# COMMUNITY HEALTH Summary of FY 2013-14 Enacted Appropriations Article IV, 2013 Public Act 59 (House Bill 4328)



EV 2042 42 VTD Exceeded Change

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	FY 2012-13 YTD	FY 2013-14	FY 2013-14	FY 2013-14	FY 2013-14	Difference: Ena From FY 2012-13	
	as of 2/7/13	Executive	House	Senate	Enacted	Amount	%
IDG/IDT	\$10,023,800	\$10,056,100	\$10,056,100	\$10,056,100	\$10,056,100	\$32,300	0.3
Federal	9,693,023,500	11,392,469,900	9,882,379,600	9,924,142,100	9,915,647,000	222,623,500	2.3
Local	257,148,600	227,545,600	251,820,200	253,450,100	251,820,200	(5,328,400)	(2.1)
Private	93,364,000	106,333,300	126,342,400	106,342,400	126,342,400	32,978,400	35.3
Restricted	2,158,060,000	2,172,313,600	2,165,424,200	2,226,518,200	2,165,435,800	7,375,800	0.3
GF/GP	2,817,437,800	2,725,532,500	2,891,001,700	2,844,743,000	2,916,047,100	98,609,300	3.5
Gross	\$15,029,057,700	\$16,634,251,000	\$15,327,024,200	\$15,365,251,900	\$15,385,348,600	\$356,290,900	2.4
FTEs	3,552.6	3,589.6	3,577.6	3,599.6	3,591.6	39.0	1.1

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

#### **Overview**

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

Major Budget Changes From FY 2012-13 YTD Appropriations		FY 2012-13 YTD (as of 2/7/13)	Enacted Change From YTD
<b>1. Medicaid Expansion</b> Does not include the Executive's Medicaid expansion savings within the Department of Community Health budget which were projected to be \$181.7 million GF/GP and additional federal Medicaid revenue of \$1.5 billion, both covering three quarters of the fiscal year. Across the Department of Community Health and the Department of Corrections, the GF/GP savings were estimated to be \$205.9 million mainly from shifting current state costs to federal revenue, with one half of these savings to be deposited in a Budget Stabilization Fund sub-fund entitled the Michigan Health Savings Fund to pay future state costs when the state share of expansion costs increases from 0% to 5% in 2017 and then 10% in 2020. The expansion of the income criteria for Medicaid eligibility up to 133% of the federal poverty level (FPL) is estimated to qualify an additional 320,000 Michigan residents in FY 2013-14. The assumed expansion start date was January 1, 2014.	Federal Restricted Local Private GF/GP	<b>\$12,158,621,600</b> 8,242,226,900 1,954,513,900 45,815,600 2,100,000 \$1,913,965,200	<b>\$0</b> 0 0 0 \$0
<b>2.</b> <i>Medicaid Cost Increases</i> Includes an increase for FY 2013-14 of \$197.9 million Gross (\$68.9 million GF/GP) to cover Medicaid caseload, utilization and inflation changes within Medical Services, Mental Health/Substance Abuse, Children's Special Health Care Services and the Federal Medicare Pharmaceutical programs. Also recognized is a FY 2012-13 Medicaid caseload, utilization and inflation adjustment reducing various Medicaid appropriation lines by \$183.0 million Gross (\$63.1 million GF/GP).	Federal Restricted Local Private GF/GP	1,954,513,900 45,815,600	\$14,914,900 9,141,500 0 0 \$5,773,400
<b>3.</b> Health Insurance Claims Assessment (HICA) Continues FY 2012-13 base HICA authorization. In both FY 2011-12 and FY 2012-13 shortfalls occurred in the amount of HICA revenue collected.		<b>\$398,051,600</b> 398,051,600 \$0	<b>\$0</b> 0 \$0

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

#### 4. Healthy Kids Dental Expansion

Continues the phase-in of the statewide coverage for the Healthy Kids Dental program by increasing the budget \$11.6 million Gross (\$3.9 million GF/GP). The expansion would include the counties of Ingham, Ottawa and Washtenaw, enrolling an additional 70,500 children.

#### 5. Economic Adjustments

Includes a net increase of \$16.3 million Gross (\$7.3 million GF/GP) to finance negotiated lump sum salary and wage increase of 1.0%, insurance rate increases, actuarially-required retirement rate increase, Re and economic adjustments for worker's compensation, building occupancy, rent, and food costs for FY 2013-14.

# 6. Community Health Automated Medicaid Processing System (CHAMPS) One-Time Only Appropriation

Eliminates the FY 2012-13 one-time only appropriation of \$30.0 million Gross (\$3.0 million GF/GP) for CHAMPS. Includes the FY 2013-14 one-time only appropriation of \$18.3 million Gross (\$2.3 million GF/GP) for CHAMPS in order to finalize implementation of the medical codes for diagnosis and inpatient procedures (ICD-10) as required by federal law.

#### 7. Jail Diversion Programs Initiative

Redirects base funding reduction from Caro Regional Mental Health Center - Psychiatric Hospital and Walter P. Reuther Psychiatric Hospital that is partially financed by \$1.6 million GF/GP from the CMHSP, Purchase of State Services Contracts line item for jail diversion programs initiative that would do the following: create an Advisory Council to advise the Department of Community Health on the state's jail diversion plan; and enhance current jail diversion efforts for individuals with mental illness, emotional disturbance, or developmental disability within five communities. Sec. 500 is related boilerplate to the new programs initiative.

#### 8. Mental Health and Substance Abuse Services for Veterans

Adds \$60,000 GF/GP to the Behavioral Health Program Administration line item to support programs designed to improve mental health and substance abuse service quality for veterans and their families. The funding would be allocated as follows: \$20,000 for credentialing CMHSPs and Substance Abuse Disorder (SUD) providers in TriCare, an insurance system that pays for treatment for active duty/military families; \$10,000 for co-location and/or co-credentialing of CMHSP and SUD providers by the Veterans Health Administration; \$20,000 for a law enforcement training program in recognizing post-traumatic stress disorder related behavior; and \$10,000 for military cultural competency for all CMHSPs and at least one SUD provider in each coordinating agency area.

#### 9. Behavioral Health Homes

Adds funding of \$900,000 Gross (\$90,000 GF/GP) for the implementation of three behavioral health homes demonstration projects ensuring better coordination of physical and behavioral health care for Medicaid beneficiaries with chronic conditions such as asthma, heart disease, obesity, mental condition, or substance abuse disorder. The demonstration projects will be located in the Washtenaw region (Washtenaw, Livingston, Lenawee, and Monroe counties), Northern Michigan (21 counties which include Manistee, Emmett, and Iosco), and either Saginaw County or the Genesee region (which includes St. Clair, Lapeer, and Sanilac counties).

From YTD	(as of 2/7/13)	
<b>\$11,643,000</b>	<b>\$99,000,000</b>	<b>Gross</b>
7,721,600	65,726,100	Federal
\$3,921,400	\$33,273,900	GF/GP
<b>\$16,308,500</b> 52,000 4,007,500 773,800 4,206,100 3,300 \$7,265,800	<b>N/A</b> N/A N/A N/A N/A N/A	Gross IDG Federal estricted Local Private GF/GP
<b>(\$11,700,000)</b>	<b>\$60,201,100</b>	<b>Gross</b>
(11,000,000)	49,621,000	Federal
(\$700,000)	\$10,580,100	GF/GP
1.0	N/A	FTE
<b>\$1,630,000</b>	<b>N/A</b>	<b>Gross</b>
\$1,630,000	N/A	GF/GP
<b>\$60,000</b>	<b>N/A</b>	<b>Gross</b>
\$60,000	N/A	GF/GP
<b>\$900,000</b>	<b>N/A</b>	<b>Gross</b>
810,000	N/A	Federal
\$90,000	N/A	GF/GP

FY 2012-13 YTD Enacted Change

Major Budget Changes From FY 2012-13 YTD Appropriations			Enacted Change
<i>10. Family Support Subsidy Program</i> Increases TANF funding for the Family Support Subsidy Program which provides \$222.11 monthly payment to an average of 7,189 income- eligible families with a child under age 18 living at home who is severely mentally impaired, severely multiply impaired, or autistic by \$203,900 anticipating a 1.1% caseload increase in FY 2013-14.	<b>Gross</b> TANF GF/GP	<u>(as of 2/7/13)</u> <b>\$19,161,000</b> 19,161,000 \$0	From YTD \$203,900 203,900 \$0
<b>11.</b> Actuarially Sound Capitation Payment Rates Adjustment Includes a capitation rate increase of 2.5% for Health Plans and 1.25% for Prepaid Inpatient Heath Plans (PIHPs) to ensure that capitation payment rates for these managed care entities are actuarially sound in FY 2013-14. This adjustment results in an additional \$112.5 million Gross (\$37.9 million GF/GP) for the Medicaid Mental Health Services, Medicaid Substance Abuse Services, and Health Plan Services line items.	Gross IDG Federal Restricted Local GF/GP	\$6,572,096,900 2,925,900 4,472,162,300 1,269,917,600 38,931,800 \$788,159,300	\$112,546,900 0 74,641,100 0 \$37,905,800
<b>12.</b> <i>Mental Health Services for Special Populations</i> Eliminates the FY 2012-13 one-time appropriation of \$3.0 million GF/GP for mental health services for special populations and includes the funds in the ongoing appropriation line item. The funding is allocated as follows: \$250,000 for Hispanic/Latino Commission within the Department of Civil Rights; \$700,000 for ACCESS; \$700,000 for Arab/Chaldean; \$650,000 for Chaldean Chamber Foundation; and \$700,000 for Michigan Jewish Federation.	<b>Gross</b> GF/GP	<b>\$8,842,800</b> \$8,842,800	<b>\$0</b> \$0
<b>13.</b> Mental Health Innovation Grants One-Time Only Appropriation Includes one-time only FY 2013-14 appropriation of \$5.0 million GF/GP for mental health innovation grants that will be allocated as follows: \$2.5 million to finance and support home-based mental health services for children; \$1.0 million for care management and treatment of high- risk youth; and \$1.5 million for mental health training and awareness programs in identifying youth with mental health needs. Sec. 1901 is related boilerplate for the one-time only appropriation.	<b>Gross</b> GF/GP	<b>N/A</b> N/A	<b>\$5,000,000</b> \$5,000,000
<b>14. Health and Wellness Initiatives</b> Eliminates one-time funding of \$5.0 million GF/GP for health and wellness initiatives. Ongoing funding is increased by \$1.0 million GF/GP. Most projects funded in the current year are funded at reduced levels.	Gross Restricted GF/GP	<b>\$12,146,600</b> 5,146,600 \$7,000,000	<b>(\$4,000,000)</b> 0 (\$4,000,000)
<b>15.</b> Fee Increases - Vital Records, EMS Licensure, CON Includes \$3.2 million of additional state restricted revenue from proposed new fees and fee increases to maintain the following programs: emergency medical services licensure and regulation (\$1.0 million), certificate of need (CON) (\$700,000), and vital records services (\$1.5 million). Statutory changes are required for each and are introduced as HB 4785, HB 4786, and HB 4787.	Gross IDG Federal Restricted GF/GP	<b>\$16,167,600</b> 1,293,600 3,764,100 10,724,600 \$385,300	<b>\$3,206,100</b> 0 3,206,100 \$0
<b>16. HIV/AIDS Drug Assistance</b> Recognizes increased private pharmaceutical manufacturer rebate revenue of \$10.6 million to the HIV/AIDS drug assistance program.	<b>Gross</b> Federal Restricted Private GF/GP	<b>\$58,558,700</b> 26,115,600 4,735,400 27,707,700 \$0	<b>\$10,570,700</b> 0 10,570,700 \$0
<b>17.</b> <i>Public Health Federal and Private Grants</i> Recognizes net adjustments of \$2.9 million from federal and private grants for public health programs and for family, maternal, and child health programs, including 10 new grants totaling \$4.0 million, 9 completed grants of \$2.1 million and net adjustments to 8 ongoing grants totaling \$1.0 million.	<b>Gross</b> Federal Private GF/GP	<b>N/A</b> N/A N/A	<b>\$2,925,400</b> 2,788,800 136,600 \$0

Major Budget Changes From FY 2012-13 YTD Appropriations		FY 2012-13 YTD (as of 2/7/13)	Enacted Change From YTD
<b>18. Health Care Service Delivery Innovation Grants</b> Provides \$1.5 million GF/GP for a new Health Innovations Grants program to address emerging issues and encourage innovative advances in health care and service delivery. Allocates \$250,000 of the funds for a chronic disease syndrome study. Sec. 717 is related boilerplate.	<b>Gross</b> GF/GP	<b>N/A</b> N/A	<b>\$1,500,000</b> \$1,500,000
<b>19.</b> Michigan Essential Health Provider Program Includes an increase of \$1.0 million Gross (\$500,000 GF/GP) for the Michigan Essential Health Provider program, to assist primary care providers practicing in designated medically underserved and health professional shortage areas in the repayment of health education loans. Related boilerplate Sec. 709 is revised.	<b>Gross</b> Federal Private GF/GP	<b>\$1,491,300</b> 736,300 255,000 \$500,000	<b>\$1,000,000</b> 500,000 0 \$500,000
<b>20. Essential Local Public Health Services</b> Includes a \$2.0 million GF/GP funding increase for Essential Local Public Health Services funding to local health departments.	<b>Gross</b> Local GF/GP	<b>\$37,386,100</b> 5,150,000 \$32,236,100	<b>\$2,000,000</b> 0 \$2,000,000
<b>21. Traumatic Brain Injury Treatment Services</b> Provides new funding of \$1.25 million GF/GP for public health traumatic brain injury treatment services programming.	<b>Gross</b> GF/GP	<b>N/A</b> N/A	<b>\$1,250,000</b> \$1,250,000
<b>22.</b> Childhood Lead Program Partially restores funding to the childhood lead program with a \$582,600 appropriation of available federal Maternal and Child Health Block Grant funding. Program had been significantly reduced in FY 2012-13 due to elimination of federal grants.	<b>Gross</b> Federal GF/GP	<b>\$653,900</b> 540,000 \$113,900	<b>\$582,600</b> 582,600 \$0
<b>23.</b> Lead Abatement Includes increased funding of \$1.25 million GF/GP to expand lead abatement efforts under the Healthy Homes program for the safe removal of lead hazards from homes in areas with high incidence of lead-poisoned children, and coordinate with Michigan Public Service Commission on window replacement. Sec. 851 is related boilerplate	Gross Federal Private Restricted GF/GP	<b>\$2,932,100</b> 2,155,600 75,000 701,500 \$0	<b>\$1,250,000</b> 0 0 \$1,250,000
<b>24.</b> Newborn Screening Fee Adjustments Recognizes increased state restricted revenue of \$650,400 from fee adjustments for newborn screening for genetic diseases, including increases recommended by the Newborn Screening Quality Assurance Advisory Committee related to testing changes and program costs, and statutorily authorized annual CPI adjustment. \$352,300 is allocated for program services and \$298,100 for related laboratory services.	Gross Restricted GF/GP	<b>\$11,323,600</b> 11,323,600 \$0	<b>\$650,400</b> 650,400 \$0
<b>25.</b> Infant Mortality Reduction Plan Provides 4.0 new FTEs and increased funding of \$2.0 million GF/GP to address infant mortality, to promote regional perinatal care system, improve health of women of childbearing age, and encourage infant safe sleep practices, pursuant to Infant Mortality Reduction Plan of August 2012, Strategies and Goals 2012-2015.	FTEs <b>Gross</b> Federal GF/GP	0.0 <b>\$8,101,400</b> 6,601,400 \$1,500,000	4,0 <b>\$2,000,000</b> 0 \$2,000,000
<b>26.</b> Alternative Home Visit and Support Program Provides \$700,000 GF/GP for a new pregnancy and parenting support services program as a pilot project, which promotes childbirth and alternatives to abortion. Sec. 1136 is related new boilerplate.	Gross Federal GF/GP	<b>\$8,101,400</b> 6,601,400 \$1,500,000	<b>\$700,000</b> 0 \$700,000
<b>27.</b> <i>Infant Mortality Expanded Programming</i> Provides \$500,000 GF/GP to support evidence-based programs to reduce infant mortality including nurse family partnership programs, to enhance support, education, client recruitment, strategic planning, marketing and communications. Sec. 1137 is related new boilerplate.	<b>Gross</b> Federal GF/GP	<b>\$8,101,400</b> 6,601,400 \$1,500,000	<b>\$500,000</b> 0 \$500,000

Major Budget Changes From FY 2012-13 YTD Appropriations		FY 2012-13 YTD (as of 2/7/13)	Enacted Change From YTD
<b>28.</b> Autism Center Grants - One-Time Funding Provides new one-time funding of \$2.0 million GF/GP for four \$500,000 grants to autism education centers and programs at four higher education institutions, including Eastern Michigan University Autism Collaborative Center, recipient of current year \$500,000 GF/GP funding which is continued. Sec. 1902 is related boilerplate for the new one- time funding.	<b>Gross</b> GF/GP	<b>\$500,000</b> \$500,000	<b>\$2,000,000</b> \$2,000,000
<b>29. WIC Infrastructure and Children's Summer EBT Pilot</b> Includes net federal funds increase of \$1.4 million for special projects of the Women, Infants, and Children Special Supplemental Food and Nutrition Program, recognizing completion of infrastructure and electronic benefits transfer (EBT) projects and related funding of \$1.3 million, and receipt of \$2.7 million federal WIC Summer EBT for Children pilot project grant, first awarded in FY 2010-11 and anticipated to continue. YTD shown is WIC Administration and Special Projects.	<b>Gross</b> Federal Private GF/GP	<b>\$16,294,500</b> 15,990,200 304,300 \$0	<b>\$1,392,200</b> 1,392,200 0 \$0
<b>30.</b> Aging Nutrition Services Includes a \$500,000 GF/GP funding increase for home-delivered and congregate meals and nutrition services for seniors.	<b>Gross</b> Federal Private GF/GP	<b>\$35,430,200</b> 26,343,200 300,000 \$8,787,000	<b>\$500,000</b> 0 \$500,000
<b>31.</b> Aging Respite Care Fund Shift for GF/GP Savings Replaces \$400,000 of Merit Award Trust Fund state restricted revenue with a like amount of anticipated increased revenue from the state restricted Senior Respite Care Fund, for a net \$0 senior respite care program funding change. The Merit Award Trust Funds are transferred to the Medicaid program to replace GF/GP for savings. YTD shown is Respite Care Program only.	Gross Restricted Merit Awd GF/GP	<b>\$5,868,700</b> 1,400,000 4,468,700 \$0	<b>\$0</b> 400,000 0 (\$400,000)
<i>32. Graduate Medical Education</i> Maintains graduate medical education funding.	<b>Gross</b> Federal GF/GP	<b>\$162,888,300</b> 108,141,500 \$54,746,800	<b>\$0</b> 0 \$0
<b>33.</b> Low-Income Rural Resident Hospitals Maintains the hospital, low-income rural resident payments pool of \$12.0 million and associated federal match. Related boilerplate Sec. 1866 is modified.	<b>Gross</b> Federal GF/GP	<b>\$35,484,000</b> 23,484,000 \$12,000,000	<b>\$0</b> 0 \$0
<b>34.</b> Detroit Medical Center Reduction Removes the Detroit Medical Center (DMC) hospital rate adjustment (HRA) payment of \$20.0 million Gross (\$6.7 million GF/GP) which was established in FY 2008-09 due to a conversion from a disproportionate share hospital (DSH) payment not financed with GF/GP. The conversion was due to an effort to establish more room under the DSH ceiling. DMC is the only hospital that receives a GF/GP financed HRA payment.	<b>Gross</b> Federal GF/GP	<b>\$19,989,600</b> 13,257,100 \$6,732,500	<b>(\$19,989,600)</b> (13,257,100) (\$6,732,500)
<b>35.</b> <i>Primary Care Physician Rate Increase</i> Increases the Medicaid program by \$103.2 million, annualizing the 3/4 amount of federal funds included in FY 2012-13 that will be available to provide an increase in the reimbursement rates for primary care doctors, family doctors and pediatricians up to 100% of Medicare rates. Not included in the rate increase are nurse practioners, physician assistants and OB/GYNs. This reimbursement level change is a requirement of the Affordable Care Act of 2010 and is entirely federally funded. The federal funding is available through December 31, 2014.	Gross Federal GF/GP	<b>\$281,800,000</b> 281,800,000 \$0	<b>\$103,200,000</b> 103,200,000 \$0
<b>36.</b> Integration of Care for Dual Eligibles Includes a partial, \$24,541,900 Gross (\$8,265,7000), reinstatement of the \$29.8 million Gross (\$10.1 million GF/GP) which was removed from the FY 2012-13 budget as savings generated by integrating care for dual eligibles. The care integration pilot projects are scheduled to start in April 2014.	<b>Gross</b> Federal GF/GP	<b>\$0</b> 0 \$0	<b>\$24,541,900</b> 16,276,200 \$8,265,700

HOUSE FISCAL AGENCY: 7/15/2013

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

## 37. Transparency Database

Funding of \$300,000 GF/GP is included in the Medical Services Administration line to create and develop a transparency database website contingent upon enactment of enabling legislation.

## Major Boilerplate Changes From FY 2012-13

## GENERAL SECTIONS

#### Sec. 206(4) Private Contingency Funds - REVISED

Increases the private contingency funds limit from \$20.0 million to \$40.0 million.

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

Allocates \$20.0 million in private revenue for the Michigan-Illinois Alliance Medicaid Management Information Systems Project.

## BEHAVIORAL HEALTH SERVICES

## Sec. 500. Jail Diversion Programs Initiative – NEW

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

## Sec. 502. Fetal Alcohol Syndrome Services – NEW

Requires DCH to explore developing an outreach program on fetal alcohol syndrome services and report on efforts to prevent, combat, and reduce the incidence of fetal alcohol syndrome.

## Sec. 503. Policies and Procedures for PIHPs or CMHSPs - NEW

Requires DCH to consult with CMHSPs from across the state when developing policies and procedures that will impact PIHPs or CMHSPs.

## Sec. 504. Workgroup on PIHPs Capitation Payments – NEW

Requires DCH to create a Workgroup to make recommendations to achieve more uniformity in capitation payments made to the PIHPs. Requires DCH to provide the Workgroup's recommendation to the Senate and House Appropriations Subcommittees on Community Health, Senate and House Fiscal Agencies, and State Budget Director by March 1, 2014.

#### PUBLIC HEALTH ADMINISTRATION

## Sec. 650. Fish Consumption Advisory Methodology – REVISED

Directs DCH to report to the Legislature by October 1, 2013 on the process by which Michigan fish consumption advisories are created and revised, and identifies specific information to be included in the report.

## Sec. 651. Michigan Health Endowment Fund – NEW

Requires the Department to work with the Michigan Health Endowment Fund Corporation established under the Blue Cross and Blue Shield reform enacted this year as Act 4 PA 2013 (SB 61), to explore ways to expand health and wellness programs.

## CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION

#### Sec. 1004. Cancer Rate Investigations – DELETED

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.

## **MEDICAL SERVICES**

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

Language is removed that required reporting concerning the net cost savings from moving individuals from nursing homes to the community.

## Sec. 1861. Nonemergency Medical Transportation Competitive Bid – REVISED

Replaces current language with a report required from the Department regarding the nonemergency medical transportation pilot program.

	FY 2012-13 YTD (as of 2/7/13)	Enacted Change From YTD
Gross	\$0	\$300,000
Federal	0	0
GF/GP	\$0	\$300,000

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

#### Sec. 1866. Rural Hospital Payments - REVISED

Requires the distribution of \$12.0 million GF/GP, along with the federal match, to rural hospitals meeting certain criteria. New requirements are that the department must include hospital assistance with labor and delivery services as a component in the distribution formula. Also, the Department must communicate to hospitals the methodology which was used in calculating the distribution amounts.

#### Sec. 1873. Hospital Funding Workgroup - NEW

New language which directs the Department to report the findings of the Workgroup established to discuss new ways to distribute funding paid for by the hospital quality assurance assessment program tax. A report is required.

#### Sec. 1883. Observation Stay Policy – NEW

New language which directs the Department to consider developing an appropriate policy and rate for observation stays.

#### PART 2A, PROVISIONS CONCERNING ANTICIPATED APPROPRIATIONS FOR FISCAL YEAR 2014-2015

#### **GENERAL SECTIONS**

#### Sec. 2001. Anticipated FY 2014-15 Appropriations – REVISED

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

#### Sec. 2002. Retirement Costs for FY 2014-15 - NEW

Expresses the legislature's intent that the DCH identify the amounts for normal and legacy retirement costs for FY 2014-15 for Part 1 line items.