million for mental health training and awareness programs in identifying youth with mental health needs.	<b>Gross</b>	<b>N/A</b>	<b>\$0</b>
	GF/GP	N/A	\$0
<b>14. Health and Wellness Initiatives</b>			
<u>Executive</u> includes a net \$3.5 million GF/GP reduction for health and wellness initiatives with elimination of \$5.0 million of one-time funding, offset by \$1.5 million increase in ongoing funding; most projects are reduced in funding. <u>House</u> concurs with elimination of 1-time funding, but does not concur with \$1.5 million GF/GP increase; most projects are reduced in funding, 4x4 wellness program and cancer prevention project funding is eliminated.	<b>Gross</b>	<b>\$12,146,600</b>	<b>(\$5,000,000)</b>
	Restricted	5,146,600	0
	GF/GP	\$7,000,000	(\$5,000,000)
<b>15. Fee Increases for Vital Records, EMS Licensure, and Certificate of Need</b>			
<u>House</u> concurs with the <u>Executive</u> to include \$3.2 million of additional state restricted revenue from proposed new fees and fee increases to maintain the following programs: emergency medical services licensure and regulation (\$1.0 million), certificate of need (\$700,000), and vital records (\$1.5 million). Statutory changes are required for each.	<b>Gross</b>	<b>\$16,167,600</b>	<b>\$3,206,100</b>
	IDG	1,293,600	0
	Federal	3,764,100	0
	Restricted	10,724,600	3,206,100
	GF/GP	\$385,300	\$0

<b>Major Budget Changes From FY 2012-13 YTD Appropriations</b>		<b>FY 2012-13 Year-to-Date (as of 2/7/13)</b>	<b>FY 2013-14 House Change</b>
<b>16. Health Care Service Delivery Innovation Grants</b>	<b>Gross</b>	<b>N/A</b>	<b>\$0</b>
<u>House</u> does not concur with the <u>Executive</u> to provide funding of \$3.0 million GF/GP for new competitive Health Innovations Grants program to address emerging issues and encourage cutting edge innovative advances in health care and service delivery including partners in public and private sectors. <u>House</u> does not include related boilerplate Sec. 717.	GF/GP	N/A	\$0
<b>17. Essential Local Public Health Services</b>	<b>Gross</b>	<b>\$37,386,100</b>	<b>\$100</b>
<u>House</u> creates \$100 point of difference for Essential Local Public Health Services.	Local	5,150,000	0
	GF/GP	\$32,386,100	\$100
<b>18. Infant Mortality</b>	FTEs	0.0	0,0
<u>House</u> does not concur with the <u>Executive</u> to provide increase of \$2.5 million GF/GP and 4.0 FTEs to address infant mortality, especially to promote regional perinatal care system, improve health of women of childbearing age, and encourage infant safe sleep practices.	<b>Gross</b>	<b>\$8,101,400</b>	<b>\$0</b>
	Federal	6,601,400	0
	GF/GP	\$1,500,000	\$0
<b>19. Childhood Lead Program</b>	<b>Gross</b>	<b>\$653,900</b>	<b>\$582,600</b>
<u>House</u> concurs with <u>Executive</u> to partially restore funding to the childhood lead program with a \$582,600 appropriation of available federal Maternal and Child Health Block Grant funding. Program was significantly reduced in FY 2012-13 due to elimination of federal grants.	Federal	540,000	582,600
	GF/GP	\$113,900	\$0
<b>20. Newborn Screening Fee Adjustments</b>	<b>Gross</b>	<b>\$11,323,600</b>	<b>\$650,400</b>
<u>House</u> concurs with <u>Executive</u> to recognize \$650,400 increase for adjustment to the fee for newborn screening for genetic diseases, including statutorily authorized annual CPI adjustment and increases recommended by the Newborn Screening Quality Assurance Advisory Committee related to testing changes and program costs. Increases are \$352,300 for program services and \$298,100 for related laboratory services.	Restricted	11,323,600	650,400
	GF/GP	\$0	\$0
<b>21. Nurse Family Partnership Program</b>	<b>Gross</b>	<b>\$8,101,400</b>	<b>\$350,000</b>
<u>House</u> provides \$350,000 GF/GP increase in funding for nurse family partnership program enhancement projects, and includes related boilerplate Sec. 1137.	Federal	6,601,400	0
	GF/GP	\$1,500,000	\$350,000
<b>22. Alternative Home Visit and Support Program</b>	<b>Gross</b>	<b>\$8,101,400</b>	<b>\$700,000</b>
<u>House</u> provides \$700,000 GF/GP for a new pregnancy and parenting support program as a pilot project, which promotes childbirth and adoption as appropriate. Includes related boilerplate Sec. 1136.	Federal	6,601,400	0
	GF/GP	\$1,500,000	\$700,000
<b>23. Eliminate Autism Center Grant - Transfer to Medicaid</b>	<b>Gross</b>	<b>\$500,000</b>	<b>\$984,600</b>
<u>House</u> concurs with <u>Executive</u> to eliminate \$500,000 GF/GP grant to Eastern Michigan University Autism Collaborative Center from maternal and child health Special Projects line item, and transfer the funds to Medicaid for autism services; also reflects federal Medicaid match funds gained.	Federal	0	984,600
	GF/GP	\$500,000	\$0
<b>24. WIC Infrastructure and Children's Summer EBT Pilot</b>	<b>Gross</b>	<b>\$16,294,500</b>	<b>\$1,392,200</b>
<u>House</u> concurs with <u>Executive</u> to recognize net federal funds increase of \$1.4 million for special projects of the Women, Infants, and Children Special Supplemental Food and Nutrition Program, recognizing completion of infrastructure and electronic benefits transfer (EBT) projects and related funding of \$1.3 million, and also recognizing a \$2.7 million federal WIC Summer EBT for Children pilot project grant first awarded in FY 2010-11, and anticipated to continue. YTD amount shown is for WIC Administration and Special Projects.	Federal	15,990,200	1,392,200
	Private	304,300	0
	GF/GP	\$0	\$0
<b>25. Aging Respite Care Fund Shift for GF/GP Savings</b>	<b>Gross</b>	<b>\$5,868,700</b>	<b>\$0</b>
<u>House</u> concurs with <u>Executive</u> to replace \$400,000 of Merit Award Trust Fund state restricted revenue with a like amount of anticipated increased revenue from the state restricted Senior Respite Care Fund, for a net \$0 senior respite program change. The Merit Award Trust Funds are transferred to the Medicaid program to replace GF/GP for savings. YTD shown is Respite Care Program only.	Restricted	1,400,000	400,000
	Merit Awd	4,468,700	0
	GF/GP	\$0	(\$400,000)

<b><u>Major Budget Changes From FY 2012-13 YTD Appropriations</u></b>		<b><u>FY 2012-13 Year-to-Date (as of 2/7/13)</u></b>	<b><u>FY 2013-14 House Change</u></b>
<b>26. Graduate Medical Education Reduction</b>	<b>Gross</b>	<b>\$162,888,300</b>	<b>(\$2,657,400)</b>
The <u>House</u> reduces the \$4.3 million authorization for Graduate Medical Education (GME), within the One-Time unit, by \$2.6 million Gross (\$895,000 GF/GP). The <u>Executive</u> eliminated the one-time funding by \$4.3 million Gross (\$1.3 million GF/GP). The FY 2012-13 GME gross authorization is approximately \$162.9 million considering both on-going and one-time funding.	Federal	108,141,500	(1,762,400)
	GF/GP	\$54,746,800	(\$895,000)
<b>27. Low-Income Rural Resident Hospitals</b>	<b>Gross</b>	<b>\$35,484,000</b>	<b>\$0</b>
The <u>House</u> and <u>Executive</u> maintain the hospital, low-income rural resident payments pool of \$35.5 million Gross. Related boilerplate Sec. 1866 is maintained by the <u>House</u> and deleted by the <u>Executive</u> .	Federal	23,484,000	0
	GF/GP	\$12,000,000	\$0
<b>28. Detroit Medical Center Reduction</b>	<b>Gross</b>	<b>\$19,989,600</b>	<b>(\$19,989,600)</b>
The <u>House</u> and <u>Executive</u> agree on the removal of the Detroit Medical Center (DMC) hospital rate adjustment (HRA) payment of \$20.0 million Gross (\$6.7 million GF/GP) which was established in FY 2008-09 due to a conversion from a disproportionate share hospital (DSH) payment not financed with GF/GP. The conversion was due to an effort to establish more room under the DSH ceiling. DMC is the only hospital that receives a GF/GP financed HRA payment.	Federal	13,257,100	(13,257,100)
	GF/GP	\$6,732,500	(\$6,732,500)
<b>29. Primary Care Physician Rate Increase</b>	<b>Gross</b>	<b>\$281,800,000</b>	<b>\$103,200,000</b>
The <u>House</u> and the <u>Executive</u> recognize the increase of \$103.2 million, annualizing the 3/4 amount of federal funds included in FY 2012-13 that will be available to provide an increase in the reimbursement rates for primary care doctors, family doctors and pediatricians up to 100% of Medicare rates. Not included in the rate increase are nurse practitioners, physician assistants and OB/GYNs. This reimbursement level change is a requirement of the Affordable Care Act of 2010 and is entirely federally funded. The federal funding is available through December 31, 2014.	Federal	281,800,000	103,200,000
	GF/GP	\$0	\$0
<b>30. Autism Spectrum Disorder</b>	<b>Gross</b>	<b>\$20,886,200</b>	<b>\$20,455,400</b>
The <u>House</u> and <u>Executive</u> include \$20.5 million Gross (\$6.9 million GF/GP) additional funding for autism spectrum disorder treatment of Medicaid and MICHild eligible children. The Medicaid state plan amendment is expected to be approved in Spring 2013.	Federal	14,203,200	13,566,000
	GF/GP	\$6,683,000	\$6,889,400
<b>31. Integration of Care for Dual Eligibles</b>	<b>Gross</b>	<b>\$0</b>	<b>\$24,541,900</b>
The <u>House</u> includes a partial, and the <u>Executive</u> a full reinstatement of \$29.8 million Gross (\$10.1 million GF/GP) which was removed from the FY 2012-13 budget as savings generated by integrating care for dual eligibles. The care integration pilot projects are scheduled to start in January 2014.	Federal	0	16,276,200
	GF/GP	\$0	\$8,265,700

### **Major Boilerplate Changes From FY 2012-13**

#### **GENERAL SECTIONS**

##### **Sec. 298. Michigan-Illinois Alliance Medicaid Management Information Systems Project - NEW**

The House adds a new section that allocates \$20.0 million in private revenue for the Michigan-Illinois Alliance Medicaid Management Information Systems Project.

#### **BEHAVIORAL HEALTH SERVICES**

##### **Sec. 500. Jail Diversion Programs Initiative - NEW**

The House adds a new section that requires the DCH in allocating funds for the jail diversion programs initiative that priority is given to county sheriffs including St. Joseph County Sheriff, and community court projects including the 36th District Court community court project.

#### **HEALTH POLICY**

##### **Sec. 709. Michigan Essential Health Care Provider Program - REVISED**

House concurs with Executive to modify language allowing DCH to reduce local and private share of loan repayment costs to 25% for obstetricians and gynecologists working in underserved areas, to now indicate program will be for primary care physicians, particularly obstetricians and gynecologists working in underserved areas.

## **Major Boilerplate Changes From FY 2012-13**

### **Sec. 712. Free Health Clinic Funding - RETAINED**

Allocates \$250,000 to free health clinics from the funds appropriated for primary care services, to be distributed equally to each free health clinic. Defines free health clinic. Executive deletes. House does not concur.

## **CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION**

### **Sec. 1004. Cancer Rate Investigations - RETAINED**

Establishes legislative intent that DCH continue to collaborate with St. Clair County and the City of Detroit's southwest community to investigate and evaluate cancer rates. Executive deletes. House does not concur.

## **FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES**

### **Sec. 1103. Sexual and Maternal Health Expenditure and Demographics Report - RETAINED**

Requires DCH to annually report an estimate of public funds administered by the department for family planning, sexually transmitted infection prevention and treatment, pregnancies, and births, and to report demographics collected by DCH that are voluntarily self-reported by individuals utilizing those services. Executive deletes. House does not concur.

### **Sec. 1119. No Use of Funds to Encourage or Support Abortion Services - RETAINED**

Directs that no state funds appropriated for family planning local agreements or pregnancy prevention programs shall be used to encourage or support abortion services. Executive deletes. House does not concur.

### **Sec. 1135. School Health Education Curriculum - RETAINED**

Establishes that if funds become available, provision of a school health education curriculum shall be in accordance with goals of the Michigan Model for Comprehensive School Health Education State Steering Committee; establishes steering committee membership; and requires curriculum materials be made available upon request. Executive deletes. House does not concur.

## **CRIME VICTIM SERVICES COMMISSION**

### **Sec. 1302. Allocation of Funds for Forensic Nurse Examiner Programs - RETAINED**

Allocates up to \$200,000 of justice assistance grants line item funds for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for prosecution of sexual assault. Funds to be used for program coordination and training. Executive deletes. House does not concur.

## **MEDICAL SERVICES**

### **Sec. 1682. OBRA Nursing Home Enforcement Provisions - RETAINED**

The House retains current law, whereas the Executive added language allowing unused civil monetary penalty funds to be carried over to the following fiscal year.

### **Sec. 1689. Home- and Community-Based Services(HCBS) Waiver - REVISED**

Requires an annual report on HCBS allocations and expenditures by region, net cost savings by moving individuals from nursing home to the HCBS program, number of individuals transitioned and on HCBS waiting lists by region, amount of funds transferred during the year, and number of persons served and days of care for the HCBS program and in nursing homes. Requires DCH to develop system to collect and analyze information on persons on HCBS waiting list to identify community support and assistance they receive and the extent to which these supports help individuals to avoid entry into a nursing home. The Executive deletes the language and the House modifies the language by removing the required reporting concerning the net cost savings from moving individuals from nursing homes to the community.

### **Sec. 1692. Medicaid School-Based Services - RETAINED**

The House retains current law, whereas the Executive added language allowing the Department to increase federal authorization, without Legislative approval, in the School-Based Services line to make payments to schools participating in the program.

### **Sec. 1861. Nonemergency Medical Transportation Competitive Bid - REVISED**

Allows nonemergency medical transportation to be competitively bid; may take into consideration a minimum of two bids; one bid must be a public transportation agency; and defines qualified vendor. The House replaces current language with a report required from the Department regarding the pilot program. The Executive deletes the language.

### **Sec. 1866. Rural Hospital Payments - RETAINED**

Requires the distribution of \$12.0 million GF/GP, along with the federal match, to rural hospitals meeting certain criteria. The House retains, the Executive deletes.

### **Sec. 1868. Access to Coordinated Beneficiary Complaints Process - NEW**

The House includes new language that requires the Department to assure access to a coordinated beneficiary complaints process through the integrated health care program for persons dually enrolled in Medicaid and Medicare.

### **Sec. 2001. Anticipated FY 2014-15 Appropriations**

The House anticipates that the FY 2014-15 appropriations would be the same as FY 2013-14, except that the line items will be adjusted changes in caseload and related costs, federal fund match rates, economic factors, and available revenue. (Boilerplate intent language only; would not be binding appropriation.)