



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>GENERAL SECTIONS</u></p> <p><i>Total FY 2011-12 state spending from state resources under Part 1 and state spending from state resources to be paid to local units of government.</i></p> <p>Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2011-2012 is \$4,901,035,400.00 and state spending from state resources to be paid to local units of government for fiscal year 2011-2012 is \$1,417,739,700.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>DEPARTMENT OF COMMUNITY HEALTH</p> <p>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS</p> <p>Community residential and support services \$ 258,500 Housing and support services 599,800</p> <p>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS</p> <p>State disability assistance program substance abuse services \$ 2,018,000 Community substance abuse prevention, education, and treatment programs..... 14,576,700 Medicaid mental health services 702,753,600 Community mental health non-Medicaid services \$ 273,908,100 Mental health services for special populations..... 5,842,800 Medicaid adult benefits waiver 10,854,200</p>	<p>Sec. 4-201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2011-2012 2012-2013 is \$4,901,035,400.00 \$4,982,141,900.00 and state spending from state resources to be paid to local units of government for fiscal year 2011-2012 2012-2013 is \$1,417,739,700.00 \$1,151,081,700.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>Delete current law.</p>	<p style="text-align: center;">SENATE</p>	<p>Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2011-2012 2012-2013 is \$4,901,035,400.00 \$4,972,320,200.00 and state spending from state resources to be paid to local units of government for fiscal year 2011-2012 2012-2013 is \$1,417,739,700.00 \$1,245,711,100.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p style="text-align: right;">.....\$215,800 645,600</p> <p style="text-align: right;">.....\$2,018,000 12,762,600 709,306,800 274,136,200 8,842,800 10,774,100</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for General Sections**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
Medicaid substance abuse services..... 15,815,900	Delete current law.		..... 16,156,900
Children’s waiver home care program..... 5,906,800	Delete current law.		..... 5,857,500
Nursing home PASARR 2,717,200	Delete current law.		..... 2,703,800
HEALTH POLICY, REGULATION, AND PROFESSIONS			PUBLIC HEALTH ADMINISTRATION
Primary care services \$ 88,900	Delete current law. Delete current law.		Health and wellness initiatives..... 1,803,000
INFECTIOUS DISEASE CONTROL			HEALTH POLICY
AIDS prevention, testing, and care programs \$ 1,000,000	Delete current law. Delete current law.		..... \$88,900
Sexually transmitted disease control local agreements 175,200	Delete current law.		..... \$830,400
LABORATORY SERVICES			Immunization local agreements 1,352,000
Laboratory services \$ 13,700	Delete current law. Delete current law.		..... 235,200
LOCAL HEALTH ADMINISTRATION AND GRANTS			..... 161,600
Implementation of 1993 PA 133, MCL 333.17015..... \$ 8,000	Delete current law.		..... \$6,200
Essential local public health services 32,256,100	Delete current law. Delete current law.		..... 32,236,100
CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION			..... \$109,800
Cancer prevention and control program \$ 450,000	Delete current law. Delete current law.		..... 184,800
Chronic disease control and health promotion Administration..... 75,000	Delete current law.		Diabetes and kidney program..... 60,000
FAMILY, MATERNAL, AND CHILDREN’S HEALTH SERVICES			..... \$54,300
Childhood lead program \$ 51,100	Delete current law. Delete current law.		..... 1,500,000
Prenatal care outreach and service delivery Support..... 1,500,000	Delete current law.		

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for General Sections**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
CHILDREN'S SPECIAL HEALTH CARE SERVICES	Delete current law.		
Medical care and treatment..... \$ 1,409,900	Delete current law.		..... \$1,935,000
Outreach and advocacy..... 1,237,500	Delete current law.		..... 1,185,900
 MEDICAL SERVICES	Delete current law.		
Dental services..... \$ 2,536,000	Delete current law.		..... \$1,803,200
Long-term care services..... 285,952,300	Delete current law.		..... 88,294,300
Transportation 2,971,900	Delete current law.		..... 4,943,700
Medicaid adult benefits waiver 6,246,800	Delete current law.		..... 8,999,600
Hospital services and therapy 4,965,500	Delete current law.		..... 2,615,100
Physician services..... 3,774,800	Delete current law.		..... 10,180,800
 OFFICE OF SERVICES TO THE AGING	Delete current law.		
Community services..... \$ 12,233,500	Delete current law.		..... \$12,233,500
Nutrition services..... 8,787,000	Delete current law.		..... 8,787,000
Foster grandparent volunteer program..... 679,800	Delete current law.		..... 679,800
Retired and senior volunteer program 175,000	Delete current law.		..... 175,000
Senior companion volunteer program 215,000	Delete current law.		..... 215,000
Respite care program..... 5,384,800	Delete current law.		..... 5,384,800
 CRIME VICTIM SERVICES COMMISSION	Delete current law.		
Crime victim rights services grants..... \$ 10,300,000	Delete current law.		..... \$10,180,800
	CENTRAL		
	ADMINISTRATION .....\$5,977,500		
	BEHAVIORAL HEALTH		
	SERVICES .....959,985,200		
	PUBLIC HEALTH		
	SERVICES .....37,895,800		
	CHILDREN'S AND FAMILY		
	SERVICES .....3,265,200		
	OFFICE OF SERVICES TO		
	THE AGING .....27,116,300		
	MEDICAL SERVICES .....116,841,700		
 TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT..... \$ 1,417,739,700	TOTAL .....\$1,151,081,700		..... \$1,245,711,100

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Provides that appropriations authorized under this article are subject to the Management and Budget Act, 1984 PA 431, MCL 18.1101 to 18.1594.</i></p> <p>Sec. 202. The appropriations authorized under this article are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.</p>	<p>INCLUDED IN ARTICLE XX</p> <p>Sec. 20-202. No changes from current law, except: "...under this article BILL are subject..."</p>		<p>Sec. 202. No changes from current law, except: "...under this article ACT are subject..."</p>
<p><i>Provides definitions for terms and acronyms used in this article.</i></p> <p>Sec. 203. As used in this article:</p> <p>(a) "AIDS" means acquired immunodeficiency syndrome.</p> <p>(b) "CMHSP" means a community mental health services program as that term is defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a.</p> <p>(c) "Current fiscal year" means the fiscal year ending September 30, 2012.</p> <p>(d) "Department" means the department of community health.</p> <p>(e) "Director" means the director of the department.</p> <p>(f) "DSH" means disproportionate share hospital.</p> <p>(g) "EPSDT" means early and periodic screening, diagnosis, and treatment.</p>	<p>Sec. 4-203. No changes from current law, except:</p> <p>(c) "...September 30, 2012 2013."</p> <p>Delete current law.</p> <p>Relabeled subsection (f)</p>		<p>Sec. 4-203. No changes from current law, except: "As used in this article ACT:"</p> <p>(c) "...September 30, 2012 2013."</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(h) "Federal health care reform legislation" means the patient protection and affordable care act, Public Law 111-148, and the health care and education reconciliation act of 2010, Public Law 111-152.	Delete current law.		
(i) "Federal poverty level" means the poverty guidelines published annually in the federal register by the United States department of health and human services under its authority to revise the poverty line under 42 USC 9902.	Relabeled subsection (g)		
(j) "GME" means graduate medical education.	Delete current law.		
(k) "Health plan" means, at a minimum, an organization that meets the criteria for delivering the comprehensive package of services under the department's comprehensive health plan.	Relabeled subsection (h)		
(l) "HEDIS" means healthcare effectiveness data and information set.	Delete current law.		
(m) "HIV" means human immunodeficiency virus.	Delete current law.		
(n) "HMO" means health maintenance organization.	Relabeled subsection (i)		
(o) "IDEA" means the individuals with disabilities education act, 20 USC 1400 to 1482.	Relabeled subsection (j)		
(p) "MCH" means maternal and child health.	Relabeled subsection (k)		
(q) "MIChild" means the program described in section 1670.	Relabeled subsection (l) and "...section 4-1670."		

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(r) "PASARR" means the preadmission screening and annual resident review required under the omnibus budget reconciliation act of 1987, section 1919(e) (7) of the social security act, and 42 USC 1396r.</p> <p>(s) "PIHP" means a specialty prepaid inpatient health plan for Medicaid mental health services, services to individuals with developmental disabilities, and substance abuse services. Specialty prepaid inpatient health plans are described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.</p> <p>(t) "Title XVIII" and "Medicare" mean title XVIII of the social security act, 42 USC 1395 to 1395kkk.</p> <p>(u) "Title XIX" and "Medicaid" mean title XIX of the social security act, 42 USC 1396 to 1396w-5.</p> <p>(v) "Title XX" means title XX of the social security act, 42 USC 1397 to 1397m-5.</p>	<p>Relabeled subsection (m)</p> <p>Relabeled subsection (n)</p> <p>Relabeled subsection (o) and "Title XVIII and "Medicare" means..."</p> <p>Relabeled subsection (p)</p> <p>Delete current law.</p>		<p>(t) "Temporary assistance for needy families" means part A of title IV of the social security act, 42 USC 601 to 619.</p> <p>Relabeled subsection (u)</p> <p>Relabeled subsection (v)</p> <p>Relabeled subsection (w)</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Appropriates up to \$200 million federal contingency funds, up to \$40 million state restricted contingency funds, up to \$20 million local contingency funds, and up to \$20 million private contingency funds. Specifies that contingency funds are not available for expenditure until transferred according to Section 393(2) of the Management and Budget Act, 1984 PA 431, MCL 18.1393.</i></p> <p>Sec. 206. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$200,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this article under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>Sec. 4-206. (1) No changes from current law.</p>		<p>Sec. 206. (1) No changes from current law, except: "...has been transferred to another line item in this article ACT under section 393 (2)..."</p>
<p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$40,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this article under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(2) No changes from current law.</p>		<p>(2) No changes from current law, except: "...has been transferred to another line item in this article ACT under section 393 (2)..."</p>
<p>(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this article under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(3) No changes from current law.</p>		<p>(3) No changes from current law, except: "...has been transferred to another line item in this article ACT under section 393 (2)..."</p>
<p>(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this article under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(4) No changes from current law.</p>		<p>(4) No changes from current law, except: "...has been transferred to another line item in this article ACT under section 393 (2)..."</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires that DCH use the Internet to fulfill the reporting requirements of article IV, 2011 PA 63.</i></p> <p>Sec. 208. Unless otherwise specified, the departments shall use the Internet to fulfill the reporting requirements of this article. This requirement may include transmission of reports via electronic mail to the recipients identified for each reporting requirement, or it may include placement of reports on the Internet or Intranet site.</p>	<p>INCLUDED IN ARTICLE XX</p> <p>Sec. 20-203. No changes from current except:</p> <p>"Unless otherwise specified, The departments AND AGENCIES RECEIVING APPROPRIATIONS IN PART 1 shall use the Internet to fulfill the reporting requirements of this article ACT. This requirement..."</p>		<p>Sec. 208. No changes from current law, except:</p> <p>"...to fulfill the reporting requirements of this article ACT. This requirement..."</p>
<p><i>Prohibits purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available. Requires that preference be given to goods or services, or both, manufactured by Michigan businesses if competitively priced and of comparable quality. Requires that preference be given to goods or services, or both, manufactured by Michigan businesses owned and operated by veterans if competitively priced and of comparable quality.</i></p> <p>Sec. 209. Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available. Preference shall be given to goods or services, or both, manufactured or provided by Michigan businesses if they are competitively priced and of comparable quality. In addition, preference shall be given to goods or services, or both, that are manufactured or provided by Michigan businesses owned and operated by veterans if they are competitively priced and of comparable quality.</p>	<p>Delete current law.</p>		<p>Sec. 209. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to take all reasonable steps to ensure that businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both.</i></p> <p>Sec. 210. The director shall take all reasonable steps to ensure that businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. The director shall strongly encourage firms with which the department contracts to subcontract with certified businesses in depressed and deprived communities for services, supplies, or both.</p>	Delete current law.		Delete current law.
<p><i>Allows the carryforward of fee revenue, with approval of the State Budget Director, into the next fiscal year. Allows fee revenue to be used as the first source of funding in that fiscal year.</i></p> <p>Sec. 211. If the revenue collected by the department from fees and collections exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section shall be used as the first source of funds in the subsequent fiscal year.</p>	Sec. 4-211. No changes from current law.		Sec. 211. No changes from current law
<p><i>Requires report by February 1, 2012, on detailed name and amounts of revenue sources by line item that support FY 2011-12 appropriations. Requires report on amounts and detailed revenue sources by line item proposed to support FY 2012-13 Executive budget recommendation, upon release of the proposal.</i></p> <p>Sec. 212. (1) On or before February 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1.</p>	Sec. 4-212. No changes from current law.		Sec. 212. No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(2) Upon the release of the next fiscal year executive budget recommendation, the department shall report to the same parties in subsection (1) on the amounts and detailed sources of federal, restricted, private, and local revenue proposed to support the total funds appropriated in each of the line items in part 1 of the next fiscal year executive budget proposal.</p>	<p>(2) No changes from current law.</p>		<p>(2) No changes from current law.</p>
<p><i>Requires state departments, agencies, and commissions receiving tobacco tax and Healthy Michigan funds to report on programs utilizing these funds by April 1, 2012, to the House and Senate Appropriations Committees, House and Senate Fiscal Agencies, and State Budget Director.</i></p> <p>Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds and healthy Michigan funds from part 1 shall report by April 1 of the current fiscal year to the senate and house appropriations committees, the senate and house fiscal agencies, and the state budget director on the following:</p> <p>(a) Detailed spending plan by appropriation line item including description of programs and a summary of organizations receiving these funds.</p> <p>(b) Description of allocations or bid processes including need or demand indicators used to determine allocations.</p> <p>(c) Eligibility criteria for program participation and maximum benefit levels where applicable.</p> <p>(d) Outcome measures used to evaluate programs, including measures of the effectiveness of these programs in improving the health of Michigan residents.</p> <p>(e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.</p>	<p>Delete current law.</p>		<p>Sec. 213. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires a report by April 1, 2012 on each policy change made to implement a public act affecting DCH which took effect during the preceding calendar year. Prohibits the use of appropriated funds by DCH on adopting a rule that will apply and have a disproportionate economic impact on small businesses.</i></p> <p>Sec. 215. (1) The department shall report to the house and senate appropriations subcommittees on the budget for the department, the joint committee on administrative rules, and the senate and house fiscal agencies by no later than April 1 of the current fiscal year on each specific policy change made by the department to implement a public act affecting that department that took effect during the preceding calendar year.</p>	Delete current law.		Delete current law.
<p>(2) Funds appropriated in part 1 shall not be used by the department to adopt a rule that will apply to a small business and that will have a disproportionate economic impact on small businesses because of the size of those businesses if the department fails to reduce the disproportionate economic impact of the rule on small businesses as provided under section 40 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.240.</p>	Delete current law.		Delete current law.
<p>(3) As used in this section: (a) "Rule" means that term as defined under section 7 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.207. (b) "Small business" means that term as defined under section 7a of the administrative procedures act of 1969, 1969 PA 306, MCL 24.207a.</p>	Delete current law.		Delete current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Allows the use of prior-year revenue for write-offs of accounts receivables, deferrals, and prior-year obligations. Does not limit DCH's ability to satisfy appropriation deductions in Part 1 to collections and accruals in the current fiscal year.</i></p> <p>Sec. 216. (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues.</p>	<p>Sec. 4-216. (1) No changes from current law.</p>		<p>Sec. 216. (1) No changes from current law.</p>
<p>(2) The department's ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in the current fiscal year, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.</p>	<p>(2) No changes from current law.</p>		<p>(2) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for General Sections**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Lists basic health services embodied in Part 23 of the Public Health Code, 1978 PA 368, MCL 333.2301 to 333.2321, that are to be available and accessible throughout the state.</i></p> <p>Sec. 218. The department shall include the following in its annual list of proposed basic health services as required in part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321:</p> <ul style="list-style-type: none"> (a) Immunizations. (b) Communicable disease control. (c) Sexually transmitted disease control. (d) Tuberculosis control. (e) Prevention of gonorrhea eye infection in newborns. (f) Screening newborns for the conditions listed in section 5431 of the public health code, 1978 PA 368, MCL 333.5431, or recommended by the newborn screening quality assurance advisory committee created under section 5430 of the public health code, 1978 PA 368, MCL 333.5430. (g) Community health annex of the Michigan emergency management plan. (h) Prenatal care. 	<p>Sec. 4-218. No changes from current law.</p>		<p>Sec. 218. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Allows DCH to contract with the Michigan Public Health Institute for the design and implementation of projects and other public health-related activities. Requires DCH to report on each funded project by January 1, 2012. Requires DCH to provide, by September 30, 2012, copies of all reports, studies, and publications produced by the Institute.</i></p> <p>Sec. 219. (1) The department may contract with the Michigan public health institute for the design and implementation of projects and for other public health-related activities prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before January 1 of the current fiscal year all of the following:</p> <p>(a) A detailed description of each funded project. (b) The amount allocated for each project, the appropriation line item from which the allocation is funded, and the source of financing for each project. (c) The expected project duration. (d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to each subgrantee.</p>	<p>Sec. 4-219. (1) No changes from current law.</p>		<p>Sec. 219. (1) No changes from current law.</p>
<p>(2) On or before September 30 of the current fiscal year, the department shall provide to the same parties listed in subsection (1) a copy of all reports, studies, and publications produced by the Michigan public health institute, its subcontractors, or the department with the funds appropriated in part 1 and allocated to the Michigan public health institute.</p>	<p>(2) No changes from current law.</p>		<p>(2) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Allows DCH to establish and collect fees for publications, videos and related materials, conferences, and workshops. Requires collected fees to be used to offset expenditures for printing and mailing costs of publications, videos and related materials, and costs of conferences and workshops. Prohibits DCH from collecting fees that exceed expenditures.</i></p> <p>Sec. 223. The department may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The department shall not collect fees under this section that exceed the cost of the expenditures.</p>	<p>Sec. 4-223. No changes from current law.</p>		<p>Sec. 223. No changes from current law.</p>
<p><i>Directs departments and agencies to pay user fees to the Department of Technology, Management, and Budget (DTMB) for technology-related services and projects from Part 1 appropriated funds for IT. Subjects user fees to provisions of an interagency agreement between DCH and agencies, and DTMB.</i></p> <p>Sec. 259. From the funds appropriated in part 1 for information technology, departments and agencies shall pay user fees to the department of technology, management, and budget for technology-related services and projects. The user fees shall be subject to provisions of an interagency agreement between the department and agencies and the department of technology, management, and budget.</p>	<p>Delete current law.</p>		<p>Sec. 259. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to notify the House and Senate Appropriations Subcommittees on Community Health and House and Senate Fiscal Agencies upon the submission of a Medicaid waiver, a Medicaid state plan amendment, or similar proposal to the Centers for Medicare and Medicaid Services. Requires written and verbal biannual reports on the status of discussions with federal agencies on potential or future Medicaid waiver applications.</i></p> <p>Sec. 264. (1) Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies of the submission.</p>	Delete current law.		Sec. 264. (1) No changes from current law.
<p>(2) The department shall provide written or verbal biannual reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies summarizing the status of any new or ongoing discussions with the centers for Medicare and Medicaid services or the federal department of health and human services regarding potential or future Medicaid waiver applications.</p>	Delete current law.		(2) No changes from current law.
<p><i>Directs departments and agencies receiving Part 1 appropriations to receive and retain copies of all reports funded from Part 1 appropriations. Permits DCH to electronically retain copies of reports unless required by federal and state guidelines.</i></p> <p>Sec. 265. The department and agencies receiving appropriations in part 1 shall receive and retain copies of all reports funded from appropriations in part 1. Federal and state guidelines for short-term and long-term retention of records shall be followed. The department may electronically retain copies of reports unless otherwise required by federal and state guidelines.</p>	Delete current law.		Sec. 265. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for General Sections**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Limits FY 2011-12 out-of-state travel to when it is required by legal mandate, is necessary to protect the health or safety of Michigan citizens, produce budgetary savings or increase state revenue, comply with federal requirements, or secure specialized training for staff financed entirely by federal or nonstate funds. Requires the State Budget Director to report monthly on exceptions made to specified out-of-state travel conditions.</i></p> <p>Sec. 266. (1) Due to the current budgetary problems in this state, out-of-state travel for the fiscal year ending September 30, 2012 shall be limited to situations in which 1 or more of the following conditions apply:</p> <p>(a) The travel is required by legal mandate or court order or for law enforcement purposes.</p> <p>(b) The travel is necessary to protect the health or safety of Michigan citizens or visitors or to assist other states in similar circumstances.</p> <p>(c) The travel is necessary to produce budgetary savings or to increase state revenues, including protecting existing federal funds or securing additional federal funds.</p> <p>(d) The travel is necessary to comply with federal requirements.</p> <p>(e) The travel is necessary to secure specialized training for staff that is not available within this state.</p> <p>(f) The travel is financed entirely by federal or nonstate funds.</p>	Delete current law.		<p>Sec. 266. (1) THE DEPARTMENTS AND AGENCIES RECEIVING APPROPRIATIONS IN PART 1 SHALL PREPARE A REPORT ON OUT-OF-STATE TRAVEL EXPENSES NOT LATER THAN JANUARY 1 OF EACH YEAR. THE TRAVEL REPORT SHALL BE LISTING OF ALL TRAVEL BY CLASSIFIED AND UNCLASSIFIED EMPLOYEES OUTSIDE THIS STATE IN THE IMMEDIATELY PRECEDING FISCAL YEAR THAT WAS FUNDED IN WHOLE OR IN PART WITH FUNDS APPROPRIATED IN THE DEPARTMENT'S BUDGET. THE REPORT SHALL BE SUBMITTED TO THE HOUSE AND SENATE STANDING COMMITTEES ON APPROPRIATIONS, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR. THE REPORT SHALL INCLUDE THE FOLLOWING INFORMATION:</p> <p>(A) THE DATES OF EACH TRAVEL OCCURRENCE.</p> <p>(B) THE TOTAL TRANSPORTATION AND RELATED COSTS OF EACH TRAVEL OCCURRENCE, INCLUDING THE PROPORTION FUNDED WITH STATE GENERAL/GENERAL PURPOSE REVENUES, THE PROPORTION FUNDED WITH STATE RESTRICTED REVENUES, THE PROPORTION FUNDED WITH FEDERAL REVENUES, AND THE PROPORTION FUNDED WITH OTHER REVENUES.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for General Sections**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(2) If out-of-state travel is necessary but does not meet 1 or more of the conditions in subsection (1), the state budget director may grant an exception to allow the travel. Any exceptions granted by the state budget director shall be reported on a monthly basis to the senate and house of representatives standing committees on appropriations.	Delete current law.		(2) IF OUT-OF-STATE TRAVEL IS NECESSARY BUT DOES NOT MEET 1 OR MORE OF THE CONDITIONS IN SUBSECTION (1), THE STATE BUDGET DIRECTOR MAY GRANT AN EXCEPTION TO ALLOW THE TRAVEL. ANY EXCEPTIONS GRANTED BY THE STATE BUDGET DIRECTOR SHALL BE REPORTED ON A MONTHLY BASIS TO THE SENATE AND HOUSE OF REPRESENTATIVES STANDING COMMITTEES ON APPROPRIATIONS.
<i>Prohibits DCH from taking disciplinary action against an employee for communicating with a member of the Legislature or his/her staff.</i> Sec. 267. The department shall not take disciplinary action against an employee for communicating with a member of the legislature or his or her staff.	Delete current law.		Sec. 267. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for General Sections**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to provide a written report on total amounts recovered from legal actions, programs, or services for which monies were originally expended; details on disposition of funds recovered from legal actions; and descriptions of facts involved in legal actions within 180 days after receipt of notice from the Attorney General of legal actions in which expenses have been recovered.</i></p> <p>Sec. 270. Within 180 days after receipt of the notification from the attorney general's office of a legal action in which expenses had been recovered pursuant to section 106(4) of the social welfare act, 1939 PA 280, MCL 400.106, or any other statute under which the department has the right to recover expenses, the department shall submit a written report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office which includes, at a minimum, all of the following:</p> <p>(a) The total amount recovered from the legal action. (b) The program or service for which the money was originally expended. (c) Details on the disposition of the funds recovered such as the appropriation or revenue account in which the money was deposited. (d) A description of the facts involved in the legal action.</p>	<p>Delete current law.</p>		<p>Sec. 270. No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for General Sections**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Prohibits the use of appropriated funds by DCH to hire a person to provide legal services that are the responsibility of the Attorney General. Provides that the prohibition does not apply to legal services for bonding activities and those activities authorized by the Attorney General.</i></p> <p>Sec. 276. Funds appropriated in part 1 shall not be used by a principal executive department, state agency, or authority to hire a person to provide legal services that are the responsibility of the attorney general. This prohibition does not apply to legal services for bonding activities and for those activities that the attorney general authorizes.</p>	<p>Sec. 4-276. No changes from current law, except:</p> <p>"This prohibition does not apply to legal services for bonding activities and for those OUTSIDE activities that the attorney general authorizes."</p>		<p>Sec. 276. No changes from current law, except:</p> <p>"This prohibition does not apply to legal services for bonding activities and for those OUTSIDE activities that the attorney general authorizes."</p>
<p><i>Requires DCH to establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities: coordinating agencies on substance abuse, Salvation Army Harbor Light program, and area agencies on aging and local providers. Requires DCH to provide a written draft of its proposed definitions, standards, and instructions by May 15, 2012.</i></p> <p>Sec. 282. (1) The department, through its organizational units responsible for departmental administration, operation, and finance, shall establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities:</p> <p>(a) Coordinating agencies on substance abuse and the Salvation Army harbor light program that receive payment or reimbursement from funds appropriated under section 104.</p> <p>(b) Area agencies on aging and local providers that receive payment or reimbursement from funds appropriated under section 117.</p>	<p>Delete current law.</p>		<p>Sec. 282. (1) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(2) By May 15 of the current fiscal year, the department shall provide a written draft of its proposed definitions, standards, and instructions to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.</p>	<p>Delete current law.</p>		<p>(2) No changes from current law.</p>
<p>Requires DCH to report on the estimated general fund/general purpose appropriations lapses at the close of the previous fiscal year by no later than November 15, 2011.</p> <p>Sec. 287. Not later than November 15, 2011, the department shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the previous fiscal year. This report shall summarize the projected year-end general fund/general purpose appropriation lapses by major departmental program or program areas. The report shall be transmitted to the office of the state budget, the chairpersons of the senate and house of representatives standing appropriations committees, and the senate and house fiscal agencies.</p>	<p>INCLUDED IN ARTICLE XX</p> <p>Sec. 20-204. No changes from current law, except:</p> <p>"...November 15 30, 2011, the department STATE BUDGET OFFICE shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the previous PRIOR fiscal year...The report shall be transmitted to the office of the state budget, the chairpersons of the senate and house of representatives standing appropriations committees, and the senate and house fiscal agencies."</p>		<p>Sec. 287. No changes from current law, except:</p> <p>"Not later than November 15, 2011, the department shall prepare and transmit a report..."</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to maintain on a publicly accessible Internet website, at no cost, all of the following information: fiscal year-to-date expenditures by category and appropriation unit, fiscal year-to-date payments to a selected vendor, number of active department employees by job classification, and job specifications and wage rates. Permits DCH to develop and operate its own website to provide the information or reference the state's central transparency website as the source for the information.</i></p> <p>Sec. 292. (1) The department shall maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following:</p> <p>(a) Fiscal year-to-date expenditures by category.</p> <p>(b) Fiscal year-to-date expenditures by appropriation unit.</p> <p>(c) Fiscal year-to-date payments to a selected vendor, including the vendor name, payment date, payment amount, and payment description.</p> <p>(d) The number of active department employees by job classification.</p> <p>(e) Job specifications and wage rates.</p>	<p>INCLUDED IN ARTICLE XX</p> <p>Sec. 20-205. No changes from current law, except:</p> <p>{1}"The department OF TECHNOLOGY, MANAGEMENT, AND BUDGET shall maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following FOR EACH DEPARTMENT OR AGENCY: ..."</p>		<p>Sec. 292. (1) No changes from current law.</p>
<p>(2) The department may develop and operate its own website to provide this information or may reference the state's central transparency website as the source for this information.</p>	<p>Delete current law.</p>		<p>(2) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Permits amounts appropriated for IT to be designated as work projects and carried forward to support technology projects under the direction of the DTMB. Provides that IT funds are not available for expenditure until approved as work projects under section 451a of the Management and Budget Act, 1984 PA 431, MCL 18.1451a.</i></p> <p>Sec. 294. Amounts appropriated in part 1 for information technology may be designated as work projects and carried forward to support technology projects under the direction of the department of technology, management, and budget. Funds designated in this manner are not available for expenditure until approved as work projects under section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a.</p>	Delete current law.		Sec. 294. No changes from current law.
<p><i>Requires DCH to explore program and other service areas, including eligibility determination, where privatization may lead to increased efficiencies and budgetary savings.</i></p> <p>Sec. 295. The department shall explore program and other service areas, including eligibility determination, where privatization may lead to increased efficiency and budgetary savings.</p>	Delete current law.		Delete current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires annual report on estimated state restricted fund balances, projected revenues, and expenditures for FY 2010-11 and FY 2011-12 within 14 days after the release of the Executive budget recommendation.</i></p> <p>Sec. 296. Within 14 days after the release of the executive budget recommendation, the department shall provide the state budget director, the senate and house appropriations chairs, the senate and house appropriations subcommittees on community health, respectively, and the senate and house fiscal agencies with an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the fiscal years ending September 30, 2011 and September 30, 2012.</p>	<p style="text-align: center;">INCLUDED IN ARTICLE XX</p> <p>Sec. 20-206. No changes from current year, except:</p> <p>"...recommendation, the department STATE BUDGET OFFICE shall provide the state budget director, the senate and house appropriations chairs, the senate and house appropriations subcommittees on community health, respectively, and the senate and house fiscal agencies with an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the fiscal years ending September 30, 2011 2012 and September 30, 2012 2013."</p>		<p>Sec. 296. No changes from current law, except:</p> <p>"...and state restricted fund expenditures for the fiscal years ending September 30, 2011 2012 and September 30, 2012 2013."</p>
			<p>Sec. 297. IT IS THE INTENT OF THE LEGISLATURE THAT ALL PRINCIPAL EXECUTIVE DEPARTMENTS AND AGENCIES COOPERATE WITH THE DEVELOPMENT AND IMPLEMENTATION OF THE DEPARTMENT OF TECHNOLOGY, MANAGEMENT, AND BUDGET STATEWIDE OFFICE SPACE CONSOLIDATION PLAN.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS</u></p> <p><i>Provides that Part 1 appropriated funds are to support a comprehensive system of CMH services under the full authority and responsibility of local CMHSPs or prepaid inpatient health plans (PIHPs). Requires that DCH ensure each CMHSP or PIHP provides a complete array of mental health services, coordination of inpatient and outpatient hospital services, individualized plans of services, a case or care management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code, 1974 PA 258, MCL 330.1001 to 330.2106.</i></p> <p>Sec. 401. Funds appropriated in part 1 are intended to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs or PIHPs. The department shall ensure that each CMHSP or PIHP provides all of the following:</p> <p>(a) A system of single entry and single exit.</p> <p>(b) A complete array of mental health services that includes, but is not limited to, all of the following services: residential and other individualized living arrangements, outpatient services, acute inpatient services, and long-term, 24-hour inpatient care in a structured, secure environment.</p>	<p><u>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS BEHAVIORAL HEALTH SERVICES</u></p> <p>Delete current law.</p>		<p><u>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS BEHAVIORAL HEALTH SERVICES</u></p> <p>Delete current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(c) The coordination of inpatient and outpatient hospital services through agreements with state-operated psychiatric hospitals, units, and centers in facilities owned or leased by the state, and privately-owned hospitals, units, and centers licensed by the state pursuant to sections 134 through 149b of the mental health code, 1974 PA 258, MCL 330.1134 to 330.1149b.</p> <p>(d) Individualized plans of service that are sufficient to meet the needs of individuals, including those discharged from psychiatric hospitals or centers, and that ensure the full range of recipient needs is addressed through the CMHSP's or PIHP's program or through assistance with locating and obtaining services to meet these needs.</p> <p>(e) A system of case management or care management to monitor and ensure the provision of services consistent with the individualized plan of services or supports.</p> <p>(f) A system of continuous quality improvement.</p> <p>(g) A system to monitor and evaluate the mental health services provided.</p> <p>(h) A system that serves at-risk and delinquent youth as required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.</p>	Delete current law.		Delete current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires final authorizations to CMHSPs or PIHPs be made upon the execution of contracts between DCH and CMHSPs or PIHPs. Requires each contract with a CMHSP or PIHP to include a provision that it is not valid unless the total dollar obligation of all contracts entered into between DCH and CMHSPs or PIHPs for FY 2011-12 does not exceed Part 1 appropriations. Requires DCH to report immediately to the House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director if there are new contracts or amendments to contracts with CMHSPs or PIHPs that would affect enacted rates or expenditures.</i></p> <p>Sec. 402. (1) From funds appropriated in part 1, final authorizations to CMHSPs or PIHPs shall be made upon the execution of contracts between the department and CMHSPs or PIHPs. The contracts shall contain an approved plan and budget as well as policies and procedures governing the obligations and responsibilities of both parties to the contracts. Each contract with a CMHSP or PIHP that the department is authorized to enter into under this subsection shall include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs or PIHPs entered into under this subsection for the current fiscal year does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.</p>	<p>Delete current law.</p>		<p>Delete current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(2) The department shall immediately report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director if either of the following occurs:</p> <p>(a) Any new contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p> <p>(b) Any amendments to contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p>	Delete current law.		Delete current law.
<p>(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.</p>	Delete current law.		Delete current law.
<p><i>Requires DCH to ensure CMHSPs or PIHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement. Prohibits appropriations for mental health services for special populations from being utilized for services to illegal immigrants, fugitive felons, and individuals who are not residents of the state. Requires January 1, 2012 annual report from independent organizations receiving mental health services for special populations funding.</i></p> <p>Sec. 403. (1) From the funds appropriated in part 1 for mental health services for special populations, the department shall ensure that CMHSPs or PIHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement.</p>	Delete current law.		Sec. 403 (1) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(2) Funds appropriated in part 1 for mental health services for special populations shall not be utilized for services provided to illegal immigrants, fugitive felons, and individuals who are not residents of this state. The department shall maintain contracts with recipients of multicultural services grants that mandate grantees establish that recipients of services are legally residing in the United States. An exception to the contractual provision shall be allowed to address individuals presenting with emergent mental health conditions.	Delete current law.		(2) No changes from current law.
(3) The department shall require an annual report from the independent organizations that receive mental health services for special populations funding. The annual report, due January 1 of the current fiscal year, shall include specific information on services and programs provided, the client base to which the services and programs were provided, information on any wraparound services provided, and the expenditures for those services. The department shall provide the annual reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies.	<p>Sec. 4-403. No changes from current law, except:</p> <p>"...for special populations funding. The annual report, due January 1 of the current fiscal year, shall include ..."</p>		(3) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to report by May 31, 2012, on the following for CMHSPs or PIHPs: expenditures and services data, information about access to CMHSPs, lapses and carry-forwards during FY 2010-11, information on the CMH Medicaid managed care program, performance indicator information required to be submitted to DCH in contracts with CMHSPs or PIHPs, and an estimate of the number of mental health direct care workers.</i></p> <p>Sec. 404. (1) Not later than May 31 of the current fiscal year, the department shall provide a report on the community mental health services programs to the members of the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section.</p>	Delete current law.		Sec. 401. (1) No changes from current law.
<p>(2) The report shall contain information for each CMHSP or PIHP and a statewide summary, each of which shall include at least the following information:</p> <p>(a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis.</p> <p>(b) Per capita expenditures by client population group.</p> <p>(c) Financial information that, minimally, includes a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration. Service category includes all department-approved services.</p>	Delete current law.		(2) (a) (b) (c) No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(d) Data describing service outcomes that includes, but is not limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment.</p> <p>(e) Information about access to community mental health services programs that includes, but is not limited to, the following: <i>(i)</i> The number of people receiving requested services. <i>(ii)</i> The number of people who requested services but did not receive services.</p> <p>(f) The number of second opinions requested under the code and the determination of any appeals.</p> <p>(g) An analysis of information provided by CMHSPs in response to the needs assessment requirements of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, including information about the number of individuals in the service delivery system who have requested and are clinically appropriate for different services.</p> <p>(h) Lapses and carryforwards during the immediately preceding fiscal year for CMHSPs or PIHPs.</p> <p>(i) Information about contracts for mental health services entered into by CMHSPs or PIHPs with providers, including, but not limited to, all of the following: <i>(i)</i> The amount of the contract, organized by type of service provided. <i>(ii)</i> Payment rates, organized by the type of service provided. <i>(iii)</i> Administrative costs for services provided to CMHSPs or PIHPs.</p>	<p>Delete current law.</p>		<p>(2) (d) through (h) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(j) Information on the community mental health Medicaid managed care program, including, but not limited to, both of the following:</p> <p>(i) Expenditures by each CMHSP or PIHP organized by Medicaid eligibility group, including per eligible individual expenditure averages.</p> <p>(ii) Performance indicator information required to be submitted to the department in the contracts with CMHSPs or PIHPs.</p> <p>(k) An estimate of the number of direct care workers in local residential settings and paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal care services are provided by CMHSPs or PIHPs as of September 30 of the prior fiscal year employed directly or through contracts with provider organizations.</p>	Delete current law.		(2) (j) (k) No changes from current law.
(3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP or PIHP.	Delete current law.		(3) No changes from current law.
(4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs or PIHPs.	Delete current law.		(4) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires funds appropriated for the state disability assistance substance abuse services program be used to support per diem and board payments in substance abuse residential facilities. Requires DCH to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by DHS to adult foster care providers.</i></p> <p>Sec. 406. (1) The funds appropriated in part 1 for the state disability assistance substance abuse services program shall be used to support per diem room and board payments in substance abuse residential facilities. Eligibility of clients for the state disability assistance substance abuse services program shall include needy persons 18 years of age or older, or emancipated minors, who reside in a substance abuse treatment center.</p>	Delete current law.		Sec. 406. (1) No changes from current law.
<p>(2) The department shall reimburse all licensed substance abuse programs eligible to participate in the program at a rate equivalent to that paid by the department of human services to adult foster care providers. Programs accredited by department-approved accrediting organizations shall be reimbursed at the personal care rate, while all other eligible programs shall be reimbursed at the domiciliary care rate.</p>	Delete current law.		(2) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires that appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies. Requires coordinating agencies work with CMHSPs or PIHPs to coordinate care and services provided to individuals with severe and persistent mental illness and substance abuse diagnoses. Requires DCH to approve a coordinating agency fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay. States legislative intent that coordinating agencies continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance abuse diagnoses. Requires coordinating agencies that are located completely within the boundary of a PIHP to conduct a study on administrative costs and efficiencies associated with consolidation with that PIHP. Stipulates that a coordinating agency realizing an administrative cost savings of 5% or greater of their current costs initiate discussions regarding a potential merger in accordance with section 6226 of the Public Health Code (MCL 333.6226).</i></p> <p>Sec. 407. (1) The amount appropriated in part 1 for substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies. Coordinating agencies shall work with CMHSPs or PIHPs to coordinate care and services provided to individuals with severe and persistent mental illness and substance abuse diagnoses.</p>	<p>Delete current law.</p>		<p>Sec. 407. (1) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(2) The department shall approve coordinating agency fee schedules for providing substance abuse services and charge participants in accordance with their ability to pay.	Delete current law.		(2) No changes from current law.
(3) It is the intent of the legislature that the coordinating agencies continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance abuse diagnoses.	Delete current law.		(3) No changes from current law.
(4) Coordinating agencies that are located completely within the boundary of a PIHP shall conduct a study of the administrative costs and efficiencies associated with consolidation with that PIHP. If that coordinating agency realizes an administrative cost savings of 5% or greater of their current costs, then that coordinating agency shall initiate discussions regarding a potential merger in accordance with section 6226 of the public health code, 1978 PA 368, MCL 333.6226. The department shall report to the legislature by April 1 of the current fiscal year on any such discussions.	Delete current law.		(4) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to report by April 15, 2012, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2010-11.</i></p> <p>Sec. 408. (1) By April 1 of the current fiscal year, the department shall report the following data from the prior fiscal year on substance abuse prevention, education, and treatment programs to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office:</p> <p>(a) Expenditures stratified by coordinating agency, by central diagnosis and referral agency, by fund source, by subcontractor, by population served, and by service type. Additionally, data on administrative expenditures by coordinating agency shall be reported.</p> <p>(b) Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.</p> <p>(c) Number of services provided by central diagnosis and referral agency, by subcontractor, and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.</p> <p>(d) Collections from other first- or third-party payers, private donations, or other state or local programs, by coordinating agency, by subcontractor, by population served, and by service type.</p>	Delete current law.		Sec. 408. (1) No changes from current law.
<p>(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all coordinating agencies.</p>	Delete current law.		(2) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to assure that substance abuse treatment is provided to applicants and recipients of public assistance through DHS who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</i></p> <p>Sec. 410. The department shall assure that substance abuse treatment is provided to applicants and recipients of public assistance through the department of human services who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</p>	<p>Sec. 4-410. No changes from current law.</p>		<p>Sec. 410. No changes from current law.</p>
<p><i>Directs DCH to ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to implement programs to encourage diversions for individuals with mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP or PIHP to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement agency.</i></p> <p>Sec. 411. (1) The department shall ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to implement programs to encourage diversion of individuals with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate.</p>	<p>Delete current law.</p>		<p>Sec. 411. (1) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(2) Each CMHSP or PIHP shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.</p>	Delete current law.		(2) No changes from current law.
<p><i>Requires DCH to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance abuse services.</i></p> <p>Sec. 412. The department shall contract directly with the Salvation Army harbor light program to provide non-Medicaid substance abuse services.</p>	Delete current law.		Sec. 412. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to report on the amount of funding paid to PIHPs to support the Medicaid managed mental health program in the preceding month including total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, number of cases in each eligibility group, and year-to-date summary of eligibles and expenditures.</i></p> <p>Sec. 418. On or before the tenth of each month, the department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in the preceding month. The information shall include the total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, and number of cases in each eligibility group for each PIHP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.</p>	Delete current law.		Sec. 418. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires that PIHPs contracting with DCH to provide services to the Medicaid population adhere to the timely claims processing and payments procedure to claims submitted by health professionals and facilities as described in Section 111i of the Social Welfare Act, 1939 PA 280, MCL 400.111i.</i></p> <p>Sec. 424. Each PIHP that contracts with the department to provide services to the Medicaid population shall adhere to the following timely claims processing and payment procedure for claims submitted by health professionals and facilities:</p> <p>(a) A “clean claim” as described in section 111i of the social welfare act, 1939 PA 280, MCL 400.111i, shall be paid within 45 days after receipt of the claim by the PIHP. A clean claim that is not paid within this time frame shall bear simple interest at a rate of 12% per annum.</p> <p>(b) A PIHP shall state in writing to the health professional or facility any defect in the claim within 30 days after receipt of the claim.</p> <p>(c) A health professional and a health facility have 30 days after receipt of a notice that a claim or a portion of a claim is defective within which to correct the defect. The PIHP shall pay the claim within 30 days after the defect is corrected.</p>	<p>Delete current law.</p>		<p>Sec. 424. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires PIHPs to provide local funds from internal resources that can be used as a bona fide source for the state match required under the Medicaid program in order to increase capitation rates for PIHPs.</i></p> <p>Sec. 428. Each PIHP shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.</p>	<p>Sec. 4-428. No changes from current law.</p>		<p>Sec. 428. No changes from current law.</p>
<p><i>Directs counties required under provisions of the Mental Health Code to provide matching funds to CMHSPs for mental health services rendered to residents in its jurisdiction to pay these funds in equal installments on a quarterly basis throughout the fiscal year.</i></p> <p>Sec. 435. A county required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, to provide matching funds to a CMHSP for mental health services rendered to residents in its jurisdiction shall pay the matching funds in equal installments on not less than a quarterly basis throughout the fiscal year, with the first payment being made by October 1 of the current fiscal year.</p>	<p>Sec. 4-435. No changes from current law.</p>		<p>Sec. 435. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to report by April 15, 2012, on the following: an updated plan for implementing each recommendation of the Michigan Mental Health Commission report on October 15, 2004; a cost-benefit analysis of establishing secure residential facilities of fewer than 17 beds for adults with serious mental illness including residential facilities' potential impact on the state's need for adult mental health facilities; and a cost-benefit analysis of establishing specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.</i></p> <p>Sec. 458. By April 15 of the current fiscal year, the department shall provide each of the following to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director:</p> <p>(a) An updated plan for implementing each of the recommendations of the Michigan mental health commission made in the commission's report dated October 15, 2004.</p> <p>(b) A report that evaluates the cost-benefit of establishing secure residential facilities of fewer than 17 beds for adults with serious mental illness, modeled after such programming in Oregon or other states. This report shall examine the potential impact that utilization of secure residential facilities would have upon the state's need for adult mental health facilities.</p> <p>(c) In conjunction with the state court administrator's office, a report that evaluates the cost-benefit of establishing a specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.</p>	<p>Delete current law.</p>		<p>Sec. 458. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to further implement the FY 2009-10 funding formula for the FY 2011-12 funding reduction to the Community Mental Health Non-Medicaid Services line, except the funding reduction cannot exceed 4% for each CMHSP. Permits DCH to convene a Workgroup, including CMHSPs, regarding the allocation of the current fiscal year administrative reduction up to \$3.4 million.</i></p> <p>Sec. 462. (1) With the exception of administrative costs, in order to implement the fiscal year 2011-2012 funding reduction to the community mental health non-Medicaid services line, the department shall further implement the funding formula that was partially implemented during fiscal year 2009-2010 in which the funding reduction does not exceed 4% for each CMHSP.</p>	Delete current law.		Delete current law.
<p>(2) The department may convene a workgroup including CMHSPs regarding the allocation of the current fiscal year administrative reduction of up to \$3,400,000.00.</p>	Delete current law.		Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to maintain criteria for the incorporation of a city, county, or regional substance abuse coordinating agency into a local CMH authority. Allows DCH to make accommodations and adjustments in the formula distribution to coordinating agencies if all of the following are met: funding not exceeding \$75,000 is provided to any coordinating agency for administrative costs incurred by incorporating into a CMH authority, accommodations and adjustments do not favor coordinating agencies who voluntarily elect to integrate with CMH authorities, and accommodations and adjustments do not negatively affect other coordinating agencies.</i></p> <p>Sec. 468. To foster a more efficient administration of and to integrate care in publicly funded mental health and substance abuse services, the department shall maintain criteria for the incorporation of a city, county, or regional substance abuse coordinating agency into a local community mental health authority that will encourage those city, county, or regional coordinating agencies to incorporate as local community mental health authorities. If necessary, the department may make accommodations or adjustments in formula distribution to address administrative costs related to the maintenance of the criteria under this section and to the incorporation of the additional coordinating agencies into local community mental health authorities provided that all of the following are satisfied:</p> <p>(a) The department provides funding for the administrative costs incurred by coordinating agencies incorporating into community mental health authorities. The department shall not provide more than \$75,000.00 to any coordinating agency for administrative costs.</p>	Delete current law.		Delete current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(b) The accommodations or adjustments favor coordinating agencies who voluntarily elect to integrate with local community mental health authorities.</p> <p>(c) The accommodations or adjustments do not negatively affect other coordinating agencies.</p>	Delete current law.		Delete current law.
<p><i>Directs DCH to establish written expectations, such as the coordination and consolidation of administrative functions, for CMHSPs, PIHPs, coordinating agencies, and counties on the integration of mental health and substance abuse services for those coordinating agencies that have voluntarily incorporated into CMH authorities and accepted funding from DCH for administrative costs incurred when incorporating into authorities. Requires May 1, 2012 status report on the integration of mental health and substance abuse services.</i></p> <p>Sec. 470. (1) For those substance abuse coordinating agencies that have voluntarily incorporated into community mental health authorities and accepted funding from the department for administrative costs incurred pursuant to section 468, the department shall establish written expectations for those CMHSPs, PIHPs, and substance abuse coordinating agencies and counties with respect to the integration of mental health and substance abuse services. At a minimum, the written expectations shall provide for the integration of those services as follows:</p> <p>(a) Coordination and consolidation of administrative functions and redirection of efficiencies into service enhancements.</p>	Delete current law.		Sec. 470. (1) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(b) Consolidation of points of 24-hour access for mental health and substance abuse services in every community.</p> <p>(c) Alignment of coordinating agencies and PIHPs boundaries to maximize opportunities for collaboration and integration of administrative functions and clinical activities.</p>	Delete current law.		(2) (b) (c) No changes from current law.
<p>(2) By May 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the impact and effectiveness of this section and the status of the integration of mental health and substance abuse services.</p>	Delete current law.		(3) No changes from current law.
<p><i>Directs DCH to ensure each contract with a CMHSP or PIHP requires the CMHSP or PIHP to provide each recipient and his/her family with information regarding the different types of guardianship. Prohibits a CMHSP or PIHP from attempting to reduce or restrict the ability of a recipient or his/her family from obtaining legal guardianship without just cause.</i></p> <p>Sec. 474. The department shall ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to provide each recipient and his or her family with information regarding the different types of guardianship and the alternatives to guardianship. A CMHSP or PIHP shall not, in any manner, attempt to reduce or restrict the ability of a recipient or his or her family from seeking to obtain any form of legal guardianship without just cause.</p>	Delete current law.		Delete current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires the Department to continue a Workgroup to develop a plan to maximize uniform and consistent standards required of providers contracting directly with PIHPs, CMHSPs, and substance abuse coordinating agencies. Requires the standards to apply to community living supports, personal care services, substance abuse services, skill-building services, and other similar supports and services. Requires the Workgroup to include representatives of DCH, PIHPs, CMHSPs, substance abuse coordinating agencies, and affected providers. Requires a status report on the Workgroup's efforts by June 1, 2012.</i></p> <p>Sec. 490. (1) The department shall continue a workgroup to develop a plan to maximize uniformity and consistency in the standards required of providers contracting directly with PIHPs, CMHSPs, and substance abuse coordinating agencies. These standards shall apply to community living supports, personal care services, substance abuse services, skill-building services, and other similar supports and services providers who contract with PIHPs, CMHSPs, and substance abuse coordinating agencies or their contractors.</p>	<p>Delete current law.</p>		<p>Sec. 490.(1) No changes from current law, except:</p> <p>"The department shall continue a workgroup to develop a plan to maximize uniformity and consistency in the standards required of providers contracting directly with PIHPs, AND CMHSPs, and substance abuse coordinating agencies. These standards shall apply to community living supports, personal care services, substance abuse services, skill-building services, and other similar supports and services providers who contract with PIHPs, CMHSPs, and substance abuse coordinating agencies or their contractors."</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(2) The workgroup shall include representatives of the department, PIHPs, CMHSPs, substance abuse coordinating agencies, and affected providers. The standards shall include, but are not limited to, contract language, training requirements for direct support staff, performance indicators, financial and program audits, and billing procedures.	Delete current law.		(2) No changes from current law, except: "The workgroup shall include representatives of the department, PIHPs, CMHSPs, substance abuse coordinating agencies, and affected providers. The standards shall include, but are not limited to, contract language, training requirements for direct support staff, performance indicators, financial and program audits, and billing procedures."
(3) The department shall provide a status report on the workgroup's efforts to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director by June 1 of the current fiscal year.	Delete current law.		(3) (2) No changes from current law, except: "The department shall provide a status report on the workgroup's efforts to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director ON IMPLEMENTATION OF THE PLAN by June JULY 1 of the current fiscal year."
<i>Requires the Department to explore changes in the Habilitation Supports Waiver for Persons with Developmental Disabilities that would permit a slot to become available to a county that has demonstrated a greater need for the services.</i> Sec. 491. The department shall explore changes in program policy in the habilitation supports waiver for persons with developmental disabilities that would permit the movement of a slot that has become available to a county that has demonstrated a greater need for the services.	Delete current law.		Sec. 491. No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Does not allow the Department to prohibit the use of GF/GP dollars by CMHSPs to provide mental health services to inmates of a county jail if a CMHSP has entered into an agreement with a county or county sheriff.</i></p> <p>Sec. 492. If a CMHSP has entered into an agreement with a county or county sheriff to provide mental health services to the inmates of the county jail, the department shall not prohibit the use of state general fund/general purpose dollars by CMHSPs to provide mental health services to inmates of a county jail.</p>	Delete current law.		Sec. 492. No changes from current law.
<p><i>Requires the Department to utilize applicable national accreditation review criteria to determine compliance with corresponding state requirements for CMHSPs, PIHPs, or subcontracting provider agencies that have been reviewed and accredited by a national accrediting entity for behavioral health care services, in order to avoid duplication of efforts. Requires a progress report by July 1, 2012 on implementation of the section.</i></p> <p>Sec. 494. (1) In order to avoid duplication of efforts, the department shall utilize applicable national accreditation review criteria to determine compliance with corresponding state requirements for CMHSPs, PIHPs, or subcontracting provider agencies that have been reviewed and accredited by a national accrediting entity for behavioral health care services.</p>	Delete current law.		Sec. 494. (1) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(2) Upon a coordinated submission by the CMHSPs, PIHPs, or subcontracting provider agencies, a listing of program requirements that are part of the state program review criteria but are not reviewed by an applicable national accrediting entity, the department shall review the listing and provide a recommendation to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office as to whether or not state program review should continue. The CMHSPs, PIHPs, or subcontracting agencies may request the department to convene a workgroup to fulfill this section.	Delete current law.		(2) No changes from current law.
(3) The department shall continue to comply with state and federal law and shall not initiate an action that negatively impacts beneficiary safety.	Delete current law.		(3) No changes from current law.
(4) As used in this section, "national accrediting entity" means the joint commission on accreditation of healthcare organizations, the commission on accreditation of rehabilitation facilities, the council of accreditation, or other appropriate entity, as approved by the department.	Delete current law.		(4) No changes from current law.
(5) By July 1 of the current fiscal year, the department shall provide a progress report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on implementation of this section.	Delete current law.		(5) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Expresses Legislature's intent that the Department begin working with the Centers for Medicare and Medicaid Services to develop a program that creates a medical home for individuals receiving Medicaid mental health benefits.</i></p> <p>Sec. 495. It is the intent of the legislature that the department begin working with the centers for Medicare and Medicaid services to develop a program that creates a medical home for the individuals receiving Medicaid mental health benefits.</p>	Delete current law.		Sec. 495. No changes from current law.
<p><i>Permits CMHSPs and PIHPs to offset state funding reductions by limiting the administrative component of their contracts with providers and case management to a maximum of 9%.</i></p> <p>Sec. 496. CMHSPs and PIHPs are permitted to offset state funding reductions by limiting the administrative component of their contracts with providers and case management to a maximum of 9%.</p>	Delete current law.		Sec. 496. No changes from current law.
<p><i>Requires population data from the most recent federal census be used in determining the distribution of substance abuse block grant funds.</i></p> <p>Sec. 497. The population data used in determining the distribution of substance abuse block grant funds shall be from the most recent federal census.</p>	Delete current law.		Sec. 497. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
			<p>Sec. 498. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE TREATMENT OF SUBSTANCE USE DISORDERS, THE DEPARTMENT SHALL USE STANDARD PROGRAM EVALUATION MEASURES TO ASSESS THE EFFECTIVENESS OF TREATMENT PROGRAMS PROVIDED THROUGH COORDINATING AGENCIES AND SERVICE PROVIDERS IN REDUCING AND PREVENTING THE INCIDENCE OF SUBSTANCE USE DISORDERS. THE MEASURES ESTABLISHED BY THE DEPARTMENT SHALL BE MODELED AFTER THE PROGRAM OUTCOME MEASURES AND BEST PRACTICE GUIDELINES FOR THE TREATMENT OF SUBSTANCE USE DISORDERS AS PRESCRIBED BY THE FEDERAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION. AS USED IN THIS SECTION, "SUBSTANCE USE DISORDERS" INCLUDES ABUSE OF ALCOHOL, MARIJUANA, HEROIN, AND OTHER OPIATES AND INCLUDES ABUSE OF ILLICIT METHADONE, COCAINE, CRACK, AND METHAMPHETAMINE.</p>
			<p>(2) BY MAY 15 OF THE CURRENT FISCAL YEAR, THE DEPARTMENT SHALL PROVIDE A REPORT TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET OFFICE ON THE EFFECTIVENESS OF TREATMENT PROGRAMS FOR SUBSTANCE USE DISORDERS.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES</u></p> <p><i>Requires DCH to continue a revenue recapture project to generate additional third party revenue from cases that are closed or inactive. Permits a portion of collected revenues to be used for departmental costs and contractual fees associated with retroactive collections.</i></p> <p>Sec. 601. The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. A portion of revenues collected through project efforts may be used for departmental costs and contractual fees associated with these retroactive collections and to improve ongoing departmental reimbursement management functions.</p>	<p>Sec. 4-601. No changes from current law.</p>	<p>Sec. 601. No changes from current law.</p>	<p>Sec. 601. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Authorizes the carryforward of unexpended and unencumbered funds up to \$1,000,000 from gifts and bequests for patient living and treatment environments for one fiscal year. Specifies that gifts and bequests are to provide specific enhancements for individuals residing at state-operated facilities.</i></p> <p>Sec. 602. Unexpended and unencumbered amounts and accompanying expenditure authorizations up to \$1,000,000.00 remaining on September 30 of the current fiscal year from the amounts appropriated in part 1 for gifts and bequests for patient living and treatment environments shall be carried forward for 1 fiscal year. The purpose of gifts and bequests for patient living and treatment environments is to use additional private funds to provide specific enhancements for individuals residing at state-operated facilities. Use of the gifts and bequests shall be consistent with the stipulation of the donor. The expected completion date for the use of gifts and bequests donations is within 3 years unless otherwise stipulated by the donor.</p>	<p>Sec. 4-602. No changes from current law, except:</p> <p>"Unexpended and unencumbered amounts and accompanying expenditure authorizations up to \$1,000,000.00 remaining on September 30 of the current fiscal year from the amounts appropriated in part 1 for gifts and bequests for patient living and treatment environments shall be carried forward for 1 fiscal year. The purposes of gifts and bequests for patient living..."</p>		<p>Sec. 602. No changes from current law, except:</p> <p>"Unexpended and unencumbered amounts and accompanying expenditure authorizations up to \$1,000,000.00 remaining on September 30 of the current fiscal year from the amounts appropriated in part 1 for gifts and bequests for patient living and treatment environments shall be carried forward for 1 fiscal year. The purposes of gifts and bequests for patient living..."</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Prohibits DCH from implementing any closures or consolidations of state hospitals, centers, and agencies until CMHSPs or PIHPs have programs and services in place for those individuals currently in the facilities. Requires DCH to provide a closure plan four months after closure certification to the House and Senate Appropriations Subcommittees on Community Health and State Budget Director. Requires the transfer of remaining operational funds from closed state hospitals, centers, and agencies to CMHSPs or PIHPs responsible for providing services to individuals previously served by the state-run operations.</i></p> <p>Sec. 605. (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs or PIHPs have programs and services in place for those individuals currently in those facilities and a plan for service provision for those individuals who would have been admitted to those facilities.</p>	<p>Sec. 4-605. (1) No changes from current law.</p>		<p>Sec. 605. (1) No changes from current law.</p>
<p>(2) All closures or consolidations are dependent upon adequate department-approved CMHSP and PIHP plans that include a discharge and aftercare plan for each individual currently in the facility. A discharge and aftercare plan shall address the individual's housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the individual's housing needs.</p>	<p>(2) No changes from current law.</p>		<p>(2) No changes from current law.</p>
<p>(3) Four months after the certification of closure required in section 19(6) of the state employees' retirement act, 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the house and senate appropriations subcommittees on community health and the state budget director.</p>	<p>(3) No changes from current law.</p>		<p>(3) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health and Substance Abuse Components

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs or PIHPs responsible for providing services for individuals previously served by the operations.	(4) No changes from current law.		(4) No changes from current law.
<p><i>Allows DCH to collect revenue for patient reimbursement from first and third party payers, including Medicaid and local county CMHSP payers, to cover the cost of placement in state hospitals and centers. Authorizes DCH to adjust financing sources for patient reimbursement based on actual revenue earned. Allows the carryforward of revenue collected that exceeds current-year expenditures if approved by the State Budget Director.</i></p> <p>Sec. 606. The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid and local county CMHSP payers, to cover the cost of placement in state hospitals and centers. The department is authorized to adjust financing sources for patient reimbursement based on actual revenues earned. If the revenue collected exceeds current year expenditures, the revenue may be carried forward with approval of the state budget director. The revenue carried forward shall be used as a first source of funds in the subsequent year.</p>	<p>Sec. 4-606. No changes from current law.</p>		<p>Sec. 606. No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Allows DCH, in consultation with the Department of Technology, Management and Budget, to maintain a bid process to identify 1 or more private contractors to provide food and custodial services for the administrative areas at any state hospital identified by DCH as capable of generating savings through the outsourcing of those services.</i></p> <p>Sec. 608. Effective October 1, 2011, the department, in consultation with the department of technology, management, and budget, may maintain a bid process to identify 1 or more private contractors to provide food service and custodial services for the administrative areas at any state hospital identified by the department as capable of generating savings through the outsourcing of such services.</p>	Delete current law.		<p>Sec. 608. No changes from current law, except:</p> <p>"Effective October 1, 2011 2012, the department, in consultation with the department of technology, management, and budget, may ..."</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>PUBLIC HEALTH ADMINISTRATION</u></p> <p><i>Directs DCH to report to the Legislature by April 1, 2012 on the criteria and methodology used to derive information provided in the annual Michigan fish advisory.</i></p> <p>Sec. 650. The department shall report to the senate and house appropriations subcommittees on community health by April 1 of the current fiscal year on its criteria and methodology used to derive the information provided to residents in the annual Michigan fish advisory.</p>	Delete current law.		Sec. 650. No changes from current law.
<p><i>Requires DCH to maintain plans to address potential state public health emergencies.</i></p> <p>Sec. 653. The department shall maintain plans to address potential state public health emergencies.</p>	Delete current law.		Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Public Health Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
			<p><i>NEW</i> SEC. 654. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH AND WELLNESS INITIATIVES, \$1,000,000.00 SHALL BE ALLOCATED FOR A PILOT BEFORE- AND AFTER-SCHOOL HEALTHY EXERCISE PROGRAM TO PROMOTE AND ADVANCE PHYSICAL HEALTH FOR SCHOOL CHILDREN IN KINDERGARTEN THROUGH GRADE 6. THE DEPARTMENT SHALL DEVELOP A MODEL FOR PROGRAM SITES THAT INCORPORATES EVIDENCE-BASED BEST PRACTICES. THE DEPARTMENT SHALL ESTABLISH GUIDELINES FOR PROGRAM SITES, WHICH MAY INCLUDE PUBLIC SCHOOLS, COMMUNITY-BASED ORGANIZATIONS, PRIVATE FACILITIES, RECREATION CENTERS, OR OTHER SIMILAR SITES. THE PROGRAM FORMAT SHALL ENCOURAGE LOCAL DETERMINATION OF SITE ACTIVITIES AND SHALL ENCOURAGE LOCAL INCLUSION OF YOUTH IN THE DECISION-MAKING REGARDING SITE ACTIVITIES. PROGRAM GOALS SHALL INCLUDE CHILDREN EXPERIENCING GOOD PHYSICAL HEALTH, THE REDUCTION OF OBESITY, PROVIDING A SAFE PLACE TO PLAY AND EXERCISE, AND NUTRITION EDUCATION. TO BE ELIGIBLE TO PARTICIPATE IN THE PILOT, PROGRAM SITES SHALL PROVIDE A 20% MATCH TO THE STATE FUNDING. THE DEPARTMENT SHALL SEEK FINANCIAL SUPPORT FROM CORPORATE, FOUNDATION, OR OTHER PRIVATE PARTNERS FOR THE PROGRAM OR FOR INDIVIDUAL PROGRAM SITES.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>HEALTH POLICY</u></p> <p><i>Requires DCH to continue to work with EMS grantees funded from Part 1 appropriations to ensure that a sufficient number of qualified EMS personnel exist to serve rural areas of the state.</i></p> <p>Sec. 704. The department shall continue to contract with grantees supported through the appropriation in part 1 for the emergency medical services grants and contracts to ensure that a sufficient number of qualified emergency medical services personnel exist to serve rural areas of the state.</p>	Delete current law.		Sec. 704. No changes from current law.
<p><i>Allows funds appropriated for Michigan Essential Health Care Provider Program to be used to provide loan repayment for dentists that meet the criteria established in Part 27 of the Public Health Code.</i></p> <p>Sec. 709. The funds appropriated in part 1 for the Michigan essential health care provider program may also provide loan repayment for dentists that fit the criteria established by part 27 of the public health code, 1978 PA 368, MCL 333.2701 to 333.2727.</p>	<p><u>PUBLIC HEALTH SERVICES</u></p> <p>Sec. 4-709. No changes from current law.</p>		Sec. 709. No changes from current law.
<p><i>Allocates \$250,000 to free health clinics, nonprofit organizations that use volunteer health professions to provide care to uninsured individuals, from the funds appropriated for primary care services. Requires that DCH distribute funds equally to each free health clinic.</i></p> <p>Sec. 712. From the funds appropriated in part 1 for primary care services, \$250,000.00 shall be allocated to free health clinics operating in the state. The department shall distribute the funds equally to each free health clinic. For the purpose of this appropriation, “free health clinics” means nonprofit organizations that use volunteer health professionals to provide care to uninsured individuals.</p>	Delete current law.		Sec. 712. No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Directs DCH to continue to support multicultural agencies that provide primary care services from Part 1 appropriated funds.</i></p> <p>Sec. 713. The department shall continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.</p>	Delete current law.		<p>Sec. 713. No changes from current law.</p>
			<p>NEW SEC. 715. THE DEPARTMENT SHALL EVALUATE OPTIONS FOR INCENTIVIZING STUDENTS ATTENDING MEDICAL SCHOOLS IN THIS STATE TO MEET THEIR PRIMARY CARE RESIDENCY REQUIREMENTS IN THIS STATE AND ULTIMATELY, FOR SOME PERIOD OF TIME, TO REMAIN IN THIS STATE AND SERVE AS PRIMARY CARE PHYSICIANS.</p>
<p><u>INFECTIOUS DISEASE CONTROL</u></p> <p><i>Directs DCH to cooperate with Department of Corrections to share data and information regarding prisoners being released who test positive for HIV or Hepatitis C, related to the Michigan prisoner reentry initiative.</i></p> <p>Sec. 804. The department, in conjunction with efforts to implement the Michigan prisoner reentry initiative, shall cooperate with the department of corrections to share data and information as they relate to prisoners being released who are HIV positive or positive for the hepatitis C antibody.</p>	Delete current law.		<p>Sec. 804. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>LOCAL HEALTH ADMINISTRATION AND GRANTS</u></p> <p><i>Directs DCH to reimburse local health departments for costs incurred for services provided in accordance with the Informed Consent Law.</i></p> <p>Sec. 901. The amount appropriated in part 1 for implementation of the 1993 additions of or amendments to sections 9161, 16221, 16226, 17014, 17015, and 17515 of the public health code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515, shall be used to reimburse local health departments for costs incurred related to implementation of section 17015(18) of the public health code, 1978 PA 368, MCL 333.17015.</p>	Delete current law.		Sec. 901. No changes from current law.
<p><i>Provides authority for DCH to assess a penalty on a county of up to 6.25% of the county health department's essential local public health services funding if that county ceases to be part of a district health department or multi-county local health department.</i></p> <p>Sec. 902. If a county that has participated in a district health department or an associated arrangement with other local health departments takes action to cease to participate in such an arrangement after October 1 of the current fiscal year, the department shall have the authority to assess a penalty from the local health department's operational accounts in an amount equal to no more than 6.25% of the local health department's essential local public health services funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.</p>	Sec. 4-902. No changes from current law.		Sec. 902. No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Directs that essential local public health services line item funds shall be prospectively allocated to local public health departments to support costs for nine state and local cost-shared services. Certain of these services shall be provided in consultation with Department of Agriculture and Rural Development and with Department of Environmental Quality. Local public health departments shall be held to contractual standards for these services. Local eligibility is contingent upon local spending of at least the amount expended in FY 1992-93 for these services.</i></p> <p>Sec. 904. (1) Funds appropriated in part 1 for essential local public health services shall be prospectively allocated to local health departments to support immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management. Food protection shall be provided in consultation with the department of agriculture and rural development. Public water supply, private groundwater supply, and on-site sewage management shall be provided in consultation with the department of environmental quality.</p>	<p>Sec. 4-904. (1) No changes from current law.</p>		<p>Sec. 904. (1) No changes from current law.</p>
<p>(2) Local public health departments shall be held to contractual standards for the services in subsection (1).</p>	<p>(2) No changes from current law.</p>		<p>(2) No changes from current law.</p>
<p>(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in the current fiscal year of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1).</p>	<p>(3) No changes from current law.</p>		<p>(3) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></p> <p><i>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.</i></p> <p>Sec. 1004. It is the intent of the legislature that the department continue to collaborate with the county of St. Clair and the city of Detroit southwest community to investigate and evaluate cancer rates.</p>	Delete current law.		Sec. 1004. No changes from current law.
<p><u>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</u></p> <p><i>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 self-reported by individuals utilizing those services.</i></p> <p>Sec. 1103. Beginning January 3, 2012, the department shall annually issue to the legislature, and to the public on the Internet, a report providing estimated public funds administered by the department for family planning, sexually transmitted infection prevention and treatment, and pregnancies and births, as well as demographics collected by the department as self-reported by individuals utilizing those services.</p>	Delete current law.		<p>Sec. 1103. No changes from current law, except:</p> <p>"Beginning BY January 3, 2012, OF THE CURRENT FISCAL YEAR, the department shall annually issue to the legislature, and to the public on the Internet, a AN ANNUAL report ... "</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to report by April 1 on funding allocations, breakdown of expenditures by urban and rural, and prior fiscal year service and expenditure data for the local maternal and child health, prenatal care, family planning, and pregnancy prevention programs. DCH must ensure that needs of rural communities are considered in distribution of funds for these programs. Defines "rural" entity as having a population of 30,000 or less.</i></p> <p>Sec. 1104. (1) Before April 1 of the current fiscal year, the department shall submit a report to the house and senate fiscal agencies and the state budget director on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following:</p> <p>(a) Funding allocations. (b) Actual number of women, children, and adolescents served and amounts expended for each group for the immediately preceding fiscal year. (c) A breakdown of the expenditure of these funds between urban and rural communities.</p>	Delete current law.		Sec. 1104. (1) No changes from current law.
<p>(2) The department shall ensure that the distribution of funds through the programs described in subsection (1) takes into account the needs of rural communities.</p>	Delete current law.		(2) No changes from current law.
<p>(3) For the purposes of this section, "rural" means a county, city, village, or township with a population of 30,000 or less, including those entities if located within a metropolitan statistical area.</p>	Delete current law.		(3) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires family planning programs receiving federal Title X funds to be in compliance with federal performance and quality assurance indicators; agencies not in compliance shall not receive supplemental or reallocated funds.</i></p> <p>Sec. 1106. Each family planning program receiving federal title X family planning funds under 42 USC 300 to 300a-8 shall be in compliance with all performance and quality assurance indicators that the office of family planning within the United States department of health and human services specifies in the family planning annual report. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.</p>	<p>Sec. 4-1106. No changes from current law.</p>		<p>Sec. 1106. No changes from current law.</p>
<p><i>Prohibits pregnancy prevention program appropriation line item funds from being used for abortion counseling, referrals, or services.</i></p> <p>Sec. 1108. The funds appropriated in part 1 for pregnancy prevention programs shall not be used to provide abortion counseling, referrals, or services.</p>	<p>Sec. 4-1108. The funds appropriated in part 1 for pregnancy prevention programs OR FAMILY PLANNING LOCAL AGREEMENTS shall not be used to provide abortion counseling, referrals, or services.</p>		<p>Sec. 1108. No changes from current law.</p>
<p><i>Allocates funds from dental program line item to the Michigan Dental Association to administer a volunteer program of dental services to the uninsured; and requires a report by December 1 on services provided in the prior fiscal year.</i></p> <p>Sec. 1109. (1) From the amounts appropriated in part 1 for dental programs, funds shall be allocated to the Michigan dental association for the administration of a volunteer dental program that provides dental services to the uninsured.</p>	<p>Sec. 4-1109. (1) No changes from current law.</p>		<p>Sec. 1109. (1) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(2) Not later than December 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health and the senate and house standing committees on health policy the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures from the immediately preceding fiscal year.</p>	Delete current law.		(2) No changes from current law.
<p><i>DCH may pursue efforts to reduce the incidence of stillbirth if federal or state funds are available, including awareness, education, and standardization of data collection and definitions. Directs DCH to seek grant funds.</i></p> <p>Sec. 1117. Contingent upon the availability of federal or state restricted funds, the department may pursue efforts to reduce the incidence of stillbirth. Efforts shall include the establishment of a program to increase public awareness of stillbirth, promote education to monitor fetal movements counting kicks, promote a uniform definition of stillbirth, standardize data collection of stillbirths, and collaborate with appropriate federal agencies and statewide organizations. The department shall seek federal or other grant funds to assist in implementing this program.</p>	Delete current law.		Sec. 1117. No changes from current law.
<p><i>Directs that no state funds appropriated for family planning local agreements or pregnancy prevention programs shall be used to encourage or support abortion services.</i></p> <p>Sec. 1119. From the funds appropriated in part 1 for family planning local agreements or pregnancy prevention programs, no state funds shall be used to encourage or support abortion services.</p>	Delete current law.		Sec. 1119. No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to release infant mortality rate data to all local public health departments 72 hours or more prior to releasing infant mortality rate data to the public.</i></p> <p>Sec. 1133. The department shall release infant mortality rate data to all local public health departments 72 hours or more before releasing infant mortality rate data to the public.</p>	Delete current law.		Delete current law.
<p><i>Establishes that if funds become available, provision of a school health education curriculum shall be in accordance with health education 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.</i></p> <p>Sec. 1135. (1) If funds become available, provision of the school health education curriculum, such as the Michigan model for health or another comprehensive school health education curriculum, shall be in accordance with the health education goals established by the Michigan model steering committee. The steering committee shall be composed of a representative from each of the following offices and departments:</p> <p>(a) The department of education. (b) The department of community health. (c) The health administration in the department of community health. (d) The mental health and substance abuse administration in the department of community health. (e) The department of human services. (f) The department of state police.</p>	Delete current law.		<p>Sec. 1135. (1) No changes from current law, except:</p> <p>" ... (d) The mental health and substance abuse BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES administration in the department of community health. ..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Public Health Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(2) Upon written or oral request, a pupil not less than 18 years of age or a parent or legal guardian of a pupil less than 18 years of age, within a reasonable period of time after the request is made, shall be informed of the content of a course in the health education curriculum and may examine textbooks and other classroom materials that are provided to the pupil or materials that are presented to the pupil in the classroom. This subsection does not require a school board to permit pupil or parental examination of test questions and answers, scoring keys, or other examination instruments or data used to administer an academic examination.</p>	<p>Delete current law.</p>		<p>(2) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Public Health Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
			<p><i>NEW</i> SEC. 1136. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT, \$2,000,000.00 SHALL BE ALLOCATED FOR A REAL ALTERNATIVES PREGNANCY AND PARENTING SUPPORT SERVICES PROGRAM AS A PILOT PROJECT. FUNDING FOR THE PROGRAM SHALL BE FROM THE FEDERAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES GRANT. THE DEPARTMENT SHALL ESTABLISH A FEE-FOR-SERVICE CONTRACT WITH 1 OR MORE QUALIFIED AGENCIES TO PROVIDE FREE COUNSELING, SUPPORT, AND REFERRAL SERVICES TO ELIGIBLE WOMEN DURING PREGNANCY THROUGH 12 MONTHS AFTER BIRTH. AS APPROPRIATE, THE GOALS FOR CLIENT OUTCOMES SHALL INCLUDE AN INCREASE OF COUNSELING SUPPORT, CHILDBIRTH CHOICE, AND ADOPTION KNOWLEDGE AND AN IMPROVEMENT IN PARENTING SKILLS AND KNOWLEDGE OF REPRODUCTIVE HEALTH. THE DEPARTMENT SHALL PROVIDE FOR COUNSELOR TRAINING, CLIENT EDUCATIONAL MATERIAL, PROGRAM MARKETING, AND ANNUAL PROVIDER SITE MONITORING.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Public Health Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
			<p><i>NEW</i> SEC. 1137. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT, NOT LESS THAN \$1,000,000.00 SHALL BE ALLOCATED FOR THE NURSE FAMILY PARTNERSHIP PROGRAM FROM FEDERAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES GRANT FUNDS. THE FUNDS SHALL BE USED FOR ENHANCED SUPPORT AND EDUCATION TO NURSING TEAMS AND FOR CLIENT RECRUITMENT IN HIGH-NEED COMMUNITIES. THE FUNDS SHALL ALSO BE USED FOR A NURSE FAMILY PARTNERSHIP PROGRAM IN A CITY WITH A POPULATION OF 600,000 OR MORE FOR STRATEGIC PLANNING TO EXPAND AND SUSTAIN THE PROGRAM AND FOR MARKETING AND COMMUNICATIONS OF THE PROGRAM TO RAISE AWARENESS, ENGAGE STAKEHOLDERS, AND RECRUIT NURSES.</p>
			<p><i>NEW</i> SEC. 1138. IF AN ORGANIZATION THAT PROVIDES ABORTION SERVICES IS A CANDIDATE FOR A CONTRACT TO PROVIDE SERVICES FROM THE FUNDS APPROPRIATED IN SECTION 113 OF PART 1 FOR FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES, THE DEPARTMENT SHALL PURSUE ALL OTHER CONTRACTUAL OPPORTUNITIES IN ORDER TO MAXIMIZE UTILIZATION OF ORGANIZATIONS THAT DO NOT PROVIDE ABORTION SERVICES. PREFERENCE SHALL BE GIVEN TO SERVICES PROVIDED BY ORGANIZATIONS THAT DO NOT PROVIDE ABORTION SERVICES.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM</u></p> <p><i>Requires DCH to ensure that individuals residing in rural communities have sufficient access to the services offered through the Women, Infants, and Children Food and Nutrition Program.</i></p> <p>Sec. 1153. The department shall ensure that individuals residing in rural communities have sufficient access to the services offered through the WIC program.</p>	Delete current law.		Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>CHILDREN'S SPECIAL HEALTH CARE SERVICES</p> <p><i>Allows the Children's Special Health Care Services program to provide special formula for persons with certain metabolic and allergic disorders, treatment to persons age 21 or older with cystic fibrosis, services to persons age 21 or older with hemophilia, and provide human growth hormone to eligible patients.</i></p> <p>Sec. 1202. The department may do 1 or more of the following:</p> <p>(a) Provide special formula for eligible clients with specified metabolic and allergic disorders.</p> <p>(b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older.</p> <p>(c) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older.</p> <p>(d) Provide human growth hormone to eligible patients.</p>	<p>CHILDREN'S SPECIAL HEALTH CARE SERVICES</p> <p>Sec. 4-1202. No changes from current law.</p>		<p>CHILDREN'S SPECIAL HEALTH CARE SERVICES</p> <p>Sec. 1202. No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires the Department to report on its plan for enrolling Medicaid eligible CSHCS recipients into Medicaid health plans.</i></p> <p>Sec. 1204. By October 1, 2011, the department shall report to the senate and house appropriations committees on community health and the senate and house fiscal agencies on its plan for enrolling Medicaid eligible children's special health care services recipients in the Medicaid health plans. The report shall include information on which Medicaid health plans are participating, the methods used to assure continuity of care and continuity of ongoing relationships with providers, and projected savings from the implementation of the proposal.</p>	<p>Delete current law.</p>		<p>Sec. 1204. By October 1, 2011 2012, the department shall report to the senate and house appropriations committees on community health and the senate and house fiscal agencies ...</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Crime Victim Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>CRIME VICTIM SERVICES COMMISSION</u></p> <p><i>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 the prosecution of sexual assault. Funds shall be used for program coordination and training.</i></p> <p>Sec. 1302. From the funds appropriated in part 1 for justice assistance grants, up to \$200,000.00 shall be allocated for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. The funds shall be used for program coordination and training.</p>	<p>Delete current law.</p>		<p>Sec. 1302. No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Offices of Services to the Aging Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>OFFICE OF SERVICES TO THE AGING</u></p> <p><i>Eligibility for services funded by the community services and nutrition services appropriation line items shall be restricted to individuals at least 60 years of age who fail to qualify for home care services under Titles XVIII, XIX, or XX of the Social Security Act.</i></p> <p>Sec. 1401. The appropriation in part 1 to the office of services to the aging for community services and nutrition services shall be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under title XVIII, XIX, or XX.</p>	Delete current law.		Sec. 1401. No changes from current law.
<p><i>Requires area agency on aging regions to report home-delivered meals waiting lists to Office of Services to the Aging and to the Legislature; establishes standard criteria for persons included on the waiting list, including an initial determination of likely eligibility.</i></p> <p>Sec. 1403. (1) The office of services to the aging shall require each region to report to the office of services to the aging and to the legislature home-delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following: (a) The recipient's degree of frailty. (b) The recipient's inability to prepare his or her own meals safely. (c) Whether the recipient has another care provider available. (d) Any other qualifications normally necessary for the recipient to receive home-delivered meals.</p>	Delete current law.		<p>Sec. 1403. (1) No changes from current law, except:</p> <p>"BY FEBRUARY 1 OF THE CURRENT FISCAL YEAR, THE office of services to the aging shall ... "</p>
<p>(2) Data required in subsection (1) shall be recorded only for individuals who have applied for participation in the home-delivered meals program and who are initially determined as likely to be eligible for home-delivered meals.</p>	Delete current law.		(2) No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Offices of Services to the Aging Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to report by March 30 on allocations of state resources to each area agency on aging by program and administration, and detail of expenditures by each area agency on aging of all state and local funds by program and administration.</i></p> <p>Sec. 1417. The department shall provide to the senate and house appropriations subcommittees on community health, senate and house fiscal agencies, and state budget director a report by March 30 of the current fiscal year that contains all of the following:</p> <p>(a) The total allocation of state resources made to each area agency on aging by individual program and administration.</p> <p>(b) Detail expenditure by each area agency on aging by individual program and administration including both state-funded resources and locally-funded resources.</p>	Delete current law.		Sec. 1417. No changes from current law.
<p><i>Directs DCH to establish, if funds become available, an aging care management services pilot project with services provide solely by nurses; pilot shall be established in a county with a population between 150,000 and 250,000 persons.</i></p> <p>Sec. 1420. If funds become available, the department shall create a pilot project to establish an aging care management services program with services provided solely by nurses. This pilot project shall be established in a county with a population greater than 150,000 but less than 250,000.</p>	Delete current law.		Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Medical Services Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
	<p align="center">MEDICAL SERVICES ADMINISTRATION</p> <p>SEC. 4-1501. THE UNEXPENDED FUNDS APPROPRIATED IN PART 1 FOR THE ELECTRONIC HEALTH RECORDS INCENTIVE PROGRAM ARE CONSIDERED WORK PROJECT APPROPRIATIONS AND ANY UNENCUMBERED OR UNALLOTTED FUNDS ARE CARRIED FORWARD INTO THE SUCCEEDING FISCAL YEAR. THE FOLLOWING IS IN COMPLIANCE WITH SECTION 451A(1) OF THE MANAGEMENT AND BUDGET ACT, 1984 PA 431, MCL 18.1451A:</p> <p>(A) THE PURPOSE OF THE PROJECT TO BE CARRIED FORWARD IS TO IMPLEMENT MEDICAID ELECTRONIC HEALTH RECORD PROGRAM WHICH PROVIDES FINANCIAL INCENTIVE PAYMENTS TO MEDICAID HEALTH CARE PROVIDERS TO ENCOURAGE THE ADOPTION AND MEANINGFUL USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY, INCREASE EFFICIENCY AND PROMOTE SAFETY.</p> <p>(B) THE PROJECTS WILL BE ACCOMPLISHED ACCORDING TO THE APPROVED FEDERAL ADVANCED PLANNING DOCUMENT.</p> <p>(C) THE ESTIMATED COST OF THIS PROJECT PHASE IS IDENTIFIED IN THE APPROPRIATION LINE ITEM.</p> <p>(D) THE TENTATIVE COMPLETION DATE IS SEPTEMBER 30, 2017.</p>		<p align="center">MEDICAL SERVICES ADMINISTRATION</p> <p>SEC. 1501. THE UNEXPENDED FUNDS APPROPRIATED IN PART 1 FOR THE ELECTRONIC HEALTH RECORDS INCENTIVE PROGRAM ARE CONSIDERED WORK PROJECT APPROPRIATIONS AND ANY UNENCUMBERED OR UNALLOTTED FUNDS ARE CARRIED FORWARD INTO THE SUCCEEDING FOLLOWING FISCAL YEAR. THE FOLLOWING IS IN COMPLIANCE WITH SECTION 451A(1) OF THE MANAGEMENT AND BUDGET ACT, 1984 PA 431, MCL 18.1451A:</p> <p>(A) THE PURPOSE OF THE PROJECT TO BE CARRIED FORWARD IS TO IMPLEMENT MEDICAID ELECTRONIC HEALTH RECORD PROGRAM WHICH PROVIDES FINANCIAL INCENTIVE PAYMENTS TO MEDICAID HEALTH CARE PROVIDERS TO ENCOURAGE THE ADOPTION AND MEANINGFUL USE OF ELECTRONIC HEALTH RECORDS TO IMPROVE QUALITY, INCREASE EFFICIENCY, AND PROMOTE SAFETY.</p> <p>(B) THE PROJECTS WILL BE ACCOMPLISHED ACCORDING TO THE APPROVED FEDERAL ADVANCED PLANNING DOCUMENT.</p> <p>(C) THE ESTIMATED COST OF THIS PROJECT PHASE IS IDENTIFIED IN THE APPROPRIATION LINE ITEM.</p> <p>(D) THE TENTATIVE COMPLETION DATE FOR THE WORK PROJECT IS SEPTEMBER 30, 2017.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><u>MEDICAL SERVICES</u></p> <p><i>Requires remedial service costs to be used in determining medically-needy eligibility for those in adult foster care and homes for the aged.</i></p> <p>Sec. 1601. The cost of remedial services incurred by residents of licensed adult foster care homes and licensed homes for the aged shall be used in determining financial eligibility for the medically needy. Remedial services include basic self-care and rehabilitation training for a resident.</p>	<p>Sec. 4-1601. No changes from current law.</p>		<p>Sec. 1601. No changes from current law.</p>
<p><i>Allows DCH to establish a statewide program for persons to purchase medical coverage at a rate determined by DCH.</i></p> <p>Sec. 1603. (1) The department may establish a program for individuals to purchase medical coverage at a rate determined by the department.</p>	<p>Sec. 4-1603. (1). No changes</p>		<p>Sec. 1603. (1). No changes</p>
<p>(2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1.</p>	<p>(2) No changes from current law.</p>		<p>(2) No changes from current law.</p>
<p>(3) The premiums described in this section shall be classified as private funds.</p>	<p>(3) No changes from current law.</p>		<p>(3) No changes from current law.</p>
<p>(4) The department shall modify program policies to permit individuals eligible for the transitional medical assistance plus program, as structured in fiscal year 2009-2010, to access medical assistance coverage through a 100% cost share.</p>	<p>(4) No changes from current law.</p>		<p>(4) No changes from current law.</p>
<p><i>Establishes the Medicaid protected income level at 100% of the public assistance standard.</i></p> <p>Sec. 1605. The protected income level for Medicaid coverage determined pursuant to section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, shall be 100% of the related public assistance standard.</p>	<p>Sec. 4-1605. No changes from current law.</p>		<p>Sec. 1605. No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Limits the allowable deduction for guardian and conservator charges to \$60 per month when determining Medicaid eligibility and patient pay amounts.</i></p> <p>Sec. 1606. For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>	<p>Sec. 4-1606. No changes from current law.</p>		<p>Sec. 1606. No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Stipulates that Medicaid applicants whose qualifying condition is pregnancy shall be presumed to be eligible unless the preponderance of evidence in the application indicates otherwise. Sets procedures to facilitate access to health care for pregnant women including provision of an authorization letter, a listing of Medicaid physicians and health plans, referral to public health clinics for ineligible persons, and allowing qualified applicants to select or remain with the participating obstetrician of her choice. Specifies that obstetrical and prenatal care claims are to be paid at Medicaid fee-for-service rates if there is no contract between provider and managed care plan. Mandates enrollment of Medicaid eligible pregnant women into Medicaid HMOs and requires DCH to encourage physicians to provide these women a referral to a Medicaid participating dentist at the first pregnancy-related appointment.</i></p> <p>Sec. 1607. (1) An applicant for Medicaid, whose qualifying condition is pregnancy, shall immediately be presumed to be eligible for Medicaid coverage unless the preponderance of evidence in her application indicates otherwise. The applicant who is qualified as described in this subsection shall be allowed to select or remain with the Medicaid participating obstetrician of her choice.</p>	<p>Sec. 4-1607. No changes from current law.</p>	<td style="vertical-align: top;"> <p>Sec. 1607. No changes from current law.</p> </td>	<p>Sec. 1607. No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(2) An applicant qualified as described in subsection (1) shall be given a letter of authorization to receive Medicaid covered services related to her pregnancy. All qualifying applicants shall be entitled to receive all medically necessary obstetrical and prenatal care without preauthorization from a health plan. All claims submitted for payment for obstetrical and prenatal care shall be paid at the Medicaid fee-for-service rate in the event a contract does not exist between the Medicaid participating obstetrical or prenatal care provider and the managed care plan. The applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence.	(2) No changes from current law.		(2) No changes from current law.
(3) In the event that an applicant, presumed to be eligible pursuant to subsection (1), is subsequently found to be ineligible, a Medicaid physician or managed care plan that has been providing pregnancy services to an applicant under this section is entitled to reimbursement for those services until such time as they are notified by the department that the applicant was found to be ineligible for Medicaid.	(3) No changes from current law.		(3) No changes from current law.
(4) If the preponderance of evidence in an application indicates that the applicant is not eligible for Medicaid, the department shall refer that applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy-related services.	(4) No changes from current law.		(4) No changes from current law.
(5) The department shall develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application.	(5) No changes from current law.		(5) No changes from current law.
(6) The department shall mandate enrollment of women, whose qualifying condition is pregnancy, into Medicaid managed care plans.	(6) No changes from current law.		(6) No changes from current law.
(7) The department shall encourage physicians to provide women, whose qualifying condition for Medicaid is pregnancy, with a referral to a Medicaid participating dentist at the first pregnancy-related appointment.	(7) No changes from current law.		(7) No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires Medicaid payment rate to be accepted as payment in full, including payments from other third-party sources. Hospital service payments for persons dually eligible for Medicare and Medicaid are to include capital payments in determining Medicaid reimbursement amount.</i></p> <p>Sec. 1611. (1) For care provided to medical services recipients with other third-party sources of payment, medical services reimbursement shall not exceed, in combination with such other resources, including Medicare, those amounts established for medical services-only patients. The medical services payment rate shall be accepted as payment in full. Other than an approved medical services co-payment, no portion of a provider's charge shall be billed to the recipient or any person acting on behalf of the recipient. Nothing in this section shall be considered to affect the level of payment from a third-party source other than the medical services program. The department shall require a nonenrolled provider to accept medical services payments as payment in full.</p>	<p>Sec. 4-1611. (1) No changes from current law.</p>		<p>Sec. 1611. (1) No changes from current law.</p>
<p>(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/medical services recipients with Medicare part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments.</p>	<p>(2) No changes from current law.</p>		<p>(2) No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Establishes the pharmacy dispensing fee at \$2.75 for recipients not in nursing homes and \$3.00 for nursing home residents, or the pharmacy's usual and customary charge, whichever is less. Specifies prescription copayments for Medicaid recipients of \$1.00 for generic drugs and \$3.00 for brand-name drugs except as prohibited by federal or state law or regulation.</i></p> <p>Sec. 1620. (1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, the pharmaceutical dispensing fee shall be \$3.00 or the pharmacy's usual or customary cash charge, whichever is less.</p>	Delete current law.		Delete current law.
<p>(2) The department shall require a prescription copayment for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug, except as prohibited by federal or state law or regulation.</p>	Delete current law.		Delete current law.
<p><i>Authorizes DCH to secure manufacturer drug rebates for participants in MICHild, MOMS, and Children's Special Health Care Services (CSHCS) programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.</i></p> <p>Sec. 1627. (1) The department shall use procedures and rebate amounts specified under section 1927 of title XIX, 42 USC 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in the MICHild program, maternal outpatient medical services program, and children's special health care services.</p>	Sec. 4-1627. (1) No changes from current law.		Sec. 1627. (1) No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization.	(2) No changes from current law.		(2) No changes from current law.
<p>Requires DCH to base its MAC prices for generic drugs on pricing available from at least two wholesalers who deliver in Michigan.</p> <p>Sec. 1629. The department shall utilize maximum allowable cost pricing for generic drugs that is based on wholesaler pricing to providers that is available from at least 2 wholesalers who deliver in the state of Michigan.</p>	Sec. 4-1629. No changes from current law.		Sec. 1629. No changes from current law.
<p>Continues podiatric and adult dental services at not less than the level in effect on October 1, 2002.</p> <p>Sec. 1630. Medicaid coverage for adult dental and podiatric services shall continue at not less than the level in effect on October 1, 2002, except that reasonable utilization limitations may be adopted in order to prevent excess utilization.</p>	Delete current law.		Delete current law.
<p>Requires copayments on dental, podiatric, and vision services unless prohibited by law or regulation. Specifies copayments of \$2 for a physician office visit, \$3 for a hospital emergency room visit, \$50 for the first day of an in-patient hospital stay, and \$1 for an out-patient hospital visit.</p> <p>Sec. 1631. (1) The department shall require copayments on dental, podiatric, and vision services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.</p>	Sec. 4-1631. (1) No changes from current law.		Sec. 1631. (1) No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay the following co-payments:</p> <p>(a) Two dollars for a physician office visit. (b) Three dollars for a hospital emergency room visit. (c) Fifty dollars for the first day of an inpatient hospital stay. (d) One dollar for an outpatient hospital visit.</p>	(2) No changes from current law.		<p>(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay the following co-payments:</p> <p>(a) Two dollars for a physician office visit. (Ab) SIX Three dollars for a hospital emergency room visit. (Be) Fifty dollars for the first day of an inpatient hospital stay. (Cd) One dollar for an outpatient hospital visit.</p>
<p><i>Requires institutional providers to submit their cost reports within five months of the end of the fiscal year.</i></p> <p>Sec. 1641. An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year.</p>	Sec. 4-1641. No changes from current law.		Sec. 1641. No changes from current law.
<p><i>Requires DCH to allow ambulatory surgery centers in the state to fully participate in the Medicaid program.</i></p> <p>Sec. 1642. The department shall allow ambulatory surgery centers in this state to fully participate in the Medicaid program.</p>	Delete current law.		Delete current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires reimbursement for emergency room (ER) services to screen and stabilize a patient without prior authorization by an HMO, and notice to the HMO regarding a patient's diagnosis and treatment within 24 hours of discharge; prior authorization by the HMO is required for further services beyond stabilization.</i></p> <p>Sec. 1657. (1) Reimbursement for medical services to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room shall not be made contingent on obtaining prior authorization from the recipient's HMO. If the recipient is discharged from the emergency room, the hospital shall notify the recipient's HMO within 24 hours of the diagnosis and treatment received.</p>	<p>Sec. 4-1657. (1) No changes from current law.</p>		<p>Sec. 1657. (1) No changes from current law.</p>
<p>(2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital shall receive authorization from the recipient's HMO prior to admitting the recipient.</p>	<p>(2) No changes from current law.</p>		<p>(2) No changes from current law.</p>
<p>(3) Subsections (1) and (2) do not require an alteration to an existing agreement between an HMO and its contracting hospitals and do not require an HMO to reimburse for services that are not considered to be medically necessary.</p>	<p>(3) No changes from current law.</p>		<p>(3) No changes from current law.</p>
<p>Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs.</p> <p>Sec. 1659. The following sections of this article are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 404, 411, 418, 428, 474, 494, 1607, 1657, 1662, 1689, 1699, 1740, 1764, 1787, 1815, 1820, 1835, 1850, and 1853.</p>	<p>Sec. 4-1659. The following sections of this article ACT are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 404, 411, 418, 428, 474, 494, 1607, 1657, AND 1662, 1689, 1699, 1740, 1764, 1787, 1815, 1820, 1835, 1850, and 1853.</p>		<p>Sec. 1659. The following sections of this article are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 404, 411, 418, 428, 474, 494, 1607, 1657, 1662, 1689, 1699, 1740, 1764, 1787, 1815, 1820, 1835, AND 1850, and 1853.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Directs DCH to assure that an external quality review of each HMO is performed resulting in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services either contracted or directly provided to Medicaid beneficiaries; requires Medicaid HMOs to provide EPSDT utilization data and well child health measures; directs DCH to submit copies of analysis of HMO HEDIS reports and annual external quality review report within 30 days.</i></p> <p>Sec. 1662. (1) The department shall assure that an external quality review of each contracting HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services that the HMO or its contractors furnish to Medicaid beneficiaries.</p>	<p>Sec. 4-1662. (1) No changes from current law.</p>		<p>Sec. 1662. (1) No changes from current law.</p>
<p>(2) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and HEDIS well child health measures in accordance with the national committee for quality assurance prescribed methodology.</p>	<p>(2) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and HEDIS HEALTH EMPLOYER DATA AND INFORMATION SET well child health measures in accordance with the national committee for quality assurance prescribed methodology.</p>		<p>(2) No changes from current law.</p>
<p>(3) The department shall provide a copy of the analysis of the Medicaid HMO annual audited HEDIS reports and the annual external quality review report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors.</p>	<p>Delete current law.</p>		<p>(3) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Medical Services Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
<p><i>Specifies that funds appropriated for MICHild program are to be used to provide health care to children under age 19 in families with income below 200% of federal poverty level who have not had health insurance within six months of making application for MICHild benefits. Allows DCH to provide up to one year of continuous eligibility for MICHild program unless family members no longer meet eligibility criteria or family fails to pay the monthly premium. Assures continuity of care for persons whose category of MICHild eligibility changes due to family income. Specifies income level and verification requirements to determine MICHild program eligibility. Requires DCH to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide MICHild health care benefit at the capitated rate. Allows DCH to obtain certain MICHild services contractually through community mental health agencies. Requires DCH to assure that an external quality review of each MICHild services contractor is performed, which analyzes quality, timeliness, and access to health care services provided by the contractor to MICHild beneficiaries. Requires DCH to develop automatic enrollment algorithm based on quality and performance factors.</i></p> <p>Sec. 1670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 200% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this article. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program.</p>	EXECUTIVE	SENATE	HOUSE
	<p>Sec. 4-1670. (1) No changes from current law.</p>		<p>Sec. 1670. (1) No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(2) The department may provide up to 1 year of continuous eligibility to children eligible for the MIChild program unless the family fails to pay the monthly premium, a child reaches age 19, or the status of the children’s family changes and its members no longer meet the eligibility criteria as specified in the federally approved MIChild state plan.	(2) No changes from current law.		(2) No changes from current law.
(3) Children whose category of eligibility changes between the Medicaid and MIChild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.	(3) No changes from current law.		(3) No changes from current law.
(4) To be eligible for the MIChild program, a child must be residing in a family with an adjusted gross income of less than or equal to 200% of the federal poverty level. The department’s verification policy shall be used to determine eligibility.	(4) No changes from current law.		(4) No changes from current law.
(5) The department shall enter into a contract to obtain MIChild services from any HMO, dental care corporation, or any other entity that offers to provide the managed health care benefits for MIChild services at the MIChild capitated rate. As used in this subsection: (a) “Dental care corporation”, “health care corporation”, “insurer”, and “prudent purchaser agreement” mean those terms as defined in section 2 of the prudent purchaser act, 1984 PA 233, MCL 550.52. (b) “Entity” means a health care corporation or insurer operating in accordance with a prudent purchaser agreement.	(5) No changes from current law.		(5) No changes from current law.
(6) The department may enter into contracts to obtain certain MIChild services from community mental health service programs.	(6) No changes from current law.		(6) No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(7) The department may make payments on behalf of children enrolled in the MIChild program from the line-item appropriation associated with the program as described in the MIChild state plan approved by the United States department of health and human services, or from other medical services.	(7) No changes from current law.		(7) No changes from current law.
(8) The department shall assure that an external quality review of each MIChild contractor, as described in subsection (5), is performed, which analyzes and evaluates the aggregated information on quality, timeliness, and access to health care services that the contractor furnished to MIChild beneficiaries.	(8) No changes from current law.		(8) No changes from current law.
(9) The department shall develop an automatic enrollment algorithm that is based on quality and performance factors.	(9) No changes from current law.		(9) No changes from current law.
	NEW LANGUAGE: (10) MICHILD SERVICES SHALL INCLUDE TREATMENTS FOR AUTISM SPECTRUM DISORDERS FOR CHILDREN WHO ARE ELIGIBLE FOR MICHILD AND ARE LESS THAN SIX YEARS OF AGE.		NEW LANGUAGE: (10) MICHILD SERVICES SHALL INCLUDE TREATMENTS FOR AUTISM SPECTRUM DISORDERS FOR CHILDREN WHO ARE ELIGIBLE FOR MICHILD AND ARE AGED TWO THROUGH FIVE ARE LESS THAN SIX YEARS OF AGE.
<i>Allows DCH to establish premiums for eligible individuals above 150% of poverty level of \$10 to \$15 per month for a family.</i> Sec. 1673. The department may establish premiums for MIChild eligible individuals in families with income above 150% of the federal poverty level. The monthly premiums shall not be less than \$10.00 or exceed \$15.00 for a family.	Sec. 4-1673. No changes from current law.		Sec. 1673. No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
			<p>NEW LANGUAGE</p> <p>SEC. 1677. THE MICHILD PROGRAM SHALL PROVIDE ALL BENEFITS AVAILABLE UNDER THE STATE EMPLOYEE INSURANCE PLAN THAT ARE DELIVERED THROUGH CONTRACTED PROVIDERS AND CONSISTENT WITH FEDERAL LAW, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING MEDICALLY NECESSARY SERVICES:</p> <p>(A) INPATIENT MENTAL HEALTH SERVICES, OTHER THAN SUBSTANCE ABUSE TREATMENT SERVICES, INCLUDING SERVICES FURNISHED IN A STATE-OPERATED MENTAL HOSPITAL AND RESIDENTIAL OR OTHER 24-HOUR THERAPEUTICALLY PLANNED STRUCTURED SERVICES.</p> <p>(B) OUTPATIENT MENTAL HEALTH SERVICES, OTHER THAN SUBSTANCE ABUSE SERVICES, INCLUDING SERVICES FURNISHED IN A STATE-OPERATED MENTAL HOSPITAL AND COMMUNITY-BASED SERVICES.</p> <p>(C) DURABLE MEDICAL EQUIPMENT AND PROSTHETIC AND ORTHOTIC DEVICES.</p> <p>(D) DENTAL SERVICES AS OUTLINED IN THE APPROVED MICHILD STATE PLAN.</p> <p>(E) SUBSTANCE ABUSE TREATMENT SERVICES THAT MAY INCLUDE INPATIENT, OUTPATIENT, AND RESIDENTIAL SUBSTANCE ABUSE TREATMENT SERVICES.</p> <p>(F) CARE MANAGEMENT SERVICES FOR MENTAL HEALTH DIAGNOSES.</p> <p>(G) PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING, AND LANGUAGE DISORDERS.</p> <p>(H) EMERGENCY AMBULANCE SERVICES.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Authorizes DCH to implement federal nursing home enforcement provisions and receive/ expend noncompliance penalty money; to provide funds to the Disability Network/Michigan to be distributed to 15 Centers for Independent Living for the purpose of assisting individuals with disabilities who reside in nursing homes to return to their homes; and to conduct a survey of residents, their families and employees, evaluating nursing home consumer satisfaction and quality of care. Unexpended penalty money may be carried forward to the next fiscal year.</i></p> <p>Sec. 1682. (1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, 42 USC 1396r.</p>	<p>Sec. 4-1682. (1) No changes from current law.</p>		<p>Sec. 1682. (1) No changes from current law.</p>
<p>(2) In addition to the appropriations in part 1, the department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p>	<p>(2) No changes from current law.</p>		<p>(2) No changes from current law.</p>
<p>(3) The department is authorized to provide civil monetary penalty funds to the disability network/Michigan to be distributed to the 15 centers for independent living for the purpose of assisting individuals with disabilities who reside in nursing homes to return to their own homes.</p>	<p>Delete current law.</p>		<p>(3) No changes from current law.</p>
<p>(4) The department is authorized to use civil monetary penalty funds to conduct a survey evaluating consumer satisfaction and the quality of care at nursing homes. Factors can include, but are not limited to, the level of satisfaction of nursing home residents, their families, and employees. The department may use an independent contractor to conduct the survey.</p>	<p>Delete current law.</p>		<p>(4) No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(5) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.	(5) (3) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.		(5) No changes from current law.
<p><i>Requires report that identifies by waiver agent Medicaid HCBS waiver costs by administration, case management, and direct services.</i></p> <p>Sec. 1684. The department shall submit a report by September 30 of the current fiscal year to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that will identify by waiver agent, Medicaid home- and community-based services waiver costs by administration, case management, and direct services.</p>	Delete current law.		Delete current law.
<p><i>Requires that Medicaid nursing home payment rates be set 30 days in advance of the facility's fiscal year, and be based on the most recent cost report submitted.</i></p> <p>Sec. 1685. All nursing home rates, class I and class III, shall have their respective fiscal year rate set 30 days prior to the beginning of their rate year. Rates may take into account the most recent cost report prepared and certified by the preparer, provider corporate owner or representative as being true and accurate, and filed timely, within 5 months of the fiscal year end in accordance with Medicaid policy. If the audited version of the last report is available, it shall be used. Any rate factors based on the filed cost report may be retroactively adjusted upon completion of the audit of that cost report.</p>	Delete current law.		Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Gives priority in HCBS enrollment to nursing home residents and those eligible for nursing homes, and requires screening to prevent unnecessary nursing home admissions. Indicates Legislative intent that funding follow the person through a transfer, by appropriation, from the Long-Term Care Services line to the Medicaid Home- and Community-Based Services Waiver line. 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. Requires the maintaining of policies and regulations in order to limit the self-determination option within HCBS program to services furnished by approved home-based services providers meeting waiver qualifications.</i></p> <p>Sec. 1689. (1) Priority in enrolling additional individuals in the Medicaid home- and community-based services waiver program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided home- and community-based services. The department shall use screening and assessment procedures to assure that no additional Medicaid eligible individuals are admitted to nursing homes who would be more appropriately served by the Medicaid home- and community-based services waiver program. It is the intent of the legislature that when an individual is transferred from a nursing home to the home- and community-based services waiver program, the funding to cover that individual's home- and community-based services waiver program costs shall be transferred from the long-term care services line item to the Medicaid home- and community-based services waiver line item. These funds are not available for expenditure until they have been transferred to another line item in this article under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(2) Within 60 days of the end of each fiscal year, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home- and community-based services waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home- and community-based services waiver program, the number of individuals transitioned from nursing homes to the home- and community-based services waiver program, the number of individuals on waiting lists by region for the program, and the amount of funds transferred during the fiscal year. The report shall also include the number of Medicaid individuals served and the number of days of care for the home- and community-based services waiver program and in nursing homes.</p>	Delete current law.		Delete current law.
<p>(3) The department shall develop a system to collect and analyze information regarding individuals on the home- and community-based services waiver program waiting list to identify the community supports they receive, including, but not limited to, adult home help, food assistance, and housing assistance services and to determine the extent to which these community supports help individuals remain in their home and avoid entry into a nursing home. The department shall provide a progress report on implementation to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1 of the current fiscal year.</p>	Delete current law.		<p>(3) The department shall develop a system to collect and analyze information regarding individuals on the home- and community-based services waiver program waiting list to identify the community supports they receive, including, but not limited to, adult home help, food assistance, and housing assistance services and to determine the extent to which these community supports help individuals remain in their home and avoid entry into a nursing home. The department shall provide a progress report on implementation to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1 of the current fiscal year.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(4) The department shall maintain any policies, guidelines, procedures, standards, and regulations in order to limit the self-determination option with respect to the home- and community-based services waiver program to those services furnished by approved home-based service providers meeting provider qualifications established in the waiver and approved by the centers for Medicare and Medicaid services.</p>	Delete current law.		Delete current law.
<p><i>Provides authorization for Medicaid reimbursement of school-based services.</i></p> <p>Sec. 1692. (1) The department is authorized to pursue reimbursement for eligible services provided in Michigan schools from the federal Medicaid program. The department and the state budget director are authorized to negotiate and enter into agreements, together with the department of education, with local and intermediate school districts regarding the sharing of federal Medicaid services funds received for these services. The department is authorized to receive and disburse funds to participating school districts pursuant to such agreements and state and federal law.</p>	Sec. 4-1692. No changes from current law.		Sec. 1692. No changes from current law.
<p>(2) From the funds appropriated in part 1 for medical services school-based services payments, the department is authorized to do all of the following:</p> <p>(a) Finance activities within the medical services administration related to this project.</p> <p>(b) Reimburse participating school districts pursuant to the fund-sharing ratios negotiated in the state-local agreements authorized in subsection (1).</p> <p>(c) Offset general fund costs associated with the medical services program.</p>	(2) No changes from current law.		(2) No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Allows for an increase in Special Medicaid Reimbursement payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.</i></p> <p>Sec. 1693. The special Medicaid reimbursement appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.</p>	<p>Sec. 4-1693. No changes from current law.</p>		<p>Sec. 1693. No changes from current law.</p>
<p><i>Authorizes distribution of \$1,122,300 to an academic health care system that includes a children's hospital with high indigent care volume.</i></p> <p>Sec. 1694. The department shall distribute \$1,122,300.00 to an academic health care system that includes a children's hospital that has a high indigent care volume.</p>	<p>Sec. 4-1694. No changes from current law.</p>		<p>Sec. 1694. The department shall distribute \$1,122,300.00 FOR POISON CONTROL SERVICES to an academic health care system that includes a children's hospital that has a high indigent care volume.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Authorizes separate payments for hospitals serving a disproportionate share of indigent patients in the amount of \$45.0 million, and those hospitals providing GME training programs. Distribution is based on a methodology used in FY 2003-04. A distribution report is due by September 30 of the current fiscal year. The Department is required to form a workgroup to derive a new DSH formula or formulas with the result to be reported to the Legislature.</i></p> <p>Sec. 1699. (1) The department may make separate payments in the amount of \$45,000,000.00 directly to qualifying hospitals serving a disproportionate share of indigent patients and to hospitals providing GME training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to Medicaid clients, hospitals shall not include GME costs or DSH payments in their contracts with HMOs.</p>	Delete current law.		Sec. 1699. No changes from current law.
<p>(2) The department shall allocate \$45,000,000.00 in DSH funding using the distribution methodology used in fiscal year 2003-2004.</p>	Delete current law.		(2) No changes from current law.
<p>(3) By September 30 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the new distribution of funding to each eligible hospital from the GME and DSH pools.</p>	Delete current law.		(3) No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(4) The department shall form a workgroup on DSH funding consisting of representatives from hospitals and hospital systems receiving DSH funding and the Michigan health and hospital association. The workgroup shall work to derive a new DSH formula or formulas designed to provide equitable payments to qualifying hospitals. The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the results of the workgroup's efforts by March 1 of the current fiscal year.</p>	Delete current law.		Delete current law.
<p><i>Subject to availability of funds, requires DCH to implement a rural health initiative with funds to be first allocated to a rural outpatient hospital adjustor, and remaining funds for defibrillator grants, EMT training, or other similar programs.</i></p> <p>Sec. 1712. (1) Subject to the availability of funds, the department shall implement a rural health initiative. Available funds shall first be allocated as an outpatient adjustor payment to be paid directly to hospitals in rural counties in proportion to each hospital's Medicaid and indigent patient population. Additional funds, if available, shall be allocated for defibrillator grants, emergency medical technician training and support, or other similar programs.</p>	Delete current law.		Delete current law.
<p>(2) Except as otherwise specified in this section, "rural" means a county, city, village, or township with a population of not more than 30,000, including those entities if located within a metropolitan statistical area.</p>	Delete current law.		Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Authorizes Medicaid adult home help beneficiaries to request a departmental review of any decisions that may adversely affect their access to home help services.</i></p> <p>Sec. 1718. The department shall provide each Medicaid adult home help beneficiary or applicant with the right to a fair hearing when the department or its agent reduces, suspends, terminates, or denies adult home help services. If the department takes action to reduce, suspend, terminate, or deny adult home help services, it shall provide the beneficiary or applicant with a written notice that states what action the department proposes to take, the reasons for the intended action, the specific regulations that support the action, and an explanation of the beneficiary's or applicant's right to an evidentiary hearing and the circumstances under which those services will be continued if a hearing is requested.</p>	Delete current law.		Delete current law.
<p><i>Directs DCH to allow pharmacies to purchase injectable drugs for treatment of respiratory syncytial virus for shipment to physician's offices; allows Medicaid reimbursement for dispensing and administration if patients are eligible.</i></p> <p>Sec. 1724. The department shall allow licensed pharmacies to purchase injectable drugs for the treatment of respiratory syncytial virus for shipment to physicians' offices to be administered to specific patients. If the affected patients are Medicaid eligible, the department shall reimburse pharmacies for the dispensing of the injectable drugs and reimburse physicians for the administration of the injectable drugs.</p>	Delete current law.		Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires assurance from DCH that all GME funds continue to be promptly distributed to hospitals using a methodology developed in consultation with the graduate medical education advisory group during FY 2006-07.</i></p> <p>Sec. 1740. From the funds appropriated in part 1 for health plan services, the department shall assure that all GME funds continue to be promptly distributed to qualifying hospitals using the methodology developed in consultation with the graduate medical education advisory group during fiscal year 2006-2007.</p>	Delete current law.		Sec. 1740. No changes from current law.
<p><i>Directs DCH to continue to provide nursing homes the opportunity to receive interim payments upon their request; the Department has the ability to disapprove requests or discontinue interim payments that result in financial risk to the State; and that these payments are as similar to expected cost-settled payments as possible.</i></p> <p>Sec. 1741. The department shall continue to provide nursing homes the opportunity to receive interim payments upon their request. The department may disapprove requests or discontinue interim payments that result in financial risk to this state. The department shall make reasonable efforts to ensure that the interim payments are as similar in amount to expected cost-settled payments.</p>	Sec. 4-1741. No changes from current law.		Sec. 1741. No changes from current law.
<p><i>Requires the Department to expand and improve the beneficiary monitoring program and provide a report to the Legislature.</i></p> <p>Sec. 1756. The department shall develop a plan to expand and improve the beneficiary monitoring program. The department shall submit this plan to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by April 1 of the current fiscal year.</p>	Delete current law.		Sec. 1756. No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to direct Department of Human Services to require Medicaid applicants to prove that they are residing legally in the United States and that they are residents of Michigan.</i></p> <p>Sec. 1757. The department shall direct the department of human services to obtain proof from all Medicaid recipients that they are legal United States citizens or otherwise legally residing in this country and that they are residents of this state before approving Medicaid eligibility.</p>	Delete current law.		<p>Sec. 1757. No changes from current law.</p>
<p><i>Requires DCH to annually certify that rates paid to Medicaid health plans are actuarially sound and to notify the House, Senate, and fiscal agencies immediately upon rate certification and approval.</i></p> <p>Sec. 1764. The department shall annually certify rates paid to Medicaid health plans as being actuarially sound in accordance with federal requirements and shall provide a copy of the rate certification and approval immediately to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies.</p>	Delete current law.		<p>Sec. 1764. The department shall annually certify rates paid to Medicaid health plans AND SPECIALTY PREPAID INPATIENT HEALTH PLANS as being actuarially sound in accordance with federal requirements and shall provide a copy of the rate certification and approval immediately to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Medical Services Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Specifies that DCH shall attempt to make adjustments to the Medicaid provider manual and effective dates for proposed Medicaid policy bulletins on October 1, January 1, April 1, or July 1 after the end of the consultation period.</i></p> <p>Sec. 1770. In conjunction with the consultation requirements of the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, and except as otherwise provided in this section, the department shall attempt to make the effective date for a proposed Medicaid policy bulletin or adjustment to the Medicaid provider manual on October 1, January 1, April 1, or July 1 after the end of the consultation period. The department may provide an effective date for a proposed Medicaid policy bulletin or adjustment to the Medicaid provider manual other than provided for in this section if necessary to be in compliance with federal or state law, regulations, or rules or with an executive order of the governor.</p>	Delete current law.		Sec. 1770. No changes from current law.
<p><i>Requires the Department to report to the Legislature on a federally-approved managed care waiver for dual Medicare/Medicaid eligibles.</i></p> <p>Sec. 1775. If the state's application for a waiver to implement managed care for dual Medicare/Medicaid eligible is approved by the federal government, by April 1, 2012 the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies. This report shall include information on the amount of Medicare funding that would be provided to the state, the number of individuals who would be enrolled in the program, which health plans would be among those providing the services, and the estimated savings from the new program.</p>	Delete current law.		Sec. 1775. If the state's application for a waiver to implement managed care for dual Medicare/Medicaid eligible is approved by the federal government, by April 1, 2012 2013 the department shall provide a report to the senate and house appropriations ...



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Directs DCH to permit nursing homes to use dining assistants to feed eligible residents, in accordance with federal and state law. DCH will not be responsible for training costs.</i></p> <p>Sec. 1777. From the funds appropriated in part 1 for long-term care services, the department shall permit, in accordance with applicable federal and state law, nursing homes to use dining assistants to feed eligible residents if legislation to permit the use of dining assistants is enacted into law. The department shall not be responsible for costs associated with training dining assistants.</p>	Delete current law.		<p>Sec. 1777. No changes from current law.</p>
<p><i>Requires DCH's managed care enrollment broker to maintain telephone numbers of Medicaid beneficiaries and provide Medicaid health plans the telephone numbers of that health plan's enrollees on a monthly basis.</i></p> <p>Sec. 1787. The department shall require the managed care enrollment broker to maintain telephone numbers of Medicaid beneficiaries and provide each Medicaid health plan with the telephone number of that health plan's enrollees on a monthly basis.</p>	Delete current law.		Delete current law.
<p><i>Requires the Department to consider the development of a pilot project focusing on the prevention of preventable hospitalizations from nursing homes.</i></p> <p>Sec. 1793. The department shall consider the development of a pilot project that focuses on the prevention of preventable hospitalizations from nursing homes.</p>	Delete current law.		<p>Sec. 1793. No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH, in cooperation with Department of Human Services, to work with the federal government's public assistance reporting information system to identify Medicaid recipients who are veterans and may be eligible for federal veteran's health care benefits.</i></p> <p>Sec. 1804. The department, in cooperation with the department of human services, shall work with the federal public assistance reporting information system to identify Medicaid recipients who are veterans and who may be eligible for federal veterans health care benefits or other benefits.</p>	<p>Sec. 4-1804. No changes from current law.</p>		<p>Sec. 1804. No changes from current law.</p>
<p><i>Prohibits DCH from implementing a capitation withhold as part of overall health plan capitation rate schedule that exceeds the 0.19% withhold administered during FY 2008-09.</i></p> <p>Sec. 1815. From the funds appropriated in part 1 for health plan services, the department shall not implement a capitation withhold as part of the overall capitation rate schedule that exceeds the 0.19% withhold administered during fiscal year 2008-2009.</p>	<p>Delete current law.</p>		<p>Delete current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires the Department to give consideration to Medicaid health plan accreditation when establishing compliance with State program review criteria or audit requirements; includes a report requirement; requires the Department to continue to comply with federal and State laws and not initiate any action that would jeopardize beneficiary safety; defines national accrediting agency; report due.</i></p> <p>Sec. 1820. (1) In order to avoid duplication of efforts, the department shall utilize applicable national accreditation review criteria to determine compliance with corresponding state requirements for Medicaid health plans that have been reviewed and accredited by a national accrediting entity for health care services.</p>	Delete current law.		<p>Sec. 1820. (1) No changes from current law.</p>
<p>(2) Upon submission by Medicaid health plans of a listing of program requirements that are part of the state program review criteria but are not reviewed by an applicable national accrediting entity, the department shall review the listing and provide a recommendation to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office as to whether or not state program review should continue. The Medicaid health plans may request the department to convene a workgroup to fulfill this section.</p>	Delete current law.		<p>(2) Upon submission by Medicaid health plans of a listing of program requirements that are part of the state program review criteria but are not reviewed by an applicable national accrediting ACCREDITING department shall review the listing and provide ...</p>
<p>(3) The department shall continue to comply with state and federal law and shall not initiate an action that negatively impacts beneficiary safety.</p>	Delete current law.		<p>(3) No changes from current law.</p>
<p>(4) As used in this section, "national accrediting entity" means the national committee for quality assurance, the utilization review accreditation committee, or other appropriate entity, as approved by the department.</p>	Delete current law.		<p>(4) No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(5) By July 1 of the current fiscal year, the department shall provide a progress report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on implementation of this section.	Delete current law.		(5) No changes from current law.
<p><i>Directs DCH, the DCH contracted pharmacy benefits manager, and Medicaid health plans to implement coverage for a mental health prescription drug within 30 days of that drug's approval by the DCH Pharmacy and Therapeutics Committee.</i></p> <p>Sec. 1822. The department, the department's contracted Medicaid pharmacy benefit manager, and all Medicaid health plans shall implement coverage for a mental health prescription drug within 30 days of that drug's approval by the department's pharmacy and therapeutics committee.</p>	Delete current law.		Sec. 1822. No changes from current law.
<p><i>Requires DCH to continue efforts to standardize forms, formats and documents, and the reporting of accepted and rejected encounter records received in the data warehouse. DCH shall convene a workgroup on making e-billing mandatory and a report will be provided to the Legislature by April 1. Also by April 1, DCH shall provide a report detailing the percentage of Medicaid reimbursement claims that were initially rejected in the first quarter of FY 2011-12.</i></p> <p>Sec. 1832. (1) The department shall continue efforts to standardize billing formats, referral forms, electronic credentialing, primary source verification, electronic billing and attachments, claims status, eligibility verification, and reporting of accepted and rejected encounter records received in the department data warehouse.</p>	Delete current law.		Sec. 1832. (1) No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(2) The department shall convene a workgroup on making e-billing mandatory for the Medicaid program. The workgroup shall include representatives from medical provider organizations, Medicaid HMOs, and the department. The department shall report to the legislature on the findings of the workgroup by April 1 of the current fiscal year.	Delete current law.		(2) No changes from current law.
(3) The department shall provide a report by April 1 of the current fiscal year to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies detailing the percentage of claims for Medicaid reimbursement provided to the department that were initially rejected in the first quarter of fiscal year 2011-2012.	Delete current law.		(3) No changes from current law.
<p><i>Requires DCH to develop and implement processes to report rejected and accepted encounters to Medicaid health plans, enhance encounter data reporting processes, promulgate rules that make HMO's encounter data as complete as possible, measure acuity of each HMO's population for risk adjustment purposes, and minimize HMO administrative expenses.</i></p> <p>Sec. 1835. The department shall develop and implement processes to report rejected and accepted encounters to Medicaid health plans. The department shall further enhance encounter data reporting processes and program rules that make each health plan's encounter data as complete as possible, provide a fair measure of acuity for each health plan's enrolled population for risk adjustment purposes, and minimize health plan administrative expenses.</p>	Delete current law.		Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Medical Services Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires DCH to expand adult Medicaid optical coverage to medically necessary optical devices and other treatment services when conventional treatments do not provide functional vision correction.</i></p> <p>Sec. 1836. In addition to the guidelines established in Medical Services Administration Bulletin MSA 09-28, medically necessary optical devices and other treatment services for adult Medicaid patients shall be covered when conventional treatments do not provide functional vision correction. Such ocular conditions include, but are not limited to, congenital or acquired ocular disease or eye trauma.</p>	Delete current law.		Sec. 1836. No changes from current law.
<p><i>Requires that DCH explore the use of telemedicine and telepsychiatry as a means to increase Medicaid recipients who reside in underserved areas access to primary care services.</i></p> <p>Sec. 1837. The department shall explore utilization of telemedicine and telepsychiatry as strategies to increase access to services for Medicaid recipients in medically underserved areas.</p>	Delete current law.		Sec. 1837. No changes from current law.
<p><i>Requires the Department, subject to the availability of funds and the hospital qualifying, to adjust outpatient Medicaid reimbursement rates to be the actual cost of delivering outpatient services to that hospital's Medicaid recipients. The term qualifying hospital is defined.</i></p> <p>Sec. 1842. (1) Subject to the availability of funds, the department shall adjust the hospital outpatient Medicaid reimbursement rate for qualifying hospitals as provided in this section. The Medicaid reimbursement rate for qualifying hospitals shall be adjusted to provide each qualifying hospital with its actual cost of delivering outpatient services to Medicaid recipients.</p>	Delete current law.		Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
(2) As used in this section, “qualifying hospital” means a hospital that has not more than 50 staffed beds and is either located outside a metropolitan statistical area or in a metropolitan statistical area but within a city, village, or township with a population of not more than 12,000 according to the official 2000 federal decennial census and within a county with a population of not more than 165,000 according to the official 2000 federal decennial census.	Delete current law.		Delete current law.
<i>Requires the Department to establish a workgroup on graduate medical education funding, identifies workgroup representation, goals of the workgroup and must issue a report.</i> Sec. 1846. (1) The department shall establish a workgroup on graduate medical education funding. The workgroup shall include representatives of teaching hospitals, the Michigan health and hospital association, and other interested parties.	Delete current law.		Sec. 1846. (1) No changes from current law.
(2) The workgroup shall do all of the following: (a) Identify physician specialties where there is a current or potential shortage of practitioners and identify the geographic areas of this state where those shortages exist or potentially could develop. (b) Research efforts by other states to address practitioner shortages by adjusting their graduate medical education payments. (c) Recommend potential policy changes to the graduate medical education program to help reduce practitioner shortages.	Delete current law.		(2) No changes from current law.
(3) The department shall report the results of the workgroup’s efforts to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director by April 1 of the current fiscal year.	Delete current law.		Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(4) It is the intent of the legislature that the report required under subsection (3) be used as a possible basis for the establishment of new graduate medical education funding formulas in fiscal year 2012-2013.</p>	Delete current law.		Delete current law.
<p><i>Requires the Department to meet with the Michigan Association of Ambulance Services to discuss the possible structure of an ambulance quality assurance assessment program.</i></p> <p>Sec. 1847. The department shall meet with the Michigan association of ambulance services to discuss the possible structure of an ambulance quality assurance assessment program.</p>	Delete current law.		Sec. 1847. No changes from current law.
<p><i>Requires the Department to use 50% of the funds allocated for in-home visiting services for evidence-based models and submit a report to the Legislature.</i></p> <p>Sec. 1849. (1) The department shall use at least 50% of the funds allocated for voluntary in-home visiting services for evidence-based models or models that conform to a promising approach that are in the process of being evaluated through a process that meets the requirements described in subsection (2) with the goal of being evidence-based by January 1, 2013.</p>	Delete current law.		Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(2) As used in this section:</p> <p>(a) “Evidence-based” means a model or practice that meets all of the following requirements:</p> <p>(i) The model or practice is governed by a program manual or protocol that specifies the purpose, rigorous evaluation requirements, and duration and frequency of service that constitutes the model.</p> <p>(ii) Scientific research using methods that meet scientific standards, evaluated using either randomized controlled research designs, or quasi-experimental research designs with equivalent comparison groups. The effects of such programs must have been demonstrated with 2 or more separate client samples that the program improves client outcomes central to the purpose of the program; and the model or practice monitors program implementation for fidelity to the specified model.</p> <p>(b) “In-home visiting services” means a service delivery strategy that is carried out in the homes of families or children from conception to school age that provides culturally sensitive face-to-face visits by nurses, or other professionals or paraprofessionals trained to promote positive parenting practices, enhance the socio-emotional and cognitive development of children, improve health of the family, and empower the family to be self-sufficient.</p>	Delete current law.		Delete current law.
<p>(3) By February 1 of the current fiscal year, the department shall submit to the house and senate appropriations subcommittees on community health an annual report on evidence-based voluntary in-home visiting services, including a full accounting of administrative expenditures from the prior fiscal year, and a summary detailing the demographic characteristics of Medicaid families served.</p>	Delete current law.		Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>(4) No later than September 30, 2011, the department shall submit a report to the senate and house appropriations subcommittees on community health on its plan to establish an integrated benefit for Medicaid evidence-based home visitation services to be provided by Medicaid health plans for eligible beneficiaries. The report shall include information on the potential methods used to assure continuity of care and continuity of ongoing relationships with providers and their potential effectiveness. It is the intent of the legislature that the integrated benefit must be provided by evidence-based service delivery models or practices in a manner that achieves fidelity to the evidence-based model.</p>	Delete current law.		Delete current law.
<p><i>Department may allow HMOs to assist in redetermination of Medicaid recipient's eligibility.</i></p> <p>Sec. 1850. The department may allow Medicaid health plans to assist with the redetermination process through outreach activities to ensure continuation of Medicaid eligibility and enrollment in managed care. This may include mailings, telephone contact, or face-to-face contact with beneficiaries enrolled in the individual Medicaid health plan. Health plans may offer assistance in completing paperwork for beneficiaries enrolled in their plan.</p>	Delete current law.		Sec. 1850. No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires the Department to form a workgroup to develop revisions to the process of automatic assignment of new Medicaid recipients to HMOs if the recipient has not chosen an HMO upon enrollment.</i></p> <p>Sec. 1853. The department shall form a workgroup composed of representatives from the Medicaid HMOs and the Michigan association of health plans to develop revisions to the process of automatically assigning new Medicaid recipients to HMOs if they do not choose an HMO upon enrollment. The department shall report on the results of the workgroup's findings to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by March 1 of the current fiscal year.</p>	Delete current law.		Delete current law.
<p><i>The Department may work with a provider of kidney dialysis services and renal care to develop a chronic condition health home program for Medicaid enrollees; develop metrics to evaluate the program; submit a report to the Legislature.</i></p> <p>Sec. 1854. The department may work with a provider of kidney dialysis services and renal care as authorized under section 2703 of the patient protection and affordable care act, Public Law 111-148, to develop a chronic condition health home program for Medicaid enrollees identified with chronic kidney disease and who are beginning dialysis. If initiated, the department shall develop metrics that evaluate program effectiveness and submit a report to the senate and house appropriations subcommittees on community health. Metrics shall include cost savings and clinical outcomes.</p>	Delete current law.		<p>Sec. 1854. The department may SHALL work with a providers of kidney dialysis services and renal care as authorized under section 2703 of the patient protection and affordable care act, Public Law 111-148, to develop a chronic condition health home program for Medicaid enrollees identified with chronic kidney disease and who are beginning dialysis. If initiated, The department shall develop metrics that evaluate program effectiveness and submit a report BY FEBRUARY 1 OF THE CURRENT FISCAL YEAR to the senate and house appropriations subcommittees on community health. Metrics shall include cost savings and clinical outcomes.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>The Department may consider the feasibility of revenue a neutral and a financially risk averse solution to redirect non-emergent Medicaid patients from emergency departments.</i></p> <p>Sec. 1855. The department may consider the feasibility of a revenue-neutral, financially risk-averse Medicaid patient optimization solution for the support of emergency department redirection for non-emergent patients.</p>	Delete current law.		Delete current law.
<p><i>Indicates Legislative intent that there be no reduction of Medicaid reimbursement for wheelchairs.</i></p> <p>Sec. 1857. It is the intent of the legislature that the department not reduce Medicaid reimbursement for wheelchairs.</p>	Delete current law.		<p>Sec. 1857. No changes from current law.</p>
	<p>NEW LANGUAGE:</p> <p>SEC. 4-1858. MEDICAID SERVICES SHALL INCLUDE TREATMENTS FOR AUTISM SPECTRUM DISORDERS FOR CHILDREN WHO ARE ELIGIBLE FOR MEDICAID AND ARE LESS THAN SIX YEARS OF AGE.</p>		<p>NEW LANGUAGE:</p> <p>SEC. 1858. MEDICAID SERVICES SHALL INCLUDE TREATMENTS FOR AUTISM SPECTRUM DISORDERS FOR CHILDREN WHO ARE ELIGIBLE FOR MEDICAID AND ARE AGED TWO THROUGH FIVE ARE LESS THAN SIX YEARS OF AGE..</p>
			<p>NEW LANGUAGE:</p> <p>SEC. 1859. THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF HUMAN SERVICES TO CONDUCT A PILOT PROJECT IN 3 COUNTIES IN THIS STATE TO DEMONSTRATE WHETHER PRIVATIZING MEDICAID ELIGIBILITY DETERMINATION IS COST EFFECTIVE.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Basis Only and Part 2A Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>ONE-TIME BASIS ONLY <i>One-Time Funding For FY 2011-12</i></p> <p>Sec. 1901. For the state fiscal year ending September 30, 2012, there is appropriated from general fund/general purpose revenue, on a 1-time basis only, \$22,100,000.00 and federal revenue for the following purposes:</p> <p>Mental health services for special populations..... \$ 3,000,000 Healthy Michigan fund programs 3,000,000 Primary care services - island health clinics 300,000 Hospital services and therapy - graduate medical Education..... 17,129,400 Hospital services and therapy - rural and sole community hospitals..... <u>29,533,400</u> GROSS APPROPRIATION..... \$ 52,962,800 Appropriated from: Federal revenues: Federal revenues 30,862,800 State general fund/general purpose..... \$ 22,100,000</p>	<p>Sec. 1901. For the state fiscal year ending September 30, 2012 2013, there is appropriated from general fund/general purpose revenue, on a 1-time basis only, \$22,100,000.00 \$12,021,500.00 and federal revenue for the following purposes:</p> <p>Delete current law. Health and wellness initiatives .....5,000,000</p> <p>Delete current law. Delete current law. Delete current law.</p> <p>Delete current law. Delete current law.</p> <p>STATE EMPLOYEE LUMP SUM PAYMENTS \$4,285,300 LABORATORY SERVICES.....200,000 MICHIGAN MEDICAID INFORMATION SYSTEM 40,000,000 OFFICE OF SERVICES TO AGING ADMINISTRATION <u>250,000</u> GROSS APPROPRIATION \$49,735,3000 APPROPRIATED FROM: INTERDEPARTMENTAL GRANT REVENUES 19,700 FEDERAL REVENUES 37,279,400 LOCAL REVENUES 150,000 PRIVATE REVENUES.....800 STATE RESTRICTED REVENUES .....263,500 STATE GENERAL FUND/ GENERAL PURPOSE \$ 12,021,500</p>		<p>ONE-TIME BASIS ONLY Sec. 1901. Delete current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Basis Only and Part 2A Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p><i>Allocates \$900,000 for cancer prevention and control from the one-time funds appropriated in Sec. 1901 for Healthy Michigan Fund programs.</i></p> <p>Sec. 1902. From the funds appropriated in section 1901 for healthy Michigan fund programs, \$900,000.00 shall be allocated for cancer prevention and control.</p>	Delete current law.		Delete current law.
<p><i>Establishes that \$10.0 million of GF/GP and associated federal match within the Hospital Services and Therapy-Rural and Sole Community Hospitals item in Sec. 1901 shall be awarded based on criteria to be established which includes services to low-income rural residents and that no hospital shall receive more than 5% of the total funding. A report is due to the Legislature.</i></p> <p>Sec. 1903. (1) From the funds appropriated in section 1901 for hospital services and therapy - rural and sole community hospitals, \$10,000,000.00 general fund/general purpose revenue and any associated federal match shall be awarded to hospitals that meet criteria established by the department for services to low-income rural residents.</p>	Delete current law.		Delete current law.
<p>(2) No hospital or hospital system shall receive more than 5.0% of the total funding referenced in subsection (1).</p>	Delete current law.		Delete current law.
<p>(3) The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the distribution of funds referenced in subsection (1) by April 1 of the current fiscal year.</p>	Delete current law.		Delete current law.



**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for One-Time Basis Only and Part 2A Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
			<p>NEW LANGUAGE:</p> <p>SEC. 1904. (1) FROM THE FUNDS APPROPRIATED IN THE OUTSTATE HOSPITAL UNCOMPENSATED CARE-DISPROPORTIONATE SHARE HOSPITAL LINE, \$10,000,000.00 IS APPROPRIATED, OF WHICH \$3,361,000.00 SHALL BE FROM GENERAL FUND/GENERAL PURPOSE REVENUE, IN ORDER TO INCREASE HOSPITAL UNCOMPENSATED CARE PAYMENTS. THE DISTRIBUTION OF THOSE PAYMENTS SHALL BE ALLOCATED TO MAKE PAYMENTS TO HOSPITALS AND HOSPITAL SYSTEMS MEETING THE CRITERIA OUTLINED IN SUBSECTION (2).</p>
			<p>(2) HOSPITALS AND HOSPITAL SYSTEMS ELIGIBLE FOR PAYMENTS UNDER SUBSECTION (1) SHALL RECEIVE THEIR MEDICAID REIMBURSEMENTS VIA DIAGNOSIS RELATED GROUP PAYMENTS, SHALL MEET THE MEDICAL SERVICES ADMINISTRATION DISPROPORTIONATE SHARE HOSPITAL REQUIREMENTS FOR OBSTETRICAL SERVICES, SHALL HAVE RECEIVED LESS THAN \$1,800,000.00 IN DISPROPORTIONATE SHARE HOSPITAL PAYMENTS IN FY 2010-2011 FROM THE \$45,000,000.00 DISPROPORTIONATE SHARE HOSPITAL POOL, AND SHALL HAVE AT LEAST 1.0% OF THE STATEWIDE TOTAL INDIGENT VOLUME.</p>



**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for One-Time Basis Only and Part 2A Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
			(3) AS USED IN THIS SECTION, "INDIGENT VOLUME" MEANS THE INDIGENT VOLUME REPORTED BY HOSPITALS IN THEIR COST REPORTS PROVIDED TO THE DEPARTMENT OF COMMUNITY HEALTH FOR REPORTING PERIODS ENDING DURING FISCAL YEAR 2009- 2010.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Basis Only and Part 2A Component

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
<p>PART 2 A - GENERAL SECTIONS</p> <p><i>Expresses legislative intent to provide appropriations for FY 2012-13 for the line items listed in Part 1 for FY 2011-12 , except the line items will be adjusted for changes in caseload and related costs, federal fund match rates, economic factors, and available revenue.</i></p> <p>Sec. 2001. It is the intent of the legislature to provide appropriations for the fiscal year ending on September 30, 2013 for the line items listed in part 1. The fiscal year 2012-2013 appropriations are anticipated to be the same as those for fiscal year 2011-2012, except that the line items will be adjusted for changes in caseload and related costs, federal fund match rates, economic factors, and available revenue. These adjustments will be determined after the January 2012 consensus revenue estimating conference.</p>	<p>Delete current law.</p>		<p>PART 2 A - GENERAL SECTIONS</p> <p>Sec. 2001. No changes from current law, except:</p> <p>"It is the intent of the legislature to provide appropriations for the fiscal year ending on September 30, 2013 2014 for the line items listed in part 1. The fiscal year 2012-2013 2013-2014 appropriations are anticipated to be the same as those for fiscal year 2011-2012 2012-2013, except that the line items will be adjusted for changes in caseload and related costs, federal fund match rates, economic factors, and available revenue, AND THE EXCLUSION OF APPROPRIATIONS DESIGNATED AS 1-TIME APPROPRIATIONS. SPECIFIC ANTICIPATED These adjustments ARE AS FOLLOWS, SUBJECT TO ADJUSTMENT will be determined after the January 2012 MAY 2013 consensus revenue estimating conference--:</p> <p>MEDICAID CASELOAD/UTILIZATION/ INFLATION COSTS .....\$379,424,300 REPLACEMENT OF REVENUE SHORTFALLS WITH GENERAL FUND/GENERAL PURPOSE..... 0 HEALTHY KIDS DENTAL EXPANSION PHASE-IN.....7,910,400</p>



**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for One-Time Basis Only and Part 2A Component**

FY 2011-12 CURRENT LAW	FY 2012-2013		
	EXECUTIVE	SENATE	HOUSE
			ACTIVE/EARLY RETIREE INSURANCE AND PENSION..... 4,304,200 GROSS APPROPRIATION.....\$391,638,000 APPROPRIATED FROM: FEDERAL REVENUES: FEDERAL REVENUES .....259,595,500 SPECIAL REVENUE FUNDS: TOTAL OTHER STATE RESTRICTED REVENUES (15,110,400) STATE GENERAL FUND/GENERAL PURPOSE .....\$147,153,800