

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

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
GENERAL SECTIONS <i>Totals the state spending from state resources for Fiscal Year 2001-02 and state spending from state resources to be paid to local units of government for Fiscal Year 2001-02.</i>	Sec. 201. No changes from current law, except: "...total state spending from state resources under part 1 for fiscal year 2001-2002 –2002-2003 is \$3,004,537,700.00 \$3,156,389,400.00 and state spending from state resources to be paid to local units for fiscal year 2001-2002 –2002-2003 is \$997,238,400.00 \$1,001,418,200.00. "	Sec. 201. No changes from current law, except: "...total state spending from state resources under part 1 for fiscal year 2001-2002 2002-2003 is \$3,004,537,700.00 \$3,247,630,400.00 and state spending from state resources to be paid to local units for fiscal year 2001-2002 2002-2003 is \$997,238,400.00 \$1,037,906,500.00. "	Sec. 201. No changes from current law, except: "...total state spending from state resources under part 1 for fiscal year 2001-2002 2002-2003 is \$3,004,537,700.00 \$3,346,102,900.00 and state spending from state resources to be paid to local units for fiscal year 2001-2002 2002-2003 is \$997,238,400.00 \$1,042,535,700.00. "
DEPARTMENT OF COMMUNITY HEALTH DEPARTMENTWIDE ADMINISTRATION Departmental administration and management ... \$15,656,500 Rural health services 35,000	.....\$15,520,500.....35,000	..... \$15,656,500 35,000	.....\$15,656,500 35,000
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS Mental health initiatives for older persons 1,165,800	.....1,165,800	..... 1,165,800	..... 1,165,800
COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS Pilot projects in prevention for adults and children 915,700 State disability assistance program substance abuse services 6,600,000 Community substance abuse prevention, education, and treatment programs 18,673,500 Medicaid mental health services 522,124,100 Community mental health non-Medicaid services 313,823,200 Multicultural services 3,848,000 Medicaid substance abuse services..... 10,845,300 Respite services 3,318,600	Delete6,600,00017,673,500589,897,800258,930,2003,163,80011,647,6003,318,600	Delete 6,600,000 19,607,200 604,118,600 274,813,700 3,560,000 12,230,000 3,318,60080,0006,600,00027,270,500596,265,400274,914,7003,848,00012,230,1003,318,600 ...services.....500,000

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
INFECTIOUS DISEASE CONTROL			
AIDS prevention, testing and care programs..... \$1,466,800	...testing,..... 1,342,000	..... 1,466,800	..... 1,466,800
Immunization local agreements..... 2,973,900	..... 2,973,900	..... 2,973,900	..... 2,973,900
Sexually transmitted disease control local agreements 452,900	..... 452,900	..... 452,900	..... 452,900
LOCAL HEALTH ADMINISTRATION AND GRANTS			
Local public health operations..... 41,070,200	..... 41,070,200	..... 43,123,700	..... 43,123,700
CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION			
Cancer prevention and control program 722,400	..... 722,400	..... 722,400	..... 722,400
Diabetes and kidney program 909,000	..... 909,000	..... 909,000	..... 909,000
Employee wellness program grants 2,321,100	Delete	Delete	Delete
School health and education programs..... 3,164,000	Delete	Delete	Delete
Smoking prevention program 1,380,800	..... 1,380,800	..... 1,380,800	..... 1,380,800
COMMUNITY LIVING, CHILDREN, AND FAMILIES			
Adolescent and child health care services 1,361,600	Delete	..... 1,361,600	..... 1,361,600
Childhood lead program 85,000	..... 85,000	..... 85,000	..... 85,000
Family planning local agreements..... 1,301,400	..... 1,301,400	..... 1,301,400	..... 1,301,400
Local MCH services 246,100	..... 246,100	..... 246,100	..... 3,246,100
Omnibus budget reconciliation act implementation .. 2,152,700	..... 2,152,700	..... 2,152,700	..... 2,152,700
Pregnancy prevention program 3,169,600	Abstinence and 3,169,600	..... 3,169,600	..... 4,019,600
Prenatal care outreach and service delivery support..... 1,235,000	..... 1,235,000	..... 1,235,000	..... 1,235,000
CHILDREN'S SPECIAL HEALTH CARE SERVICES			
Case management services..... 3,319,200 3,319,900 3,319,900 3,319,900
MEDICAL SERVICES			
Transportation 866,200 1,406,800 866,200 866,200

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
OFFICE OF SERVICES TO THE AGING			
Community services..... 13,292,900	..... 13,133,900	..... 13,292,900	..... 13,292,900
Nutrition services..... 12,848,500	..... 12,731,100	..... 12,848,500	..... 12,848,500
Senior volunteer services..... 841,400	..... 781,400	..... 841,400	..... 841,400
CRIME VICTIM SERVICES COMMISSION			
Crime victim rights services grants..... 5,051,300	..... 5,051,300	..... 5,051,300	..... 5,051,300
TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT \$ 997,238,400	..... \$1,001,418,200	..... \$1,037,906,500	..... 1,042,535,700
Conference: Total spending from state resources is \$3,422,715,700.00 and state resources to be paid to local units of government is \$1,089,306,700.00. Enacted: Total state spending from state resources is \$1,993,919,000.00 and state resources to be paid to local units of government is \$1,086,263,700.00.		Technical Note: State Spending from State Resources is "\$3,318,398,600.00" rather than "\$3,247,630,400.00"	
<i>Provides that appropriations authorized under this act are subject to provisions of the Management and Budget Act. Provides that funds in which the state acts as a custodian or agent are not subject to an annual appropriation</i>			
Sec. 202. (1) The appropriations authorized under this act are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.	Sec. 202. (1) No changes from current law, except: "... act/bill are subject..."	Sec. 202. (1) No changes from current law.	Sec. 202. (1) No changes from current law.
(2) Funds for which the state is acting as the custodian or agent are not subject to annual appropriation.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p><i>Provides definitions for terms and acronyms used in this appropriations act.</i></p> <p>Sec. 203. As used in this act:</p> <p>(a) "ACCESS" means Arab community center for economic and social services.</p> <p>(b) "AIDS" means acquired immunodeficiency syndrome.</p> <p>(c) "CMHSP" means a community mental health service program as that term is defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a.</p> <p>(d) "DAG" means the United States department of agriculture.</p> <p>(e) "Disease management" means a comprehensive system that incorporates the patient, physician, and health plan into 1 system with the common goal of achieving desired outcomes for patients.</p>	<p>Sec. 203. No changes from current law, except: As used in this act-bill:</p> <p>Delete</p> <p>Renumber subsection (a)</p> <p>Renumber subsection (b)</p> <p>Delete</p> <p>Delete</p>	<p>Sec. 203. No changes from current law, except:</p>	<p>Sec. 203. No changes from current law, except:</p>

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(f) "Department" means the Michigan department of community health.	Re-number subsection (d)		
(g) "DSH" means disproportionate share hospital.	Re-number subsection (d)		
(h) "EPIC" means elder prescription insurance coverage program.	Delete		
(i) "EPSDT" means early and periodic screening, diagnosis, and treatment.	Re-number subsection (e)		
(j) "FTE" means full-time equated.	Re-number subsection (f)		
(k) "GME" means graduate medical education.	Re-number subsection (g)		
(l) "HIV" means human immunodeficiency virus.	Re-number subsection (i)	Re-number subsection (m)	Re-number subsection (m)
(m) "HMO" means health maintenance organization.	Re-number subsection (j)	Re-number subsection (n)	Re-number subsection (n)
(n) "IDEA" means individual disability education act.	(k) "IDEA" means individuals with disabilities education act. Re-number subsection (l)	Re-number subsection (o)	Re-number subsection (o)
(o) "MCH" means maternal and child health.	Re-number subsection (l)	Re-number subsection (p)	Re-number subsection (p)
(p) "MSS/ISS" means maternal and infant support services.	Re-number subsection (m)	Re-number subsection (q)	Re-number subsection (q)
(q) "OBRA" means the omnibus budget reconciliation act of 1987, Public Law 100-203, 101 Stat. 1330.	Delete	Delete	Delete
(r) "Qualified 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.	Delete "Qualified" and renumber subsection (h)	Delete "Qualified" and renumber subsection (l)	Delete "Qualified" and renumber subsection (l)
(s) "Title XVIII" means title XVIII of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2, 1395b-6 to 1395b-7, 1395c to 1395i, 1395i-2 to 1395i-5, 1395j to 1395t, 1395u to 1395w, 1395w-2 to 1395w-4, 1395w-21 to 1395w-28, 1395x to 1395yy, and 1395bbb to 1395ggg.	Re-number subsection (n)	Re-number subsection (r)	Re-number subsection (r)

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p>(t) "Title XIX" means title XIX of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1396 to 1396r-6, and 1396r-8 to 1396v.</p> <p>(u) "WIC" means women, infants, and children supplemental nutrition program.</p>	<p>Renumber subsection (o)</p> <p>(p) "Title XX" means title XX of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1397 – 1397f.</p> <p>Renumber subsection (q)</p>	<p>Renumber subsection (s)</p> <p>(t) "Title XIX" means title XIX of the social security act, chapter 531, 49 U.S.C. 1397 to 1397f.</p>	<p>Renumber subsection (s)</p> <p>(t) "Title XIX" means title XIX of the social security act, chapter 531, 49 U.S.C. 1397 to 1397f.</p>
<p><i>Requires the Department of Civil Service to bill departments and agencies at the end of the first fiscal quarter for the 1% charge authorized by the State Constitution of 1963. Requires the payments be made by the end of the second fiscal quarter.</i></p> <p>Sec. 204. The department of civil service shall bill departments and agencies at the end of the first fiscal quarter for the 1% charge authorized by section 5 of article XI of the state constitution of 1963. Payments shall be made for the total amount of the billing by the end of the second fiscal quarter.</p>	<p>Sec. 204. No changes from current law.</p>	<p>Sec. 204. No changes from current law.</p>	<p>Sec. 204. No changes from current law.</p>
<p><i>Imposes a hiring freeze on the state classified civil service employees, except for internal transfers of classified employees from one position to another within a department.</i></p> <p>Sec. 205. (1) A hiring freeze is imposed on the state classified civil service. State departments and agencies are prohibited from hiring any new full-time state classified civil service employees and prohibited from filling any vacant state classified civil service positions. This hiring freeze does not apply to internal transfers of classified employees from 1 position to another within a department.</p>	<p>Sec. 205. (1) No changes from current law, except: "This hiring freeze... from ± one position to another with a department."</p>	<p>Sec. 205. (1) No changes from current law.</p>	<p>Sec. 205. (1) No changes from current law.</p>

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<p>(2) The state budget director shall grant exceptions to this hiring freeze when the state budget director believes that the hiring freeze will result in rendering a state department or agency unable to deliver basic services, cause loss of revenue to the state, result in the inability of the state to receive federal funds, or would necessitate additional expenditures that exceed any savings from maintaining the vacancy. The state budget director shall report by the last day of each month to the chairpersons of the senate and house of representatives standing committees on appropriations the number of exceptions to the hiring freeze approved during the previous month and the reasons to justify the exception. Conference: Concurs with the House.</p>	<p>(2) No changes from current law, except: "...exceed any savings from maintaining the a vacancy. The state budget director shall report by the last day of each month quarterly to the chairpersons of the senate and house of representatives standing committees... during the previous month-quarter and the reasons to justify the exception."</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law, except: "...exceed any savings from maintaining the a vacancy. The state budget director shall report by the last day of each month quarterly to the chairpersons of the senate and house of representatives standing committees...during the previous month-quarter and the reasons to justify the exception."</p>
<p>Appropriates up to \$100.0 million in federal contingency funds, up to \$20.0 million in state restricted contingency funds, and up to \$10.0 million in private contingency funds. Provides that the contingency funds are not available for expenditure until transferred according to provisions in Section 393(2) of the Management and Budget Act.</p> <p>Sec. 206. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$100,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>Sec. 206. (1) No changes from current law, except: "These funds are not available for expenditure until they have been transferred to another line item in this act-bill ..."</p>	<p>Sec. 206. (1) No changes from current law.</p>	<p>Sec. 206. (1) No changes from current law.</p>
<p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393. Conference: Concurs with the House.</p>	<p>(2) No changes from current law, except: "...\$20,000,000.00 \$50,000,000.00 for state restricted contingency funds. These funds...line item in this act-bill..."</p>	<p>(2) No changes from current law, except: "...\$20,000,000.00 \$50,000,000.00 for state restricted contingency funds."</p>	<p>(2) No changes from current law.</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 act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393. Conference: Concurs with the House.</p>	<p>(3) No changes from current law, except: "...\$20,000,000.00 \$50,000,000.00 for local contingency funds. These funds...line item in this act-bill..."</p>	<p>(3) No changes from current law, except: "...\$20,000,000.00 \$50,000,000.00 for local contingency funds."</p>	<p>(3) No changes from current law.</p>

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(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$10,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.	(4) No changes from current law, except: "These funds are not available for expenditure until they have been transferred to another line item in this act-bill ..."	(4) No changes from current law.	(4) No changes from current law.
<i>Requires the Department to submit a complete project plan to the appropriate House of Representatives and Senate Appropriations Subcommittees and the House and Senate Fiscal Agencies at least 120 days before beginning any effort to privatize.</i> Sec. 207. At least 120 days before beginning any effort to privatize, the department shall submit a complete project plan to the appropriate senate and house of representatives appropriations subcommittees and the senate and house fiscal agencies. The plan shall include the criteria under which the privatization initiative will be evaluated. The evaluation shall be completed and submitted to the appropriate senate and house of representatives appropriations subcommittees and the senate and house fiscal agencies within 30 months.	Delete current law. Per DMB, Civil Service contracting rules govern.	Sec. 207. No changes from current law.	Sec. 207. No changes from current law.

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires the Department to use the Internet to fulfill the reporting requirements of this act. Requires the Department to quarterly provide and electronic and paper listing of the reports submitted during the most recent 3-month period, along with the Internet or Intranet site of each report, to members of the House of Representatives and Senate Appropriations Subcommittees, the House and Senate Fiscal Agencies, and the State Budget Office.</i></p> <p>Sec. 208. Unless otherwise specified, the department shall use the Internet to fulfill the reporting requirements of this act. This 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. Quarterly, the department shall provide to the house of representatives and senate appropriations subcommittees' members, the state budget office, and the house and senate fiscal agencies an electronic and paper listing of the reports submitted during the most recent 3-month period along with the Internet or Intranet site of each report, if any.</p>	<p>Sec. 208. No changes from current law, except: "...fulfill the reporting requirements of this act-bill. This may ...the an Internet or Intranet site." Quarterly, the department shall provide to the house of representatives and senate appropriations subcommittees' members, the state budget office, and the house and senate fiscal agencies an electronic and paper listing of the reports submitted during the most recent 3-month period along with the Internet or Intranet site of each report, if any.</p>	<p>Sec. 208. No changes from current law.</p>	<p>Sec. 208. No changes from current law.</p>
<p><i>Prohibits the use of appropriated funds for the purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available. Prohibits the use of appropriated funds for the purchase of out-of-state goods or services, or both, if competitively priced and comparable quality Michigan goods or services, or both, are available.</i></p> <p>Sec. 209. (1) Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available.</p>	<p>Delete current law. Per DMB, competitive procurement practices should control.</p>	<p>Sec. 209. (1) No changes from current law.</p>	<p>Sec. 209. (1) No changes from current law.</p>
<p>(2) Funds appropriated in part 1 shall not be used for the purchase of out-of-state goods or services, or both, if competitively priced and comparable quality Michigan goods or services, or both, are available.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires the Director of the Department to take reasonable steps to ensure that businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. Encourages the Director to subcontract with certified businesses in deprived and depressed communities for services or supplies, or both. Requires the Director to take reasonable steps to ensure equal opportunity for all who compete for and perform contracts to provide services or supplies, or both.</i></p> <p>Sec. 210. (1) The director shall take all reasonable steps to ensure 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>	<p>Delete current law. Per DMB, competitive procurement practices should control.</p>	<p>Sec. 210. (1) No changes from current law.</p>	<p>Sec. 210. (1) No changes from current law.</p>
<p>(2) The director shall take all reasonable steps to ensure equal opportunity for all who compete for and perform contracts to provide services or supplies, or both, for the department. The director shall strongly encourage firms with which the department contracts to provide equal opportunity for subcontractors to provide services or supplies, or both.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p><i>Allows fee revenue to be carried forward, with the approval of the State Budget Director, into the next fiscal year and 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>	<p>Sec. 211. No changes from current law.</p>	<p>Sec. 211. No changes from current law.</p>	<p>Sec. 211. No changes from current law.</p>

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p><i>Caps the funds expended from the federal maternal and child health block grant, federal preventive health and health services block grant, federal substance abuse block grant, healthy Michigan fund, and Michigan health initiative fund. Requires a report by February 1, 2002 on the Fiscal Year 2001-02 appropriations fund sources by line item appropriations. Requires a report on the amounts and sources of funds proposed to support the Fiscal Year 2002-03 Executive Budget Recommendation upon release of the budget. Requires all revenue source detail for consolidated revenue line item detail to be provided upon a request to the Department.</i></p>			
<p>Sec. 212. (1) From the amounts appropriated in part 1, no greater than the following amounts are supported with federal maternal and child health block grant, preventive health and health services block grant, substance abuse block grant, healthy Michigan fund, and Michigan health initiative funds:</p>	<p>Sec. 212. (1) No changes from current law, except:</p>	<p>Sec. 212. (1) No changes from current law, except:</p>	<p>Sec. 212. (1) No changes from current law, except:</p>
<p>(a) Maternal and child health block grant \$20,627,000</p>	<p>.....\$20,627,000</p>	<p>..... \$20,627,000</p>	<p>.....\$20,627,000</p>
<p>(b) Preventive health and health services block grant..... 6,115,300</p>	<p>.....6,115,300</p>	<p>..... 6,115,300</p>	<p>.....6,115,300</p>
<p>(c) Substance abuse block grant 61,371,200</p>	<p>.....61,694,100</p>	<p>..... 61,371,200</p>	<p>.....61,371,200</p>
<p>(d) Healthy Michigan fund 35,167,400</p>	<p>.....34,365,900</p>	<p>..... 34,865,900</p>	<p>.....34,865,900</p>
<p>(e) Michigan health initiative 9,797,000</p>	<p>.....9,060,200</p>	<p>..... 9,060,200</p>	<p>.....9,060,200</p>
<p>Conference: Concurs with the House, except “34,865,900” is replaced with “35,200,000”.</p>			
<p>(2) On or before February 1, 2002, the department shall report to the house of representatives 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 of this act.</p>	<p>(2) No changes from current law, except: “On or before February 1, 2002-2003, the department... in part 1 of this act bill.”</p>	<p>(2) No changes from current law, except: “On or before February 1, 2002-2003, ...”</p>	<p>(2) No changes from current law, except: “On or before February 1, 2002-2003, ...”</p>



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(3) Upon the release of the fiscal year 2002-2003 executive budget recommendation, the department shall report to the same parties in subsection (2) 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 fiscal year 2002-2003 executive budget proposal.	(3) No changes from current law, except: "Upon the release of the fiscal year 2002-2003-2003-2004 ...fiscal year 2002-2003-2003-2004 executive budget proposal."	(3) No changes from current law, except: "Upon the release of the fiscal year 2002-2003-2003-2004 ...fiscal year 2002-2003-2003-2004 executive budget proposal."	(3) No changes from current law, except: "Upon the release of the fiscal year 2002-2003-2003-2004 ...fiscal year 2002-2003-2003-2004 executive budget proposal."
(4) The department shall provide to the same parties in subsection (2) all revenue source detail for consolidated revenue line item detail upon request to the department.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
<p><i>Requires state departments, agencies, and commissions receiving tobacco tax funds to report on programs utilizing these funds by November 1, 2001 to the House of Representatives and Senate Appropriations Committees, the House and Senate Fiscal Agencies, and the State Budget Director.</i></p> <p>Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds from part 1 shall report by November 1, 2001, to the senate and house of representatives 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.</p> <p>(b) Allocations from funds appropriated under these sections.</p> <p>(c) Description of allocations or bid processes including need or demand indicators used to determine allocations.</p> <p>(d) Eligibility criteria for program participation and maximum benefit levels where applicable.</p> <p>(e) Outcome measures to be used to evaluate programs.</p> <p>(f) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.</p>	<p>Sec. 213. No changes from current law, except: "The state...shall report by November 1, 2001 January 1, 2003, ...on the following:</p> <p>(b) Allocations from funds appropriated under these sections.</p> <p>Renumber subsection (b)</p> <p>Renumber subsection (c)</p> <p>Renumber subsection (d)</p> <p>Renumber subsection (e)</p>	<p>Sec. 213. No changes from current law, except: "The state...shall report by November 1, 2001 January 1, 2003, ...on the following:</p> <p>(b) Allocations from funds appropriated under these sections.</p> <p>Renumber subsection (b)</p> <p>Renumber subsection (c)</p> <p>Renumber subsection (d)</p> <p>Renumber subsection (e)</p>	<p>Sec. 213. No changes from current law, except: "The state...shall report by November 1, 2001 January 1, 2003, ...on the following:</p> <p>(b) Allocations from funds appropriated under these sections.</p> <p>Renumber subsection (b)</p> <p>Renumber subsection (c)</p> <p>Renumber subsection (d)</p> <p>Renumber subsection (e)</p>

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	EXECUTIVE	SENATE	HOUSE
<p><i>Prohibits the use of tobacco tax revenue deposited in the healthy Michigan fund for lobbying as defined in Public Act 472 of 1978.</i></p> <p>Sec. 214. The use of state restricted tobacco tax revenue received for the purpose of tobacco prevention, education, and reduction efforts and deposited in the healthy Michigan fund shall not be used for lobbying as defined in 1978 PA 472, MCL 4.411 to 4.431.</p>	<p>Sec. 214. No changes from current law.</p>	<p>Sec. 214. No changes from current law.</p>	<p>Sec. 214. No changes from current law.</p>
<p><i>Requires the negative appropriation for budgetary savings in Part 1 to be satisfied by savings achieved from the imposed hiring freeze and, if necessary, other savings identified by the Director of the Department of Community Health and approved by the State Budget Director. Requires appropriation authorizations to be adjusted after the approval of transfers by the Legislature pursuant to provisions of the Management and Budget Act.</i></p> <p>Sec. 215. (1) The negative appropriation for budgetary savings in part 1 shall be satisfied by savings from the hiring freeze imposed in section 205 and, if necessary, by other savings identified by the department director and approved by the state budget director.</p>	<p>Delete current law. Per DMB, unnecessary since FY 2002-03 recommendation does not include a negative appropriation.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p>(2) Appropriation authorizations shall be adjusted after the approval of transfers by the legislature pursuant to 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 General Sections

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Allows the use of prior year revenues for the write-offs of accounts receivables, deferrals, and prior year obligations. Does not limit the Department's ability to satisfy appropriation deductions in Part 1 to collections and accruals provided in Fiscal Year 2001-02. Requires the Department to report by March 15, 2002 and September 15, 2002 on reimbursements, refunds, adjustments, and settlements from prior years to the House of Representatives and Senate Appropriations Subcommittees on Community Health.</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. 216. (1) No changes from current law.</p>	<p>Sec. 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 fiscal year 2001-2002, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.</p>	<p>(2) No changes from current law, except: "... in fiscal year 2001-2002 2002-2003,...from prior years."</p>	<p>(2) No changes from current law, except: "... in fiscal year 2001-2002 2002-2003,...from prior years."</p>	<p>(2) No changes from current law, except: "... in fiscal year 2001-2002 2002-2003,...from prior years."</p>
<p>(3) The department shall report by March 15, 2002 and September 15, 2002 to the house of representatives and senate appropriations subcommittees on community health on all reimbursements, refunds, adjustments, and settlements from prior years.</p>	<p>(3) Delete current law.</p>	<p>(3) No changes from current law, except: "...by March 15, 2002 2003 and September 15, 2002 2003..."</p>	<p>(3) No changes from current law, except: "...by March 15, 2002 2003 and September 15, 2002 2003..."</p>
<p><i>Lists the basic health services embodied in Part 23 of the Public Health Code that are to be available and accessible throughout the state.</i></p> <p>Sec. 218. Basic health services for the purpose of part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321, are: immunizations, communicable disease control, sexually transmitted disease control, tuberculosis control, prevention of gonorrhea eye infection in newborns, screening newborns for the 7 conditions listed in section 5431(1)(a) through (g) of the public health code, 1978 PA 368, MCL 333.5431, community health annex of the Michigan emergency management plan, and prenatal care.</p>	<p>Sec. 218. No changes from current law.</p>	<p>Sec. 218. No changes from current law.</p>	<p>Sec. 218. No changes from current law.</p>

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

<p>As of 2/7/02 FY 2001-2002 CURRENT LAW</p>	<p>FY 2002-2003</p>		
	<p>EXECUTIVE</p>	<p>SENATE</p>	<p>HOUSE</p>
<p><i>Allows the Department to contract with the Michigan Public Health Institute for the design and implementation of projects and other public health related activities. Requires the Department to report on each funded project by November 1, 2001, and May 1, 2002 to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director. Provides that reports not received by the specified dates will result in the nondisbursement of funds to the Institute until the overdue reports are received. Requires the Department to provide copies of all reports, studies, and publications produced by the Institute by September 30, 2002.</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 of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before November 1, 2001 and May 1, 2002 all of the following:</p> <p>(a) A detailed description of each funded project.</p> <p>(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.</p> <p>(c) The expected project duration.</p> <p>(d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to each subgrantee.</p>	<p>Sec. 219. (1) No changes from current law, except: "...before November 1, 2001 2002, and May 1, 2002 2003, all of the following:"</p>	<p>Sec. 219. (1) No changes from current law, except: "...before November 1, 2001 2002, and May 1, 2002 2003, all of the following:"</p>	<p>Sec. 219. (1) No changes from current law, except: "...before November 1, 2001 2002, and May 1, 2002 2003, all of the following:"</p>

DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for General Sections

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
(2) If a report required under subsection (1) is not received by the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before the date specified for that report, the disbursement of funds to the Michigan public health institute under this section shall stop. The disbursement of those funds shall recommence when the overdue report is received.	(2) No changes from current law.	(2) No changes from current law.	2) No changes from current law.
(3) On or before September 30, 2002, 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.	(3) No changes from current law, except: "On or before September 30, 2002 2003, ..."	(3) No changes from current law, except: "On or before September 30, 2002 2003, ..."	(3) No changes from current law, except: "On or before September 30, 2002 2003, ..."
Requires all contracts with the Michigan Public Health Institute that are funded with Part 1 appropriations to include a provision requiring financial and performance audits by the State Auditor General. Sec. 220. All contracts with the Michigan public health institute funded with appropriations in part 1 shall include a requirement that the Michigan public health institute submit to financial and performance audits by the state auditor general of projects funded with state appropriations.	Sec. 220. No changes from current law.	Sec. 220. No changes from current law.	Sec. 220. No changes from current law.
Allows the Department 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 the costs of conferences and workshops. Sec. 223. The department of community health 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 costs shall not exceed fees collected.	Sec. 223. No changes from current law.	Sec. 223. No changes from current law.	Sec. 223. No changes from current law.

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

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>(VETOED) Appropriates additional GF/GP funding to the Department to restore services that may have been eliminated or reduced and increase payment rates for Medicaid and other providers of direct services if the state realizes more revenue than anticipated from the May 2001 Consensus Revenue Estimating Conference to the January 2002 Consensus Revenue Estimating Conference.</i></p> <p>Sec. 224. (1) If there is an increase in the \$9,270,300,000.00 estimate of fiscal year 2001-2002 state general fund/general purpose revenue from the May 2001 consensus revenue estimating conference to the January 2002 consensus revenue estimating conference, the increase in fiscal year 2001-2002 revenue, up to the amount of difference between the general fund/general purpose funding level contained in the original governor's recommendation for the fiscal year 2001-2002 department budget appropriation bill and the amount of general fund/general purpose funding contained in this bill as enacted, shall be appropriated to the department.</p> <p>Conference: Does not concur with the Senate or House.</p>		<p>Sec. 224. It is the intent of the legislature that, from the funds appropriated in part 1, reimbursement rates be raised by 5% for the following providers: community mental health Medicaid, community mental health non-Medicaid, Medicaid substance abuse, non-Medicaid substance abuse, local public health, children's waiver, family support subsidy, children's special health care, the conveyor contract, senior volunteer services, hospital inpatient services, hospital outpatient services, graduate medical education, physician services, home health services, transportation services, auxiliary medical services, ambulance services, long-term care services, the home and community based waiver, health maintenance organizations, adult home help, social services to the physically disabled, and personal care services.</p>	<p>Sec. 224. It is the intent of the legislature that, from the funds appropriated in part 1, reimbursement rates be raised by not less than 5% for the following providers: community mental health Medicaid, community mental health non-Medicaid, Medicaid substance abuse, non-Medicaid substance abuse, local public health, children's waiver, family support subsidy, children's special health care, the conveyor contract, senior volunteer services, hospital inpatient services, hospital outpatient services, graduate medical education, physician services, pharmaceutical services, home health services, transportation services, auxiliary medical services, ambulance services, long-term care services, the home and community based waiver, health maintenance organizations, adult home help, social services to the physically disabled, and personal care services.</p>
<p>(2) The amount appropriated for the department pursuant to subsection (1) shall be used to restore services that may have been cut or reduced as a result of the reduction in general fund/general purpose funding for fiscal year 2001-2002 department budget due to the estimated amount of general fund/general purpose revenue available for fiscal year 2001-2002 and to increase payment rates for Medicaid and other providers of direct services to the department, allocated as a fixed percentage based on the amount of funds available, but not to exceed 2%.</p>			



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
	<p>Sec. 259. From the funds appropriated in part 1 for information technology, the department shall pay user fees to the department of information technology for technology related services and projects. Such user fees shall be subject to provisions of an interagency agreement between the department and the department of information technology.</p>	<p>Sec. 259. From the funds appropriated in part 1 for information technology, the department shall pay user fees to the department of information technology for technology related services and projects. The user fees are subject to provisions of any interagency agreement between the department and the department of information technology.</p>	<p>Sec. 259. From the funds appropriated in part 1 for information technology, the department shall pay user fees to the department of information technology for technology related services and projects. The user fees are subject to provisions of any interagency agreement between the department and the department of information technology.</p>
	<p>Sec. 260. 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 information technology. 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>	<p>Sec. 260. 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 information technology. 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>	<p>Sec. 260. 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 information technology. 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>

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

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p>Conference: Sec. 261. (1) The negative appropriation for early retirement savings in part 1 shall be satisfied by savings realized from not filling all of the positions lost due to the early retirement plan for state employees enacted in 2002 PA 93 amendments to the state employees' retirement act, 1943 PA 240, MCL 38.1 to 38.69.</p> <p>(2) The negative appropriation for budgetary savings in part 1 shall be satisfied by savings from the hiring freeze imposed under section 205, efficiencies, and other savings identified by the department director and approved by the state budget director.</p> <p>(3) Appropriation authorization adjustments required due to negative appropriations for early retirement savings and budgetary savings shall be made only after the approval of transfers by the legislature pursuant to section 393 (2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>			<p>Sec. 261. The negative appropriation in part 1 for early retirement savings represents savings from the state's 2002 early retirement program. Not later than November 15, 2002, the state budget director shall request legislative transfers under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393, to apply the early retirement savings to the appropriated line items affected by the early retirement program.</p>
<p>Conference: Concurs with the House.</p>			<p>Sec. 262. (1) As a condition of expending funds appropriated in part 1, the department shall provide the members of the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies with a written explanation of the reason or reasons why the department did not fully expend appropriated funds each time any of the following occurs:</p>

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

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p>Conference: Concurs with the House.</p>			<p>(a) A legislative transfer is proposed that would remove 10% or more of the funding in a line item. (b) A legislative transfer is proposed that would bring the total of year-to-date transfers out of that line item to 10% or more of the originally appropriated amount. (c) A legislative transfer is proposed that would remove funding in a line item that is the subject of boilerplate language expressing a legislative intent for program implementation. (d) When it appears that 10% or more of a line item will lapse to the general fund at the close of the fiscal year. (e) When it appears that 10% or more of a line item will be proposed to be included in a work project, or when the amount that may be included in a work project plus the sum of legislative transfers out of the line item will total 10% or more of the amount originally appropriated.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Concurs with the House.			(2) A written explanation required by subsection (1) (a), (b), or (c) shall be provided on the same day that the department of management and budget requests approval of the legislative transfer. A written explanation required by subsection (1) (d) or (e) shall be provided by September 15, 2003.
Conference: Concurs with the House.			(3) In addition, a written explanation that is provided with regard to an appropriation that is the subject of boilerplate language described in subsection (1) (c), whether or not the explanation is provided to comply with subsection (1) (c) or another subdivision of subsection (1), shall include a copy of the applicable boilerplate language.

**DEPARTMENT OF COMMUNITY HEALTH –
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<p>As of 2/7/02 FY 2001-2002 CURRENT LAW</p>	<p>FY 2002-2003</p>		
	<p>EXECUTIVE</p>	<p>SENATE</p>	<p>HOUSE</p>
<p>Conference: Sec. 263 (1) Subject to subsection (2), in addition to the amount appropriated under part 1, the following amounts are appropriated for the fiscal year ending September 30, 2003:</p> <ul style="list-style-type: none"> (a) \$189,100.00 is appropriated to the consumer involvement program. (b) \$339,100.00 is appropriated to minority health grants and contracts. (c) \$315,000.00 is appropriated to the African-American male health initiative. (d) \$1,500,000.00 is appropriated to cancer prevention and control to be allocated pursuant to section 1008. (e) \$45,000.00 is appropriated to chronic disease prevention for child and adult arthritis. (f) \$2,647,200.00 is appropriated to the diabetes and kidney program. (g) \$495,000.00 is appropriated to the injury control intervention project for safe kids program. (h) \$165,900.00 is appropriated to immunization local agreements for the meningitis initiative. (i) \$495,000.00 is appropriated to the Michigan essential health provider program. (j) \$195,000.00 is appropriated to the obesity program. (k) \$490,000.00 is appropriated to physical fitness, nutrition, and health. (l) \$3,495,000.00 is appropriated to the pregnancy prevention program. (m) \$1,900,000.00 is appropriated for smoking prevention. (n) \$195,000.00 is appropriated for special projects for fetal alcohol syndrome. (o) \$238,500.00 is appropriated for local health services for training and evaluation. <p>(2) The appropriation in subsection (1) shall become effective only if the tax on cigarettes under the tobacco products tax act, 1993 PA 327, MCL 205.421 to 205.436, is increased by 30 cents or more per pack of cigarettes on or before September 30, 2002.</p>			

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

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><u>DEPARTMENTWIDE ADMINISTRATION</u> <i>Allows the Department to make payments from funds appropriated for worker's compensation for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.</i></p> <p>Sec. 301. From funds appropriated for worker's compensation, the department may make payments in lieu of worker's compensation payments for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.</p>	<p>Sec. 301. No changes from current law.</p>	<p>Sec. 301. No changes from current law.</p>	<p>Sec. 301. No changes from current law.</p>
<p><i>Allows the funds appropriated for the Community Health Advisory Council to be used for members per diems of \$50.00 and other council expenditures.</i></p> <p>Sec. 302. Funds appropriated in part 1 for the community health advisory council may be used for member per diems of \$50.00 and other council expenditures.</p>	<p>Sec. 302. No changes from current law.</p>	<p>Sec. 302. No changes from current law.</p>	<p>Sec. 302. No changes from current law.</p>
<p><i>Prohibits the Department from requiring first-party payments from individuals or families with a taxable income of \$10,000 or less for mental health services for determinations made in accordance with Section 818 of the Mental Health Code.</i></p> <p>Sec. 303. The department is prohibited from requiring first-party payment from individuals or families with a taxable income of \$10,000.00 or less for mental health services for determinations made in accordance with section 818 of the mental health code, 1974 PA 258, MCL 330.1818.</p>	<p>Sec. 303. No changes from current law.</p>	<p>Sec. 303. No changes from current law.</p>	<p>Sec. 303. No changes from current law.</p>
<p><i>Allows the Michigan Essential Health Care Provider program to be used for educational loan repayment on behalf of dentists who meet the criteria specified in part 27 of the Public Health Code.</i></p> <p>Sec. 1501. 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>Sec. 304. No changes from current law.</p>	<p>Sec. 304. No changes from current law.</p>	<p>Sec. 304. No changes from current law.</p>
<p><i>Directs the Department to continue to fund multicultural agencies which provide primary care services.</i></p> <p>Sec. 1502. The department is directed to continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.</p>	<p>Sec. 305. No changes from current law.</p>	<p>Sec. 305. No changes from current law.</p>	<p>Sec. 305. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health Component

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Allocates up to \$4.0 million to enhance the service capacity of federally qualified centers and similar health clinics providing primary care services.</i></p> <p>Sec. 1506. From the funds appropriated in part 1 for primary care services, an amount not to exceed \$4,000,000.00 is appropriated to enhance the service capacity of the federally qualified health centers and other health centers which are similar to federally qualified health centers.</p> <p>Conference: Concurs with the House, except “5,490,900.00” is replaced with “2,890,500.00” and “and \$150,000.00 is appropriated to the Sterling area health center” is deleted.</p>	<p>Delete current law. Per DMB, earmarks funds.</p>	<p>Sec. 307. From the funds appropriated in part 1 for primary care services, \$3,572,200.00 is allocated to the following organizations: \$300,000.00 to ACCESS, \$300,000.00 to the Bay Mills Indian health center, \$150,000.00 to the center for family health, \$279,500.00 to Cherry street health services, \$1,029,700.00 to the community health and social services center, \$125,000.00 to the Detroit community health connection, \$150,000.00 to the family health center-Battle Creek, \$286,300.00 to the Hamilton avenue health center, \$25,000.00 to the Mackinac Island health center, \$150,000.00 to Mid-Michigan health services, \$438,500.00 to the North Oakland medical center, and \$183,100.00 to the Upper Peninsula association of rural health services. A total of \$1,651,800.00 is allocated to the federally qualified health centers and federally qualified health center lookalikes to support their participation in indigent care programs. The department shall allocate the remaining funding based on the total number of users with no</p>	<p>Sec. 307. No changes from current law, except: “From the funds appropriated in part 1 for primary care services, an amount not to exceed \$4,000,000.00 \$5,490,900.00 is appropriated to enhance ... are similar to federally qualified health centers, and \$150,000.00 is appropriated to the Sterling area health center.”</p>

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

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
		insurance or on Medicaid as reported in the most recent universal data system reports submitted to the United States department of health and human services of those federally qualified health centers and lookalikes.	
<p><i>Authorizes the allocation of \$100,000 to free health clinics, establishment of an advisory committee, and registration of health clinics receiving funding on a form designed by the advisory committee.</i></p> <p>Sec. 1507. From the funds appropriated in part 1 for primary care services, \$100,000.00 may be allocated to free health clinics operating in the state. An advisory committee may be appointed by the department and include not less than 4 members representing free health clinics, 1 member representing the Michigan state medical society, 1 member representing the Michigan health and hospital association, and 1 member representing nurse practitioners. Health clinics receiving funding under this section shall register with the department by submitting a form to be designed by the committee. For the purpose of this appropriation, free health clinics are health care facilities that provide services without charge or compensation. Conference: Does not concur with the Senate or House; language is deleted.</p>	Delete current law.	<p>Sec. 308. No changes from current law, except: "..., \$100,000.00 \$200,000.00 may be allocated to free health clinics operating in the state."</p>	<p>Sec. 308. No changes from current law, except: "..., \$100,000.00 \$250,000.00 may be allocated to free health clinics operating in the state."</p>
<p>Conference: Concurs with the Senate.</p>		<p>Sec. 309. The Breton health center shall be designated as a state sponsored health center for the purpose of qualifying certified health care providers for loan repayments under the Michigan essential health care provider program.</p>	
<p>Conference: Concurs with the Senate.</p>		<p>Sec. 310. (1) The department shall identify all primary care clinics located in federally designated health professional shortage areas.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Mental Health Component

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Concurs with the Senate.		(2) The department shall provide assistance, at the request of any primary care clinic identified in subsection (1), in attaining designation as a state sponsored health center for the purpose of qualifying certified health care providers for loan repayments under the Michigan essential health care provider program.	
Conference: Concurs with the Senate		(3) The department shall provide bi-monthly reports to the Senate and House appropriations subcommittees on community health and the Senate and House fiscal agencies on the names and locations of all clinics located in federally designated health professional shortage areas and those clinics that have been designated as Michigan essential health care provider sites.	
<p><i>Allocates \$316,200 for education/promotion of palliative care and requires a report on the hospice pilot project by April 1, 2002.</i></p> <p>Sec. 1503. From the amounts appropriated in part 1 for palliative and end of life care, \$316,200.00 shall be allocated for education programs on and promotion of palliative care, hospice, and end of life care. The department shall provide a report on the interim results of the hospice pilot project to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies by April 1, 2002. Conference: Concurs with the House, except “316,200.00” is replaced with the “166,200.00”.</p>	Delete current law.	Delete current law.	Sec.311. No changes from current law, except: “From the amounts appropriated in part 1 for palliative and end of life care, \$316,200.00 shall be allocated for education programs on ... by April October 1, 2002. ”

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

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Concurs with the House, except “300,000.00” is replaced with “150,000.00” and “100,000.00” is replaced with “50,000.00”.			Sec. 312. From the funds appropriated in part 1 for palliative and hospice care, the department shall allocate \$300,000.00 to the Michigan partnership for the advancement of end-of-life care. The funds shall be used for the continued development and implementation of the strategic plan to improve end-of-life care in Michigan. It is the intent of the legislature that this grant shall decrease by \$100,000.00 in each of the next 3 fiscal years.
Conference: Concurs with the House.			Sec. 313. By November 1, 2002, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on activities undertaken by the department to address compulsive gambling.

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

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><u>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS</u> <i>Allows the Department to enter into a contract with the Michigan Protection and Advocacy Services or a similar organization to provide legal services for the purposes of gaining and maintaining occupancy in a community living arrangement which is under lease or contract with the Department or CMHSPs to provide services to persons with mental illness or developmental disability.</i></p> <p>Sec. 350. The department may enter into a contract with the protection and advocacy service, authorized under section 931 of the mental health code, 1974 PA 258, MCL 330.1931, or a similar organization to provide legal services for purposes of gaining and maintaining occupancy in a community living arrangement which is under lease or contract with the department or a community mental health services program to provide services to persons with mental illness or developmental disability.</p>	<p>Delete current law. Per DMB, language is contained in the Mental Health Code or is current practice.</p>	<p>Sec. 350. No changes from current law.</p>	<p>Sec. 350. No changes from current law.</p>
<p><i>Requires the Department to conduct a statewide survey of adolescent suicide and an assessment of available preventative resources.</i></p> <p>Sec. 352. From the funds appropriated, the department shall conduct a statewide survey of adolescent suicide and assessment of available preventative resources.</p>	<p>Delete current law. Per DMB, survey and report will be completed in the current fiscal year.</p>	<p>Sec. 352. No changes from current law.</p>	<p>Sec. 352. No changes from current law.</p>

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

As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS <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. Requires the Department to ensure that each CMHSP provides a complete array of mental health services, the coordination of inpatient and outpatient hospital services, individualized plans of services, a case management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code. Requires the Department, in partnership with CMHSPs, to establish a process that ensures the long-term viability of a single entry and exit and locally controlled CMH system. Prohibits a contract between a CMHSP and the Department from being altered or modified without a prior written agreement of the parties to the contract.</i></p> <p>Sec. 401. (1) 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. The department shall ensure that each CMHSP 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 which shall include, but shall not be 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>(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>Sec. 401. (1) (a) through (c) No changes from current law.</p>	<p>Sec. 401. (1) (a) through (c) No changes from current law.</p>	<p>Sec. 401. (1) (a) through (c) No changes from current law.</p>

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<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 program or through assistance with locating and obtaining services to meet these needs.</p> <p>(e) A system of case 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>	(d) through (h) No changes from current law.	(d) through (h) No changes from current law.	(d) through (h) No changes from current law.
<p>(2) In partnership with CMHSPs, the department shall establish a process to ensure the long-term viability of a single entry and exit and locally controlled community mental health system.</p> <p>Conference: Concurs with the House.</p>	Delete current law. Per DMB, language is unnecessary.	(2) No changes from current law.	(2) No changes from current law, except: "In partnership with CMHSPs, the department shall establish a continue the ...controlled community mental health system."
<p>(3) A contract between a CMHSP and the department shall not be altered or modified without a prior written agreement of the parties to the contract.</p> <p>Conference: Concurs with the House.</p>	Delete current law. Per DMB, language is restrictive in relation to contract amendments.	(3) No changes from current law.	(3) No changes from current law, except: A contract between a CMHSP and the department and any other state department or agency...the contract."

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<p><i>Requires final authorizations to CMHSPs to be made upon the execution of contracts between the Department and CMHSPs. Requires each contract with a CMHSP include a provision that it is not valid unless the total dollar obligation of all contracts entered into between the department and CMHSPs for Fiscal Year 2001-02 does not exceed Part 1 appropriations. Requires the Department to report immediately to the House of Representative and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director if there are new contracts or amendments to contracts with CMHSPs that would affect enacted rates or expenditures.</i></p> <p>Sec. 402. (1) From funds appropriated in part 1, final authorizations to CMHSPs shall be made upon the execution of contracts between the department and CMHSPs. 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 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 entered into under this subsection for fiscal year 2001-2002 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.</p>	<p>Sec. 402. (1) No changes from current law, except: "...entered into under this subsection for fiscal year 2001-2002 the current fiscal year does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection."</p>	<p>Sec. 402. (1) No changes from the current law, except: "...entered into under this subsection for fiscal year 2001-2002 2002-2003 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection."</p>	<p>Sec. 402. (1) No changes from the current law, except: "...entered into under this subsection for fiscal year 2001-2002 2002-2003 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection."</p>
<p>(2) The department shall immediately report to the senate and house of representatives 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 that would affect rates or expenditures are enacted.</p> <p>(b) Any amendments to contracts with CMHSPs that would affect rates or expenditures are enacted.</p>	<p>(2) (a) (b) No changes from current law.</p>	<p>(2) (a) (b) No changes from current law.</p>	<p>(2) (a) (b) No changes from current law.</p>
<p>(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>

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<p><i>Requires the Department to ensure that CMHSPs continue contracts with multicultural service providers.</i></p> <p>Sec. 403. From the funds appropriated in part 1 for multicultural services, the department shall ensure that CMHSPs continue contracts with multicultural services providers.</p>	<p>Sec. 403. No changes from current law.</p>	<p>Sec. 403. No changes from current law.</p>	<p>Sec. 403. No changes from current law.</p>
<p><i>Requires the Department to provide a report by May 31, 2002 on the following for CMHSPs: a demographic description of service recipients which include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis; a breakdown of the clients served, by diagnosis as defined in the American Psychiatric Association's Diagnostic and Statistical Manual, when the encounter data is available; per capita expenditures by client population group; expenditures by client group and fund source, and cost information by service category; data describing service outcomes; information about access to CMHSPs; an estimate of the number of FTEs employed by CMHSPs, contracted with directly by CMHSPs, and contracted with provider organizations as of September 30, 2001; lapses and carry forwards during Fiscal Year 2000-01; information on the CMH Medicaid managed care program; and performance indicator information required to be submitted to the Department in contracts with CMHSPs.</i></p> <p>Sec. 404. (1) Not later than May 31 of each fiscal year, the department shall provide a report on the community mental health services programs to the members of the house of representatives 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>	<p>Sec. 404. (1) No changes from current law.</p>	<p>Sec. 404. (1) No changes from current law.</p>	<p>Sec. 404. (1) No changes from current law.</p>

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<p>(2) The report shall contain information for each CMHSP 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) When the encounter data is available, a breakdown of clients served, by diagnosis. As used in this subdivision, "diagnosis" means a recipient's primary diagnosis, stated as a specifically named mental illness, emotional disorder, or developmental disability corresponding to terminology employed in the latest edition of the American psychiatric association's diagnostic and statistical manual.</p> <p>(c) Per capita expenditures by client population group.</p> <p>(d) Financial information which, minimally, shall include a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration. Service category shall include all department approved services.</p> <p>(e) Data describing service outcomes which shall include, but not be limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment.</p> <p>(f) Information about access to community mental health services programs which shall include, but not be limited to, the following:</p> <p>(i) The number of people receiving requested services.</p> <p>(ii) The number of people who requested services but did not receive services.</p> <p>(iii) The number of people requesting services who are on waiting lists for services.</p> <p>(iv) The average length of time that people remained on waiting lists for services.</p>	<p>(2) (a) through (iv) No changes from current law.</p>	<p>(2) (a) through (iv) No changes from current law.</p>	<p>(2) (a) through (iv) No changes from current law.</p>

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<p>(g) The number of second opinions requested under the code and the determination of any appeals.</p> <p>(h) An analysis of information provided by community mental health service programs in response to the needs assessment requirements of the mental health code, including information about the number of persons in the service delivery system who have requested and are clinically appropriate for different services.</p> <p>(i) An estimate of the number of FTEs employed by the CMHSPs or contracted with directly by the CMHSPs as of September 30, 2001 and an estimate of the number of FTEs employed through contracts with provider organizations as of September 30, 2001.</p> <p>(j) Lapses and carryforwards during fiscal year 2000-2001 for CMHSPs.</p> <p>(k) Contracts for mental health services entered into by CMHSPs with providers, including amount and rates, organized by type of service provided.</p> <p>(l) 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 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.</p>	<p>(g) through (ii) No changes from current law, except:</p> <p>“...September 30, 2001 2002 and ... as of September 30, 2001 2002.”</p> <p>“...fiscal year 2000-2001 2001-2002 for CMHSPs.”</p> <p>Delete subsection (k) Per DMB, compliance with subsection would be massive and an expensive undertaking. Renummer subsection (k)</p>	<p>(g) through (ii) No changes from current law, except:</p> <p>“...September 30, 2001 2002 and ... as of September 30, 2001 2002.”</p> <p>“...fiscal year 2000-2001 2001-2002 for CMHSPs.”</p>	<p>(g) through (ii) No changes from current law, except:</p> <p>“...September 30, 2001 2002 and ... as of September 30, 2001 2002.”</p> <p>“...fiscal year 2000-2001 2001-2002 for CMHSPs.”</p>
<p>(3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p>(4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>

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<p><i>Provides that it is the Legislature's intent that the wage increase to direct care workers in local residential settings, day programs, supported employment, and other vocational programs continue to be paid to direct care workers.</i></p> <p>Sec. 405. It is the intent of the legislature that the employee wage pass-through funded to the community mental health services programs for direct care workers in local residential settings and for paraprofessional and other nonprofessional direct care workers in day programs, supported employment, and other vocational programs shall continue to be paid to direct care workers.</p>	<p>Delete current law. Per DMB, wage pass-through is included in the Medicaid capitation rates and formula funding.</p>	<p>Sec. 405. No changes from current law.</p>	<p>Sec. 405. No changes from current law.</p>
<p><i>Requires funds appropriated for the state disability assistance substance abuse services program to be used to support per diem and board payments in substance abuse residential facilities. Requires the Department to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by the Family Independence Agency 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>	<p>Sec. 406. (1) No changes from current law.</p>	<p>Sec. 406. (1) No changes from current law.</p>	<p>Sec. 406. (1) No changes from current law.</p>
<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 family independence agency 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>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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<p><i>Requires that appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies or designated service providers. Provides that it is the Legislature's intent that coordinating agencies and designated service providers work with CMHSPs to coordinate services provided to individuals with both mental illness and substance abuse diagnoses. Requires the Department to establish a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay.</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 or designated service providers. It is the intent of the legislature that the coordinating agencies and designated service providers work with the CMHSPs to coordinate the care and services provided to individuals with both mental illness and substance abuse diagnoses.</p>	<p>Delete current law. Per DMB, Executive Recommendation transfers responsibility for administration of substance abuse services to CMHSPs.</p>	<p>Sec. 407. (1) No changes from current law.</p>	<p>Sec. 407. (1) No changes from current law.</p>
<p>(2) The department shall establish a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay. Any changes in the fee schedule shall be developed by the department with input from substance abuse coordinating agencies.</p>	<p>Delete current law. Per DMB, ability to pay fee schedule is addressed in Mental Health Code.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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<p><i>Requires the Department to report by April 15, 2002 on the following data on substance abuse prevention, education, and treatment programs for Fiscal Year 2000-01: expenditures stratified by coordinating agency, by central diagnosis and referral agency, by fund source, by subcontractor, by population served, and by service type; expenditures per state client; number of services provided by central diagnosis and referral agency, by subcontractor, and by service type; and collections from other first/third party payers, private donations, or other state or local programs by coordinating agencies, by subcontractors, by population served, and by service type.</i></p> <p>Sec. 408. (1) By April 15, 2002, the department shall report the following data from fiscal year 2000-2001 on substance abuse prevention, education, and treatment programs to the senate and house of representatives 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 and by subcontractor 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>	<p>Sec. 408. (1) No changes from current law, except: "By April 15, 2002 of the current year, the department shall report data from fiscal year 2000-2001 the prior fiscal year..."</p> <p>...by coordinating agency administering entity, and by subcontractor shall be reported.</p> <p>...by coordinating agency administering entity, by subcontractor, by population served and by service type.</p>	<p>Sec. 408. (1) No changes from current law, except: "By April 15, 2002 2003, the department shall report data from fiscal year 2000-2001 2001-2002..."</p>	<p>Sec. 408. (1) No changes from current law, except: "By April 15, 2002 2003, the department shall report data from fiscal year 2000-2001 2001-2002..."</p>
<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>	<p>(2) No changes from current law, except: "...among all coordinating agencies administering entities."</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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<p><i>Requires funds for substance abuse services to be distributed in a manner to provide priority to service providers that furnish child care services to clients with children.</i></p> <p>Sec. 409. The funding in part 1 for substance abuse services shall be distributed in a manner that provides priority to service providers that furnish child care services to clients with children.</p>	<p>Sec. 409. No changes from current law.</p>	<p>Sec. 409. No changes from current law.</p>	<p>Sec. 409. No changes from current law.</p>
<p><i>Requires the Department to assure that substance abuse treatment is provided to applicants and recipients of public assistance through the Family Independence Agency 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 family independence agency who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</p>	<p>Sec. 410. No changes from current law.</p>	<p>Sec. 410. No changes from current law.</p>	<p>Sec. 410. No changes from current law.</p>
<p><i>Requires the Department to ensure that each contract with a CMHSP require the CMHSP to implement programs to encourage diversions of persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement agencies.</i></p> <p>Sec. 411. (1) The department shall ensure that each contract with a CMHSP requires the CMHSP to implement programs to encourage diversion of persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate.</p>	<p>Sec. 411. (1) No changes from current law.</p>	<p>Sec. 411. (1) No changes from current law.</p>	<p>Sec. 411. (1) No changes from current law.</p>

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(2) Each CMHSP 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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Requires the Department to contract with the Salvation Army Harbor Light Program and Salvation Army Turning Point of West Michigan for providing non-Medicaid substance abuse services.</i></p> <p>Sec. 412. The department shall contract directly with the Salvation Army harbor light program and Salvation Army turning point of west Michigan to provide non-Medicaid substance abuse services.</p> <p>Conference: Concurs with the House. Enacted: Vetoed by the Governor.</p>	Delete current law. Per DMB, earmarks funds for specific providers and increases administrative costs, thereby reducing dollars for the delivery of substance abuse treatment services.	Sec. 412. No changes from current law, except: "...services at not less than the amount contracted for in fiscal year 2001-2002. The department shall make administrative allocation of not less than 10% of the amount contracted for in fiscal year 2001-2002 for those programs of the Salvation Army."	Sec. 412. No changes from current law: except: "...services at not less than the amount contracted for in fiscal year 2001-2002. To fund the contracts described in this section, the department shall make an administrative allocation from its existing appropriation of not less than 10% of the amount contracted for in fiscal year 2001-2002 for these programs of the Salvation Army.

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<p><i>Requires the Department to report to the House of Representatives and Senate Appropriations Subcommittees on Community Health, and the House and Senate Fiscal Agencies on the methodology utilized and the adjustments made in recalculating the capitation rates payable to CMHSPs and other managing entities by October 10, 2001.</i></p> <p>Sec. 413. No later than October 10, 2001, the department shall report to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the methodology utilized and the adjustments made in recalculating the capitation rates payable to CMHSPs and other managing entities under the federal waiver for Michigan managed specialty services and supports program.</p> <p>Conference: Concurs with the House.</p>	<p>Delete current law. Per DMB, report will be completed in FY 2001-02.</p>	<p>Sec. 413. By October 1, 2002, the department shall report to the legislature on the methodology utilized and the adjustments made to increase Medicaid payments to CMHSPs as part of the health insurance flexibility and accountability waiver, and calculations to make consolidated payments to affiliated CMHSPs serving as prepaid health plans in the regional affiliations.</p>	<p>Sec. 413. No changes from current law, except: "By October 10, 2001 2002...Michigan managed specialty services and supports program.</p>

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<p>As of 2/7/02 FY 2001-2002 CURRENT LAW</p>	<p>FY 2002-2003</p>		
	<p>EXECUTIVE</p>	<p>SENATE</p>	<p>HOUSE</p>
<p><i>Requires Medicaid substance abuse services to be managed by selected CMHSPs pursuant to the Health Care Financing Administration's (HCFA) approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. Authorizes selected CMHSPs to receive a capitated payment on a per eligible per month basis to assure the provision of medically necessary substance abuse services. Requires selected CMHSPs to be responsible for the reimbursement of claims for specialized substance abuse services. Allows CMHSPs that are not coordinating agencies to continue to contract with a coordinating agency provided that the alternative arrangement is based on client service needs and has prior approval from the Department.</i></p> <p>Sec. 414. Medicaid substance abuse treatment services shall be managed by selected CMHSPs pursuant to the health care financing administration's approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. The selected CMHSPs shall receive a capitated payment on a per eligible per month basis to assure provision of medically necessary substance abuse services to all beneficiaries who require those services. The selected CMHSPs shall be responsible for the reimbursement of claims for specialized substance abuse services. The CMHSPs that are not coordinating agencies may continue to contract with a coordinating agency. Any alternative arrangement must be based on client service needs and have prior approval from the department.</p>	<p>Sec. 414. No changes from current law, except: The CMHSPs that are not coordinating agencies may continue to contract with a coordinating agency. Any alternative arrangement must be based on client service needs and have prior approval from the department.</p>	<p>Sec. 414. No changes from current law, except: "...selected CMHSPs pursuant to the health care financing administration's centers for Medicare and Medicaid services' approval..."</p>	<p>Sec. 414. No changes from current law, except: "...selected CMHSPs pursuant to the health care financing administration's centers for Medicare and Medicaid services' approval..."</p>

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p><i>Prohibits CMH boards from being held liable for the cost of prescribed psychotropic medications during Fiscal Year 2001-02. Requires that in calculating the amount of lapses available in offsetting overexpenditures resulting from the implementation of this section, lapses credited to CMH line items will only include lapses in excess of the amount calculated for the 5% carry forward defined in state statute. Requires the Department to provide quarterly reports on psychotropic medications regarding the type, number, cost, and prescribing patterns of Medicaid providers. Requires the Department to request the transfer of appropriation lapses or supplemental funding if expenditures for Medicaid mental health services and Medicaid substance abuse services exceed the Part 1 appropriations.</i></p> <p>Sec. 416. (1) Of the funds appropriated in part 1 for pharmaceutical services, community mental health boards shall not be held liable for the cost of prescribed psychotropic medications during fiscal year 2001-2002.</p>	<p>Delete current law. Per DMB, management of psychotropic drugs will be addressed in the Department's new pharmacy savings initiative.</p>	<p>Sec. 416. (1) No changes from current law, except: "...fiscal year 2001-2002 2002-2003."</p>	<p>Sec. 416. (1) No changes from current law, except: "...fiscal year 2001-2002 2002-2003."</p>
<p>(2) In calculating the available amount of lapses for use in offsetting overexpenditures resulting from the implementation of this section, those lapses credited to community mental health line items shall only include appropriation lapses in excess of the amount calculated for the 5% carryforward defined in state statute. Conference: Concurs with the Senate.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law, except: "...amount calculated for the 5% carryforward defined in state statute."</p>
<p>(3) The department shall provide quarterly reports to the senate and house of representatives appropriations subcommittees on community health, their respective fiscal agencies, and community mental health boards that include data on psychotropic medications regarding the type, number, cost and prescribing patterns of Medicaid providers.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p>(4) Should expenditures for Medicaid mental health services and Medicaid substance abuse services exceed the appropriations contemplated in part 1 due to an increase in the number or mix of Medicaid eligibles, the department shall request the transfer of appropriation lapses or supplemental funding as may be necessary to offset such expenditures.</p>	<p>Delete current law.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Expresses the Legislature's intent that the Department support pilot projects by CMH boards to establish regional partnerships. Allows CMH boards located in counties within a 45-mile radius of each other to collaborate for the purpose of forming regional partnerships. Defines the purpose of regional partnerships as expand consumer choice, promote service integration, and produce system efficiencies through the coordination of efforts. Requires the pilot projects to be completely voluntary and based on projects proposed by CMH boards. Authorizes a regional partnership to retain 100% of any net lapses generated by the regional partnership. Requires the Department to report quarterly to the House of Representatives and Senate Appropriations Subcommittees, the House and Senate Fiscal Agencies, and the State Budget Office on activities by CMH boards to form regional partnerships.</i></p> <p>Sec. 417. (1) It is the intent of the legislature that the department support pilot projects by community mental health boards to establish regional partnerships. Community mental health boards located in counties within a 45-mile radius of each other shall be allowed to collaborate for the purpose of forming regional partnerships. Conference: Concurs with the House.</p>	<p>Delete current law. Per DMB, all regional partnerships will have been formed in anticipation of the managed care bid.</p>	<p>Sec. 417. (1) No changes from current law.</p>	<p>Sec. 417. (1) No changes from current law, except: " It is the intent.... support pilot projects...."</p>
<p>(2) The purpose of the regional partnerships should be to expand consumer choice, promote service integration, and produce system efficiencies through the coordination of efforts, or other outcomes, as may be determined by participating community mental health boards.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The pilot projects described in this section shall be completely voluntary and be based on projects proposed by the community mental health boards. Each proposed pilot project shall be consistent with the scope, duration, risks, and inducements contained in the plan for competitive procurement that the department submits to the health care financing administration as part of the renewal request for the section 1915(b) managed specialty services waiver. Conference: Concurs with the House.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law, except: "...department submits to the health care financing administration centers for Medicare and Medicaid services..."</p>	<p>(3) No changes from current law, except: "The pilot projects...community mental health boards. Each proposed pilot-project shall ...department submits to the health care financing administration centers for Medicare and Medicaid services..."</p>

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<p>(4) As an additional incentive for community mental health boards to engage in the pilot projects described in this section, the department shall allow any regional partnership formed under this section to retain 100% of any net lapses generated by the regional partnership.</p> <p>Conference: Concurs with the House.</p>	Delete current law.	(4) A regional partnership or individual CMHSP serving as a prepaid health plan may retain 100% of any surplus of Medicaid revenue over expenditures, authorized under section 226 (2) (b) of the mental health code, 1974 PA 258, MCL 330.1226. Any surplus retained by a regional partnership or CMHSP shall be retained as local funds by that regional partnership or CMHSP if allowed under federal law. The department shall submit an amendment to the centers for Medicare and Medicaid services reflecting any changes to the Medicaid savings portion of the waiver as a result of the operation of this section.	(4) No changes from current law, except: As an additional incentive ...in the pilot projects...regional partnership."
<p>(5) The department shall provide quarterly reports to the senate and house of representatives appropriations subcommittees and their respective fiscal agencies and the state budget office, as to any activities by community mental health boards to form regional partnerships under this section.</p> <p>Conference: Concurs with the Senate.</p>	Delete current law.	(5) No changes from current law.	Delete current law.
<p>Requires the Department to report monthly on the amount of funding paid to CMHSPs to support the Medicaid managed mental health program.</p> <p>Sec. 418. On or before the tenth of each month, the department shall report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to the CMHSPs to support the Medicaid managed mental health care program in that month. The information shall include the total paid to each CMHSP, per capita rate paid for each eligibility group for each CMHSP, and number of cases in each eligibility group for each CMHSP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.</p>	Sec. 418. No changes from current law.	Sec. 418. No changes from current law.	Sec. 418. No changes from current law.

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<p><i>(VETOED) Requires the Department and CMHSPs that contracts with substance abuse coordinating agencies to include provisions in their contracts that allows the agencies to carry forward up to 5% of their revenue for Medicaid substance abuse services and community substance abuse prevention, education, and treatment programs.</i></p> <p>Sec. 419. From the funds appropriated in part 1 for Medicaid substance abuse services and community substance abuse prevention, education, and treatment programs, the department and a CMHSP that contract with a substance abuse coordinating agency shall include a provision in the contract that allows the agency to carry forward up to 5% of its revenue.</p> <p>Conference: Sec. 419. From the funds appropriated in part 1 for community substance abuse prevention, education, and treatment programs, the department and a CMHSP that contract with a substance abuse coordinating agency shall include a provision in the contract that allows the agency to carry forward up to 5% of its federal block grant revenue.</p> <p>Enacted: Vetoed by the Governor.</p>		<p>Sec. 419. Restore vetoed language.</p>	<p>Sec. 419. From the funds appropriated in part 1 for community substance abuse prevention, education, and treatment programs, the department shall include a provision in any contract with a substance abuse coordinating agency that requires the department to reallocate by January 1, 2004 up to 5% of the unexpended federal block grant revenue from fiscal year 2002-2003 to the substance abuse coordinating agency.</p>
<p><i>Allocates \$700,000 of the TANF funds for community substance abuse prevention, education, and treatment programs to treatment services for substance abuse nonviolent offenders identified by the Drug Courts, and allocates \$300,000 of the TANF funds to the Phoenix House Program.</i></p> <p>Sec. 421. Of the TANF funds appropriated in part 1 for community substance abuse prevention, education, and treatment programs, \$700,000.00 shall be allocated to provide treatment services for substance abusing nonviolent offenders identified by the drug courts administered by the state court administrative office as described in section 322 of 2000 PA 264 and \$300,000.00 shall be allocated to the Phoenix house program.</p> <p>Conference: Does not concur with the Senate or House; language is deleted.</p>	<p>Delete current law. Per DMB, Executive Recommendation eliminates this TANF appropriation.</p>	<p>Sec. 421. No changes from current law, except: "Of the TANF funds...state court administrative office as described in section 322 of 2000 PA 264 and \$300,000.00 shall be allocated to the Phoenix house program. "</p>	<p>Sec. 421. No changes from current law, except: "Of the TANF funds...\$700,000.00 \$1,100,000.00 shall may be allocated ...state court administrative office as described in section 322 of 2000 PA 264 and \$300,000.00 shall be allocated to the Phoenix house program. "</p>

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	EXECUTIVE	SENATE	HOUSE
<p><i>Expresses the Legislature's intent that the Department support pilot projects by CMHSPs to control and manage psychotropic drug costs associated with the Managed Specialty Services and Supports Program. Requires the pilot projects to be completely voluntary and based on projects proposed by CMHSPs. Requires the Department to provide reports quarterly to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the State Budget Office, and the House and Senate Fiscal Agencies as to any activities by CMHSPs to pilot projects.</i></p> <p>Sec. 422. (1) It is the intent of the legislature that the department support pilot projects by CMHSPs to control and manage psychotropic drug costs associated with the managed specialty services and supports program.</p>	<p>Delete current law. Per DMB, management of psychotropic drugs will be addressed in the Department's new pharmacy savings initiative.</p>	<p>Sec. 422. (1) No changes from current law.</p>	<p>Sec. 422. (1) No changes from current law.</p>
<p>(2) The purpose of the pilot projects is to allow CMHSPs to develop the necessary management and financial tools to assume risk for the responsibility of managing psychotropic drug costs.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The pilot projects described in this section shall be completely voluntary and based on projects proposed by the CMHSPs.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p>(4) The department shall provide quarterly reports to the house of representatives and senate appropriations subcommittees on community health, the state budget office, and the house and senate fiscal agencies as to any activities by CMHSPs to pilot projects under this section.</p>	<p>Delete current law.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>

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<p><i>Requires the Department to work cooperatively with the Family Independence Agency and the Departments of Corrections, Education, State Police, and Military and Veterans Affairs, within existing appropriations, to coordinate and improve the delivery of substance abuse prevention, education, and treatment programs. Requires the outcomes of the cooperative effort to be reported by March 15, 2002 to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director.</i></p> <p>Sec. 423. The department shall work cooperatively with the family independence agency and the departments of corrections, education, state police, and military and veterans affairs to coordinate and improve the delivery of substance abuse prevention, education, and treatment programs within existing appropriations. The department shall report by March 15, 2002 on the outcomes of this cooperative effort 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. Per DMB, report is due on March 15, 2002.</p>	<p>Sec. 423. No changes from current law, except: "The department shall report by March 15, 2002 2003..."</p>	<p>Sec. 423. No changes from current law, except: "The department shall report by March 15, 2002 2003..."</p>
<p><i>Requires CMHSPs that contract with the Department to provide services to the Medicaid population to adhere to the timely claims processing and payments procedure for claims submitted by health professionals and facilities as described in P.A. 187 of 2000.</i></p> <p>Sec. 424. Each community mental health services program 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 2000 PA 187 must be paid within 45 days after receipt of the claim by the community mental health services program. A clean claim that is not paid within this time frame shall bear simple interest at a rate of 12% per annum.</p>	<p>Sec. 424. No changes from current law.</p> <p>(a) No changes from current law.</p>	<p>Sec. 424. No changes from current law.</p> <p>(a) No changes from current law, except: "...2000 PA-187 section 111i of the social welfare act, 1939 PA 280, MCL 400.111i,..."</p>	<p>Sec. 424. No changes from current law.</p> <p>(a) No changes from current law, except: "...2000 PA-187 section 111i of the social welfare act, 1939 PA 280, MCL 400.111i,..."</p>

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<p>(b) A community mental health services program must 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 community mental health services program shall pay the claim within 30 days after the defect is corrected.</p>	(b) (c) No changes from current law.	(b) (c) No changes from current law.	(b) (c) No changes from current law.
<p><i>Requires the Department, in conjunction with the Department of Corrections, to report by March 1, 2002 on the following Fiscal Year 2000-01 data to the House of Representatives and Senate Appropriations Subcommittees on Community Health and Corrections, the House and Senate Fiscal Agencies, and the State Budget Office: the number of prisoners receiving substance abuse services; the number of prisoners receiving mental health services; and data indicating if prisoners receiving mental health services were previously hospitalized in a state psychiatric hospital for persons with mental illness.</i></p> <p>Sec. 425. By March 1, 2002, the department, in conjunction with the department of corrections, shall report the following data from fiscal year 2000-2001 on mental health and substance abuse services to the house of representatives and senate appropriations subcommittees on community health and corrections, the house and senate fiscal agencies, and the state budget office:</p> <p>(a) The number of prisoners receiving substance abuse services which shall include a description and breakdown on the type of substance abuse services provided to prisoners.</p> <p>(b) The number of prisoners receiving mental health services which shall include a description and breakdown on the type of mental health services provided to prisoners.</p> <p>(c) Data indicating if prisoners receiving mental health services were previously hospitalized in a state psychiatric hospital for persons with mental illness.</p>	<p>Delete current law. Per DMB, intended to be a one-time reporting requirement.</p>	<p>Sec. 425. No changes from current law, except: "By March 1, 2002-2003...from fiscal year 2000-2001 2001-2002..."</p>	<p>Sec. 425. No changes from current law, except: "By March April 1, 2002-2003...from fiscal year 2000-2001 2001-2002..."</p>

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p><i>Requires the Department to report on mental health services to minors assigned or referred by the courts and found to meet CMHSP clinical and financial eligibility determination requirements for Fiscal Year 2000-2001 by May 31, 2002 to the House and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director.</i></p> <p>Sec. 426. (1) By May 31, 2002, the department shall provide the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director with a report on mental health services to minors assigned or referred by the courts and found to meet CMHSP clinical and financial eligibility determination requirements for fiscal year 2000-2001.</p> <p>Conference: Concurs with the House, except “, in conjunction with the family independence agency” is replaced with “shall assist the family independency agency in providing”.</p>	<p>Delete current law. Per DMB, courts cannot assign minors to the Department. Courts refer minors to the FIA, not CMHSPs. There is no financial eligibility requirement.</p>	<p>Sec. 426. (1) No changes from current law, except: “ By May 31, 2002 2003, ...for fiscal year 2000-2001 2001-2002.”</p>	<p>Sec. 426. (1) No changes from current law, except: “ By May 31, 2002 2003, the department, in conjunction with the family independence agency, for fiscal year 2000-2001 2001-2002.”</p>
<p>(2) The report described in subsection (1) shall contain information for each CMHSP calculated by the department from fiscal year 2000-2001 data reporting requirements and a statewide summary, each of which shall contain at least the following information:</p> <p>(a) The number of minors meeting the criteria in subsection (1) and evaluated as a result of court assignment or referral.</p> <p>(b) The number of minors meeting the criteria in subsection (1) and receiving treatment after the court assignment or referral.</p> <p>(c) A breakdown of minors meeting the criteria in subsection (1) receiving treatment, by the following categories:</p> <p>(i) Age.</p>	<p>Delete current law.</p>	<p>(2) (a) through (i) No changes from current law, except: “...fiscal year 2000-2001 2001-2002...”</p>	<p>(2) (a) through (i) No changes from current law, except: “...fiscal year 2000-2001 2001-2002...”</p>

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<p>(ii) Primary diagnosis, stated as a specifically named condition corresponding to the terminology employed in the latest version of the diagnostic and statistical manual of the American psychiatric association.</p> <p>(iii) Whether or not the score on the state designated outcome instrument indicated marked or severe functional impairment.</p> <p>(iv) Average length of stay in CMHSP treatment.</p> <p>(v) Unduplicated count of the number receiving residential service and average length of stay in residential service.</p> <p>(vi) Number of recipients served under each categorical children's service heading maintained by the department for standard reporting purposes.</p>	Delete current law.	(ii) through (vi) No changes from current law.	(ii) through (vi) No changes from current law.
<p><i>Prohibits the Department from enacting any contract changes concerning capitation payments to CMHSPs for Medicaid eligibles unless required by federal law and agreed to by contract with CMHSPs. Does not permit the Department to alter capitation rates in order to offset any increases in costs due to increases in the Medicaid caseload or case mixture. Requires the Department to submit a copy of any state plan amendment to the federal waiver for the Managed Specialty Services and Supports Program to the Legislature before submitting the state plan amendment to HCFA or its successor.</i></p> <p>Sec. 427. (1) Unless required by federal law, the department shall not enact any contract changes concerning capitation payments to CMHSPs for Medicaid eligibles unless agreed to by contract with CMHSPs.</p> <p>Conference: Concurs with the House.</p>	Delete current law. Per DMB, language does not provide Department with flexibility for competitive procurement or to deal with declining state revenues.	Delete current law.	Sec. 427. (1) No changes from current law.

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(2) In the event that the federal government mandates that the department make any changes in eligibility or payment rates for CMHSP Medicaid capitation payments, the department shall inform the members of the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director within 2 weeks of the estimated change in CMH Medicaid expenditures due to the federally mandated policy change. Conference: Concurrs with the House.	Delete current law.	Delete current law.	(2) No changes from current law.
(3) The department may not alter CMH Medicaid capitation rates in order to offset any increases in costs due to increases in Medicaid caseload or case mixture. Conference: Concurrs with the House.	Delete current law.	Delete current law.	(3) No changes from current law.
(4) Before submitting any state plan amendment to the federal waiver for the managed specialty services and supports program to the federal health care financing administration or its successor, the department shall submit a copy of the amendment to the legislature. Conference: Concurrs with the House.	Delete current law.	Delete current law.	(4) No changes from current law, except: "Before submitting...to the federal health care financing administration or its successor centers for Medicare and Medicaid services,...to the legislature.

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p><i>Allows a CMHSP constituted as an “authority, regional partnership or similar entity” to receive an increase in their Medicaid capitation rate predicated on the entity’s capacity to provide funds from internal resources that can be used as state match required under the Medicaid program. Requires the Department to submit a state plan amendment to HCFA or its successor by October 15, 2001 to effectuate the proposed increase in the Medicaid capitation rate. Requires the Department to also immediately implement this section upon approval by HCFA or its successor.</i></p> <p>Sec. 428. (1) Subject to the conditions specified in subsection (4), a CMHSP, under contract with the department to provide comprehensive community mental health services, that was constituted as an authority, regional partnership, or other similar entity approved by the department, as of June 1, 2001, shall be eligible to receive an increase in their Medicaid capitation rates of up to 5.3% effective October 1, 2001. Conference: Sec. 428 (1) The department of community health shall establish a separate contingency appropriations account, in an amount not to exceed \$100,000,000.00. The sole purpose of this account shall be to provide funding for an increase in Medicaid capitation rates, payable to CMHSPs, for Medicaid mental health services.</p>	<p>Delete current law. Per DMB, one-time language for FY 2001-02. Unlikely that the state will get federal approval to implement.</p>	<p>Sec. 428. (1) No changes from current law, except: “...as of June 1, 2001 2002,...October 1, 2001 2002.”</p>	<p>Sec. 428. (1) No changes from current law, except: “...as of June 1, 2001 2002, shall may ... October 1, 2001 2002.”</p>
<p>(2) Subject to the conditions specified in subsection (4), a CMHSP under contract with the department to provide comprehensive community mental health services that reconstitutes as an authority, regional partnership, or other similar entity approved by the department, after June 1, 2001 but before October 1, 2001, shall be eligible to receive an increase in their Medicaid capitation rates of up to 4.4% effective October 1, 2001. Conference: (2) Each CMHSP and affiliation of CMHSPs 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 CMHSPs and affiliations of CMHSPs. 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 CMHSP or an affiliation of CMHSPs.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law, except: “...after June 1, 2001 2002 but before October 1, 2001 2002...”</p>	<p>(2) No changes from current law, except: “...after June 1, 2001 2002 but before October 1, 2001 2002 shall may ...”</p>

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<p>(3) Effective October 1, 2001 and subject to the conditions specified in subsection (4), a CMHSP under contract with the department to provide comprehensive community mental health services that fails to become an authority, regional partnership, or other similar entity approved by the department, shall have their capitation rates reduced by 2%. Should the entity subsequently become an authority, regional partnership, or other similar entity approved by the department, that entity shall have its capitation rates restored and may receive a capitation rate increase of up to 1.8% as of the effective date that the entity obtains its authority, regional partnership, or other similar entity approved by the department status.</p> <p>Conference: (3) The distribution of the aforementioned increases in the capitation payment rates, if any, shall be based on a formula developed by a committee established by the department, including representatives from CMHSPs or affiliations of CMHSPs and department staff.</p>	<p>Delete current law. Per DMB, subsection conflicts with Mental Health Code; Section 1232a(16) makes authorities voluntary.</p>	<p>(3) No changes from current law, except: "Effective October 1, 2001-2002..."</p>	<p>(3) No changes from current law, except: "Effective October 1, 2001-2002...shall may have their capitation rates reduced by 2%. Should...that entity shall may ..."</p>
<p>(4) The ability of an authority, regional partnership, or other similar entity approved by the department to receive a capitation rate increase as specified in subsection (1), (2), or (3) is predicated on the capacity of that entity to provide, from internal resources, funds that can be used as a bona fide source for the state match required under the Medicaid program. 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 CMHSP.</p> <p>Conference: (4) The Medicaid capitation rate increase distribution formula, developed by the committee specified in subsection (3), shall be based upon an analysis of recipient characteristics, comparative needs, actuarial trends, equitable adjustments among funding sources, and other relevant considerations. The committee may also recommend changes in community mental health non-Medicaid (funding formula) payments to CMHSPs in conjunction with establishing the formula noted above in order to maximize funding for all CMHSPs. The committee shall report its findings by February 1, 2003 to the senate and house of representatives appropriations subcommittees on community health.</p>	<p>Delete current law.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law, except: "...These funds shall may not include ..."</p>

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<p>(5) No later than October 15, 2001, the department shall submit a state plan amendment to effectuate the requirements of this section and shall immediately implement the requirements of this section upon receipt of approval of the state plan amendment by the federal health care financing administration or its successor.</p> <p>Conference: (5) The enactment of this section shall not result in any increase in the local county match or county match obligation above the level of funding provided for mental health services in fiscal year 2001-2002. This section shall further confirm that the Medicaid program for specialty services and supports is part of the county-based community mental health services program system.</p>	Delete current law.	(5) No changes from current law, except: "No later than October 15, 2001-2002, the department ...by the federal health care financing administration or its successor centers for Medicare and Medicaid services."	(5) No changes from current law, except: "No later than October 15, 2001-2002, the department shall may... the federal health care financing administration or its successor centers for Medicare and Medicaid services."
<p>Conference: (6) This section shall not be implemented if it is found not to be in compliance with federal laws or regulations governing these types of transactions.</p>			
<p><i>Permits CMHSPs that contract with local providers of mental health services and services for persons with developmental disabilities under a capitated reimbursement system to include provisions in their contracts to allow the providers to carry forward up to 5% of their unobligated capitation payments from the funds appropriated for CMH non-Medicaid services.</i></p> <p>Sec. 430. From the funds appropriated in part 1 for community mental health non-Medicaid services, CMHSPs that contract with local providers of mental health services and services for persons with developmental disabilities, under a capitated reimbursement system, may include a provision in the contract that allows the providers to carry forward up to 5% of unobligated capitation payments.</p> <p>Enacted: Vetoed by the Governor.</p>	Delete current law. Per DMB, CMHSPs already have authority to contract with local providers on a non-cost reimbursement basis.	Sec. 430. No changes from current law.	Sec. 430. No changes from current law.

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<p><i>Permits CMHSPs that contract with local providers of mental health services and services for persons with developmental disabilities under a capitated reimbursement system to include provisions in their contracts to allow the providers to carry forward up to 5% of their unobligated capitation payments from the funds appropriated for Medicaid mental health services.</i></p> <p>Sec. 431. From the funds appropriated in part 1 for Medicaid mental health services, CMHSPs that contract with local providers of mental health services and services for persons with developmental disabilities, under a capitated reimbursement system, may include a provision in the contract that allows the providers to carry forward up to 5% of unobligated capitation payments.</p> <p>Enacted: Vetoed by the Governor.</p>	<p>Delete current law. Per DMB, CMHSPs already have the authority to contract with local providers on a non-cost reimbursement basis.</p>	<p>Sec. 431. No changes from current law.</p>	<p>Sec. 431. No changes from current law.</p>
<p><i>Expresses the Legislature's intent that all CMHSPs establish regular ongoing discussions with local providers of mental health services, substance abuse services, and services to persons with developmental disabilities in preparation of the competitive procurement of these services as described in the plan approved by HCFA.</i></p> <p>Sec. 432. It is the intent of the legislature that all community mental health services programs establish regular ongoing discussions with local providers of mental health services, substance abuse services, and services to persons with developmental disabilities in preparation for competitive procurement of these services as described in the plan approved by the health care financing administration. These discussions shall include representatives of the county or counties included in the service area of the community mental health services program and should take into account maintaining continuity of care for patients and service recipients in the transition to competitive procurement of services.</p>	<p>Delete current law. Per DMB, competitive procurement of mental health services will begin October 1, 2002.</p>	<p>Sec. 432. No changes from current law, except: "...described in the plan approved by the health care financing administration centers for Medicare and Medicaid services."</p>	<p>Sec. 432. No changes from current law, except: "...described in the plan approved by the health care financing administration centers for Medicare and Medicaid services."</p>

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p><i>Requires the Department to apply for a "System of Change" grant from HCFA to support self-determination initiatives for persons with developmental disabilities and mental illness.</i></p> <p>Sec. 433. The department shall apply for a "system of change" grant from the health care financing administration. This grant is intended to support self-determination initiatives, including a consumer cooperative proposal, for persons with developmental disabilities and persons with mental illness.</p> <p>Conference: Concurs with the Senate.</p>	<p>Delete current law. Per DMB, action was completed in FY 2000-01.</p>	<p>Sec. 433. No changes from current law, except: "...from the health care financing administration centers for Medicare and Medicaid services."</p>	<p>Delete 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 330.1110 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, 2001.</p>	<p>Sec. 435. No changes from current law, except: "...made by October 1, 2001 2002."</p>	<p>Sec. 435. No changes from current law, except: "...made by October 1, 2001 2002."</p>	<p>Sec. 435. No changes from current law, except: "...made by October 1, 2001 2002."</p>
		<p>Sec. 436. CMHSPs, regional partnerships, and other entities who are chosen to provide public mental health services through the 1915(b) specialty services and support waiver bidding process shall endeavor to minimize disruptions in services to their clientele due to potential changes in their contracts with providers.</p>	<p>Sec. 436. CMHSPs, regional partnerships, and other entities who are chosen to provide public mental health services through the 1915(b) specialty services and support waiver bidding process shall endeavor to minimize disruptions in services to their clientele due to potential changes in their contracts with providers.</p>

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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Conference: Does not concur with the House.			Sec. 437. A regional affiliation or individual CMHSP serving as a prepaid health plan may retain up to 7.5% of any surplus of Medicaid revenue over expenditures as authorized by section 226 (2) (b) of the mental health code, 1974 PA 258, MCL 330.1226. Any surplus retained by a regional affiliation or individual CMHSP shall be retained as local funds by that regional affiliation or individual CMHSP.
Conference: Does not concur with the House.			Sec. 438. The department shall establish a separate contingency appropriations account, in an amount not to exceed \$100.00. The sole purpose of this account shall be to provide funding for an increase in Medicaid capitation rates, payable to community mental health services programs, for Medicaid mental health services.
Conference: Concurs with the House.			Sec. 439. (1) It is the intent of the legislature that the department, in conjunction with CMHSPs, support pilot projects that facilitate the movement of adults with mental illness from state psychiatric hospitals to community residential settings.

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			<p>(2) The purpose of the pilot projects is to encourage the placement of persons with mental illness in community residential settings who may require any of the following:</p> <ul style="list-style-type: none"> (a) A secured and supervised living environment. (b) Assistance in taking prescribed medications. (c) Intensive case management services. (d) Assertive community treatment team services. (e) Alcohol or substance abuse treatment and counseling. (f) Individual or group therapy. (g) Day or partial day programming activities. (h) Vocational, educational, or self-help training or activities. (i) Other services prescribed to treat a person's mental illness to prevent the need for hospitalization.
Conference: Concurs with the House.			
Conference: Concurs with the House.			<p>(3) The pilot projects described in this section shall be completely voluntary.</p>

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Conference: Concurs with the House.			(4) The department shall provide quarterly reports to the house of representatives and senate appropriations subcommittees on community health, the state budget office, and the house and senate fiscal agencies as to any activities undertaken by the department and CMHSPs to pilot projects under this section.
Conference: Does not concur with the House.			Sec. 440. Of the funds appropriated in part 1 for adolescent mental health services, \$500,000.00 shall be allocated to Wayne State University for the training of mental health professionals in child and adolescent mental health in the community.
Conference: Does not concur with the House.			Sec. 441. The department shall review the methodology utilized in determining each CMHSP's intensity factor in calculating the capitation rates payable to CMHSPs under the federal waiver for the Michigan managed specialty services and supports program. By October 1, 2002, the department shall report its findings to members of the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies.

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Conference: Sec. 442. (1) It is the intent of the legislature that the \$40,000,000.00 in funding transferred from the community mental health non-Medicaid services to the Medicaid mental health services line be used to provide state match for increases in Medicaid funding for mental health services provided to MI-Family enrollees and for economic increases for the Medicaid specialty services and supports program. Such redirection may only occur for these 2 purposes.			Sec. 442. (1) The department may redirect funds included in part 1 for community mental health non-Medicaid services to provide state match for increases in Medicaid funding for the HIFA/MI family program and for economic increases for the Medicaid specialty services and supports program. The redirection may only occur for these 2 purposes.
(2) The department shall assure that persons eligible for mental health services under the priority population sections of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, will receive mandated services under this plan.			(2) The department must assure that persons eligible for mental health services under the priority population provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, will receive mandated services under this plan.
(3) Capitation payments to CMHSPs for persons that become enrolled in Medicaid under the MI-Family program shall be made at the same rates as payments for current Medicaid beneficiaries.			(3) Capitated payments to CMHSPs for persons that become enrolled in Medicaid as a result of the HIFA/MI family program shall be made at the same rates as payments for current Medicaid beneficiaries.

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<p>(4) If payments made to CMHSPs for MI-Family services are less than the revenue included in the Medicaid mental health services line for services to MI-Family enrollees, the general fund match for those unused federal dollars shall be transferred back to the community mental health non-Medicaid services line. The department is authorized to transfer up to \$18,000,000.00 from the community mental health non-Medicaid services line to provide state match for increases in Medicaid funding for MI-Family services to the extent that persons are enrolled in the program. The department shall report quarterly to the senate and house of representatives appropriations subcommittees on community health the number of persons enrolled in the MI-Family program, the amount of funding transferred from the community mental health non-Medicaid services line per this subsection, the amount of Medicaid federal funds drawn down as a result of each transfer, and the services provided to MI-Family enrollees with these funds.</p>			<p>(4) If the department does not receive approval from the centers for Medicare and Medicaid services to implement the HIFA/MI family program, the department shall request a transfer of all general funds redirected for this program back to the community mental health non-Medicaid services line.</p>
<p>(5) The department shall establish a committee comprised of representatives of the department and the CMHSPs to establish a formula for distribution of payments for economic increases for the Medicaid specialty services and supports program referenced under subsection (1). The committee may recommend changes in community mental health non-Medicaid (funding formula) payments to CMHSPs in conjunction with establishing the formula noted above in order to maximize funding for all CMHSPs. The committee shall determine the level and cost of mental health services provided as a result of the MI-Family program and determine the amount of general fund dollars available to serve priority populations required by the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106. The committee shall reports its findings by February 1, 2003 to the senate and house of representatives appropriations subcommittees on community health.</p>			<p>(5) The department shall establish a committee composed of representatives of the department and CMHSPs to establish a formula for distribution of payments made available through subsection (1). The committee shall determine the level and cost of mental health services provided as a result of the HIFA/MI family program and determine the amount of general fund dollars available to serve priority populations as required by the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106. The committee shall report its findings to the house of representatives and senate appropriations subcommittees on community health.</p>

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Conference: Does not concur with the House.			Sec. 443. From the funds appropriated in part 1 for pilot projects in prevention for adults and children, the department shall allocate \$80,000.00 to the Michigan Self-Help Clearinghouse project administered through Michigan Protection and Advocacy Service, Inc.
Conference: Concurs with the House.			Sec. 444. The department shall ensure that appropriate continuum of mental and behavioral health services are available to meet the needs of children which include inpatient services, outpatient services, in-home visits, and family respite care. The department shall also promote mental health preventative measures for children which include school-based risk assessments of children and collaborative efforts between the state, communities, schools, and families.
Conference: Does not concur with the House.			Sec. 445. (1) A community mental health services program recipient, after failing to obtain resolution of a problem through a local CMHSP grievance process, may request and receive a department organized review of his or her complaint by a clinician or clinicians independent of the consumer, provider, and service manager.

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Conference: Does not concur with the House.			(2) This review opportunity shall apply to any CMHSPs determination resulting in the denial, reduction, or termination of an admission, availability of care, continued stay or other specialty service or support.
Conference: Does not concur with the House.			(3) The final decision emanating from the department-organized review shall be binding on the service manager and provider.
Conference: Does not concur with the House.			(4) Procedures shall be in place to expedite the opportunity for the department-organized review in the event emergency circumstances exist.
Conference: Does not concur with the House.			(5) If the recipient is enrolled in Medicaid and grieving a Medicaid covered service, nothing in subsections (2) through (4) may supplant the recipient's right under federal provisions to seek a Medicaid fair hearing.
Conference: Does not concur with the House.			Sec. 446. Of the funds appropriated in part 1 for community mental health non-Medicaid services, \$101,000.00 shall be allocated to a crisis response team pilot project with Clinton-Eaton-Ingham community mental health services. The pilot project shall compose a team of psychiatric and police professionals to respond to mental health crises in the community.

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<p>Conference: Sec. 447. The department shall provide to the CMHSPs a fixed net cost for services provided by the state. This rate shall be equal to the operating cost of providing services minus that part of operating cost paid by federal and private funds, less the amount received by the state as a reimbursement from those persons and insurers who are financially liable for the cost of such service. These rates shall be developed by October 1, 2002, and shall be included in the contract between the department and the CMHSPs. The department shall use these rates for CMHSP authorizations as well as for the rates which the department bills CMHSPs for state services. Enacted: Vetoed by the Governor.</p>			
<p>Conference: Sec. 448. As required under section 1903 (w) (7) (A) (VIII) of title XIX, 42 U.S.C. 1396b, a CMHSP or affiliate of a CMHSP that receives funds under this act for participating in the Medicaid managed specialty mental health and substance abuse program administered by the department shall comply with the provisions of section 224b of the insurance code of 1956, 1956 PA 218, MCL 500.224b, as if it were a health maintenance organization. The quality assurance assessment fee charged to the CMHSP or affiliate shall not exceed 6%. Enacted: Vetoed by the Governor.</p>			
<p>Conference: Sec. 449. From the funds appropriated in part 1 for multicultural services, \$2,500,000.00 shall be allocated for persons with severe mental, developmental, physical, or emotional disabilities who are not currently served under this program. Enacted: Vetoed by the Governor.</p>			

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p><u>STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES</u></p> <p><i>Requires that priority be given to obtaining third-party payments for services in the funding of staff in the financial support division, reimbursement, billing, and collection services. Requires the collections from individual recipients of services to be handled in a sensitive and nonharassing manner. Requires the Department to continue a revenue recapture project to generate additional third party revenue from cases that are closed or inactive.</i></p> <p>Sec. 601. (1) In funding of staff in the financial support division, reimbursement, and billing and collection sections, priority shall be given to obtaining third-party payments for services. Collection from individual recipients of services and their families shall be handled in a sensitive and nonharassing manner.</p>	<p>Sec. 601. (1) No changes from current law.</p>	<p>Sec. 601. (1) No changes from current law.</p>	<p>Sec. 601. (1) No changes from current law.</p>
<p>(2) 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. Revenues collected through project efforts are appropriated to the department for departmental costs and contractual fees associated with these retroactive collections and to improve ongoing departmental reimbursement management functions so that the need for retroactive collections will be reduced or eliminated.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p><i>Requires the carry forward of unexpended and unencumbered funds up to \$2.0 million from pay telephone revenues and gifts and bequests for patient living and treatment environments for one fiscal year.</i></p> <p>Sec. 602. Unexpended and unencumbered amounts and accompanying expenditure authorizations up to \$2,000,000.00 remaining on September 30, 2002 from pay telephone revenues and 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. 602. No changes from current law, except: "...remaining on September 30, 2002 2003... for 1 fiscal year."</p>	<p>Sec. 602. No changes from current law, except: "...up to \$2,000,000.00 \$500,000.00 remaining on September 30, 2002 2003... for one fiscal year."</p>	<p>Sec. 602. No changes from current law, except: "...up to \$2,000,000.00 \$500,000.00 remaining on September 30, 2002 2003... for one fiscal year."</p>

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As of 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p><i>Specifies that the funds appropriated in Part 1 for Forensic Mental Health Services provided to the Department of Corrections are in accordance with the interdepartmental plan developed in cooperation with the Department of Corrections. Authorizes the Department to receive and expend funds from the Department of Corrections to fulfill the obligations outlined in the interdepartmental agreement.</i></p> <p>Sec. 603. The funds appropriated in part 1 for forensic mental health services provided to the department of corrections are in accordance with the interdepartmental plan developed in cooperation with the department of corrections. The department is authorized to receive and expend funds from the department of corrections in addition to the appropriations in part 1 to fulfill the obligations outlined in the interdepartmental agreements.</p>	<p>Sec. 603. No changes from current law.</p>	<p>Sec. 603. No changes from current law.</p>	<p>Sec. 603. No changes from current law.</p>
<p><i>Requires CMHSPs to provide semiannual reports to the Department on the following information: the number of days of care purchased from state hospitals and centers; the number of days of care purchased from private hospitals in lieu of purchasing days of care from state hospitals and centers; the number and type of alternative placements to state hospitals and centers other than private hospitals; and waiting lists for placements in state hospitals and centers. Requires the Department to semiannually report the information to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director.</i></p> <p>Sec. 604. (1) The CMHSPs shall provide semiannual reports to the department on the following information:</p> <p>(a) The number of days of care purchased from state hospitals and centers.</p> <p>(b) The number of days of care purchased from private hospitals in lieu of purchasing days of care from state hospitals and centers.</p> <p>(c) The number and type of alternative placements to state hospitals and centers other than private hospitals.</p> <p>(d) Waiting lists for placements in state hospitals and centers.</p>	<p>Sec. 604. (1) (a) through (d) No changes from current law.</p>	<p>Sec. 604. (1) (a) through (d) No changes from current law.</p>	<p>Sec. 604. (1) (a) through (d) No changes from current law.</p>

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(2) The department shall semiannually report the information in subsection (1) to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<i>Prohibits the Department from implementing the closures or consolidations of state hospitals, centers, and agencies until CMHSPs have programs and services in place for those persons currently in the facilities. Requires the Department to provide a closure plan four months after the closure certification. Requires the transfer of remaining operational funds from closed state hospitals, centers, and agencies to CMHSPs responsible for providing services to these clients.</i>			
Sec. 605. (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs have programs and services in place for those persons currently in those facilities and a plan for service provision for those persons who would have been admitted to those facilities.	Sec. 605. (1) No changes from current law.	Sec. 605. (1) No changes from current law.	Sec. 605. (1) No changes from current law.
(2) All closures or consolidations are dependent upon adequate department-approved CMHSP plans that include a discharge and aftercare plan for each person currently in the facility. A discharge and aftercare plan shall address the person's housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the person's housing needs.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(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 of representatives and senate appropriations subcommittees.	(3) No changes from current law, except: "...subcommittees on community health, and the state budget director."	(3) No changes from current law, except: "...subcommittees on community health."	(3) No changes from current law, except: "...subcommittees on community health."
(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 responsible for providing services for persons previously served by the operations.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

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	<p>Sec. 606. The department may collect revenue for patient reimbursement from first- and third-party providers, including Medicaid, and local counties and/or CMHSPs 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. 606. The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid, and local counties and/or CMHSPs 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. 606. The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid, 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>Conference: Concurs with the House.</p>			

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><u>PUBLIC HEALTH ADMINISTRATION</u></p> <p>Conference: Concurs with the Senate, does not include.</p>			<p>SEC. 701. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MINORITY HEALTH GRANTS AND CONTRACTS, \$45,000.00 SHALL BE ALLOCATED TO THE INGHAM COUNTY HEALTH COLLABORATIVE.</p>
<p><i>The availability of \$200,000 for vital records and health statistics is contingent upon enactment of an amendment to the Public Health Code to increase fees charged for vital records services. (Note: Amendments were enacted under P. A. 31 of 2001, effective June 29, 2001).</i></p> <p>Sec. 703. The availability of \$200,000.00 for vital records and health systems is contingent upon the enactment of legislation that amends section 2891 of the public health code, 1978 PA 368, MCL 333.2891, to increase fees for vital records services in an amount sufficient to produce \$200,000.00 in fee revenue anticipated to be received annually, and that fee increase taking effect. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "Legislation increasing fees for vital records was passed in 2001. (PA 31 of 2001)."</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p><u>INFECTIOUS DISEASE CONTROL</u></p> <p><i>Requires the Department and its subcontractors to ensure that adolescents receive priority for AIDS prevention, education, and outreach services.</i></p> <p>Sec. 801. In the expenditure of funds appropriated in part 1 for AIDS programs, the department and its subcontractors shall ensure that adolescents receive priority for prevention, education, and outreach services. Conference: Concurs with the Senate and House.</p>	<p>Sec. 801. No changes from current law.</p>	<p>Sec. 801. No changes from current law.</p>	<p>Sec. 801. No changes from current law.</p>

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<p><i>Allows the Department to provide funding to the Michigan State Medical Society as the lead agency for continuing the development and implementation of AIDS provider education activities.</i></p> <p>Sec. 802. In developing and implementing AIDS provider education activities, the department may provide funding to the Michigan state medical society to serve as lead agency to convene a consortium of health care providers, to design needed educational efforts, to fund other statewide provider groups, and to assure implementation of these efforts, in accordance with a plan approved by the department. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "Earmarks funds to a specific provider."</p>	<p>Sec. 802. No changes from current law.</p>	<p>Sec. 802. No changes from current law.</p>
<p><i>Directs the Department to continue the AIDS drug assistance program maintaining the prior year eligibility criteria and drug formulary.</i></p> <p>Sec. 803. The department shall continue the AIDS drug assistance program maintaining the prior year eligibility criteria and drug formulary. This section is not intended to prohibit the department from providing assistance for improved AIDS treatment medications. Conference: Concurs with the Senate and House.</p>	<p>Sec. 803. No changes from current law.</p>	<p>Sec. 803. No changes from current law.</p>	<p>Sec. 803. No changes from current law.</p>
<p><i>Provides \$100 for AIDS prevention, testing and care programs if additional federal funds are received from the Centers for Disease Control.</i></p> <p>Sec. 804. From the funds appropriated in part 1 for AIDS prevention, testing, and care programs, \$100.00 shall be available only if additional funding becomes available from the centers for disease control. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "If federal awards are received, contingency transfer process can be used."</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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<p>Conference: SEC. 805. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR IMMUNIZATION LOCAL AGREEMENTS, THE DEPARTMENT SHALL ESTABLISH A NATALIA HORAK AND MATTHEW KNUEPPEL MENINGITIS PREVENTION INITIATIVE FUND IN THE AMOUNT OF \$334,100.00, UNLESS OTHERWISE ADJUSTED PURSUANT TO SECTION 263. THE DEPARTMENT SHALL ENSURE THAT THE FUND MAY ACCEPT PRIVATE AND LOCAL CONTRIBUTIONS.</p> <p>Enacted: Vetoed by the Governor.</p>		<p>SEC. 805. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR IMMUNIZATION LOCAL AGREEMENTS, THE DEPARTMENT SHALL ESTABLISH A NATALIA HORAK MENINGITIS PREVENTION INITIATIVE FUND IN AN AMOUNT NOT TO EXCEED \$500,000.00.</p>	<p>(1) Same as the Senate except:</p> <p>“...the department shall establish a Natalia Horak AND MATTHEW KNUEPPEL meningitis prevention initiative fund...”</p>
<p>Conference: Concurs with the Senate and House. Enacted: Vetoed by the Governor.</p>		<p>(2) THE PURPOSE OF THIS FUND SHALL BE TO PROVIDE GRANTS TO QUALIFIED ORGANIZATIONS THAT WILL DEVELOP EDUCATION MODULES TARGETED TOWARDS GROUPS AT INCREASED RISK OF BECOMING INFECTED WITH MENINGITIS. THE EDUCATION MODULES SHALL PROVIDE INFORMATION ON THE BENEFITS AND RISKS OF VACCINATION AS WELL AS ON EARLY DETECTION AND TREATMENT FOR ALL FORMS OF THE DISEASE. EDUCATION PERTAINING TO EARLY DETECTION, ISOLATION, AND TREATMENT MAY ALSO BE DEVELOPED FOR PRIMARY MEDICAL CARE PROVIDERS AND LOCAL HEALTH OFFICERS.</p>	<p>(Same as the Senate). (2) THE PURPOSE OF THIS FUND SHALL BE TO PROVIDE GRANTS TO QUALIFIED ORGANIZATIONS THAT WILL DEVELOP EDUCATION MODULES TARGETED TOWARDS GROUPS AT INCREASED RISK OF BECOMING INFECTED WITH MENINGITIS. THE EDUCATION MODULES SHALL PROVIDE INFORMATION ON THE BENEFITS AND RISKS OF VACCINATION AS WELL AS ON EARLY DETECTION AND TREATMENT FOR ALL FORMS OF THE DISEASE. EDUCATION PERTAINING TO EARLY DETECTION, ISOLATION, AND TREATMENT MAY ALSO BE DEVELOPED FOR PRIMARY MEDICAL CARE PROVIDERS AND LOCAL HEALTH OFFICERS.</p>

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<p>Conference: Concurs with the Senate and House. Enacted: Vetoed by the Governor.</p>		<p>(3) THE DEPARTMENT SHALL ESTABLISH THE QUALIFICATION CRITERIA FOR ORGANIZATIONS AND SHALL PROVIDE QUARTERLY REPORTS ON THIS INITIATIVE TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES.</p>	<p>(Same as the Senate). (3) THE DEPARTMENT SHALL ESTABLISH THE QUALIFICATION CRITERIA FOR ORGANIZATIONS AND SHALL PROVIDE QUARTERLY REPORTS ON THIS INITIATIVE TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES.</p>
<p><u>LABORATORY SERVICES</u></p> <p><i>Provides \$100 for laboratory services for Hepatitis C testing and counselling if federal funds become available from the Centers for Disease Control.</i></p> <p>Sec. 840. From the funds appropriated in part 1 for laboratory services, \$100.00 shall be made available for Hepatitis C testing and counseling only if federal funds become available from the centers for disease control. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "If federal awards are received, contingency transfer process can be used."</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p><u>EPIDEMIOLOGY</u></p> <p><i>Allocates \$300,000 for an asthma intervention program and directs the Department to seek federal funds for asthma programs.</i></p> <p>Sec. 851. From the funds appropriated in part 1 for epidemiology administration, \$300,000.00 shall be allocated for an asthma intervention program, including surveillance, community-based programs, and awareness and education. The department shall seek federal funds as they are made available for asthma programs. Conference: Concurs with the House.</p>	<p>Delete current law. Per DMB: "AND MATTHEW KNUEPPEL policy."</p>	<p>Sec. 851. No changes from current law.</p>	<p>Sec. 851. No changes from current law, except: "From the funds appropriated in part 1 for epidemiology administration ASTHMA PREVENTION AND CONTROL..."</p>

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p>Conference: Concurs with the House, with the following change: “...\$500,000.00 TO GRAND RAPIDS SPECTRUM HEALTH NETWORK, \$500,000.00 METROPOLITAN MEDICAL RESPONSE SYSTEM, \$1,000,000.00 TO SPARROW HEALTH SYSTEM...”</p> <p>Enacted: Vetoed by the Governor.</p>		<p>SEC. 852. FROM THE FEDERAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM FUNDS APPROPRIATED IN PART 1 AND CONSISTENT WITH FEDERAL GUIDELINES, THE DEPARTMENT SHALL ALLOCATE NO LESS THAN \$1,100,000.00 TO SPARROW HOSPITAL FOR THE DEVELOPMENT OF A CAPITOL COMPLEX RESPONSE PLAN COVERING CENTRAL MICHIGAN AND NO LESS THAN \$3,000,000.00 FOR THE DEVELOPMENT OF HOSPITAL RESPONSE PLANS COVERING NORTHERN MICHIGAN AND THE UPPER PENINSULA, GRAND RAPIDS AND WESTERN MICHIGAN, AND DETROIT AND SOUTHEASTERN MICHIGAN.</p>	<p>SEC. 852. FROM THE FUNDS APPROPRIATED IN PART 1 FOR BIOTERRORISM PREPAREDNESS FROM FEDERAL BIOTERRORISM HOSPITAL PREPAREDNESS FUNDING AND CONSISTENT WITH FEDERAL REQUIREMENTS, THE DEPARTMENT SHALL MAKE THE FOLLOWING ALLOCATIONS: \$300,000.00 TO SAULT STE. MARIE WAR MEMORIAL HOSPITAL, \$300,000.00 TO TRAVERSE CITY MUNSON HEALTHCARE, \$300,000.00 TO BATTLE CREEK HEALTH SYSTEM, \$500,000.00 TO GRAND RAPIDS SPECTRUM HEALTH NETWORK, \$500,000.00 TO SPARROW HEALTH SYSTEM, AND \$1,000,000.00 TO DETROIT MEDICAL CENTER.</p>
<p>Conference: Concurs with the House. Enacted: Vetoed by the Governor.</p>			<p>SEC. 853. FROM THE FUNDS APPROPRIATED IN PART 1 FOR EPIDEMIOLOGY ADMINISTRATION, \$100.00 SHALL BE ALLOCATED TO ALLOW AND SUPPORT A COLLABORATIVE AND ONGOING RESEARCH INITIATIVE BETWEEN THE DEPARTMENT, MICHIGAN STATE UNIVERSITY, AND THE MICHIGAN FARM BUREAU TO BE PROACTIVE IN HUMAN HEALTH CONCERNS REGARDING THE MUTATION AND TRANSMISSION OF TRADITIONALLY ANIMAL-BORNE DISEASES TO THE HUMAN POPULATION.</p>

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Concurs with the Senate, does not include.			SEC. 854. FROM THE FUNDS APPROPRIATED IN PART 1 FOR EPIDEMIOLOGY ADMINISTRATION, THE DEPARTMENT SHALL ALLOCATE \$100,000.00 FOR A COMPREHENSIVE HEALTH STUDY OF MIDLAND COUNTY TO THE MIDLAND COUNTY HEALTH DEPARTMENT.
<p><u>LOCAL HEALTH ADMINISTRATION AND GRANTS</u></p> <p><i>Directs the Department to reimburse local health departments for costs incurred for services under the informed consent law.</i></p> <p>Sec. 901. The amount appropriated in part 1 for implementation of the 1993 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 reimburse local health departments for costs incurred related to implementation of section 17015(15) of the public health code, 1978 PA 368, MCL 333.17015.</p> <p>Conference: Concurs with the Senate and House.</p>	Sec. 901. No changes from current law.	Sec. 901. No changes from current law.	Sec. 901. No changes from current law.
<p><i>Provides authority for the Department to assess a penalty on a county of up to 5% of the local health department's local public health operations funding if it ceases to be part of a district health department or associated arrangement.</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, 2001, 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 5% of the local health department's local public health operations funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.</p> <p>Conference: Concurs with the Senate and House.</p>	Sec. 902. No changes from current law, except: "... after October 1, 2001-2002, ...".	Sec. 902. No changes from current law, except: "... after October 1, 2001-2002, ...".	Sec. 902. No changes from current law, except: "... after October 1, 2001-2002, ...".

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Directs the Department to report semiannually on the expenditures and activities of the lead abatement program.</i></p> <p>Sec. 903. The department shall provide a report semiannually to the house of representatives and senate appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the expenditures and activities undertaken by the lead abatement program. The report shall include, but is not limited to, a funding allocation schedule, expenditures by category of expenditure and by subcontractor, revenues received, description of program elements, and description of program accomplishments and progress. Conference: Concurs with the House.</p>	Delete current law.	Sec. 903. No changes from current law.	Sec. 903. No changes from current law, except: "The department shall provide a report semiannually ANNUALLY... "
<p><i>Establishes that local public health operations funds shall be prospectively allocated to local public health departments to support costs for nine state/local cost-shared services. Local public health departments will be held to contractual standards for these services. Certain of these services shall be provided in consultation with the Michigan Departments of Agriculture, and Environmental Quality. Local eligibility for distributions is contingent upon local spending of at least the amount expended locally in FY 1992-93 for these services. Requires a report by the Department on planned allocations.</i></p> <p>Sec. 904. (1) Funds appropriated in part 1 for local public health operations 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 Michigan department of agriculture. Public water supply, private groundwater supply, and on-site sewage management shall be provided in consultation with the Michigan department of environmental quality. Conference: Concurs with the Senate and House.</p>	Sec. 904. (1) No changes from current law.	Sec. 904. (1) No changes from current law.	Sec. 904. (1) No changes from current law.
<p>(2) Local public health departments will be held to contractual standards for the services in subsection (1). Conference: Concurs with the Senate and House.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in fiscal year 2001-2002 of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1). Conference: Concurs with the Senate and House.	(3) No changes from current law, except: “... fiscal year 2001-2002 2002-2003...”	(3) No changes from current law, except: “... fiscal year 2001-2002 2002-2003...”	(3) No changes from current law, except: “... fiscal year 2001-2002 2002-2003...”
(4) By April 1, 2002, the department shall make available upon request a report to the senate or house of representatives appropriations subcommittee on community health, the senate or house fiscal agency, or the state budget director on the planned allocation of the funds appropriated for local public health operations. Conference: Concurs with the Senate and House.	Delete current law.	(4) No changes from current law, except: “By April 1, 2002, 2003...”.	(4) No changes from current law, except: “By April 1, 2002, 2003...”.
Conference: Concurs with the Senate and House.		Sec. 905. IN IMPLEMENTING THE NEW FUNDING DISTRIBUTION METHODOLOGY DEVELOPED BY THE LOCAL PUBLIC HEALTH OPERATIONS FUNDING FORMULA WORKGROUP, THE DEPARTMENT SHALL ALLOCATE TO LOCAL HEALTH DEPARTMENTS IN FISCAL YEAR 2002-2003 NO LESS THAN 100% OF THEIR FISCAL YEAR 2001-2002 ALLOCATION.	(Same as the Senate). Sec. 905. IN IMPLEMENTING THE NEW FUNDING DISTRIBUTION METHODOLOGY DEVELOPED BY THE LOCAL PUBLIC HEALTH OPERATIONS FUNDING FORMULA WORKGROUP, THE DEPARTMENT SHALL ALLOCATE TO LOCAL HEALTH DEPARTMENTS IN FISCAL YEAR 2002-2003 NO LESS THAN 100% OF THEIR FISCAL YEAR 2001-2002 ALLOCATION.
(THIS FY 2001-02 SECTION WAS VETOED BY THE GOVERNOR) Allocates \$50,000 for the continuation of a study of pollution in the Clinton River watershed and for a hydrology analysis of the watershed upon completion of the study. Sec. 906. From the funds appropriated in part 1 for local health services, the department shall allocate \$50,000.00 for the continuation of a study to identify the sources of pollution and those responsible for polluting in the Clinton river watershed, and, upon completion of the pollution study, for a hydrology analysis of the Clinton river watershed. Conference: Concurs with the House.	Not included. Per DMB: “Vetoed – do not restore.”	Sec. 906. No changes from FY 2001-02 Sec. 906, as ordered enrolled.	Not included.

**DEPARTMENT OF COMMUNITY HEALTH –
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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></p> <p><i>Requires the Department to allocate funds to promote awareness, education and early detection of breast, cervical, prostate, and colorectal cancer, and provide for other health promotion media activities.</i></p> <p>Sec. 1001. From the state funds appropriated in part 1, the department shall allocate funds to promote awareness, education, and early detection of breast, cervical, prostate, and colorectal cancer, and provide for other health promotion media activities. The department shall allocate no less than \$150,000.00 under this section for colorectal cancer awareness, education, and early detection. Conference: Strikes the last sentence from the section, due to Part 1 conference decision not to fund \$150,000 for colorectal cancer programs.</p>	<p>Delete current law. Per DMB: "Restrictive. Allocation for colorectal cancer was eliminated in E.O. 2001-9."</p>	<p>Sec. 1001. No changes from current law.</p>	<p>Sec. 1001. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires that funding be allocated to certain school districts to provide a school health education curriculum that is in accordance with the health education goals established by the Michigan Model for the Comprehensive School Health Education State Steering Committee. Establishes steering committee membership and requires that curriculum materials be made available upon request.</i></p> <p>Sec. 1002. (1) The amount appropriated in part 1 for school health and education programs shall be allocated in fiscal year 2001-2002 to provide grants to or contract with certain districts and intermediate districts for the provision of a school health education curriculum. Provision of the curriculum, such as the Michigan model or another comprehensive school health education curriculum, shall be in accordance with the health education goals established by the Michigan model for the comprehensive school health education state steering committee. The state steering committee shall be comprised of a representative from each of the following offices and departments:</p> <ul style="list-style-type: none"> (a) The department of education. (b) The department of community health. (c) The public health agency in the department of community health. (d) The office of substance abuse services in the department of community health. (e) The family independence agency. (f) The department of state police. <p>Conference: Concurs with the Senate and House.</p>	<p>Sec. 1002. (1) No changes from current law, except: “The amount appropriated in part 1 for school health and education programs shall be allocated in fiscal year 2001-2002 to provide grants to or contract with certain districts and intermediate districts for the Provision of a school health education curriculum. Provision of the curriculum, such as the...” and “(c) The public health agency ADMINISTRATION in the department of community health.” and “(d) The office of BUREAU OF MENTAL HEALTH AND substance abuse services in the department of community health.”</p>	<p>Sec. 1002. (1) (Same as Executive except for third word). No changes from current law, except: “The amount appropriated in part 1 for school health and education programs shall be allocated in fiscal year 2001-2002 to provide grants to or contract with certain districts and intermediate districts for the Provision of a THE school health education curriculum. Provision of the curriculum, such as the...” and “(c) The public health agency ADMINISTRATION in the department of community health.” and “(d) The office of BUREAU OF MENTAL HEALTH AND substance abuse services in the department of community health.”</p>	<p>(Same as the Senate). Sec. 1002. (1) No changes from current law, except: “The amount appropriated in part 1 for school health and education programs shall be allocated in fiscal year 2001-2002 to provide grants to or contract with certain districts and intermediate districts for the Provision of a THE school health education curriculum. Provision of the curriculum, such as the...” and “(c) The public health agency ADMINISTRATION in the department of community health.” and “(d) The office of BUREAU OF MENTAL HEALTH AND substance abuse services in the department of community health.”</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	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. Conference: Concurs with the Senate and House.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>Allocates funds to provide Alzheimer's disease information and referral services through regional networks.</p> <p>Sec. 1003. Funds appropriated in part 1 for the Alzheimer's information network shall be used to provide information and referral services through regional networks for persons with Alzheimer's disease or related disorders, their families, and health care providers. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "Restrictive."</p>	<p>Sec. 1003. No changes from current law.</p>	<p>Sec. 1003. No changes from current law.</p>
<p>Allocates up to \$1,000,000 to the Michigan Physical Fitness and Sports Foundation as one-time funding contingent upon a 20% minimum cash match from the Foundation.</p> <p>Sec. 1005. From the funds appropriated in part 1 for physical fitness, nutrition, and health, up to \$1,000,000.00 may be allocated to the Michigan physical fitness and sports foundation. The allocation to the Michigan physical fitness and sports foundation is one-time funding and is contingent upon the foundation providing at least a 20% cash match. Conference: Concurs with the Senate, with the following change: "...up to \$1,000,000.00 \$755,000.00, UNLESS OTHERWISE ADJUSTED PURSUANT TO SECTION 263, may be allocated..."</p>	<p>Sec. 1005. No changes from current law, except: "... foundation is one-time funding and is contingent upon..."</p>	<p>Sec. 1005. No changes from current law, except: "... foundation is one-time funding and is contingent upon..."</p>	<p>Sec. 1005. No changes from current law, except: "... allocated to the Michigan physical fitness and sports foundation. THESE FUNDS SHALL BE USED IN CONJUNCTION WITH THE EMPLOYEE WELLNESS PROGRAM. The allocation to the Michigan physical fitness and sports foundation is one-time funding and is contingent upon..."</p>

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires the Department to give priority to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents, in spending funds allocated to smoking prevention programs.</i></p> <p>Sec. 1006. In spending the funds appropriated in part 1 for the smoking prevention program, priority shall be given to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1006. No changes from current law.</p>	<p>Sec. 1006. No changes from current law.</p>	<p>Sec. 1006. No changes from current law.</p>
<p><i>Directs that violence prevention funds be used for programs aimed at the prevention of spouse, partner or child abuse and rape, and programs aimed at the prevention of workplace violence. Directs that the Department give equal consideration to public and private nonprofit grant applicants. The Department may provide funds to local school districts.</i></p> <p>Sec. 1007. (1) The funds appropriated in part 1 for violence prevention shall be used for, but not be limited to, the following: (a) Programs aimed at the prevention of spouse, partner, or child abuse and rape. (b) Programs aimed at the prevention of workplace violence. Conference: Concurs with the House.</p>	<p>Delete current law. Per DMB: "Restrictive."</p>	<p>Delete current law.</p>	<p>Sec. 1007. (1) No changes from current law.</p>
<p>(2) In awarding grants from the amounts appropriated in part 1 for violence prevention, the department shall give equal consideration to public and private nonprofit applicants. Conference: Concurs with the House.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) From the funds appropriated in part 1 for violence prevention, the department may include local school districts as recipients of the funds for family violence prevention programs. Conference: Concurs with the House.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law.</p>

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>(THIS FY 2001-02 SECTION WAS VETOED BY THE GOVERNOR)</i> <i>Allocates \$3,000,000 from cancer prevention and control program funds to three universities for cancer prevention activities consistent with the current priorities of the Michigan Cancer Consortium.</i></p> <p>Sec. 1008. From the amount appropriated in part 1 for the cancer prevention and control program, \$3,000,000.00 shall be allocated to the Karmanos Cancer Institute/Wayne State University, to the University of Michigan comprehensive cancer center, and to Michigan State University for cancer and cancer prevention services and activities, consistent with the current priorities of the Michigan cancer consortium. Conference: Same as current law, except: “From the amount appropriated in part 1 CONTINGENT ON THE AVAILABILITY OF ADDITIONAL FUNDS APPROPRIATED for the cancer prevention and control program, INCLUDING FUNDS APPROPRIATED PURSUANT TO SECTION 263, \$1,500,000.00 shall be allocated...”</p>	<p>Not included. Per DMB: “Vetoed. Do not restore.”</p>	<p>Sec. 1008. No changes from FY 2001-02 Sec. 1008, as enrolled.</p>	<p>Sec. 1008. No changes from FY 2001-02 Sec. 1008, as enrolled, except: “...\$3,000,000.00 \$3,100,000.00 shall be allocated to the Karmanos Cancer Institute/Wayne State University, to the University of Michigan comprehensive cancer center, WAYNE STATE UNIVERSITY KARMANOS CANCER INSTITUTE, and to ...”</p>
<p>PUBLIC ACT 120 OF 2001 Allocates \$1.5 million to three universities for cancer services and activities.</p> <p>Sec. 227a. From the amount appropriated in part 1 for the cancer prevention and control program, \$500,000.00 shall be allocated to the Karmanos Cancer Institute/Wayne State University, \$500,000.00 shall be allocated to the University of Michigan comprehensive cancer center, and \$500,000.00 shall be allocated to Michigan State University for cancer and cancer prevention services and activities consistent with the current priorities of the Michigan cancer consortium. Conference: Concurs with the Senate and House.</p>	<p>Delete current law.</p>	<p>Delete current law (see similar language included in Conference, Sec. 1008 above)</p>	<p>Delete current law (see similar language included in Conference, Sec. 1008 above)</p>

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Permits the allocation of funds from the diabetes and kidney program line item to the National Kidney Foundation of Michigan for kidney disease prevention programs.</i></p> <p>Sec. 1009. From the funds appropriated in part 1 for the diabetes and kidney program, a portion of the funds may be allocated to the National Kidney Foundation of Michigan for kidney disease prevention programming including early identification and education programs and kidney disease prevention demonstration projects. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1009. No changes from current law.</p>	<p>Sec. 1009. No changes from current law.</p>	<p>Sec. 1009. No changes from current law.</p>
<p><i>Allocates \$400,000 to implement the osteoporosis prevention and treatment education program targeting women and school health education.</i></p> <p>Sec. 1010. Of the funds appropriated in part 1 for the health education, promotion, and research programs, the department shall allocate not less than \$400,000.00 to implement the osteoporosis prevention and treatment education program targeting women and school health education. As part of the program, the department shall design and implement strategies for raising public awareness on the causes and nature of osteoporosis, personal risk factors, value of prevention and early detection, and options for diagnosing and treating osteoporosis. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "Restrictive."</p>	<p>Sec. 1010. No changes from current law.</p>	<p>Sec. 1010. No changes from current law.</p>

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<p>AS OF 2/7/02 FY 2001-2002 CURRENT LAW</p>	<p>FY 2002-2003</p>		
	<p>EXECUTIVE</p>	<p>SENATE</p>	<p>HOUSE</p>
<p><i>Allocates \$420,000 for improving the health of African American men; requires a report by the Department on the program.</i></p> <p>Sec. 1011. (1) From the funds appropriated in part 1 for the diabetes and kidney program, \$420,000.00 shall be allocated for improving the health of African-American men in Michigan. The funds shall be used for screening and patient self-care activities for diabetes, hypertension, stroke, and glaucoma and other eye diseases.</p> <p>Conference: Strikes the current law language and replaces with: “CONTINGENT ON THE AVAILABILITY OF ADDITIONAL FUNDS APPROPRIATED FOR THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE, THE DEPARTMENT MAY PROVIDE FUNDING TO SUPPORT A PILOT PROJECT FOR CANCER PREVENTION AND EARLY DETECTION FOR HIGH-RISK AFRICAN-AMERICAN LOW-INCOME MEN. THE PILOT PROJECT MAY BE CONDUCTED BY A GROUP COMPOSED OF THE DEPARTMENT, THE BARBARA ANN KARMANOS CANCER INSTITUTE, AND FEDERALLY QUALIFIED HEALTH CENTERS. SERVICES THAT THE PILOT PROJECT MAY MAKE AVAILABLE TO UNINSURED OR UNDERINSURED HIGH-RISK MEN, SUBJECT TO INFORMED CONSENT, INCLUDE SCREENING FOR PROSTATE CANCER AND COLORECTAL CANCER. FUNDS MAY BE USED FOR DIAGNOSTIC SERVICES IF SCREENING RESULTS ARE ABNORMAL AND FOR TREATMENT SERVICES IF CANCER IS DIAGNOSED.”</p>	<p>Sec. 1011. (1) No changes from current law, except: “(+)” and “... \$420,000.00 \$320,000.00...”</p>	<p>Deletes current law, and replaces with: Sec. 1011. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE, THE DEPARTMENT SHALL PROVIDE FUNDING TO SUPPORT A PILOT PROJECT FOR CANCER PREVENTION AND EARLY DETECTION FOR HIGH-RISK AFRICAN-AMERICAN LOW-INCOME MEN. THE PILOT PROJECT SHALL BE CONDUCTED BY A GROUP COMPOSED OF THE DEPARTMENT, THE BARBARA ANN KARMANOS CANCER INSTITUTE, AND FEDERALLY QUALIFIED HEALTH CENTERS. SERVICES TO THE PILOT PROJECT SHALL MAKE AVAILABLE TO UNINSURED OR UNDERINSURED HIGH-RISK MEN, SUBJECT TO INFORMED CONSENT, INCLUDE SCREENING FOR PROSTATE CANCER AND COLORECTAL CANCER. FUNDS MAY BE USED FOR DIAGNOSTIC SERVICES IF SCREENING RESULTS ARE ABNORMAL AND FOR TREATMENT SERVICES IF CANCER IS DIAGNOSED.</p>	<p>(One word different from Senate) Deletes current law, and replaces with: Sec. 1011. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE, THE DEPARTMENT SHALL PROVIDE FUNDING TO SUPPORT A PILOT PROJECT FOR CANCER PREVENTION AND EARLY DETECTION FOR HIGH-RISK AFRICAN-AMERICAN LOW-INCOME MEN. THE PILOT PROJECT SHALL BE CONDUCTED BY A GROUP COMPOSED OF THE DEPARTMENT, THE BARBARA ANN KARMANOS CANCER INSTITUTE, AND FEDERALLY QUALIFIED HEALTH CENTERS. SERVICES THE PILOT PROJECT SHALL MAKE AVAILABLE TO UNINSURED OR UNDERINSURED HIGH-RISK MEN, SUBJECT TO INFORMED CONSENT, INCLUDE SCREENING FOR PROSTATE CANCER AND COLORECTAL CANCER. FUNDS MAY BE USED FOR DIAGNOSTIC SERVICES IF SCREENING RESULTS ARE ABNORMAL AND FOR TREATMENT SERVICES IF CANCER IS DIAGNOSED.</p>

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p>(2) By March 1, 2002, the department shall make available upon request a report on the program under this section to the senate or house of representatives appropriations subcommittee on community health, the senate or house fiscal agency, or the state budget director. Conference: Concurs with the Senate and House.</p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Directs that funds be used to implement the Michigan Parkinson's Initiative; lists members included in the Michigan Parkinson's Initiative.</i></p> <p>Sec. 1013. The funds appropriated in part 1 for the Michigan Parkinson's Foundation shall be used for implementation of the Michigan Parkinson's Initiative which supports and educates persons with Parkinson's disease and their families. Members of the Michigan Parkinson's Initiative include the University of Michigan, Michigan State University, Wayne State University, Beaumont Hospital, St. John's Hospital and Health Center, Henry Ford Health System, and other organizations as appropriate. Conference: Same as current law, except: "The funds appropriated in part 1 CONTINGENT ON THE AVAILABILITY OF ADDITIONAL FUNDS APPROPRIATED for the Michigan Parkinson's Foundation, shall FUNDS MAY be used ..." and "... St. John's ST. JOHN hospital and health system..."</p>	Delete current law. Per DMB: "Funding eliminated in E.O. 2001-9."	Sec. 1013. No changes from current law.	Sec. 1013. No changes from current law, except: "...University of Michigan, WAYNE STATE UNIVERSITY , Michigan State University, Wayne State University, ... " and "... St. John's St. JOHN..."
<p><i>Allocates \$50,000 for stroke prevention, education, and outreach.</i></p> <p>Sec. 1019. From the funds appropriated in part 1 for chronic disease prevention, \$50,000.00 shall be allocated for stroke prevention, education, and outreach. The objectives of the program shall include education to assist persons in identifying risk factors, and education to assist persons in the early identification of the occurrence of a stroke in order to minimize stroke damage. Conference: Concurs with the Senate and House.</p>	Delete current law. Per DMB: "Restrictive."	Sec. 1019. No changes from current law.	Sec. 1019. No changes from current law.

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p><i>Allocates \$100,000 for a childhood and adult arthritis program.</i></p> <p>Sec. 1020. From the funds appropriated in part 1 for chronic disease prevention, \$100,000.00 shall be allocated for a childhood and adult arthritis program.</p> <p>Conference revision, due to part 1 decision: "From the funds appropriated in part 1 for chronic disease prevention \$100,000.00 \$55,000.00, UNLESS OTHERWISE ADJUSTED PURSUANT TO SECTION 263, shall be allocated for a childhood and adult arthritis program.</p>	<p>Delete current law. Per DMB: "Restrictive."</p>	<p>Sec. 1020. No changes from current law.</p>	<p>Sec. 1020. No changes from current law.</p>
<p><i>(THIS FY 2001-02 SECTION WAS VETOED BY THE GOVERNOR)</i> <i>Grants \$100,000 to the Greater Detroit Area Health Council for an African-American Health Conference.</i></p> <p>Sec. 1021. From the funds appropriated in part 1 for health education, promotion, and research programs, \$100,000.00 shall be granted to the greater Detroit area health council's African-American health institute for the African-American health conference.</p> <p>Conference: Concurs with the Senate and House.</p>	<p>Not included. Per DMB: "Vetoed – do not restore."</p>	<p>Not included.</p>	<p>Not included.</p>
<p><i>Allocates \$1,500,000 as 1-time funding to enable state and local municipalities to apply for American Legacy Foundation grants to decrease and prevent tobacco consumption among all ages and populations.</i></p> <p>Sec. 1022. From the funds appropriated in part 1 for the smoking prevention program, \$1,500,000.00 shall be allocated as 1-time funding to enable eligible state and local municipalities to apply for American legacy foundation grants which are intended to decrease and prevent tobacco consumption among all ages and populations.</p> <p>Conference: Concurs with the Senate, does not include.</p>	<p>Delete current law. Per DMB: "One-time funding. Taken as budgetary savings in FY 2002."</p>	<p>Delete current law.</p>	<p>Sec. 1022. No changes from current law.</p>
<p><i>(THIS FY 2001-02 SECTION WAS VETOED BY THE GOVERNOR)</i> <i>Allows for the allocation of up to \$125,000 for wellness programs of the Michigan Athletic Institute.</i></p> <p>Sec. 1023. From the funds appropriated in part 1 for physical fitness, nutrition, and health, up to \$125,000.00 may be allocated for wellness programs of the Michigan Athletic Institute.</p> <p>Conference: Concurs with the Senate, does not include</p>	<p>Not included. Per DMB: "Vetoed – do not restore."</p>	<p>Not included.</p>	<p>Sec. 1023. No changes from FY 2001-02 Sec. 1023, as enrolled.</p>

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: "SEC. 1024. FUNDS MAY BE ALLOCATED FOR SPINAL CORD INJURY PROGRAMS IF FEDERAL FUNDING BECOMES AVAILABLE."			SEC. 1024. FROM THE FUNDS APPROPRIATED IN PART 1 FOR INJURY CONTROL INTERVENTION PROJECT, \$100,000.00 SHALL BE ALLOCATED FOR SPINAL CORD INJURY PROGRAMS.
Conference: Concurs with the House. Enacted: Vetoed by the Governor.			SEC. 1025. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE DIABETES AND KIDNEY PROGRAM, UP TO \$50,000.00 SHALL BE ALLOCATED TO A BATTLE CREEK DIABETES AND KIDNEY PREVENTION PROGRAM.
Conference: Concurs with the House, with the following change: " FROM THE CONTINGENT ON THE AVAILABILITY OF FUNDS APPROPRIATED IN PART 1 FOR CHRONIC DISEASE PREVENTION, \$750,000.00 SHALL FUNDS MAY BE PROVIDED... "			SEC. 1026. FROM THE FUNDS APPROPRIATED IN PART 1 FOR CHRONIC DISEASE PREVENTION, \$750,000.00 SHALL BE PROVIDED FOR THE DAVID S. HOLMES SICKLE CELL ANEMIA PROGRAM AND ALLOCATED TO THE BARBARA ANN KARMANOS CANCER INSTITUTE/WAYNE STATE UNIVERSITY AND THE CHILDREN'S HOSPITAL OF MICHIGAN.
Conference: Concurs with the House, with the following change: " FROM THE CONTINGENT ON THE AVAILABILITY OF FUNDS APPROPRIATED IN PART 1 FOR THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE, \$250,000.00 SHALL FUNDS MAY BE PROVIDED... "			SEC. 1027. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE \$250,000.00 SHALL BE PROVIDED FOR THE DAVID S. HOLMES SICKLE CELL ANEMIA PROGRAM AND ALLOCATED TO THE BARBARA ANN KARMANOS CANCER INSTITUTE/WAYNE STATE UNIVERSITY AND THE CHILDREN'S HOSPITAL OF MICHIGAN.

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	EXECUTIVE	SENATE	HOUSE
<p>Conference: Concurs with the House, with the following change: "FROM THE CONTINGENT ON THE AVAILABILITY OF FUNDS APPROPRIATED IN PART 1 FOR THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE, \$500,000.00 SHALL FUNDS MAY BE ALLOCATED..."</p>			<p>SEC. 1028. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE, \$500,000.00 SHALL BE ALLOCATED TO THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE PROGRAM AT HENRY FORD HEALTH SYSTEM.</p>
<p>Conference: Concurs with the Senate, does not include.</p>			<p>SEC. 1029. FROM THE FUNDS APPROPRIATED IN PART 1 FOR INJURY CONTROL INTERVENTION PROJECT, \$200,000.00 SHALL BE ALLOCATED TO THE MOHICAN HOMEOWNERS ASSOCIATION FOR FIRE PREVENTION EDUCATION PROGRAMMING.</p>
<p><u>COMMUNITY LIVING, CHILDREN, AND FAMILIES</u></p> <p><i>Requires the Department to review the basis for the distribution of funds to local health departments and other agencies from various programs in this unit and indicate the basis on which any projected underexpenditures are to be reallocated to other local agencies that demonstrate need.</i></p> <p>Sec. 1101. The department shall review the basis for the distribution of funds to local health departments and other public and private agencies for the women, infants, and children food supplement program; family planning; early and periodic screening, diagnosis, and treatment program; and prenatal care outreach and service delivery support program and indicate the basis upon which any projected underexpenditures by local public and private agencies shall be reallocated to other local agencies that demonstrate need. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "Current policy; this instructional language is not needed."</p>	<p>Sec. 1101. No changes from current law.</p>	<p>Sec. 1101. No changes from current law.</p>

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Establishes criteria for agencies that receive funds to provide local adolescent health care services, including annual reporting, creation of a local advisory committee, abortion and parental consent and policies, and coordination with local school board for services rendered in a public school building; and requires a report by the Department.</i></p> <p>Sec. 1102. (1) Agencies receiving funds for adolescent health care services that are appropriated from part 1 for adolescent and child health care services shall do all of the following: (a) Require each adolescent health clinic funded by the agency to report to the department on an annual basis all of the following information: (i) Funding sources of the adolescent health clinic. (ii) Demographic information of populations served including sex, age, and race. Reporting and presentation of demographic data by age shall include the range of ages of 0-17 years and the range of ages of 18-23 years. (iii) Utilization data that reflects the number of visits and repeat visits and types of services provided per visit. (iv) Types and number of referrals to other health care agencies. Conference: Concurs with the House, with the following change: “Agencies receiving funds for adolescent health care services that are appropriated from part 1 for adolescent and child health care services shall do all of the following: ...”</p>	<p>Delete current law. Per DMB: “Funding was eliminated in E.O. 2001-9.”</p>	<p>Sec. 1102. (1)(a) No changes from current law.</p>	<p>Sec. 1102. (1)(a) No changes from current law, except: addition of new sub-item: (V) TOTAL NUMBER OF CLAIMS SUBMITTED BY PAYER TYPE, COST AND NUMBER OF SERVICES REPRESENTED BY THE CLAIMS, AND THE PAYMENT RATE BY PAYER TYPE.</p>
<p>(b) As a condition of the contract, a contract shall include the establishment of a local advisory committee before the planning phase of an adolescent health clinic intended to provide services within that school district. The advisory committee shall be comprised of not less than 50% residents of the local school district, and shall not be comprised of more than 50% health care providers. A person who is employed by the sponsoring agency shall not have voting privileges as a member of the advisory committee. Conference: Concurs with the Senate and House.</p>	<p>Delete current law.</p>	<p>(b) No changes from current law.</p>	<p>(b) No changes from current law.</p>
<p>(c) Not allow an adolescent health clinic funded by the agency, as part of the services offered, to provide abortion counseling or services or make referrals for abortion services. Conference: Concurs with the Senate and House.</p>	<p>Delete current law.</p>	<p>(c) No changes from current law.</p>	<p>(c) No changes from current law.</p>

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<p>(d) Require each adolescent health clinic funded by the agency to have a written policy on parental consent, developed by the local advisory committee and submitted to the local school board for approval if the services are provided in a public school building where instruction is provided in grades kindergarten through 12. Conference: Concurs with the Senate and House.</p>	Delete current law.	(d) No changes from current law.	(d) No changes from current law.
<p>Conference: Concurs with the House.</p>			(E) ESTABLISH AND IMPLEMENT A PROCESS FOR BILLING MEDICAID, MEDICAID HMOS AND OTHER THIRD PARTY PAYERS. THE BILLING AND FEE COLLECTION PROCESSES SHALL NOT BREACH THE CONFIDENTIALITY OF THE CLIENT.
<p>(2) A local advisory committee established under subsection (1)(b), in cooperation with the sponsoring agency, shall submit written recommendations regarding the implementation and types of services rendered by an adolescent health clinic to the local school board for approval of adolescent health services rendered in a public school building where instruction is provided in grades kindergarten through 12. Conference: Concurs with the Senate and House.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) The department shall submit a report to the members of the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director based on the information provided under subsection (1)(a). The report is due 90 days after the end of the calendar year. Conference: Concurs with the Senate and House.</p>	Delete current law.	(3) No changes from current law.	(3) No changes from current law.

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Establishes the funding formula for adolescent health care teen centers and alternative adolescent health care services models.</i></p> <p>Sec. 1103. Of the funds allocated for adolescent health care services that are appropriated in part 1 for adolescent and child health care services, each teen center, including alternative models, shall receive funding based upon a formula that includes a base amount equal to the amount received by each center in fiscal year 2000-2001, with the remaining funds allocated for teen health centers to be distributed based upon the number of users, visits, and services provided. Conference: Concur with the Executive, due to Part 1 decision.</p>	<p>Delete current law. Per DMB: "Funding was eliminated in E.O. 2001-9."</p>	<p>Sec. 1103. No changes from current law.</p>	<p>Sec. 1103. No changes from current law.</p>
<p><i>Requires the Department to report by April 1, 2002 on planned allocations and service data for local maternal and child health services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs.</i></p> <p>Sec. 1104. Before April 1, 2002, 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: (a) Funding allocations. (b) Number of women, children, and/or adolescents expected to be served. (c) Actual numbers served and amounts expended in the categories described in subdivisions (a) and (b) for the fiscal year 2000-2001. Conference: Concurs with the House</p>	<p>Delete current law. Per DMB: "Reporting at this level is not practical and difficult due to differences in services and contractual definitions."</p>	<p>Sec. 1104. No changes from current law, except: "Before April 1, 2002 2003, ..." and "... for the fiscal year 2000-2001 2001-2002."</p>	<p>Sec. 1104. No changes from current law, except: "Before April 1, 2002 2003, ..." Delete (b) "(e) (B) Actual numbers OF WOMEN, CHILDREN, AND/OR ADOLESCENTS served and amounts expended in the categories described in subdivisions (a) and (b) FOR EACH GROUP for the fiscal year 2000-2001 2001-2002."</p>

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires the Department to contract for services to be provided through the Community Living, Children, and Families appropriation unit with local agencies best able to serve clients based on factors provided.</i></p> <p>Sec. 1105. For all programs for which an appropriation is made in part 1, the department shall contract with those local agencies best able to serve clients. Factors to be used by the department in evaluating agencies under this section shall include ability to serve high-risk population groups; ability to serve low-income clients, where applicable; availability of, and access to, service sites; management efficiency; and ability to meet federal standards, when applicable. Conference: Concurs with the House.</p>	<p>Delete current law. Per DMB: "Directive and restrictive."</p>	<p>Delete current law.</p>	<p>Sec. 1105. No changes from current law.</p>
<p><i>Requires that family planning programs receiving federal Title X funds be in compliance with federal performance and quality assurance indicators.</i></p> <p>Sec. 1106. Each family planning program receiving federal title X family planning funds shall be in compliance with all performance and quality assurance indicators that the United States bureau of community health services specifies in the family planning annual report. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "Current DCH policy."</p>	<p>Sec. 1106. No changes from current law.</p>	<p>Sec. 1106. No changes from current law.</p>

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p><i>Establishes specific items of instruction as requirements for abstinence education programs expending federal abstinence education funds. Directs that funded programs target teenagers most likely to engage in high-risk behavior. Gives priority in allocation of funds to programs that do not provide contraceptives to minors and that strive to include parental involvement. Qualifying programs may receive funds directly from the department.</i></p> <p>Sec. 1106a. (1) Federal abstinence money expended in part 1 for the purpose of promoting abstinence education shall provide abstinence education to teenagers most likely to engage in high-risk behavior as their primary focus, and may include programs that include 9- to 17-year-olds. Programs funded must meet all of the following guidelines: (a) Teaches the gains to be realized by abstaining from sexual activity. (b) Teaches abstinence from sexual activity outside of marriage as the expected standard for all school age children. (c) Teaches that abstinence is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other health problems. (d) Teaches that a monogamous relationship in the context of marriage is the expected standard of human sexual activity. (e) Teaches that sexual activity outside of marriage is likely to have harmful effects. (f) Teaches that bearing children out of wedlock is likely to have harmful consequences. (g) Teaches young people how to avoid sexual advances and how alcohol and drug use increases vulnerability to sexual advances. (h) Teaches the importance of attaining self-sufficiency before engaging in sexual activity. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1106a. (1) No changes from current law.</p>	<p>Sec. 1106a. (1) No changes from current law.</p>	<p>Sec. 1106a. (1) No changes from current law.</p>
<p>(2) Coalitions, organizations, and programs that do not provide contraceptives to minors and demonstrate efforts to include parental involvement as a means of reducing the risk of teens becoming pregnant shall be given priority in the allocations of funds. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "Local public health departments have been the strongest in delivering the abstinence message (not other coalitions and organizations)."</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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	EXECUTIVE	SENATE	HOUSE
<p>(3) Programs and organizations that meet the guidelines of subsection (1) and criteria of subsection (2) shall have the option of receiving all or part of their funds directly from the department of community health. Conference: Concurs with the Senate and House.</p>	<p>(3) No changes from current law, except: "(3) (2)" and "...subsection (1) and criteria of subsection (2) shall have...".</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p><i>Restricts local administrative, data processing, and evaluation costs to 10% of the amount appropriated for prenatal care outreach and service delivery support.</i></p> <p>Sec. 1107. Of the amount appropriated in part 1 for prenatal care outreach and service delivery support, not more than 10% shall be expended for local administration, data processing, and evaluation. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1107. No changes from current law.</p>	<p>Sec. 1107. No changes from current law.</p>	<p>Sec. 1107. No changes from current law.</p>
<p><i>Prohibits pregnancy prevention 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. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1108. No changes from current law, except: "... in part 1 for ABSTINENCE AND pregnancy prevention programs ...".</p>	<p>Sec. 1108. No changes from current law.</p>	<p>Sec. 1108. No changes from current law.</p>
<p><i>Allocates funds from the dental program to the Michigan Dental Association to administer a volunteer dental program to provide dental services to the uninsured; requires a report by the Department.</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 would provide dental services to the uninsured in an amount that is no less than the amount allocated to that program in fiscal year 1996-1997. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1109. (1) No changes from current law, except: "(-)".</p>	<p>Sec. 1109. (1) No changes from current law.</p>	<p>Sec. 1109. (1) No changes from current law.</p>

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<p>(2) Not later than November 1, 2001, the department shall make available upon request a report to the senate or house of representatives appropriations subcommittee on community health or the senate or house of representatives standing committee on health policy the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures through September 30, 2001. Conference: Concurs with the Senate and House.</p>	Delete current law.	(2) No changes from current law, except: "Not later than November 1, 2001, 2002, ..." and "... through September 30, 2001 2002.	(2) No changes from current law, except: "Not later than November 1, 2001, 2002, ..." and "... through September 30, 2001 2002.
<p>Agencies currently receiving pregnancy prevention and family planning funds shall have the option of receiving those funds directly from the Department and be designated as delegate agencies.</p> <p>Sec. 1110. Agencies that currently receive pregnancy prevention funds and either receive or are eligible for other family planning funds shall have the option of receiving all of their family planning funds directly from the department of community health and be designated as delegate agencies. Conference: Concurs with the Senate and House.</p>	Sec. 1110. No changes from current law.	Sec. 1110. No changes from current law.	Sec. 1110. No changes from current law.
<p>Directs the Department to allocate no less than 87% of family planning and pregnancy prevention funds for the direct provision of services.</p> <p>Sec. 1111. The department shall allocate no less than 87% of the funds appropriated in part 1 for family planning local agreements and the pregnancy prevention program for the direct provision of family planning/pregnancy prevention services. Conference: Concurs with the Senate and House.</p>	Delete current law. Per DMB: "Restrictive."	Sec. 1111. No changes from current law.	Sec. 1111. No changes from current law.
<p>Allocates at least \$1,000,000 to communities with high infant mortality rates.</p> <p>Sec. 1112. From the funds appropriated for prenatal care outreach and service delivery support, the department shall allocate at least \$1,000,000.00 to communities with high infant mortality rates. Conference: Concurs with the Senate and House.</p>	Sec. 1112. No changes from current law.	Sec. 1112. No changes from current law.	Sec. 1112. No changes from current law.

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<p><i>Allocates \$200,000 for education and outreach on fetal alcohol syndrome, the dangers of drug use during pregnancy, and neonatal addiction, and for further development of infant support services to affected families.</i></p> <p>Sec. 1113. From the funds appropriated in part 1 for special projects, the department shall allocate no less than \$200,000.00 to provide education and outreach to targeted populations on the dangers of drug use during pregnancy, neonatal addiction, and fetal alcohol syndrome and further develop its infant support services to target families with infants with fetal alcohol syndrome or suffering from drug addiction. Conference revision, due to part 1 decision: “From the funds appropriated in part 1 CONTINGENT ON THE AVAILABILITY OF ADDITIONAL FUNDS APPROPRIATED for special projects, INCLUDING FUNDS APPROPRIATED PURSUANT TO SECTION 263, the department shall allocate ...”</p>	<p>Sec. 1113. No changes from current law.</p>	<p>Sec. 1113. No changes from current law.</p>	<p>Sec. 1113. No changes from current law.</p>
<p><i>(THIS FY 2001-02 SECTION WAS VETOED BY THE GOVERNOR)</i> <i>Allocates \$200,000 for pilot grants to institutions of higher education for services for enrolled students in need of pregnancy and parenting resources and support services, as a 3-year work project.</i></p> <p>Sec. 1115. From the funds appropriated in part 1 for special projects, the department shall allocate \$200,000.00 for pilot grants to institutions of higher education to make available a network of resources and support services for students enrolled in the participating institution of higher education who are in need of pregnancy and parenting services. The funds shall also be utilized for administration of the grants and assessment of need. This appropriation shall be established as a 3-year work project. For purposes of this section, “institution of higher education” means a university, college, or community college located in the state of Michigan. Conference: Concurs with the House, with the following changes: “... the department shall MAY allocate ...”; “... The funds shall MAY also be utilized ...”; and “... This appropriation shall MAY be established ...”</p>	<p>Not included. Per DMB: “Vetoed – do not restore.”</p>	<p>Not included.</p>	<p>Sec. 1115. No changes from FY 2001-02 Sec. 1115 as ordered enrolled.</p>

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
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<p>PUBLIC ACT 120 OF 2001 (THIS FY 2001-02 SUPPLEMENTAL SECTION WAS VETOED BY THE GOVERNOR) Sec. 225. (Language identical to Sec. 1115 above, except "... the department of community health shall allocate...") Conference: Concurs with the Senate and House.</p>	Not included	Not included.	Not included.
<p><i>Requires the Department to give priority in the awarding of contracts for pregnancy prevention program funds to organizations that provide pregnancy prevention services as their primary function and to local health departments.</i></p> <p>Sec. 1116. The department shall give priority in the awarding of contracts for the funds appropriated in part 1 for the pregnancy prevention program to organizations that provide pregnancy prevention services as their primary function and to local health departments. Conference: Concurs with the Senate, does not include.</p>	Delete current law. Per DMB: "Unnecessary mandate."	Delete current law.	Sec. 1116. No changes from current law.
<p><i>Allocates \$8,488,600 to local public health departments for the purpose of providing EPSDT, maternal and infant support services outreach, and other Medicaid outreach and support services.</i></p> <p>Sec. 1120. The department shall allocate \$8,488,600.00 to local public health departments for the purpose of providing EPSDT, maternal and infant support services outreach, and other Medicaid outreach and support services. Conference: Concurs with the House.</p>	Delete current law. Per DMB: "Restrictive."	Delete current law.	Sec. 1120. No changes from current law, except: "The department shall allocate \$8,488,600.00 APPROPRIATE FUNDS to local..."
<p>(THIS FY 2001-02 SECTION WAS VETOED BY THE GOVERNOR) <i>Allocates \$249,900 for continuation of children's respite services that were funded in FY 2000-01.</i></p> <p>Sec. 1121. From the funds appropriated in part 1 for special projects, \$249,900.00 shall be allocated for the continuation of children's respite services that were funded in fiscal year 2000-2001. Conference: Concurs with the Senate, with the following changes: "From the CONTINGENT ON THE AVAILABILITY OF funds appropriated in part 1 for special projects, \$150,000.00 shall MAY be allocated ..."</p>	Not included. Per DMB: "Vetoed – do not restore."	Sec. 1121. No changes from FY 2001-02 Sec. 1121, as ordered enrolled, except: "...\$249,900.00 \$150,000.00..."	Sec. 1121. No changes from FY 2001-02 Sec. 1121, as ordered enrolled, except: "...\$249,900.00 \$160,000.00..."

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AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires the Department to convene a summit on reducing infant mortality rates, and reducing disparities in minority and nonminority infant mortality rates, and disparities in infant mortality rates between communities in Michigan; provides objectives of the summit, required participants, and required reporting of the summit findings.</i></p> <p>Sec. 1122. The department shall convene an infant mortality summit to focus on the reduction of the disparities in the minority and nonminority infant mortality rates in Michigan, as well as the disparities in the rate between Michigan communities. The summit shall focus on local and national practices that have proven to be effective at accomplishing these reductions. The summit shall also advise the department in prioritizing its efforts in reviewing its Medicaid, public health, and related programs to determine how to improve these systems and cooperation among the organizations, both state and local, to make them more effective. The summit shall consist of 2 members of the house of representatives, 2 members of the senate, and at least 1 representative from each of the following organizations: the Michigan council for maternal and child health, Michigan state medical society, Michigan nurses association, march of dimes, Michigan State University, Michigan SIDS alliance, Michigan association for local public health, Michigan association of health plans, and Michigan health and hospital association. Senate members shall be appointed by the senate majority leader. House members shall be appointed by the speaker of the house of representatives. There shall be equal representation of republican and democratic legislative members of the summit. The department shall report the summit findings to the house and senate appropriations committees no later than March 1, 2002. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "This report will be completed in FY 2002."</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p><i>Requires applicants for new funding for ages 0-5 children's programs over which the Department has control to seek agreement with the comprehensive community plan.</i></p> <p>Sec. 1123. The department shall require that a community application or applicant for new funding, over which the department has control, for birth to age 5 programs, seek agreement with the comprehensive community plan created to meet the application requirements of section 32b of the state school aid act of 1979, 1979 PA 94, MCL 388.1632b. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "Sec. 32b of the State School Aid Act is deleted in the FY03 Executive Recommendation."</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>(THIS FY 2001-02 SECTION WAS VETOED BY THE GOVERNOR)</i> Requires the Department to allocate \$450,000 from federal maternal and child health block grant funds for the statewide fetal infant mortality review network, if additional block grant funds are available. Directs that the network be funded with a like amount in FY 2002-03 if federal funds become available.</p> <p>Sec. 1124. (1) From the funds appropriated in part 1 from the federal maternal and child health block grant, \$450,000.00 shall be allocated if additional block grant funds are available for the statewide fetal infant mortality review network. Conference: Concurs with the House. Enacted: Vetoed by the Governor.</p>	<p>Not included. Per DMB: "Vetoed – do not restore."</p>	<p>Not included.</p>	<p>Sec. 1124. (1) No changes from FY 2001-02 Sec. 1124. (1) as ordered enrolled.</p>
<p>(2) It is the intent of the legislature that this project shall be funded with a like amount in fiscal year 2002-2003 should federal funds become available. Conference: Concurs with the House.</p>	<p>Not included.</p>	<p>Not included.</p>	<p>Sec. 1124. (2) No changes from FY 2001-02 Sec. 1124. (2) as ordered enrolled, except: "…2002-2003 2003-2004 …"</p>
<p><i>(THIS FY 2001-02 SECTION WAS VETOED BY THE GOVERNOR)</i> Allocates up to \$1,500,000 for elementary school-based primary health care programs, and requires participating organizations to provide a 67% funding match.</p> <p>Sec. 1125. Of the funds appropriated in part 1 for adolescent and child health care services, the department shall allocate up to \$1,500,000.00 for an elementary school-based primary health care program. Participating organizations are required to provide a 67% funding match. Participating organizations may bill state or federal insurance programs or private or commercial health insurance programs for services provided. A standardized quality assurance system shall be established by the department for participating organizations. A participating organization shall be eligible to receive a \$25.00 outreach payment through the local health department from the Medicaid outreach program for each person assisted in completing the application process for MIChild or Medicaid. Conference: Concurs with the Senate.</p>	<p>Not included. Per DMB: "Vetoed – do not restore."</p>	<p>Not included.</p>	<p>Sec. 1125. No changes from FY 2001-02 Sec. 1125 as ordered enrolled.</p>

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>(THIS FY 2001-02 SECTION WAS VETOED BY THE GOVERNOR)</i> <i>Directs the Department to cooperate with the Department of Education and the Family Independence Agency in implementing the early childhood collaborative secondary prevention program; requires a report by the Department.</i></p> <p>Sec. 1126. In implementing the early childhood collaborative secondary prevention program, the department shall work cooperatively with the department of education and the family independence agency to address issues and coordinate activities for community-based collaborative prevention services. The department shall report annually on the outcomes of this collaborative effort to the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies. Conference: Concurs with the Executive, due to Part 1 decision.</p>	<p>Not included. Per DMB: "Vetoed – do not restore."</p>	<p>Sec. 1126. No changes from FY 2001-02 Sec. 1126, as ordered enrolled.</p>	<p>Sec. 1126. No changes from FY 2001-02 Sec. 1126, as ordered enrolled.</p>
<p><i>(THIS FY 2001-02 SECTION WAS VETOED BY THE GOVERNOR)</i> <i>Allocates one-time funding of \$200,000 to the Bay County Library System for expansion of services and accommodations for disabled children and adults.</i></p> <p>Sec. 1127. The department shall make a 1-time allocation of \$200,000.00 to the Bay County library system for the purpose of expanding services and accommodations for disabled children and adults. Conference: Concurs with the Senate and House.</p>	<p>Not included. Per DMB: "Vetoed – do not restore."</p>	<p>Not included.</p>	<p>Not included.</p>
<p><i>Requires the Department to make every effort to maximize the receipt of federal Medicaid funds to support the activities of the migrant health care program, as funded by the migrant health services appropriation line item.</i></p> <p>Sec. 1128. The department shall make every effort to maximize the receipt of federal Medicaid funds to support the activities of the migrant health care line item. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "Current practice to maximize federal earnings."</p>	<p>Sec. 1128. No changes from current law.</p>	<p>Sec. 1128. No changes from current law.</p>

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Concurs with the House.			SEC. 1129. THE DEPARTMENT SHALL PROVIDE A REPORT ANNUALLY TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR ON THE NUMBER OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS. THE REPORT SHALL PROVIDE THE INFORMATION BY COUNTY AND SHALL INCLUDE THE LEVEL OF BLOOD LEAD REPORTED.
Conference: Concurs with the Senate, does not include.			SEC. 1132. FROM THE FUNDS APPROPRIATED IN PART 1 FOR LOCAL MCH SERVICES, \$3,000,000.00 SHALL BE ALLOCATED FOR INFANT MORTALITY INTERVENTION PILOT PROJECTS AND SHALL BE DISTRIBUTED EQUALLY TO THE CITIES OF BENTON HARBOR, BATTLE CREEK, GRAND RAPIDS, AND DETROIT.
Conference: Concurs with the House.			SEC. 1133. THE DEPARTMENT SHALL RELEASE INFANT MORTALITY RATE DATA TO ALL LOCAL PUBLIC HEALTH DEPARTMENTS NO LATER THAN 48 HOURS PRIOR TO RELEASING INFANT MORTALITY RATE DATA TO THE PUBLIC.

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p>Conference: Concurs with the House, but revises as follows: "ON THE CONDITION THAT THERE ARE UNALLOCATED FUNDS REMAINING IN THE SPECIAL PROJECTS LINE ITEM, FOLLOWING THE ALLOTMENT OF FUNDS FROM THIS LINE ITEM TO EXISTING PROGRAMS THAT ARE REQUIRED TO BE FUNDED UNDER THIS ACT, THE DEPARTMENT MAY PROVIDE \$100,000.00 TO THE YELLOW RIBBON SUICIDE PREVENTION PROGRAM FOR AN ADOLESCENT SUICIDE AND ASSESSMENT PILOT PROJECT."</p>			<p>SEC. 1134. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, THE DEPARTMENT SHALL PROVIDE \$100,000.00 TO THE YELLOW RIBBON SUICIDE PREVENTION PROGRAM FOR AN ADOLESCENT SUICIDE AND ASSESSMENT PILOT PROJECT.</p>
<p>Conference: SEC. 1135. (1) PURSUANT TO APPLICABLE FEDERAL LAW, THE DEPARTMENT SHALL IMPLEMENT A SPONSOR-TO-ALIEN DEEMING POLICY FOR ALL NONQUALIFIED OR QUALIFIED ALIENS SEEKING SERVICES UNDER ANY MEANS-TESTED STATE-FUNDED PROGRAM. (2) PRIOR TO THE EFFECTIVE DATE OF THE SPECIFIED POLICY IN SUBSECTION (1) BUT NO SOONER THAN OCTOBER 1, 2002, THE DEPARTMENT SHALL SEEK REIMBURSEMENT FROM THE SPONSORS OF RECORD OF ANY NONQUALIFIED OR QUALIFIED ALIEN WHO HAS RECEIVED SERVICES UNDER ANY MEANS-TESTED STATE-FUNDED PROGRAM, UNLESS THE REIMBURSEMENT IS PROHIBITED BY FEDERAL LAW.</p>			
<p>Conference: SEC. 1136. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, THE DEPARTMENT SHALL ALLOCATE A TOTAL OF \$1,100,000.00 TO THE CHILD ADVOCACY CENTERS IN THIS STATE, WITH \$100,000.00 BEING ALLOCATED TO EACH CHILD ADVOCACY CENTER.</p> <p>Enacted: Vetoes by the Governor.</p>			

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><u>PUBLIC ACT 120 OF 2001</u> <i>Sustain migrant health care funding level.</i></p> <p>Sec. 226. It is the intent of the legislature that the department of community health shall restore funding reduced for migrant health care in fiscal year 2000-2001 and continue to fund migrant health care at the fiscal year 2000-2001 enacted appropriations levels from existing resources. Conference: Concurs with the Senate and House.</p>	Delete current law.	Delete current law.	Delete current law.
<p><u>WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM</u></p> <p><i>Requires that the Department effectively utilize existing resources and infrastructure in administering the federal summer food service program for children.</i></p> <p>Sec. 1150. In administering the federal summer food service program for children, the department shall work to effectively utilize when possible resources and infrastructure that are in place for existing food programs administered by the department and other state agencies including the department of education. Conference: Concurs with the House.</p>	Delete current law. Per DMB: "Program on hold due to insufficient funding for administration."	Delete current law.	Sec. 1150. No changes from FY 2001-02 Sec. 1150 as ordered enrolled.
<p><i>Allows the Department to work with local participating agencies to define local annual contributions for the Farmer's Market Nutrition Program, Project FRESH.</i></p> <p>Sec. 1151. The department may work with local participating agencies to define local annual contributions for the farmer's market nutrition program, project FRESH, to enable the department to request federal matching funds by April 1, 2002 based on local commitment of funds. Conference: Concurs with the Senate and House.</p>	Delete current law. Per DMB: "It is the department's current practice to maximize local contributions."	Sec. 1151. No changes from current law, except: "... by April 1, 2002 2003 ..."	Sec. 1151. No changes from current law, except: "... by April 1, 2002 2003 ..."

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

FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><u>CHILDREN'S SPECIAL HEALTH CARE SERVICES</u></p> <p><i>Requires medical care and treatment reimbursement policies to be consistent with the Michigan medical services program.</i></p> <p>Sec. 1201. Funds appropriated in part 1 for medical care and treatment of children with special health care needs shall be paid according to reimbursement policies determined by the Michigan medical services program. Exceptions to these policies may be taken with the prior approval of the state budget director. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1201. No changes from current law.</p>	<p>Sec. 1201. No changes from current law.</p>	<p>Sec. 1201. No changes from current law.</p>
<p><i>Allows the Children's Special Health Care Services program to provide (a) special formula for persons with certain metabolic and allergic disorders; (b) treatment to persons age 21 or older with cystic fibrosis; (c) genetic diagnostic and counseling services; and (d) services to persons age 21 or older with hemophilia.</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 genetic diagnostic and counseling services for eligible families.</p> <p>(d) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1202. No changes from current law.</p>	<p>Sec. 1202. No changes from current law.</p>	<p>Sec. 1202. No changes from current law.</p>
<p><i>Requires that the Department refer clients of the program to the locally based services program in their community.</i></p> <p>Sec. 1203. All children who are determined medically eligible for the children's special health care services program shall be referred to the appropriate locally-based services program in their community. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB, current policy.</p>	<p>Sec. 1203. No changes from current law.</p>	<p>Sec. 1203. No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Crime Victim Services Commission Component**

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><u>CRIME VICTIM SERVICES COMMISSION</u></p> <p><i>Authorizes crime victim services commission per diem amount of \$100.</i></p> <p>Sec. 1301. The per diem amount authorized for the crime victim services commission is \$100.00. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1301. No changes from current law, except: “... \$100.00 \$50.00.”</p> <p>Per DMB: “Make per diem amount consistent with other commissions and councils in DCH budget.”</p>	<p>Sec. 1301. No changes from current law, except: “... \$100.00 \$50.00.”</p>	<p>Sec. 1301. No changes from current law, except: “... \$100.00 \$50.00.”</p>
<p><i>Allocates \$200,000 for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault.</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, training, and counseling. Conference: Concurs with the House.</p>	<p>Delete current law. Per DMB: “This project/expansion will be implemented in FY 2002.”</p>	<p>Sec. 1302. No changes from current law.</p>	<p>Sec. 1302. No changes from current law, except: “... up to \$200,000.00 \$50,000 shall be allocated...” and “... for program coordination, training, and counseling. UNEXPENDED FUNDS SHALL BE CARRIED FORWARD.”</p>
<p><i>If authorized by the Crime Victims Rights Act at any time during Fiscal Year 2001-02, victims of criminal sexual assault shall be eligible to obtain reimbursement of certain medical costs.</i></p> <p>Sec. 1303. (1) From the funds appropriated in part 1 for crime victim rights services grants, victims of criminal sexual assault shall be eligible to obtain reimbursement for the costs of any medically necessary services that may be needed for the collection of evidence used to identify, apprehend, and prosecute the offender or offenders, and that would otherwise be the financial responsibility of the victim. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: “PA 223 of 1976, MCL 18.351 to 18.368 already provides for victims of criminal sexual assault to be reimbursed for these services.”</p>	<p>Sec. 1303. (1) No changes from current law.</p>	<p>Sec. 1303. (1) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Crime Victim Services Commission Component**

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p>(2) This section shall apply only if authorized at any time during fiscal year 2001-2002 by 1976 PA 223, MCL 18.351 to 18.368. Conference: Concurs with the Senate and House.</p>	<p>Delete current law.</p>	<p>(2) This section shall apply only if authorized at any time during fiscal year 2001-2002 by 1976 PA 223, MCL 18.351 to 18.368. DOES NOT TAKE EFFECT UNLESS SENATE BILL NO. 552 OF THE 91ST LEGISLATURE IS ENACTED INTO LAW, ITS EFFECTIVE DATE IS A DATE IN FISCAL YEAR 2002-2003, AND IT AUTHORIZES THE REIMBURSEMENTS DESCRIBED IN SUBSECTION (1).</p>	<p>(2) This section shall apply only if authorized at any time during fiscal year 2001-2002 by 1976 PA 223, MCL 18.351 to 18.368. DOES NOT TAKE EFFECT UNLESS SENATE BILL NO. 552 OF THE 91ST LEGISLATURE IS ENACTED INTO LAW, ITS EFFECTIVE DATE IS A DATE IN FISCAL YEAR 2002-2003, AND IT AUTHORIZES THE REIMBURSEMENTS DESCRIBED IN SUBSECTION (1).</p>
<p>Conference: Concurs with the Senate.</p>		<p>SEC. 1304. THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF STATE POLICE, THE MICHIGAN HOSPITAL ASSOCIATION, THE MICHIGAN STATE MEDICAL SOCIETY, AND THE MICHIGAN NURSES ASSOCIATION TO ENSURE THAT THE RECOMMENDATIONS INCLUDED IN THE "STANDARD RECOMMENDED PROCEDURES FOR THE EMERGENCY TREATMENT OF SEXUAL ASSAULT VICTIMS" ARE FOLLOWED IN THE COLLECTION OF EVIDENCE.</p>	<p>SEC. 1304. THE DEPARTMENT MAY WORK WITH THE DEPARTMENT OF STATE POLICE, THE MICHIGAN HOSPITAL ASSOCIATION, THE MICHIGAN STATE MEDICAL SOCIETY, AND THE MICHIGAN NURSES ASSOCIATION TO ENSURE THAT THE RECOMMENDATIONS INCLUDED IN THE "STANDARD RECOMMENDED PROCEDURES FOR THE EMERGENCY TREATMENT OF SEXUAL ASSAULT VICTIMS" ARE FOLLOWED IN THE COLLECTION OF EVIDENCE.</p>

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><u>OFFICE OF SERVICES TO THE AGING</u></p> <p><i>Restricts funding for community, nutrition, and home services to eligible individuals, at least 60 years of age, who fail to qualify for home care services under certain federal provisions.</i></p> <p>Sec. 1401. The appropriation in part 1 to the office of services to the aging, for community and nutrition services and home 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 of the social security act, chapter 531, 49 Stat. 620. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1401. No changes from current law.</p>	<p>Sec. 1401. No changes from current law, except: “...under title XVIII, XIX, or XX of the social security act, chapter 531, 49 Stat. 620.”</p>	<p>Sec. 1401. No changes from current law, except: “...under title XVIII, XIX, or XX of the social security act, chapter 531, 49 Stat. 620.”</p>
<p><i>Requires regions to report home delivered meals waiting lists to the Office of Services to the Aging; provides standard waiting list criteria.</i></p> <p>Sec. 1403. The office of services to the aging shall require each region to report to the office of services to the aging 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. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1403. No changes from current law.</p>	<p>Sec. 1403. No changes from current law.</p>	<p>Sec. 1403. No changes from current law.</p>

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Allows the Office of Services to the Aging to receive and expend fees for the provision of day care, care management, and respite care.</i></p> <p>Sec. 1404. The office of services to the aging may receive and expend fees for the provision of day care, care management, and respite care. The office of services to the aging shall base the fees on a sliding scale taking into consideration the client income. The office of services to the aging shall use the fees to expand services. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1404. The office of services to the aging AREA AGENCIES AND LOCAL PROVIDERS may receive and expend fees for the provision of day care, care management, and respite care, AND CERTAIN ELIGIBLE HOME AND COMMUNITY-BASED SERVICES. The office of services to the aging FEES shall base the fees BE BASED on a sliding scale, taking CLIENT INCOME into consideration the client income. The office of services to the aging FEES shall BE USED use the fees to expand services.</p> <p>Per DMB: "The state (Office of Services to the Aging) does not receive the funds. They are received at the local level. The 2000 amendments to the Older Americans Act allow states to develop cost sharing policies for certain home and community-based services."</p>	<p>Sec. 1404. (Same as the Executive) The office of services to the aging AREA AGENCIES AND LOCAL PROVIDERS may receive and expend fees for the provision of day care, care management, and respite care, AND CERTAIN ELIGIBLE HOME AND COMMUNITY-BASED SERVICES. The office of services to the aging FEES shall base the fees BE BASED on a sliding scale, taking CLIENT INCOME into consideration the client income. The office of services to the aging FEES shall BE USED use the fees to expand services.</p>	<p>Sec. 1404. (Same as the Executive) The office of services to the aging AREA AGENCIES AND LOCAL PROVIDERS may receive and expend fees for the provision of day care, care management, and respite care, AND CERTAIN ELIGIBLE HOME AND COMMUNITY-BASED SERVICES. The office of services to the aging FEES shall base the fees BE BASED on a sliding scale, taking CLIENT INCOME into consideration the client income. The office of services to the aging FEES shall BE USED use the fees to expand services.</p>
<p><i>Allows the Office of Services to the Aging to receive and expend Medicaid funds for care management services.</i></p> <p>Sec. 1405. The office of services to the aging may receive and expend Medicaid funds for care management services. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "These funds are appropriated and additional legal base is unnecessary."</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires that the \$5,000,000 respite care appropriation of tobacco settlement funds shall be used only for direct respite care or adult respite care center services, and shall be allocated according to a long-term care plan. Limits 10% of the allocation for administrative purposes.</i></p> <p>Sec. 1406. The appropriation of \$5,000,000.00 of tobacco settlement funds to the office of services to the aging for the respite care program shall be allocated in accordance with a long-term care plan developed by the long-term care working group established in section 1657 of 1998 PA 336 upon implementation of the plan. The plan shall be implemented upon meeting the requirements of section 1684 of this act. The use of the funds shall be for direct respite care or adult respite care center services. Not more than 10% of the amount allocated under this section shall be expended for administration and administrative purposes. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: "Reiterates current policy."</p>	<p>Sec. 1406. No changes from current law, except: "...upon implementation of the plan. The plan shall be implemented upon meeting the requirements of section 1684 of this act. The use of the funds..."</p>	<p>Sec. 1406. No changes from current law, except: "...upon implementation of the plan. The plan shall be implemented upon meeting the requirements of section 1684 of this act. The use of the funds..."</p>

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires that the \$3,046,000 long-term care advisor appropriation of tobacco settlement funds shall be allocated according to a long-term care plan, and that the activities of the long-term care advisor shall support awareness for a continuum of care for older adults and shall promote and support family involvement.</i></p> <p>Sec. 1407. (1) The appropriation of \$3,046,000.00 of tobacco settlement funds to the office of services to the aging for the long-term care advisor shall be allocated in accordance with a long-term care plan developed by the long-term care working group established in section 1657 of 1998 PA 336 upon implementation of the plan. The plan shall be implemented upon meeting the requirements of section 1684 of this act. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1407. (1) No changes from current law, except: “The appropriation of \$3,046,000.00 AMOUNT APPROPRIATED IN PART 1 of tobacco settlement funds REVENUE to ...” and “... The plan shall be implemented upon meeting the requirements of section 1684 of this act.”</p> <p>Per DMB: “The reference to Sec. 1684 is deleted, as this section is recommended for deletion. Since the entire line is dedicated to one purpose, there is no need to list a dollar amount.”</p>	<p>Sec. 1407. (1) No changes from current law, except: “The appropriation of \$3,046,000.00 \$761,000.00 of tobacco settlement funds ...” and “... The plan shall be implemented upon meeting the requirements of section 1684 of this act.”</p>	<p>Sec. 1407. (1) No changes from current law, except: “The appropriation of \$3,046,000.00 \$761,000.00 of tobacco settlement funds ...” and “... The plan shall be implemented upon meeting the requirements of section 1684 of this act.”</p>
<p>(2) Activities of the long-term care advisor shall support awareness for a continuum of care for older adults including assisted living arrangements, and shall promote and support family involvement. Conference: Concurs with the Senate and House.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p><i>Requires the Office of Services to the Aging to award local funds in accordance with locally determined needs.</i></p> <p>Sec. 1408. The office of services to the aging shall provide that funds appropriated under this act shall be awarded on a local level in accordance with locally determined needs. Conference: Concurs with the Senate and House.</p>	<p>Delete current law. Per DMB: “Restrictive.”</p>	<p>Sec. 1408. No changes from current law.</p>	<p>Sec. 1408. No changes from current law.</p>

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

AS OF 2/7/02 FY 2001-2002 CURRENT LAW	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Establishes the Legislature's support of locally based services, support of local counties in their approval of area agency on aging plans and in changing membership of area agencies on aging in their region, and the Legislature's intent to prohibit area agencies on aging from providing direct services unless a waiver has been received from the Department.</i></p> <p>Sec. 1413. The legislature affirms the commitment to locally-based services. The legislature supports the role of local county board of commissioners in the approval of area agency on aging plans. The legislature supports choice and the right of local counties to change membership in the area agencies on aging if the change is to an area agency on aging that is contiguous to that county. The legislature supports the office of services to the aging working with others to provide training to commissions to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, including home and community-based waiver services, unless they receive a waiver from the department. The legislature's intent in this section is conditioned on compliance with federal and state laws, rules, and policies. Conference: Concurs with the Senate and House.</p>	Delete current law.	Sec. 1413. No changes from current law.	Sec. 1413. No changes from current law.
<p><i>Establishes the Legislature's commitment to provide in-home services, resources and assistance for the frail elderly who are not being served by the Medicaid home and community-based services waiver program.</i></p> <p>Sec. 1416. The legislature affirms the commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home and community services waiver program. Conference: Concurs with the Senate and House.</p>	Delete current law.	Sec. 1416. No changes from current law.	Sec. 1416. No changes from current law.

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

FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p>MEDICAL SERVICES ADMINISTRATION</p> <p><i>Allows the Michigan Essential Health Care Provider program to be used for educational loan repayment on behalf of dentists who meet the criteria specified in part 27 of the Public Health Code.</i></p> <p>Sec. 1501. 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. Conference: Retain current law and transfer to Sec. 304.</p>	<p>Sec. 304. Transfers section to Departmentwide Administration unit along with the Michigan Essential Health Care Provider line item.</p>	<p>Sec. 304. Transfers section to Departmentwide Administration unit along with the Michigan Essential Health Care Provider line item.</p>	<p>Sec. 304. Transfers section to Departmentwide Administration unit along with the Michigan Essential Health Care Provider line item.</p>
<p><i>Directs the Department to continue to fund multicultural agencies which provide primary care services.</i></p> <p>Sec. 1502. The department is directed to continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1. Conference: Concurs with the Senate and House.</p>	<p>Sec. 305. Transfers section to Departmentwide Administration unit along with the Primary Care Services line item.</p>	<p>Sec. 305. Transfers section to Departmentwide Administration unit along with the Primary Care Services line item.</p>	<p>Sec. 305. Transfers section to Departmentwide Administration unit along with the Primary Care Services line item.</p>
<p><i>Allocates \$316,200 for education/promotion of palliative care and requires a report on the hospice pilot project by April 1, 2002.</i></p> <p>Sec. 1503. From the amounts appropriated in part 1 for palliative and end of life care, \$316,200.00 shall be allocated for education programs on and promotion of palliative care, hospice, and end of life care. The department shall provide a report on the interim results of the hospice pilot project to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies by April 1, 2002. Conference: Retain current section but reduce \$ amount to \$166,200 and changes report date to October 1, 2002.</p>	<p>Delete current law. Per DMB, report will be completed in FY 2001-02.</p>	<p>Delete current law.</p>	<p>Sec. 311. No changes from current law except for date change to October 1, 2002.</p>
<p><i>Provides at least the same amount of Primary Care Services to the Arab American and Chaldean Council and ACCESS as was appropriated in FY 1999-00.</i></p> <p>Sec. 1504. From the funds appropriated in part 1 for primary care services, the department shall appropriate at least the same level of financing for the Arab American and Chaldean council, and ACCESS that was appropriated in fiscal year 1999-2000. Conference: Delete current law.</p>	<p>Delete current law Per DMB, earmarks funds.</p>	<p>Delete current law</p> <p>See new Sec. 307 that specifies primary care funding to various organizations and criteria for allocation of remaining funds.</p>	<p>Delete current law</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Directs the Department of Community Health, in conjunction with the Department of Consumer and Industry Services, to explore options for extending health coverage to the working disabled through the federal "Ticket to Work" legislation, and requires a report by October 1, 2001.</i></p> <p>Sec. 1505. The department shall work with the department of career development to explore options available under the federal "Ticket to Work and Work Incentives Improvement Act of 1999". The department shall provide a report on the options to extend health care coverage for working disabled persons under federal law by October 1, 2001. Conference: Retain current law with report date change.</p>	<p>Delete current law. Per DMB, report will be completed in FY 2001-02.</p>	<p>Sec. 1505. No changes from current law except for report date change to October 1, 2002.</p>	<p>Sec. 1505. No changes from current law except for report date change to October 1, 2002.</p>
<p><i>Allocates up to \$4.0 million to enhance the service capacity of federally qualified health centers and similar health clinics providing primary care services.</i></p> <p>Sec. 1506. From the funds appropriated in part 1 for primary care services, an amount not to exceed \$4,000,000.00 is appropriated to enhance the service capacity of the federally qualified health centers and other health centers which are similar to federally qualified health centers. Conference: Retain current law, but change dollar amount to \$2,890,500.</p>	<p>Delete current law. Per DMB, earmarks funds.</p>	<p>Delete current law and add: Sec. 307. Identifies each organization and the funding amount to be received from the monies in the Primary Care Services line.</p>	<p>Retains current law, but changes dollar amount to \$5,490,900 and appropriates \$150,000 to the Sterling area health center.</p>
<p><i>Authorizes the Department to allocate \$100,000 to free health clinics, establish an advisory committee, and register health clinics receiving funding on a form designed by the advisory committee.</i></p> <p>Sec. 1507. From the funds appropriated in part 1 for primary care services, \$100,000.00 may be allocated to free health clinics operating in the state. An advisory committee may be appointed by the department and include not less than 4 members representing free health clinics, 1 member representing the Michigan state medical society, 1 member representing the Michigan health and hospital association, and 1 member representing nurse practitioners. Health clinics receiving funding under this section shall register with the department by submitting a form to be designed by the committee. For the purpose of this appropriation, free health clinics are health care facilities that provide services without charge or compensation. Conference: Delete current law.</p>	<p>Delete current law.</p>	<p>Sec. 308. No changes from current law except for increase in funding amount from \$100,000 to \$200,000.</p>	<p>Sec. 308. No changes from current law except for increase in funding amount from \$100,000 to \$250,000.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Establishes \$50,000 for the "Ticket to Work" program as a work project to be carried forward in FY 2001-02.</i></p> <p>Sec. 2201. Of the amount appropriated to medical services administration for the "Ticket to Work" initiative in 2000 PA 296, \$50,000.00 shall be considered a work project. Those funds shall not lapse on September 30,2000 and shall be carried forward for the purpose of supporting expenditures for the "Ticket to Work" initiative in fiscal year 2001-2002. Conference: Retain as section 1507 with date change to September 30, 2002 and fiscal year change to 2001-2002.</p>	Deleted current law.	Sec. 1507. No changes except for date change to September 30, 2002 and fiscal year change to 2001-2002.	Sec. 1507. No changes except for date change to September 30, 2002 and fiscal year change to 2001-2002.
<p>Conference: Concurs with the House.</p> <p>Enacted: Vetoed by the Governor.</p>			<p>NEW SECTION</p> <p>Sec. 1508. From the funds appropriated in part 1 for MICHild administration, up to \$200,000.00 shall be allocated to school district health center training and assistance in MICHild enrollment, delivery system coordination, and service reimbursement procedures.</p>
<p>MEDICAL SERVICES <i>Includes remedial service costs in 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. Conference: No changes from current law.</p>	Sec. 1601. No changes from current law.	Sec. 1601. No changes from current law.	Sec. 1601. No changes from current law.
<p><i>Provides Medicaid eligibility to low income elderly and disabled persons up to 100% of the poverty level.</i></p> <p>Sec. 1602. Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty line, pursuant to the state's option to elect such coverage set out at section 1902(a)(10)(A)(ii) and (m) of title XIX, chapter 531, 49 Stat. 620, 42 U.S.C. 1396a. Conference: No changes from current law.</p>	Sec. 1602. No changes from current law.	Sec. 1602. No changes from current law.	Sec. 1602. No changes from current law.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Authorizes establishment of 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 persons to purchase medical coverage at a rate determined by the department. (2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1. (3) The premiums described in this section shall be classified as private funds. Conference: No changes from current law.</p>	<p>Sec. 1603. No changes from current law.</p>	<p>Sec. 1603. No changes from current law.</p>	<p>Sec. 1603. No changes from current law.</p>
<p><i>Establishes Medicaid eligibility for mothers of unborn children if other eligibility criteria are met, and requires the Department to ensure that prenatal care is provided.</i></p> <p>Sec. 1604. The mother of an unborn child shall be eligible for medical services benefits for herself and her child if all other eligibility factors are met. To be eligible for these benefits, the applicant shall provide medical evidence of her pregnancy. If she is unable to provide the documentation, payment for the examination may be at state expense. The department of community health shall undertake measures necessary to ensure that necessary prenatal care is provided to medical services eligible recipients. Conference: Delete current law.</p>	<p>Delete current law. Per DMB, contradicts section 1607 that provides presumptive eligibility for pregnant women.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p>Conference: Retain House section with report date change to March 1, 2003.</p>			<p>NEW SECTION Sec. 1604. (1) The department shall ascertain the steps required for federal approval to utilize the social security substantial gainful activity level as the state's Medicaid spend-down protected income level for nonelderly individuals receiving social security disability income.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
			<p>(2) The department, after appropriate consultation with the federal government, shall project an annual cost to the department's budget if federal approval for the protected income level change referenced in subsection (1) were granted.</p> <p>(3) Not later than November 1, 2002, the department shall report its findings regarding subsections (1) and (2) to the members of the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.</p>
<p>Establishes the Medicaid protected income level at 100% of the public assistance standard, and requires 90 day notice prior to implementation of changes in the protected income level.</p> <p>Sec. 1605. (1) 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. Conference: No changes from current law.</p>	<p>Sec. 1605. (1) No changes from current law.</p>	<p>Sec. 1605. (1) No changes from current law.</p>	<p>Sec. 1605. (1) No changes from current law.</p>
<p>(2) The department shall notify the senate and house of representatives appropriations subcommittees on community health of any proposed revisions to the protected income level for Medicaid coverage related to the public assistance standard 90 days prior to implementation. Conference: Concurs with the House.</p>	<p>(2) Adds "AND THE STATE BUDGET OFFICE" to the list of entities to be notified of proposed revisions to the Medicaid protected income level.</p>	<p>(2) No changes from current law.</p>	<p>(2) Adds "AND THE STATE BUDGET DIRECTOR" to the list of entities to be notified of proposed revisions to the Medicaid protected income level.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	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. Conference: No changes from current law.</p>	<p>Sec. 1606. No changes from current law.</p>	<p>Sec. 1606. No changes from current law.</p>	<p>Sec. 1606. No changes from current law</p>
<p><i>Requires pregnant Medicaid to be presumed eligible unless the preponderance of the evidence in the application indicates otherwise. Sets procedures to facilitate access to health care including provision of an authorization letter, a listing of Medicaid physicians and health plans, and exemption from mandatory managed care enrollment.</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. Conference: No changes from current law.</p>	<p>Sec. 1607. (1) No changes from current law.</p>	<p>Sec. 1607. (1) No changes from current law.</p>	<p>Sec. 1607. (1) No changes from current law except to change "shall" to "may".</p>
<p>(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. In addition, the applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence. Conference: No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) An applicant that selects a Medicaid provider, other than a managed care plan, from which to receive pregnancy services, shall not be required to enroll in a managed care plan until the end of the second month postpartum. Conference: No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p>(4) 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. Conference: No changes from current law.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p>(5) 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. Conference: No changes from current law.</p>	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.
<p><i>Provides for a pamphlet on patient rights and responsibilities to be available to providers.</i></p> <p>Sec. 1608. The department shall make available to health care providers a pamphlet identifying patient rights and responsibilities described in section 20201 of the public health code, 1978 PA 368, MCL 333.20201. Conference: Concurs with the Senate and House.</p>	Delete current law. Per DMB, current policy.	Sec. 1608. Amended to require update the pamphlet by October 1, 2002 and distribution by November 1, 2002.	Sec. 1608. Amended to require update the pamphlet by October 1, 2002 and distribution by November 1, 2002.
<p><i>Requires DCH to provide a provider grievance process, and payment within 9 months following cost report submission.</i></p> <p>Sec. 1610. The department of community health shall provide an administrative procedure for the review of cost report grievances by medical services providers with regard to reimbursement under the medical services program. Settlements of properly submitted cost reports shall be paid not later than 9 months from receipt of the final report. Conference: No changes from current law.</p>	Delete current law. Per DMB, current policy.	Sec. 1610. No changes from current law.	Sec. 1610. No changes from current law.
<p><i>Requires Medicaid payment to be accepted as payment in full. Hospital payments for dually eligible Medicare/Medicaid patients are to include capital payments.</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 copayment, 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. Conference: No changes from current law.</p>	Sec. 1611. (1) No changes from current law.	Sec. 1611. (1) No changes from current law.	Sec. 1611. (1) No changes from current law.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<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>Conference: No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Expresses legislative intent that a uniform Medicaid billing form be developed and requires bimonthly reports on the progress of the initiative. Requires HMOs to adhere to the time frames for payment to providers provided in state law.</i></p> <p>Sec. 1612. (1) It is the intent of the legislature that a uniform Medicaid billing form be developed by the department in consultation with affected Medicaid providers. Every 2 months, the department shall provide reports to members of the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies on the progress of this initiative.</p> <p>Conference: Concurs with the House.</p>	<p>Delete current law. Per DMB, uniform Medicaid billing form to be completed in FY 2001-02.</p>	<p>Sec. 1612. (1) No changes from current law.</p>	<p>Sec. 1612. (1) It is the intent of the legislature that a uniform Medicaid AND SCHOOL BASED SERVICES billing form be developed ...</p>
<p>(2) HMOs that contract with the department to provide services to the Medicaid population shall adhere to the time frames for payment of clean claims as defined in section 111i(2)(a) of 2000 PA 187 submitted by health professionals and facilities and provide notice of any defect in claims submitted as specified in section 111i of 2000 PA 187.</p> <p>Conference: No changes from current law.</p> <p>Enacted: Vetoes by the Governor.</p>	Sec. 1612. No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Continues the work group established in FY 2000-01 on rebasing of the Medicaid payment fee schedule for physician and outpatient hospital services and provides for bimonthly reports until the rebasing is completed.</i></p> <p>Sec. 1613. (1) The workgroup established in section 1703 of 2000 PA 296 shall continue until the rebasing of the Medicaid fee schedule for physician and outpatient hospital services is completed.</p> <p>Conference: Delete current law.</p>	<p>Delete current law. Per DMB, rebasing of Medicaid fee screens to be completed in FY 2001-02.</p>	Delete current law.	Delete current law.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
(2) The workgroup shall provide a bimonthly report, beginning October 1, 2001, to the senate and house of representatives appropriations subcommittees on community health and senate and house fiscal agencies, of the activities of the workgroup and the expected date for the completion of the rebasing. Conference: Delete current law.	Delete current law.	Delete current law.	Delete current law.
<i>Allows the Department to rebase inpatient hospital rates if, in the aggregate, the rebasing is budget neutral.</i> Sec. 1614. The department may rebase Medicaid fee for service rates for inpatient hospital services in fiscal year 2001-2002 if, in the aggregate for inpatient services, the rebasing is budget neutral. Conference: Concurs with the Senate and House.	Delete current law. Per DMB, rates to be rebased in FY 2001-02.	Sec. 1614. The department may rebase Medicaid fee for service rates for SHALL RECALCULATE HOSPITAL INPATIENT RATES THAT WERE GENERATED FROM THE REBASING OF FEE-FOR-SERVICE HOSPITAL INPATIENT-RATES THAT WAS COMPLETED hospital services in fiscal year 2001-2002. if, in the THE aggregate for inpatient services, the rebasing is ADJUSTMENT MADE IN THIS RECALCULATION SHALL BE budget neutral.	Sec. 1614. The department may rebase Medicaid fee for service rates for SHALL RECALCULATE HOSPITAL INPATIENT RATES THAT WERE GENERATED FROM THE REBASING OF FEE-FOR-SERVICE HOSPITAL inpatient RATES THAT WAS COMPLETED hospital services in fiscal year 2001-2002. if, in the THE aggregate for inpatient services, the rebasing is ADJUSTMENT MADE IN THIS RECALCULATION SHALL BE budget neutral.
Conference: Concurs with the House but also changes date for implementation to April 1, 2003.			NEW SECTION Sec. 1615. Unless prohibited by federal or state law or regulation, the department may require enrolled Medicaid providers to submit their billings for services electronically. The department shall also develop and implement a program that provides a mechanism for Medicaid providers to submit their billings for services over the Internet.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Maintains the pharmacy dispensing fee at \$3.77 and sets recipient copayments of \$0.50 for generic prescription drugs and \$3.00 for brand name drugs with generic equivalents, except as prohibited by law. Provides for reimbursement of the copayment amount for those unable to pay. If such payment is prohibited by federal law, all drug copays revert to \$1.00.</i></p> <p>Sec. 1620. (1) Effective October 1, 2001, the pharmaceutical dispensing fee shall be \$3.77 or the usual or customary cash charge, whichever is less. If a Medicaid recipient is 21 years of age or older, the department shall require a \$0.50 per prescription copayment for a generic drug and a copayment of \$3.00 or less for a brand name drug for which an equivalent generic drug is available, except as prohibited by federal or state law or regulation. Conference: Concurs with the Executive.</p>	<p>Sec. 1620. (1) Effective October 1, 2001 FOR FEE-FOR-SERVICE RECIPIENTS, the pharmaceutical dispensing fee shall be \$3.77 or the PHARMACY'S usual or customary cash charge, whichever is less. If a Medicaid recipient is 21 years of age or older, the department shall require a \$0.50 per prescription copayment for a generic drug and a copayment of \$3.00 or less for a brand name drug for which an equivalent generic drug is available, except as prohibited by federal or state law or regulation.</p>	<p>Sec. 1620. (1) No changes from current law except for date change to October 1, 2002.</p>	<p>Sec. 1620. (1) Effective October 1, 2001 FOR FEE-FOR-SERVICE RECIPIENTS, the pharmaceutical dispensing fee shall be \$3.77 or the PHARMACY'S usual or customary cash charge, whichever is less. If a Medicaid recipient is 21 years of age or older, the department shall require a \$0.50 per prescription copayment for a generic drug and a copayment of \$3.00 or less for a brand name drug for which an equivalent generic drug is available, except as prohibited by federal or state law or regulation.</p>
<p>Conference: Concurs with the Executive.</p>	<p>(2) WHEN CARVED OUT OF THE CAPITATION RATE FOR MANAGED CARE RECIPIENTS, THE PHARMACEUTICAL DISPENSING FEE SHALL BE \$3.77 OR THE PHARMACY'S USUAL OR CUSTOMARY CASH CHARGE ALLOWED BY THE RECIPIENT'S MEDICAID HMO, WHICHEVER IS LESS.</p>	<p>Not included.</p>	<p>(2) WHEN CARVED OUT OF THE CAPITATION RATE FOR MANAGED CARE RECIPIENTS, THE PHARMACEUTICAL DISPENSING FEE SHALL BE \$3.77 OR THE PHARMACY'S USUAL OR CUSTOMARY CASH CHARGE ALLOWED BY THE RECIPIENT'S MEDICAID HMO, WHICHEVER IS LESS.</p>
<p>(2) The state shall reimburse the provider for the amount of a copayment if a Medicaid recipient is unable to pay that amount. If federal law prohibits that reimbursement, the prescription copayments in subsection (1) shall revert to the \$1.00 per prescription copayment described in 2000 PA 187, effective October 1, 2001. Conference: Concurs with the Executive.</p>	<p>Delete current law and insert: (3) THE DEPARTMENT SHALL REQUIRE A PRESCRIPTION COPAYMENT FOR MEDICAID RECIPIENTS, EXCEPT AS PROHIBITED BY FEDERAL OR STATE LAW OR REGULATION.</p>	<p>(2) No changes from current law except for date change to October 1, 2002.</p>	<p>Delete current law and insert: (3) THE DEPARTMENT SHALL REQUIRE A PRESCRIPTION COPAYMENT FOR MEDICAID RECIPIENTS, EXCEPT AS PROHIBITED BY FEDERAL OR STATE LAW OR REGULATION.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Authorizes drug utilization review and disease management systems with physician oversight and consultation with various medical provider groups. Prohibits therapeutic substitution.</i></p> <p>Sec. 1621. (1) The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review and disease management systems authorized by this subsection shall have physician oversight, shall focus on patient, physician, and pharmacist education, and shall be developed in consultation with the national pharmaceutical council, Michigan state medical society, Michigan association of osteopathic physicians, Michigan pharmacists' association, Michigan health and hospital association, and Michigan nurses' association. Conference: No changes from current law.</p>	<p>Delete current law. Per DMB, drug utilization review is departmental practice, required by federal law, and included in the pharmacy benefit manager contract.</p>	<p>Sec. 1621. (1) No changes from current law.</p>	<p>Sec. 1621. (1) No changes from current law.</p>
<p>(2) This section does not authorize or allow therapeutic substitution. Conference: No changes from current law.</p>	<p>Delete current law. Per DMB, therapeutic substitution is not legal under the pharmacy practice act.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p><i>Authorizes implementation of a mail order pharmacy program if the state law prohibiting Michigan firms from operating a mail order pharmacy is repealed.</i></p> <p>Sec. 1622. The department may implement a mail-order pharmacy program for the noncapitated portion of the Medicaid program after a study by the department is submitted to the house of representatives and senate appropriations subcommittees on community health and after the repeal of section 17763(a) of the public health code, 1978 PA 368, MCL 333.17763. Conference: Delete current law.</p>	<p>Delete current law. Per DMB, study will be completed in FY 2001-02 and the Department can implement if 17763(a) of the public health code is repealed.</p>	<p>Sec. 1622. No changes from current law.</p>	<p>Delete current law.</p>
<p>Conference: Concurs with the House.</p>			<p>NEW SECTION</p> <p>Sec. 1622. The department shall implement a pharmaceutical best practice initiative. All of the following apply to that initiative:</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Concurs with the House.			<p>(a) A physician that calls the department's agent for prior authorization of drugs that are not on the department's preferred drug list shall immediately be informed of the option to speak to the agent's physician on duty concerning the prior authorization request if the agent's pharmacist denies the prior authorization request. If immediate contact with the agent's physician on duty is requested, but cannot be arranged, the physician placing the call shall be immediately informed of the right to request a 72-hour supply of the nonauthorized drug.</p>
Conference: Concurs with the House.			<p>(b) The department's prior authorization and appeal process shall be available on the department's website. The department shall also develop and implement a program that allows providers to file prior authorization and appeal requests electronically by October 1, 2002.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Concurs with the House.			(c) The department shall provide authorization for prescribed drugs that are not on its preferred drug list if the prescribing physician verifies that such medications are necessary for the continued stabilization of the patient's medical condition following previous failures on earlier prescription regimens. Documentation of previous failures may be provided by telephone, facsimile, or electronic submission.
Conference: Concurs with the House.			(d) Meetings of the department's pharmacy and therapeutics committee shall be open to the public with advance notice of the meeting date, time, place, and agenda posted on the department's website 14 days in advance of each meeting date. By January 31 of each year, the department shall publish the committee's regular meeting schedule for the year on the department's website. The pharmacy and therapeutics committee meetings shall be subject to the requirements of Michigan's open meetings act, 1976 PA 267, MCL15.261 to 15.275. The committee shall provide an opportunity for interested parties to comment at each meeting following written notice to the committee's chairperson of the intent to provide comment.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Concurs with the House.			(e) The pharmacy and therapeutics committee shall make recommendations for the inclusion of medications on the preferred drug list based on sound clinical evidence found in labeling, drug compendia, and peer reviewed literature pertaining to use of the drug in the relevant population. The committee shall develop a method to receive notification and clinical information about new drugs. This process and the necessary forms shall be posted on the department's website.
Conference: Replace with House section 1625(c).			(f) The pharmacy and therapeutics committee's recommendations for the inclusion of medications on the preferred drug list shall be submitted to the members of the house and senate subcommittees on community health for their approval.
Conference: Concurs with the House.			(g) The department shall by March 15, 2003, provide to the members of the house and senate subcommittees on community health, a report on the impact of the pharmaceutical best practice initiative on the Medicaid community. The report shall include, but not be limited to, the number of appeals used in the prior authorization process and any reports of patients who are hospitalized because of authorization denial.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Replace with House section 1625(a).			(h) The department shall recommend to the governor, for appointment, an individual to represent consumers on the pharmacy and therapeutics committee.
<i>Continues the current Medicaid policy that allows for the dispensing of 100-day supply for maintenance drugs and notice to medical providers regarding this policy. Requires the dispensing of medication in the quantity prescribed unless subsequent consultation with the physician indicates otherwise.</i>			
Sec. 1623. (1) The department shall continue the Medicaid policy that allows for the dispensing of a 100-day supply for maintenance drugs. Conference: No changes from current law.	Delete current law. Per DMB, current department al practice	Sec. 1623. (1) No changes from current law.	Sec. 1623. (1) No changes from current law.
(2) The department shall notify all HMOs, physicians, pharmacies, and other medical providers that are enrolled in the Medicaid program that Medicaid policy allows for the dispensing of a 100-day supply for maintenance drugs. Conference: No changes from current law.	Delete current law. Per DMB, the department has notified health care providers of this requirement in its provider manuals.	(2) No changes from current law.	(2) No changes from current law.
(3) The notice in subsection (2) shall also clarify that a pharmacy shall fill a prescription written for maintenance drugs in the quantity specified by the physician, but not more than the maximum allowed under Medicaid, unless subsequent consultation with the prescribing physician indicates otherwise. Conference: No changes from current law.	Delete current law	(3) No changes from current law.	(3) No changes from current law.
Conference: Concurs with the Senate.	NEW SECTION Sec. 1624. An additional \$20,000,000 in tobacco settlement funds are hereby appropriated to the elder prescription insurance coverage program if the state budget director certifies that the federal funds appropriated in the program are unavailable and that sufficient tobacco settlement revenue is available to finance this appropriation.	Sec. 1624. (1) An additional \$20,000,000 in FROM THE tobacco settlement TRUST funds are hereby IS appropriated to the elder prescription insurance coverage program if the state budget director certifies that the federal funds appropriated in the program are unavailable and that sufficient tobacco settlement revenue is available to finance this appropriation.	Sec. 1624. (1) An additional \$21,000,000 in FROM THE tobacco settlement TRUST funds are hereby IS appropriated to the elder prescription insurance coverage program if the state budget director certifies that the federal funds appropriated in the program are unavailable and that sufficient tobacco settlement revenue is available to finance this appropriation.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
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Conference: Concurs with the Senate and House.		As used in this section, "tobacco settlement revenue" and "tobacco settlement trust fund" mean those terms as defined in section 2 of the Michigan trust fund act, 2000 pa 489, mcl12.252.	As used in this section, "tobacco settlement revenue" and "tobacco settlement trust fund" mean those terms as defined in section 2 of the Michigan trust fund act, 2000 pa 489, mcl12.252.
Conference: Concurs with the Senate and House.		(2) None of the tobacco settlement or other state restricted revenue appropriated by the department to the epic program in fiscal year 2001-2002 shall lapse.	(2) None of the tobacco settlement or other state restricted revenue appropriated by the department to the epic program in fiscal year 2001-2002 shall lapse.
Conference: Concurs with the Senate and House.		(3) The department shall place any funds that would have lapsed in a reserve account for the sole purpose of providing revenue to fund the epic program during fiscal year 2002-2003, in the event the proposed federal revenue to enhance epic program funding is not available.	(3) The department shall place any funds that would have lapsed in a reserve account for the sole purpose of providing revenue to fund the epic program during fiscal year 2002-2003, in the event the proposed federal revenue to enhance epic program funding is not available.
Conference: Concurs with the Senate and House.		(4) If the proposed federal funds become available, the reserved tobacco settlement funds may either be lapsed to the tobacco settlement trust fund or the Medicaid trust fund.	(4) If the proposed federal funds become available, the reserved tobacco settlement funds may either be lapsed to the tobacco settlement trust fund or the Medicaid trust fund.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Concurs with the House and includes in section 1622 (h).			<p>NEW SECTION</p> <p>Sec. 1625. Implementation of the pharmaceutical best practice initiative is subject to the following conditions.</p> <p>(a) By May 15, 2003, the department shall provide a report to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies identifying the prescribed drugs that are grandfathered in as preferred drugs and available without prior authorization. The report shall assess strategies to improve the drug prior authorization process.</p>
Conference: Not included.			<p>(b) Effective April 1, 2003, the department's pharmacy and therapeutics committee shall conduct all business at public meetings held in compliance with the open meetings act, 1976 PA 267. MCL 15,261 to 15.275. Public notice of the time, date, and place of each meeting shall be given in the manner required by the open meetings act, 1976 PA 267. MCL 15,261 to 15.275.</p>
Conference: Concurs with the House and includes in section 1622 (f).			<p>(c) The department shall assure compliance with the published Medicaid bulletin implementing the Michigan pharmaceutical best practices initiative program. The department shall also include this information on its website.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Establishes a Medicaid psychotropic drug utilization advisory committee and requires a report by Sept. 30, 2002.</i></p> <p>Sec. 1626. The department, in conjunction with community mental health services programs, shall establish a Medicaid psychotropic drug utilization advisory committee which shall consist of 1 representative from the mental health and substance abuse services administration, 1 representative from the medical services administration, 1 representative from the Michigan association of community mental health boards, 1 representative from the Michigan pharmacists association, 1 representative from the Michigan state medical society, 1 representative from the Michigan association of osteopathic physicians, 1 representative from the Michigan psychiatric society, 2 representatives from the pharmaceutical industry, and 2 representatives appointed by the Michigan partners for patient advocacy to represent the concerns of consumer, family, advocacy, and children's groups. The committee shall maintain a liaison with the Medicaid drug utilization review board and shall report to the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies not later than September 30, 2002. Conference: Delete current law.</p>	<p>Delete current law. Per DMB, report to be completed in FY 2001-02 and policies on psychotropic drugs will be included in the new pharmacy savings initiatives.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Authorizes the Department to secure manufacturer drug rebates for participants in the State Medical and Children's Special Health Care Services 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 rebates amounts specified under section 1927 of title XIX of the social security act, 42 U.S.C. 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in state medical program and children's special health care services.</p> <p>Conference: Retain current law, and add EPIC to list of programs for which quarterly rebates are to be secured.</p>	<p>Sec. 1627. (1) The department shall use procedures and rebates amounts specified under section 1927 of title XIX of the social security act, 42 U.S.C. 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in state FUNDED PROGRAMS. medical program and children's special health care services.</p>	<p>Sec. 1627. (1) The department shall use procedures and rebates amounts specified under section 1927 of title XIX of the social security act, 42 U.S.C. 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in state PROGRAMS FUNDED THROUGH THIS APPROPRIATIONS ACT. medical program and children's special health care services.</p>	<p>Sec. 1627. (1) The department shall use procedures and rebates amounts specified under section 1927 of title XIX of the social security act, 42 U.S.C. 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in state PROGRAMS FUNDED THROUGH THIS APPROPRIATIONS ACT. medical program and children's special health care services.</p>
<p>(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization.</p> <p>Conference: Retain current law.</p>	<p>(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization FOR PRESCRIPTIONS DISPENSED TO PARTICIPANTS IN STATE-FUNDED PROGRAMS.</p>	<p>Delete current law and insert:</p> <p>(2) The program described in subsection (1) shall meet all of the following:</p> <p>(a) The rebates shall be payable for drugs dispensed to Medicaid recipients enrolled in managed care plans only upon written confirmation by the United States secretary of health and human services that the rebates are not included in computing the manufacturer's best price as defined in section 1927 (c) (1) (C) of title XIX, 42 U.S.C. 1396r-8.</p>	<p>(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization FOR PRESCRIPTIONS DISPENSED TO PARTICIPANTS IN STATE-FUNDED PROGRAMS.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Not included.		(b) The rebates shall be payable for drugs dispensed to participants in each of the eligible programs only upon written confirmation by the United States secretary of health and human services that the rebates are not included in computing the manufacturer's best price as defined in section 1927 (c) (1) (C) of title XIX, 42 U.S.C. 1396r-8.	Not included.
Conference: Not included.		(c) The per unit rebate amount reported by each participating pharmaceutical manufacturer to the state for purposes of this section shall be maintained in confidence and used only for purposes of administering this program, and shall not be disclosed in a form that reveals directly or indirectly the rebate amount for a specific drug or rebates payable by a pharmaceutical manufacturer.	Not included.
Conference: Not included.		(3) Pharmaceutical manufacturers that provide quarterly rebates pursuant to subsection (1) for all of their products dispensed for all participants in all eligible programs shall have all of their products made available without prior authorization or other restrictions, except for those drugs for which the department required prior authorization during fiscal year 2000-2001, and except for those drugs dispensed to Medicaid recipients enrolled in health plans.	Not included.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Not included.		(4) As used in this section, "eligible programs" means the following programs funded by this state: the elder prescription insurance coverage program, MIFamily or its predecessor programs, children's special health care services, Wayne County pluscare, and any medical care program operated by the department of corrections or another state facility.	Not included.
<p><i>Expresses legislative intent that Medicaid pharmacy rebate savings over the budgeted amount should first be used to offset pharmacy costs above the appropriated level and then to expand coverage under the EPIC program.</i></p> <p>Sec. 1628. It is the intent of the legislature that if the savings for Medicaid pharmacy rebates exceed the amount budgeted in this act, the savings shall first be used to offset any increase in pharmacy costs above that budgeted in this act and then to support and expand coverage under the EPIC program. Conference: No changes from current law.</p>	Delete current law. Per DMB, limits the department's flexibility to use savings.	Sec. 1628. No changes from current law.	Sec. 1628. Adds sentence: "If there are additional savings, after offsetting increased pharmaceutical costs, a portion of the additional savings shall be used to partially reimburse physicians and pharmacists for their added costs associated with the pharmaceutical best practice initiative"

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Directs the Department to provide assistance to residents who qualify for EPIC as specified in PA 499 of 2000. Requires MEPPS to be continued until EPIC is implemented. Adds a quarterly reporting requirement and expenditures and requires a drug rebate initiative similar to Medicaid with revenues used to offset EPIC in FY 2001-02 and expand EPIC coverage in succeeding years if so appropriated.</i></p> <p>Sec. 1629. (1) From the funds appropriated in part 1 for the elder prescription insurance coverage program, the department shall provide prescription drug coverage to noninstitutionalized Michigan residents 65 years of age or older with income at or below 200% of the federal poverty guideline pursuant to the elder prescription insurance coverage act, 2000 PA 499, MCL 550.2001 to 550.2009. The Michigan emergency pharmaceutical programs for seniors in 2000 PA296 shall be continued until the EPIC program is implemented. Conference: Delete current law.</p>	<p>Delete current law. Per DMB, EPIC was implemented on October 1, 2001; similar wording is in P.A. 499 of 2000 and another legal base is unnecessary.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p>(2) The department shall provide quarterly reports on the number of persons enrolled in the EPIC program, the year-to-date expenditures for the EPIC program, and projected annual expenditures for the EPIC program to the house of representatives and senate appropriations subcommittees on mental health, and the house and senate fiscal agencies. Conference: Delete current law.</p>	<p>Delete current law</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p>(3) The department shall immediately establish a pharmaceutical rebate recovery initiative for the EPIC program. This initiative shall be based on, and be no more restrictive than, the existing Medicaid pharmaceutical rebate program. Conference: Delete current law.</p>	<p>Delete current law – requirement for EPIC rebates was added under sec. 1627.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p>(4) Pharmaceutical rebate revenue received under this initiative shall be used to offset the cost of the EPIC program, and in succeeding fiscal years, may be used to expand coverage of the EPIC program if so appropriated by the legislature. Conference: Delete current law.</p>	<p>Delete current law – restricts DCH flexibility.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
Conference: Not included.			NEW SECTION Sec. 1629. Effective October 1, 2002, the department may implement a program to make increased payments for Medicaid services to hospitals located in geographic areas where the nonfederal share of the Medicaid payment is obtained from local units of government.
<i>Continues adult dental, podiatric, and chiropractic services at not less than the level provided on October 1, 1996. Prohibits restrictions on chiropractic services unless the recipient exceeds 18 visits within a year.</i> Sec. 1630. Medicaid adult dental services, podiatric services, and chiropractic services shall continue at not less than the level in effect on October 1, 1996, except that reasonable utilization limitations may be adopted in order to prevent excess utilization. The department shall not impose utilization restrictions on chiropractic services unless a recipient has exceeded 18 office visits within 1 year. Conference: No changes from current law.	Delete current law – restrictive.	Sec. 1630. No changes from current law.	Sec. 1630. No changes from current law.
<i>Requires copayments on dental, podiatric, chiropractic, vision and hearing aid services unless prohibited by law or regulation.</i> Sec. 1631. The department shall require copayments on dental, podiatric, chiropractic, vision, and hearing aid services provided to Medicaid recipients, except as prohibited by federal or state law or regulation. Conference: No changes from current law.	Sec. 1631. No changes from current law.	Sec. 1631. No changes from current law.	Sec. 1631. No changes from current law.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Requires the Department to expand the Health Kids Dental program statewide if the funds become available specifically for this purpose.</i></p> <p>Sec. 1633. From the funds appropriated in part 1 for auxiliary medical services, the department shall expand the healthy kids dental program statewide if funds become available specifically for expansion of the program. Conference: No changes from current law.</p>	<p>Delete current law – additional funds are not anticipated for this program.</p>	<p>Sec. 1633. No changes from current law.</p>	<p>Sec. 1633. From the funds appropriated in part 1 for auxiliary medical services, the department shall expand the healthy kids dental program statewide if funds become available specifically for expansion of the program. NOT LESS THAN \$1,000,000.00 SHALL BE ALLOCATED FOR THE EXPANSION OF THE HEALTHY KIDS DENTAL PROGRAM.</p>
<p><i>Requires continuation of the FY 2000-01 5% increase in ambulance service payment rates and directs the department to implement a surcharge for Medicaid fee-for-service ambulance runs based on average miles per run with the total cost not to exceed \$1.0 million.</i></p> <p>Sec. 1634. (1) From the funds appropriated in part 1 for ambulance services, the department shall continue the 5% increase in payment rates for ambulance services implemented in fiscal year 2000-2001. Conference: No changes from current law.</p>	<p>Delete current law. Per DMB, rate increase was revoked by E.O. 2001-9.</p>	<p>Sec. 1634. (1) From the funds appropriated in part 1 for ambulance services, the department shall continue the 5% increase in payment rates for ambulance services implemented in fiscal year 2000-2001 AND INCREASE THE PAYMENT RATES BY AN ADDITIONAL 5% FOR FISCAL YEAR 2002-2003.</p>	<p>Sec. 1634. (1) No changes from current law.</p>
<p>(2) Effective October 1, 2001, the department shall implement a surcharge payable for all allowable ambulance runs made for Medicaid recipients excluding those recipients enrolled in Medicaid health maintenance organizations. Conference: Delete current law.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law except for date change to October 1, 2002.</p>	<p>(2) No changes from current law except for date change to October 1, 2002.</p>
<p>(3) This surcharge shall be based on average mileage per ambulance run and shall be structured so as to not exceed \$1,000,000.00 in total payments. Conference: Delete current law.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Authorizes distribution of funds to children's hospitals with a high indigent care volume for poison control services.</i></p> <p>Sec. 1640. The department of community health shall distribute \$695,000.00 to children's hospitals that have a high indigent care volume. The amount to be distributed to any given hospital shall be based on a formula determined by the department of community health. Conference: Retain current law and transfer to Sec. 1694.</p>	<p>Sec. 1694. No changes from current law. Moved to new section with other special financing boilerplate.</p>	<p>Sec. 1694. No changes from current law.</p>	<p>Sec. 1694. No changes from current law.</p>
<p><i>Requires institutional providers to submit their costs reports within 5 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. Conference: No changes from current law.</p>	<p>Sec. 1641. No changes from current law.</p>	<p>Sec. 1641. No changes from current law.</p>	<p>Sec. 1641. No changes from current law.</p>
<p><i>Authorizes separate payments for hospitals serving a disproportionate share of indigent payments and those hospitals providing graduate medical education.</i></p> <p>Sec. 1642. The department may make separate payments directly to qualifying hospitals serving a disproportionate share of indigent patients, and to hospitals providing graduate medical education training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to Medicaid clients, hospitals will not include GME costs or DSH payments in their contracts with HMOs. Conference: Retain current law and transfer to Sec. 1699.</p>	<p>Sec. 1695. No changes from current law. Moved to new section with other special financing boilerplate.</p>	<p>Sec. 1699. No changes from current law.</p>	<p>Sec. 1699. No changes from current law.</p>
<p><i>Allocates \$3,635,100 from Graduate Medical Education funds for a psychiatric residency training program.</i></p> <p>Sec. 1643. Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line item appropriation, \$3,635,100.00 shall be allocated for the psychiatric residency training program that establishes and maintains collaborative relations with the schools of medicine at Michigan State University and Wayne State University. Conference: Retain current law and add "if the necessary Medicaid matching funds are provided by the universities as allowable state match."</p>	<p>Delete current law. Per DMB, discontinued under E.O. 2001-9.</p>	<p>Sec. 1643. No changes from current law.</p>	<p>Sec. 1643. No changes from current law except for addition of "if the necessary Medicaid matching funds are provided by the university" at the end of the current section.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Continues the rural health initiative started in FY 1999-00 and targets \$5.22 million appropriated for rural hospital adjustor payments, \$150,000 for free rural health clinics, \$2.0 million for defibrillators and EMT training and support. \$3.0 million is allocated for construction and operation of health clinics on Mackinac Island. (VETOED) \$1.5 million allocated for construction and operation of health clinics on Beaver Island.</i></p> <p>Sec. 1644. (1) From the funds appropriated in part 1 for the rural health initiative, \$5,220,000.00 shall 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. One hundred fifty thousand dollars shall be allocated for free clinics in rural areas as designated by the federal government or such designation as may be modified by the department. These funds shall be allocated consistent with the requirements of section 1507 of this act. Two million dollars of the rural health initiative funds may be allocated for defibrillator grants, EMT training and support, or other similar programs. Four and one-half million dollars shall be allocated to defray the costs of construction and operation of health care clinics on Beaver Island and Mackinac Island. Conference: Delete current law.</p>	<p>Delete current law. Per DMB, one time funding.</p>	<p>Sec. 1644. (1) From the funds appropriated in part 1 for the rural health initiative, \$5,220,000.00 shall 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. One THREE hundred fifty thousand dollars shall be allocated for free clinics in rural areas as designated by the federal government or such designation as may be modified by the department. These funds shall be allocated consistent with the requirements of section 1507 308 of this act. Two million dollars of the rural health initiative funds may be allocated for defibrillator grants TO STATE POLICE, SHERIFF DEPARTMENTS, AND LOCAL POLICE DEPARTMENTS. EMT training and support, or other similar programs. Four and one-half million dollars shall be allocated to defray the costs of construction and operation of health care clinics on Beaver Island and Mackinac Island.</p>	<p>Sec. 1644. (1) From the funds appropriated in part 1 for the rural health initiative, \$5,220,000.00 \$5,300,000.00 shall 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. One hundred fifty thousand dollars shall be allocated for free clinics in rural areas as designated by the federal government or such designation as may be modified by the department. These funds shall be allocated consistent with the requirements of section 1507 of this act. Two million dollars of the rural health initiative funds may be allocated for defibrillator grants, EMT training and support, or other similar programs. Four and one-half million dollars shall be allocated to defray the costs of construction and operation of health care clinics on Beaver Island and Mackinac Island.</p>
<p>(2) Except as otherwise specified in this section, rural is defined as a city, town, village, or township with a population of not more than 15,000, including those entities if located within a metropolitan statistical area. Conference: Delete current law.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Continues outpatient adjustor payments to hospitals that contract with HMOs. Authorizes up to \$2.5 million for HMO losses due to paying hospitals at fee-for-service rates, and specifies method to calculate outpatient adjustor payments.</i></p> <p>Sec. 1645. (1) The outpatient hospital fee adjustor totaling \$16,511,000.00 in fiscal year 2000-2001 to hospitals that are under contract with health maintenance organizations is continued in fiscal year 2001-2002. Up to \$2,500,000.00 of this amount may be utilized to reimburse HMOs that can demonstrate that they have suffered a financial loss due to reimbursing noncontracting hospitals at fee-for-service rates rather than on a per diem basis. Conference: Delete current law and insert:</p> <p>Sec. 1645. (1) No later than October 31, 2002, the department shall implement a hospital adjustor formula. The adjustor shall be paid to eligible hospitals as a 27% increase in Medicaid inpatient, outpatient, and rehabilitation hospital rates. The adjustor shall be paid to nonaffiliated hospitals that meet any of the following conditions:</p> <ul style="list-style-type: none"> (a) The hospital is located in a county with a population under 250,000. (b) The hospital is located in a municipality with a population under 10,000. (c) As of July 1, 2002, the hospital had fewer than 75 beds. It is the intent of the legislature that disbursement of funds to hospitals affected by this adjustor commence on November 1, 2002 subject to the conditions set forth in subsection (2). <p>(2) Funding for this adjustor is contingent upon the passage of an amendment to the tobacco products tax act, 1993 PA 327, MCL 205.421 to 205.436, that increases the tax by at least 30 cents per pack and that the net revenue from this increase exceeds the amount currently allocated to balance the fiscal year 2001-2002 and fiscal year 2002-2003 state budgets. In no event shall the funding for the adjustor specified in subsection (1) exceed \$6,000,000.00."</p>	<p>Delete current law. Per DMB, outpatient adjustor is part of MSA policy and state plan; MSA policy bulletin 01-28 outlines the terms of service and payment between non-contracting hospitals and health plans.</p>	<p>Delete current law.</p>	<p>Delete current law.</p> <p>NEW SECTION Sec. 1645 (1) From the funds appropriated in part 1, the department shall allocate up to \$4.0 million for hospital uncompensated care payments.</p> <p>(a) Each Michigan hospital with 100 or fewer licensed beds that participates in the Medicaid fee-for-service and managed care programs shall receive an uncompensated care payment of \$30,000. The payment shall be reduced by the amount of the disproportionate share payment or rural health adjustor payment paid to the hospital.</p> <p>(b) Each Michigan hospital that participates in the Medicaid fee-for-service and managed care programs with more than 100 licensed beds shall receive an uncompensated care payment of \$60,000. The payment shall be reduced by the amount of the disproportionate share payment or rural health adjustor payment paid to the hospital.</p> <p>(2) If the sum of hospital uncompensated care payments would exceed the \$4.0 million appropriated for this purpose, each hospital's payment shall be reduced proportionately so that the total amount of hospital uncompensated care payments does not exceed \$4,000,000.00.</p>

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<p>(2) The outpatient hospital fee adjustor shall be paid to hospitals in the following proportion:</p> <p>(a) 60% of the amount allocated shall be paid to hospitals based on the volume of outpatient services delivered through Medicaid managed care plans.</p> <p>(b) 40% of the amount allocated shall be paid to hospitals based on the volume of outpatient services delivered under fee-for-service payment rates.</p> <p>Enacted: Vetoed by the Governor.</p>			
<p>Conference: Concurs with the House and specifies \$1,000,000 for the Hospital transition fund.</p> <p>Enacted: Vetoed by the Governor.</p>			<p>NEW SECTION Sec. 1646. From the funds appropriated in part 1 for hospital services and therapy, the department shall establish a hospital transitional services fund and make payments to hospitals to offset costs associated with closure of the facility, transition of the facility to an urgent care center, and/or transition of the facility to a federally qualified health center. Up to \$250,000 from the hospital transitional services fund shall be allocated to the regional consortium that includes the Battle Creek health system, Oaklawn hospital, and the Albion health alliance.</p>
<p>Requires graduate medical education payments to hospitals at no less than was allocated in FY 2000-01.</p> <p>Sec. 1647. From the funds appropriated in part 1 for hospital services, the department shall allocate for graduate medical education not less than was allocated for graduate medical education in fiscal year 2000-2001.</p> <p>Conference: Retain current law and amend to specify GME allocations “not less than the level of rates and payments in effect on April 1, 2002.”</p>	<p>Delete current law – restrictive.</p>	<p>Sec. 1647. From the funds appropriated in part 1 for hospital services, the department shall allocate INCREASE THE ALLOCATION for graduate medical education not less than was allocated BY 5% FROM THE ALLOCATION for graduate medical education in fiscal year 2000-2001.</p>	<p>Sec. 1647. No changes from current law.</p>

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<p><i>Requires the Department to maintain an automated toll-free phone line for providers to verify Medicaid eligibility.</i></p> <p>Sec. 1648. The department shall maintain an automated toll-free phone line to enable medical providers to verify the eligibility status of Medicaid recipients. There shall be no charge to providers for the use of the toll-free phone line. Conference: No changes from current law.</p>	<p>Sec. 1648. No changes from current law.</p>	<p>Sec. 1648. No changes from current law.</p>	<p>Sec. 1648. No changes from current law.</p>
<p><i>Directs the Department to establish breast and cervical cancer treatment coverage for uninsured women under age 65 and with incomes below 250% of the poverty level, pursuant to new federal legislation.</i></p> <p>Sec. 1649. From the funds appropriated in part 1 for medical services, the department shall establish, breast and cervical cancer treatment coverage for women up to 250% of the federal poverty level, who are under age 65, and who are not otherwise covered by insurance. Such coverage shall be provided to women who have been screened through the centers for disease control breast and cervical cancer early detection program, and are found to have breast or cervical cancer, pursuant to the Breast and Cervical Cancer Prevention and Treatment Act of 2000, Public Law 106-354 of the 106th Congress. Conference: Concurs with the Senate and House.</p>	<p>Sec. 1649. No changes from current law.</p>	<p>Sec. 1649. From the funds appropriated in part 1 for medical services, the department shall establish CONTINUE breast and cervical cancer treatment coverage for women up to 250% of the federal poverty level, who are under age 65, and who are not otherwise covered by insurance. Such coverage shall be provided to women who have been screened through the centers for disease control breast and cervical cancer early detection program, and are found to have breast or cervical cancer, pursuant to the Breast and Cervical Cancer Prevention and Treatment Act of 2000, Public Law 106-354, 114 Stat. 1381.</p>	<p>Sec. 1649. From the funds appropriated in part 1 for medical services, the department shall establish CONTINUE breast and cervical cancer treatment coverage for women up to 250% of the federal poverty level, who are under age 65, and who are not otherwise covered by insurance. Such coverage shall be provided to women who have been screened through the centers for disease control breast and cervical cancer early detection program, and are found to have breast or cervical cancer, pursuant to the Breast and Cervical Cancer Prevention and Treatment Act of 2000, Public Law 106-354, 114 Stat. 1381.</p>
<p><i>Authorizes continuation of Medicaid managed care and assignment of recipients who do not select a provider. Requires notice of exception criteria to enrollment, the right to change plans, and complaint/grievance procedures. Specifies the criteria for medical exceptions to mandatory managed care enrollment.</i></p> <p>Sec. 1650. (1) The department may require medical services recipients residing in counties offering managed care options to choose the particular managed care plan in which they wish to be enrolled. Persons not expressing a preference may be assigned to a managed care provider. Conference: No changes from current law.</p>	<p>Sec. 1650. No changes from current law.</p>	<p>Sec. 1650. No changes from current law.</p>	<p>Sec. 1650. No changes from current law.</p>

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(2) Persons to be assigned a managed care provider shall be informed in writing of the criteria for exceptions to capitated managed care enrollment, their right to change HMOs for any reason within the initial 90 days of enrollment, the toll-free telephone number for problems and complaints, and information regarding grievance and appeals rights. Conference: No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The criteria for medical exceptions to HMO enrollment shall be based on submitted documentation that indicates a recipient has a serious medical condition, and is undergoing active treatment for that condition with a physician who does not participate in 1 of the HMOs. If the person meets the criteria established by this subsection, the department shall grant an exception to mandatory enrollment at least through the current prescribed course of treatment, subject to periodic review of continued eligibility. Conference: No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
Allows access to hospice services for Medicaid patients enrolled in qualified health plans or capitated clinic plans. Sec. 1651. (1) Medical services patients who are enrolled in HMOs have the choice to elect hospice services or other services for the terminally ill that are offered by the HMOs. If the patient elects hospice services, those services shall be provided in accordance with part 214 of the public health code, 1978 PA 368, MCL 333.21401 to 333.21420. Conference: No changes from current law.	Delete current law – current policy.	Sec. 1651. (1) No changes from current law.	Sec. 1651. (1) No changes from current law.
(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 C.F.R. part 418. Conference: No changes from current law.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.

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<p><i>Requires HMOs to have an internal quality assurance program and specifies various standards for such plans.</i></p> <p>Sec. 1654. (1) Medicaid HMOs shall establish an ongoing internal quality assurance program for health care services provided to Medicaid recipients which includes all of the following:</p> <ul style="list-style-type: none"> (a) An emphasis on health outcomes. (b) Establishment of written protocols for utilization review based on current standards of medical practice. (c) Review by physicians and other health care professionals of the process followed in the provision of the health care services. (d) Evaluation of the continuity and coordination of care that enrollees receive. (e) Mechanisms to detect overutilization and underutilization of services. (f) Actions to improve quality and assess the effectiveness of the action through systematic follow-up. (g) Provision of information on quality and outcome measures to facilitate enrollee comparison and choice of health coverage options. (h) Ongoing evaluation of the plans' effectiveness. (i) Consumer involvement in the development of the quality assurance program and consideration of enrollee complaints and satisfaction survey results. <p>Conference: No changes from current law. Enacted: Vetoed by the Governor.</p>	<p>Sec. 1654. (1) No changes from current law.</p>	<p>Sec. 1654. (1) No changes from current law.</p>	<p>Sec. 1654. (1) No changes from current law.</p>
<p>(2) Medicaid HMOs shall apply for accreditation by an appropriate external independent accrediting organization requiring standards recognized by the department once those HMOs have met the application requirements. The state shall accept accreditation of an HMO by an approved accrediting organization as proof that the HMO meets some or all of the state's requirements, if the state determines that the accrediting organization's standards meet or exceed the state's requirements.</p> <p>Conference: No changes from current law. Enacted: Vetoed by the Governor.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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<p>(3) Medicaid HMOs shall report encounter data, including data on inpatient and outpatient hospital care, physician visits, pharmaceutical services, and other services specified by the department. Conference: No changes from current law. Enacted: Vetoed by the Governor.</p>	(3) No changes from current law	(3) No changes from current law.	(3) No changes from current law.
<p>(4) Medicaid HMOs shall assure that all covered services are available and accessible to enrollees with reasonable promptness and in a manner that assures continuity. Medically necessary services shall be available and accessible 24 hours a day and 7 days a week. HMOs shall continue to develop procedures for determining medical necessity which may include a prior authorization process. Conference: No changes from current law. Enacted: Vetoed by the Governor.</p>	(4) No changes from current law	(4) No changes from current law.	(4) No changes from current law.
<p>(5) Medicaid HMOs shall provide for reimbursement of HMO covered services delivered other than through the HMO's providers if medically necessary and approved by the HMO, immediately required, and that could not be reasonably obtained through the HMO's providers on a timely basis. Such services shall be considered approved if the HMO does not respond to a request for authorization within 24 hours of the request. Reimbursement shall not exceed the Medicaid fee-for-service payment for those services. Conference: No changes from current law. Enacted: Vetoed by the Governor.</p>	(5) No changes from current law	(5) No changes from current law.	(5) No changes from current law.
<p>(6) Medicaid HMOs shall provide access to appropriate providers, including qualified specialists for all medically necessary services. Conference: No changes from current law. Enacted: Vetoed by the Governor.</p>	(6) No changes from current law	(6) No changes from current law.	(6) No changes from current law.
<p>(7) Medicaid HMOs shall provide the department with a demonstration of the plan's capacity to adequately serve the HMO's expected enrollment of Medicaid enrollees. Conference: No changes from current law. Enacted: Vetoed by the Governor.</p>	(7) No changes from current law	(7) No changes from current law.	(7) No changes from current law.

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(8) Medicaid HMOs shall provide assurances to the department that it will not deny enrollment to, expel, or refuse to reenroll any individual because of the individual's health status or need for services, and that it will notify all eligible persons of those assurances at the time of enrollment. Conference: No changes from current law. Enacted: Vetoed by the Governor.	(8) No changes from current law	(8) No changes from current law.	(8) No changes from current law.
(9) Medicaid HMOs shall provide procedures for hearing and resolving grievances between the HMO and members enrolled in the HMO on a timely basis. Conference: No changes from current law. Enacted: Vetoed by the Governor.	(9) No changes from current law	(9) No changes from current law.	(9) No changes from current law.
(10) Medicaid HMOs shall meet other standards and requirements contained in state laws, administrative rules, and policies promulgated by the department. Conference: No changes from current law. Enacted: Vetoed by the Governor.	(10) No changes from current law	(10) No changes from current law.	(10) No changes from current law.
(11) Medicaid HMOs shall develop written plans for providing nonemergency medical transportation services funded through supplemental payments made to the plans by the department, and shall include information about transportation in their member handbook. Conference: No changes from current law. Enacted: Vetoed by the Governor.	(11) No changes from current law	(11) No changes from current law.	(11) No changes from current law.
<i>Allows for a 12 month lock-in to HMOs with good cause exceptions and allows recipients to change plans for any reason within the first 90 days.</i> Sec. 1655. (1) The department may require a 12-month lock-in to the HMO selected by the recipient during the initial and subsequent open enrollment periods, but allow for good cause exceptions during the lock-in period. Conference: No changes from current law.	Sec. 1655. No changes from current law	Sec. 1655. (1) No changes from current law	Sec. 1655. (1) No changes from current law
(2) Medicaid recipients shall be allowed to change HMOs for any reason within the initial 90 days of enrollment. Conference: No changes from current law.	(2) No changes from current law	(2) No changes from current law	(2) No changes from current law

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<p><i>Requires an expedited grievance procedure for Medicaid recipients enrolled in qualified health plans, and a toll free phone number to assist with resolving problems and complaints. Annual reports on the complaints received and their resolution are required.</i></p> <p>Sec. 1656. (1) The department shall provide an expedited complaint review procedure for Medicaid eligible persons enrolled in HMOs for situations in which failure to receive any health care service would result in significant harm to the enrollee. Conference: No changes from current law.</p>	<p>Sec. 1656. (1) No changes from current law.</p>	<p>Sec. 1656. (1) No changes from current law.</p>	<p>Sec. 1656. (1) No changes from current law.</p>
<p>(2) The department shall provide for a toll-free telephone number for Medicaid recipients enrolled in managed care to assist with resolving problems and complaints. If warranted, the department shall immediately disenroll persons from managed care and approve fee-for-service coverage. Conference: No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) Annual reports summarizing the problems and complaints reported and their resolution shall be provided to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, the state budget office, and the department's health plans advisory council. Conference: No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p><i>Requires reimbursement for emergency room services to screen and stabilize the patient without prior authorization by an HMO, and notice to the HMO regarding the 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. Conference: No changes from current law.</p>	<p>Sec. 1657. (1) No changes from current law.</p>	<p>Sec. 1657. (1) No changes from current law.</p>	<p>Sec. 1657. (1) No changes from current law.</p>

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(2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital must receive authorization from the recipient's HMO prior to admitting the recipient. Conference: No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) Subsections (1) and (2) shall not be construed as a requirement to alter an existing agreement between an HMO and their contracting hospitals nor as a requirement that an HMO must reimburse for services that are not considered to be medically necessary. Conference: No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
Conference: Concurs with the House. Enacted: Vetoed by the Governor.			NEW SUBSECTION (4) Prior to contracting with an HMO for managed care services that did not have a contract with the department before October 1, 2002, the department shall receive assurances from the office of financial and insurance services that the HMO meets the net worth and financial solvency requirements contained in chapter 35 of the insurance code, being 1956 PA 218, MCL 500.3501 to 500.3580

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<p><i>Expresses legislative intent that HMOs shall have contracts with local hospitals, and requires reimbursement to non-contracted hospitals at Medicaid fee-for-service rates. Prohibits implementation of Medicaid policy bulletins providing for payment of per diem rates, and requires reimbursement to HMOs for the difference between per diem and fee-for-service rates under certain conditions. Authorizes the Department to utilize up to \$2.5 million of the outpatient hospital adjustor payment and \$1.5 million from available lapses in the Health Plan Services line to affected HMOs.</i></p> <p>Sec. 1658. (1) In lieu of implementing per diems in policy bulletin MSA 01-03 related to Medicaid conditions of participation for hospitals and removing references to per diem payments, the department may utilize up to \$2,500,000.00 from the outpatient adjustor and \$1,500,000.00 from available lapses in the health plan services line to reimburse HMOs that can demonstrate that they have suffered a financial loss due to reimbursing noncontracting hospitals at fee-for-service rates rather than on a per diem basis. Medicaid notices of proposed policies 0039-Hospital and 0004-Hospital, relating to payments under the outpatient hospital adjustor and graduate medical education payments respectively, shall have all references to per diem payments deleted.</p> <p>Conference: Concurrs with the House and adds a subsection (2) to clarify that a hospital access agreement shall be considered an affiliated provider contract.</p> <p>Enacted: Vetoed by the Governor.</p>	<p>Delete current law. Per DMB, MSA Policy Bulletin 01-28 outlines the terms of service and payment between non-contracting hospitals and health plans.</p>	<p>Delete current law and insert:</p> <p>Sec. 1658. Instructional material that the department will provide to Medicaid health plans, related to the rebidding of the Medicaid managed care program, shall include an unambiguous statement as to whether a health plan can base its bid for inpatient hospital services on estimates of per diem costs of these services. In addition, this document must clearly state whether or not a health plan that based its bid on per diem costs can actually reimburse hospitals for inpatient services on a per diem basis as opposed to the fee for service rate.</p>	<p>Delete current law and insert:</p> <p>Sec. 1658. It is the intent of the legislature that HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract the HMOs, in its service area with 1 or more HMOs, that hospital shall enter into a hospital access agreement as specified in the MSA hospital bulletin 01-19.</p>
<p>(2) It is the intent of the legislature that HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with 1 or more HMOs, in which it has no financial interest and whose facility is in a service area with 1 or more HMOs, that hospital shall allow for the admission of HMO enrollees by a physician under contract with excluded HMOs who has admitting privileges at that hospital.</p> <p>Conference: Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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<p>(3) In the absence of a contract with a hospital, an HMO shall reimburse that hospital at Medicaid fee-for-service rates for medically necessary and appropriately authorized services, arranged by a physician under contract with the HMO and who has admitting privileges at that hospital. The department shall reimburse the HMO the differential between the actuarially equivalent per diem rate and the actual Medicaid fee-for-service payment that was paid to the hospital by the HMO. Conference: Delete current law.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(4) The conditions specified in subsection (3) shall only apply to those HMOs that can certify that the capitation rates, on which their bid for inclusion in the state's Medicaid managed care program was made, were based on per diem and not fee-for-service estimates for inpatient hospital services. Conference: Delete current law.</p>	Delete current law.	Delete current law.	Delete current law.
<p><i>Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs.</i></p> <p>Sec. 1659. The following sections are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MI Choice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 402, 404, 413, 414, 418, 1612, 1642, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, and 1662. Conference: Concurs with the House and Senate and adds 424, 427, 428, 1704, and 1712 to the list of sections that apply to Medicaid managed care programs.</p>	<p>Sec. 1659. No changes from current law.</p>	<p>Sec. 1659. The following sections are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MI Choice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 402, 404, 413, 414, 418, 1612, 1642, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, and 1662, AND 1699.</p>	<p>Sec. 1659. The following sections are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MI Choice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 402, 404, 413, 414, 418, 1612, 1642, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, and 1662, AND 1699.</p>

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<p><i>Requires timely access to EPSDT services for children enrolled in Medicaid managed care programs. Specifies primary care provider's responsibility for assuring child's vision and hearing screening. Requires local health departments to provide preschool vision and hearing screenings and accept referrals. Requires HMOs to provide EPSDT utilization data, well child visits, and maternal and infant support services as described in Medicaid policy. Provides for budget neutral incentives to improve performance related to the care of children and pregnant women.</i></p> <p>Sec. 1660. (1) The department shall assure that all Medicaid children have timely access to EPSDT services as required by federal law. Medicaid HMOs shall provide EPSDT services to their child members in accordance with Medicaid EPSDT policy. Conference: No changes from current law.</p>	<p>Sec. 1660. (1) No changes from current law.</p>	<p>Sec. 1660. (1) No changes from current law.</p>	<p>Sec. 1660. (1) No changes from current law.</p>
<p>(2) The primary responsibility of assuring a child's hearing and vision screening is with the child's primary care provider. The primary care provider shall provide age appropriate screening or arrange for these tests through referrals to local health departments. Local health departments shall provide preschool hearing and vision screening services and accept referrals for these tests from physicians or from Head Start programs in order to assure all preschool children have appropriate access to hearing and vision screening. Local health departments shall be reimbursed for the cost of providing these tests for Medicaid eligible children by the Medicaid program. Conference: No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and health employer data and information set well child health measures in accordance with the National Committee on Quality Assurance prescribed methodology. Conference: No changes from current law. Enacted: Vetoed by the Governor.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p>(4) The department shall require HMOs to be responsible for well child visits and maternal and infant support services as described in Medicaid policy. These responsibilities shall be specified in the information distributed by the HMOs to their members. Conference: No changes from current law. Enacted: Vetoed by the Governor.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>

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<p>(5) The department shall provide, on an annual basis, budget neutral incentives to HMOs and local health departments to improve performance on measures related to the care of children and pregnant women for Medicaid health plans and local health departments. Conference: Concurs with the Senate and House. Enacted: Vetoed by the Governor.</p>	<p>(5) No changes from current law.</p>	<p>(5) The department shall provide, on an annual basis, budget neutral incentives to MEDICAID HMOs and local health departments to improve performance on measures related to the care of children and pregnant women for Medicaid health plans and local health departments.</p>	<p>(5) The department shall provide, on an annual basis, budget neutral incentives to MEDICAID HMOs and local health departments to improve performance on measures related to the care of children and pregnant women for Medicaid health plans and local health departments.</p>
<p><i>Requires timely access to Maternal/Infant Support services (MSS/ISS) and coordination with other state or local programs. Prohibits prior authorization for EPSDT and MSS/ISS screening referrals and up to 3 MSS/ISS service visits.</i></p> <p>Sec. 1661. (1) The department shall assure that all Medicaid eligible children and pregnant women have timely access to MSS/ISS services. Medicaid HMOs shall assure that maternal support service screening is available to their pregnant members and that those women found to meet the maternal support service high-risk criteria are offered maternal support services. Local health departments shall assure that maternal support service screening is available for Medicaid pregnant women not enrolled in an HMO and that those women found to meet the maternal support service high-risk criteria are offered maternal support services or are referred to a certified maternal support service provider. Conference: No changes from current law.</p>	<p>Sec. 1661. (1) No changes from current law.</p>	<p>Sec. 1661. (1) No changes from current law.</p>	<p>Sec. 1661. (1) No changes from current law.</p>
<p>(2) The department shall prohibit HMOs from requiring prior authorization of their contracted providers for any EPSDT screening and diagnosis service, for any MSS/ISS screening referral, or for up to 3 MSS/ISS service visits. Conference: No changes from current law. Enacted: Vetoed by the Governor.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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<p>(3) The department shall assure the coordination of MSS/ISS services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the family independence agency, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect. Conference: No changes from current law.</p>	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
<p><i>Requires the external quality review contractor to conduct a review of all EPSDT components and directs the Department to submit the analysis of HMO HEDIS reports and the annual external quality review report within 30 days. Also requires the Department to work with MAHP and MALPH to improve EPSDT and MSS/ISS services, and provide training on EPSDT and MSS/ISS.</i></p> <p>Sec. 1662. (1) The department shall require the external quality review contractor to conduct a review of all EPSDT components provided to children from a statistically valid sample of health plan medical records. Conference: No changes from current law.</p>	Sec. 1662. (1) No changes from current law.	Sec. 1662. (1) No changes from current law.	Sec. 1662. (1) No changes from current law.
<p>(2) The department shall provide a copy of the analysis of the Medicaid HMO annual audited health employer data and information set 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. Conference: No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) The department shall work with the Michigan association of health plans and the Michigan association for local public health to improve service delivery and coordination in the MSS/ISS and EPSDT programs. Conference: No changes from current law.</p>	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
<p>(4) The department shall provide training and technical assistance workshops on EPSDT and MSS/ISS for Medicaid health plans, local health departments, and MSS/ISS contractors. Conference: No changes from current law.</p>	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

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<p><i>Requires local health departments and HMOs to work with hospitals on training and coordination related to MSS/ISS referrals. Health departments are also required to work with various local organizations on training and coordination to distribute and facilitate the completion of MICHild and Healthy Kids application forms.</i></p> <p>Sec. 1663. (1) Local health departments and HMOs shall work with interested hospitals in their area on training and coordination to identify and make MSS/ISS referrals. Conference: No changes from current law.</p>	<p>Delete current law. Per DMB, current policy.</p>	<p>Sec. 1663. (1) No changes from current law.</p>	<p>Sec. 1663. (1) No changes from current law.</p>
<p>(2) Local health departments shall work with interested hospitals, school-based health centers, clinics, other community organizations, and local family independence agency offices in their area on training and coordination to distribute and facilitate the completion of MICHild and Healthy Kids application forms for persons who are potentially eligible for the program. Conference: No changes from current law.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
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<p><i>Specifies that the funds appropriated for the MICHild Program are to be used to provide health care to children under age 19 in families with income below 200 % of the federal poverty level who have not had health insurance health insurance within six months of making application for MICHild benefits. Health care coverage is to be provided through expanded Medicaid eligibility for children in families up to 150% of poverty, and through a state-based private health care program for children in families between 150% and 200% of poverty. Requires the department to contract with any qualified entity that offers to provide the MICHild health care benefit at the capitated rate.</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 act. Health care coverage for children in families below 150% of the federal poverty level shall be provided through expanded eligibility under the state's Medicaid program. 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. Conference: No changes from current law.</p>	<p>Sec. 1670. (1) No changes from current law.</p>	<p>Sec. 1670. (1) No changes from current law.</p>	<p>Sec. 1670. (1) No changes from current law.</p>
<p>(2) 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. Conference: No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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<p>(3) The department may enter into contracts to obtain certain MIChild services from community mental health service programs. Conference: No changes from current law.</p>	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
<p>(4) 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 line-item appropriations providing for specific health care services. Conference: No changes from current law.</p>	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
<p><i>Requires the department to continue a comprehensive approach to the marketing and outreach of the MIChild program, and to coordinate such efforts with the department's existing outreach and marketing activities.</i></p> <p>Sec. 1671. From the funds appropriated in part 1, the department shall continue a comprehensive approach to the marketing and outreach of the MIChild program. The marketing and outreach required under this section shall be coordinated with current outreach, information dissemination, and marketing efforts and activities conducted by the department. Conference: No changes from current law.</p>	Sec. 1671. No changes from current law.	Sec. 1671. No changes from current law.	Sec. 1671. No changes from current law.
<p><i>Allows the department to provide up to 1 year of continuous eligibility for the MIChild.</i></p> <p>Sec. 1672. The department may provide up to 1 year of continuous eligibility to children eligible for the MIChild program unless 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. Conference: Concurs with the House.</p>	<p>Delete current law. Per DMB, language is inconsistent with MIChild state plan. MIChild participant remains eligible until redetermination (usually 1 year) unless family fails to pay premium or child turns 19.</p>	Sec. 1672. No changes from current law.	<p>Sec. 1672. 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.</p>

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<p><i>Allows the department to establish premiums for eligible persons above 150% of the poverty level not to exceed \$5 per month for a family.</i></p> <p>Sec. 1673. The department may establish premiums for MICHild eligible persons in families with income above 150% of the federal poverty level. The monthly premiums shall not exceed \$5.00 for a family. Conference: No changes from current law.</p> <p><i>Prohibits copayments under the MICHild Program.</i></p>	<p>Sec. 1673. No changes from current law.</p>	<p>Sec. 1673. No changes from current law.</p>	<p>Sec. 1673. No changes from current law.</p>
<p>Sec. 1674. The department shall not require copayments under the MICHild program. Conference: No changes from current law.</p> <p><i>Assures continuity of care for persons whose category of MICHild eligibility changes due to family income.</i></p>	<p>Sec. 1674. No changes from current law.</p>	<p>Sec. 1674. No changes from current law.</p>	<p>Sec. 1674. No changes from current law.</p>
<p>Sec. 1675. 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. Conference: No changes from current law.</p> <p><i>Specifies the income level and verification requirements to be used in determining eligibility for the MICHild program.</i></p>	<p>Sec. 1675. No changes from current law.</p>	<p>Sec. 1675. No changes from current law.</p>	<p>Sec. 1675. No changes from current law.</p>
<p>Sec. 1676. 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. Conference: No changes from current law.</p>	<p>Sec. 1676. No changes from current law.</p>	<p>Sec. 1676. No changes from current law.</p>	<p>Sec. 1676. No changes from current law.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Specifies the benefits to be covered by the MICHild program.</i></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> <p>Conference: No changes from current law.</p>	<p>Delete current law. Per DMB, currently in the MICHild state plan and limits the Department's flexibility to make changes to the state plan.</p>	<p>Sec. 1677. No changes from current law.</p>	<p>Sec. 1677. No changes from current law.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
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<p><i>Requires the Department to report on various options to extend health care coverage to low income parents of Medicaid and MICHild eligible children by March 1, 2002.</i></p> <p>Sec. 1678. The department shall explore options under the federal state children's health insurance program (SCHIP), including waiver requests, to extend coverage to low-income parents of MICHild eligible children. The department may also explore options to increase the Medicaid income disregard for parents of Medicaid or MICHild eligible children who have income up to 100% of the federal poverty level. The department shall issue a report that identifies the estimated number of persons to be served and the projected costs for the various health care coverage options considered to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies by March 1, 2002. Conference: Delete current law.</p>	<p>Delete current law. Per DMB, study and report to be completed in FY 2001-02.</p>	<p>Delete current law.</p>	<p>Delete current law.</p> <p>NEW SECTION Sec. 1678. MICHild funds shall not be used to provide or promote any contraceptives to minors without parental consent.</p>
<p>Conference: Not included.</p>			<p>NEW SECTION Sec. 1678. MICHild funds shall not be used to provide or promote any contraceptives to minors without parental consent.</p>
<p><i>Expresses legislative intent that previous nursing home wage pass through payments be continued, and requires a report on nursing home wage and benefit increases provided in FY 2000-01.</i></p> <p>Sec. 1680. (1) It is the intent of the legislature that payment increases for enhanced wages and new or enhanced employee benefits provided through the Medicaid nursing home wage pass-through program in previous years be continued in fiscal year 2001-2002. Conference: Concur with the Senate and House. Enacted: Vetoed by the Governor.</p>	<p>Delete current law – not necessary since prior year wage pass-through is already in nursing home base cost.</p>	<p>Sec. 1680. (1) No changes from current law except for fiscal year change to 2002-2003.</p>	<p>Sec. 1680. (1) No changes from current law except for fiscal year change to 2002-2003.</p>
<p>(2) The department shall provide a report to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies regarding the amount of nursing home employee wage and benefit increases provided through the nursing home wage pass-through program in fiscal year 2000-2001. Conference: Concur with the Senate and House. Enacted: Vetoed by the Governor.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law except for fiscal year change to 2002-2003.</p>	<p>(2) No changes from current law except for fiscal year change to 2002-2003.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
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<p><i>Allows funding of home and community services in place of nursing home care and requires a report on the pilot projects to coordinate services with the Adult Home Help program.</i></p> <p>Sec. 1681. (1) The department may fund home and community-based services in lieu of nursing home services, for individuals seeking long-term care services, from the nursing home or personal care in-home services line items. Conference: Concur with House and add clarification: "This section shall not be construed as allowing for the payment of family members, friends, or neighbors for these services unless explicitly provided for in federal or state law."</p> <p>Enacted: Vetoed by the Governor.</p>	<p>Sec. 1681. (1) The department may fund PERSONAL CARE, home and community-based services, AND OTHER ALTERNATIVE LONG-TERM CARE SERVICES in lieu of nursing home services, for individuals seeking long-term care services, from the LONG-TERM CARE SERVICES LINE nursing home or personal care in-home services line items.</p>	<p>Sec. 1681. (1) No changes from current law.</p>	<p>Delete current law and insert:</p> <p>Sec. 1681. FROM THE FUNDS APPROPRIATED IN PART I FOR HOME- AND COMMUNITY-BASED SERVICES, THE DEPARTMENT SHALL THE DEPARTMENT SHALL ENCOURAGE THE USE OF FAMILY MEMBERS, FRIENDS, AND NEIGHBORS OF HOME AND COMMUNITY BASED SERVICES PARTICIPANTS, WHERE APPROPRIATE, TO PROVIDE HOMEMAKER SERVICES, MEAL PREPARATION, TRANSPORTATION, CHORE SERVICES, AND OTHER NON-MEDICAL COVERED SERVICES TO PARTICIPANTS IN THE MEDICAID HOME AND COMMUNITY BASED SERVICES PROGRAM.</p>
<p>(2) The department shall provide a report on the pilot project to coordinate services between the home and community-based services and the adult home help programs to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies by April 1, 2002. Conference: Delete current law.</p>	<p>Delete current law. Per DMB, pilot project to be completed in FY 2001-02.</p>	<p>(2) No changes from current law except for date change to April 1, 2003.</p>	<p>Delete current law.</p>
<p><i>Authorizes the Department to implement federal nursing home enforcement provisions, and to receive/expend penalty money for noncompliance.</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, chapter 531, 49 Stat. 620, 42 U.S.C. 1396r. Conference: No changes from current law.</p>	<p>Sec. 1682. (1) No changes from current law.</p>	<p>Sec. 1682. (1) No changes from current law.</p>	<p>Sec. 1682. (1) No changes from current law.</p>

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<p>(2) 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. Conference: No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) Any unexpended penalty money, at the end of the year, shall carry forward to the following year. Conference: No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p><i>Requires the department to promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals, including hospice care, pain management, and suicide prevention.</i></p> <p>Sec. 1683. The department shall promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals. Priority shall be given to programs, such as hospice, that focus on individual dignity and quality of care provided persons with terminal illness and programs serving persons with chronic illnesses that reduce the rate of suicide through the advancement of the knowledge and use of improved, appropriate pain management for these persons; and initiatives that train health care practitioners and faculty in managing pain, providing palliative care, and suicide prevention. Conference: No changes from current law.</p>	<p>Sec. 1683. No changes from current law.</p>	<p>Sec. 1683. No changes from current law.</p>	<p>Sec. 1683. No changes from current law.</p>

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<p>Conference: Concurs with the Senate.</p> <p>Enacted: Vetoed by the Governor.</p>		<p>New Section</p> <p>Sec. 1684. From the funds appropriated in part 1 for long term care services, the department shall make available up to one half of the economic increase for a wage pass-through for nursing facilities solely for payment increases for enhanced wages and new or enhanced employee benefits. This funding shall be provided to those facilities that make application for it to fund the Medicaid program share of wage and employee benefit increases of up to the equivalent of 50 cents per employee hour. Employee benefits shall include, but are not limited to, health benefits, retirement benefits, and quality of life benefits such as day care services. Nursing facilities shall be required to document that these wage and benefit increases were actually provided. If a nursing home that makes application for and receives the additional funding for the wage pass-through cannot document that these wage and benefit increases were actually provided, its reimbursement rate shall be reduced by 2.5%.</p>	<p>Sec. 1684. Change “shall” to “may”.</p>

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<p>Conference: Concurs with the Senate.</p> <p>Enacted: Vetoed by the Governor.</p>		<p>NEW SECTION</p> <p>Sec. 1684A. The wage pass-through in section 1684 shall only be effective if all the funding goes to worker wages and benefits, with none of the funding going to union fees or other fees.</p>	<p>Sec. 1684A. Change “shall” to “may”.</p>
<p><i>Authorizes continuation of the Long-Term Care Working Group to review the allocation of the Long-Term Care Innovation grants funding and to monitor the demonstration grants being funded. Prohibits implementation of the long-term care plan until at least 24 days after the plan is developed and while at least one chamber of the Legislature is in session.</i></p> <p>Sec. 1684. The long-term care working group established in section 1657 of 1998 PA 336 shall continue to exist to review the allocation of the long-term care innovations grant funding and to monitor the implementation of the demonstration projects being funded. The department shall not implement a long-term care plan until the expiration of 24 days during which at least 1 house of the legislature convenes after the long-term care working group has submitted the written long-term care plan to the senate majority leader, the speaker of the house, the senate and house appropriations subcommittees on community health, and the state budget director.</p> <p>Conference: Concurs with the Senate.</p>	<p>Delete current law. Per DMB, long-term care work group report and recommendation issued in June 2000.</p>	<p>Delete current law.</p>	<p>Sec. 1687. No changes from current law.</p>

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<p><i>Requires Medicaid nursing home payment rates to be set 30 days in advance of the facility's fiscal year, and to be based on the most recent cost report submitted.</i></p> <p>Sec. 1685. All nursing home rates, class I and class III, must 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. Conference: Concurs with the House and Senate. Enacted: Vetoed by the Governor.</p>	<p>Sec. 1685. No changes from current law.</p>	<p>Sec. 1685. No changes from current law.</p>	<p>Sec. 1685. No changes from current law.</p>
<p><i>(VETOED) Maintains Medicaid payment rates for nursing home services based on a minimum occupancy of 85%. Allows nursing homes to remove non-adjacent beds and maintains the facility cost for space associated with removed beds as an allowable cost. Prohibits the Department from requiring beds that are removed to remain out of service for more than one year.</i></p> <p>Sec. 1686. (1) Medicaid payment rates for nursing home services that take effect on or after October 1, 2001 shall be based on a minimum resident occupancy requirement of 85%. Conference: Concurs with the Senate. Enacted: Vetoed by the Governor.</p>	<p>Vetoed – do not restore.</p>	<p>Not included.</p>	<p>Sec. 1686. (1) Restore vetoed language with date change.</p>
<p>(2) A nursing home that removes beds to reduce its licensed bed capacity may remove the beds from anywhere in the facility and does not have to remove only beds adjacent to each other. The facility cost for space from which beds are removed to downsize wards or create private rooms shall remain as an allowable Medicaid cost. The department shall not require nursing home beds removed under this policy to remain out of service for more than 1 year, and a shorter period of time may be approved by the department. Conference: Concurs with the Senate. Enacted: Vetoed by the Governor.</p>	<p>Vetoed.</p>	<p>Not included.</p>	<p>(2) Restore vetoed language.</p>

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<p><i>(VETOED) Requires the Department to conduct a study by April 1, 2002 to address the nursing home liability insurance increases through a self-insured fund, catastrophic claim fund, cost settled Medicaid pass through, or an alternative methodology. Allocates \$1 million as capitalization for a nursing home liability insurance product.</i></p> <p>Sec. 1688. (1) In consultation with the nursing home industry, the department shall conduct a study to address the apparent liability insurance increases for nursing homes. The study may include recommendations such as creating a self-insured fund, a catastrophic claim fund, a cost-settled Medicaid pass-through for liability insurance increases if not in the base rate, or implementing an alternative methodology. The department shall provide its findings and recommendations from this study to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director no later than April 1, 2002. Conference: Concurs with the Senate.</p>	Vetoed – do not restore.	Not included.	Sec. 1688. (1) Restore vetoed language with date change.
<p>(2) The department shall allocate \$1,000,000.00 for capitalization purposes to establish a professional liability insurance product for Michigan nursing facilities that is consistent with the study recommendations in subsection (1). Only nursing facilities that have Medicaid certified beds shall be able to participate in this insurance product. Premiums paid for this product are an allowable Medicaid cost to the extent allowed under state and federal law. Conference: Concurs with the Senate.</p>	Vetoed.	Not included.	(2) Restore vetoed language.

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
	EXECUTIVE	SENATE	HOUSE
<p><i>Prohibits a limit on personal care services reimbursement under the Home and Community-Based Services program, but allows the Department to maintain the per day client reimbursement cap.</i></p> <p>Sec. 1689. The department shall not impose a limit on per unit reimbursements to service providers that provide personal care or other services under the Medicaid home and community-based waiver program for the elderly and disabled. The department's per day per client reimbursement cap calculated in the aggregate for all services provided under the Medicaid home and community-based waiver is not a violation of this section. Conference: Retain current law as Section 1688. Enacted: Vetoed by the Governor.</p>	<p>Delete current law. Per DMB, limits the Department's flexibility to control costs.</p>	<p>Delete current law and insert:</p>	<p>Sec. 1689. No changes from current law.</p>
<p>Conference: Concurs with the Senate. Enacted: Vetoed by the Governor.</p>		<p>NEW SECTION Sec. 1689. (1) From the funds appropriated in part 1 for the home and community based services program, the department shall develop an allocation formula that will allow for coverage of no fewer than 15,000 individuals, or a smaller number of individuals if required under federal law.</p>	<p>NEW SECTION Sec. 1689a (1) From the funds appropriated in part 1 for the home and community based services program, the department shall provide coverage of no fewer than 15,000 individuals.</p>
<p>Conference: Concurs with the Senate. Enacted: Vetoed by the Governor.</p>		<p>(2) At the end of each fiscal quarter, the department shall compare actual usage to that predicted by the allocation formula. Based on that evaluation, the department may redistribute home and community based waiver program resources among the regional service providers.</p>	<p>(2) The department shall seek federal approval, if required, to increase enrollment in the Medicaid home- and community-based services program to the level specified in subsection (1).</p>

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<p>Conference: Concurrs with the House and add sentence: "In each case where the program is successful in removing an individual from a nursing home, or prevents and individual from entering a nursing home who currently meets explicit medical criteria for admission to a nursing home, the department shall transfer the estimated amount of cost savings from the long-term care services line item to the home- and community-based waiver program line item. The department shall make these transfers on a quarterly basis."</p> <p>Enacted: Vetoed by the Governor.</p>		<p>(3) In addition to the comparison between predicted and actual home and community based waiver program utilization, the department shall compare actual expenditures with predicted expenditures. A service provider shall be required to spend, on average, no more than \$8,820.00 per person per year, or a proportional increase or decrease in that amount based on changes in the level of appropriations for the program. If the department concludes that a service provider will exceed its allotment, the department shall immediately withhold any existing or future allotments until the service provider satisfies the department that its costs will not exceed the previously set limit, or the provider's allotment is transferred to another service provider.</p>	<p>(3) Priority in enrolling additional persons in the Medicaid home- and community-based services 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 implement screening and assessment procedures to assure that no additional Medicaid-eligible persons are admitted to nursing homes who would be more appropriately served by the Medicaid home- and community-based services program.</p>
<p>Conference: Concurrs with the Senate.</p> <p>Enacted: Vetoed by the Governor.</p>		<p>(4) Within 30 days of the end of each fiscal quarter, 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 waiver program by regions as well as the associated expenditures.</p>	<p>(4) The department shall provide monthly reports to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies that identify the number of persons enrolled in the Medicaid home- and community-based services program, the number of days of care provided, and the expenditures for the program by region.</p>

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<p><i>Establishes eligibility criteria and benefits for the Indigent Medical Care Program. Authorizes nursing home coverage for refugees and asylees who were formerly eligible for Medicaid.</i></p> <p>Sec. 1690. (1) From the funds appropriated in part 1 for the indigent medical care program, the department shall establish a program that provides for the basic health care needs of indigent persons as delineated in the following subsections. Conference: Delete current law.</p>	Delete current law. Per DMB, unnecessary with creation of MIFamily Plan.	Delete current law.	Delete current law.
<p>(2) Eligibility for this program is limited to the following:</p> <p>(a) Persons currently receiving cash grants under either the family independence program or state disability assistance programs who are not eligible for any other public or private health care coverage.</p> <p>(b) Any other resident of this state who currently meets the income and asset requirements for the state disability assistance program and is not eligible for any other public or private health care coverage. Conference: Delete current law.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(3) All potentially eligible persons, except those defined in subsection (2)(a), who shall be automatically enrolled, may apply for enrollment in this program at local family independence agency offices or other designated sites. Conference: Delete current law.</p>	Delete current law.	Delete current law.	Delete current law.
<p>(4) The program shall provide for the following minimum level of services for enrolled individuals:</p> <p>(a) Physician services provided in private, clinic, or outpatient office settings.</p> <p>(b) Diagnostic laboratory and x-ray services.</p> <p>(c) Pharmaceutical services. Conference: Delete current law.</p>	Delete current law.	Delete current law.	Delete current law.

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(5) If a locally administered indigent health care program replaces the state medical program authorized by section 1690 for a given county on or before October 1, 1998, the state general fund/general purpose dollars allocated for that county under this section shall not be less than the general fund/general purpose expenditures for the state medical program in that county in the previous fiscal year. Conference: Delete current law.	Delete current law.	Delete current law.	Delete current law.
Conference: Concurs with the Senate, but replace “evercare, an affiliate of unitedhealth group” with “a provider”. Enacted: Vetoed by the Governor.		NEW SECTION Sec. 1690. (1) From the funds appropriated in part 1 for long-term care services, the department shall allocate \$1,000,000.00 to a contract with evercare, an affiliate of unitedhealth group, engaged in the continuum of care for long-term care services.	Not included.
Conference: Concurs with the Senate, but replace “Evercare” with “The provider”. Enacted: Vetoed by the Governor.		(2) Evercare shall use the funds described in subsection (1) to establish a pilot project to assess whether a managed care approach to the full spectrum of long-term care services can provide an appropriate level of care at a lower cost than achieved through purchasing those services on an individual basis.	Sec. 1690. (1) THE DEPARTMENT SHALL establish a pilot project to assess whether a managed care approach to the full spectrum of long-term care services can provide an appropriate level of care at a lower cost than achieved through purchasing those services on an individual basis

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<p>Conference: Concurs with the Senate. Enacted: Vetoed by the Governor.</p>		<p>(3) The department in conjunction with the service providers shall develop criteria to assess the ability of this provider to maintain the individuals at the most appropriate level of care, to improve the total quality of care, to increase compliance with <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999), and to reduce costs for the state's Medicaid program.</p>	<p>(2) Prior to implementation of the pilot project, the department shall reach a consensus with existing community and other interested stakeholders as well as the department's long-term care work group to develop key elements of the pilot project. Participants eligible for the program shall be determined by the department to meet the criteria for Medicaid eligibility, and enrollment shall be voluntary on the part of the beneficiary.</p>
<p>Conference: Concurs with the Senate. Enacted: Vetoed by the Governor.</p>		<p>(4) The department shall provide bimonthly reports that detail the progress of this pilot project to the senate and house appropriations subcommittees on community health and to the senate and house fiscal agencies.</p>	<p>(3) THE DEPARTMENT SHALL PROVIDE A REPORT ON THE EFFECTIVENESS AND IMPACT OF THESE PILOT PROJECTS ON REDUCING STATE MEDICAID COSTS to the senate and house appropriations subcommittees on community health and to the senate and house fiscal agencies.</p>
<p><i>Establishes a funding pool of \$44,012,800 for the Wayne County Pluscare program. Allows the Department to establish county indigent health care programs that, at a minimum, are equivalent to the State Medical Program, do not increase GF/GP expenditures, and provide local funds. Programs established by 10/1/98 shall receive GF/GP funds that are not less than the amount spent in the previous fiscal year.</i></p> <p>Sec. 1691. (1) From the funds appropriated in part 1, the department, subject to the requirements and limitations in this section, shall establish a funding pool of up to \$44,012,800.00 for the purpose of enhancing the aggregate payment for medical services hospital services. Conference: No changes from current law.</p>	<p>Delete current law – unnecessary with creation of MiFamily Plan.</p>	<p>Sec. 1691. (1) No changes from current law.</p>	<p>Sec. 1691. (1) No changes from current law.</p>

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<p>(2) For a county with a population of more than 2,000,000 people, the department shall distribute \$44,012,800.00 to hospitals if \$15,026,700.00 is received by the state from such a county, which meets the criteria of an allowable state matching share as determined by applicable federal laws and regulations. If the state receives a lesser sum of an allowable state matching share from such a county, the amount distributed shall be reduced accordingly. Conference: No changes from current law.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) The department may establish county-based, indigent health care programs that are at least equal in eligibility and coverage to the fiscal year 1996 state medical program. Conference: No changes from current law.</p>	Delete current law.	(3) No changes from current law.	(3) No changes from current law.
<p>(4) The department is authorized to establish and expand programs in counties that include rural, underserved areas if the expenditures for the programs do not increase state general fund/general purpose costs and local funds are provided. Conference: No changes from current law.</p>	Delete current law.	(4) No changes from current law.	(4) No changes from current law.
<p>(5) If a locally administered indigent health care program replaces the state medical program authorized by section 1690 for a given county on or before October 1, 1998, the state general fund/general purpose dollars allocated for that county under this section shall not be less than the general fund/general purpose expenditures for the state medical program in that county in the previous fiscal year. Conference: Delete current law.</p>	Delete current law.	(5) No changes from current law.	Delete current law.
<p><i>Provides authorization for Medicaid reimbursement of school-based services.</i></p> <p>Sec. 1692. (1) The department of community health 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. Conference: No changes from current law.</p>	Sec. 1692. (1) No changes from current law.	Sec. 1692. (1) No changes from current law.	Sec. 1692. (1) No changes from current law.

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<p>(2) From the funds appropriated in part 1 for medical services school 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> <p>Conference: No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Allows for an increase in Medicaid special adjustor payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.</i></p> <p>Sec. 1693. The special adjustor payments 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>Conference: No changes from current law.</p>	Sec. 1693. No changes from current law.	Sec. 1693. No changes from current law.	Sec. 1693. No changes from current law.
<p><i>Requires a report on the methodology used to distribute disproportionate share hospital payments and other similar adjustor payments by February 1, 2002.</i></p> <p>Sec. 1695. It is the sense of the legislature that disproportionate share hospital payments and other similar adjustor payments should be equitably distributed on a statewide basis. No later than February 1, 2002, the department shall provide a report to the chairs of the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies on the methodology used to distribute disproportionate share hospital payments and other similar adjustor payments. This report shall include the existing distribution of these funds by geographic location.</p> <p>Conference: Delete current law.</p>	Delete current law. Per DMB, report completed in FY 2001-02 and methodology will remain similar in FY 2002-03.	Delete current law.	Delete current law.

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<p><i>Expresses legislative intent that a magnetic card identification system to assist with the Medicaid eligibility verification process will be implemented by April 1, 2002.</i></p> <p>Sec. 1696. It is the intent of the legislature that the department implement by April 1, 2002, a magnetic card identification system for the Medicaid program that will assist in the eligibility verification process. Conference: Concurs with the House.</p>	<p>Delete current law – language indicates to be completed by April 1, 2002.</p>	<p>Sec. 1696. It is the intent of the legislature that the THE department SHALL implement by April 1 DECEMBER 31, 2002, a magnetic card identification system for the Medicaid program that will assist in the eligibility verification process. THE DEPARTMENT SHALL REPORT TO THE LEGISLATURE BY OCTOBER 1, 2002 ON ITS PROGRESS TOWARD IMPLEMENTATION OF THIS SYSTEM.</p>	<p>Sec. 1696. THE DEPARTMENT SHALL BY OCTOBER 1, 2002 COMPETE A STUDY CALCULATING THE BENEFITS OF A SINGLE MAGNETIC CARD IDENTIFICATION SYSTEM THAT HAS THE CAPABILITY TO INTERFACE WITH VARIOUS STATE BENEFIT PROGRAMS, AND TO ASSIST IN THE ELIGIBILITY VERIFICATION PROCESS.</p>
<p><i>Allows the use of school district funds from a health system as match for federal Medicaid or children's health insurance program funds new school-based or school-linked services.</i></p> <p>Sec. 1697. (1) As may be allowed by federal law or regulation, the department may use funds provided by a local or intermediate school district, which have been obtained from a qualifying health system, as the state match required for receiving federal Medicaid or children health insurance program funds. Any such funds received shall be used only to support new school-based or school-linked health services. Conference: No changes from current law.</p>	<p>Sec. 1697. (1) No changes from current law.</p>	<p>Sec. 1697. (1) No changes from current law.</p>	<p>Sec. 1697. (1) No changes from current law.</p>
<p>(2) A qualifying health system is defined as any health care entity licensed to provide health care services in the state of Michigan, that has entered into a contractual relationship with a local or intermediate school district to provide or manage school-based or school-linked health services. Conference: No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p><i>Allocates \$25 million from the Medicaid Benefits Trust Fund for the disallowance of school-based services claims.</i></p> <p>Sec. 1698. From the funds appropriated in part 1 for medical services, \$25,000,000.00 is allocated from the Medicaid benefits trust fund established in the Michigan trust fund act, 2000 PA 489, MCL 12.251 to 12.256, due to the federal disallowance of claims related to school-based services. Conference: Delete current law.</p>	<p>Delete current law. Per DMB, statute related to Trust Fund does not require boilerplate in order to expend funds so language is unnecessary.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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<p>PUBLIC ACT 120 OF 2001 <i>Prohibits DCH from submitting a Section 1115 HIFA demonstration waiver unless approved by the House and Senate appropriations subcommittees on community health.</i></p> <p>Sec. 227. The department shall not submit a section 1115 health insurance and flexibility and accountability (HIFA) demonstration waiver or similar proposal to the federal centers for Medicare and Medicaid unless the proposal has been approved by the house of representatives and senate appropriations subcommittees on community health. Conference: Concurs with the House.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Sec. 1700. The department shall not submit a section 1115 health insurance and flexibility and accountability (HIFA) demonstration MEDICAID waiver or similar proposal to the federal centers for Medicare and Medicaid unless the proposal has been approved by SUBMITTED TO the house of representatives and senate appropriations subcommittees on community health AT LEAST 30 DAYS IN ADVANCE OF SUBMISSION TO THE FEDERAL GOVERNMENT.</p>
<p>Conference: Revise House language as follows: Sec. 1701. In addition to the funds appropriated in part 1, there is appropriated up to \$6,600,000.00 to re-establish a nursing home quality care incentive program to provide financial incentives for nursing homes to develop high quality care services. Grants shall be awarded to nursing homes that can demonstrate an existing commitment to providing high quality care. This appropriation is contingent upon the receipt of additional funds as a result of an increase in the federal Medicaid match rate above the fiscal year 2002-2003 rate of 55.42% and upon certification from the state budget director that the funds are available for expenditure.</p> <p>Enacted: Vetoed by the Governor.</p>			<p>NEW SECTION</p> <p>Sec. 1701. The department shall re-establish a nursing home quality care incentive program to provide financial incentives for nursing homes to develop high quality care services. Grants shall be awarded to nursing homes that can demonstrate an existing commitment to providing high quality care.</p>

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Conference: Not included.			(1) A Medicaid quality incentive grant pool with funding of \$4,300,000.00 is created. Each qualifying nursing facility that participates in the Medicaid program shall receive a grant from the pool based on the number of its licensed beds.
Conference: Not included.			(2) A non- Medicaid quality incentive grant pool with funding of \$2,300,000.00 is created. Each qualifying nursing facility that does not participate in the Medicaid program shall receive a grant from the pool based on the number of its licensed beds.
Conference: Concurs with the House and adds the following: "The home- and community-based services days of care utilized for the pilot project shall be allocated from the existing allocation to local waiver agents for the current fiscal year." Enacted: Vetoed by the Governor.			NEW SECTION Sec. 1702. From the funds appropriated in Part 1 for long-term care services, the department shall implement a pilot project that coordinates Medicaid home and community based services with section 8 rental assistance subsidies available through the Michigan state housing development authority. The purpose of the pilot project shall be to provide rent and supportive services to 100 persons in assisted living housing arrangements who otherwise would be eligible to receive nursing home care through the Medicaid program.

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<p>Conference: Concurs with the House and increases the dollar amount from "\$100.00" to \$200,000.00" with the addition of "if additional funds become available for this purpose."</p> <p>Enacted: Vetoed by the Governor.</p>			<p>NEW SECTION Sec. 1703. From the funds appropriated in part 1 for long-term care services, the department shall allocate \$100.00 to the Michigan association of centers for independent living for the accessing community based support project.</p>
<p>Conference: Concurs with the House.</p>			<p>NEW SECTION Sec. 1704. MSA bulletin Hospital 01-03 shall have all references to per diem payment deleted.</p>
<p>Conference: Not included.</p>			<p>NEW SECTION Sec. 1705. The department shall retain up to 20% of federal Medicaid matching funds received for school based services. The remaining federal Medicaid funds shall be allocated to the school districts providing the services.</p>
<p>Conference: Concurs with the House.</p>			<p>NEW SECTION Sec. 1706. The department shall develop and implement a public information campaign regarding the pharmaceutical best practice initiative program.</p>

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Conference: Not included.			NEW SECTION Sec. 1707. Drugs prescribed to children enrolled in the children's special health care services program shall be exempt from the pharmaceutical prior authorization requirements under the department's pharmaceutical best practice initiative program.
Conference: Not Included.			NEW SECTION Sec. 1708. It is the intent of the legislature that any savings to the merit award trust fund resulting from the enactment of Senate Bill No. 926 of the 91st Legislature, are appropriated in equal amounts for the healthy kids dental program, infant mortality prevention programs, and pregnancy prevention programs.

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Conference: Concurs with the House.			<p>NEW SECTION Sec. 1709. From the funds appropriated in part 1 for medical services, the department shall allocate sufficient funds to each qualified county, as that term is defined in section 2 of the airport parking tax act, 1987 PA 248, MCL 207.372, to reimburse that county for the entire reduction in the amount of its distribution for indigent health care in fiscal year 2002-2003 from the amount of its distribution for indigent health care in fiscal year 2000-2001 resulting directly from any amendments to section 7 of the airport parking tax act, 1987 PA 248, MCL 207.377 in calendar year 2002 if House Bill No. 4454 of the 91st legislature is enacted into law in fiscal year 2001-2002.”</p>
<p>Conference: Concurs with the House.</p> <p>Enacted: Vetoed by the Governor.</p>			<p>NEW SECTION Sec. 1710. Any proposed changes by the department to the MIChoice home and community based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health at least 30 days prior to implementation of the proposed changes.</p>

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FY 2001-2002 CURRENT LAW (As of 2/7/02)	FY 2002-2003		
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Conference: Concurs with the House and changes “disease category” to “diagnostic related group.”			NEW SECTION Sec. 1711. The department shall provide an annual program report to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the hospitalization utilization of Medicaid recipients by disease category.
Conference: Adds a new Sec. 1712 that specifies appropriations for long-term care, HMOs, hospitals, and Medicaid mental health services are as indicated in this act, notwithstanding the provisions in the various provider assessment bills that have been enacted. Enacted: Vetoed by the Governor.			
Conference: Adds a new Sec. 1713 that limits payment for school based services to school districts that are not in default on contracts with vendors providing billing services for Medicaid school based services.			
Conference: Adds a new Sec. 1714 that reduces the hospital services appropriation by \$149.2 million if HB 5103, the hospital provider assessment bill, is not enacted.			
Conference: Adds a new Sec. 1715 that directs additional federal funds due to an increase in the federal Medicaid match rate to the Medicaid Benefits Trust Fund.			