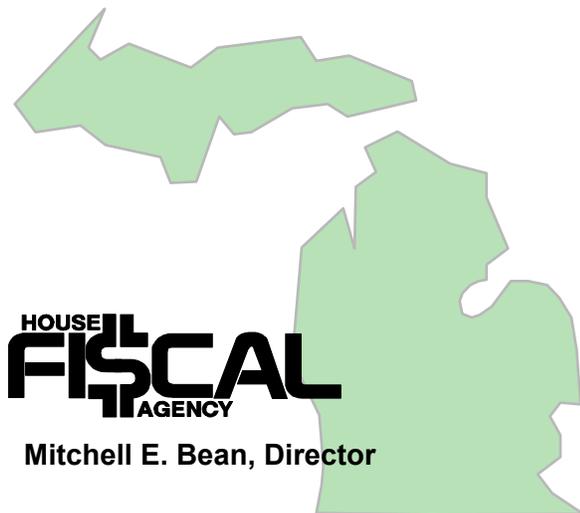


LINE ITEM AND BOILERPLATE SUMMARY

COMMUNITY HEALTH

**Fiscal Year 2008-09
Public Act 246 of 2008
Senate Bill 1094**

As Enacted



Prepared and Compiled by:

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November 2008

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November 2008

TO: Members of the Michigan House of Representatives

The House Fiscal Agency has prepared a **Line Item Summary** for each of the FY 2008-09 appropriation acts. Each **Summary** contains line-by-line appropriation and revenue source detail, and a brief explanation of each boilerplate section in the appropriation bill.

In this report, line item vetoes are presented in the following manner: appropriation amounts shown in ~~strikeout~~ are those that appear in the enrolled bill; amounts shown directly below ~~strikeout~~ amounts reflect the effect of the veto.

Line Item Summaries are available on the HFA website (www.house.mi.gov/hfa), or from Jeanne Dee, Administrative Assistant (373-8080 or jdee@house.mi.gov).

A handwritten signature in black ink that reads "Mitchell E. Bean". The signature is written in a cursive, flowing style.

Mitchell E. Bean, Director

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GLOSSARY

STATE BUDGET TERMS

Gross Appropriations (Gross): The total of all applicable appropriations (statutory spending authorizations) in a budget bill.

Adjusted Gross Appropriations (Adjusted Gross): The net amount of all gross appropriations after subtracting interdepartmental grants (IDGs) and intradepartmental transfers (IDTs).

Lapses: Appropriation amounts that are unspent/unobligated at the end of a fiscal year. Appropriations are automatically terminated at the end of a fiscal year unless otherwise provided by law.

Work Project: A statutorily-authorized account which allows a spending authorization to be carried over from one fiscal year to a succeeding fiscal year or years—i.e., allows funds to be spent over a period of years.

APPROPRIATION BILL TERMS

Line Item: Specific funding amount in an appropriation bill which establishes spending authorization for a particular program or function (may be for a single purpose or for multiple purposes).

Boilerplate: Specific language sections in an appropriation bill which direct, limit or restrict line item expenditures, express legislative intent, and/or require reports.

REVENUE SOURCES

General Fund/General Purpose (GF/GP): Unrestricted General Fund revenue available to fund any activity accounted for in the General Fund; unused GF/GP revenue lapses to the General Fund at the end of a fiscal year.

State Restricted (Restricted): State revenue restricted by state law or outside restriction that is available only for specified purposes; at year-end, unused restricted revenue remains in the restricted fund.

Federal Revenue: Federal grant or matchable revenue dedicated to specific programs.

Local Revenue: Revenue from local units of government.

Private Revenue: Revenue from non-government entities: rents, royalties or interest payments, payments from hospitals or individuals, and gifts and bequests.

Interdepartmental Grant (IDG): Revenue or funds received by one state department from another state department (usually for a service provided by the receiving department).

Intradepartmental Transfer (IDT): Transfers or funds being provided from one appropriation unit to another in the same department.

MAJOR STATE FUNDS

Budget Stabilization Fund (BSF): The countercyclical economic and budget stabilization fund; also known as the "rainy day" fund.

School Aid Fund (SAF): A restricted fund; the primary funding source for K-12 schools and Intermediate School Districts (ISDs).

General Fund: The General Fund (funded from taxes and other general revenue) is used to account for the ordinary operations of a governmental unit that are not accounted for in another fund.

DEPARTMENT OF COMMUNITY HEALTH

The Department of Community Health (DCH) is responsible for the development of health policy and the management of Michigan's publicly-funded health care systems. The Department, established by Executive Order in 1996, consolidated the former Departments of Mental Health and Public Health with Medicaid and the Office of Drug Control Policy. In 1997, the Adult Home Help Program, and the Social Services to the Physically Disabled Program were brought into DCH from the former Family Independence Agency (now Department of Human Services). The Office of Services to the Aging and the Crime Victim Services Commission were transferred from the Department of Management and Budget to DCH in 1997. The Bureaus of Health Services and Health Systems were transferred from the former Department of Consumer and Industry Services (now Labor and Economic Growth) in 2003.

The Department's mission for the public mental health system is to serve citizens by diminishing the impact and incidence of developmental disability, emotional disturbance, and mental illness. With respect to substance abuse treatment and prevention activities, the Department's mission is to promote the health and welfare of individuals through the reduction of substance abuse, and to participate in efforts to address its social, personal, and economic consequences.

The mission of the Public Health Administration is to protect and promote the public health. The Department's commitment is to prevent and control infectious and chronic disease, injury, and environmental health hazards, and to reduce and eliminate health disparities in vulnerable populations.

The Bureau of Health Systems seeks to protect and improve the health status of Michigan's population through development, maintenance, and assurance of safe, efficient, and accessible health care services delivered through health care facilities, organizations, systems and personnel; and to promote development of appropriate regulatory practices to achieve a safe, efficient, and effective health care system.

The Bureau of Health Professions seek to protect and preserve the health, safety, and welfare of Michigan's citizens by supporting a qualified healthcare workforce through the licensing, professional development, and regulation of health professionals.

The Department's Medical Services unit provides health care coverage for low income persons throughout the state who meet the eligibility requirements for Medicaid, MICHild, and indigent care programs.

The mission of the Office of Drug Control Policy is to reduce the abuse of alcohol, drugs, and other substances and related criminal activity and violence through collaborative prevention, education, treatment, and law enforcement programs and grants.

The mission of the Office of Services to the Aging is to promote independence and enhance the dignity of Michigan's older persons and their families through supportive programs, services, policies and advocacy.

The Crime Victim Services Commission's mission is to protect and enhance the health, safety, dignity and rights of victims of crime through programs and grants for services, support and victim compensation.

Full-time equated unclassified positions	6.0	Full-time equated (FTE) positions not in the state classified service
Full-time equated classified positions	4,602.7	Full-time equated (FTE) positions in the state classified service
Average population	970.4	Average number of patients at four state-operated psychiatric hospitals, one center for persons with developmental disabilities and severe mental illness, and the Forensic Center

GROSS APPROPRIATION \$12,533,142,000 Total of all applicable line item appropriations

Total interdepartmental grants/intradepartmental transfers	40,883,900	Total of all funds received from other departments and transfer of funds
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ADJUSTED GROSS APPROPRIATION	\$12,492,258,100	Total net amount of all line item gross appropriations less (or minus) interdepartmental grants (IDGs) and intradepartmental transfers (IDTs)
Total federal revenue	7,225,985,400	Total federal grant or matchable revenue
Total local revenue	241,578,600	Total revenue from local units of government
Total private revenue	66,686,800	Total private grant revenue
Merit Award Trust Fund	60,856,200	Total Merit Award Trust Fund revenue from the 1998 master settlement agreement with tobacco companies
Total state restricted revenue	1,801,622,200	State revenue dedicated to a specific fund (other than the General Fund); or revenue earmarked for a specific purpose
GENERAL FUND/ GENERAL PURPOSE	\$3,095,528,900	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 102: DEPARTMENTWIDE ADMINISTRATION

This appropriation unit contains funding for the centralized administrative functions of DCH and the Developmental Disabilities Council.

Full-time equated unclassified positions	6.0	Full-time equated (FTE) positions not in the state classified service
Full-time equated classified positions	206.2	Full-time equated (FTE) positions in the state classified service
Director and other unclassified – 6.0 FTE positions	\$598,600	Salaries of Director and five other unclassified positions; does not include fringe benefits Funding Source(s): GF/GP 598,600 <i>Related Boilerplate Section(s): None</i>
Departmental administration and management – 171.2 FTE positions	21,862,900	Funds administrative staff carrying out powers and duties of DCH; include FTEs in Director's Office, Bureau of Budget and Audit, Bureau of Finance, Bureau Organizational Support and Services Communications, Training and Performance Support Division, Administrative Tribunal and Appeals Division, Workforce Transformation, and Infrastructure Services; funds various contracts and fringe benefits for unclassified positions Funding Source(s): Federal 6,915,700 Restricted 2,329,300 GF/GP 12,617,900 <i>Related Boilerplate Section(s): None</i>
Internal audit consolidation	759,000	New line item created to reflect implementation of Executive Order (EO) 2007-31 which consolidates internal audit functions Funding Source(s): Federal 151,800 GF/GP 607,200 <i>Related Boilerplate Section(s): None</i>
Office of long-term care and supports and services – 25.0 FTE positions	3,882,000	Office charged with the following: administer activities to implement Michigan's Long-Term Care Task Force recommendations, coordinate state planning for long-term care supports and services, and conduct quality assurance reviews of publicly funded long-term care programs Funding Source(s): Federal 3,048,300 Private 40,100 GF/GP 793,600 <i>Related Boilerplate Section(s): None</i>
Worker's compensation program	8,911,000	Central funding source for worker's compensation claims against DCH; funds wage/salary and related fringe benefits for employees who return to work under limited duty assignments Funding Source(s): Restricted 16,200 GF/GP 8,894,800 <i>Related Boilerplate Section(s): 301</i>

Rent and building occupancy	10,535,000	Payments for rental space in privately-owned buildings statewide (Chandler Building, Mercantile Building, and Capitol View Building); payments to DMB for rent, security, and operating costs of state-owned buildings
		Funding Source(s): Federal 2,528,500 Private 35,900 Restricted 897,200 GF/GP 7,073,400
		<i>Related Boilerplate Section(s): None</i>
Developmental disabilities council and projects – 10.0 FTE positions	2,774,500	21-member Council recreated within DCH pursuant to EO 2006-12 and required by federal law; funded with federal funds and 25% match at local level; Council charged with advocating/conducting projects on behalf of persons with developmental disabilities, and developing/implementing the State Developmental Disabilities Plan
		Funding Source(s): Federal 2,774,500
		<i>Related Boilerplate Section(s): None</i>
GROSS APPROPRIATION	\$49,323,000	Total of all applicable line item appropriations
Total federal revenue	15,418,800	Includes Title XIX Medicaid, Title XXI State's Children Health Insurance Program funds, Title XVIII Medicare, random moment sampling cost revenue, substance abuse block grant, developmental disability grant, aging and disability resource center grant, Deficit Reduction Act money follows the person grant, long-term care transformation grant, Medicaid infrastructure grant, Women, Infants, and Children (WIC) revenue, Byrne justice assistance grant, Centers for Medicare and Medicaid (CMS) state profile grant, and safe and drug free schools and communities grant
Total private revenue	76,000	Parking fees and Robert Woods Johnson cash and counseling grant
Total state restricted revenue	3,242,700	Includes Michigan Health Initiative Fund revenue, newborn screening fees, Health Professional Regulatory Fund revenue, health system fees and collections, and certificate of need (CON) fees
GENERAL FUND/ GENERAL PURPOSE	\$30,585,500	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 103: MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS

This appropriation unit contains funding for administration of mental health and substance abuse services and several mental health and substance abuse programs. Also funds Protection and Advocacy Services, an agency designated by the Governor which is independent of the public mental health system.

Full-time equated classified positions	109.0	Full-time equated (FTE) positions in the state classified service
Mental health/substance abuse program administration – 108.0 FTE positions	\$13,260,000	<p>Funds staff administering mental health/substance abuse programs for DCH such as Health Programs Administration, Bureau of Hospital Services, Office of Recipient Rights, Bureau of CMH Services, and Office of Drug Control Policy; finances mental health/substance abuse program administration contracts; private funds to evaluate Assertive Community Treatment (ACT) services/outcomes for persons with serious mental illness and assess relationship of ACT program practices to consumer outcomes; federal funds promote community-based systems of care and substance abuse data development, assist state in preventing/reducing underage drinking, strengthen the substance abuse delivery system, and coordinate mental health, public health, and children's special health care services</p> <p style="text-align: right;">Funding Source(s): Federal 3,152,200 Private 190,000 GF/GP 9,917,800</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Consumer involvement program	189,100	<p>Assists consumer participation/leadership in DCH policy/planning forums; assists consumer self-help groups through Justice in Mental Health Organization and Michigan Association of Organizations and Individuals Promoting and Supporting Recovery and Rehabilitation for Persons with Mental Illness (IAPSRs)</p> <p style="text-align: right;">Funding Source(s): GF/GP 189,100</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Gambling addiction – 1.0 FTE position	3,000,000	<p>Education/prevention/research/treatment/evaluation services related to pathological gambling addictions; toll-free compulsive gambler help-line number; funds FTE who is liaison to Lottery Bureau</p> <p style="text-align: right;">Funding Source(s): Restricted 3,000,000</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Protection and advocacy services support	777,400	<p>Agency, designated by the Governor, with authority to pursue legal, administrative, and other appropriate remedies to protect rights of persons with mental illness and developmental disabilities, and investigate allegations of abuse or neglect of persons with mental illness and developmental disabilities</p> <p style="text-align: right;">Funding Source(s): GF/GP 777,400</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): 350</i></p>
Mental health initiatives for older persons	1,291,200	<p>Program provides respite and day care services/training to home health care providers/caregivers in the nature/progression of Alzheimer's disease and related disorders; federal grant used by local organizations and providers to promote collaborative approaches on developing community models of support for persons with Alzheimer's disease and their families</p> <p style="text-align: right;">Funding Source(s): Federal 242,000 GF/GP 1,049,200</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>

Community residential and support services	2,514,600	Finances community residential leases under DCH responsibility; expired lease arrangements transferred to the financial responsibility of CMHSPs Funding Source(s): Federal 500,000 GF/GP 2,014,600 <i>Related Boilerplate Section(s): None</i>
Highway safety projects	400,000	Combined with funds from Department of State Police/Office of Highway Safety Planning to develop/distribute pamphlets, brochures, videos, and public service announcements promoting substance abuse prevention and highway safety Funding Source(s): Federal 400,000 <i>Related Boilerplate Section(s): None</i>
Federal and other special projects	3,547,200	Grants to: improve the quality/availability of child development services and support mental health/public health consultation services to child care providers; improve access to health and other services for individuals with traumatic brain injuries (injury control intervention project line is match funds for grant); train mental health professionals, consumers, and their families to increase the capacity of CMHSPs to provide quality services; develop and implement an integrated approach to parent leadership on human services policies; identify peer support specialists; and decrease the incidence of fetal alcohol syndrome disease for women of child-bearing age or pregnant women in substance abuse treatment programs Funding Source(s): Federal 3,547,200 <i>Related Boilerplate Section(s): None</i>
Family support subsidy	18,599,200	Provides \$222.11 monthly payment to over 6,900 income-eligible families with a child under age 18 living at home who is severely mentally impaired, severely multiply impaired, or autistic Funding Source(s): Federal 18,599,200 <i>Related Boilerplate Section(s): None</i>
Housing and support services	9,306,800	Costs and contracts for housing/rental assistance programs for persons with mental illness/disabilities who are homeless or at risk of homelessness, and housing assistance for persons living with AIDS; grant supports contracts for housing assistance to homeless persons who have co-existing disorders of a qualifying mental health disability and substance abuse Funding Source(s): Federal 8,601,200 GF/GP 705,600 <i>Related Boilerplate Section(s): None</i>
GROSS APPROPRIATION	\$52,885,500	Total of all applicable line item appropriations
Total federal revenue	35,041,800	Includes oil/gas royalties, Title XIX Medicaid, substance abuse block grant, federal Department of Transportation safety highway funds, projects in assistance for transition from homelessness (PATH), temporary assistance for needy families (TANF), and the following grants: housing opportunities for persons with AIDS (HOPWA), Alzheimer's disease demonstration, state mental health infrastructure, synectics annual award, federal Department of Education Early On, shelter plus care, Supportive Housing Program (SHP-PATH), strategic prevention framework, traumatic brain injury, mental health systems transformation, parent leadership initiative, child care development fund expulsion prevention, fetal alcohol syndrome disease prevention, and new freedom initiative
Total private revenue	190,000	Private funds from the Flinn Family Foundation
Total state restricted revenue	3,000,000	Includes lottery funds, horse racing revenue, and casino licensing fees
GENERAL FUND/ GENERAL PURPOSE	\$14,653,700	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 104: COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS

This appropriation unit contains funding for 46 community mental health services programs (CMHSPs) which have been established pursuant to the Mental Health Code to provide services and supports for persons who have a serious mental illness, developmental disability, or serious emotional disturbance. The unit also includes funding for 18 prepaid inpatient health plans (PIHPs) established pursuant to the Mental Health Code and federal waiver provisions, respite services, multicultural services, federal mental health block grant, children's waiver home care program, nursing home PAS/ARR - OBRA, civil service charges, mental health court pilot programs, and for coordinating agencies for a continuum of substance abuse prevention, education, and treatment programs.

Full-time equated classified positions	9.5	Full-time equated (FTE) positions in the state classified service								
Medicaid mental health services	\$1,770,427,200	<p>Medicaid managed care capitated funds for CMHSPs or PIHPs serving state residents; mental health services provided by CMHSP or PIHP, or contract with public or private agencies</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">1,067,036,500</td> </tr> <tr> <td style="padding-right: 20px;">Restricted</td> <td style="text-align: right;">97,074,300</td> </tr> <tr> <td style="padding-right: 20px;">Local</td> <td style="text-align: right;">25,228,900</td> </tr> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">581,087,500</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 271, 401, 402, 404, 405, 418, 428, 442, 452, 456, 460, 470, 480</i></p>	Federal	1,067,036,500	Restricted	97,074,300	Local	25,228,900	GF/GP	581,087,500
Federal	1,067,036,500									
Restricted	97,074,300									
Local	25,228,900									
GF/GP	581,087,500									
Community mental health non-Medicaid services	322,027,700	<p>Non-Medicaid funds to CMHSPs or PIHPs serving residents of the state's 83 counties who are not covered by Medicaid or who require services that are not benefits under the state Medicaid plan; mental health services provided directly by CMHSP or PIHP, or by contract with public or private agencies</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">322,027,700</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 401, 402, 404, 405, 428, 442, 452, 456, 460, 462, 470</i></p>	GF/GP	322,027,700						
GF/GP	322,027,700									
Medicaid adult benefits waiver	40,000,000	<p>Funds to CMHSPs or PIHPs to provide mental health benefits to persons not previously Medicaid eligible until approval of a federal waiver on January 16, 2004; beneficiaries are paid under a prepaid capitation with CMHSPs and coordinating agencies</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">28,876,000</td> </tr> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">11,124,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 442, 452</i></p>	Federal	28,876,000	GF/GP	11,124,000				
Federal	28,876,000									
GF/GP	11,124,000									
Multicultural services	6,823,800	<p>Funds to CMHSPs to contract with providers that serve multicultural populations such as Chinese American, Asian American, Hispanics, and Arab/Chaldean; and funds to Michigan Inter-Tribal Council, Jewish Federation, Chaldean Chamber Foundation, and Vietnam Veterans</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">6,823,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 403</i></p>	GF/GP	6,823,800						
GF/GP	6,823,800									

Medicaid substance abuse services	36,212,700	<p>Capitated funds for Medicaid substance abuse services managed by selected PIHPs pursuant to federal Health Care Financing Administration approval of Michigan's 1915(b) waiver request; PIHPs that are not coordinating agencies for substance abuse services may contract with coordinating agencies for services</p> <p>Funding Source(s): Federal 21,825,600 Restricted 1,991,700 GF/GP 12,395,400</p> <p><i>Related Boilerplate Section(s): 402, 404, 409, 410, 414, 418, 423, 428, 470</i></p>
Respite services	1,000,000	<p>Supports contracts with CMHSPs or PIHPs for respite care services primarily for children with serious emotional disturbance and their families; care provided in their home or out-of-home settings</p> <p>Funding Source(s): GF/GP 1,000,000</p> <p><i>Related Boilerplate Section(s): 465</i></p>
CMHSP, purchase of state services contracts	134,480,900	<p>Used by CMHSPs or PIHPs to purchase state services for clients in their catchment areas or develop their own community alternatives to utilization of state hospitals/centers</p> <p>Funding Source(s): GF/GP 134,480,900</p> <p><i>Related Boilerplate Section(s): None</i></p>
Civil service charges	1,499,300	<p>Pays 1% civil service charges authorized by State Constitution</p> <p>Funding Source(s): GF/GP 1,499,300</p> <p><i>Related Boilerplate Section(s): 204</i></p>
Federal mental health block grant – 2.5 FTE positions	15,368,300	<p>Awards to primarily CMHSPs or PIHPs for community-based services for adults with serious mental illness and children with serious emotional disturbances such as wraparound services, adult dual diagnosis programs, psychosocial rehabilitation programs, and assertive community treatment teams; approximately 2/3 of grant funds for adults with mental illness and 1/3 of grant funds for children with serious emotional disturbance; funds FTEs, contractual services, supplies, travel, and other costs related to administering the federal block grant</p> <p>Funding Source(s): Federal 15,368,300</p> <p><i>Related Boilerplate Section(s): None</i></p>
State disability assistance program substance abuse services	2,509,800	<p>Per diem room and board payments for needy persons 18 years of age or older, or emancipated minors who reside in substance abuse residential facilities, and persons who do not qualify for SSI</p> <p>Funding Source(s): GF/GP 2,509,800</p> <p><i>Related Boilerplate Section(s): 272, 282, 406, 408, 409, 410, 423, 463, 470</i></p>
Community substance abuse prevention, education, and treatment programs	84,968,000	<p>Primarily distributed to 16 coordinating agencies for substance abuse services and authorized for services to chemically dependent pregnant women and injecting drug users, and children's access to tobacco; funds Salvation Army Harbor Light program; federal funds authorized to assist state in preventing/reducing underage drinking and the progression of substance abuse; federal block grants used to educate and counsel persons on abuse of substances</p> <p>Funding Source(s): Federal 65,777,500 Restricted 1,784,200 GF/GP 17,406,300</p> <p><i>Related Boilerplate Section(s): 272, 282, 407, 408, 409, 410, 412, 423, 463, 464, 467, 468, 470, 482</i></p>

Children's waiver home care program	19,549,800	Home and community-based services for over 400 eligible children with developmental disabilities who reside at home and who may otherwise require institutional care	Funding Source(s):	Federal	11,782,700
				GF/GP	7,767,100
<i>Related Boilerplate Section(s): None</i>					
Nursing home PAS/ARR – OBRA – 7.0 FTE positions	12,150,400	Staff, supplies, related costs, and contracts for implementing federal mandate addressing inappropriate placement in nursing homes of persons who are mentally ill or developmentally disabled (includes pre-admission screening, assessment of needs for individuals in nursing homes and for active treatment, and alternative services for persons found to be inappropriately placed); funds contract with Birchwood nursing home, and out-of-state nursing homes to provide specialized care to older adults who require nursing care and mental health services	Funding Source(s):	Federal	9,418,600
				GF/GP	2,731,800
<i>Related Boilerplate Section(s): None</i>					
Children with serious emotional disturbance waiver	570,000	Implements federally-approved waiver that expands Medicaid coverage to 43 children with serious emotional disturbances and/or chronically mentally ill; GF/GP match provided by CMHSPs	Funding Source(s):	Federal	570,000
<i>Related Boilerplate Section(s): None</i>					
Mental health court pilot programs	1,126,900	Newly created line item for implementing mental health court pilot programs whose services may include psychiatric counseling, case management, vocational training, housing assistance, program adherence monitoring, and training court and law enforcement personnel	Funding Source(s):	GF/GP	1,126,900
<i>Related Boilerplate Section(s): Sec. 459</i>					
GROSS APPROPRIATION	\$2,448,714,800	Total of all applicable line item appropriations			
Total federal revenue	1,220,655,200	Includes Title XIX Medicaid, Title XXI State's Children Health Insurance Program funds, mental health block grant, substance abuse block grant, and strategic prevention framework grant			
Total local revenue	25,228,900	Received from CMHSPs or PIHPs			
Total state restricted revenue	100,850,200	Includes substance abuse licensing fees and fines, and quality assurance assessment program (QAAP) revenue			
GENERAL FUND/ GENERAL PURPOSE	\$1,101,980,500	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue			

Mount Pleasant center – developmental disabilities – 393.3 FTE positions <i>117.4 average population</i>	43,198,700	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated center in Mt. Pleasant, Michigan, for persons with developmental disabilities and severe mental illness transferred from other state psychiatric hospitals Funding Source(s): Federal 17,609,800 Local 2,175,700 CMHSP 22,121,500 Restricted 1,291,700
<i>Related Boilerplate Section(s): 604, 605, 606, 607, 608,609</i>		
Center for forensic psychiatry – 578.6 FTE positions <i>210.0 average population</i>	60,386,000	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for the Forensic Center in Ann Arbor, Michigan, which provides psychiatric treatment for criminal defendants ruled incompetent to stand trial and/or acquitted by reason of insanity, specialized mental health services for transferred prisoners, diagnostic services to the criminal justice system, and examinations conducted by multi-disciplinary teams on an outpatient basis at the Center and other sites Funding Source(s): Federal 6,100 Local 4,194,600 Restricted 787,100 GF/GP 55,398,200
<i>Related Boilerplate Section(s): 604, 605, 606, 607, 608,609</i>		
Forensic mental health services provided to the department of corrections – 316.3 FTE positions	39,344,800	DCH assumes responsibility for providing mental health services to prisoners under jurisdiction of DOC; DOC is responsible for custodial/administrative functions for Huron Valley Correctional Complex in Ypsilanti, Michigan; Mental Health Code allows DOC to contract with DCH or third-party providers to operate the mental health program Funding Source(s): IDG 39,344,800
<i>Related Boilerplate Section(s): 603</i>		
Revenue recapture	750,000	Project generates revenue (from third parties related to closed or inactive cases) for DCH costs and contractual fees associated with retroactive collections and improving ongoing DCH reimbursement management functions Funding Source(s): Federal 375,000 Restricted 375,000
<i>Related Boilerplate Section(s): 601(2)</i>		
IDEA, federal special education	120,000	Supplements state psychiatric hospital special education programs for persons with mental illness; funds directed toward upgrading computer skills, daily living skills, and academics; allocations based on annual counts of students aged 5 through 26 Funding Source(s): Federal 120,000
<i>Related Boilerplate Section(s): None</i>		
Special maintenance and equipment	335,300	Maintenance projects at state hospitals and centers; client-related, administrative, and housekeeping/maintenance equipment needs; maintenance and operation of leased properties Funding Source(s): Restricted 332,500 GF/GP 2,800
<i>Related Boilerplate Section(s): None</i>		
Purchase of medical services for residents of hospitals and centers	1,045,600	Special, emergency, and other medical-related services rendered off-site for residents of state hospitals and centers without insurance or ability to pay Funding Source(s): GF/GP 1,045,600
<i>Related Boilerplate Section(s): None</i>		

Closed site, transition, and related costs	100	Placeholder for unemployment compensation, terminal payouts (sick leave payments and grievance settlements), safety and power plant operations, and phase-out costs associated with final disposition of property for closed hospital sites Funding Source(s): GF/GP 100 <i>Related Boilerplate Section(s): 605</i>
Severance pay	216,900	Payments to employees (with more than one year of service) laid off due to census reductions or closures of state hospitals and centers Funding Source(s): GF/GP 216,900 <i>Related Boilerplate Section(s): None</i>
Gifts and bequests for patient living and treatment environment	1,000,000	Authority for DCH to accept gifts/bequests for specific enhancements (consistent with donor stipulation) for residents of state-operated facilities Funding Source(s): Private 1,000,000 <i>Related Boilerplate Section(s): 602</i>
GROSS APPROPRIATION	\$301,562,800	Total of all applicable line item appropriations
Interdepartmental grant from the department of corrections	39,344,800	From DOC for costs related to providing forensic mental health services
Total federal revenue	38,400,900	Includes Title XIX Medicaid, national school lunch program, and IDEA (federal special education)
CMHSP, purchase of state services contracts	134,605,300	Funds from CMHSPs and PIHPs, as part of authorization process, to offset line item in Community Mental Health/Substance Abuse Services Programs appropriation unit
Other local revenue	16,811,700	County match revenue and local school aid funds
Total private revenue	1,000,000	Gifts and bequests
Total state restricted revenue	14,736,500	Includes miscellaneous, first/third party reimbursement, and lease/rental revenue
GENERAL FUND/ GENERAL PURPOSE	\$56,663,600	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 106: PUBLIC HEALTH ADMINISTRATION

This appropriation unit provides funding for the administrative, policy, and leadership functions necessary to ensure the implementation of the public health mission, address health disparities of minority populations, record the state's vital events, and promote healthy behaviors.

Full-time equated classified positions	99.7	Full-time equated (FTE) positions in the state classified service								
Public health administration – 8.3 FTE positions	\$2,212,300	<p>FTEs, contractual services, and other related costs for administration of community public health; public health physician practice project with Michigan State University and the University of Michigan</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr><td style="padding-right: 20px;">Federal</td><td style="text-align: right;">97,500</td></tr> <tr><td>Private</td><td style="text-align: right;">300,000</td></tr> <tr><td>Restricted</td><td style="text-align: right;">210,600</td></tr> <tr><td>GF/GP</td><td style="text-align: right;">1,604,200</td></tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 218</i></p>	Federal	97,500	Private	300,000	Restricted	210,600	GF/GP	1,604,200
Federal	97,500									
Private	300,000									
Restricted	210,600									
GF/GP	1,604,200									
Minority health grants and contracts – 3.0 FTE positions	1,493,200	<p>FTEs, related costs, and contracts to improve health status of minorities and reduce health disparities through prevention, health promotion, screening, and dental programs for African-Americans, Hispanic/Latinos, Arab/Chaldeans, American Indians, and Asian/Pacific Islanders</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr><td style="padding-right: 20px;">Federal</td><td style="text-align: right;">593,200</td></tr> <tr><td>Restricted</td><td style="text-align: right;">900,000</td></tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Federal	593,200	Restricted	900,000				
Federal	593,200									
Restricted	900,000									
Promotion of healthy behaviors	1,700,000	<p>Funding for four-year Generation With Promise project of middle-school student-led programs in underserved communities to improve health related behaviors and address health disparities; and partial funding for the Surgeon General position</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr><td style="padding-right: 20px;">Private</td><td style="text-align: right;">1,700,000</td></tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Private	1,700,000						
Private	1,700,000									
Vital records and health statistics – 88.4 FTE positions	11,199,800	<p>FTEs, related costs, and contracts to administer state's vital records and statistics system; register all vital events; maintain repository of vital record documents; maintain data and electronic transferal systems; issue certified copies of records; amend vital records; provide surveillance of vital events; report on mortality, morbidity, and certain conditions including cancer and birth defects; maintain birth verification system for Medicaid program and paternity registry for Department of Human Services (DHS); conduct system automation and interface enhancement supported by federal Medicaid grant; and update to new birth certificate standards pursuant to federal Intelligence and Terrorism Prevention Act of 2004.</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr><td style="padding-right: 20px;">IDG</td><td style="text-align: right;">981,600</td></tr> <tr><td>Federal</td><td style="text-align: right;">5,327,700</td></tr> <tr><td>Restricted</td><td style="text-align: right;">4,890,500</td></tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	IDG	981,600	Federal	5,327,700	Restricted	4,890,500		
IDG	981,600									
Federal	5,327,700									
Restricted	4,890,500									
GROSS APPROPRIATION	\$16,605,300	Total of all applicable line item appropriations								
Interdepartmental grant from the department of human services	981,600	Federal funds granted from Department of Human Services for vital records and central paternity registry access related to Medicaid eligibility determination, paternity, child support cases, and protective services								

Total federal revenue	6,018,400	Social Security Act Title XIX Medicaid funds, preventive health and health services block grant, vital statistics grants, cancer registry grant, social security birth and death enumeration grants, minority health state partnership grant, Medicaid transformation grant, birth certificate standards grant (anticipated), and surveillance, epidemiology and end results (SEER) grant funds through Wayne State University
Total private revenue	2,000,000	Private grant from the W. K. Kellogg Foundation for promotion of healthy behaviors; matching funds for public health physician practice project from Michigan State University and the University of Michigan
Total state restricted revenue	6,001,100	Vital records fee revenue, Michigan Health Initiative Fund revenue from software tax (1987 PA 258), and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$1,604,200	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 107: HEALTH POLICY, REGULATION, AND PROFESSIONS

This appropriation unit provides funding for the Health Policy, Regulation, and Professions Administration, Office of the Chief Nurse Executive, Bureaus of Health Systems and Health Profession, Emergency Medical Services Section, and Radiation Safety Section which administers programs involved in the licensing, regulation, and registration of various health care facilities, substance abuse programs, emergency medical services authorities, radiation machines, clinical laboratories, and various health professions. This unit also provides funding for the Background Check Program, Certificate of Need (CON) Program Administration, Rural Health Services, Michigan Essential Health Care Provider Program, and Primary Care Services.

Full-time equated classified positions	403.6	Full-time equated (FTE) positions in the state classified service												
Health systems administration – 193.6 FTE positions	\$22,949,700	<p>Bureau of Health Systems includes the following:</p> <p><u>Nursing Home Monitoring</u>: survey/investigate/assess/evaluate long-term care facility compliance with Medicare/Medicaid certification and licensure requirements</p> <p><u>Licensing and Certification</u>: license/recommend Medicare/Medicaid certification for health facilities, except long-term care facilities; license substance abuse prevention/treatment programs statewide and investigate complaints of licensed substance abuse programs</p> <p><u>Operations</u>: investigate nursing home residents' complaints and facility-reported incidents; process/coordinate enforcement against facilities</p> <p><u>Health Facilities and Services</u>: conduct physical plant evaluations for construction/modernization projects for health facilities and licensing and certification surveys of licensed health care facilities</p> <p><u>Quality Improvement Nurse Consultant Program</u>: collaboration with nursing homes to provide focused, proactive, and preventive information to improve residents outcomes and delivery of care by providers</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td style="text-align: right;">14,239,400</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">4,318,600</td> </tr> <tr> <td></td> <td>Private</td> <td style="text-align: right;">200,000</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">4,191,700</td> </tr> </table> <p style="text-align: center;"><i>Related Boilerplate Section(s): 706, 708, 714, 718</i></p>	Funding Source(s):	Federal	14,239,400		Restricted	4,318,600		Private	200,000		GF/GP	4,191,700
Funding Source(s):	Federal	14,239,400												
	Restricted	4,318,600												
	Private	200,000												
	GF/GP	4,191,700												
Emergency medical services program state staff – 8.5 FTE positions	1,476,100	<p>Emergency Medical Services (EMS) Section to license/re-license approximately 824 medical first responder/life support agencies and 3,148 life support vehicles; approve medical control authorities which provide community based pre-hospital emergency care oversight</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td style="text-align: right;">432,200</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">699,900</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">344,000</td> </tr> </table> <p style="text-align: center;"><i>Related Boilerplate Section(s): 724</i></p>	Funding Source(s):	Federal	432,200		Restricted	699,900		GF/GP	344,000			
Funding Source(s):	Federal	432,200												
	Restricted	699,900												
	GF/GP	344,000												
Radiological health administration – 21.4 FTE positions	2,747,100	<p>Radiation Safety Section annually registers over 28,000 X-ray machines used in approximately 10,000 medical and non-medical radiation facilities statewide; conducts periodic radiation safety inspections for compliance with federal and state requirements</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td style="text-align: right;">649,500</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">2,097,600</td> </tr> </table> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	649,500		Restricted	2,097,600						
Funding Source(s):	Federal	649,500												
	Restricted	2,097,600												
Emergency medical services grants and services	660,000	<p>Contracts administered by EMS Section for continuing education, agency/vehicle inspections; administers licensure examinations</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td style="text-align: right;">660,000</td> </tr> </table> <p style="text-align: center;"><i>Related Boilerplate Section(s): 704</i></p>	Funding Source(s):	Federal	660,000									
Funding Source(s):	Federal	660,000												

Michigan essential health provider	1,952,100	Assist primary care physicians, psychiatrists, dentists, nurse practitioners, nurse midwives, and physician assistants who practice in designated medically underserved and health professional shortage areas in repayment of health education loans
		Funding Source(s):
		Federal
		Local
		Private
		GF/GP
		924,000
		227,700
		255,000
		545,400
<i>Related Boilerplate Section(s): 709, 722</i>		
Primary care services – 1.4 FTE positions	4,241,700	Grants to community health centers for primary health care, outreach, and health education services in medically underserved and health professional shortage areas; funds equally distributed to free health clinics; funds for rural health services and Helen M. Nickless Volunteer Clinic
		Funding Source(s):
		Federal
		GF/GP
		2,970,200
		1,271,500
<i>Related Boilerplate Section(s): 271, 710, 712, 713, 715, 717, 720</i>		
GROSS APPROPRIATION	\$68,605,600	Total of all applicable line item appropriations
Interdepartmental grant from the department of treasury, Michigan state hospital finance authority	116,300	From Department of Treasury's Michigan State Hospital Finance Authority for part of costs related to certificate of need program
Total federal revenue	26,015,300	Includes Title XIX Medicaid, Title XVIII Medicare, random moment sampling cost revenue, and the following grants: preventive health and health services block, clinical laboratory improvement, EMS for children partnership, rural health flexibility program, Medicaid transformation, highway safety EMS and trauma, mammography quality standards, state Office of Rural Health, small rural hospital, state loan repayment, primary care, prescription drug monitoring, and alternate emergency room services
Total local revenue	227,700	Local match provided by CMHSPs for federal revenue
Total private revenue	455,000	Realized from loan repayments on behalf of primary care providers in underserved areas and civil monetary penalties
Total state restricted revenue	33,762,800	Includes Health Professional Regulatory Fund revenue, health systems fees/collections, Nurse Professional Fund revenue, Pain Management Education and Controlled Substances Electronic Monitoring and Antidiversion Fund revenue, CON fee revenue, emergency medical service fees, and radiological health fees
GENERAL FUND/ GENERAL PURPOSE	\$8,028,500	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 108: INFECTIOUS DISEASE CONTROL

This appropriation unit provides funding to prevent and control morbidity, disability, and death associated with communicable diseases through assessment, surveillance, intervention, and evaluation.

Full-time equated classified positions	51.7	Full-time equated (FTE) positions in the state classified service								
AIDS prevention, testing, and care programs – 12.7 FTE positions	\$38,468,200	FTEs, laboratory, related costs, and grants to local health departments and other agencies for: HIV counseling, testing, referral, and partner notification; HIV/AIDS education and outreach; HIV/AIDS risk reduction program focusing on at-risk populations through prevention, care, and laboratory testing; and HIV/AIDS continuum of care program of health care and support services to families and individuals living with HIV/AIDS, including drug assistance and dental programs; new minority AIDS initiative; and expanded HIV testing programs	Funding Source(s):	<table style="margin-left: 20px;"> <tr> <td>Federal</td> <td style="text-align: right;">25,832,400</td> </tr> <tr> <td>Private</td> <td style="text-align: right;">7,997,900</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">4,637,900</td> </tr> </table>	Federal	25,832,400	Private	7,997,900	Restricted	4,637,900
Federal	25,832,400									
Private	7,997,900									
Restricted	4,637,900									
<i>Related Boilerplate Section(s): 218, 801, 803, 804</i>										
Immunization local agreements	13,990,300	Funds to local public health departments, community health centers, and other agencies for immunization clinics, free vaccinations for eligible children, vaccine handling and distribution, statewide Michigan Care Improvement Registry (MCIR) of immunization history, outreach and education, perinatal hepatitis B prevention, provider quality assurance, field staff training and technical support, and other projects	Funding Source(s):	<table style="margin-left: 20px;"> <tr> <td>Federal</td> <td style="text-align: right;">9,428,200</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">2,250,000</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">2,312,100</td> </tr> </table>	Federal	9,428,200	Restricted	2,250,000	GF/GP	2,312,100
Federal	9,428,200									
Restricted	2,250,000									
GF/GP	2,312,100									
<i>Related Boilerplate Section(s): 218</i>										
Immunization program management and field support – 15.0 FTE positions	2,008,200	FTEs and related costs to administer state immunization program including disease surveillance and outbreak control	Funding Source(s):	<table style="margin-left: 20px;"> <tr> <td>Federal</td> <td style="text-align: right;">1,326,000</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">354,900</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">327,300</td> </tr> </table>	Federal	1,326,000	Restricted	354,900	GF/GP	327,300
Federal	1,326,000									
Restricted	354,900									
GF/GP	327,300									
<i>Related Boilerplate Section(s): 218</i>										
Pediatric AIDS prevention and control – 1.0 FTE position	1,225,200	FTE and contracts to coordinate comprehensive medical care and social support services for HIV-infected infants, children, and their families, including outreach, primary and specialty medical care, psychological services, case management, HIV risk reduction and prevention education, recreation activities, and logistical support for coordination of services	Funding Source(s):	<table style="margin-left: 20px;"> <tr> <td>Federal</td> <td style="text-align: right;">1,225,200</td> </tr> </table>	Federal	1,225,200				
Federal	1,225,200									
<i>Related Boilerplate Section(s): 218</i>										
Sexually transmitted disease control local agreements	3,910,700	Funds to local public health departments to monitor and control the occurrence of sexually transmitted diseases in the state, especially in the 15 highest incidence areas representing over 90% of all cases: for surveillance, investigation, diagnosis, primary treatment, screening, casefinding, prevention, and laboratory services; FY 2008-09 initiative targets gonorrhea and chlamydia with increased testing and treatment of 14-24 year-olds; and special projects	Funding Source(s):	<table style="margin-left: 20px;"> <tr> <td>Federal</td> <td style="text-align: right;">3,125,500</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">785,200</td> </tr> </table>	Federal	3,125,500	GF/GP	785,200		
Federal	3,125,500									
GF/GP	785,200									
<i>Related Boilerplate Section(s): 218</i>										

Sexually transmitted disease control management and field support – 23.0 FTE positions	3,886,200	FTEs and related costs for state administration to monitor the occurrence of sexually transmitted diseases, promote prevention and education, and provide support for state, local and national STD control goals; funds for primary STD treatment drugs and laboratory costs; and tasks related to FY 2008-09 initiative targeting gonorrhea and chlamydia with increased testing and treatment of 14-24 year-olds
		Funding Source(s):
		Federal
		Restricted
		GF/GP
		1,140,600
		591,400
		2,154,200

Related Boilerplate Section(s): 218

GROSS APPROPRIATION	\$63,488,800	Total of all applicable line item appropriations
Total federal revenue	42,077,900	Preventive health and health services block grant, maternal and child health services block grant, immunization grant, HIV prevention grant, expanded and integrated HIV testing grant, Ryan White Part B (formerly Title II) HIV care grant, sexually transmitted disease control grant, Ryan White Part D (formerly Title IV) pediatric AIDS prevention grant, minority AIDS initiative Part B grant, and Social Security Act Title XIX Medicaid funds
Total private revenue	7,997,900	Private funds from pharmaceutical manufacturer rebates for AIDS drug assistance program
Total state restricted revenue	7,834,200	Michigan Health Initiative Fund revenue from the software tax (1987 PA 258), Healthy Michigan Fund revenue from the cigarette tax (3.75% of gross collections), and Pharmaceutical Products Fund interest income from revenue related to the 1999 sale of Michigan Biologic Products Institute
GENERAL FUND/ GENERAL PURPOSE	\$5,578,800	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

Lead abatement program – 7.0 FTE positions	2,177,800	FTEs, costs, and contracts for: safe removal of lead hazards from older homes in areas of the state with high incidence of lead-poisoned children, and local oversight; certification of individuals to perform lead abatement and lead hazard remediation and training; compliance assistance and enforcement; education and outreach; and Healthy Homes indoor environmental asthma and injury demonstration project in Ingham County Funding Source(s): Federal 1,915,800 Restricted 262,000 <i>Related Boilerplate Section(s): 851</i>
Methamphetamine cleanup fund	100,000	Funds available to local governments for administrative costs related to local methamphetamine cleanup efforts, of up to \$800 per property Funding Source(s): GF/GP 100,000 <i>Related Boilerplate Section(s): 852</i>
Newborn screening follow-up and treatment services – 9.5 FTE positions	4,534,500	FTEs, related expenses, and contracts to screen all newborn infants for hearing impairment and 49 genetic disorders (as of 10/1/07), and provide follow-up services such as education, diagnosis, counseling, treatment and medical management when a newborn child tests positive; early hearing screening and detection program; and genetic disease program for adults and children Funding Source(s): Restricted 4,534,500 <i>Related Boilerplate Section(s): 218</i>
Tuberculosis control and prevention	867,000	Funding to local health departments and contractors for prevention and control of tuberculosis, including directly-observed therapy, medication administration, surveillance, and care for certain patients with tuberculosis Funding Source(s): Federal 867,000 <i>Related Boilerplate Section(s): 218</i>
GROSS APPROPRIATION	\$67,394,100	Total of all applicable line item appropriations
Total federal revenue	59,411,300	Federal grants for health risk assessment, HIV/AIDS surveillance, HIV/AIDS morbidity and risk behavior surveillance, tuberculosis control, epidemiology and laboratory capacity, core occupational safety and health research, public health preparedness and response for bioterrorism, bioterrorism hospital preparedness, behavioral risk factor surveillance, asthma, lupus, genetics, birth defects surveillance, genomics and chronic disease prevention, Housing and Urban Development (HUD) lead-based paint hazard control; Environmental Protection Agency (EPA) lead grant for certification of lead-based paint professionals, HUD healthy homes demonstration program, pregnancy risk assessment monitoring system (PRAMS), adult viral hepatitis prevention coordinator, EPA Detroit asthma morbidity and air quality and traffic study, Battelle HPV, and national children's study, federal grant from Emory University for work related to polybrominated biphenyls and endocrine disruptors, and hazardous substances emergency events surveillance
Total local revenue	500,000	Authorization in anticipation of new local matching funds requirement for federal bioterrorism grants
Total private revenue	25,000	Grant from March of Dimes for work related to birth defects and folic acid projects
Total state restricted revenue	4,996,900	Fee revenue collected from newborn screening program and from lead abatement professional worker certification, and Michigan Health Initiative Fund revenue from software tax (1987 PA 258)
GENERAL FUND/ GENERAL PURPOSE	\$2,460,900	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 111: LOCAL HEALTH ADMINISTRATION AND GRANTS

This appropriation unit provides funding to improve the health status of Michigan residents through accessible health care services delivered by local public health departments and other health care organizations.

Implementation of 1993 PA 133, MCL 333.17015	\$50,000	Reimbursement to local health departments for costs incurred for informational materials provided in accordance with the Informed Consent Law, 1993 PA 133, to a woman seeking an abortion Funding Source(s): GF/GP 50,000 <i>Related Boilerplate Section(s): 901</i>
Local health services	220,000	Contractual services to support the development and implementation of uniform local public health service delivery and reporting standards, and to support local health department evaluation and accreditation to promote standards compliance Funding Source(s): Restricted 220,000 <i>Related Boilerplate Section(s): None</i>
Local public health operations	40,618,400	Prospective payments to local health departments toward the state share of the 50% state and local match rate for projected allowable expenditures for the following required local public health services: immunizations, infectious disease control, sexually transmitted disease control, hearing and vision screening for children, food protection in cooperation with Department of Agriculture, and the following in cooperation with Department of Environmental Quality: public water and private groundwater supplies, and on-site sewage management Funding Source(s): Local 5,150,000 GF/GP 35,468,400 <i>Related Boilerplate Section(s): 218, 902, 904, 905</i>
Medicaid outreach cost reimbursement to local health departments	9,000,000	Partial reimbursement to local health departments for costs incurred for outreach to Medicaid clients. Funding is available from federal Medicaid reimbursement match grants as eligible costs are incurred by local public health departments. Funding Source(s): Federal 9,000,000 <i>Related Boilerplate Section(s): None</i>
GROSS APPROPRIATION	\$49,888,400	Total of all applicable line item appropriations
Total federal revenue	9,000,000	Social Security Act Title XIX Medicaid funds
Total local revenue	5,150,000	Local school district funds originated from the state School Aid Fund, to support hearing and vision screening of school children provided by local public health departments
Total state restricted revenue	220,000	Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$35,518,400	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 112: CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION

This appropriation unit provides funding for programs to promote healthy lifestyles, prevent chronic diseases, and reduce injuries and violent behavior statewide and for vulnerable and high-risk populations, to improve the length and quality of life for Michigan residents.

Full-time equated classified positions	70.3	Full-time equated (FTE) positions in the state classified service
African-American male health initiative	\$106,700	Grant for initiative to improve the health of African-American men in Michigan with community-based screening for chronic diseases, follow-up counseling, education, and referrals <div style="text-align: right; margin-top: 5px;">Funding Source(s): GF/GP 106,700</div> <i>Related Boilerplate Section(s): 1028</i>
AIDS and risk reduction clearinghouse and media campaign	1,351,000	Information clearinghouse to develop/collect/distribute health promotion materials to Michigan residents; and contractual services to produce and air television, radio, and billboard health promotion messages <div style="text-align: right; margin-top: 5px;">Funding Source(s): Restricted 1,351,000</div> <i>Related Boilerplate Section(s): None</i>
Alzheimer's information network	389,500	Grants to support statewide Michigan Dementia Coalition, and grants to regional information and referral centers for prevention activities, education, and support for persons with Alzheimer's disease, Huntington's disease, and Parkinson's disease, and their families and caregivers <div style="text-align: right; margin-top: 5px;">Funding Source(s): Federal 99,500 Restricted 290,000</div> <i>Related Boilerplate Section(s): 1003</i>
Cancer prevention and control program – 12.0 FTE positions	15,188,500	FTEs, related expenses, grants and contracts for cancer prevention and control including prevention activities, screening and follow-up services for breast and cervical cancer, public/provider education, awareness about early detection, Michigan Cancer Consortium support, colorectal cancer detection pilot, and heart and chronic disease screening and referrals <div style="text-align: right; margin-top: 5px;">Funding Source(s): Federal 12,182,300 Restricted 1,728,900 GF/GP 1,277,300</div> <i>Related Boilerplate Section(s): 1032, 1033</i>
Chronic disease prevention – 22.7 FTE positions	5,683,200	FTEs, related costs, grants, and contracts for chronic disease surveillance activities and community, school and worksite-based chronic disease prevention programs regarding obesity, cardiovascular health, fitness and nutrition, heart disease and stroke prevention, arthritis, lupus, osteoporosis prevention, Huntington's disease, and health promotion for persons with disabilities; other projects include establishment of statewide stroke registry for acute care hospitals, childhood obesity prevention project with Michigan State University, safe routes to schools program, and Michigan nutrition network projects in schools and communities <div style="text-align: right; margin-top: 5px;">Funding Source(s): Federal 3,325,100 Private 61,600 Restricted 2,191,500 GF/GP 105,000</div> <i>Related Boilerplate Section(s): 1010, 1019</i>

Diabetes and kidney program – 12.2 FTE positions	4,002,200	FTEs, related expenses, and contracts for diabetes prevention, education, control, and outreach projects; grants to regional diabetes outreach network entities and communities with a high incidence of diabetes; and funds for kidney disease prevention programs and implementation of the State Renal Plan	Funding Source(s): Federal Restricted	1,505,300 2,496,900
<i>Related Boilerplate Section(s): 1008, 1009</i>				
Health education, promotion, and research programs – 6.5 FTE positions	812,500	FTEs, and contractual and other related costs for division administration and infrastructure for health promotion and education, and chronic disease prevention and education	Funding Source(s): Restricted GF/GP	393,800 418,700
<i>Related Boilerplate Section(s): None</i>				
Injury control intervention project	404,500	FTE and contracts for traumatic brain injury program; \$104,500 for required match for federal traumatic brain injury grant in the Federal and Other Special Projects line item, and \$300,000 for two pilot programs to encourage trauma hospital use of traumatic brain injury treatment models	Funding Source(s): GF/GP	404,500
<i>Related Boilerplate Section(s): 1031</i>				
Michigan Parkinson's Foundation	50,000	Grant to support the Michigan Parkinson's Initiative for education and clinical programs for persons with Parkinson's disease and their families, and for providers	Funding Source(s): Restricted	50,000
<i>Related Boilerplate Section(s): None</i>				
Morris Hood Wayne State University diabetes outreach	400,000	Grant for statewide and community outreach programs of the Morris Hood Comprehensive Diabetes Center at Wayne State University	Funding Source(s): Restricted	400,000
<i>Related Boilerplate Section(s): None</i>				
Physical fitness, nutrition, and health	700,000	Grant to support a statewide network of local physical fitness, health, and sports councils, maintain a physical fitness curriculum for kindergarten through grade 12 schoolchildren, provide teacher training, and distribute sports injury prevention education materials	Funding Source(s): Restricted	700,000
<i>Related Boilerplate Section(s): 1034</i>				
Public health traffic safety coordination – 1.0 FTE position	356,400	FTE, costs and contracts for projects to prevent motor vehicle-related injuries to children, primarily child passenger safety education and car booster seat safety for children	Funding Source(s): Federal	356,400
<i>Related Boilerplate Section(s): None</i>				
Smoking prevention program – 14.0 FTE positions	5,724,500	FTEs, related expenses, and contracts for smoking prevention and cessation programs including: smoking cessation hotline; free nicotine Quit Kits and nicotine replacement therapy; local projects of schools, communities, and local health departments; smoke-free initiatives for hospitals, apartments and other environments; enforcement of Clean Indoor Air Act; anti-tobacco media campaign; and Michigan Model clearinghouse of health curriculum materials for schools	Funding Source(s): Federal Private Restricted	1,951,100 85,000 3,688,400
<i>Related Boilerplate Section(s): 1006</i>				

Tobacco tax collection and enforcement	610,000	Grant to Department of State Police for tobacco tax collection and enforcement activities to discourage illegal purchase or sale Funding Source(s): Restricted 610,000
<i>Related Boilerplate Section(s): None</i>		
Violence prevention – 1.9 FTE positions	1,889,800	FTEs, related costs and contractual services for: sexual violence prevention including rape and sexual assault primary prevention and education programs; and expansion of youth suicide prevention and early intervention programs, training, infrastructure, and awareness Funding Source(s): Federal 1,889,800
<i>Related Boilerplate Section(s): 1007</i>		
GROSS APPROPRIATION	\$37,668,800	Total of all applicable line item appropriations
Total federal revenue	21,309,500	Includes the following grants: preventive health and health services block, breast and cervical cancer early detection program, comprehensive cancer control, Social Security Act Title XIX Medicaid, diabetes control, state and community highway safety, arthritis, lupus, tobacco use prevention, well integrated screening and evaluation for women across the nation (WISEWOMAN), rape prevention and education, obesity, Great Lakes stroke network, youth suicide prevention and early intervention, health promotion for persons with disabilities, stroke registry and quality improvement, heart disease and stroke prevention, Michigan nutrition network, safe routes to schools via Michigan Department of Transportation and Michigan Fitness Foundation
Total private revenue	146,600	Private grant from American Legacy Foundation to support the statewide smoking cessation hotline, and private Robert Wood Johnson Foundation grant through Michigan State University for building evidence to prevent childhood obesity
Total state restricted revenue	13,900,500	Michigan Health Initiative Fund revenue from software tax (1987 PA 258) and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$2,312,200	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 113: FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES

This appropriation unit provides funding for programs and services to promote health and address priority health issues of the vulnerable population group consisting of children under age 21, women of childbearing age, and their family members.

Full-time equated classified positions	52.3	Full-time equated (FTE) positions in the state classified service									
Childhood lead program – 6.0 FTE positions	\$2,557,500	<p>FTEs, supplies, related costs, and contracts for screening for abnormal blood lead levels, lead hazard identification, public and provider education, lead poisoning prevention services, lead abatement, lead safe housing registry, and surveillance of children with elevated blood lead levels; primarily in Detroit and high-incidence counties</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Funding Source(s):</td> <td style="width: 15%;">Federal</td> <td style="text-align: right;">1,450,700</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">106,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 1129</i></p>	Funding Source(s):	Federal	1,450,700		Restricted	1,000,000		GF/GP	106,800
Funding Source(s):	Federal	1,450,700									
	Restricted	1,000,000									
	GF/GP	106,800									
Dental programs	485,400	<p>Funds two programs: Oral Health Program grants for school-based dental sealant program for 2nd grade children in targeted areas, and contractual services to coordinate Donated Dental Services Program for uninsured individuals who have difficulty accessing dental services due to mental or physical handicap, visual impairment, chronic illness, or age</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Funding Source(s):</td> <td style="width: 15%;">Federal</td> <td style="text-align: right;">335,400</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">150,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 1109</i></p>	Funding Source(s):	Federal	335,400		Restricted	150,000			
Funding Source(s):	Federal	335,400									
	Restricted	150,000									
Dental program for persons with developmental disabilities	151,000	<p>Fund to underwrite treatment costs of essential dental services for persons with developmental disabilities who are not otherwise able to obtain or pay for these services</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Funding Source(s):</td> <td style="width: 15%;">GF/GP</td> <td style="text-align: right;">151,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	GF/GP	151,000						
Funding Source(s):	GF/GP	151,000									
Early childhood collaborative secondary prevention	524,000	<p>Cooperative program with Department of Human Services DHS and Department of Education for community-based projects to assist families with healthy development of children 0-3 years of age who are at risk of abuse and neglect from family stresses and risk factors; administered by DHS, Children's Trust Fund</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Funding Source(s):</td> <td style="width: 15%;">GF/GP</td> <td style="text-align: right;">524,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	GF/GP	524,000						
Funding Source(s):	GF/GP	524,000									
Family, maternal, and children's health services administration – 40.6 FTE positions	5,177,400	<p>FTEs, contractual services, supplies, and other related costs to administer programs for children and families, including teen health centers funded under Health Plan Services line item in Medical Services</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Funding Source(s):</td> <td style="width: 15%;">Federal</td> <td style="text-align: right;">2,637,400</td> </tr> <tr> <td></td> <td>Local</td> <td style="text-align: right;">75,000</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">2,465,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 218, 1105</i></p>	Funding Source(s):	Federal	2,637,400		Local	75,000		GF/GP	2,465,000
Funding Source(s):	Federal	2,637,400									
	Local	75,000									
	GF/GP	2,465,000									

Family planning local agreements	9,793,800	Grants to local health departments and agencies for family planning services: reproductive health assessment, comprehensive contraceptive services, health education, counseling, referral, and special projects including training, and sexually transmitted disease testing		
		Funding Source(s):	Federal	8,588,000
			Restricted	408,100
			GF/GP	797,700
<i>Related Boilerplate Section(s): 1101, 1104, 1106, 1110, 1111</i>				
Local MCH services	7,264,200	Maternal and child health grants to local health departments on a per capita basis for locally-identified needs including prenatal care, immunizations, and well-child services; and grants to agencies for programs to address high infant mortality		
		Funding Source(s):	Federal	7,018,100
			Restricted	246,100
<i>Related Boilerplate Section(s): 1104</i>				
Migrant health care	272,200	Grants to migrant health care agencies in areas with high migrant populations for outreach, immunization services for children and adults, prenatal services, and health education		
		Funding Source(s):	Federal	136,100
			GF/GP	136,100
<i>Related Boilerplate Section(s): 218</i>				
Pregnancy prevention program	5,235,400	Grants to local health departments and other agencies for family planning and primary pregnancy prevention programs, services, and special projects, including expanded programming beyond the federal Title X family planning program		
		Funding Source(s):	Federal	602,100
			Restricted	4,633,300
<i>Related Boilerplate Section(s): 1104, 1108, 1110, 1111</i>				
Prenatal care outreach and service delivery support	3,049,300	Grants to local health departments and other agencies for prenatal support services for low-income and uninsured pregnant women, including nurse family partnership programs serving first-time, low-income pregnant women and teenagers in four communities with high infant mortality rates (a fifth program is funded in Special Projects line); also funds prenatal smoking cessation and other programs		
		Funding Source(s):	Federal	2,020,400
			GF/GP	1,028,900
<i>Related Boilerplate Section(s): 218, 1101, 1104, 1107, 1112</i>				
School health and education programs	500,000	Funds to intermediate school districts for kindergarten through grade 12 school health education, the Michigan Model for Comprehensive School Health Education curriculum, and related curriculum materials; administered in partnership with Department of Education		
		Funding Source(s):	Restricted	500,000
<i>Related Boilerplate Section(s): 1135</i>				

Special projects – 5.7 FTE positions	4,017,100	FTEs, related costs, grants and contracts for maternal and child health special projects: public health and mental health early on program; fetal and infant mortality projects including nurse family partnership programs; fetal alcohol syndrome prevention and education; oral disease prevention and education; universal newborn hearing screening; maternal mortality study; safe delivery of newborns hotline; early hearing detection and intervention for newborns with congenital hearing loss; comprehensive early childhood system planning and local collaborative development; Special Needs Vision Clinic; improved access to oral health services for children in medically underserved communities and populations; and improved dental care access for age 1 children and special needs children	
		Funding Source(s):	
		Federal	2,867,100
		Restricted	1,100,000
		GF/GP	50,000

Related Boilerplate Section(s): 1132

Sudden infant death syndrome program	321,300	Autopsies, grief counseling, follow-up and referral services for parents who have lost a child to sudden infant death syndrome; risk reduction education for the public and for health care and child care providers; and reporting and surveillance	
		Funding Source(s):	
		Federal	321,300

Related Boilerplate Section(s): None

GROSS APPROPRIATION \$39,348,600 Total of all applicable line item appropriations

Total federal revenue	25,976,600	Includes the following federal grants: preventive health and health services block, maternal and child health services block, childhood lead poisoning prevention and surveillance, Social Security Act Title XIX Medicaid, Public Health Service Act Title X family planning, early-on for infants and families with disabilities Part C, oral disease prevention, universal newborn hearing screening, early hearing detection and intervention, fetal alcohol syndrome prevention, special projects of regional and national significance (SPRANS), state systems development initiative (SSDI), comprehensive school health education, oral health workforce, early childhood systems, and children's oral healthcare access	
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Total local revenue	75,000	Local school district funds originated from the state School Aid Fund, to support teen health centers; here used for related local administrative services	
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Total state restricted revenue	8,037,500	Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)	
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GENERAL FUND/ GENERAL PURPOSE \$5,259,500 The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

**SECTION 114: WOMEN, INFANTS, AND CHILDREN
FOOD AND NUTRITION PROGRAM**

This appropriation unit provides funding for supplemental nutritious foods, nutrition education, breast feeding education and support, and referrals for health care to low-income pregnant, breastfeeding and postpartum women, and infants and children to age five determined to be at nutritional risk.

Full-time equated classified positions	43.0	Full-time equated (FTE) positions in the state classified service
Women, infants, and children program administration and special projects – 43.0 FTE positions	\$8,955,100	FTEs, contractual services, supplies, and other related costs to administer federal Women, Infants, and Children (WIC) Food and Nutrition Programs and special projects: WIC Project FRESH farmer's market nutrition program, WIC breastfeeding peer counseling, review of counseling methods to improve consumption of fruits and vegetables among WIC participants, and annual WIC infrastructure projects including: expansion of electronic benefit card system, breastfeeding support services, local agency infrastructure support, and independent validation and verification consulting <div style="text-align: right; margin-right: 50px;">Funding Source(s): Federal 8,665,000 Private 290,100</div> <p align="center"><i>Related Boilerplate Section(s): 1101, 1151, 1153</i></p>
Women, infants, and children program local agreements and food costs	201,845,500	Federal program of funding for grants to local public health departments and other agencies to provide nutritious food, infant formula, and counseling and education on nutrition, health, and breast-feeding to at-risk pregnant women and new mothers, infants, and children up to age five; referrals to health care and other services, local program administration, and local enrollment of participants. Rebate funds from infant formula manufacturers support food costs per federal program regulations <div style="text-align: right; margin-right: 50px;">Funding Source(s): Federal 148,891,300 Private 52,954,200</div> <p align="center"><i>Related Boilerplate Section(s): 1101, 1153</i></p>
GROSS APPROPRIATION	\$210,800,600	Total of all applicable line item appropriations
Total federal revenue	157,556,300	Includes the following grants: WIC special supplemental nutrition program, WIC farmer's market nutrition program, WIC special project revitalizing quality nutrition services, and WIC infrastructure grants for electronic benefit transfer system, breastfeeding peer counseling, and other projects
Total private revenue	53,244,300	Rebates from infant formula manufacturers for WIC program, and revenue from private companies related to WIC farmer's market nutrition programs
GENERAL FUND/ GENERAL PURPOSE	\$0	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 115: CHILDREN'S SPECIAL HEALTH CARE SERVICES

This appropriation unit funds medical care provided through the Children's Special Health Care Services program (CSHCS) and for related administrative functions. The program pays for health services primarily to children under 21 years of age with certain chronic medical conditions that require specialty care.

Full-time equated classified positions	47.8	Full-time equated (FTE) positions in the state classified service		
Children's special health care services administration – 45.0 FTE positions	\$4,540,100	FTEs, contractual services, supplies, and other administrative costs for Children's Special Health Care Services Division		
		Funding Source(s):	Federal	1,967,100
			Restricted	85,300
			GF/GP	2,487,700
		<i>Related Boilerplate Section(s): None</i>		
Amputee program	184,600	Operate children's amputee clinic at Mary Free Bed Hospital that provides prostheses and associated medical services		
		Funding Source(s):	Federal	184,600
		<i>Related Boilerplate Section(s): None</i>		
Bequests for care and services – 2.8 FTE positions	1,514,600	Payment for services not covered by Medicaid or CSHCS; supports Parent Participation Program with monies from Trust Fund for Children with Special Health Care Needs		
		Funding Source(s):	Federal	104,600
			Private	1,000,000
			Restricted	410,000
		<i>Related Boilerplate Section(s): None</i>		
Outreach and advocacy	3,773,500	Grants to local health departments to identify and enroll children in the program; and case management and care coordination services		
		Funding Source(s):	Federal	2,490,300
			GF/GP	1,283,200
		<i>Related Boilerplate Section(s): 1203</i>		
Non-emergency medical transportation	1,492,200	Transportation costs for CSHCS eligible families (below 250% of poverty level) in need of assistance to access health care services		
		Funding Source(s):	Federal	324,200
			GF/GP	1,168,000
		<i>Related Boilerplate Section(s): 1773</i>		
Medical care and treatment	193,754,200	Reimburses hospitals, physicians, pharmacies, and other health care professionals providing medical services to CSHCS eligible persons		
		Funding Source(s):	Federal	97,014,600
			Restricted	1,800,000
			GF/GP	94,939,600
		<i>Related Boilerplate Section(s): 1201, 1202, 1653</i>		
GROSS APPROPRIATION	\$205,259,200	Total of all applicable line item appropriations		
Total federal revenue	102,085,400	Maternal and child health block grant, and Title XIX Medicaid funds		
Total private revenue	1,000,000	Individual and corporate donations, and interest on those donations		
Total state restricted revenue	2,295,300	Funds from parent pay agreements and fees associated with CSHCS programs		
GENERAL FUND/ GENERAL PURPOSE	\$99,878,500	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue		

SECTION 117: CRIME VICTIM SERVICES COMMISSION

This appropriation unit provides funding for the Crime Victim Services Commission. The Commission oversees grants, services, support, and compensation for victims of crime to protect and enhance victim health, safety, dignity and rights. The five-member Commission is appointed by the Governor.

Full-time equated classified positions	10.0	Full-time equated (FTE) positions in the state classified service
Grants administration services – 10.0 FTE positions	\$1,395,000	<p>FTEs, related costs, and contracts to manage grant programs for the Crime Victim Services Commission, provide publications for crime victims, and administer statewide automated Michigan Crime Victim Notification Network system</p> <p style="text-align: right;">Funding Source(s): Federal 350,500 Restricted 1,044,500</p> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>
Justice assistance grants	13,000,000	<p>Grants to public and private agencies for direct services to crime victims including crisis counseling, personal and legal advocacy, therapy, shelter, and referral, with priority to victims of sexual assault, spousal abuse, child abuse, and underserved victims</p> <p style="text-align: right;">Funding Source(s): Federal 13,000,000</p> <p style="text-align: center;"><i>Related Boilerplate Section(s): 1302</i></p>
Crime victim rights services grants	11,000,000	<p>Funding for: compensation as payor of last resort to crime victims who suffer bodily injury for medical expenses, counseling, burial assistance, and loss of earnings caused by the injury; training for local prosecutors, law enforcement, sheriffs, courts, jails, and other agencies to notify, inform, consult, and protect victims of crime as required by statute; and the Crime Victim Notification Network connecting prosecutors' offices with jails to inform crime victims of perpetrator status changes and court dates</p> <p style="text-align: right;">Funding Source(s): Federal 1,700,000 Restricted 9,300,000</p> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>
Crime victim's rights fund revenue to Michigan state police	1,030,400	<p>Crime Victim's Rights Fund grant to Department of State Police for costs related to sex offender registry, amber alert missing child notification system, polygraph tests, and forensic science expert witness testimony program</p> <p style="text-align: right;">Funding Source(s): Restricted 1,030,400</p> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>
Crime victim's rights fund revenue to department of human services	1,300,000	<p>Crime Victim's Rights Fund grant to Department of Human Services for costs for sexual assault victim treatment services programs</p> <p style="text-align: right;">Funding Source(s): Restricted 1,300,000</p> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>
GROSS APPROPRIATION	\$27,725,400	Total of all applicable line item appropriations
Total federal revenue	15,050,500	Victims of Crime Act justice assistance grant and Victims of Crime Act victim compensation grant
Total state restricted revenue	12,674,900	Crime Victim's Rights Fund revenue from fees assessed against convicted criminal defendants
GENERAL FUND/ GENERAL PURPOSE	\$0	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 118: OFFICE OF SERVICES TO THE AGING

This appropriation unit provides funding for the Office of Services to the Aging to provide supportive community-based and in-home programs, services, policies and advocacy for Michigan's older persons and their families. The fifteen-member Commission on Services to the Aging is appointed by the Governor. The Office of Services to the Aging is a Type I agency, as defined in Act 380 of the Public Acts of 1965.

Full-time equated classified positions	36.5	Full-time (FTE) equated positions in the state classified service
Commission (per diem \$50.00)	\$10,500	Costs per diem for monthly meetings and state plan hearings for members of Commission on Services to the Aging; Commission advises on policies and programs for older persons in Michigan and approves funds for services administered under federal and state law Funding Source(s): GF/GP 10,500 <i>Related Boilerplate Section(s): None</i>
Office of services to aging administration – 36.5 FTE positions	5,363,400	FTEs/costs/contracts to develop and administer State Plan for Services to Michigan's Older Citizens pursuant to federal/state requirements; Kinship Care Center support; long term care state ombudsman Funding Source(s): Federal 3,328,400 Private 20,000 GF/GP 2,015,000 <i>Related Boilerplate Section(s): 1413, 1417</i>
Community services	36,104,200	Includes grant to Inter-Tribal Council of Michigan for tribal elders programs of 12 Michigan tribes, and grants to regional Area Agencies on Aging for all of the following programs: <u>Access to Local Services</u> : information assistance, outreach, case coordination, transportation <u>Alternative Care Services</u> : in-home services, adult day care <u>Care Management Services</u> : plan and manage various services to allow frail elderly to live independently at home <u>Community Services</u> : health education and wellness, health screening, counseling, senior citizen center support, and home repair <u>Legal Assistance</u> : includes CLAIMS program of coordinated low-cost legal services for needy at-risk seniors who wish to remain independent <u>Elder Abuse Prevention and Treatment</u> : education and training coordination in collaboration with local and statewide organizations <u>In-Home Services</u> : personal care, and homemaker, chore, and home health aide services for frail elderly who have no support network <u>Long Term Care Ombudsman</u> : local advocacy and education services for long-term care facility residents and their family members <u>Medicare Medicaid Assistance Program</u> : outreach, health benefits counseling and assistance for seniors with Medicare and Medicaid <u>National Family Caregiver Support Program</u> : information, assistance, counseling and support, caregiver training, respite care, and supplemental services for informal caregivers <u>Preventive Health Services</u> : health promotion and disease prevention services, disease self-management programs, and nutrition education <u>Nursing Home Diversion</u> : new pilot program targets community and caregiver services to help persons avoid nursing home placement and Medicaid spend-down, using single point of entry systems <u>Evidence-Based Prevention Program</u> : new pilot program for balance, fitness and chronic-disease self management programs for seniors Funding Source(s): Federal 20,529,900 GF/GP 15,574,300 <i>Related Boilerplate Section(s): 1401, 1404, 1416</i>

Nutrition services	37,922,500	Grants to regional Area Agencies on Aging for food and nutrition services for vulnerable elderly adults including at least one hot or other appropriate meal per day in a congregate setting or as a home-delivered meal, and nutrition education services; federal per-meal reimbursement supports congregate and home-delivered meals; and Senior Project FRESH Farmer's Market Nutrition Program		
		Funding Source(s):	Federal	26,343,200
			Private	132,000
			Restricted	167,000
			GF/GP	11,280,300
		<i>Related Boilerplate Section(s): 1401, 1403</i>		
Foster grandparent volunteer program	2,813,500	Grants to local agencies for the Foster Grandparent Program: low-income seniors volunteer 20 hours per week to assist children and youth who need personal attention and special help; a stipend is paid to volunteers		
		Funding Source(s):	GF/GP	2,813,500
		<i>Related Boilerplate Section(s): None</i>		
Retired and senior volunteer program	790,200	Grants to local agencies for the Retired and Senior Volunteer Program to support community senior citizen volunteers		
		Funding Source(s):	GF/GP	790,200
		<i>Related Boilerplate Section(s): None</i>		
Senior companion volunteer program	2,021,200	Grants to local agencies for the Senior Companion Program: low-income seniors provide 20 hours per week of individualized care and assistance to frail and at-risk adults; a stipend is paid to volunteers		
		Funding Source(s):	GF/GP	2,021,200
		<i>Related Boilerplate Section(s): None</i>		
Senior olympics	100,000	New line item for grant for Senior Olympics programs; previously received state funding in FY 1999-2000 and FY 2000-01		
		Funding Source(s):	GF/GP	100,000
		<i>Related Boilerplate Section(s): None</i>		
Employment assistance	3,213,300	Grants to regional Area Agencies on Aging to administer federal Senior Community Service Employment Program to provide subsidized part-time community service employment opportunities for low-income seniors		
		Funding Source(s):	Federal	3,213,300
		<i>Related Boilerplate Section(s): None</i>		
Respite care program	6,800,000	Grants to regional Area Agencies on Aging for respite care services to assist family caregivers providing care to an elderly person in need of constant supervision; respite may be provided in the home or in an adult day care setting		
		Funding Source(s):	Merit Award	5,000,000
			Restricted	1,800,000
		<i>Related Boilerplate Section(s): 1404, 1406</i>		
GROSS APPROPRIATION	\$95,138,800	Total of all applicable line item appropriations		

Total federal revenue	53,414,800	Federal revenue includes Older Americans Act Title III grants for supportive services (B), disease prevention (D), nutrition services (C-1 and C-2), and national family caregiver support (E), Title V senior community service employment grants, Title VII grants for prevention of elder abuse (G) and long-term care ombudsman (A), Health and Human Services nutrition services incentive program grant (formerly U.S. Department of Agriculture commodity supplement funds), Social Security Act Title XIX Medicaid funds, Centers for Medicare and Medicaid Services (CMS) research demonstration and evaluation grant, and model approaches to statewide legal assistance systems for seniors grant
Total private revenue	152,000	Private contributions collected by county cooperative extension agencies to support administration of Senior Project FRESH Farmer's Market Nutrition programs; and private Relatives as Parents Program grant from the Brookdale Foundation used to support Michigan State University Kinship Care Resource Center
Merit award trust fund	5,000,000	State revenue from 1998 master settlement agreement with tobacco companies
Total other state restricted revenue	1,967,000	Senior Care Respite Fund revenue from escheats to the state from uncashed benefits paid by the nonprofit health care corporation Blue Cross and Blue Shield of Michigan, and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$34,605,000	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 119: MICHIGAN FIRST HEALTHCARE PLAN

This appropriation unit contains funding used to match existing Michigan funds to create the Michigan First Healthcare Plan, a plan to extend basic, low-cost health insurance coverage to uninsured Michigan residents.

Michigan first healthcare plan	\$100,000,000	Funding used to match existing Michigan funds to create the Michigan First Healthcare Plan; health insurance coverage would be provided to currently uninsured Michigan residents; plan would require federal approval
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Funding Source(s): Federal 100,000,000

Related Boilerplate Section(s): 1501, 1502, 1503

GROSS APPROPRIATION \$100,000,000 Total of all applicable line item appropriations

Total federal revenue	100,000,000	Federal Title XIX Medicaid funds
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GENERAL FUND/ GENERAL PURPOSE	\$0	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue
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SECTION 121: MEDICAL SERVICES

This appropriation unit contains funding for payment of health care services to low-income persons eligible for Medicaid, MICHild, Medicare Part D, and indigent care programs. Also included are special Medicaid financing payments which increase federal earnings, thereby reducing state GF/GP costs.

Hospital services and therapy	\$1,150,208,800	Inpatient/outpatient hospital, mental hospital, and psychiatric unit services for Medicaid eligible patients Funding Source(s): <table style="float: right; margin-left: 20px;"> <tr> <td style="padding-right: 10px;">Federal</td> <td style="text-align: right;">759,910,900</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">388,451,800</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">1,846,100</td> </tr> </table>	Federal	759,910,900	Restricted	388,451,800	GF/GP	1,846,100
Federal	759,910,900							
Restricted	388,451,800							
GF/GP	1,846,100							
<i>Related Boilerplate Section(s): 1611, 1631, 1641, 1643, 1647, 1649, 1657, 1658, 1699, 1711, 1712, 1740, 1761, 1776, 1780, 1785, 1786, 1794, 1809</i>								
Hospital disproportionate share payments	50,000,000	Special payments to facilities with high percentage of services to Medicaid, State Medical Program, and Children's Special Health Care Services recipients, plus uncompensated care Funding Source(s): <table style="float: right; margin-left: 20px;"> <tr> <td style="padding-right: 10px;">Federal</td> <td style="text-align: right;">30,135,000</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">6,114,900</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">13,750,100</td> </tr> </table>	Federal	30,135,000	Restricted	6,114,900	GF/GP	13,750,100
Federal	30,135,000							
Restricted	6,114,900							
GF/GP	13,750,100							
<i>Related Boilerplate Section(s): 1699, 1717</i>								
Physician services	256,478,800	Medicaid covered office/home visits provided by physicians, nurse midwives, and nurse practitioners; immunizations, EPSDT, prenatal care, podiatric care, family planning, and medical clinics Funding Source(s): <table style="float: right; margin-left: 20px;"> <tr> <td style="padding-right: 10px;">Federal</td> <td style="text-align: right;">154,579,900</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">101,898,900</td> </tr> </table>	Federal	154,579,900	GF/GP	101,898,900		
Federal	154,579,900							
GF/GP	101,898,900							
<i>Related Boilerplate Section(s): 1631, 1635, 1636, 1780, 1791, 1792, 1807</i>								
Medicare premium payments	341,121,700	Medicare premiums/co-payments/deductibles for Medicaid-eligible persons who also qualify for Medicare, and certain other low-income Medicare beneficiaries; insurance premiums for persons with AIDS Funding Source(s): <table style="float: right; margin-left: 20px;"> <tr> <td style="padding-right: 10px;">Federal</td> <td style="text-align: right;">205,594,000</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">135,527,700</td> </tr> </table>	Federal	205,594,000	GF/GP	135,527,700		
Federal	205,594,000							
GF/GP	135,527,700							
<i>Related Boilerplate Section(s): None</i>								
Pharmaceutical services	241,659,100	Prescription drugs, laboratory, orthotics, prosthetics, medical and oxygen supplies provided under Medicaid program Funding Source(s): <table style="float: right; margin-left: 20px;"> <tr> <td style="padding-right: 10px;">Federal</td> <td style="text-align: right;">145,647,400</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">95,011,700</td> </tr> </table>	Federal	145,647,400	Restricted	1,000,000	GF/GP	95,011,700
Federal	145,647,400							
Restricted	1,000,000							
GF/GP	95,011,700							
<i>Related Boilerplate Section(s): 1620, 1621, 1623, 1625, 1627, 1629, 1724, 1728, 1767</i>								
Home health services	5,758,200	Visiting nurse, nurse's aide, and physical therapy services provided in the home for Medicaid patients Funding Source(s): <table style="float: right; margin-left: 20px;"> <tr> <td style="padding-right: 10px;">Federal</td> <td style="text-align: right;">3,470,500</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">2,287,700</td> </tr> </table>	Federal	3,470,500	GF/GP	2,287,700		
Federal	3,470,500							
GF/GP	2,287,700							
<i>Related Boilerplate Section(s): None</i>								

Hospice services	99,398,100	Health services to terminally ill Medicaid eligible individuals with life expectancy of six months or less: physician services, nursing care, social work, and counseling which may be provided at home or in an adult foster care facility, boarding home, home for the aged, or assisted living facility	Funding Source(s):	Federal	59,907,200
				GF/GP	39,490,900
<i>Related Boilerplate Section(s): 1683</i>					
Transportation	10,169,300	Non-emergency transportation costs paid through local DHS offices for Medicaid recipients to obtain regular medical care	Funding Source(s):	Federal	5,084,600
				GF/GP	5,084,700
<i>Related Boilerplate Section(s): 1773</i>					
Auxiliary medical services	9,668,600	Chiropractic, hearing, speech, and vision services covered by Medicaid	Funding Source(s):	Federal	5,827,300
				GF/GP	3,841,300
<i>Related Boilerplate Section(s): 1630, 1631</i>					
Dental services	123,558,000	Dental services covered by Medicaid program	Funding Source(s):	Federal	73,832,700
				Restricted	635,700
				GF/GP	49,089,600
<i>Related Boilerplate Section(s): 1630, 1631, 1782</i>					
Ambulance services	22,760,100	Medicaid covered emergency medical transportation and medically necessary non-emergency transportation services	Funding Source(s):	Federal	13,717,500
				Restricted	4,800,000
				GF/GP	4,242,600
<i>Related Boilerplate Section(s): 1808</i>					
Long-term care services	1,524,066,200	Long-term care services to Medicaid eligible persons in nursing home settings, county medical care facilities, and hospital critical care units	Funding Source(s):	Federal	932,751,000
				Local	6,618,800
				Merit Award	55,856,200
				Restricted	219,536,400
				GF/GP	309,303,800
<i>Related Boilerplate Section(s): 1606, 1641, 1680, 1682, 1683, 1685, 1689, 1695, 1721, 1732, 1741, 1759, 1774, 1775, 1777, 1789, 1793, 1809</i>					
Medicaid home- and community-based services waiver	152,424,900	Non-institutional services including case management, personal care, homemaker services, home delivered meals, transportation, respite care, adult day care, medical supplies and equipment, and private duty nursing provided to the elderly and disabled to enable them to remain in their home	Funding Source(s):	Federal	88,798,800
				Local	265,000
				GF/GP	63,361,100
<i>Related Boilerplate Section(s): 1681, 1684, 1689, 1690, 1710, 1774</i>					

Adult home help services	258,789,300	Adult home help services to Medicaid eligible aged, blind, and disabled persons to enable them to remain in independent living arrangements; includes assistance with eating, toileting, bathing, dressing, taking medication, shopping, housecleaning, meal preparation, and laundry services	Funding Source(s):	Federal	155,972,300
				GF/GP	102,817,000
<i>Related Boilerplate Section(s): 1690, 1691, 1718</i>					
Personal care services	19,247,500	Payment made directly to an adult foster care home or home for the aged to support personal care service needs of Medicaid eligibles	Funding Source(s):	Federal	11,600,400
				GF/GP	7,647,100
<i>Related Boilerplate Section(s): 1601, 1688, 1805</i>					
Program of all-inclusive care for the elderly	15,250,000	Social and medical services for frail, elderly individuals that meet Medicaid's criteria for nursing facility level of care. This capitated benefit authorized by the Balanced Budget Act of 1997 (BBA) provides a comprehensive service delivery system and integrated Medicare and Medicaid financing permitting participants to continue living at home while receiving services rather than being institutionalized. A single PACE organization becomes the sole source of services for Medicare and Medicaid beneficiaries who choose to enroll	Funding Source(s):	Federal	9,191,200
				GF/GP	6,058,800
<i>Related Boilerplate Section(s): None</i>					
Single point of entry	14,724,200	Funds four Medicaid long-term care single point of entry services pilot projects; single point of entry system enables consumers to access Medicaid long-term care services and supports through one agency or organization, and promotes consumer education and choice of long-term care options	Funding Source(s):	Federal	7,362,100
				GF/GP	7,362,100
<i>Related Boilerplate Section(s): 1686</i>					
Health plan services	3,490,211,100	Comprehensive medical services provided by health maintenance organizations enrolled as Medicaid qualified health plans and reimbursed through a fixed capitation fee	Funding Source(s):	Federal	2,125,222,000
				Local	4,801,300
				Restricted	872,660,200
				GF/GP	487,527,600
<i>Related Boilerplate Section(s): 1635, 1636, 1647, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1659, 1660, 1661, 1662, 1666, 1739, 1740, 1752, 1764, 1772, 1775, 1783, 1787, 1791</i>					
MIChild program	32,535,400	Comprehensive health care services to non-Medicaid eligible low-income children in households with income up to 200% of poverty	Funding Source(s):	Federal	23,487,300
				GF/GP	9,048,100
<i>Related Boilerplate Section(s): 1670, 1671, 1673, 1677</i>					

Plan first family planning waiver	5,785,500	Family planning services benefit for non-pregnant women ages 19 through 44, at or below 185% of poverty level and who meet Medicaid eligibility. Plan First! Medicaid family planning waiver program began July 2007 to provide preventative health care for women with intent to reduce infant mortality, child abuse and neglect, and unintended pregnancy. Program does not include coverage for abortions or treatment of infertility	Funding Source(s):	Federal	5,207,000
				GF/GP	578,500
<i>Related Boilerplate Section(s): None</i>					
Medicaid adult benefits waiver	134,837,900	Limited health care coverage for low income (at or below 35% of federal poverty level) adults between 19 and 64 years of age with no minor or dependent children living in their home, who are not covered by health care insurance. Services covered include pharmacy, emergency room and physician. Federal funds provided through Title XXI	Funding Source(s):	Federal	97,339,500
				Local	6,653,800
				Restricted	6,100,000
				GF/GP	24,744,600
<i>Related Boilerplate Section(s): 1716</i>					
County indigent care and third share plans	88,518,500	Health care coverage through county indigent care agreements for former State Medical Program eligible persons, indigent care recipients, and other low income uninsured adults. Third Share Plans provide health care coverage through medical insurance for low-income working families not eligible for Medicaid; plans are funded by equal support from employees, employers and counties	Funding Source(s):	Federal	53,350,000
				Local	35,168,500
<i>Related Boilerplate Section(s): 1806</i>					
Federal Medicare pharmaceutical program	178,055,800	Phased-down state contribution (clawback provision) as required by Medicare Part D drug program	Funding Source(s):	GF/GP	178,055,800
<i>Related Boilerplate Section(s): None</i>					
Promotion of healthy behavior waiver	10,000,000	Federal funds that will allow the state to provide financial incentives for positive health behavior practiced by Medicaid recipients	Funding Source(s):	Federal	10,000,000
<i>Related Boilerplate Section(s): 1734</i>					
Maternal and child health	20,279,500	Payments to local health departments providing maternal and child health services under Title V of Social Security Act for the difference between actual costs and Medicaid payment rates	Funding Source(s):	Federal	20,279,500
<i>Related Boilerplate Section(s): None</i>					
Social services to the physically disabled	1,344,900	Assistance to physically disabled adults to establish independent living arrangements and other supportive services to enable them to become more self-sufficient	Funding Source(s):	GF/GP	1,344,900
<i>Related Boilerplate Section(s): None</i>					
Subtotal basic medical services program	8,256,851,400	Total authorization for regular Medicaid, MICHild and other medical services programs			

School-based services	89,201,000	Federal Medicaid funds paid to local school districts for language, speech, hearing, nursing services, counseling, physical and occupational therapy, and health screening services for Medicaid eligible students in school settings
		Funding Source(s): Federal 89,201,000
<i>Related Boilerplate Section(s): 1692, 1697</i>		
Special Medicaid reimbursement	197,039,500	Special payments to various health providers which allow the state to earn additional federal Medicaid funds
		Funding Source(s): Federal 113,408,600 Local 5,467,600 Private 400,000 Restricted 76,763,300 GF/GP 1,000,000
<i>Related Boilerplate Section(s): 1693, 1694, 1722, 1742</i>		
Subtotal special medical services payments	286,240,500	Total authorization for Medicaid school based services and special adjutor payments
GROSS APPROPRIATION	\$8,543,091,900	Total of all applicable line item appropriations
Total federal revenue	5,200,877,700	Federal Title XIX Medicaid funds, Title XXI State Children's Health Insurance Program (SCHIP) funds and Money Follows the Person funds
Total local revenue	58,975,000	From county indigent care programs, county maintenance of effort payments for medical care facilities, Medicaid special adjutor payments, and public school district funds for teen health centers
Total private revenue	400,000	Private funds from Federally Qualified Health Centers
Merit award trust fund	55,856,200	State revenue from 1998 master settlement agreement with tobacco companies
Total state restricted revenue	1,576,062,300	Health and Safety Fund, Healthy Michigan Fund, Medicaid Benefits Trust Fund, provider assessments, intergovernmental transfers, special financing and legal settlements
GENERAL FUND/ GENERAL PURPOSE	\$1,650,920,700	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 122: INFORMATION TECHNOLOGY

This appropriation unit contains funds for information technology services and projects administered by the Department of Information Technology (DIT) that was created pursuant to Executive Order 2001-3, and Michigan Medicaid information system.

Information technology services and projects	\$35,593,700	Information technology services/projects administered by DIT and user fees for these projects and services
		Funding Source(s):
		Federal
		Restricted
		GF/GP
		21,677,400
		3,602,100
		10,314,200

Related Boilerplate Section(s): 259, 260

Michigan Medicaid information system	16,801,100	Funds used to upgrade medical services claims processing system which requires approval from Centers for Medicare and Medicaid Services
		Funding Source(s):
		Federal
		GF/GP
		15,121,000
		1,680,100

Related Boilerplate Section(s): 248, 261

GROSS APPROPRIATION	\$52,394,800	Total of all applicable line item appropriations
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Total federal revenue	36,798,400	Includes Title XIX Medicaid, WIC revenue which includes electronic benefit transfer grant, substance abuse block grant, Victim of Crime Act grant, and Social Security Administration electronic death registry grant
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Total state restricted revenue	3,602,100	Includes vital records fees, health systems fees/collections, fees assessed against convicted defendants deposited in Crime Victim's Rights Services Fund, newborn screening fees, first/third party revenue from hospitals and centers, Health Professional Regulatory Fund revenue, and CON fees
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GENERAL FUND/ GENERAL PURPOSE	\$11,994,300	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue
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BOILERPLATE SECTION INFORMATION

GENERAL SECTIONS

Sec. 201. State Spending

Total FY 2008-09 state spending from state resources under Part 1 and state spending from state resources to be paid to local units of government.

Sec. 202. Authorized Appropriations

Provides that appropriations authorized under this act are subject to Management and Budget Act. Provides that funds in which the state acts as a custodian or agent are not subject to an annual appropriation.

Sec. 203. Terms and Acronyms

Provides definitions for terms and acronyms used in this act.

Sec. 204. Civil Service Charges

Requires Civil Service Commission to bill DCH at the end of the first fiscal quarter for the 1% charge authorized by State Constitution of 1963. Requires DCH to pay the total billing by end of the second fiscal quarter.

Sec. 205. Hiring Freeze

Imposes hiring freeze on full-time state classified civil service employees, except internal transfers of classified employees from one position to another in a department or when freeze will render DCH unable to deliver basic services, cause loss of revenue to the state, result in inability of the state to receive federal funds, and necessitate additional expenditures that exceed vacancy savings. Requires quarterly report on number of exceptions to hiring freeze.

Sec. 206. Contingency Funds

Appropriates up to \$100.0 million federal contingency funds, up to \$20.0 million state restricted contingency funds, up to \$20.0 million local contingency funds, and up to \$10.0 million private contingency funds; specifies that contingency funds are not available for expenditure until transferred according to Section 393(2), pursuant to the Management and Budget Act.

Sec. 208. Internet Reporting Requirements

Requires that DCH use the Internet to fulfill the reporting requirements of this act.

Sec. 209. American Goods or Services and Michigan Goods or Services

Prohibits purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available; requires that preference be given to goods or services, or both, manufactured by Michigan businesses if competitively priced and of comparable quality; requires that preference be given to goods or services, or both, manufactured by Michigan businesses owned and operated by veterans if competitively priced and of comparable quality.

Sec. 210. Businesses in Deprived and Depressed Communities

Requires DCH to take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both.

Sec. 211. Fee Revenue and Restricted Fund Balances

Allows carryforward of fee revenue, with approval of State Budget Director, into the next fiscal year and to be used as the first source of funding in that fiscal year; requires report on balances of restricted funds administered by DCH.

Sec. 212. Caps on Funds Expended

Caps funds expended from federal maternal and child health block grant, preventive health and health services block grant, and substance abuse block grant; and healthy Michigan fund, and Michigan health initiative fund. Requires report by February 1, 2009, on FY 2008-09 appropriation fund sources by line item; requires report on amount and source of funds to support FY 2009-10 Executive Budget Recommendation upon budget release. Requires all revenue source detail for consolidated revenue line item detail to be provided upon request to DCH.

Sec. 213. Report on Tobacco Tax and Healthy Michigan Funds

Requires state departments, agencies, and commissions receiving tobacco tax and healthy Michigan funds to report on programs utilizing these funds by April 1, 2009, to House and Senate appropriations committees and fiscal agencies, and State Budget Director.

Sec. 214. Use of Tobacco Tax Revenue

Prohibits using tobacco tax revenue deposited in healthy Michigan fund for lobbying as defined in 1978 PA 472.

BOILERPLATE SECTION INFORMATION

Sec. 215. Policy Changes Implementing Public Acts

Requires a report on each policy change made to implement a public act affecting DCH which took effect during the preceding calendar year. Prohibits the use of appropriated funds by DCH on adopting a rule that will apply and have a disproportionate economic impact on small businesses.

Sec. 216. Use of Prior-Year Revenue

Allows use of prior-year revenue for write-offs of accounts receivables, deferrals, and prior-year obligations; does not limit DCH's ability to satisfy appropriation deductions in Part 1 to collections and accruals in the current fiscal year. Requires DCH to report by March 15, 2009, on all reimbursements, refunds, adjustments, and settlements from prior years to House and Senate appropriations subcommittees on Community Health.

Sec. 218. Basic Health Services

Lists basic health services embodied in Part 23 of the Public Health Code that are to be available and accessible throughout the state.

Sec. 219. DCH Contracts with the Michigan Public Health Institute

Allows DCH to contract with Michigan Public Health Institute for design/implementation of projects and other public health related activities. Requires DCH to report on each funded project by November 1, 2008, and May 1, 2009; requires DCH to provide, by September 30, 2009, copies of all reports, studies, and publications produced by the Institute.

Sec. 220. Audits of Michigan Public Health Institute Contracts

Requires all contracts with Michigan Public Health Institute funded with Part 1 appropriations to include a provision requiring financial and performance audits by the state Auditor General of funded project with state appropriations.

Sec. 223. Fees for Publications, Videos, Conferences, and Workshops

Allows DCH to establish and collect fees for publications, videos and related materials, conferences, and workshops. Requires collected fees to be used to offset expenditures for printing/mailing costs of publications, videos and related materials, and costs of conferences and workshops. Prohibits DCH from collecting fees that exceed expenditures.

Sec. 248. Ambulatory Surgery Centers

Requires DCH to continue to allow ambulatory surgery centers in the state to fully participate in the Medicaid program when hospitals are reimbursed for Medicaid services through the Michigan Medicaid information system. Requires reimbursement schedule for ambulatory surgery centers that was developed and implemented in FY 2007-08 continue to be used in FY 2008-09.

Sec. 259. User Fees for Information Technology (IT) Services and Projects

Directs DCH to pay user fees to Department of Information Technology (DIT) for technology-related services/projects from Part 1 appropriated funds for IT; subjects user fees to provisions of interagency agreement between DCH and DIT.

Sec. 260. Information Technology (IT) Work Projects

Allows Part 1 appropriated funds for IT to be designated as work projects and carried forward; states that funds for work projects are not available for expenditure until approved as work projects pursuant to Section 451 of the Management and Budget Act.

Sec. 261. Medicaid Management Information System Upgrade

Provides that Part 1 appropriated funds for Medicaid management information system upgrade are contingent upon approval of an advanced planning document from Centers for Medicare and Medicaid Services. Allows the appropriation to be designated as work project and carried forward to support completion of the project.

Sec. 264. Submission and Applications for Medicaid Waivers

Requires DCH to notify House and Senate appropriations subcommittees on Community Health and House and Senate fiscal agencies upon the submission of a Medicaid waiver, a Medicaid state plan amendment, or similar proposal to the Centers for Medicare and Medicaid Services. Requires quarterly reports on status of discussions with federal agencies on potential or future Medicaid waiver applications.

Sec. 265. Retention of Reports

Directs departments and agencies receiving Part 1 appropriations to receive and retain copies of all reports funded from Part 1 appropriations.

BOILERPLATE SECTION INFORMATION

Sec. 266. Out-of-State Travel

Limits out-of-state travel to when it is required by legal mandate or is necessary to protect the health or safety of Michigan citizens, produce budgetary savings or increase state revenue, comply with federal requirements, secure specialized training for staff financed entirely by federal or nonstate funds, except if travel is granted an exception by the State Budget Director. Requires DCH to report on out-of-state travel for preceding fiscal year by January 1, 2009.

Sec. 267. Disciplinary Action Against State Employee

Prohibits DCH from taking disciplinary action against an employee for communicating with a member of the Legislature or his/her staff.

Sec. 269. Reimbursement of Mental Health Medications

Specifies that the funds appropriated for pharmaceutical services include funds for the reimbursement of mental health medications under the Medicaid program.

Sec. 270. Notification from Attorney General on Legal Actions

Requires DCH to provide written report on total amounts recovered from legal actions, programs, or services for which monies were originally expended; details on disposition of funds recovered from legal actions; and descriptions of facts involved in legal actions within 30 days after receipt of notice from the Attorney General of legal actions in which expenses have been recovered.

Sec. 271. Mental Health Services Intervention Pilot Project

Allows a PIHP, Medicaid HMO, and federally qualified health center to establish and implement a mental health services intervention pilot project. Requires the project to provide care coordination, disease management, and pharmacy management to eligible recipients suffering from chronic disease including, but not limited to, diabetes, asthma, substance addiction, or stroke. Requires DCH to encourage each CMHSP and Medicaid health plan act in a coordinated manner in the establishment of their respective electronic medical record systems.

Sec. 272. Study on Administrative Efficiencies, Shared Services, and Consolidations

Requires DCH to make efforts to implement the results of the study on administrative efficiencies, shared services, and consolidations for local health departments, CMHSPs, coordinating agencies on substance abuse, and area agencies on aging.

Sec. 276. Legal Services of Attorney General

Prohibits use of appropriated funds by DCH to hire a person to provide legal services that are the responsibility of the Attorney General. Provides that the prohibition does not apply to legal services for bonding activities and those activities authorized by the Attorney General.

Sec. 282. Administrative Costs for Coordinating Agencies and Area Agencies on Aging

Requires DCH to establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities: coordinating agencies on substance abuse, Salvation Army Harbor Light program, and their subcontractors; and area agencies on aging and local providers, and their subcontractors. Requires DCH to provide a written draft of its proposed definitions, standards, and instructions by May 15, 2009.

Sec. 284. Travel for Professional Development Conference

Prohibits DCH from approving the travel of more than 1 departmental employee to a professional development conference or training seminar outside of this state unless funded by federal or private funding sources.

Sec. 285. Prescription Drug Website

Requires DCH to determine the cost of expanding its prescription drug website that provides the 150 most commonly prescribed brand name drug products under the Medicaid program, links to other websites that would be of assistance to consumers, and toll-free numbers that residents may call to determine eligibility for prescription drug programs including free and discounted prescription drug programs.

DEPARTMENTWIDE ADMINISTRATION

Sec. 301. Worker's Compensation Funds

Allows DCH to make payment 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.

Sec. 303. First-Party Payments for Mental Health Services

Prohibits DCH from requiring first-party payments from individuals or families with taxable income of \$10,000 or less for mental health services for determinations made in accordance with Section 818 of Mental Health Code.

BOILERPLATE SECTION INFORMATION

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS

Sec. 350. Michigan Protection and Advocacy Agency

Allows DCH to enter into contract with Michigan Protection and Advocacy Agency or similar organization to provide legal services for gaining and maintaining occupancy in a community living arrangement under lease or contract with DCH or CMHSPs to provide services to persons with mental illness or developmental disability.

COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS

Sec. 401. Comprehensive System of CMH Services

Provides that Part 1 appropriated funds are to support a comprehensive system of CMH services under full authority and responsibility of local CMHSPs or prepaid inpatient health plans (PIHPs). Requires that DCH ensure each CMHSP or PIHP provides a complete array of mental health services, coordination of inpatient and outpatient hospital services, individualized plans of services, a case or care management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code.

Sec. 402. Contracts Between DCH and CMHSPs

Requires final authorizations to CMHSPs or PIHPs be made upon execution of contracts between DCH and CMHSPs or PIHPs. Requires each contract with a CMHSP or PIHP to include provision that it is not valid unless total dollar obligation of all contracts entered into between DCH and CMHSPs or PIHPs for FY 2008-09 does not exceed Part 1 appropriations. Requires DCH to report immediately to House and Senate appropriations subcommittees, House and Senate fiscal agencies, and State Budget Director if there are new contracts or amendments to contracts with CMHSPs or PIHPs that would affect enacted rates or expenditures.

Sec. 403. Multicultural Service Providers

Requires DCH to ensure CMHSPs or PIHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement. Prohibits appropriations for multicultural services from being utilized for services to illegal immigrants and people who are not residents of the state. Requires annual report from independent organizations receiving multicultural services funding.

Sec. 404. Report on CMHSPs

Requires DCH to report by May 31, 2009, on the following for CMHSPs or PIHPs: expenditures and services data, information about access to CMHSPs, lapses and carry-forwards during FY 2007-08, information on the CMH Medicaid managed care program, performance indicator information required to be submitted to DCH in contracts with CMHSPs or PIHPs, and an estimate of the number of mental health direct care workers.

Sec. 405. Wage Increase to Direct Care Workers

States legislative intent that the wage increase funded in previous years, including the 1% wage increase effective February 1, 2009, for direct care workers in local residential settings and settings where skill building, community living supports and training, and personal care services are provided be paid.

Sec. 406. Appropriations for State Disability Assistance Substance Abuse Services Program

Requires funds appropriated for state disability assistance substance abuse services program be used to support per diem and board payments in substance abuse residential facilities. Requires DCH to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by DHS to adult foster care providers.

Sec. 407. Substance Abuse Prevention, Education, and Treatment Grants

Requires that appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies. Requires coordinating agencies work with CMHSPs or PIHPs to coordinate services provided to individuals with both mental illness and substance abuse diagnoses. Requires DCH to approve a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay. Requires DCH to develop a feasibility study on a payment methodology that increases allotments to coordinating agencies that are CMH providers.

Sec. 408. Report on Substance Abuse Prevention, Education, and Treatment Programs

Requires DCH to report by April 15, 2009, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2007-08.

Sec. 409. Substance Abuse Services to Clients with Children

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.

BOILERPLATE SECTION INFORMATION

Sec. 410. Substance Abuse Treatment for DHS Recipients

Requires DCH to assure that substance abuse treatment is provided to applicants and recipients of public assistance through Department of Human Services (DHS) who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.

Sec. 411. Jail Diversion Services for Persons with Mental Illness or Developmental Disability

Directs DCH to ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to implement programs to encourage diversions for persons with mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP or PIHP to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement agencies.

Sec. 412. Non-Medicaid Substance Abuse Services

Requires DCH to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance abuse services at not less than the amount contracted for in FY 2007-08.

Sec. 414. Medicaid Substance Abuse Services

Requires Medicaid substance abuse services to be managed by selected PIHPs pursuant to Centers for Medicare and Medicaid Services' approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. Authorizes selected PIHPs to receive a capitated payment on a per eligible per month basis to assure the provision of medically necessary substance abuse services. Requires selected PIHPs to be responsible for reimbursement of claims for specialized substance abuse services. Allows PIHPs 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 DCH.

Sec. 418. Monthly Report on Medicaid Managed Mental Health Program

Requires DCH to report on the amount of funding paid to PIHPs to support the Medicaid managed mental health program in the preceding month.

Sec. 423. Delivery of Substance Abuse Prevention, Education, and Treatment Programs

Requires DCH to work cooperatively with the Departments of Human Services, Corrections, Education, State Police, and Military and Veterans Affairs, within existing appropriations, to coordinate and improve delivery of substance abuse prevention, education, and treatment programs. Directs DCH to establish a work group to examine and review the source and expenditure of public and private funds for substance abuse programs and services. Requires work group to develop and recommend cost-effective measures for expenditure of funds and delivery of substance abuse programs and services.

Sec. 424. Timely Claims Process for PIHPs

Requires that PIHPs contracting with DCH to provide services to the Medicaid population adhere to the timely claims processing/payments procedure to claims submitted by health professionals and facilities as described in 2000 PA 187.

Sec. 428. Contingency Appropriation for PIHPs

Requires PIHPs to provide local funds from internal resources that can be used as a bona fide source for the state match required under the Medicaid program in order to increase capitation rates for PIHPs.

Sec. 435. County Matching Funds to CMHSP

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.

Sec. 442. Medicaid Adult Benefits Waiver Program

Expresses legislative intent that \$40 million transferred from CMH Non-Medicaid Services to support Medicaid Adult Benefits Waiver program be used to provide state match for increases in federal funds for primary care and specialty services provided to Medicaid Adult Benefits waiver enrollees and economic increases for Medicaid Specialty Services and Supports program; general fund match is to be transferred back to CMH Non-Medicaid Services if enrollment in Medicaid Adult Benefits Waiver program does not achieve expectations and funding for the program is not expended. Requires DCH to report to the House and Senate appropriations subcommittees on Community Health quarterly on a summary of eligible expenditures for the Medicaid Adult Benefits Waiver program.

Sec. 452. Financial Impact on CMHSPs

Prohibits retroactive implementation of any policy that results in negative financial impact on CMHSPs or PIHPs.

BOILERPLATE SECTION INFORMATION

Sec. 456. Consumer Choices for Mental Health Services

Requires CMHSPs and PIHPs to honor consumer choices for skill-building assistance, rehabilitative and habilitative services, supported and integrated employment services program services, and work preparatory services provided in the community or by accredited community-based rehabilitation organizations. Requires that CMHSPs and PIHPs take all necessary steps to ensure that individuals with mental illness, developmental disabilities, or substance abuse issues are placed in the least restrictive settings if that is their choice.

Sec. 458. Recommendations of Michigan Mental Health Commission and Cost-Benefit Analysis for Residential Facilities and Specialized Mental Health Court Program

Requires DCH to report by April 15, 2009, on the following: an updated plan for implementing each recommendation of the Michigan Mental Health Commission report on October 15, 2004; a cost-benefit analysis of establishing secure residential facilities of fewer than 17 beds for adults with serious mental illness including residential facilities' potential impact on the state's need for adult mental health facilities; and a cost-benefit analysis of establishing specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.

Sec. 459. Pilot Mental Health Courts

Requires DCH to work with the Judiciary to develop guidelines for the operation and evaluation of pilot mental health courts. Requires CMHSPs and trial courts interested in becoming mental health court pilot sites to submit a joint application for funding in accordance with established guidelines.

Sec. 460. Uniform Standards for Reporting of Administrative Costs by Subcontractors of CMHSPs

Requires DCH to fully implement the uniform definitions, standards, and reporting of administrative costs by subcontractors of PIHPs, CMHSPs, and contracted organized provider systems that receive payment or reimbursements from PIHPs and CMHSPs in FY 2008-09.

Sec. 462. Funding Equity Plan for CMH Non-Medicaid Services

Requires DCH to develop a funding equity plan for all CMHSPs receiving funds appropriated under CMH Non-Medicaid services line funding plan to reflect a more equitable distribution methodology based on proxy measures of need and recognition of varying expenditure needs of CMHSPs. Requires report regarding implementation feasibility of the funding equity plan.

Sec. 463. Program Evaluation Measures for Substance Abuse Services

Directs DCH to establish standard program evaluation measures to assess effectiveness of programs provided through coordinating agencies and service providers in reducing and preventing incidence of substance abuse.

Sec. 464. Liquor License Fees

Expresses legislative intent that revenue received by DCH from liquor license fees be expended at not less than the amount provided in FY 2006-07 for prevention, rehabilitation, care, and treatment of alcoholics pursuant to Liquor Control Code provisions.

Sec. 465. Respite Services

Requires that funds appropriated for respite services be used for direct respite care services for children with serious emotional disturbances and their families. Specifies that no more than 1% of these funds be expended by CMHSPs for administration and administrative purposes.

Sec. 467. Funding for Community Substance Abuse Prevention, Education, and Treatment Programs

Requires DCH to increase funding paid from the Community Substance Abuse Prevention, Education, and Treatment Programs line to coordinating agencies to the level provided in FY 2002-03, if funds become available.

Sec. 468. Incorporation of Coordinating Agencies into CMH Authorities

Requires DCH to maintain criteria for incorporation of a city, county, or regional substance abuse coordinating agency into a local CMH authority. Allows DCH to make accommodations/adjustments in formula distribution to coordinating agencies if all of the following are met: funding not exceeding \$75,000 is provided to any coordinating agency for administrative costs incurred by incorporating into a CMH authority, accommodations/adjustments do not favor coordinating agencies who voluntarily elect to integrate with CMH authorities, and accommodations/adjustments do not negatively affect other coordinating agencies.

BOILERPLATE SECTION INFORMATION

Sec. 470. *Integration of Mental Health and Substance Abuse Services*

Directs DCH to establish written expectations, such as coordination and consolidation of administrative functions, for CMHSPs, PIHPs, coordinating agencies, and counties on the integration of mental health and substance abuse services for those coordinating agencies that have voluntarily incorporated into CMH authorities and accepted funding from DCH for administrative costs incurred when incorporating into authorities.

Sec. 474. *Guardianship of Recipients*

Directs DCH to ensure each contract with a CMHSP or PIHP requires the CMHSP or PIHP to provide each recipient and his/her family with information regarding the different types of guardianship. Prohibits a CMHSP or PIHP from attempting to reduce/restrict the ability of a recipient or his/her family from obtaining legal guardianship without just cause.

Sec. 480. *Atypical Antipsychotic Prescriptions*

Requires a report on the number and reimbursement cost of atypical antipsychotic prescriptions by each PIHP for Medicaid beneficiaries by March 30, 2009.

Sec. 482. *Odyssey House*

Requires DCH to continue funding for Odyssey House at the FY 2007-08 level.

Sec. 483. *Medicaid Status*

Requires a Medicaid recipient to remain eligible for medical assistance during a period of incarceration or detention and limits the Medicaid coverage to off-site inpatient hospitalization.

Sec. 486. *Mental Health Prevention Initiatives*

Permits an allocation up to \$100 for mental health prevention initiatives.

STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES

Sec. 601. *Third-Party Payments and Revenue Recapture Project*

Requires that priority be given to obtaining third-party payments for services in funding staff in financial support division, reimbursement, billing, and collection services. Requires that collections from individual recipients of services be handled in a sensitive and nonharassing manner. Requires DCH to continue a revenue recapture project to generate additional third party revenue from cases that are closed or inactive.

Sec. 602. *Gifts and Bequests*

Authorizes carryforward of unexpended and unencumbered funds up to \$1,000,000 from gifts and bequests for patient living and treatment environments for one fiscal year.

Sec. 603. *Forensic Mental Health Services Provided to the Department of Corrections (DOC)*

Specifies that funds appropriated in Part 1 for Forensic Mental Health Services provided to DOC are in accordance with the interdepartmental plan developed in cooperation with DOC. Authorizes DCH to receive and expend funds from DOC to fulfill obligations outlined in the interdepartmental agreement.

Sec. 604. *Annual Reports for CMHSPs*

Requires CMHSPs or PIHPs to provide annual reports to DCH on the following: number of days of care purchased from state hospitals, state centers, and private hospitals; 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. Directs DCH to report, annually, this information to House and Senate appropriations subcommittees on Community Health, House and Senate fiscal agencies, and State Budget Director.

Sec. 605. *Closures or Consolidations of State Hospitals and Centers*

Prohibits DCH from implementing closures or consolidations of state hospitals, centers, and agencies until CMHSPs or PIHPs have programs and services in place for those persons currently in the facilities. Requires DCH to provide a closure plan four months after closure certification to House and Senate appropriations subcommittees on Community Health and State Budget Director. Requires transfer of remaining operational funds from closed state hospitals, centers, and agencies to CMHSPs or PIHPs responsible for providing services to these clients.

Sec. 606. *Patient Reimbursement*

Allows DCH to collect revenue for patient reimbursement from first/third party payers, including Medicaid and local county CMHSP payers, to cover cost of placement in state hospitals and centers. Authorizes DCH to adjust financing sources for patient reimbursement based on actual revenue earned. Allows carryforward of revenue collected that exceeds current-year expenditures if approved by State Budget Director.

BOILERPLATE SECTION INFORMATION

Sec. 607. Mandated Changes in the Operation of State Hospitals and Centers

Requires DCH to ensure that mandated changes in the operation of state hospitals and centers are completed in a timely and efficient manner if Senate Bill 369 of the 94th Legislature (amending the Mental Health Code as it relates to an individual's incompetence to stand trial and disposition of persons found not guilty by reason of insanity) is enacted.

Sec. 608. Privatization of Food and Custodial Services

Requires DCH to evaluate the privatization of food and custodial services at state hospitals and centers and submit a copy of the evaluation by May 1, 2009, to the House and Senate appropriations subcommittees on Community Health and House and Senate fiscal agencies.

Sec. 609. Tobacco Use in State Psychiatric Facilities

Prohibits the use of all tobacco products in and on the grounds of state psychiatric facilities.

PUBLIC HEALTH ADMINISTRATION

Sec. 650. Fish Consumption Advisory

Directs DCH to communicate the annual public health consumption advisory for sport fish; at a minimum, post the advisory on the Internet and provide it to Women, Infants, and Children special supplemental nutrition program participants.

Sec. 651. Activities Pursuant to Healthy Michigan 2010 Report

Requires a report by April 30, 2009, on activities/efforts of DCH to improve the health status of citizens of the state pursuant to goals and objectives in the "Healthy Michigan 2010" report, and indicate measurable progress made.

HEALTH POLICY, REGULATION, AND PROFESSIONS

Sec. 704. Emergency Medical Services (EMS) Grantees and Contractors

Requires DCH to continue to work with EMS grantees funded from Part 1 appropriations to ensure that a sufficient number of qualified EMS personnel exist to serve rural areas of the state.

Sec. 706. Nursing Home Inspectors

Requires that DCH make every effort to hire qualified nursing home inspectors with past experience in the long-term care industry.

Sec. 707. Nursing Scholarship Program

Require that funds appropriated for Nursing Scholarship Program be used to increase nurses practicing in Michigan. Requires DCH and Board of Nursing work cooperatively with Michigan Higher Education Assistance Authority to coordinate scholarship assistance. Encourages Board of Nursing to structure scholarships in which recipients who intend to practice nursing in this state are rewarded.

Sec. 708. Quarterly Staff Reports from Nursing Facilities

Requires that nursing facilities' quarterly reports to DCH include the total patient care hours provided each month and the percentage of pool staff used each month during the preceding quarter. Requires DCH to make the quarterly staff report available to the public.

Sec. 709. Michigan Essential Health Care Provider Program

Allows funds appropriated for Michigan Essential Health Care Provider Program to be used to provide loan repayment for dentists that meet the criteria established in Part 27 of the Public Health Code.

Sec. 710. Primary Care Services Funding for Health Centers

Allocates up to \$2,172,700 to enhance the service capacity of federally qualified health centers and similar health clinics providing primary care services.

Sec. 711. Customized Listings of Nonconfidential Information

Allows DCH to make customized listings of nonconfidential information in its possession, such as names and addresses of licensees, available to interested entities; and allows DCH to establish and collect a reasonable charge for providing this service. Requires revenue received from this service be used to offset expenses for providing the service. Requires unexpended revenue balances to revert to the appropriate restricted fund.

Sec. 712. Free Health Clinics

Allocates \$250,000 to free health clinics, nonprofit organizations that use volunteer health professions to provide care to uninsured individuals, from funds appropriated for primary care services. Requires that DCH distribute funds equally to each free health clinic.

BOILERPLATE SECTION INFORMATION

Sec. 713. Funding for Multicultural Agencies Providing Primary Care Services

Directs DCH to continue to fund multicultural agencies that provide primary care services.

Sec. 714. Nursing Facility Complaint Investigations

Requires DCH to report to the Legislature on the timeliness of nursing facility complaint investigations and the number of allegations that are substantiated on an annual basis. Requires DCH to make every effort to contact complainants during investigations.

Sec. 715. Nonurgent Medical Response Service

Allows an appropriation up to \$100 to establish a pilot program in Detroit for a nonurgent medical response service.

Sec. 716. Investigations of Health Care Professionals

Requires DCH to give priority in investigations of alleged wrongdoing by licensed health care professionals that are alleged to have occurred within two years of the initial complaint.

Sec. 717. HealthKey Program

Permits an allocation up to \$100 for the HealthKey Program for the uninsured.

Sec. 718. Nursing Home Complaint Deficiencies

Requires study on frequently cited complaint deficiencies for nursing homes during the prior three fiscal years.

Sec. 720. Helen M. Nickless Volunteer Clinic

Allocates \$75,000 for the Helen M. Nickless Volunteer Clinic in Bay City.

Sec. 722. Medical Professional

Specifies that a newly-accepted professional into the Michigan Essential Health Provider Program is eligible for four years of loan repayments.

Sec. 724. Coordinated Statewide Trauma Care System

Permits allocation up to \$100 for the development of a coordinated statewide trauma care system.

Sec. 725. Rural Health Improvements

Allows allocating up to \$100 to support improvements as identified in "Michigan Strategic Opportunities for Rural Health Improvement, A State Rural Health Plan 2008-2012".

INFECTIOUS DISEASE CONTROL

Sec. 801. Priority for Adolescents for AIDS Prevention Services

Requires DCH and its subcontractors to ensure that high-risk children ages 9 through 18 receive priority for AIDS prevention, education, and outreach services.

Sec. 803. AIDS Drug Assistance Program

Directs DCH to continue AIDS Drug Assistance Program maintaining prior year eligibility criteria and drug formulary, without prohibiting DCH from providing assistance for improved AIDS treatment medications. Allows DCH to revise criteria and formulary, consistent with federal program guidelines, if appropriation is insufficient to maintain the prior year criteria and formulary.

Sec. 804. HIV and Hepatitis C Cooperative Program with Department of Corrections

Directs DCH to cooperate with Department of Corrections to share data and information regarding prisoners being released who have HIV or Hepatitis C, related to the Michigan prisoner reentry initiative; requires report by April 1, 2009.

EPIDEMIOLOGY

Sec. 851. Lead Abatement Program Report

Directs DCH to report annually on the expenditures and activities of the lead abatement program.

Sec. 852. Methamphetamine Cleanup Fund

Requires DCH to allow local governments to apply for reimbursement of administrative costs associated with methamphetamine cleanup efforts, at a maximum of \$800 per property. Directs DCH to work with the Michigan Association of Counties to ensure counties are aware of availability of these funds.

LOCAL HEALTH ADMINISTRATION AND GRANTS

Sec. 901. Informed Consent Law Reimbursement of Local Costs

Directs DCH to reimburse local health departments for costs incurred for services provided in accordance with the Informed Consent Law.

BOILERPLATE SECTION INFORMATION

Sec. 902. Funding Penalty in Case of Dissolution of Multi-County Local Health Department

Provides authority for DCH to assess a penalty on a county of up to 6.25% of the county health department's local public health operations funding if that county ceases to be part of a district health department or an associated arrangement with other local health departments.

Sec. 904. Local Public Health Operations

Directs that local public health operations line item funds shall be prospectively allocated to local public health departments to support costs for nine state and local cost-shared services. Certain of these services shall be provided in consultation with Michigan Departments of Agriculture and Environmental Quality. Local public health departments shall be held to contractual standards for these services. Local eligibility is contingent upon local spending of at least the amount expended in FY 1992-93 for these services. Requires that a report on planned allocations be made available by April 1, 2009.

CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION

Sec. 1003. Alzheimer's Disease Information and Referral Services

Allocates funds to regional networks to provide information and referral services for persons with Alzheimer's disease or related disorders, their families, and health care providers.

Sec. 1006. Priority for Smoking Prevention Funding and Allocation for Quit Kits

Requires DCH to give priority to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents in spending smoking prevention program line item funds. Allocates \$900,000 of smoking prevention funds for the Quit Kit program that includes the nicotine patch or nicotine gum, for purposes of complying with 2004 PA 164.

Sec. 1007. Violence Prevention Program

Directs that violence prevention line item funds be used for, but not limited to, programs aimed at preventing spouse, partner or child abuse and rape, and workplace violence; directs DCH to give equal consideration to public and private nonprofit grant applicants; allows DCH to provide funds to local school districts.

Sec. 1008. Diabetes Management Pilot Project in Muskegon County

Permits allocation of up to \$25,000 for a diabetes management pilot project in Muskegon County from the diabetes and kidney program appropriation line item.

Sec. 1009. National Kidney Foundation of Michigan Funding

Permits allocation of funds from the diabetes and kidney program line item to the National Kidney Foundation of Michigan for kidney disease prevention programs.

Sec. 1010. Osteoporosis Prevention and Education Funding

Allocates \$200,000 of chronic disease prevention line item funds for osteoporosis prevention and treatment education programming.

Sec. 1019. Stroke Prevention Funding

Allows DCH to allocate \$50,000 of chronic disease prevention line item funds for stroke prevention, education, and outreach. Program education objectives are outlined.

Sec. 1028. African-American Male Health Initiative Funding

Allows DCH to appropriate funds for the African-American Male Health Initiative if Healthy Michigan Funds or federal Preventive Health and Health Services Block Grant funds are available.

Sec. 1031. Pilots for Traumatic Brain Injury Treatment Guideline Model

Appropriates \$300,000 of injury control intervention project line item funds to establish two incentive-based pilot programs for level I and level II trauma hospitals to encourage utilization of an interactive, evidence-based treatment guideline model for traumatic brain injury, one in a county with a population of less than 225,000 persons and one in a county with a population over 1,000,000.

Sec. 1032. Van Andel Institute Program Funding

Allows DCH to allocate up to \$100 of cancer prevention and control program line item funds to the Van Andel Institute for late stage cancer therapeutics program of treatment for eligible Medicaid patients.

Sec. 1033. Kids Kicking Cancer Program Funding

Allows DCH to allocate up to \$100 of cancer prevention and control program line item funds for Kids Kicking Cancer program.

BOILERPLATE SECTION INFORMATION

Sec. 1034. Cold is Cool Program Funding

Allows DCH to allocate up to \$100 of physical fitness, nutrition, and health line item funds for Cold is Cool program to expose schoolchildren to outdoor winter activities and downhill skiing.

FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES

Sec. 1101. Reallocation of Funds for Certain Programs in Cases of Underexpenditures

Requires DCH to review the basis for the distribution of funds to local health departments and other agencies from the family planning, prenatal care, and WIC programs, and indicate the basis on which any projected underexpended funds are to be reallocated to other local agencies that demonstrate need.

Sec. 1104. Department Report Regarding Certain Pregnancy Planning and Prenatal Programs

Requires DCH to report by April 1, 2009, on funding allocations, breakdown of expenditures by urban and rural, and prior fiscal year service and expenditure data for the local maternal and child health, prenatal care, family planning, and pregnancy prevention programs. DCH must ensure that needs of rural communities are considered in distribution of funds for these programs. Defines "rural" as having a population of 30,000 or less.

Sec. 1105. Contract with Local Agencies Best Able to Serve Clients

Requires DCH to contract for services to be provided through the Family, Maternal, and Children's Health Services appropriation unit with local agencies best able to serve clients. Describes factors upon which to evaluate an agency's ability to serve clients.

Sec. 1106. Family Planning Title X Funding Compliance

Requires that family planning programs receiving federal Title X funds be in compliance with federal performance and quality assurance indicators; agencies not in compliance shall not receive supplemental or reallocated funds.

Sec. 1107. Prenatal Care Outreach Administrative Cost Limit

Requires that expenditures for local administration, data processing, and evaluation cannot exceed 9% of the amount appropriated for prenatal care outreach and service delivery support.

Sec. 1108. Restrictions on Use of Pregnancy Prevention Funding

Prohibits pregnancy prevention program appropriation line item funds from being used for abortion counseling, referrals, or services.

Sec. 1109. Volunteer Dental Services Program for the Uninsured

Allocates funds from dental program line item to the Michigan Dental Association to administer a volunteer program of dental services to the uninsured; and requires a report by DCH to be made available upon request not later than December 1, 2008.

Sec. 1110. Designation of Delegate Agencies for Family Planning and Pregnancy Prevention Funds

Provides that agencies currently receiving pregnancy prevention and family planning line item funds shall have the option of receiving those funds directly from DCH and be designated as delegate agencies.

Sec. 1111. Allocation of Funds for Direct Services for Family Planning and Pregnancy Prevention

Directs DCH to allocate no less than 88% of family planning and pregnancy prevention line item funds for the direct provision of services.

Sec. 1112. Allocation for Communities with High Infant Mortality Rates

Requires that DCH allocate at least \$1,000,000 to communities with high infant mortality rates from the prenatal care outreach and service delivery support line item funds.

Sec. 1116. Coordinated Regional Perinatal System Development

Directs DCH to convene a discussion regarding a statewide coordinated regional perinatal system. Requires report by April 1, 2009, of recommendations including best practices and potential impact on infant mortality.

Sec. 1129. Report of Elevated Blood Lead Levels in Children

Directs DCH to annually report to the Legislature on the number of children with elevated blood lead levels by county, including blood lead level and source of reported information.

Sec. 1132. Nurse Family Partnership Program Allocation

Allocates \$400,000 to the Nurse Family Partnership Program from the special projects appropriation line item.

BOILERPLATE SECTION INFORMATION

Sec. 1133. Infant Mortality Data Release

Requires DCH to release infant mortality rate data to all local public health departments 72 hours or more prior to releasing infant mortality rate data to the public.

Sec. 1135. School Health Education Curriculum

Establishes that provision of a school health education curriculum shall be in accordance with health education goals of the Michigan Model for Comprehensive School Health Education State Steering Committee; establishes steering committee membership; and requires curriculum materials be made available upon request.

Sec. 1137. Alzheimer's Disease Patient Care Training Funding

Allows DCH to allocate up to \$100 of special projects appropriation line item funds for an Alzheimer's disease patient care training program involving a community college and a retirement community.

WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM

Sec. 1151. Farmer's Market Nutrition Program Local Contributions

Allows DCH to work with local participating agencies to define local annual contributions for the Farmer's Market Nutrition Program, to enable DCH to determine local commitment of funds for federal match request.

Sec. 1153. WIC Program Access in Rural Communities

Requires DCH to ensure that individuals residing in rural communities have sufficient access to the services offered through the Women, Infants, and Children Food and Nutrition Program.

CHILDREN'S SPECIAL HEALTH CARE SERVICES

Sec. 1201. Medical Care and Treatment Reimbursement Policies

Requires payments for medical care and treatment be made consistent with reimbursement policies of Michigan medical services program; directs DCH to produce an exception report to these policies.

Sec. 1202. Children's Special Health Care Services Coverage

Allows the Children's Special Health Care Services program to provide special formula for persons with certain metabolic and allergic disorders, treatment to persons age 21 or older with cystic fibrosis, genetic diagnostic and counseling services, and services to persons age 21 or older with hemophilia.

Sec. 1203. Referrals to Locally-Based Services Programs

Requires that DCH refer clients of the program to the locally-based services program in their community.

OFFICE OF DRUG CONTROL POLICY

Sec. 1250. Interdepartmental Grant to Judiciary for Drug Treatment Courts

Requires DCH to provide up to \$1.8 million of federal Byrne justice assistance grant funds to the Judicial Branch as an interdepartmental grant, for local drug treatment courts.

CRIME VICTIM SERVICES COMMISSION

Sec. 1302. Allocation of Funds for Forensic Nurse Examiner Programs

Allocates up to \$200,000 of justice assistance grants line item funds for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Unexpended funds shall be carried forward.

Sec. 1304. Sexual Assault Evidence Collection Procedures

Requires DCH to work with Department of State Police and certain statewide organizations to ensure that recommended standard procedures for emergency treatment of sexual assault victims are followed in the collection of evidence in cases of sexual assault.

OFFICE OF SERVICES TO THE AGING

Sec. 1401. Eligibility for Certain Senior Program Funding

Provides that funding for community, nutrition, and home services be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under Titles XVIII, XIX, or XX of the Social Security Act.

Sec. 1403. Home-Delivered Meals Waiting Lists

Requires area agency on aging regions to report home-delivered meals waiting lists to Office of Services to the Aging; establishes standard criteria for persons included on the waiting list, including an initial determination of likely eligibility.

BOILERPLATE SECTION INFORMATION

Sec. 1404. Authorization for Fees for Senior Care and Certain Services

Allows area agencies on aging and local providers to receive and expend fees for the provision of day care, care management, respite care, and certain eligible home- and community-based services. Fees shall be based on a sliding scale, taking client income into consideration, and shall be used to expand services.

Sec. 1406. Use of Respite Care Tobacco Settlement Funds for Direct Care

Requires that the \$5.0 million respite care appropriation of Merit Award Trust Fund monies be used only for direct respite care or adult respite care center services, and be allocated according to a long-term care plan. Not more than 9% of the allocation shall be expended for administrative purposes.

Sec. 1413. Support of Locally-Based Community Senior Services and Area Agency Member Change

Establishes legislative support of locally-based services, support of local counties in their approval of area agency on aging plans, notice and conditions for local change of membership of area agencies on aging in a region, and legislative intent to prohibit area agencies on aging from providing direct services, other than access services, unless a waiver has been received from Office of Services to the Aging.

Sec. 1416. Support for In-Home Services for Non-Medicaid Seniors

Establishes legislative 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.

Sec. 1417. Area Agency on Aging Reporting of Expenditures

Requires DCH to report by March 30, 2009 on allocations of state resources by administration and program to each area agency on aging, and detail of expenditures by each area agency on aging of all state and local funds by program and administration.

MICHIGAN FIRST HEALTHCARE PLAN

Sec. 1501. Michigan First Healthcare Plan Funding Contingency

Requires that funding for the Michigan First Healthcare Plan is contingent on approval of a waiver from the federal government. In addition to those funds appropriated in part 1, up to \$300.0 million of additional federal authorization shall be appropriated contingent upon approval of a waiver from the federal government.

Sec. 1502. Michigan First Healthcare Plan Provider Determination

Requires DCH to provide a report detailing the process used to determine which insurance entities will be selected for participation in the Michigan First Healthcare Plan, and that a single source contract shall not be awarded to a health plan through the Michigan First Healthcare Plan.

Sec. 1503. Provide Copy of Federal Approval of Plan/Proposal Prior to Implementation

Directs DCH to provide a copy of the federally approved Michigan First Healthcare Plan or similar proposal at least 60 days before implementing any portion of the plan, or proposal.

MEDICAL SERVICES

Sec. 1601. Remedial Services Costs and Medicaid Eligibility

Requires remedial service costs to be used in determining medically-needy eligibility for those in adult foster care and homes for the aged.

Sec. 1602. Medicaid Eligibility for the Elderly and Disabled

Provides Medicaid eligibility to low income elderly and disabled persons up to 100% of the poverty level.

Sec. 1603. Medical Services Buy-In Program

Allows DCH to establish a statewide program for persons to purchase medical coverage at a rate determined by DCH.

Sec. 1605. Medicaid Protected Income Level

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.

Sec. 1606. Medicaid Eligibility Deduction for Guardian and Conservator Charges

Limits the allowable deduction for guardian and conservator charges to \$60 per month when determining Medicaid eligibility and patient pay amounts.

BOILERPLATE SECTION INFORMATION

Sec. 1607. Medicaid Presumptive Eligibility for Pregnant Women

Stipulates that Medicaid applicants whose qualifying condition is pregnancy shall be presumed to be eligible unless the preponderance of evidence in the application indicates otherwise. Sets procedures to facilitate access to health care for pregnant women including provision of an authorization letter, a listing of Medicaid physicians and health plans, referral to public health clinics for ineligible persons, and allowing qualified applicants to select or remain with the participating obstetrician of her choice. Specifies that obstetrical and prenatal care claims are to be paid at Medicaid fee-for-service rates if there is no contract between provider and managed care plan. Mandates enrollment of Medicaid eligible pregnant women into Medicaid HMOs and requires DCH to encourage physicians to provide these women a referral to a Medicaid participating dentist at the first pregnancy-related appointment.

Sec. 1610. Provider Cost Report Grievance Procedure

Requires that DCH provide a cost report grievance process for medical providers and payment within nine months following submission of cost reports.

Sec. 1611. Medicaid Payment in Full Provisions

Requires Medicaid payment rate to be accepted as payment in full, including payments from other third-party sources. Hospital services payments for persons dually eligible for Medicare and Medicaid are to include capital payments in determining Medicaid reimbursement amount.

Sec. 1620. Pharmacy Dispensing Fee and Prescription Drug Copayments

Establishes the pharmacy dispensing fee at \$2.50 (\$2.75 for nursing home pharmacies) increasing to \$2.75 (\$3.00 for nursing homes) effective April 1, 2009, or the pharmacy's usual and customary charge, whichever is less. Specifies prescription copayments for Medicaid recipients of \$1.00 for generic drugs and \$3.00 for brand-name drugs except as prohibited by federal or state law or regulation. States legislative intent that if DCH realizes savings resulting from the way Medicaid pays pharmacists for prescriptions from average wholesale price to average manufacturer price, the savings shall be returned to pharmacies as an increase in the dispensing fee of no more than \$2.

Sec. 1621. Drug Utilization Review and Disease Management

Authorizes drug utilization review and disease management systems with physician oversight and consultation with various medical provider groups.

Sec. 1623. Dispensing of Maintenance Drugs

Continues current Medicaid policy that allows for dispensing a 100-day supply for maintenance drugs, and notice to medical providers regarding this policy. Requires dispensing medication in quantity prescribed unless subsequent consultation with the physician indicates otherwise.

Sec. 1625. Atypical Antipsychotic Medications

Directs DCH to continue placing all atypical antipsychotic medications on the Medicaid preferred drug list.

Sec. 1627. Drug Rebates for the State Medical Program and CSHCS Program

Authorizes DCH to secure manufacturer drug rebates for participants in MICHild, MOMS, State Medical, Children's Special Health Care Services, and Adult Benefit Waiver programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.

Sec. 1629. Maximum Allowable Cost (MAC) Drug Pricing

Requires DCH to base its MAC prices for generic drugs on pricing available from at least two wholesalers who deliver in Michigan.

Sec. 1630. Medicaid Podiatric, Dental and Chiropractic Services

Continues podiatric, adult dental and chiropractic services at not less than the level in effect on October 1, 2002. Prohibits restrictions on chiropractic services unless the recipient exceeds 18 visits within a year. Authorizes DCH to implement bulk order purchasing of hearing aids, imposes limits on binaural hearing aid benefits and limits replacement of hearing aids to once every three years.

Sec. 1631. Medical Services Copayments

Requires copayments on dental, podiatric, chiropractic, vision, and hearing aid services unless prohibited by law or regulation. Specifies copayments of \$2 for a physician office visit, \$3 for a hospital emergency room visit, \$50 for the first day of an in-patient hospital stay, and \$1 for an out-patient hospital visit.

Sec. 1634. Continuation of Ambulance Services Rate Increases

Requires continuation of FY 2000-01 5% increase in ambulance service payment rates and continuation of FY 2005-06 ambulance mileage reimbursement rate increase of \$4.25 per mile.

BOILERPLATE SECTION INFORMATION

Sec. 1635. Continuation of Medicaid Obstetrical Rate Increase

Requires continuation of FY 2005-06 allocation of \$6,910,800 between Physician Services and Health Plan Services appropriation lines for the increase of Medicaid reimbursement rates for obstetrical services.

Sec. 1636. Continuation of Medicaid Physician Well Child and Primary Care Procedures Rate Increase

Requires continuation of FY 2006-07 allocation of \$23,874,800 between Physician Services and Health Plan Services appropriation lines for an increase in Medicaid reimbursement rates for physician well child procedure codes and primary care procedure codes.

Sec. 1637. Personal Health Responsibility Agreement

Requires that all Medicaid recipients be offered the opportunity to sign a Medicaid personal responsibility agreement which contains various provisions regarding healthy behaviors.

Sec. 1641. Institutional Provider Costs Reports

Requires institutional providers to submit their cost reports within five months of the end of the fiscal year.

Sec. 1643. Psychiatric Residency Training Program

Allocates \$10,359,600 from Graduate Medical Education funds for a psychiatric residency training program if the universities involved provide the necessary allowable Medicaid matching funds.

Sec. 1647. Continuation of Graduate Medical Education Payments

Requires graduate medical education payments to hospitals at no less than the level of rates and payments in effect on April 1, 2005.

Sec. 1648. Automated Toll-Free Phone Line and Online Eligibility Verification

Directs DCH to maintain automated toll-free phone line and make available an online resource for medical providers to obtain enrollment and benefit information of Medicaid recipients.

Sec. 1649. Breast and Cervical Cancer Treatment Coverage

Directs DCH 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 federal legislation.

Sec. 1650. Mandatory Managed Care Enrollment Requirement

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 criteria for medical exceptions to mandatory managed care enrollment.

Sec. 1651. Hospice Services Under Medicaid Managed Care

Allows access to hospice services for Medicaid patients enrolled in health maintenance organizations.

Sec. 1652. Health Plan Service Area Expansion

Requires that any new or renegotiated Medicaid health plan contracts shall include the following conditions regarding service area expansion: 1) not sell or transfer any portion of the HMO's assets or business for a period of three years, and 2) the HMO that expands into a county with a population of at least 1,500,000 shall also expand its coverage to a county with a population of less than 100,000 which has one or fewer HMOs participating in the Medicaid program.

Sec. 1653. Conditions for Implementation of Medicaid Managed Care Plans

Establishes conditions for implementing Medicaid managed care plans related to continuity of care, submitting HMO data for evaluation, health plan advisory council, and choice of plans; and prohibits mandatory enrollment in non-metropolitan areas with only one HMO unless there is a choice of two or more physicians. Maintains voluntary HMO enrollment in Children's Special Health Care Plan and requirement to inform of the opportunity for HMO enrollment, and requires a budget neutral case rate adjustment for persons with AIDS and other high-cost conditions. Requires that DCH receive assurances from Office of Financial and Insurance Services that new Medicaid HMOs meet net worth and solvency standards prior to contracting with them.

Sec. 1654. Reimbursement for HMO Covered Services

Requires Medicaid HMOs to pay for services by non-HMO providers if medically necessary, approved by the HMO, immediately required, and cannot be obtained through HMO providers on a timely basis. Services are considered approved if the authorization request is not responded to within 24 hours.

BOILERPLATE SECTION INFORMATION

Sec. 1655. Twelve-Month Lock-In for HMO Enrollment

Allows for a 12-month lock-in to HMOs with good cause exceptions and allows recipients to change HMOs for any reason within the first 90 days.

Sec. 1656. HMO Expedited Complaint Review Procedures

Requires expedited grievance procedure for Medicaid recipients enrolled in qualified health plans and a toll free phone number to help resolve problems and complaints.

Sec. 1657. HMO Reimbursement for Hospital ER Service, and Medicaid ER Financial Incentives

Requires reimbursement for emergency room (ER) services to screen and stabilize a patient without prior authorization by an HMO, and notice to the HMO regarding a patient's diagnosis and treatment within 24 hours of discharge; prior authorization by the HMO is required for further services beyond stabilization. Requires a report by September 30 of the current fiscal year on how payment policies in the current Medicaid program create financial incentives for health facilities to admit recipients from the emergency room.

Sec. 1658. HMO Contracts with Hospitals

Requires that HMOs shall have contracts with local hospitals; requires reimbursement to non-contracted hospitals at Medicaid fee-for-service rates; requires hospitals that do not contract with HMOs in their service area enter into a hospital access agreement as specified in a MSA policy bulletin.

Sec. 1659. Applicable Boilerplate Sections for Medicaid Managed Care

Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs.

Sec. 1660. Access to EPSDT, Well Child, and Maternal and Infant Support Services

Requires timely access to EPSDT services for children enrolled in Medicaid managed care programs; specifies primary care provider's responsibility to assure child's vision/hearing screening; requires local health departments provide preschool vision/hearing screenings and accept referrals; prohibits HMOs from requiring prior authorization of contracted providers for any EPSDT screening and diagnosis services; requires DCH to provide budget neutral incentives to improve performance related to care of children and pregnant women.

Sec. 1661. Prohibition on Prior Authorization for EPSDT and MSS/ISS Services

Requires timely access to Maternal/Infant Support services (MSS/ISS) and coordination with other state or local programs; prohibits prior authorization for MSS/ISS screening referrals and up to three MSS/ISS service visits; requires HMOs to be responsible for MSS/ISS as described in Medicaid policy; coordination of MSS/ISS services with other state services focusing on the prevention of adverse birth outcomes, child abuse and neglect; DCH to provide, annually, budget neutral incentives to Medicaid HMOs and local health departments to improve performance on measures related to the care of pregnant women.

Sec. 1662. Review and Analysis of HMO Performance, EPSDT and MSS/ISS Technical Assistance

Directs DCH to assure an external quality review of each HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services either contracted or directly provided to Medicaid beneficiaries; requires Medicaid HMOs to provide EPSDT utilization data and well child health measures; directs DCH to submit copies of analysis of HMO HEDIS reports and annual external quality review report within 30 days; requires DCH to work with Michigan Association of Health Plans and Michigan Association for Local Public Health to improve EPSDT and MSS/ISS services and assure training/technical assistance are available for EPSDT and MSS/ISS.

Sec. 1666. System Changes Providing Timelier Inclusion of Newborns in Medicaid Eligibility File

Directs DCH to implement system changes to assure that within 30 days of birth newborns of health plan covered Medicaid mothers are included in Medicaid eligibility file and enrolled in the same health plan as the mother.

Sec. 1670. MICHild Program Eligibility

Specifies that funds appropriated for MICHild Program are to be used to provide health care to children under age 19 in families with income below 200% of federal poverty level who have not had health insurance within six months of making application for MICHild benefits. Allows DCH to provide up to one year of continuous eligibility for MICHild program unless family members no longer meet eligibility criteria or family fails to pay the monthly premium. Assures continuity of care for persons whose category of MICHild eligibility changes due to family income. Specifies income level and verification requirements to determine MICHild program eligibility. Requires DCH to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide MICHild health care benefit at the capitated rate. Allows DCH to obtain certain MICHild services contractually through community mental health agencies. Requires DCH to assure that an external quality review of each MICHild services contractor is performed, which analyzes quality, timeliness, and access to health care services provided by the contractor to MICHild beneficiaries.

BOILERPLATE SECTION INFORMATION

Sec. 1671. *MiChild Marketing and Outreach*

Directs DCH to continue a comprehensive approach to marketing and outreach of the MiChild program, and to coordinate such efforts with existing DCH outreach and marketing activities.

Sec. 1673. *MiChild Premiums and Prohibition on MiChild Copayments*

Allows DCH to establish premiums for eligible persons above 150% of poverty level of \$10 to \$15 per month for a family.

Sec. 1677. *MiChild Benefits*

Specifies the benefits to be covered by the MiChild program based on the state employee insurance plan.

Sec. 1680. *Nursing Home Wage Pass-Through*

Requires that previous payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through Medicaid nursing home wage pass-through program be continued.

Sec. 1681. *Home and Community-Based Services*

Requires that DCH and local waiver agents encourage the use of family members, friends, and neighbors to provide non-medical home and community-based services, where appropriate.

Sec. 1682. *OBRA Nursing Home Enforcement Provisions*

Authorizes DCH to implement federal nursing home enforcement provisions and receive/expend noncompliance penalty money; to provide funds to the Disability Network of Michigan to be distributed to 15 Centers for Independent Living for the purpose of assisting individuals with disabilities who reside in nursing homes to return to their homes; and to conduct a survey of residents, their families and employees, evaluating nursing home consumer satisfaction and quality of care.

Sec. 1683. *Dignity and Rights of Terminally Ill and Chronically Ill Patients*

Directs DCH to promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals, including hospice care, pain management, and suicide prevention.

Sec. 1684. *Home and Community-Based Services (HCBS) Administrative Expenses*

Requires continuation of the FY 2005-06 reduced HCBS waiver program payment rate for administrative expenses following the mandated FY 2006 \$2.00 per person per day reduction; savings shall be reallocated to increase enrollment in waiver program.

Sec. 1685. *Prospective Setting of Medicaid Nursing Home Payment Rates*

Requires that Medicaid nursing home payment rates be set 30 days in advance of the facility's fiscal year, and be based on the most recent cost report submitted.

Sec. 1686. *Long-Term Care Single Point of Entry Pilot Project*

Requires DCH to report by April 30 of the current fiscal year on the progress of four Medicaid long-term care single point of entry services pilot projects and expresses legislative intent that funding end for the single point of entry program on September 30 of the current fiscal year.

Sec. 1688. *Personal Care Services Reimbursement Rate*

Prohibits a limit on personal care services reimbursement under the Medicaid Home and Community-Based Services program, but allows DCH to maintain aggregate per day client reimbursement cap for all services provided under the waiver program.

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

Gives priority in HCBS enrollment to nursing home residents and those eligible for nursing homes, and requires screening to prevent unnecessary nursing home admissions. Requires a quarterly report on HCBS allocations and expenditures by region, net cost savings by moving individuals from nursing home to the HCBS program, number of individuals transitioned and on HCBS waiting lists by region, amount of funds transferred during the quarter, and number of persons served and days of care for the HCBS program and in nursing homes.

Sec. 1690. *MiChoice and Adult Home Help Quality Assurance Indicators, Improvement Plans, and Incidents*

Directs DCH to submit a report on the adult home help and MiChoice program quality assurance indicators, quality improvement plans, and critical incidents and their resolutions.

Sec. 1691. *Adult Home Help Worker Wage Increase*

Provides that all adult home help workers receive a wage of at least \$7.50 per hour effective April 1, 2008.

Sec. 1692. *Medicaid School-Based Services*

Provides authorization for Medicaid reimbursement of school-based services.

BOILERPLATE SECTION INFORMATION

Sec. 1693. Special Medicaid Reimbursement Payments Increase

Allows for an increase in Special Medicaid Reimbursement payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.

Sec. 1694. Allocation to Children's Hospitals

Authorizes distribution of funds to children's hospitals with high indigent care volume for poison control services.

Sec. 1695. Nursing Facility Case Mix Reimbursement

Requires DCH to evaluate the impact of implementing a case mix reimbursement system for nursing facilities. DCH is to consult with Health Care Association of Michigan, Michigan County Medical Care Facilities Council, and Association of Homes and Services for the Aging, with a progress report due by August 1 of the current fiscal year.

Sec. 1697. Local Match Funds for School-Based or School-Linked Services

Allows DCH to utilize school district funds received from a health system as state match for federal Medicaid or State Children's Health Insurance Program funds to be used for new school-based or school-linked services.

Sec. 1699. Disproportionate Share and Graduate Medical Education (GME) Payments

Authorizes separate payments for hospitals serving a disproportionate share of indigent patients in the amount of \$50.0 million, and those hospitals providing GME training programs.

Sec. 1710. MIChoice Home and Community-Based Services

Requires DCH to report proposed changes in MIChoice home and community-based services waiver program screening process to House and Senate appropriations subcommittees on Community Health 30 days prior to implementation.

Sec. 1711. Medicaid Two-Tier Case Rate for Emergency Services and Emergency Room Observation Rate

Requires continuation of a two-tier Medicaid case rate for emergency physician charges, and that payments by case and aggregate not exceed 70% of Medicare rates.

Sec. 1712. Rural Health Initiative

Subject to availability of funds, requires DCH to implement a rural health initiative with funds to be first allocated to a rural outpatient hospital adjustor, and remaining funds for defibrillator grants, EMT training, or other similar programs.

Sec. 1716. Adult Benefits Waiver Enrollment Level

Requires that DCH seek to maintain a constant enrollment level within the Medicaid Adult Benefits Waiver program through FY 2008-09.

Sec. 1717. Disproportionate Share Payments to Hospitals (DSH)

Directs DCH to create two pools for distribution of DSH funds: first pool would distribute \$45.0 million based on methodology in FY 2003-04, remaining \$5.0 million would be allocated to unaffiliated hospitals that received less than \$900,000 in DSH payments in FY 2007-08 based on each hospital's Medicaid revenue and utilization, with no payments being made less than \$1,000. A distribution report is due by September 30 of the current fiscal year.

Sec. 1718. Adult Home Help Review Process

Authorizes Medicaid adult home help beneficiaries to request a departmental review of any decisions that may adversely affect their access to home help services.

Sec. 1720. Medicare Recovery Program

Directs DCH to continue its Medicare recovery program.

Sec. 1721. Medicaid Financial Eligibility For Long-Term Care Patients

Requires review of Medicaid eligibility requirements for long-term care patients related to prepaid funds that are subsequently returned to individuals who qualify for Medicaid.

Sec. 1722. Medicaid Disproportionate Share Hospital (DSH) Payment

Specifies DSH payment amount to be paid to Hutzel Hospital.

Sec. 1724. Injectable Drugs for Respiratory Syncytial Virus

Directs DCH to allow pharmacies to purchase injectable drugs for treatment of respiratory syncytial virus for shipment to physician's offices; allows Medicaid reimbursement for dispensing and administration if patients are eligible.

Sec. 1725. Medicaid Eligibility Error Rate Reduction

Requires DCH continue to work with Departments of Human Services and State Police to reduce Medicaid eligibility errors related to basic eligibility requirements, residency status issues, felony status issues, and income requirements.

BOILERPLATE SECTION INFORMATION

Sec. 1728. Lifting and Transferring Devices for Medicaid Recipients

Requires that DCH make available to Medicaid recipients, not based on Medicare guidelines, freestanding, electric, lifting and transferring devices.

Sec. 1731. Medicaid Asset Test

Directs DCH to continue Medicaid eligibility asset test for optional Medicaid groups, parents/caretaker relatives and 19 and 20 year olds.

Sec. 1732. Nursing Home QAAP Modification Assurance

Assures that nursing home reimbursement rates will not be reduced to achieve GF/GP savings if proposed modifications to the quality assurance assessment program for nursing homes are not implemented.

Sec. 1733. Federal Funds for Electronic Prescribing and Health Information Technology Initiatives

Requires DCH to seek federal funds to provide financial support for electronic prescribing and other health information technology initiatives; and develop a three-year strategic plan to implement e-prescribing in the Medicaid program.

Sec. 1734. Medicaid Recipients Healthy Behavior Incentive Program

Requires DCH to seek federal funds for demonstration programs that will permit Michigan to provide financial incentives for positive health behavior practiced by Medicaid recipients.

Sec. 1739. Health Plan Outcome Target Bonus Payments

Directs DCH to continue to establish medical outcome targets for the ten most prevalent and costly ailments affecting Medicaid recipients, making bonus payments available to Medicaid HMOs that meet these outcome targets independent of HMO rate adjustments utilized in FY 2005-06.

Sec. 1740. Graduate Medical Education Funds Distribution

Requires assurance from DCH that all GME funds continue to be promptly distributed to hospitals using a methodology developed in consultation with the graduate medical education advisory group during FY 2006-07.

Sec. 1741. Nursing Home Interim Payments

Directs DCH to continue to provide nursing homes the opportunity to receive interim payments upon their request and that these payments are as similar to expected cost-settled payments as possible.

Sec. 1742. Hurley Medical Center Special Financing

Requires DCH to allow retention of \$1,000,000.00 in special Medicaid reimbursement funding by any public hospital that meets certain criteria. Only Hurley Medical Center meets the criteria.

Sec. 1752. Sharing of Third Party Liability Information With Health Plans

Requires DCH to provide Medicaid health plans with any information that may assist the health plan in determining whether another party may be responsible for the payment of health care benefits.

Sec. 1753. Auto Insurer Third Party Liability Information

Requires DCH, upon passage of legislation, to collect medical expense information from auto insurers to allow the state to make third-party liability claims for Medicaid recipients.

Sec. 1756. Medical Management of High Cost Medicaid Beneficiaries

Directs DCH to establish and implement a specialized case and care management program to serve the most costly Medicaid beneficiaries who are not enrolled in a health plan and are noncompliant with medical management. The program shall provide a performance payment incentive for physicians and may include contractual arrangements with Medicaid HMOs for the provision of specialized case management services. The contracts may require collection of data related to Medicaid recipient compliance.

Sec. 1757. Medicaid Applicants Proving Legal Residence

Requires DCH to direct Department of Human Services to require Medicaid applicants to prove that they are residing legally in the United States and that they are residents of Michigan.

Sec. 1759. Federal Deficit Reduction Act Policy Changes

Requires DCH to implement the following policy changes included in the Federal Deficit Reduction Act of 2005: lengthening the look back policy for asset transfers, changing the penalty period to begin the day an individual applies for Medicaid, including a home equity threshold for Medicaid eligibility, and utilize Michigan's Medicaid False Claims Act to collect fraudulent Medicaid claims.

BOILERPLATE SECTION INFORMATION

Sec. 1761. Hospital QAAP Distribution of Payments Exceeding Upper Payment Limit

Requires DCH to distribute Medicaid access to care initiative payments (MACI) that exceed hospitals upper payment limits to hospitals that meet certain conditions, most likely rural hospitals.

Sec. 1764. Actuarial Soundness Certification of Medicaid Health Plan Rates

Requires DCH to annually certify that rates paid to Medicaid health plans are actuarially sound and to notify the House, Senate, and fiscal agencies immediately upon rate certification and approval.

Sec. 1767. Pharmacist Payment Report

Requires DCH to evaluate and report on the impact of the change in which the Medicaid program pays pharmacists for prescriptions from average wholesale price to average manufacturer price, contingent upon the release of relevant data from the Center for Medicare and Medicaid Services.

Sec. 1770. Quarterly Medicaid Policy Changes

Specifies that DCH shall attempt to make adjustments to the Medicaid provider manual and effective dates for proposed Medicaid policy bulletins on October 1, January 1, April 1, or July 1 after the end of the consultation period.

Sec. 1772. Enrollment of Foster Care Children in HMOs

Requires DCH to continue a program which would enroll all foster care children in Michigan into a Medicaid HMO.

Sec. 1773. Nonemergency Transportation Services

Directs DCH to establish and implement a bid process to identify a single private contractor to provide Medicaid covered nonemergency transportation services in each county with a population over 750,000, and provide a mileage reimbursement that encourages contractors to participate.

Sec. 1774. Money Follows the Person Grant Reporting

Directs DCH to provide a report on expenditures, estimated general fund savings and numbers of people receiving services supported by federal Money Follows the Person revenue.

Sec. 1775. Medicaid Managed Long-Term Care Study

Directs DCH to conduct a study and report on the feasibility of providing long-term care services through managed care, and to implement two long-term care pilots: one in a county with a population over 750,000, and the other in a county with a population under 250,000.

Sec. 1776. Outpatient Prospective Payment System (OPPS) Methodology

Stipulates that if the OPPS reimbursement methodology is continued, the applied Medicaid reduction factor must be revenue neutral and actuarially sound.

Sec. 1777. Nursing Home Dining Assistants

Directs DCH to permit nursing homes to use dining assistants to feed eligible residents, in accordance with federal and state law. DCH will not be responsible for training costs.

Sec. 1780. Primary Care Physician and Hospital Neonatal and Pediatric ICU Contingent Rate Increase

States legislative intent that, contingent on an increase in FY 2008-09 of Michigan's federal medical assistance percentage (FMAP), a portion of the increase is to be used to augment physician primary care code fee screens, and hospital neo-natal and pediatric intensive care unit payments.

Sec. 1781. Pilot Projects Demonstrating Improvements In Efficiency and Effectiveness

Allows DCH to conduct pilot projects to demonstrate improvements in efficiency and effectiveness of identified programs. Allows direct access to Department of Human Services eligibility, budget and registration systems to accomplish pilot project objectives.

Sec. 1782. Dental Root Planing and Scaling Waiver

Directs DCH to request a Medicaid waiver from the federal government allowing coverage for dental root planing and scaling in a limited number of counties in Michigan.

Sec. 1783. Dual-Eligibles In Managed Care

Directs DCH to permit the enrollment of dual eligibles into Medicaid health plans if those health plans also maintain a Medicare Advantage special needs plan certified by CMS.

BOILERPLATE SECTION INFORMATION

Sec. 1785. Emergency Department Diagnosis Codes

Requires DCH to convene a workgroup to develop and maintain a list of hospital reimbursement emergency department diagnosis codes for services provided to Medicaid recipients at a defined triage or stabilization rate; the rate shall be equal to the triage rate in place prior to the implementation of the outpatient prospective payment system; defines the workgroup representation; and sets implementation target of January 1, 2009.

Sec. 1786. Low-Day Threshold for Hospitals

Defines the reimbursement rate for inpatient admission services when the actual length of stay is less than the published low-day threshold. The reimbursement change shall not be implemented unless budget neutral. Requires DCH to define a low-day threshold of one as an inpatient stay of less than 24 hours.

Sec. 1787. Medicaid Beneficiary Telephone Numbers Provided to Health Plans

Requires DCH, in coordination with Department of Human Services to obtain the telephone numbers of Medicaid beneficiaries and provide Medicaid health plans the telephone numbers of that health plan's enrollees on a monthly basis.

Sec. 1789. Nursing Home Occupancy Ceiling Study

Requires that DCH study whether the current nursing home ceiling of 85% is adequate, and report its findings by April 1, 2009.

Sec. 1791. Physician Primary Care and Well Child Visit Funding Increase

Provides an increase of \$5,285,700 in the Physician Services line and Health Plan Services line for a Medicaid payment rate increase for certain physician primary care and well child visit procedure codes.

Sec. 1792. Study On Physician QAAP

Directs DCH to meet with the Michigan State Medical Society and the Michigan Osteopathic Association to discuss the possible structure of a physician quality assurance assessment program.

Sec. 1793. Preventable Hospitalizations from Nursing Homes

Directs DCH to consider developing a pilot project that focuses on preventable hospitalizations from nursing homes.

Sec. 1794. Hospital Per Person Per Diem Payment

Provides a \$100 placeholder to allow DCH to provide a per-person per-day reimbursement for a hospital located in a city with a population greater than 500,000.

Sec. 1796. Health Information Technology Commission Report On Medical Record Sharing

Requires DCH to direct the Health Information Technology Commission to examine strategies that promote the ability to share medical records and report on these findings.

Sec. 1802. Disease Management Pilot Project Targeting Medicaid Beneficiaries

Allows DCH to spend up to \$100,000 on a pilot program which would target Medicaid recipients who have certain high-cost or complex health conditions. The pilot would include financial incentives to primary care physicians who handle the disease management responsibilities.

Sec. 1804. Identification of Medicaid Beneficiaries Who Are War Veterans

Requires DCH, in cooperation with Department of Human Services, to work with the federal government's public assistance reporting information system to identify Medicaid recipients who are veterans and may be eligible for federal veteran's health care benefits.

Sec. 1805. Increase Monthly Personal Care Supplement by \$8

Increases the Personal Care Services line by \$1.3 million to provide an \$8.00 increase to the monthly personal care supplement payment provided for Medicaid eligible residents in adult foster care homes and homes for the aged.

Sec. 1806. Expansion of County Health Plans

Allows up to \$100 in the County Indigent Care and Third Share Plans line item for expansion of county health plans.

Sec. 1807. Medicaid Reimbursement of Primary Care Physicians Providing Mental Health Services

Allows DCH to convene a workgroup and provide a report evaluating the feasibility of establishing a Medicaid payment mechanism for the reimbursement of mental health services by primary care physicians.

Sec. 1808. Medicaid Ambulance Quality Assurance Assessment Program (QAAP)

Requires DCH to implement an ambulance quality assurance assessment program with the state to retain a portion of the assessment, if legislation is enacted allowing the ambulance QAAP.

BOILERPLATE SECTION INFORMATION

Sec. 1809. State-Retained Hospital and Long-Term Care QAAP Revenue

Authorizes expenditure of QAAP funds and specifies the state-retained amounts of \$117.5 million hospital QAAP and \$53,893,700 long-term care QAAP.



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