



Mary Ann Cleary, Director

DEPARTMENT OF COMMUNITY HEALTH
FY 2015-16 DECISION DOCUMENT
March 24, 2015
PART 2 Boilerplate

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Representative Jon Bumstead
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DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>GENERAL SECTIONS</u></p> <p><i>Total FY 2014-15 state spending from state resources under Part 1 and state spending from state resources to be paid to local units of government.</i></p> <p>Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2014-2015 is \$5,301,104,900.00 and state spending from state resources to be paid to local units of government for fiscal year 2014-2015 is \$1,108,135,300.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>DEPARTMENT OF COMMUNITY HEALTH BEHAVIORAL HEALTH PROGRAM ADMINISTRATION Community residential and support services \$ 757,200 Housing and support services 812,800</p> <p>BEHAVIORAL HEALTH SERVICES State disability assistance program substance use disorder services \$ 2,018,000 Community substance use disorder prevention, education, and treatment programs 14,553,400 Medicaid mental health services 772,083,300 Community mental health non-Medicaid services 97,050,400 Mental health services for special populations 8,842,800 Medicaid substance use disorder services 15,806,200 Children’s waiver home care program 6,056,200 Nursing home PAS/ARR-OBRA 2,725,300</p>	<p>Sec. 4-201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2014-2015 2015-2016 is \$5,301,104,900.00 \$5,282,286,400 and state spending from state resources to be paid to local units of government for fiscal year 2014-2015 2015-2016 is \$1,108,135,300.00 \$1,125,752,600.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p><i>(ONLY changed items are shown below):</i></p> <p>Community residential and support services 757,200 592,100 Housing and support services ... 812,800 667,400</p> <p>Medicaid mental health services ... 772,083,300 785,082,300 Community mental health non-Medicaid services ... 97,050,400 117,050,400</p>	<p>Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2014-2015 2015-2016 is \$5,301,104,900.00 \$5,251,663,500 and state spending from state resources to be paid to local units of government for fiscal year 2014-2015 2015-2016 is \$1,108,135,300.00 \$1,126,972,500.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p><i>(ONLY changed items are shown below):</i></p> <p>BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND SPECIAL PROJECTS Community residential and support services 757,200 592,100 Housing and support services ... 812,800 667,400</p> <p>Medicaid mental health services ... 772,083,300 \$785,127,300 Community mental health non-Medicaid services ... 97,050,400 117,050,400 Mental health services for special populations ... 8,842,800 Medicaid substance use disorder services ... 15,806,200 16,157,300 State disability assistance program substance use disorder services ... \$2,018,000 Community substance use disorder prevention, education, and treatment programs ... 14,553,400 Children’s Waiver Home Care Program ... 6,056,200 6,880,000</p>	

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

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>PUBLIC HEALTH ADMINISTRATION Health and wellness initiatives \$ 3,584,600</p> <p>HEALTH POLICY Primary care services \$ 413,900</p> <p>LABORATORY SERVICES Laboratory services..... \$ 16,200</p> <p>EPIDEMIOLOGY AND INFECTIOUS DISEASE Sexually transmitted disease control program..... \$ 175,200 Immunization program 1,123,500</p> <p>LOCAL HEALTH ADMINISTRATION AND GRANTS Implementation of 1993 PA 133, MCL 333.17015 \$ 5,000 Essential local public health services..... 35,736,100</p> <p>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION AIDS prevention, testing, and care programs\$ 1,600,100 Cancer prevention and control program.... 94,700 Chronic disease and health promotion administration..... 12,000</p> <p>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES Prenatal care outreach and service delivery support.....\$ 1,500,000</p>	<p><i>(ONLY changed items are shown below):</i></p> <p>PUBLIC HEALTH ADMINISTRATION Health and wellness initiatives ... \$3,584,600</p> <p>HEALTH POLICY Primary care services ... \$ 413,900</p> <p>Laboratory services ... \$16,200 \$5,000</p> <p>Sexually transmitted disease control program ... \$175,200 \$377,000 Immunization program ... 1,123,500</p> <p>Implementation of 1993 PA 133, MCL 333.17015 ... \$5,000 \$300 Essential local public health Services ... 35,736,100 \$34,199,500</p> <p>AIDS prevention, testing, and care programs ... \$1,600,100 \$606,100 Cancer prevention and control program ... 94,700 \$116,700 Chronic disease and health promotion Administration ... 12,000</p> <p>Prenatal care outreach and service delivery support ... \$1,500,000 \$2,044,900</p>	<p><i>(ONLY changed items are shown below):</i></p> <p>PUBLIC HEALTH ADMINISTRATION Health and wellness initiatives ... \$3,584,600</p> <p>HEALTH POLICY Primary care services ... \$ 413,900</p> <p>Laboratory services ... \$16,200 \$5,000</p> <p>Sexually transmitted disease control program ... \$175,200 \$377,000 Immunization program ... 1,123,500</p> <p>Essential local public health Services ... 35,736,100 \$34,199,500 Implementation of 1993 PA 133, MCL 333.17015 ... \$5,000 \$300</p> <p>AIDS prevention, testing, and care programs ... \$1,600,100 \$606,100 Cancer prevention and control program ... 94,700 \$116,700 Chronic disease and health promotion Administration ... 12,000</p> <p>Prenatal care outreach and service delivery support ... \$1,500,000 \$2,044,900</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
CHILDREN'S SPECIAL HEALTH CARE SERVICES Medical care and treatment..... \$ 939,700 Outreach and advocacy 2,226,000	<i>(ONLY changed items are shown below):</i> Medical care and treatment ... \$ 939,700 \$949,800 Outreach and advocacy... 2,226,000 2,204,000	<i>(ONLY changed items are shown below):</i> Outreach and advocacy... 2,226,000 \$2,204,000 Medical care and treatment ... \$939,700 949,800	
CRIME VICTIM SERVICES COMMISSION Crime victim rights services grants ... \$ 7,200,600	Crime victim rights services grants ... \$7,200,600 \$6,389,800	Crime victim rights services grants ... \$7,200,600 \$6,389,800	
OFFICE OF SERVICES TO THE AGING Community services.....\$ 16,533,500 Nutrition services10,587,000 Foster grandparent volunteer program... 657,100 Retired and senior volunteer program.... 173,900 Senior companion volunteer program 348,800 Respite care program..... 5,115,000	Community services ... \$16,533,500 \$13,333,500 Nutrition services ... 10,587,000 9,287,000 Foster grandparent volunteer program ... 657,100 579,200 Retired and senior volunteer program ... 173,900 197,300 Senior companion volunteer program ... 348,800 351,400 Respite care program ... 5,115,000 5,868,700	Community services ... \$16,533,500 \$13,333,500 Nutrition services ... 10,587,000 9,287,000 Foster grandparent volunteer program ... 657,100 579,200 Retired and senior volunteer program ... 173,900 197,300 Senior companion volunteer program ... 348,800 351,400 Respite care program ... 5,115,000 5,868,700	
MEDICAL SERVICES Dental services \$ 990,600 Long-term care services.....84,754,000 Transportation..... 1,359,300 Hospital services and therapy 2,344,700 Physician services <u>9,938,200</u>	Dental services ... \$990,600 \$1,202,000 Long-term care services ... 84,754,000 81,530,900 Transportation ... 1,359,300 Hospital services and therapy ... 2,344,700 2,449,500 Physician services ... 9,938,200 10,665,900	Hospital services and therapy ... 2,344,700 \$2,449,500 Physician services ... 9,938,200 10,665,900 Transportation ... 1,359,300 Dental services ... \$990,600 1,202,000 Long-term care services ... 84,754,000 81,530,900	
TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT\$ 1,108,135,300	TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT ... \$1,108,135,300 \$1,125,752,600	TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT ... \$1,108,135,300 \$1,126,972,500	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Provides that appropriations authorized under Parts 1 and 2 are subject to the Management and Budget Act, 1984 PA 431, MCL 18.1101 to 18.1594.</i></p> <p>Sec. 202. The appropriations authorized under this part and part 1 are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.</p>	<p>Sec. 4-202. The appropriations authorized under this part and part 1 ARTICLE are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.</p>	<p>Sec. 202. No changes from current law.</p>	
<p><i>Provides definitions for terms and acronyms used in Parts 1 and 2.</i></p> <p>Sec. 203. As used in this part and part 1:</p> <p>(a) “AIDS” means acquired immunodeficiency syndrome.</p> <p>(b) “CMHSP” means a community mental health services program as that term is defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a.</p> <p>(c) “Current fiscal year” means the fiscal year ending September 30, 2015.</p> <p>(d) “Department” means the department of community health.</p> <p>(e) “Director” means the director of the department.</p> <p>(f) “DSH” means disproportionate share hospital.</p> <p>(g) “EPSDT” means early and periodic screening, diagnosis, and treatment.</p> <p>(h) “Federal poverty level” means the poverty guidelines published annually in the federal register by the United States department of health and human services under its authority to revise the poverty line under 42 USC 9902.</p> <p>(i) “FTE” means full-time equated.</p> <p>(j) “GME” means graduate medical education.</p> <p>(k) “Health plan” means, at a minimum, an organization that meets the criteria for delivering the comprehensive package of services under the department’s comprehensive health plan.</p> <p>(l) “HEDIS” means healthcare effectiveness data and information set.</p> <p>(m) “HIV” means human immunodeficiency virus.</p>	<p>Sec. 4-203. As used in this part and part 1 ARTICLE:</p> <p><i>(ONLY changed items are shown below):</i></p> <p>(c) “Current fiscal year” means the fiscal year ending September 30, 2015.</p> <p>(m) “HIV” means human immunodeficiency virus.</p>	<p>Sec. 203. As used in this part and part 1:</p> <p><i>(ONLY changed items are shown below):</i></p> <p>(c) “Current fiscal year” means the fiscal year ending September 30, 2015 2016.</p> <p>(h) “Federal poverty level” means the poverty guidelines published annually in the federal register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902.</p> <p>(m) “HIV” means human immunodeficiency virus.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(n) “HMO” means health maintenance organization.</p> <p>(o) “IDEA” means the individuals with disabilities education act, 20 USC 1400 to 1482.</p> <p>(p) “MCH” means maternal and child health.</p> <p>(q) “MICHild” means the program described in section 1670.</p> <p>(r) “PAS/ARR-OBRA” means the preadmission screening and annual resident review required under the omnibus budget reconciliation act of 1987, section 1919(e)(7) of the social security act, 42 USC 1396r.</p> <p>(s) “PIHP” means a governmental entity designated by the department as a regional entity or a specialty prepaid inpatient health plan for Medicaid mental health services, services to individuals with developmental disabilities, and substance use disorder services. Regional entities are described in section 204b of the mental health code, 1974 PA 258, MCL 330.1204b. Specialty prepaid inpatient health plans are described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.</p> <p>(t) “Temporary assistance for needy families” means part A of title IV of the social security act, 42 USC 601 to 619.</p> <p>(u) “Title X” means title X of the public health service act, 42 USC 300 to 300a-8, that establishes grants to states for family planning services.</p> <p>(v) “Title XVIII” and “Medicare” mean title XVIII of the social security act, 42 USC 1395 to 1395kkk-1.</p> <p>(w) “Title XIX” and “Medicaid” mean title XIX of the social security act, 42 USC 1396 to 1396w-5.</p>	<p><i>(ONLY changed items are shown below):</i></p> <p>(v) “Title XVIII” and “Medicare” mean title XVIII of the social security act, 42 USC 1395 to 1395kkk-1.</p>	<p><i>(ONLY changed items are shown below):</i></p> <p>(n) (M) “HMO” means health maintenance organization.</p> <p>(o) (N) “IDEA” means the individuals with disabilities education act, 20 USC 1400 to 1482.</p> <p>(p) (O) “MCH” means maternal and child health.</p> <p>(v) (P) “Title XVIII” and “Medicare” mean title XVIII of the social security act, 42 USC 1395 to 1395kkk-1.</p> <p>(t) “Temporary assistance for needy families” means part A of title IV of the social security act, 42 USC 601 to 619.</p> <p>(w) (V) “Title XIX” and “Medicaid” mean title XIX of the social security act, 42 USC 1396 to 1396w-5.</p> <p>(M) “HMO” means health maintenance organization.</p> <p>(N) “IDEA” means the individuals with disabilities education act, 20 USC 1400 to 1482.</p> <p>(O) “MCH” means maternal and child health.</p> <p>(P) “Title XVIII” and “Medicare” mean SUBCHAPTER XVIII of the social security act, 42 USC 1395 to 1395LLL.</p> <p>(t) “Temporary assistance for needy families” means part A of SUBCHAPTER IV of the social security act, 42 USC 601 to 619.</p> <p>(V) “Title XIX” and “Medicaid” mean SUBCHAPTER XIX of the social security act, 42 USC 1396 to 1396w-5.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the following of DCH: identify specific benchmarks intended to measure the performance or return on taxpayer investment for each new program or program expansion exceeding a Part 1 appropriation of \$500,000; report on the proposed benchmarks; and provide an update on its progress in achieving those benchmarks. Also, expresses Legislature's intent that, beginning with the FY 2015-16 budget, any proposal for a new program or expansion of an existing program in excess of \$500,000 include benchmarks intended to measure the performance or return on taxpayer investment of the program or spending increase.</i></p> <p>Sec. 204. (1) For each new program or program expansion for which funds in excess of \$500,000.00 are appropriated in part 1, the department shall identify specific benchmarks intended to measure the performance or return on taxpayer investment of the program and its associated expenditures. Not later than November 1, 2014, the department shall report the proposed benchmarks to the house and senate appropriations subcommittees for that department, the house and senate fiscal agencies, and the state budget director. The department shall provide an update on its progress in achieving those benchmarks at an appropriations subcommittee meeting called for the purpose of discussing benchmarks and their status.</p>	Delete current law.	Delete current law.	
<p>(2) It is the intent of the legislature that, beginning with the budget for the fiscal year ending September 30, 2016, any proposal for a new program or an expansion of an existing program in excess of \$500,000.00 initiated by the executive branch or the legislature shall include, as part of the original proposal or budget request, a list of benchmarks intended to measure the performance or return on taxpayer investment of the program or spending increase.</p>	Delete current law.	<p>SEC. 204. (2) It is the intent of the legislature that, beginning with the budget for the fiscal year ending September 30, 2016, any proposal for a new program or an expansion of an existing program in excess of \$500,000.00 \$1,000,000.00 initiated by the executive branch or the legislature shall include, as part of the original proposal or budget request, a list of benchmarks intended to measure the performance or return on taxpayer investment of the program or spending increase.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Appropriates up to \$200 million federal contingency funds, up to \$40 million state restricted contingency funds, up to \$20 million local contingency funds, and up to \$40 million private contingency funds. Specifies that contingency funds are not available for expenditure until transferred to another Part 1 line item according to Section 393(2) of the Management and Budget Act, 1984 PA 431, MCL 18.1393.</i></p> <p>Sec. 206. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$200,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>Sec. 4-206. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$200,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 4 THIS ARTICLE under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>Sec. 206. (1) No changes from current law.</p>	
<p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$40,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$40,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 4 THIS ARTICLE under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(2) No changes from current law.</p>	
<p>(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 4 THIS ARTICLE under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(3) No changes from current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$40,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$40,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 THIS ARTICLE under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(4) No changes from current law.</p>	
<p><i>Requires the Department to maintain, on a publicly accessible website, the department's scorecard that identifies, tracks, and regularly updates key metrics that are used to monitor and improve the department's performance.</i></p> <p>Sec. 207. The department shall maintain, on a public accessible website, a department scorecard that identifies, tracks, and regularly updates key metrics that are used to monitor and improve the department's performance.</p>	<p>Sec. 4-207. The department shall maintain, on a public accessible website, a department scorecard that identifies, tracks, and regularly updates key metrics that are used to monitor and improve the department's AGENCY'S performance.</p>	<p>Sec. 207. No changes from current law.</p>	
<p><i>Requires departments and agencies receiving Part 1 appropriations to use the Internet to fulfill the reporting requirements of Parts 1 and 2.</i></p> <p>Sec. 208. The departments and agencies receiving appropriations in part 1 shall use the Internet to fulfill the reporting requirements of this part and part 1. This requirement may include transmission of reports via electronic mail to the recipients identified for each reporting requirement, or it may include placement of reports on the Internet or Intranet site.</p>	<p>Sec. 4-208. The departments and agencies receiving appropriations in part 1 shall use the Internet to fulfill the reporting requirements of this part and part 1 ARTICLE. This requirement may include transmission of reports via electronic mail to the recipients identified for each reporting requirement, or it may include placement of reports on the Internet or Intranet site.</p>	<p>Sec. 208. The departments and agencies receiving appropriations in part 1 shall use the Internet to fulfill the reporting requirements of this part and part 1. This requirement may include transmission of reports via electronic mail to the recipients identified for each reporting requirement, or it may include placement of reports on the Internet or Intranet site.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits the purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available. Requires that preference be given to goods or services, or both, manufactured by Michigan businesses if competitively priced and of comparable quality. Requires that preference be given to goods or services, or both, manufactured by Michigan businesses owned and operated by veterans if competitively priced and of comparable quality.</i></p> <p>Sec. 209. Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available. Preference shall be given to goods or services, or both, manufactured or provided by Michigan businesses if they are competitively priced and of comparable quality. In addition, preference shall be given to goods or services, or both, that are manufactured or provided by Michigan businesses owned and operated by veterans if they are competitively priced and of comparable quality.</p>	<p>Sec. 4-209. No changes from current law.</p>	<p>Sec. 209. No changes from current law.</p>	
<p><i>Requires the Directors of DCH and Office of Services to the Aging 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. Requires the Directors to strongly encourage firms with which DCH contracts to subcontract with certified businesses in deprived and depressed communities for services or supplies, or both.</i></p> <p>Sec. 210. The director and the director of the office of services to the aging shall take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. The director and the director of the office of services to the aging shall strongly encourage firms with which the department contracts to subcontract with certified businesses in depressed and deprived communities for services, supplies, or both.</p>	<p>Sec. 4-210. The director and the director of the office of services to the aging shall take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. The EACH director and the director of the office of services to the aging shall strongly encourage firms with which the department contracts to subcontract with certified businesses in depressed and deprived communities for services, supplies, or both.</p>	<p>Sec. 210. No changes from current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows the carry forward of fee revenue, with approval of the State Budget Director, into the next fiscal year. Allows fee revenue to be used as the first source of funding in that fiscal year.</i></p> <p>Sec. 211. If the revenue collected by the department from fees and collections exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section shall be used as the first source of funds in the subsequent fiscal year.</p>	<p>Sec. 4-211. No changes from current law.</p>	<p>Sec. 211. No changes from current law.</p>	
<p><i>Requires report on or before February 1, 2015, on detailed name and amounts of federal, restricted, private, and local revenue sources that support FY 2014-15 appropriations by each line item. Requires report on amounts and detailed sources of federal, restricted, private, and local revenue proposed to support funds appropriated in each of the Part 1 line items in the FY 2015-16 Executive budget recommendation, upon release of the proposal.</i></p> <p>Sec. 212. (1) On or before February 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1.</p>	<p>Sec. 4-212. (1) No changes from current law.</p>	<p>Sec. 212. (1) No changes from current law.</p>	
<p>(2) Upon the release of the next fiscal year executive budget recommendation, the department shall report to the same parties in subsection (1) on the amounts and detailed sources of federal, restricted, private, and local revenue proposed to support the total funds appropriated in each of the line items in part 1 of the next fiscal year executive budget proposal.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires state departments, agencies, and commissions receiving tobacco tax and Healthy Michigan funds to report on programs and organizations utilizing these funds by April 1, 2015, to the House and Senate Appropriations Committees, House and Senate Fiscal Agencies, and State Budget Director. Requires the report to include the following information: detailed spending plan by appropriation line item; description of allocations or bid processes; eligibility criteria for program participating and maximum benefit levels where applicable; and program outcome measures.</i></p> <p>Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds and Healthy Michigan funds from part 1 shall report by April 1 of the current fiscal year to the senate and house appropriations committees, the senate and house fiscal agencies, and the state budget director on the following:</p> <p>(a) Detailed spending plan by appropriation line item including description of programs and a summary of organizations receiving these funds.</p> <p>(b) Description of allocations or bid processes including need or demand indicators used to determine allocations.</p> <p>(c) Eligibility criteria for program participation and maximum benefit levels where applicable.</p> <p>(d) Outcome measures used to evaluate programs, including measures of the effectiveness of these programs in improving the health of Michigan residents.</p> <p>(e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.</p>	<p>Sec. 4-213. No changes from current law.</p>	<p>Sec. 213. No changes from current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows the use of prior-year revenue for write-offs of accounts receivables, deferrals, and prior-year obligations. Does not limit DCH's ability to satisfy appropriation deductions in Part 1 to collections and accruals in the current fiscal year.</i></p> <p>Sec. 216. (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues.</p>	<p>Sec. 4-216. (1) No changes from current law.</p>	<p>Sec. 216. (1) No changes from current law.</p>	
<p>(2) The department's ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in the current fiscal year, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p><i>Lists eight basic health services embodied in Part 23 of the Public Health Code, 1978 PA 368, MCL 333.2301 to 333.2321, that are to be available and accessible throughout the state.</i></p> <p>Sec. 218. The department shall include the following in its annual list of proposed basic health services as required in part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321:</p> <p>(a) Immunizations. (b) Communicable disease control. (c) Sexually transmitted disease control. (d) Tuberculosis control. (e) Prevention of gonorrhea eye infection in newborns. (f) Screening newborns for the conditions listed in section 5431 of the public health code, 1978 PA 368, MCL 333.5431, or recommended by the newborn screening quality assurance advisory committee created under section 5430 of the public health code, 1978 PA 368, MCL 333.5430. (g) Community health annex of the Michigan emergency management plan. (h) Prenatal care.</p>	<p>Delete current law.</p>	<p>Sec. 218. No changes from current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows DCH to contract with the Michigan Public Health Institute for the design and implementation of projects and other public health-related activities. Requires DCH to report on each funded project by January 1, 2014. Requires DCH to provide, by September 30, 2014, copies of all reports, studies, and publications produced by the Institute.</i></p> <p>Sec. 219. (1) The department may contract with the Michigan public health institute for the design and implementation of projects and for other public health-related activities prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before January 1 of the current fiscal year all of the following:</p> <p>(a) A detailed description of each funded project. (b) The amount allocated for each project, the appropriation line item from which the allocation is funded, and the source of financing for each project. (c) The expected project duration. (d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to each subgrantee.</p>	<p>Sec. 4-219. (1) No changes from current law.</p>	<p>Sec. 219. (1) No changes from current law, except capitalize “Michigan Public Health Institute”</p>	
<p>(2) On or before September 30 of the current fiscal year, the department shall provide to the same parties listed in subsection (1) a copy of all reports, studies, and publications produced by the Michigan public health institute, its subcontractors, or the department with the funds appropriated in part 1 and allocated to the Michigan public health institute.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law except capitalize “Michigan Public Health Institute” in two places.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows DCH to establish and collect fees for publications, videos and related materials, conferences, and workshops. Requires collected fees to be used to offset expenditures for printing and mailing costs of publications, videos and related materials, and costs of conferences and workshops. Prohibits DCH from collecting fees that exceed expenditures.</i></p> <p>Sec. 223. The department may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The department shall not collect fees under this section that exceed the cost of the expenditures.</p>	<p>Sec. 4-223. No changes from current law.</p>	<p>Sec. 223. No changes from current law.</p>	
<p><i>Specifies Part 1 appropriations for the Healthy Michigan Plan (HMP) are contingent upon 2013 PA 107 not being amended, repealed, or otherwise altered to eliminate the HMP. Also, specifies if those actions occur, the remaining funds in the HMP line items are to be used only to pay previously incurred costs.</i></p> <p>Sec. 252. The appropriations in part 1 for Healthy Michigan plan-behavioral health, Healthy Michigan plan administration, and Healthy Michigan plan are contingent on the provisions of the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, that were contained in 2013 PA 107 not being amended, repealed, or otherwise altered to eliminate the Healthy Michigan plan. If that occurs, then, upon the effective date of the amendatory act that amends, repeals, or otherwise alters those provisions, the remaining funds in the Healthy Michigan plan-behavioral health, Healthy Michigan plan administration, and Healthy Michigan plan line items shall only be used to pay previously incurred costs and any remaining appropriations shall not be allotted to support those line items.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to notify the House and Senate Appropriations Subcommittees on Community Health and House and Senate Fiscal Agencies upon the submission of a Medicaid waiver, a Medicaid state plan amendment, or similar proposal to the federal Centers for Medicare and Medicaid Services (CMS). Requires written and verbal biannual reports on the status of discussions with federal agencies on potential or future Medicaid waiver applications. Requires DCH to inform the entities noted above of any alterations or adjustments made to the published plan for integrated care for individuals who are dual Medicare/Medicaid eligibles when the final version of the plan has been submitted to CMS or federal Department of Health and Human Services. Requires DCH to submit the plan for integrated care for individuals who are dual eligibles to the Legislature for review at least 30 days before implementation of the plan.</i></p> <p>Sec. 264. (1) Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies of the submission.</p>	<p>Sec. 4-264. (1) Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house and senate appropriations subcommittees on community health, and the house and senate fiscal agencies, AND THE STATE BUDGET OFFICE of the submission.</p>	<p>Sec. 264. (1) Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the Centers for Medicare and Medicaid Services, the department shall notify the house and senate appropriations subcommittees on community health, and the house and senate fiscal agencies, AND THE STATE BUDGET OFFICE of the submission.</p>	
<p>(2) The department shall provide written or verbal biannual reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies summarizing the status of any new or ongoing discussions with the centers for Medicare and Medicaid services or the federal department of health and human services regarding potential or future Medicaid waiver applications.</p>	<p>(2) The department shall provide written or verbal biannual reports to the senate and house appropriations subcommittees on community health, and the senate and house fiscal agencies, AND THE STATE BUDGET OFFICE summarizing the status of any new or ongoing discussions with the centers for Medicare and Medicaid services or the federal department of health and human services regarding potential or future Medicaid waiver applications.</p>	<p>(2) The department shall provide written or verbal biannual reports to the senate and house appropriations subcommittees on community health, and the senate and house fiscal agencies, AND THE STATE BUDGET OFFICE summarizing the status of any new or ongoing discussions with the Centers for Medicare and Medicaid Services or the federal UNITED STATES Department of Health and Human Services regarding potential or future Medicaid waiver applications.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(3) The department shall inform the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies of any alterations or adjustments made to the published plan for integrated care for individuals who are dual Medicare/Medicaid eligibles when the final version of the plan has been submitted to the federal centers for Medicare and Medicaid services or the federal department of health and human services.</p>	<p>Delete current law.</p>	<p>(3) The department shall inform the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies of any alterations or adjustments made to the published plan for integrated care for individuals who are dual Medicare/Medicaid eligibles ELIGIBLE FOR BOTH MEDICARE AND MEDICAID when the final version of the plan has been submitted to the federal Centers for Medicare and Medicaid Services or the federal UNITED STATES Department of Health and Human Services.</p>	
<p>(4) At least 30 days before implementation of the plan for integrated care for individuals who are dual Medicare/Medicaid eligibles, the department shall submit the plan to the legislature for review.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires departments and agencies to prepare a report on out-of-state travel by classified and unclassified employees funded by appropriations within the department's budget in the immediately preceding fiscal year. Requires the report to include the dates of each travel occurrence and the transportation and related costs of each travel occurrence.</i></p> <p>Sec. 266. The departments and agencies receiving appropriations in part 1 shall prepare a report on out-of-state travel expenses not later than January 1 of each year. The travel report shall be a listing of all travel by classified and unclassified employees outside this state in the immediately preceding fiscal year that was funded in whole or in part with funds appropriated in the department's budget. The report shall be submitted to the senate and house appropriations committees, the house and senate fiscal agencies, and the state budget director. The report shall include the following information:</p> <p>(a) The dates of each travel occurrence. (b) The transportation and related costs of each travel occurrence, including the proportion funded with state general fund/general purpose revenues, the proportion funded with state restricted revenues, the proportion funded with federal revenues, and the proportion funded with other revenues.</p>	<p>Sec. 4-266. No changes from current law.</p>	<p>Sec. 266. No changes from current law.</p>	
<p><i>Prohibits DCH from taking disciplinary action against an employee for communicating with a member of the Legislature or his/her staff.</i></p> <p>Sec. 267. The department shall not take disciplinary action against an employee for communicating with a member of the legislature or his or her staff.</p>	<p>Delete current law.</p>	<p>Sec. 267. No changes from current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to provide a written report on total amounts recovered from legal actions, programs, or services for which monies were originally expended; details on disposition of funds recovered from legal actions; and descriptions of facts involved in legal actions within 180 days after receipt of notice from the Attorney General of legal actions in which expenses have been recovered.</i></p> <p>Sec. 270. Within 180 days after receipt of the notification from the attorney general’s office of a legal action in which expenses had been recovered pursuant to section 106(4) of the social welfare act, 1939 PA 280, MCL 400.106, or any other statute under which the department has the right to recover expenses, the department shall submit a written report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office which includes, at a minimum, all of the following:</p> <p>(a) The total amount recovered from the legal action. (b) The program or service for which the money was originally expended. (c) Details on the disposition of the funds recovered such as the appropriation or revenue account in which the money was deposited. (d) A description of the facts involved in the legal action.</p>	<p>Sec. 4-270. No changes from current law.</p>	<p>Sec. 270. Within 180 days after THE DEPARTMENT SHALL ADVISE THE LEGISLATURE OF THE receipt of the A notification from the attorney general’s office of a legal action in which expenses had been recovered pursuant to section 106(4) of the social welfare act, 1939 PA 280, MCL 400.106, or any other statute under which the department has the right to recover expenses. BY MARCH 1 AND SEPTEMBER 1 OF THE CURRENT FISCAL YEAR, the department shall submit a written report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office which includes, at a minimum, all of the following:</p> <p>(a) The total amount recovered from the legal action. (b) The program or service for which the money was originally expended. (c) Details on the disposition of the funds recovered such as the appropriation or revenue account in which the money was deposited. (d) A description of the facts involved in the legal action.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits the use of appropriated funds by DCH to hire a person to provide legal services that are the responsibility of the Attorney General. Provides that the prohibition does not apply to legal services for bonding activities and those outside services authorized by the Attorney General.</i></p> <p>Sec. 276. Funds appropriated in part 1 shall not be used by a principal executive department, state agency, or authority to hire a person to provide legal services that are the responsibility of the attorney general. This prohibition does not apply to legal services for bonding activities and for those outside services that the attorney general authorizes.</p>	<p>Sec. 4-276. No changes from current law.</p>	<p>Sec. 276. No changes from current law.</p>	
<p><i>Requires DCH to work with the Department of Technology, Management, and Budget (DTMB) to establish an automated annual metric collection, validation, and reporting system for contracts via the state's e-procurement system by September 30, 2015. Requires DCH to report the status of this work and project plan by October 1, 2014 and May 1, 2015. Also, requires the Department to generate a June 30, 2016 report that presents performance metrics on all new or existing contracts at renewal of \$1.0 million or more funded only with state general fund/general purpose or state restricted resources. The performance metrics must include, at a minimum, service delivery volumes and provider or beneficiary outcomes.</i></p> <p>Sec. 282. (1) The department shall work with the department of technology, management, and budget to establish an automated annual metric collection, validation, and reporting system for contracts via the state's e-procurement system by September 30 of the current fiscal year. The department shall report the status of this work and a project plan to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies by November 1 and May 1 of the current fiscal year.</p>	<p>Delete current law.</p>	<p>Sec. 282. (1) The department shall work with the department of technology, management, and budget to establish PLAN FOR THE DEVELOPMENT OF an automated annual metric collection, validation, and reporting system for contracts via the state's e-procurement system by September 30 of the current fiscal year. The department shall report the status of this work and a project plan to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies by November 1 and May 1 FEBRUARY 1 of the current fiscal year.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) By June 30, 2016, the automated system established in subsection (1) shall be able to generate a report to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies that presents performance metrics on all new or existing contracts at renewal of \$1,000,000.00 or more funded only with state general fund/general purpose or state restricted resources. The performance metrics shall include, at a minimum, service delivery volumes and provider or beneficiary outcomes.</p>	<p>Delete current law.</p>	<p>(2) By June 30, 2016, IT IS THE INTENT OF THE LEGISLATURE THAT the automated system established in subsection (1) shall be able to generate a report to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies that presents performance metrics on all new or existing contracts at renewal of \$1,000,000.00 or more funded only with state general fund/general purpose or state restricted resources. The performance metrics shall include, at a minimum, service delivery volumes and provider or beneficiary outcomes.</p>	
<p><i>Requires the State Budget Office to report on the estimated general fund/general purpose appropriation lapses by major departmental program or program areas at the close of the prior fiscal year by no later than November 30, 2014.</i></p> <p>Sec. 287. Not later than November 30, the state budget office shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the prior fiscal year. This report shall summarize the projected year-end general fund/general purpose appropriation lapses by major departmental program or program areas. The report shall be transmitted to the chairpersons of the senate and house appropriations committees, and the senate and house fiscal agencies.</p>	<p>Sec. 4-287. No changes from current law.</p>	<p>Sec. 287. No changes from current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires that no less than 90% of a new department contract supported solely from state restricted or general fund/general purpose funds and designated for a specific entity for the purpose of providing services to individuals be expended for those services. Applies limitation to services after the first year of the contract. Allows DCH to make exceptions to the limitation on administrative and service costs. Requires a report by September 30, 2015 on the rationale for all exceptions made to the limitation and the number of contracts terminated due to violations of this provision in law.</i></p> <p>Sec. 288. (1) Beginning October 1 of the current fiscal year, no less than 90% of a new department contract supported solely from state restricted funds or general fund/general purpose funds and designated in this part or part 1 for a specific entity for the purpose of providing services to individuals shall be expended for such services after the first year of the contract.</p>	Delete current law.	Sec. 288. (1) No changes from current law.	
<p>(2) The department may allow a contract to exceed the limitation on administrative and services costs if it can be demonstrated that an exception should be made to the provision in subsection (1).</p>	Delete current law.	(2) No changes from current law.	
<p>(3) By September 30 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health, house and senate fiscal agencies, and state budget office on the rationale for all exceptions made to the provision in subsection (1) and the number of contracts terminated due to violations of subsection (1).</p>	Delete current law.	(3) No changes from current law.	

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

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
		<p><i>NEW</i></p> <p>SEC. 290. BY THE FIRST DAY OF EACH MONTH OF THE CURRENT FISCAL YEAR, THE DEPARTMENT SHALL REPORT ON THE STATUS OF THE MERGER, EXECUTED UNDER EXECUTIVE ORDER NO. 2015-4, OF THE DEPARTMENT OF COMMUNITY HEALTH AND THE DEPARTMENT OF HUMAN SERVICES TO CREATE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE DEPARTMENT SHALL PROVIDE THE REPORT TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON HUMAN SERVICES, AND THE HOUSE AND SENATE FISCAL AGENCIES. THE REPORT MUST INCLUDE, BUT NOT BE LIMITED TO, THE CURRENT STATUS OF FTE POSITIONS, FACILITIES IN USE, SERVICES INCLUDING RESTRUCTURING OR CONSOLIDATION, EFFICIENCIES, AND ESTIMATED SAVINGS OR COSTS ASSOCIATED WITH THE MERGER. THE REPORT MUST INDICATE CHANGES FROM THE PRIOR REPORT.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH, in cooperation with the DTMB, to maintain on a searchable website accessible by the public at no cost, all of the following information: fiscal year-to-date expenditures by category and appropriation unit, fiscal year-to-date payments to a selected vendor, number of active department employees by job classification, and job specifications and wage rates.</i></p> <p>Sec. 292. The department shall cooperate with the department of technology, management, and budget to maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following:</p> <p>(a) Fiscal year-to-date expenditures by category. (b) Fiscal year-to-date expenditures by appropriation unit. (c) Fiscal year-to-date payments to a selected vendor, including the vendor name, payment date, payment amount, and payment description. (d) The number of active department employees by job classification. (e) Job specifications and wage rates.</p>	<p>Sec. 4-292. The department shall cooperate with the department of technology, management, and budget to maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following FOR EACH DEPARTMENT OR AGENCY:</p> <p>(a) Fiscal year-to-date expenditures by category. (b) Fiscal year-to-date expenditures by appropriation unit. (c) Fiscal year-to-date payments to a selected vendor, including the vendor name, payment date, payment amount, and payment description. (d) The number of active department employees by job classification. (e) Job specifications and wage rates.</p>	<p>Sec. 292. The department shall cooperate with the department of technology, management, and budget to maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following FOR EACH DEPARTMENT OR AGENCY:</p> <p>(a) Fiscal year-to-date expenditures by category. (b) Fiscal year-to-date expenditures by appropriation unit. (c) Fiscal year-to-date payments to a selected vendor, including the vendor name, payment date, payment amount, and payment description. (d) The number of active department employees by job classification. (e) Job specifications and wage rates.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires annual report on estimated state restricted fund balances, projected revenues, and expenditures for FY 2013-14 and FY 2014-15 within 14 days after the release of the Executive budget recommendation. Requires DCH, in cooperation with the State Budget Office, to provide the report to Chairs of the House and Senate Appropriations Committees, the House and Senate Appropriations Subcommittees on Community Health, and the House and Senate Fiscal Agencies.</i></p> <p>Sec. 296. Within 14 days after the release of the executive budget recommendation, the department shall cooperate with the state budget office to provide the senate and house appropriations chairs, the senate and house appropriations subcommittees on community health, and the senate and house fiscal agencies with an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the fiscal years ending September 30, 2014 and September 30, 2015.</p>	<p>Sec. 4-296. Within 14 days after the release of the executive budget recommendation, the department shall cooperate with the state budget office to provide the senate and house appropriations chairs, the senate and house appropriations subcommittees on community health CHAIRS, and the senate and house fiscal agencies with an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the fiscal years ending September 30, 2014 2015 and September 30, 2015 2016.</p>	<p>Sec. 296. Within 14 days after the release of the executive budget recommendation, the department shall cooperate with the state budget office to provide the senate and house appropriations chairs, the senate and house appropriations subcommittees on community health CHAIRS, and the senate and house fiscal agencies with an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the fiscal years ending September 30, 2014 2015 and September 30, 2015 2016.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Specifies that the total authorized appropriations for FY 2014-15 legacy costs are \$89,124,600 in which the pension-related legacy costs are estimated at \$49,676,000 and the retiree health care legacy costs are estimated at \$39,448,600.</i></p> <p>Sec. 297. Total authorized appropriations from all sources under part 1 for legacy costs for the fiscal year ending September 30, 2015 are \$89,124,600.00. From this amount, total agency appropriations for pension-related legacy costs are estimated at \$449,676,000.00. Total agency appropriations for retiree health care legacy costs are estimated at \$39,448,600.00.</p>	<p>Sec. 4-297. Total authorized appropriations from all sources under part 1 for legacy costs for the fiscal year ending September 30, 2015 2016 are \$89,124,600.00 \$87,425,100.00. From this amount, total agency appropriations for pension-related legacy costs are estimated at \$449,676,000.00 \$49,623,700.00. Total agency appropriations for retiree health care legacy costs are estimated at \$39,448,600.00 \$37,801,400.</p>	<p>Sec. 297. Total authorized appropriations from all sources under part 1 for legacy costs for the fiscal year ending September 30, 2015 2016 are \$89,124,600.00 \$87,425,100.00. From this amount, total agency appropriations for pension-related legacy costs are estimated at \$449,676,000.00 \$49,623,700.00. Total agency appropriations for retiree health care legacy costs are estimated at \$39,448,600.00 \$37,801,400.</p>	
<p><i>Allocates \$20 million in private revenue for the Michigan-Illinois Alliance Medicaid Management Information Systems Project.</i></p> <p>Sec. 298. From the funds appropriated in part 1 for the Michigan Medicaid information system line item, \$20,000,000.00 in private revenue will be allocated for the Michigan-Illinois alliance Medicaid management information systems project.</p>	<p>Sec. 4-298. No changes from current law.</p>	<p>Sec. 298. No changes from current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits a state department or agency from issuing RFP for a contract in excess of \$5 million, unless the department or agency has first considered issuing a request for information (RFI) or a request for qualification (RFQ) relative to that contract to better enable the department or agency to learn more about the market for products or services that are subject of the RFP. Requires the department or agency to notify the DTMB of the evaluation process used to determine if an RFI or RFQ was not necessary prior to issuing the RFP.</i></p> <p>Sec. 299. No state department or agency shall issue a request for proposal (RFP) for a contract in excess of \$5,000,000.00, unless the department or agency has first considered issuing a request for information (RFI) or a request for qualification (RFQ) relative to that contract to better enable the department or agency to learn more about the market for the products or services that are the subject of the RFP. The department or agency shall notify the department of technology, management, and budget of the evaluation process used to determine if an RFI or RFQ was not necessary prior to issuing the RFP.</p>	<p>Delete current law.</p>	<p>Sec. 299. No changes from current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Behavioral Health Services

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>BEHAVIORAL HEALTH SERVICES</u></p> <p><i>Provides that Part 1 appropriated funds are to support a comprehensive system of CMH services under the full authority and responsibility of local CMHSPs or prepaid inpatient health plans (PIHPs) in accordance with the Mental Health Code, 1974 PA 258, MCL 330.1001 to 330. 2106, Medicaid Provider Manual, federal Medicaid waivers, and all other applicable federal and state laws.</i></p> <p>Sec. 401. Funds appropriated in part 1 are intended to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs or PIHPs in accordance with the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, the Medicaid provider manual, federal Medicaid waivers, and all other applicable federal and state laws.</p>	<p>Sec. 4-401. Retain current law.</p>	<p>Sec. 401. Retain current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Behavioral Health Services

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires final authorizations to CMHSPs or PIHPs be made upon the execution of contracts between DCH and CMHSPs or PIHPs. Requires each contract with a CMHSP or PIHP to include a provision that it is not valid unless the total dollar obligation of all contracts entered into between DCH and CMHSPs or PIHPs for FY 2014-15 does not exceed Part 1 appropriations. Requires DCH to report if there are new contracts or amendments to contracts with CMHSPs or PIHPs that would affect enacted rates or expenditures.</i></p> <p>Sec. 402. (1) From funds appropriated in part 1, final authorizations to CMHSPs or PIHPs shall be made upon the execution of contracts between the department and CMHSPs or PIHPs. The contracts shall contain an approved plan and budget as well as policies and procedures governing the obligations and responsibilities of both parties to the contracts. Each contract with a CMHSP or PIHP that the department is authorized to enter into under this subsection shall include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs or PIHPs entered into under this subsection for the current fiscal year does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.</p>	<p>Sec. 4-402. (1) Retain current law.</p>	<p>Sec. 402. (1) Retain current law.</p>	
<p>(2) The department shall immediately report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director if either of the following occurs:</p> <p>(a) Any new contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted. (b) Any amendments to contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p>	<p>(2) Retain current law.</p>	<p>(2) Retain current law.</p>	
<p>(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.</p>	<p>(3) Retain current law.</p>	<p>(3) Retain current law.</p>	

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Behavioral Health Services**

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Permits the Department to require each contractor of mental health services for special populations to provide data and information on performance-related metrics. Requires an annual report from contractors that receive mental health services for special populations funding. Requires DCH and DHS to convene a workgroup to discuss and make recommendations on including accreditation in the contractor specifications and potentially moving toward competitive bidding.</i></p> <p>Sec. 403. (1) From the funds appropriated in part 1 for mental health services for special populations, the department may require each contractor to provide data and information on performance-related metrics. These metrics may include, but are not limited to, all of the following:</p> <p>(a) Each contractor or subcontractor shall have a mission that is consistent with the purpose of multicultural integration funding.</p> <p>(b) Each contractor shall validate that any subcontractors utilized within these appropriations share the same mission as the lead agency receiving funding.</p> <p>(c) Each contractor or subcontractor shall demonstrate cost-effectiveness.</p> <p>(d) Each contractor or subcontractor shall ensure its ability to leverage private dollars to strengthen and maximize service provision.</p> <p>(e) Each contractor or subcontractor shall provide timely and accurate reports regarding the number of clients served, units of service provision, and ability to meet its stated goals.</p>	<p>Sec. 4-403. (1) Retain current law.</p>	<p>Sec. 403. (1) Retain current law.</p>	

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(2) The department shall require an annual report from the contractors that receive mental health services for special populations funding. The annual report, due 60 days following the end of the contract period, shall include specific information on services and programs provided, the client base to which the services and programs were provided, information on any wraparound services provided, and the expenditures for those services. The department shall provide the annual reports to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office.	(2) Retain current law.	(2) Retain current law.	
(3) The department of human services and the department shall convene a workgroup to discuss and make recommendations on including accreditation in the contractor specifications and potentially moving toward competitive bidding. Each contractor required to provide data per this section shall be invited to participate in the workgroup.	(3) Retain current law.	(3) Retain current law.	
Requires DCH to report on various expenditures, and demographics by CMHSPs. Sec. 404. (1) Not later than May 31 of the current fiscal year, the department shall provide a report on the community mental health services programs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders to the members of the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section.	Delete current law.	Sec. 404. (1) Not later than May 31 of the current fiscal year, the department shall provide a report on the community mental health services programs CMHSPs , PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders to the members of the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section.	
(2) The report shall contain information for each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders and a statewide summary, each of which shall include at least the following information:	Delete current law.	(2) The report shall contain information for each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders and a statewide summary, each of which shall include at least the following information:	

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<p>(a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis.</p> <p>(b) Per capita expenditures by client population group.</p> <p>(c) Financial information that, minimally, includes a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration and funds specified for outside contracts. Service category includes all department-approved services.</p> <p>(d) Data describing service outcomes that includes, but is not limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment.</p> <p>(e) Information about access to community mental health services programs that includes, but is not limited to, the following:</p> <p>(i) The number of people receiving requested services.</p> <p>(ii) The number of people who requested services but did not receive services.</p> <p>(f) The number of second opinions requested under the code and the determination of any appeals.</p> <p>(g) An analysis of information provided by CMHSPs in response to the needs assessment requirements of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, including information about the number of individuals in the service delivery system who have requested and are clinically appropriate for different services.</p> <p>(h) Lapses and carryforwards during the immediately preceding fiscal year for CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders.</p> <p>(i) Information about contracts for both administrative and mental health services entered into by CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders with</p>		<p>(a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis.</p> <p>(b) Per capita expenditures by client population group AND CULTURAL AND ETHNIC GROUPS OF THE SERVICES AREA, INCLUDING THE DEAF AND HARD OF HEARING POPULATION.</p> <p>(c) Financial information that, minimally, includes a description of funding authorized; expenditures by client group and fund source; and cost information by MEDICAID AND HEALTHY MICHIGAN PLAN service category, including administration and funds specified for ALL outside contracts FOR SERVICES AND PRODUCTS. FINANCIAL INFORMATION MUST INCLUDE THE AMOUNT OF FUNDING, FROM EACH FUND SOURCE, USED TO COVER SERVICES AND SUPPORTS. Service category includes all department-approved services. GENERAL FUND EXPENDITURES SHOULD REFLECT THOSE FUNDS USED TO COVER UNINSURED INDIVIDUALS INCLUDING MEDICAID SPENDDOWNS.</p> <p>(d) Data describing service outcomes that includes, but is not limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment.</p> <p>(e) Information about access to community mental health services programs that includes, but is not limited to, the following:</p> <p>(i) The number of people receiving requested services.</p> <p>(ii) The number of people who requested services but did not receive services.</p>	

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<p>providers and others, including, but not limited to, all of the following:</p> <p>(i) The amount of the contract, organized by type of service provided.</p> <p>(ii) Payment rates, organized by the type of service provided.</p> <p>(iii) Administrative costs, including contract and consultant costs, for services provided to CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders.</p> <p>(j) Information on the community mental health Medicaid managed care program, including, but not limited to, both of the following:</p> <p>(i) Expenditures by each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders organized by Medicaid eligibility group, including per eligible individual expenditure averages.</p> <p>(ii) Performance indicator information required to be submitted to the department in the contracts with CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders.</p> <p>(k) An estimate of the number of direct care workers in local residential settings and paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal care services are provided by CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders as of September 30 of the prior fiscal year employed directly or through contracts with provider organizations.</p>		<p>(f) The number of second opinions requested under the code and the determination of any appeals.</p> <p>(g) An analysis of information provided by CMHSPs in response to the needs assessment requirements of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, including information about the number of individuals in the service delivery system who have requested and are clinically appropriate for different services.</p> <p>(h) Lapses and carryforwards during the immediately preceding fiscal year for CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders.</p> <p>(i) Information about contracts for both administrative and mental health services entered into by CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders with providers and others, including, but not limited to, all of the following:</p> <p>(i) The amount of the contract, organized by type of service provided.</p> <p>(ii) Payment rates, organized by the type of service provided.</p> <p>(iii) Administrative costs, including contract and consultant costs, for services provided to CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders.</p> <p>(j) Information on the community mental health Medicaid managed care AND HEALTHY MICHIGAN programS, including, but not limited to, both of the following:</p> <p>(i) Expenditures by each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing</p>	

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		<p>entity for substance use disorders organized by Medicaid eligibility group, including per eligible individual expenditure averages.</p> <p>(ii) EXPENDITURES ON, AND UTILIZATION OF, EACH MEDICAID AND HEALTHY MICHIGAN PLAN SERVICE CATEGORY BY EACH CMHSP, PIHP, REGIONAL ENTITY DESIGNATED BY THE DEPARTMENT AS A PHIP, AND MANAGING ENTITY FOR SUBSTANCE USE DISORDERS.</p> <p>(#) (iii) Performance indicator information required to be submitted to the department in the contracts with CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders.</p> <p>(k) An estimate of the number of direct care workers, AND THE AVERAGE RATE OF PAY FOR THOSE DIRECT CARE WORKERS, PROVIDING SERVICES in local residential settings and THE NUMBER OF paraprofessional and other nonprofessional direct care workers, AND THE AVERAGE RATE OF PAY FOR THOSE PARAPROFESSIONAL AND NONPROFESSIONAL DIRECT CARE WORKERS, PROVIDING SERVICES in settings where skill building, community living supports and training, and personal care services are provided by CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders as of September 30 of the prior fiscal year employed directly or through contracts with provider organizations.</p> <p>(L) ADMINISTRATIVE EXPENDITURES OF EACH CMHSP, PIHP, REGIONAL ENTITY DESIGNATED BY THE DEPARTMENT AS A PIHP, AND</p>	

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		MANAGING ENTITY FOR SUBSTANCE USE DISORDERS THAT INCLUDES A BREAKOUT OF THE SALARY, BENEFITS, AND PENSION OF EACH EXECUTIVE LEVEL STAFF AND SHALL INCLUDE THE DIRECTOR, CHIEF EXECUTIVE, AND CHIEF OPERATING OFFICERS AND OTHER MEMBERS IDENTIFIED AS EXECUTIVE STAFF.	
(3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders.	Delete current law.	(3) Retain current law.	
(4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders.	Delete current law.	(4) Retain current law.	



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<p><i>Requires funds appropriated for the state disability assistance substance use disorder services program be used to support per diem payments in substance use disorder residential facilities. Specifies that the eligibility for program include needy persons 18 years of age or older or emancipated minors who reside in the substance use disorder residential treatment center. Requires DCH to reimburse all eligible licensed substance use disorder programs at a rate equivalent to that paid by DHS to adult foster care providers.</i></p> <p>Sec. 406. (1) The funds appropriated in part 1 for the state disability assistance substance use disorder services program shall be used to support per diem room and board payments in substance use disorder residential facilities. Eligibility of clients for the state disability assistance substance use disorder services program shall include needy persons 18 years of age or older, or emancipated minors, who reside in a substance use disorder treatment center.</p>	<p>Sec. 4-406. (1) Retain current law.</p>	<p>Sec. 406. (1) Retain current law.</p>	
<p>(2) The department shall reimburse all licensed substance use disorder programs eligible to participate in the program at a rate equivalent to that paid by the department of human services to adult foster care providers. Programs accredited by department-approved accrediting organizations shall be reimbursed at the personal care rate, while all other eligible programs shall be reimbursed at the domiciliary care rate.</p>	<p>(2) Retain current law.</p>	<p>(2) Retain current law.</p>	

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<p><i>Requires that appropriations for substance use disorder prevention, education, and treatment grants be expended to coordinate care and services provided to individuals with severe and persistent mental illness and substance use disorder diagnoses. Requires DCH to approve the managing entity fee schedules for providing substance use disorder services and charge participants in accordance with their ability to pay. Requires the managing entity to continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance use disorder diagnoses with the goal of providing services in an administratively efficient manner.</i></p> <p>Sec. 407. (1) The amount appropriated in part 1 for substance use disorder prevention, education, and treatment grants shall be expended to coordinate care and services provided to individuals with severe and persistent mental illness and substance use disorder diagnoses.</p>	<p>Sec. 4-407. (1) Retain current law.</p>	<p>Sec. 407. (1) Retain current law.</p>	
<p>(2) The department shall approve managing entity fee schedules for providing substance use disorder services and charge participants in accordance with their ability to pay.</p>	<p>(2) Retain current law.</p>	<p>(2) Retain current law.</p>	
<p>(3) The managing entity shall continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance use disorder diagnoses with the goal of providing services in an administratively efficient manner.</p>	<p>(3) Retain current law.</p>	<p>(3) Retain current law.</p>	

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FY 2014-15 CURRENT LAW	FY 2015-2016		
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<p><i>Requires DCH to report on expenditures and services data on substance use disorder prevention, education, and treatment programs by department-designated CMH entity.</i></p> <p>Sec. 408. (1) By April 1 of the current fiscal year, the department shall report the following data from the prior fiscal year on substance use disorder prevention, education, and treatment programs to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office:</p> <p>(a) Expenditures stratified by department-designated community mental health entity, by central diagnosis and referral agency, by fund source, by subcontractor, by population served, and by service type. Additionally, data on administrative expenditures by department-designated community mental health entity shall be reported.</p> <p>(b) Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.</p> <p>(c) Number of services provided by central diagnosis and referral agency, by subcontractor, and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.</p> <p>(d) Collections from other first- or third-party payers, private donations, or other state or local programs, by department-designated community mental health entity, by subcontractor, by population served, and by service type.</p>	<p>Sec. 4-408. (1) Retain current law.</p>	<p>Sec. 408. (1) Retain current law.</p>	
<p>(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all department-designated community mental health entities.</p>	<p>(2) Retain current law.</p>	<p>(2) Retain current law.</p>	



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<p><i>Requires DCH to assure that substance use disorder treatment is provided to applicants and recipients of public assistance through DHS who are required to obtain substance use disorder treatment as a condition of eligibility for public assistance.</i></p> <p>Sec. 410. The department shall assure that substance use disorder treatment is provided to applicants and recipients of public assistance through the department of human services who are required to obtain substance use disorder treatment as a condition of eligibility for public assistance.</p>	Sec. 4-410. Retain current law.	Sec. 410. Retain current law.	
<p><i>Requires contracts with CMHSPs or PIHPs to require programs to encourage diversions for individuals with serious 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.</i></p> <p>Sec. 411. (1) The department shall ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to implement programs to encourage diversion of individuals with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate.</p>	Sec. 4-411. (1) Retain current law.	Sec. 411. (1) Retain current law.	
<p>(2) Each CMHSP or PIHP shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.</p>	(2) Retain current law.	(2) Retain current law.	

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<p><i>Requires DCH to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance use disorder services.</i></p> <p>Sec. 412. The department shall contract directly with the Salvation Army harbor light program to provide non-Medicaid substance use disorder services.</p>	Delete current law.	Delete current law.	
<p><i>Requires DCH to report monthly on the amount of funding paid to PIHPs to support the Medicaid managed mental health program.</i></p> <p>Sec. 418. On or before the tenth of each month, the department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in the preceding month. The information shall include the total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, and number of cases in each eligibility group for each PIHP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.</p>	<p>Sec. 4-418. On or before the tenth 25TH of each month, the department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in the preceding month. The information shall include the total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, and number of cases in each eligibility group for each PIHP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.</p>	<p>Sec. 418. On or before the tenth twenty-fifth of each month, the department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in the preceding month. The information shall include the total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, and number of cases in each eligibility group for each PIHP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.</p>	

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<p><i>Requires that PIHPs contracting with DCH to provide services to the Medicaid population adhere to the timely claims processing and payments procedure to claims submitted by health professionals and facilities as described in Section 111i of the Social Welfare Act, 1939 PA 280, MCL 400.111i.</i></p> <p>Sec. 424. Each PIHP that contracts with the department to provide services to the Medicaid population shall adhere to the following timely claims processing and payment procedure for claims submitted by health professionals and facilities:</p> <p>(a) A “clean claim” as described in section 111i of the social welfare act, 1939 PA 280, MCL 400.111i, shall be paid within 45 days after receipt of the claim by the PIHP. A clean claim that is not paid within this time frame shall bear simple interest at a rate of 12% per annum.</p> <p>(b) A PIHP shall state in writing to the health professional or facility any defect in the claim within 30 days after receipt of the claim.</p> <p>(c) A health professional and a health facility have 30 days after receipt of a notice that a claim or a portion of a claim is defective within which to correct the defect. The PIHP shall pay the claim within 30 days after the defect is corrected.</p>	<p>Delete current law.</p>	<p>Sec. 424. Retain current law.</p>	
<p><i>Requires PIHPs to provide local funds from internal resources that can be used as a bona fide source for the state match required under the Medicaid program in order to increase capitation rates for PIHPs.</i></p> <p>Sec. 428. Each PIHP shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.</p>	<p>Sec. 4-428. Retain current law.</p>	<p>Sec. 428. Retain current law.</p>	



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<p><i>Directs counties required under provisions of the Mental Health Code to provide matching funds to CMHSPs for mental health services rendered to residents in its jurisdiction to pay these funds in equal installments on a quarterly basis throughout the fiscal year.</i></p> <p>Sec. 435. A county required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, to provide matching funds to a CMHSP for mental health services rendered to residents in its jurisdiction shall pay the matching funds in equal installments on not less than a quarterly basis throughout the fiscal year, with the first payment being made by October 1 of the current fiscal year.</p>	<p>Sec. 4-435. Retain current law.</p>	<p>Sec. 435. Retain current law.</p>	
<p>Sec. 458. Transfer in Sec. 1858.</p>		<p>Sec. 1858 458. Medicaid services shall include treatment for autism spectrum disorders as defined in the federally approved Medicaid state plan. Such alternatives may be coordinated with the Medicaid health plans and the Michigan Association of Health Plans.</p>	



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<p><i>Requires the Department to consider a CMHSP, PIHP, or subcontracting provider agency in compliance with state program review and audit requirements that are addressed by a national accrediting entity for behavioral health care services by April 1, 2015, contingent upon federal approval. Requires a report that lists each CMHSP, PIHP, and subcontracting provider agency that is considered in compliance with state requirements that are addressed by a national accrediting agency which includes: naming of the requirements that the CMHSP, PIHP, or subcontracting provider agency is considered in compliance with; and the national accrediting entity that reviewed and accredited the noted entities.</i></p> <p>Sec. 494. (1) Contingent upon federal approval, if a CMHSP, PIHP, or subcontracting provider agency is reviewed and accredited by a national accrediting entity for behavioral health care services, the department, by April 1 of the current fiscal year, shall consider that CMHSP, PIHP, or subcontracting provider agency in compliance with state program review and audit requirements that are addressed and reviewed by that national accrediting entity.</p>	<p>Sec. 4-494. (1) Retain current law.</p>	<p>Sec. 494. (1) Retain current law.</p>	

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<p>(2) By June 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office all of the following:</p> <p>(a) A list of each CMHSP, PIHP, and subcontracting provider agency that is considered in compliance with state program review and audit requirements under subsection (1).</p> <p>(b) For each CMHSP, PIHP, or subcontracting provider agency described in subdivision (a), all of the following:</p> <p>(i) The state program review and audit requirements that the CMHSP, PIHP, or subcontracting provider agency is considered in compliance with.</p> <p>(ii) The national accrediting entity that reviewed and accredited the CMHSP, PIHP, or subcontracting provider agency.</p>	(2) Retain current law.	(2) Retain current law.	
(3) The department shall continue to comply with state and federal law and shall not initiate an action that negatively impacts beneficiary safety.	(3) Retain current law.	(3) Retain current law.	
(4) As used in this section, “national accrediting entity” means the joint commission on accreditation of healthcare organizations, the commission on accreditation of rehabilitation facilities, the council of accreditation, the utilization review accreditation commission, the national committee for quality assurance, or other appropriate entity, as approved by the department.	(4) Retain current law.	(4) As used in this section, “national accrediting entity” means the j Joint e Commission on a Accreditation of h Healthcare e Organizations, the e Commission on a Accreditation of r Rehabilitation f Facilities, the e Council o f ON a Accreditation, the URAC , FORMERLY KNOWN AS THE u Utilization r Review a Accreditation e Commission, the n National e Committee for q Quality a Assurance, or other appropriate entity, as approved by the department.	

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<p><i>Specifies that \$3,350,000 is intended to address the Mental Health Diversion Council recommendations.</i></p> <p>Sec. 495. From the funds appropriated in part 1 for behavioral health program administration, \$3,350,000.00 is intended to address the recommendations of the mental health diversion council.</p>	<p>Sec. 4-495. From the funds appropriated in part 1 for behavioral health program administration, \$3,350,000.00 \$4,350,000.00 is intended to address the recommendations of the mental health diversion council.</p>	<p>Sec. 495. Concur with Executive.</p>	
<p><i>Requires population data from the most recent federal census be used in determining the distribution of substance use disorder block grant funds.</i></p> <p>Sec. 497. The population data used in determining the distribution of substance use disorder block grant funds shall be from the most recent federal census.</p>	<p>Delete current law.</p>	<p>Sec. 497. Retain current law.</p>	
<p>Sec. 498. New House Language.</p>		<p>SEC. 498. FOR DISTRIBUTION OF STATE GENERAL FUNDS TO CMHSPS, IF THE DEPARTMENT DECIDES TO USE CENSUS DATA, THE DEPARTMENT SHALL USE THE MOST RECENT FEDERAL DECENNIAL CENSUS DATA AVAILABLE.</p>	

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<p><i>Requires the Department to continue developing an outreach program on fetal alcohol syndrome services and report on efforts to prevent, combat, and reduce the incidence of fetal alcohol syndrome. Requires the Department to explore federal grant funding to address prevention services for fetal alcohol syndrome and reduce alcohol consumption among pregnant women and report on efforts to secure federal grants.</i></p> <p>Sec. 502. (1) The department shall continue developing an outreach program on fetal alcohol syndrome services. The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by April 1 of the current fiscal year on efforts to prevent and combat fetal alcohol syndrome as well as deficiencies in efforts to reduce the incidence of fetal alcohol syndrome.</p>	Delete current law.	<p>Sec. 502. (1) The department shall continue developing an outreach program on fetal alcohol syndrome services. The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by April 1 of the current fiscal year on efforts to prevent and combat fetal alcohol syndrome as well as deficiencies in efforts to reduce the incidence of fetal alcohol syndrome.</p>	
<p>(2) The department shall explore federal grant funding to address prevention services for fetal alcohol syndrome and reduce alcohol consumption among pregnant women. The department shall submit a progress report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by April 1 of the current fiscal year on efforts to secure federal grants.</p>	Delete current law.	<p>(2) The department shall explore federal grant funding to address prevention services for fetal alcohol syndrome and reduce alcohol consumption among pregnant women. The department shall submit a progress report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by April 1 of the current fiscal year on efforts to secure federal grants.</p>	
<p><i>Requires DCH to notify the Michigan Association of CMH Boards when developing policies and procedures that will impact PIHPs or CMHSPs.</i></p> <p>Sec. 503. The department shall notify the Michigan association of community mental health boards when developing policies and procedures that will impact PIHPs or CMHSPs.</p>	Delete current law.	<p>Sec. 503. Retain current law.</p>	

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FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to create a Workgroup to make recommendations to achieve more uniformity in capitation payments made to the PIHPs. Requires report on the Workgroup's recommendation.</i></p> <p>Sec. 504. (1) The department shall create a workgroup to make recommendations to achieve more uniformity in capitation payments made to the PIHPs.</p>	Delete current law.	<p>Sec. 504. (1) The department shall create a CONTINUE TO WORK WITH THE workgroup CREATED to make recommendations to achieve more uniformity in capitation payments made to the PIHPs.</p>	
(2) The workgroup shall include but not be limited to representatives of the department, PIHPs, and CMHSPs.	Delete current law.	(2) Retain current law.	
(3) The department shall provide the workgroup's recommendations to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director by March 1 of the current fiscal year.	Delete current law.	(3) Retain current law.	
<p><i>Allows the DCH to contract directly with providers of services involving high-need children or adults, including the not guilty by reason of insanity population.</i></p> <p>Sec. 505. For the purposes of special projects involving high-need children or adults, including the not guilty by reason of insanity population, the department may contract directly with providers of services to these identified populations.</p>	Sec. 4-505. Retain current law.	Sec. 505. Retain current law.	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Behavioral Health Services

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to report on cost data submitted by the CMHSPs on how CMH non-Medicaid services funding were expended by each CMHSP.</i></p> <p>Sec. 506. No later than November 30 of the current fiscal year, the department shall provide the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office with the most recent cost data information submitted by the CMHSPs on how the funds appropriated in part 1 for the community mental health services non-Medicaid services line item were expended by each CMHSP. At a minimum, the information must include CMHSPs general fund/general purpose costs for each of the following categories: administration, prevention, jail diversion and treatment services, MICHild program, children’s waiver home care program, children with serious emotional disturbance waiver program, services provided to individuals with mental illness and developmental disabilities who are not eligible for Medicaid, and the Medicaid spend down population.</p>	<p>Sec. 4-506. No later than November 30 JUNE 1 of the current fiscal year, the department shall provide the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office with the most recent cost data information submitted by the CMHSPs on how the funds appropriated in part 1 for the community mental health services non-Medicaid services line item were expended by each CMHSP. At a minimum, the information must include CMHSPs general fund/general purpose costs for each of the following categories: administration, prevention, jail diversion and treatment services, MICHild program, children’s waiver home care program, children with serious emotional disturbance waiver program, services provided to individuals with mental illness and developmental disabilities who are not eligible for Medicaid, and the Medicaid spend down population.</p>	<p>Sec. 506. Concur with Executive.</p>	

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Behavioral Health Services**

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
Sec. 507. (1) New Executive Language.	<p>SEC. 4-507. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR BEHAVIORAL HEALTH PROGRAM ADMINISTRATION, THE DEPARTMENT SHALL ESTABLISH A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILDREN'S BEHAVIORAL ACTION TEAM. THESE SERVICES WILL AUGMENT THE CONTINUUM OF BEHAVIORAL HEALTH SERVICES FOR HIGH NEED YOUTH AND PROVIDE ADDITIONAL CONTINUITY OF CARE AND TRANSITION INTO SUPPORTIVE COMMUNITY-BASED SERVICES.</p>	Sec. 507. (1) Concur with Executive.	
(2) New Executive Language.	<p>(2) OUTCOMES AND PERFORMANCE MEASURES FOR THIS INITIATIVE INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:</p> <p>(A) THE RATE OF RE-HOSPITALIZATION FOR YOUTH SERVED THROUGH THE PROGRAM AT 30 AND 180 DAYS.</p> <p>(B) MEASURED CHANGE IN THE CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE FOR CHILDREN SERVED THROUGH THE PROGRAM.</p>	(2) Concur with Executive.	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Behavioral Health Services

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES</u></p> <p><i>Requires DCH to continue a revenue recapture project to generate additional third party revenue from cases that are closed or inactive. Permits a portion of collected revenues to be used for departmental costs and contractual fees associated with retroactive collections.</i></p> <p>Sec. 601. The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. A portion of revenues collected through project efforts may be used for departmental costs and contractual fees associated with these retroactive collections and to improve ongoing departmental reimbursement management functions.</p>	<p>Sec. 4-601. Retain current law.</p>	<p>Sec. 601. Retain current law.</p>	
<p><i>Specifies that gifts and bequests are to provide specific enhancements for individuals residing at state-operated facilities consistent with the stipulation of the donor.</i></p> <p>Sec. 602. The purpose of gifts and bequests for patient living and treatment environments is to use additional private funds to provide specific enhancements for individuals residing at state-operated facilities. Use of the gifts and bequests shall be consistent with the stipulation of the donor. The expected completion date for the use of gifts and bequests donations is within 3 years unless otherwise stipulated by the donor.</p>	<p>Sec. 4-602. Retain current law.</p>	<p>Sec. 602. Retain current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Behavioral Health Services

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits DCH from implementing any closures or consolidations of state hospitals, centers, and agencies until CMHSPs or PIHPs have programs and services in place for those individuals currently in the facilities. Requires DCH to provide a closure plan. Requires the transfer of remaining operational funds from closed state hospitals, centers, and agencies to CMHSPs or PIHPs responsible for providing services to individuals previously served by the state-run operations.</i></p> <p>Sec. 605. (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs or PIHPs have programs and services in place for those individuals currently in those facilities and a plan for service provision for those individuals who would have been admitted to those facilities.</p>	Sec. 4-605. (1) Retain current law.	Sec. 605. (1) Retain current law.	
<p>(2) All closures or consolidations are dependent upon adequate department-approved CMHSP and PIHP plans that include a discharge and aftercare plan for each individual currently in the facility. A discharge and aftercare plan shall address the individual's housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the individual's housing needs.</p>	(2) Retain current law.	(2) Retain current law.	
<p>(3) Four months after the certification of closure required in section 19(6) of the state employees' retirement act, 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the house and senate appropriations subcommittees on community health and the state budget director.</p>	(3) Retain current law.	(3) Retain current law.	
<p>(4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs or PIHPs responsible for providing services for individuals previously served by the operations.</p>	(4) Retain current law.	(4) Retain current law.	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Behavioral Health Services

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows DCH to collect revenue for patient reimbursement from first and third party payers, including Medicaid and local county CMHSP payers. Authorizes DCH to adjust financing sources for patient reimbursement based on actual revenue earned. Allows excess revenue be carried forward if approved by the State Budget Director.</i></p> <p>Sec. 606. The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid and local county CMHSP payers, to cover the cost of placement in state hospitals and centers. The department is authorized to adjust financing sources for patient reimbursement based on actual revenues earned. If the revenue collected exceeds current year expenditures, the revenue may be carried forward with approval of the state budget director. The revenue carried forward shall be used as a first source of funds in the subsequent year.</p>	<p>Sec. 4-606. Retain current law.</p>	<p>Sec. 606. Retain current law.</p>	
<p><i>Allows DCH, in consultation with the DTMB, to maintain a bid process to identify 1 or more private contractors to provide food and custodial services for the administrative areas at any state hospital.</i></p> <p>Sec. 608. Effective October 1 of the current fiscal year, the department, in consultation with the department of technology, management, and budget, may maintain a bid process to identify 1 or more private contractors to provide food service and custodial services for the administrative areas at any state hospital identified by the department as capable of generating savings through the outsourcing of such services.</p>	<p>Delete current law.</p>	<p>Sec. 608. Retain current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>PUBLIC HEALTH ADMINISTRATION</u></p> <p><i>Directs DCH to report to the Legislature by October 1, 2014 on the process by which Michigan fish consumption advisories are created and revised, and identifies specific information to be included in the report.</i></p> <p>Sec. 650. By October 1 of the current fiscal year, the department shall provide to the senate and house appropriations subcommittees on community health a report that includes detailed information regarding the current process by which fish consumption advisories are created and revised. The department shall include all of the following information in the report:</p> <p>(a) The triggers to begin the process for developing the fish consumption advisories, such as evidence of human disease, fish residue data, and biomonitoring data.</p> <p>(b) The process for developing and modifying a fish consumption advisory, including the data inputs used, the rationale behind the selection of particular fish for collection, whether the process has been independently reviewed and validated by a scientific panel or benchmarked in any way, and the reasons for the lack of any independent review, validation, or benchmarking.</p> <p>(c) The type of data specific to a particular body of water that would be needed to modify a current fish consumption advisory, including the data quality criteria that are used to determine if data are suitable for use in the assessment and exclusions to bodies of data and the justifications for such exclusions.</p> <p>(d) Information on the ways stakeholder input is incorporated into the fish consumption advisory process prior to an advisory being issued.</p> <p>(e) Information on how advisory analyses are documented, including how uncertainty analyses are conducted and reported, with information as to whether these evaluations are publicly available and, if not available, an explanation of why any such evaluations are not publicly available.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to work with the Michigan Health Endowment Fund Corporation established under Act 4 PA 2013 to explore ways to expand health and wellness programs.</i></p> <p>Sec. 651. The department shall work with the Michigan health endowment fund corporation established pursuant to section 653 of the nonprofit health care corporation reform act, 1980 PA 350, MCL 550.1653, to explore ways to expand health and wellness programs.</p>	Delete current law.	Sec. 651. No changes from current law.	
<p><i>Allocates \$1.0 million for the school children's healthy exercise program for children kindergarten through grade 8. Department shall incorporate evidence-based best practices for program model and guidelines. No less than ½ of the funds shall be granted for before- and after-school programs. Program goals for participating children are indicated and a 20% match is required of grantees. Department shall seek third party financial support for program.</i></p> <p>Sec. 654. From the funds appropriated in part 1 for health and wellness initiatives, \$1,000,000.00 shall be allocated for a school children's healthy exercise program to promote and advance physical health for school children in kindergarten through grade 8. The department shall recommend model programs for sites to implement that incorporate evidence-based best practices. The department shall grant no less than 1/2 of the funds appropriated in part 1 for before- and after-school programs. The department shall establish guidelines for program sites, which may include schools, community-based organizations, private facilities, recreation centers, or other similar sites. The program format shall encourage local determination of site activities and shall encourage local inclusion of youth in the decision-making regarding site activities. Program goals shall include children experiencing improved physical health and access to physical activity opportunities, the reduction of obesity, providing a safe place to play and exercise, and nutrition education. To be eligible to participate, program sites shall provide a 20% match to the state funding, which may be provided in full, or in part, by a corporation, foundation, or private partner. The department shall seek financial support from corporate, foundation, or other private partners for the program or for individual program sites.</p>	Delete current law.	Sec. 654. No changes from current law.	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>HEALTH POLICY</u></p> <p><i>Allows funds appropriated for Michigan Essential Health Care Provider Program to also be used to provide loan repayment for dentists that meet the criteria established in Part 27 of the Public Health Code in addition to other providers (Part 27 now provides for this, as amended by Act 172 PA 2014 (SB 648)). Allows DCH to use appropriated funds to reduce local and private share of loan repayment costs to 25% for primary care physicians, particularly obstetricians and gynecologists working in underserved areas.</i></p> <p>Sec. 709. (1) The funds appropriated in part 1 for the Michigan essential health care provider program may also provide loan repayment for dentists that fit the criteria established by part 27 of the public health code, 1978 PA 368, MCL 333.2701 to 333.2727.</p>	Delete current law.	Delete current law.	
<p>(2) From the funds appropriated in part 1 for the Michigan essential health provider program, the department may reduce the local and private share of the loan and repayment costs to 25% for primary care physicians, particularly obstetricians and gynecologists working in underserved areas.</p>	Delete current law.	Delete current law.	
<p><i>Allocates \$250,000 to free health clinics from the funds appropriated for primary care services. Requires DCH to distribute funds equally to each free health clinic. Defines free health clinic as a nonprofit organization that uses volunteer health professionals to provide care to uninsured individuals.</i></p> <p>Sec. 712. From the funds appropriated in part 1 for primary care services, \$250,000.00 shall be allocated to free health clinics operating in the state. The department shall distribute the funds equally to each free health clinic. For the purpose of this appropriation, “free health clinics” means nonprofit organizations that use volunteer health professionals to provide care to uninsured individuals.</p>	Delete current law.	Sec. 712. No changes from current law.	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to continue support of multicultural agencies that provide primary care services, from the funds appropriated in Part 1.</i></p> <p>Sec. 713. The department shall continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.</p>	<p>Sec. 4-713. No changes from current law.</p>	<p>Sec. 713. No changes from current law.</p>	
<p><i>Requires DCH to evaluate options for incentivizing students attending medical schools in Michigan to meet their primary care residency requirements in Michigan, and to practice in Michigan.</i></p> <p>Sec. 715. The department shall evaluate options for incentivizing students attending medical schools in this state to meet their primary care residency requirements in this state and ultimately, for some period of time, to remain in this state and serve as primary care physicians.</p>	<p>Delete current law.</p>	<p>Sec. 715. The department shall evaluate options for incentivizing students attending medical schools in this state to meet CONTINUE TO SEEK MEANS TO INCREASE RETENTION OF MICHIGAN MEDICAL SCHOOL students attending medical schools in this state to meet FOR COMPLETION OF their primary care residency requirements in WITHIN this state and ultimately, for some period of time, to remain in this state and serve as primary care physicians. THE DEPARTMENT IS ENCOURAGED TO WORK WITH MICHIGAN INSTITUTIONS OF HIGHER EDUCATION.</p>	
<p><i>Allows DCH to award health innovation grants to address emerging issues and encourage innovative advances in health care. Unexpended funds are considered work project appropriations, with tentative work project completion date of September 30, 2019.</i></p> <p>Sec. 717. (1) The department may award health innovation grants to address emerging issues and encourage cutting edge advances in health care including strategic partners in both the public and private sectors.</p>	<p>Sec. 4-717. (1) No changes to current law except remove designation as subsection “(1)”.</p>	<p>Sec. 717. (1) No changes to current law except remove designation as subsection “(1)”.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) The unexpended funds appropriated for the health innovation grants are considered work project appropriations, and any unencumbered or unallotted funds are carried forward into the following fiscal year. The following is in compliance with section 451a(1) of the management and budget act, 1984 PA 431, MCL 18.1451a:</p> <p>(a) The purpose of the project to be carried forward is to address emerging issues and encourage cutting edge advances in health care including strategic partners in both the public and private sectors.</p> <p>(b) The project will be accomplished by providing incentive grants.</p> <p>(c) The estimated cost of this project phase is identified in the appropriation line item.</p> <p>(d) The tentative completion date for the work project is September 30, 2019.</p>	Delete current law.	Delete current law.	

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

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
	<p><i>NEW</i></p> <p>SEC. 4-718. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH POLICY ADMINISTRATION, THE DEPARTMENT SHALL ALLOCATE THE FEDERAL STATE INNOVATION MODEL GRANT FUNDING THAT SUPPORTS IMPLEMENTATION OF THE HEALTH DELIVERY SYSTEM INNOVATIONS DETAILED IN THE STATE'S BLUEPRINT FOR HEALTH INNOVATION DOCUMENT. OVER THE NEXT FIVE YEARS THIS INITIATIVE WILL STRENGTHEN PRIMARY CARE INFRASTRUCTURE IN THE STATE, IMPROVE COORDINATION OF CARE, REDUCE ADMINISTRATIVE COMPLEXITY AND MAKE ACCESS TO HEALTH COVERAGE MORE AFFORDABLE FOR MICHIGAN RESIDENTS.</p>	<p><i>NEW</i></p> <p>SEC. 718. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH POLICY ADMINISTRATION, THE DEPARTMENT SHALL ALLOCATE THE FEDERAL STATE INNOVATION MODEL GRANT FUNDING THAT SUPPORTS IMPLEMENTATION OF THE HEALTH DELIVERY SYSTEM INNOVATIONS DETAILED IN THIS STATE'S "REINVENTING MICHIGAN'S HEALTH CARE SYSTEM: BLUEPRINT FOR HEALTH INNOVATION" DOCUMENT. OVER THE NEXT FOUR YEARS THIS INITIATIVE WILL TEST NEW PAYMENT METHODOLOGIES, SUPPORT IMPROVED POPULATION HEALTH OUTCOMES, AND SUPPORT IMPROVED INFRASTRUCTURE FOR TECHNOLOGY AND DATA SHARING AND REPORTING. THE FUNDS WILL BE USED TO PROVIDE FINANCIAL SUPPORT DIRECTLY TO REGIONS PARTICIPATING IN THE MODEL TEST AND TO SUPPORT STATEWIDE STAKEHOLDER GUIDANCE AND TECHNICAL SUPPORT.</p>	

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

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
	<p>(2) OUTCOMES AND PERFORMANCE MEASURES FOR THIS NEW INITIATIVE INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:</p> <p>(A) AN INCREASE IN THE NUMBER OF PHYSICIAN PRACTICES FULFILLING PATIENT-CENTERED MEDICAL HOME FUNCTIONS.</p> <p>(B) A REDUCTION IN INAPPROPRIATE HEALTH UTILIZATION; SPECIFICALLY A REDUCTION IN PREVENTABLE EMERGENCY DEPARTMENT VISITS, A REDUCTION IN THE PROPORTION OF HOSPITALIZATIONS FOR AMBULATORY SENSITIVE CONDITIONS AND A REDUCTION IN THE STATE'S 30 DAY HOSPITAL READMISSION RATE.</p>	<p>(2) OUTCOMES AND PERFORMANCE MEASURES FOR THE INITIATIVE UNDER SUBSECTION (1) INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:</p> <p>(A) INCREASING THE NUMBER OF PHYSICIAN PRACTICES FULFILLING PATIENT-CENTERED MEDICAL HOME FUNCTIONS.</p> <p>(B) REDUCING INAPPROPRIATE HEALTH UTILIZATION, SPECIFICALLY REDUCING PREVENTABLE EMERGENCY DEPARTMENT VISITS, REDUCING THE PROPORTION OF HOSPITALIZATIONS FOR AMBULATORY SENSITIVE CONDITIONS, AND REDUCING THIS STATE'S 30 DAY HOSPITAL READMISSION RATE.</p>	
		<p>(3) BY MARCH 1 AND SEPTEMBER 1 OF THE CURRENT FISCAL YEAR, THE DEPARTMENT SHALL SUBMIT A WRITTEN REPORT TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET OFFICE ON THE STATUS OF THE PROGRAM AND PROGRESS MADE SINCE THE PRIOR REPORT.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>EPIDEMIOLOGY AND INFECTIOUS DISEASE</u></p> <p><i>Provides that no less than \$1.75 million of the Part 1 healthy homes program appropriation shall be allocated for lead abatement of homes. Directs the Department to coordinate lead abatement efforts with the Michigan Community Action Agency Association on the issue of window replacement.</i></p> <p>Sec. 851. (1) From the funds appropriated in part 1 for the healthy homes program, no less than \$1,750,000.00 shall be allocated for lead abatement of homes.</p>	<p>Sec. 4-851. (1) No changes to current law except remove designation as subsection “(1)”.</p>	<p>Sec. 851. (1) No changes to current law except remove designation as subsection “(1)”.</p>	
<p>(2) The department shall coordinate its lead abatement efforts with the Michigan community action agency association, specifically on the issue of window replacement.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	
<p><i>Requires DCH to develop a plan designed to improve Michigan’s childhood and adolescent immunization rates.</i></p> <p>Sec. 852. The department shall develop a plan designed to improve Michigan’s childhood and adolescent immunization rates. The department shall engage organizations working to provide immunizations and education about the value of vaccines, including, but not limited to, statewide organizations representing health care providers, local public health departments, child health interest groups, and private foundations with a mission to increase immunization rates.</p>	<p>Sec. 4-852. No changes from current law.</p>	<p>Sec. 852. The department shall develop IMPLEMENT a plan designed to improve Michigan’s childhood and adolescent immunization rates. The department shall engage organizations working to provide immunizations and education about the value of vaccines, including, but not limited to, statewide organizations representing health care providers, local public health departments, child health interest groups, and private foundations with a mission to increase immunization rates.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>LOCAL HEALTH ADMINISTRATION AND GRANTS</u></p> <p><i>Directs DCH to reimburse local health departments for costs incurred for informational services provided in accordance with the Informed Consent Law to a woman seeking an abortion.</i></p> <p>Sec. 901. The amount appropriated in part 1 for implementation of the 1993 additions of or amendments to sections 9161, 16221, 16226, 17014, 17015, and 17515 of the public health code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515, shall be used to reimburse local health departments for costs incurred related to implementation of section 17015(18) of the public health code, 1978 PA 368, MCL 333.17015.</p>	<p>Sec. 4-901. No changes from current law.</p>	<p>Sec. 901. No changes from current law.</p>	
<p><i>Provides authority for DCH to assess a penalty on a county of up to 6.25% of the county health department's essential local public health services funding if that county ceases to be part of a district health department or multi-county local health department.</i></p> <p>Sec. 902. If a county that has participated in a district health department or an associated arrangement with other local health departments takes action to cease to participate in such an arrangement after October 1 of the current fiscal year, the department shall have the authority to assess a penalty from the local health department's operational accounts in an amount equal to no more than 6.25% of the local health department's essential local public health services funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.</p>	<p>Sec. 4-902. No changes from current law.</p>	<p>Sec. 902. No changes from current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs that essential local public health services line item funds shall be prospectively allocated to local public health departments to support costs for nine state and local cost-shared services. Certain of these services shall be provided in consultation with Department of Agriculture and Rural Development and with Department of Environmental Quality. Local public health departments shall be held to contractual standards for these services. Local eligibility is contingent upon local spending of at least the amount expended in FY 1992-93 for these services.</i></p> <p>Sec. 904. (1) Funds appropriated in part 1 for essential local public health services shall be prospectively allocated to local health departments to support immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management. Food protection shall be provided in consultation with the department of agriculture and rural development. Public water supply, private groundwater supply, and on-site sewage management shall be provided in consultation with the department of environmental quality.</p>	<p>Sec. 4-904. (1) No changes from current law.</p>	<p>Sec. 904. (1) No changes from current law.</p>	
<p>(2) Local public health departments shall be held to contractual standards for the services in subsection (1).</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in the current fiscal year of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1).</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></p> <p><i>Allocates \$150,000 for a pilot program in 3 counties of in-home support and care services for persons with Alzheimer's Disease or dementia, and to partner with a Michigan public university to evaluate potential impact and savings of the program on delay of need for residential long-term care services for those persons.</i></p> <p>Sec. 1001. From the funds appropriated in part 1 for chronic disease control and health promotion administration, \$150,000.00 is appropriated for Alzheimer's disease services and shall be remitted to the Alzheimer's association-Michigan chapters for the purpose of carrying out a pilot project in Macomb, Monroe, and St. Joseph Counties. The fiduciary for the funds is the Alzheimer's association-greater Michigan chapter. The Alzheimer's association shall provide enhanced services, including 24/7 helpline, continued care consultation, and support groups, to individuals with Alzheimer's disease or dementia and their families in the 3 counties, and partner with a Michigan public university to study whether provision of such in-home support services significantly delays the need for residential long-term care services for individuals with Alzheimer's disease or dementia. The study must also consider potential cost savings related to the delay of long-term care services, if a delay is shown.</p>	<p>Delete current law.</p>	<p><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></p> <p>Delete current law.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</u></p> <p><i>Requires annual report by January 3, 2015 of an estimate of public funds administered by DCH for family planning, sexually transmitted infection prevention and treatment, pregnancies, and births, and to report client demographics collected by DCH that are voluntarily self-reported by individuals utilizing those services. Requires DCH to report actual or estimated expenditures by marital status, and permits the use of state public assistance applications to help determine the actual or estimated public expenditures based on marital status.</i></p> <p>Sec. 1103. By January 3 of the current fiscal year the department shall annually issue to the legislature, and to the public on the Internet, a report providing estimated public funds administered by the department for family planning, sexually transmitted infection prevention and treatment, and pregnancies and births, as well as demographics collected by the department as voluntarily self-reported by individuals utilizing those services. The department shall provide the actual expenditures by marital status or, where actual expenditures are not available, shall provide estimated expenditures by marital status. The department may utilize the Plan First application (Form MSA 1582), MICHild, and Healthy Kids application (DCH 0373) or Assistance Application (DHS 1171) or any other official application for public assistance for medical coverage to determine the actual or estimated public expenditures based on marital status.</p>	<p>Delete current law.</p>	<p>Sec. 1103. By January 3 of the current fiscal year the department shall annually issue to the legislature, and to the public on the Internet, a report providing estimated public funds administered by the department for family planning, sexually transmitted infection prevention and treatment, and pregnancies and births, as well as demographics collected by the department as voluntarily self-reported by individuals utilizing those services. The department shall provide the actual expenditures by marital status or, where actual expenditures are not available, shall provide estimated expenditures by marital status. The department may utilize the Plan First DCH-1426 application FOR HEALTH COVERAGE AND HELP PAYING COSTS (Form MSA 1582), MICHild, and Healthy Kids application (DCH 0373) or Assistance Application (DHS 1171) or any other official application for public assistance for medical coverage to determine the actual or estimated public expenditures based on marital status.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to report by April 1, 2015 on funding allocations, breakdown of expenditures by urban and rural, and prior fiscal year service and expenditure data by population groups for the local maternal and child health, prenatal care, family planning, and pregnancy prevention programs. DCH shall 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.</i></p> <p>Sec. 1104. (1) Before April 1 of the current fiscal year, the department shall submit a report to the house and senate fiscal agencies and the state budget director on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following:</p> <p>(a) Funding allocations. (b) Actual number of women, children, and adolescents served and amounts expended for each group for the immediately preceding fiscal year. (c) A breakdown of the expenditure of these funds between urban and rural communities.</p>	Delete current law.	Delete current law.	
<p>(2) The department shall ensure that the distribution of funds through the programs described in subsection (1) takes into account the needs of rural communities.</p>	Delete current law.	Delete current law.	
<p>(3) For the purposes of this section, "rural" means a county, city, village, or township with a population of 30,000 or less, including those entities if located within a metropolitan statistical area.</p>	Delete current law.	Delete current law.	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires family planning programs receiving federal Title X funds to be in compliance with federal performance and quality assurance indicators; agencies not in compliance shall not receive supplemental or reallocated funds.</i></p> <p>Sec. 1106. Each family planning program receiving federal title X family planning funds under 42 USC 300 to 300a-8 shall be in compliance with all performance and quality assurance indicators that the office of population affairs within the United States department of health and human services specifies in the program guidelines for project grants for family planning services. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.</p>	<p>Sec. 4-1106. No changes from current law.</p>	<p>Sec. 1106. No changes from current law except capitalize “Department of Health and Human Services”.</p>	
<p><i>Prohibits the use of state restricted or state general funds appropriated in the Family Planning Local Agreements line item or the Pregnancy Prevention Program line items for abortion counseling, referrals, or services.</i></p> <p>Sec. 1108. The department shall not use state restricted funds or state general funds appropriated in part 1 in the pregnancy prevention program or family planning local agreements appropriation line items for abortion counseling, referrals, or services.</p>	<p>Sec. 4-1108. No changes from current law.</p>	<p>Sec. 1108. No changes from current law.</p>	
<p><i>Allocates funds from dental program line item to the Michigan Dental Association to administer a volunteer program of dental services to the uninsured; and requires a report by December 1, 2014 on program services provided in the prior fiscal year.</i></p> <p>Sec. 1109. (1) From the amounts appropriated in part 1 for dental programs, funds shall be allocated to the Michigan dental association for the administration of a volunteer dental program that provides dental services to the uninsured.</p>	<p>Sec. 4-1109. (1) No changes from current law.</p>	<p>Sec. 1109. (1) No changes from current law except capitalize “Dental Association”.</p>	

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) Not later than December 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health and the senate and house standing committees on health policy the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures from the immediately preceding fiscal year.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p><i>Allocates \$800,000 for the alternative pregnancy and parenting support services program to provide enhanced counseling and support for women during pregnancy through 12 months after birth, which promotes childbirth, alternatives to abortion, and grief counseling; and requires a report by April 1, 2015 on the number of clients served.</i></p> <p>Sec. 1136. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, \$800,000.00 shall be allocated for a pregnancy and parenting support services program, which program must promote childbirth, alternatives to abortion, and grief counseling. The department shall establish a program with a qualified contractor that will contract with qualified service providers to provide free counseling, support, and referral services to eligible women during pregnancy through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education. The contractor of the program shall provide for program training, client educational material, program marketing, and annual service provider site monitoring. The department shall submit a report to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies by April 1 of the current fiscal year on the number of clients served.</p>	<p>Delete current law.</p>	<p>Sec. 1136. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, \$800,000.00 \$50,000.00 shall be allocated for a pregnancy and parenting support services program, which program must promote childbirth, alternatives to abortion, and grief counseling. The department shall establish a program with a qualified contractor that will contract with qualified service providers to provide free counseling, support, and referral services to eligible women during pregnancy through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education. The contractor of the program shall provide for program training, client educational material, program marketing, and annual service provider site monitoring. The department shall submit a report to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies by April 1 of the current fiscal year on the number of clients served.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allocates \$500,000 for evidence-based programs to reduce infant mortality including nurse family partnership programs, for enhanced support and education to nursing and other health professional teams, client recruitment in high need or underserved communities, strategic planning, nurse and provider recruitment, and awareness.</i></p> <p>Sec. 1137. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, not less than \$500,000.00 of funding shall be allocated for evidence-based programs to reduce infant mortality including nurse family partnership programs. The funds shall be used for enhanced support and education to nursing teams or other teams of qualified health professionals, client recruitment in areas designated as underserved for obstetrical and gynecological services and other high-need communities, strategic planning to expand and sustain programs, and marketing and communications of programs to raise awareness, engage stakeholders, and recruit nurses.</p>	<p>Sec. 4-1137. No changes from current law.</p>	<p>Sec. 1137. No changes from current law.</p>	
<p><i>Requires the Department to allocate funds appropriated for family, maternal, and children's health services pursuant to section 1 of Public Act 360 of 2002, related to a system of prioritization for awarding contracts for family planning and pregnancy prevention services with consideration for a contractor's provision of abortion services or referrals.</i></p> <p>Sec. 1138. The department shall allocate funds appropriated in section 113 of part 1 for family, maternal, and children's health services pursuant to section 1 of 2002 PA 360, MCL 333.1091.</p>	<p>Sec. 4-1138. No changes from current law.</p>	<p>Sec. 1138. The department shall allocate funds appropriated in section 443 112 of part 1 for family, maternal, and children's health services pursuant to section 1 of 2002 PA 360, MCL 333.1091.</p>	

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

FY 2014-15 CURRENT LAW	FY 2015-2016		
<p><i>Requires the Department to establish a joint task force to review housing rehabilitation, energy and weatherization, and hazard abatement program policies, in collaboration with Department of Human Services and the Michigan State Housing Development Authority; establishes task force membership; and requires a report by March 1, 2015 of recommendations for integrating and coordinating projects to maximize resources while serving more families and achieving better outcomes.</i></p> <p>Sec. 1139. (1) By November 1, 2014, the department shall work jointly with the department of human services and the Michigan state housing development authority to appoint members to a joint task force to review housing rehabilitation, energy and weatherization, and hazard abatement program policies and to make recommendations for integrating and coordinating project delivery with the goals of serving more families and achieving better outcomes by maximizing state and federal resources. The joint task force must include all of the following:</p> <p>(a) A representative of the department. (b) A representative of the healthy homes section, lead safe home program. (c) A construction management specialist. (d) A representative of the community development division. (e) A representative of the Michigan state housing development authority. (f) An energy and weatherization staff representative from the department of human services. (g) A local weatherization operator. (h) A certified lead professional or a certified lead contractor. (i) Representatives from at least 2 community organizations that address harmful housing conditions.</p>	EXECUTIVE	HOUSE	SENATE
	Delete current law.	<p>Sec. 1139. (1) By November 1, 2014, the THE department shall CONTINUE TO work jointly with the department of human services, and the Michigan state housing development authority, to appoint members to a AND THE joint task force ESTABLISHED UNDER ARTICLE IV OF 2014 PA 252 to review housing rehabilitation, energy and weatherization, and hazard abatement program policies and to make recommendations for integrating and coordinating project delivery with the goals of serving more families and achieving better outcomes by maximizing state and federal resources. The joint task force MAY PROVIDE RECOMMENDATIONS TO THE DEPARTMENTS. RECOMMENDATIONS OF THE JOINT TASK FORCE MUST GIVE CONSIDERATION TO BEST PRACTICES AND COST EFFECTIVENESS. must include all of the following:</p> <p>(a) A representative of the department. (b) A representative of the healthy homes section, lead safe home program. (c) A construction management specialist. (d) A representative of the community development division. (e) A representative of the Michigan state housing development authority. (f) An energy and weatherization staff representative from the department of human services. (g) A local weatherization operator. (h) A certified lead professional or a certified lead contractor. (i) Representatives from at least 2 community organizations that address harmful housing conditions.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
(2) The department and the Michigan state housing development authority shall organize the initial meeting of the task force and shall provide administrative support for the task force	Delete current law.	Delete current law.	
(3) By March 1, 2015, the task force described in subsection (1) shall provide to the house and senate chairs of the appropriations subcommittees for the department and the department of human services, the senate and house fiscal agencies, and the senate and house policy offices a report of its findings and recommendations.	Delete current law.	Delete current law.	
<p><i>Requires the Department to give equal consideration to all eligible evidence-based providers in all regions in contracting for rural health visitation services, from the program as funded in the Prenatal Care Outreach and Service Delivery Support line item.</i></p> <p>Sec. 1140. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, equal consideration shall be given to all eligible evidence-based providers in all regions in contracting for rural health visitation services.</p>	Delete current law.	Delete current law.	

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

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM</u></p> <p><i>Requires the Department to report by January 1, 2015 on the number of complaints received regarding access to generic peanut butter, and the savings gained, both as related to recent implementation of generic peanut butter purchasing requirement modifications by the Department to the Women, Infants, and Children Special Supplemental Food and Nutrition program (WIC).</i></p> <p>Sec. 1151. By January 1 of the current fiscal year, the department shall provide to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office a report on the number of complaints received regarding access to generic peanut butter by county, and a report on savings gained from implementing the generic peanut butter purchasing requirement within the women, infants, and children food and nutrition program.</p>	<p>Delete current law.</p>	<p>By January 1 of the current fiscal year, the department shall provide to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office a report on the number of complaints received regarding access to generic peanut butter by county, and a report on savings gained from implementing the generic peanut butter purchasing requirement within the women, infants, and children food and nutrition program. FOR THE WOMEN, INFANTS, AND CHILDREN SPECIAL SUPPLEMENTAL FOOD AND NUTRITION PROGRAM, THE DEPARTMENT SHALL MAKE NATIONAL BRAND PRODUCTS AVAILABLE IF IT IS DETERMINED BY THE DEPARTMENT THAT THE PRICE PER UNIT IS MORE COST EFFECTIVE AND SATISFIES NUTRITIONAL REQUIREMENTS OF THE FEDERAL PROGRAM. THE DETERMINATION MUST BE MADE DURING THE BIENNIAL FOOD AUTHORIZATION EVALUATION.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>CHILDREN'S SPECIAL HEALTH CARE SERVICES</u></p> <p><i>Allows the Children's Special Health Care Services program to provide special formula for persons with certain metabolic and allergic disorders, treatment to persons age 21 or older with cystic fibrosis, services to persons age 21 or older with hemophilia, and provide human growth hormone to eligible patients.</i></p> <p>Sec. 1202. The department may do 1 or more of the following:</p> <p>(a) Provide special formula for eligible clients with specified metabolic and allergic disorders.</p> <p>(b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older.</p> <p>(c) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older.</p> <p>(d) Provide human growth hormone to eligible patients.</p>	<p>Sec. 4-1202. Retain current law.</p>	<p>Sec. 1202. Retain current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Authorizes the Department to use up to \$500,000 for continued development and expansion of telemedicine capacity to allow CSHCS children better access to specialty providers.</i></p> <p>Sec. 1205. From the funds appropriated in part 1 for medical care and treatment, the department is authorized to spend up to \$500,000.00 for the continued development and expansion of telemedicine capacity to allow families with children in the children's special health care services program to access specialty providers more readily and in a more timely manner.</p>	<p>Delete current law.</p>	<p>Sec. 1205. From the funds appropriated in part 1 for medical care and treatment, the department is authorized to spend up to \$500,000.00 THOSE FUNDS for the continued development and expansion of telemedicine capacity to allow families with children in the children's special health care services program to access specialty providers more readily and in a more timely manner.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Crime Victim Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>CRIME VICTIM SERVICES COMMISSION</u></p> <p><i>Allocates up to \$200,000 of justice assistance grants line item funds for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Funds shall be used for program coordination and training.</i></p> <p>Sec. 1302. From the funds appropriated in part 1 for justice assistance grants, up to \$200,000.00 shall be allocated for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. The funds shall be used for program coordination and training.</p>	<p>Delete current law.</p>	<p>Sec. 1302. From the funds appropriated in part 1 for justice assistance grants, up to \$200,000.00 shall be allocated for expansion of THE DEPARTMENT SHALL CONTINUE TO SUPPORT forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. The funds shall be used for program coordination and training.</p>	



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

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>OFFICE OF SERVICES TO THE AGING</u></p> <p><i>Requires area agency on aging regions to report home-delivered meals waiting lists by February 1, 2015 to the Office of Services to the Aging and the Legislature; establishes standard criteria for persons included on the waiting list, including an initial determination of likely eligibility for home-delivered meals services.</i></p> <p>Sec. 1403. (1) By February 1 of the current fiscal year, the office of services to the aging shall require each region to report to the office of services to the aging and to the legislature home-delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following:</p> <p>(a) The recipient's degree of frailty.</p> <p>(b) The recipient's inability to prepare his or her own meals safely.</p> <p>(c) Whether the recipient has another care provider available.</p> <p>(d) Any other qualifications normally necessary for the recipient to receive home-delivered meals.</p>	<p>Sec. 4-1403. (1) No changes from current law.</p>	<p>Sec. 1403. (1) No changes from current law.</p>	
<p>(2) Data required in subsection (1) shall be recorded only for individuals who have applied for participation in the home-delivered meals program and who are initially determined as likely to be eligible for home-delivered meals.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	



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

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to report by March 30, 2015 on total allocations of state resources to each area agency on aging by program and administration, and detail of expenditures by each area agency on aging of all state and local funds by program and administration.</i></p> <p>Sec. 1417. The department shall provide to the senate and house appropriations subcommittees on community health, senate and house fiscal agencies, and state budget director a report by March 30 of the current fiscal year that contains all of the following:</p> <p>(a) The total allocation of state resources made to each area agency on aging by individual program and administration.</p> <p>(b) Detail expenditure by each area agency on aging by individual program and administration including both state-funded resources and locally-funded resources.</p>	<p>Sec. 4-1417. No changes from current law.</p>	<p>Sec. 1417. No changes from current law.</p>	
<p><i>Provides that funding of \$1.1 million appropriated for community services be allocated to area agencies on aging for locally-determined needs.</i></p> <p>Sec. 1421. From the funds appropriated in part 1 for community services, \$1,100,000.00 shall be allocated to area agencies on aging for locally determined needs.</p>	<p>Sec. 4-1421. No changes from current law.</p>	<p>Sec. 1421. No changes from current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>MEDICAL SERVICES ADMINISTRATION</u></p> <p><i>Establishes unexpended funds for the Electronic Health Records Incentive program as a work project appropriation with the completion date estimated to be September 30, 2019.</i></p> <p>Sec. 1501. The unexpended funds appropriated in part 1 for the electronic health records incentive program are considered work project appropriations, and any unencumbered or unallotted funds are carried forward into the following fiscal year. The following is in compliance with section 451a(1) of the management and budget act, 1984 PA 431, MCL 18.1451a:</p> <p>(a) The purpose of the project to be carried forward is to implement the Medicaid electronic health record program that provides financial incentive payments to Medicaid health care providers to encourage the adoption and meaningful use of electronic health records to improve quality, increase efficiency, and promote safety.</p> <p>(b) The projects will be accomplished according to the approved federal advanced planning document.</p> <p>(c) The estimated cost of this project phase is identified in the appropriation line item.</p> <p>(d) The tentative completion date for the work project is September 30, 2019.</p>	<p>Sec. 4-1501. The unexpended funds appropriated in part 1 for the electronic health records incentive program are considered work project appropriations, and any unencumbered or unallotted funds are carried forward into the following fiscal year. The following is in compliance with section 451a(1) of the management and budget act, 1984 PA 431, MCL 18.1451a:</p> <p>(a) The purpose of the project to be carried forward is to implement the Medicaid electronic health record program that provides financial incentive payments to Medicaid health care providers to encourage the adoption and meaningful use of electronic health records to improve quality, increase efficiency, and promote safety.</p> <p>(b) The projects will be accomplished according to the approved federal advanced planning document.</p> <p>(c) The estimated cost of this project phase is identified in the appropriation line item.</p> <p>(d) The tentative completion date for the work project is September 30, 2019 2020.</p>	<p>Sec. 1501. Concur with Executive.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to spend available work project revenue and any associated federal match to create a transparency database website. Enabling legislation is required.</i></p> <p>Sec. 1502. The department shall spend available work project revenue plus any associated federal match to create and develop a transparency database website. This funding is contingent upon enactment of enabling legislation.</p>	Delete current law.	Delete current law.	
<p><i>Requires the Department to establish a separate accounting structure within the Michigan Administrative Information Network (MAIN) for costs to administer the Healthy Michigan Plan.</i></p> <p>Sec. 1503. From the funds appropriated in part 1 for Healthy Michigan plan administration, the department shall establish an accounting structure within the Michigan administrative information network that will allow expenditures associated with the administration of the Healthy Michigan plan to be identified.</p>	Delete current law.	<p>Sec. 1503. From the funds appropriated in part 1 for Healthy Michigan plan administration, the department shall establish MAINTAIN an accounting structure within the Michigan administrative information network that will allow expenditures associated with the administration of the Healthy Michigan plan to be identified.</p>	
<p><u>MEDICAL SERVICES</u></p> <p><i>Requires remedial service costs to be used in determining medically-needy eligibility for those in adult foster care and homes for the aged.</i></p> <p>Sec. 1601. The cost of remedial services incurred by residents of licensed adult foster care homes and licensed homes for the aged shall be used in determining financial eligibility for the medically needy. Remedial services include basic self-care and rehabilitation training for a resident.</p>	Sec. 4-1601. Retain current law.	Sec. 1601. Retain current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows DCH to establish a statewide program for persons to purchase medical coverage at a rate determined by DCH.</i></p> <p>Sec. 1603. (1) The department may establish a program for individuals to purchase medical coverage at a rate determined by the department.</p>	<p>Sec. 4-1603. (1) Retain current law.</p>	<p>Sec. 1603. (1) Retain current law.</p>	
<p>(2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1.</p>	<p>(2) Retain current law.</p>	<p>(2) Retain current law.</p>	
<p>(3) The premiums described in this section shall be classified as private funds.</p>	<p>(3) Retain current law.</p>	<p>(3) Retain current law.</p>	
<p><i>Establishes the Medicaid protected income level at 100% of the public assistance standard.</i></p> <p>Sec. 1605. The protected income level for Medicaid coverage determined pursuant to section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, shall be 100% of the related public assistance standard.</p>	<p>Sec. 4-1605. Retain current law.</p>	<p>Sec. 1605. Retain current law.</p>	
<p><i>Limits the allowable deduction for guardian and conservator charges to \$60 per month when determining Medicaid eligibility and patient pay amounts.</i></p> <p>Sec. 1606. For the purpose of guardian and conservator charges, the department may deduct up to \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>	<p>Sec. 4-1606. Retain current law.</p>	<p>Sec. 1606. Retain current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Stipulates that Medicaid applicants whose qualifying condition is pregnancy shall be presumed to be eligible unless the preponderance of evidence in the application indicates otherwise. Sets procedures to facilitate access to health care for pregnant women. Specifies that obstetrical and prenatal care claims are to be paid at Medicaid fee-for-service rates if there is no contract between provider and managed care plan. Mandates enrollment of Medicaid eligible pregnant women into Medicaid HMOs and requires DCH to encourage physicians to provide these women a referral to a Medicaid participating dentist at the first pregnancy-related appointment.</i></p> <p>Sec. 1607. (1) An applicant for Medicaid, whose qualifying condition is pregnancy, shall immediately be presumed to be eligible for Medicaid coverage unless the preponderance of evidence in her application indicates otherwise. The applicant who is qualified as described in this subsection shall be allowed to select or remain with the Medicaid participating obstetrician of her choice.</p>	<p>Sec. 4-1607. (1) Retain current law.</p>	<p>Sec. 1607. (1) Retain current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
(2) An applicant qualified as described in subsection (1) shall be given a letter of authorization to receive Medicaid covered services related to her pregnancy. All qualifying applicants shall be entitled to receive all medically necessary obstetrical and prenatal care without preauthorization from a health plan. All claims submitted for payment for obstetrical and prenatal care shall be paid at the Medicaid fee-for-service rate in the event a contract does not exist between the Medicaid participating obstetrical or prenatal care provider and the managed care plan. The applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence.	(2) Retain current law.	(2) Retain current law.	
(3) In the event that an applicant, presumed to be eligible pursuant to subsection (1), is subsequently found to be ineligible, a Medicaid physician or managed care plan that has been providing pregnancy services to an applicant under this section is entitled to reimbursement for those services until such time as they are notified by the department that the applicant was found to be ineligible for Medicaid.	(3) Retain current law.	(3) Retain current law.	
(4) If the preponderance of evidence in an application indicates that the applicant is not eligible for Medicaid, the department shall refer that applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy-related services.	(4) Retain current law.	(4) Retain current law.	
(5) The department shall develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application.	(5) Retain current law.	(5) Retain current law.	
(6) The department shall mandate enrollment of women, whose qualifying condition is pregnancy, into Medicaid managed care plans.	(6) Retain current law.	(6) Retain current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
(7) The department shall encourage physicians to provide women, whose qualifying condition for Medicaid is pregnancy, with a referral to a Medicaid participating dentist at the first pregnancy-related appointment.	(7) Retain current law.	(7) Retain current law.	
<p><i>Requires Medicaid payment rate to be accepted as payment in full, including payments from other third-party sources. Hospital service payments for persons dually eligible for Medicare and Medicaid are to include capital payments in determining Medicaid reimbursement amount.</i></p> <p>Sec. 1611. (1) For care provided to medical services recipients with other third-party sources of payment, medical services reimbursement shall not exceed, in combination with such other resources, including Medicare, those amounts established for medical services-only patients. The medical services payment rate shall be accepted as payment in full. Other than an approved medical services co-payment, no portion of a provider's charge shall be billed to the recipient or any person acting on behalf of the recipient. Nothing in this section shall be considered to affect the level of payment from a third-party source other than the medical services program. The department shall require a nonenrolled provider to accept medical services payments as payment in full.</p>	Sec. 4-1611. (1) Retain current law.	Sec. 1611. (1) Retain current law.	
(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/medical services recipients with Medicare part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments.	(2) Retain current law.	(2) Retain current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Establishes the pharmacy dispensing fee at \$2.75 for recipients not in nursing homes and \$3.00 for nursing home residents, or the pharmacy's usual and customary charge, whichever is less. Specifies prescription copayments for Medicaid recipients of \$1.00 for generic drugs and \$3.00 for brand-name drugs except as prohibited by federal or state law or regulation.</i></p> <p>Sec. 1620. (1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, the pharmaceutical dispensing fee shall be \$3.00 or the pharmacy's usual or customary cash charge, whichever is less.</p>	<p>Sec. 4-1620. (1) Retain current law.</p>	<p>Sec. 1620. (1) Retain current law.</p>	
<p>(2) The department shall require a prescription co-payment for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug, except as prohibited by federal or state law or regulation.</p>	<p>(2) Retain current law.</p>	<p>(2) Retain current law.</p>	
<p>Sec. 1625. New House Language.</p>		<p>SEC. 1625. THE DEPARTMENT AND THE CONTRACTED MEDICAID HEALTH PLANS SHALL WORK TOGETHER TO SUCCESSFULLY ACHIEVE THE PHARMACEUTICAL FORMULARY SAVINGS IN PART 1 THROUGH A MUTUALLY AGREED UPON DEVELOPMENTAL AND IMPLEMENTATION PROCESS. BY MARCH 1 OF THE CURRENT FISCAL YEAR, THE DEPARTMENT SHALL PROVIDE A REPORT ON THE PROGRESS OF THE IMPLEMENTATION TO THE HOUSE AND SENATE APPROPRIATION SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to base its MAC prices for generic drugs on pricing available from at least two wholesalers who deliver in Michigan.</i></p> <p>Sec. 1629. The department shall utilize maximum allowable cost pricing for generic drugs that is based on wholesaler pricing to providers that is available from at least 2 wholesalers who deliver in the state of Michigan.</p>	<p>Sec. 4-1629. Retain current law.</p>	<p>Sec. 1629. Retain current law.</p>	
<p><i>Requires copayments on dental, podiatric, and vision services unless prohibited by law or regulation. Specifies copayments of \$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.</i></p> <p>Sec. 1631. (1) The department shall require co-payments on dental, podiatric, and vision services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.</p>	<p>Sec. 4-1631. (1) Retain current law.</p>	<p>Sec. 1631. (1) Retain current law.</p>	
<p>(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay the following co-payments:</p> <p>(a) Two dollars for a physician office visit. (b) Three dollars for a hospital emergency room visit. (c) Fifty dollars for the first day of an inpatient hospital stay. (d) One dollar for an outpatient hospital visit.</p>	<p>(2) Retain current law.</p>	<p>(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay NOT LESS THAN the following co-payments:</p> <p>(a) Two dollars for a physician office visit. (b) Three dollars for a hospital emergency room visit. (c) Fifty dollars for the first day of an inpatient hospital stay. (d) One dollar for an outpatient hospital visit.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires institutional providers to submit their cost reports within five months of the end of the fiscal year.</i></p> <p>Sec. 1641. An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year.</p>	<p>Sec. 4-1641. Retain current law.</p>	<p>Sec. 1641. Retain current law.</p>	
<p><i>Requires reimbursement for emergency room (ER) services to screen and stabilize a patient without prior authorization by an HMO, and notice to the HMO regarding a patient's diagnosis and treatment within 24 hours of discharge; prior authorization by the HMO is required for further services beyond stabilization.</i></p> <p>Sec. 1657. (1) Reimbursement for medical services to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room shall not be made contingent on obtaining prior authorization from the recipient's HMO. If the recipient is discharged from the emergency room, the hospital shall notify the recipient's HMO within 24 hours of the diagnosis and treatment received.</p>	<p>Sec. 4-1657. (1) Retain current law.</p>	<p>Sec. 1657. (1) Retain current law.</p>	
<p>(2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital shall receive authorization from the recipient's HMO prior to admitting the recipient.</p>	<p>(2) Retain current law.</p>	<p>(2) Retain current law.</p>	
<p>(3) Subsections (1) and (2) do not require an alteration to an existing agreement between an HMO and its contracting hospitals and do not require an HMO to reimburse for services that are not considered to be medically necessary.</p>	<p>(3) Retain current law.</p>	<p>(3) Retain current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs.</i></p> <p>Sec. 1659. The following sections of this part are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance use disorder, and developmentally disabled services program: 404, 411, 418, 428, 494, 1607, 1657, 1662, 1699, 1764, 1765, 1815, 1820, 1850, 1881, and 1888.</p>	<p>Sec. 4-1659. The following sections of this part are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance use disorder, and developmentally disabled services program: 404, 411, 418, 428, 494, 1607, 1657, 1662, 1699, 1764, 1765, 1815, 1820, 1850, 1881, and 1888.</p>	<p>Sec. 1659. The following sections of this part are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance use disorder, and developmentally disabled services program: 404, 411, 418, 428, 494, 1607, 1625, 1657, 1662, 1699, 1764, 1765, 1815, 1820, 1850, 1881, and 1888.</p>	
<p><i>Directs DCH to assure that an external quality review of each HMO is performed resulting in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services either contracted or directly provided to Medicaid beneficiaries; requires Medicaid HMOs to provide EPSDT utilization data and well child health measures; directs DCH to submit copies of analysis of HMO HEDIS reports and annual external quality review report within 30 days.</i></p> <p>Sec. 1662. (1) The department shall assure that an external quality review of each contracting HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services that the HMO or its contractors furnish to Medicaid beneficiaries.</p>	<p>Sec. 4-1662. (1) Retain current law.</p>	<p>Sec. 1662. (1) Retain current law.</p>	
<p>(2) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and HEDIS well child health measures in accordance with the national committee for quality assurance prescribed methodology.</p>	<p>(2) Retain current law.</p>	<p>(2) Retain current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(3) The department shall provide a copy of the analysis of the Medicaid HMO annual audited HEDIS reports and the annual external quality review report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors.</p>	<p>(3) Retain current law.</p>	<p>(3) Retain current law.</p>	
<p><i>Specifies rules and guidelines for the MICHild program. Including income eligibility and other eligibility criteria, length of eligibility, services providers, external quality reviews, and enrollment algorithm.</i></p> <p>Sec. 1670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 212% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this part and part 1. Health coverage for children in families between 160% and 212% of the federal poverty level shall be provided through a state-based private health care program.</p>	<p>Sec. 4-1670. (1) Retain current law.</p>	<p>Sec. 1670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 212% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this part and part 1. Health coverage for children in families between 160% and 212% of the federal poverty level shall be provided through a state-based private health care program.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
(2) The department may provide up to 1 year of continuous eligibility to children eligible for the MIChild program unless the family fails to pay the monthly premium, a child reaches age 19, or the status of the children's family changes and its members no longer meet the eligibility criteria as specified in the federally approved MIChild state plan.	(2) Retain current law.	(2) Retain current law.	
(3) Children whose category of eligibility changes between the Medicaid and MIChild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.	(3) Retain current law.	(3) Retain current law.	
(4) To be eligible for the MIChild program, a child must be residing in a family with an adjusted gross income of less than or equal to 212% of the federal poverty level. The department's verification policy shall be used to determine eligibility.	(4) Retain current law.	(4) Retain current law.	
(5) The department shall contract with Medicaid health plans to provide physical health services to MIChild enrollees. The department may continue to obtain physical health services for MIChild enrollees from health maintenance organizations and preferred provider organizations currently under contract for whatever duration is needed as determined by the department. The department shall contractually require that health plans pay out-of-network providers at the department fee schedule. The department shall contract with qualified dental plans to provide dental coverage for MIChild enrollees.	(5) Retain current law.	(5) Retain current law.	
(6) The department may enter into contracts to obtain certain MIChild services from community mental health service programs.	(6) Retain current law.	(6) Retain current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
(7) The department may make payments on behalf of children enrolled in the MICHild program from the line-item appropriation associated with the program as described in the MICHild state plan approved by the United States department of health and human services, or from other medical services.	(7) Retain current law.	(7) The department may make payments on behalf of children enrolled in the MICHild program from the line-item appropriation associated with the program as described in the MICHild state plan approved by the United States Department of Health and Human Services, or from other medical services.	
(8) The department shall assure that an external quality review of each MICHild contractor, as described in subsection (5), is performed, which analyzes and evaluates the aggregated information on quality, timeliness, and access to health care services that the contractor furnished to MICHild beneficiaries.	(8) Retain current law.	(8) Retain current law.	
(9) The department shall develop an automatic enrollment algorithm that is based on quality and performance factors.	(9) Retain current law.	(9) Retain current law.	
(10) MICHild services shall include treatment for autism spectrum disorders as defined in the federally approved Medicaid state plan.	(10) Retain current law.	(10) Retain current law.	
<p><i>Allows DCH to establish premiums for eligible individuals above 150% of poverty level of \$10 to \$15 per month for a family.</i></p> <p>Sec. 1673. The department may establish premiums for MICHild eligible individuals in families with income above 150% of the federal poverty level. The monthly premiums shall not be less than \$10.00 or exceed \$15.00 for a family.</p>	<p>Sec. 4-1673. Retain current law.</p>	<p>Sec. 1673. The department may establish premiums for MICHild eligible individuals in families with income above 150% AT OR BELOW 212% of the federal poverty level. The monthly premiums shall not be less than \$10.00 PER MONTH or exceed \$15.00 for a family.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Specifies the benefits to be covered by the MICHild program based on the Michigan benchmark insurance plan.</i></p> <p>Sec. 1677. The MICHild program shall provide all benefits available under the Michigan benchmark plan that are delivered through contracted providers and consistent with federal law, including, but not limited to, the following medically necessary services:</p> <p>(a) Inpatient mental health services, other than substance use disorder treatment services, including services furnished in a state-operated mental hospital and residential or other 24-hour therapeutically planned structured services.</p> <p>(b) Outpatient mental health services, other than substance use disorder services, including services furnished in a state-operated mental hospital and community-based services.</p> <p>(c) Durable medical equipment and prosthetic and orthotic devices.</p> <p>(d) Dental services as outlined in the approved MICHild state plan.</p> <p>(e) Substance use disorder treatment services that may include inpatient, outpatient, and residential substance use disorder treatment services.</p> <p>(f) Care management services for mental health diagnoses.</p> <p>(g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.</p> <p>(h) Emergency ambulance services.</p>	<p>Sec. 4-1677. Retain current law.</p>	<p>Sec. 1677. The MICHild program shall provide, AT A MINIMUM, all benefits available under the Michigan benchmark plan that are delivered through contracted providers and consistent with federal law, including, but not limited to, the following medically necessary services:</p> <p>(a) Inpatient mental health services, other than substance use disorder treatment services, including services furnished in a state-operated mental hospital and residential or other 24-hour therapeutically planned structured services.</p> <p>(b) Outpatient mental health services, other than substance use disorder services, including services furnished in a state-operated mental hospital and community-based services.</p> <p>(c) Durable medical equipment and prosthetic and orthotic devices.</p> <p>(d) Dental services as outlined in the approved MICHild state plan.</p> <p>(e) Substance use disorder treatment services that may include inpatient, outpatient, and residential substance use disorder treatment services.</p> <p>(f) Care management services for mental health diagnoses.</p> <p>(g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.</p> <p>(h) Emergency ambulance services.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Authorizes DCH to implement federal nursing home enforcement provisions and receive/ expend noncompliance penalty money. Unexpended penalty money may be carried forward to the next fiscal year.</i></p> <p>Sec. 1682. (1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, 42 USC 1396r.</p>	<p>Sec. 4-1682. (1) Retain current law.</p>	<p>Delete current law.</p>	
<p>(2) In addition to the appropriations in part 1, the department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p>	<p>(2) Retain current law.</p>	<p>Sec. 1682. (2) (1) Retain current law.</p>	
<p>(3) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.</p>	<p>(3) Retain current law.</p>	<p>(3) (2) Retain current law.</p>	
<p><i>Provides authorization for Medicaid reimbursement of school-based services.</i></p> <p>Sec. 1692. (1) The department is authorized to pursue reimbursement for eligible services provided in Michigan schools from the federal Medicaid program. The department and the state budget director are authorized to negotiate and enter into agreements, together with the department of education, with local and intermediate school districts regarding the sharing of federal Medicaid services funds received for these services. The department is authorized to receive and disburse funds to participating school districts pursuant to such agreements and state and federal law.</p>	<p>Sec. 4-1692. (1) Retain current law.</p>	<p>Sec. 1692. (1) Retain current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) From the funds appropriated in part 1 for medical services school-based services payments, the department is authorized to do all of the following:</p> <p>(a) Finance activities within the medical services administration related to this project.</p> <p>(b) Reimburse participating school districts pursuant to the fund-sharing ratios negotiated in the state-local agreements authorized in subsection (1).</p> <p>(c) Offset general fund costs associated with the medical services program.</p>	(2) Retain current law.	(2) Retain current law.	
<p><i>Allows for an increase in Special Medicaid Reimbursement payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.</i></p> <p>Sec. 1693. The special Medicaid reimbursement appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.</p>	Sec. 4-1693. Retain current law.	Sec. 1693. Retain current law.	
<p><i>Requires distribution of \$378,000 GF/GP, and any associated federal match, for poison control services to an academic health care system that includes a children's hospital with high indigent care volume.</i></p> <p>Sec. 1694. From the funds appropriated in part 1 for special Medicaid reimbursement, \$378,000.00 of general fund/general purpose revenue and any associated federal match shall be distributed for poison control services to an academic health care system that includes a children's hospital that has a high indigent care volume.</p>	Sec. 4-1694. Retain current law.	Sec. 1694. From the funds appropriated in part 1 for special Medicaid reimbursement, \$378,000.00 \$386,700.00 of general fund/general purpose revenue and any associated federal match shall be distributed for poison control services to an academic health care system that includes a children's hospital that has a high indigent care volume.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Authorizes separate payments for hospitals serving a disproportionate share of indigent patients in the amount of \$45.0 million, and those hospitals providing GME training programs. Distribution is based on a methodology used in FY 2003-04. A distribution report is due by September 30 of the current fiscal year.</i></p> <p>Sec. 1699. (1) The department may make separate payments in the amount of \$45,000,000.00 directly to qualifying hospitals serving a disproportionate share of indigent patients and to hospitals providing GME training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to Medicaid clients, hospitals shall not include GME costs or DSH payments in their contracts with HMOs.</p>	<p>Sec. 4-1699. (1) Retain current law.</p>	<p>Delete current law.</p>	
<p>(2) The department shall allocate \$45,000,000.00 in DSH funding using the distribution methodology used in fiscal year 2003-2004.</p>	<p>(2) Retain current law.</p>	<p>Sec. 1699. (2) (1) Retain current law.</p>	
<p>(3) By September 30 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the new distribution of funding to each eligible hospital from the GME and DSH pools.</p>	<p>(3) By September 30 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health, and the senate and house fiscal agencies, AND THE STATE BUDGET OFFICE on the new distribution of funding to each eligible hospital from the GME and DSH pools.</p>	<p>(3) (2) By September 30 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health, and the senate and house fiscal agencies, AND THE STATE BUDGET OFFICE on the new distribution of funding to each eligible hospital from the GME and DSH pools.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs DCH to allow pharmacies to purchase injectable drugs for treatment of respiratory syncytial virus for shipment to physician's offices; allows Medicaid reimbursement for dispensing and administration if patients are eligible.</i></p> <p>Sec. 1724. The department shall allow licensed pharmacies to purchase injectable drugs for the treatment of respiratory syncytial virus for shipment to physicians' offices to be administered to specific patients. If the affected patients are Medicaid eligible, the department shall reimburse pharmacies for the dispensing of the injectable drugs and reimburse physicians for the administration of the injectable drugs.</p>	Delete current law.	Sec. 1724. Retain current law.	
Sec. 1730. New House Language.		SEC. 1730. THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF EDUCATION TO EVALUATE THE FEASIBILITY OF INCLUDING AN ASSESSMENT TOOL TO PROMOTE LITERACY DEVELOPMENT OF PREGNANT WOMEN AND NEW MOTHERS IN THE MATERNAL INFANT HEALTH PROGRAM.	
Sec. 1735. New House Language.		SEC. 1735. THE DEPARTMENT SHALL WORK WITH AMBULANCE PROVIDERS TO EXPLORE THE FEASIBILITY OF IMPLEMENTING A QUALITY ASSURANCE ASSESSMENT FOR AMBULANCE PROVIDERS.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to direct Department of Human Services to require Medicaid applicants to prove that they are residing legally in the United States and that they are residents of Michigan.</i></p> <p>Sec. 1757. The department shall direct the department of human services to obtain proof from all Medicaid recipients that they are legal United States citizens or otherwise legally residing in this country and that they are residents of this state before approving Medicaid eligibility.</p>	Delete current law.	Sec. 1757. Retain current law.	
<p><i>Requires DCH to annually certify that rates paid to Medicaid health plans and specialty prepaid inpatient health plans are actuarially sound and to notify the House, Senate, and fiscal agencies immediately upon rate certification and approval. Also directs DCH to consider including an economic impact of the approved rates on Medicaid health plans.</i></p> <p>Sec. 1764. The department shall annually certify rates paid to Medicaid health plans and specialty prepaid inpatient health plans as being actuarially sound in accordance with federal requirements and shall provide a copy of the rate certification and approval immediately to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies.</p>	Delete current law.	<p>Sec. 1764. The department shall annually certify rates paid to Medicaid health plans and specialty prepaid inpatient health plans as being actuarially sound in accordance with federal requirements and shall provide a copy of the rate certification and approval OF RATES PAID TO MEDICAID HEALTH PLANS AND SPECIALTY PREPAID INPATIENT HEALTH PLANS immediately WITHIN 5 BUSINESS DAYS AFTER CERTIFICATION OR APPROVAL to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Creates the health insurer fee reserve fund to provide funding for Medicaid health plans for the cost of the 2015 insurance provider's fee under the Affordable Care Act. Stipulates that the funds shall not be used for this purpose until (1) the Internal Revenue Service finalizes the fee rate and (2) the State Budget Director approves the level of funding.</i></p> <p>Sec. 1765. There shall be established a health insurer fee reserve fund of \$30,000,000.00 general fund/general purpose and associated federal match to provide funding to Medicaid health plans for the cost of the 2015 insurance provider's fee under section 9010 of the patient protection and affordable care act, Public Law 111-148, as amended by the health care and education reconciliation act of 2010, Public Law 111-152. Funds will be expended as provided for in this section only after the internal revenue service finalizes the 2015 percent assessment of the fee and the state budget director approves the amount of reimbursement from the fund. The state budget director shall provide notification to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies at least 15 days before exercising the authority under this section. Upon notification by the state budget director, the funds shall be available for use as a source of financing for Medicaid health plan payments.</p>	Delete current law.	Delete current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to report to the Legislature quarterly on progress in implementing the federally-approved managed care waiver for dual Medicare/Medicaid eligibles.</i></p> <p>Sec. 1775. If the state's application for a waiver to implement managed care for dual Medicare/Medicaid eligibles is approved by the federal government, the department shall provide quarterly reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on progress in implementing the waiver.</p>	<p>Sec. 4-1775. (1) If the state's application for a waiver to implement managed care for dual Medicare/Medicaid eligibles is approved by the federal government, the department shall provide quarterly reports to the senate and house appropriations subcommittees on community health, and the senate and house fiscal agencies, AND THE STATE BUDGET OFFICE on progress in implementing the waiver MI HEALTH LINK DEMONSTRATION, INCLUDING A DESCRIPTION OF HOW THE DEPARTMENT INTENDS TO ENSURE THAT SERVICE DELIVERY IS INTEGRATED AND KEY COMPONENTS OF THE PROPOSAL ARE IMPLEMENTED EFFECTIVELY.</p>	<p>Sec. 1775. (1) If the state's application for a waiver to implement managed care for dual Medicare/Medicaid eligibles is approved by the federal government, BY MARCH 1 AND SEPTEMBER 1 OF THE CURRENT FISCAL YEAR, the department shall provide quarterly reports to the senate and house appropriations subcommittees on community health, and the senate and house fiscal agencies, AND THE STATE BUDGET OFFICE on progress in implementing the waiver TO IMPLEMENT MANAGED CARE FOR INDIVIDUALS WHO ARE ELIGIBLE FOR BOTH MEDICARE AND MEDICAID, KNOWN AS MI HEALTH LINK, INCLUDING, BUT NOT LIMITED TO, A DESCRIPTION OF HOW THE DEPARTMENT INTENDS TO ENSURE THAT SERVICE DELIVERY IS INTEGRATED, HOW KEY COMPONENTS OF THE PROPOSAL ARE IMPLEMENTED EFFECTIVELY, AND ANY PROBLEMS AND POTENTIAL SOLUTIONS AS IDENTIFIED BY THE OMBUDSMAN DESCRIBED IN SUBSECTION (2).</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) New Executive Language.</p>	<p>(2) THE DEPARTMENT SHALL ASSURE THE EXISTENCE OF AN OMBUDSMAN PROGRAM THAT IS NOT ASSOCIATED WITH ANY PROJECT SERVICE MANAGER OR PROVIDER TO ASSIST MI HEALTH LINK BENEFICIARIES WITH NAVIGATING COMPLAINT AND DISPUTE RESOLUTION MECHANISMS IDENTIFY PROBLEMS IN THE DEMONSTRATIONS COMPLAINT AND DISPUTE RESOLUTION MECHANISMS, AND TO REPORT TO THE EXECUTIVE AND LEGISLATIVE BRANCHES ON ANY SUCH PROGRAMS AND POTENTIAL SOLUTIONS FOR THEM.</p>	<p>(2) THE DEPARTMENT SHALL ASSURE THE EXISTENCE OF AN OMBUDSMAN PROGRAM THAT IS NOT ASSOCIATED WITH ANY PROJECT SERVICE MANAGER OR PROVIDER TO ASSIST MI HEALTH LINK BENEFICIARIES WITH NAVIGATING COMPLAINT AND DISPUTE RESOLUTION MECHANISMS AND TO IDENTIFY PROBLEMS IN THE DEMONSTRATIONS AND IN THE COMPLAINT AND DISPUTE RESOLUTION MECHANISMS, AND TO REPORT TO THE EXECUTIVE AND LEGISLATIVE BRANCHES ON ANY SUCH PROGRAMS AND POTENTIAL SOLUTIONS FOR THEM.</p>	
<p><i>Requires DCH to explore establishment of a Medicaid value pool that rewards and incentivizes hospitals providing low cost and high quality services. Requires establishment of a workgroup to assist in the development of metrics used to determine value. Also requires DCH to report to the Legislature and State Budget Director on the progress of the workgroup.</i></p> <p>Sec. 1800. From the \$85,000,000.00 increase in funding in part 1 for outpatient disproportionate share hospital payments, the department shall explore establishing a Medicaid value pool that rewards and incentivizes hospitals providing low-cost and high-quality Medicaid services. The department shall convene a workgroup of hospitals to assist in the development of the metrics utilized to determine value, and shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the results of the workgroup by April 1 of the current fiscal year.</p>	<p>New Executive Language:</p> <p>SEC. 4-1800. THE DEPARTMENT SHALL DISTRIBUTE THE \$85,000,000.00 MEDICAID VALUE DISPROPORTIONATE SHARE HOSPITAL PAYMENT POOL BASED ON METRICS UTILIZED TO DETERMINE VALUE.</p>	<p>Sec. 1800. Concur with Executive.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to (1) increase rates to primary care service providers and (2) establish policies to limit the rate increase to practitioners that solely practice primary care.</i></p> <p>Sec. 1801. Beginning January 1, 2015, from the funds appropriated in part 1 for physician services and health plan services, the department shall use \$25,000,000.00 in general fund/general purpose plus associated federal match to increase Medicaid rates for primary care services provided only by primary care providers. For the purpose of this section, a primary care provider is a physician, or a practitioner working under the personal supervision of a physician, who is board-eligible or certified with a specialty designation of family medicine, general internal medicine, or pediatric medicine, or a provider who provides the department with documentation of equivalency. Providers performing a service and whose primary practice is as a non-primary-care subspecialty is not eligible for the increase. The department shall establish policies that most effectively limit the increase to primary care providers for primary care services only.</p>	<p>Sec. 4-1801. Retain current law.</p>	<p>Sec. 1801. Beginning January 1, 2015, from the funds appropriated in part 1 for physician services and health plan services, the department shall use \$25,000,000.00 \$33,318,800.00 in general fund/general purpose plus associated federal match to CONTINUE THE increase TO Medicaid rates for primary care services provided only by primary care providers. For the purpose of this section, a primary care provider is a physician, or a practitioner working under the personal supervision of a physician, who is board-eligible or certified with a specialty designation of family medicine, general internal medicine, or pediatric medicine, or a provider who provides the department with documentation of equivalency. Providers performing a service and whose primary practice is as a non-primary-care subspecialty is not eligible for the increase. The department shall establish policies that most effectively limit the increase to primary care providers for primary care services only.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs lump sum payments to hospitals that qualified for rural hospital access payments in the current fiscal year at a rate of \$830 for each obstetrical care case payment and each newborn care case payment for all such cases billed by the qualified hospital for fiscal year 2012-13.</i></p> <p>Sec. 1802. From the funds appropriated in part 1, a lump-sum payment shall be made to hospitals that qualified for rural hospital access payments in fiscal year 2013-2014 and that provide obstetrical care in the current fiscal year. The payment shall be calculated as \$830.00 for each obstetrical care case payment and each newborn care case payment for all such cases billed by the qualified hospitals for fiscal year 2012-2013 and shall be paid through the Medicaid health plan hospital rate adjustment process by January 1 of the current fiscal year.</p>	Delete current law.	Sec. 1802. Retain current law.	
<p><i>Requires DCH, in cooperation with Department of Human Services and the Department of Military and Veterans Affairs, to work with the federal government's public assistance reporting information system to identify Medicaid recipients who are veterans and may be eligible for federal veteran's health care benefits.</i></p> <p>Sec. 1804. The department, in cooperation with the department of human services and the department of military and veterans affairs, shall work with the federal public assistance reporting information system to identify Medicaid recipients who are veterans and who may be eligible for federal veterans health care benefits or other benefits.</p>	Sec. 4-1804. Retain current law.	Sec. 1804. Retain current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits DCH from implementing a capitation withhold as part of overall health plan capitation rate schedule that exceeds the 0.19% withhold administered during FY 2008-09.</i></p> <p>Sec. 1815. From the funds appropriated in part 1 for health plan services, the department shall not implement a capitation withhold as part of the overall capitation rate schedule that exceeds the 0.19% withhold administered during fiscal year 2008-2009.</p>	Delete current law.	Delete current law.	
<p><i>Requires the Department to give consideration to Medicaid health plan accreditation when establishing compliance with State program review criteria or audit requirements; includes a report requirement; requires the Department to continue to comply with federal and State laws and not initiate any action that would jeopardize beneficiary safety.</i></p> <p>Sec. 1820. (1) In order to avoid duplication of efforts, the department shall utilize applicable national accreditation review criteria to determine compliance with corresponding state requirements for Medicaid health plans that have been reviewed and accredited by a national accrediting entity for health care services.</p>	Delete current law.	Sec. 1820. (1) Retain current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
(2) Upon submission by Medicaid health plans of a listing of program requirements that are part of the state program review criteria but are not reviewed by an applicable national accrediting entity, the department shall review the listing and provide a recommendation to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office as to whether or not state program review should continue. The Medicaid health plans may request the department to convene a workgroup to fulfill this section.	Delete current law.	Delete current law.	
(3) The department shall continue to comply with state and federal law and shall not initiate an action that negatively impacts beneficiary safety.	Delete current law.	(3) (2) Retain current law.	
(4) As used in this section, “national accrediting entity” means the national committee for quality assurance, the utilization review accreditation committee, or other appropriate entity, as approved by the department.	Delete current law.	(4) (3) As used in this section, “national accrediting entity” means the n National e Committee for e Quality a Assurance, the URAC, FORMERLY KNOWN AS THE u Utilization r Review a Accreditation c ommittee COMMISSION , or other appropriate entity, as approved by the department.	
(5) By July 1 of the current fiscal year, the department shall provide a progress report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on implementation of this section.	Delete current law.	(5) (4) Retain current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires that DCH explore the use of telemedicine and telepsychiatry as a means to increase Medicaid recipients who reside in underserved areas access to primary care services.</i></p> <p>Sec. 1837. The department shall explore utilization of telemedicine and telepsychiatry as strategies to increase access to services for Medicaid recipients in medically underserved areas.</p>	Delete current law.	<p>Sec. 1837. The department shall explore CONTINUE, AND EXPAND WHERE APPROPRIATE, utilization of telemedicine and telepsychiatry as strategies to increase access to services for Medicaid recipients in medically underserved areas.</p>	
<p><i>Requires the Department, subject to the availability of funds and the hospital qualifying, to adjust outpatient Medicaid reimbursement rates to be the actual cost of delivering outpatient services to that hospital's Medicaid recipients. The term qualifying hospital is defined.</i></p> <p>Sec. 1842. (1) Subject to the availability of funds, the department shall adjust the hospital outpatient Medicaid reimbursement rate for qualifying hospitals as provided in this section. The Medicaid reimbursement rate for qualifying hospitals shall be adjusted to provide each qualifying hospital with its actual cost of delivering outpatient services to Medicaid recipients.</p>	Delete current law.	<p>Sec. 1842. (1) Retain current law.</p>	
<p>(2) As used in this section, "qualifying hospital" means a hospital that has not more than 50 staffed beds and is either located outside a metropolitan statistical area or in a metropolitan statistical area but within a city, village, or township with a population of not more than 12,000 according to the official 2010 federal decennial census and within a county with a population of not more than 165,000 according to the official 2010 federal decennial census.</p>	Delete current law.	<p>(2) Retain current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs the Department to distribute GME funds with an emphasis on (1) encouragement of the training of physicians in specialties, including primary care, that are necessary to meet future needs of this State, and (2) the training of physicians in settings that include ambulatory sites and rural locations.</i></p> <p>Sec. 1846. From the funds appropriated in part 1 for graduate medical education, the department shall distribute the funds with an emphasis on the following health care workforce goals:</p> <p>(a) The encouragement of the training of physicians in specialties, including primary care, that are necessary to meet the future needs of residents of this state.</p> <p>(b) The training of physicians in settings that include ambulatory sites and rural locations.</p>	Delete current law.	Sec. 1846. Retain current law.	
<p><i>States legislative intent to expand the Healthy Kids Dental Program to Kent, Oakland, and Wayne counties in fiscal year 2015-16.</i></p> <p>Sec. 1848. It is the intent of the legislature that the healthy kids dental program be expanded in fiscal year 2015-2016 to cover Kent, Oakland, and Wayne counties.</p>	Delete current law.	Transfer to Sec. 1894.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Permits the Department to allow HMOs to assist in redetermination of Medicaid recipient's eligibility.</i></p> <p>Sec. 1850. The department may allow Medicaid health plans to assist with the redetermination process through outreach activities to ensure continuation of Medicaid eligibility and enrollment in managed care. This may include mailings, telephone contact, or face-to-face contact with beneficiaries enrolled in the individual Medicaid health plan. Health plans may offer assistance in completing paperwork for beneficiaries enrolled in their plan.</p>	Delete current law.	Delete current law.	
<p><i>Permits the Department to work with providers of kidney dialysis services and renal care to develop a chronic condition health home program for Medicaid enrollees. If initiated, directs the Department to develop metrics to evaluate the program, and submit a report to the Legislature.</i></p> <p>Sec. 1854. The department may work with a provider of kidney dialysis services and renal care as authorized under section 2703 of the patient protection and affordable care act, Public Law 111-148, to develop a chronic condition health home program for Medicaid enrollees identified with chronic kidney disease and who are beginning dialysis. If initiated, the department shall develop metrics that evaluate program effectiveness and submit a report by June 1 of the current fiscal year to the senate and house appropriations subcommittees on community health. Metrics shall include cost savings and clinical outcomes.</p>	Delete current law.	Delete current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Includes treatment for autism spectrum disorders as a required service as defined in the federally approved state plan.</i></p> <p>Sec. 1858. Medicaid services shall include treatment for autism spectrum disorders as defined in the federally approved Medicaid state plan. Such alternatives may be coordinated with the Medicaid health plans and the Michigan association of health plans.</p>	<p>Sec. 4-1858. Retain current law.</p>	<p>Transfer to Sec. 458.</p>	
<p><i>Requires the Department to review the efficiency and effectiveness of the current nonemergency transportation system and report the results to the Legislature. Directs the Department to create a pilot in at least two counties, with priority given to Berrien and Muskegon counties, to provide nonemergency transportation services encouraging use of nonprofit entities.</i></p> <p>Sec. 1861. (1) The department shall conduct a review of the efficiency and effectiveness of the current nonemergency transportation system funded in part 1. For nonemergency transportation services provided outside the current broker coverage, the review is contingent on available detailed travel data, including methods of travel, number of people served, travel distances, number of trips, and costs of trips. The department shall report the results of the review required under this subsection to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies no later than September 30 of the current fiscal year.</p>	<p>Delete current law.</p>	<p>New House Language:</p> <p>SEC. 1861. THE DEPARTMENT SHALL ENCOURAGE COOPERATION BETWEEN THE MEDICAID MANAGED CARE HEALTH PLANS AND THE NONPROFIT ENTITIES PROVIDING NONEMERGENCY TRANSPORTATION SERVICES TO PILOT A NONEMERGENCY TRANSPORTATION SYSTEM IN AT LEAST 2 COUNTIES WITH PRIORITY GIVING TO BERRIEN AND MUSKEGON COUNTIES.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) The department shall create a pilot nonemergency transportation system in at least 2 counties with priority given to Berrien and Muskegon Counties to provide nonemergency transportation services encouraging use of nonprofit entities. The transportation providers selected by the department are responsible for ensuring that federal and state safety and training standards are met.</p>	Delete current law.	Delete current law.	
<p><i>Requires the Department to increase obstetrical service payment rates to 95% of Medicare levels effective October 1, 2014.</i></p> <p>Sec. 1862. From the funds appropriated in part 1, the department shall increase payment rates for Medicaid obstetrical services to 95% of Medicare levels effective October 1, 2014.</p>	Delete current law.	<p>Sec. 1862. From the funds appropriated in part 1, the department shall increase MAINTAIN payment rates for Medicaid obstetrical services to AT 95% of Medicare levels effective October 1, 2014.</p>	
<p><i>Requires the Department to report on how it intends to administer and oversee a federally approved proposal for integrated care for dual eligibles. The report shall include how the Department intends to organize staff in an integrated manner for effective implementation.</i></p> <p>Sec. 1865. Upon federal approval of the department's proposal for integrated care for individuals who are dual Medicare/Medicaid eligibles, the department shall provide the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies its plan and organizational chart for administering and providing oversight of this proposal. The plan shall include information on how the department intends to organize staff in an integrated manner to ensure that key components of the proposal are implemented effectively.</p>	Delete current law.	Delete current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to award \$12.0 million GF/GP, and any associated federal Medicaid match, to hospitals providing services to low-income rural residents with those hospitals meeting certain criteria established by the Department and that one of the components of the distribution formula shall be assistance with labor and delivery services. No hospital or hospital system may receive more than 10% of the total distribution; DCH must provide each hospital the distribution methodology and data used to determine payment amounts by August 1 of the current fiscal year; publish payment distribution information for both the immediate and preceding fiscal years; and submit a distribution report to the Legislature by April 1 of the current fiscal year.</i></p> <p>Sec. 1866. (1) From the funds appropriated in part 1 for hospital services and therapy, \$12,000,000.00 in general fund/ general purpose revenue and any associated federal match shall be awarded to hospitals that meet criteria established by the department for services to low-income rural residents. One of the reimbursement components of the distribution formula shall be assistance with labor and delivery services.</p>	Delete current law.	<p>Sec. 1866. (1) From the funds appropriated in part 1 for hospital services and therapy, \$12,000,000.00 \$10,000,000.00 in general fund/ general purpose revenue and any associated federal match shall be awarded to hospitals that meet criteria established by the department for services to low-income rural residents. One of the reimbursement components of the distribution formula shall be assistance with labor and delivery services.</p>	
(2) No hospital or hospital system shall receive more than 10.0% of the total funding referenced in subsection (1).	Delete current law.	(2) Retain current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
(3) To allow hospitals to understand their rural payment amounts under this section, the department shall provide hospitals with the methodology for distribution under this section and provide each hospital with its applicable data that are used to determine the payment amounts by August 1 of the current fiscal year. The department shall publish the distribution of payments for the current fiscal year and the immediately preceding fiscal year.	Delete current law.	(3) Retain current law.	
(4) The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the distribution of funds referenced in subsection (1) by April 1 of the current fiscal year.	Delete current law.	(4) Retain current law.	
<p><i>Directs the Department to establish the MIDocs consortium to develop freestanding residency training programs in primary care and other ambulatory care-based specialties. Requires annual report, legally create the consortium, to obtain ACGME accreditation, and develop new residency programs.</i></p> <p>Sec. 1870. The department shall work in collaboration with Michigan-based medical schools that choose to participate in the creation of a graduate medical education consortium known as MIDocs. The purpose of MIDocs is to develop freestanding residency training programs in primary care and other ambulatory care-based specialties. MIDocs shall design residency training programs to address physician shortage needs in this state, including placing physicians post-residency in underserved communities across this state. MIDocs shall give special consideration to small and rural hospitals with a GME program director. MIDocs' voting members will include any Michigan-based university with a medical school or an affiliated</p>	Delete current law.	<p>Sec. 1870. IT IS THE INTENT OF THE LEGISLATURE THAT the department shall work in collaboration with Michigan-based medical schools that choose to participate in the creation of a graduate medical education consortium known as MIDocs. The purpose of MIDocs is to develop freestanding residency training programs in primary care and other ambulatory care-based specialties. MIDocs shall design residency training programs to address physician shortage needs in this state, including placing physicians post-residency in underserved communities across this state. MIDocs shall give special consideration to small and rural hospitals with a GME program director. MIDocs' voting members will include any Michigan-based university</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>faculty practice physician group that is making a substantial contribution to MIDocs programs. The department shall be a permanent nonvoting member of MIDocs. The department, in collaboration with MIDocs voting members, may also appoint nonvoting members to MIDocs to represent various stakeholders. As the sponsoring institution and fiduciary, MIDocs shall assure initial and continued accreditation from the accreditation council for graduate medical education or ACGME, financial accountability, clinical quality, and compliance. The department shall require an annual report from MIDocs detailing per resident costs for medical training and clinical quality measures. The department shall create MIDocs no later than January 10, 2015. MIDocs shall provide the department with a report proposing the creation of new residency programs and an actionable plan for retaining consortium related students post-residency, especially in underserved communities. From the funds appropriated in part 1, \$500,000.00 is allocated to prepare the report, legally create the consortium, prepare to obtain ACGME accreditation, and develop new residency programs.</p>		<p>with a medical school or an affiliated faculty practice physician group that is making a substantial contribution to MIDocs programs. The department shall be a permanent nonvoting member of MIDocs. The department, in collaboration with MIDocs voting members, may also appoint nonvoting members to MIDocs to represent various stakeholders. As the sponsoring institution and fiduciary, MIDocs shall assure initial and continued accreditation from the accreditation council for graduate medical education or ACGME, financial accountability, clinical quality, and compliance. The department shall require an annual report from MIDocs detailing per resident costs for medical training and clinical quality measures. The department shall create MIDocs no later than January 10, 2015. MIDocs shall provide the department with a report proposing the creation of new residency programs and an actionable plan for retaining consortium related students post-residency, especially in underserved communities. From the funds appropriated in part 1, \$500,000.00 is allocated to prepare the report, legally create the consortium, prepare to obtain ACGME accreditation, and develop new residency programs.</p>	
<p><i>Permits the DCH to explore ways of working with private providers to reduce Medicaid fraud, waste and abuse.</i></p> <p>Sec. 1874. The department may explore ways to work with private providers to develop fraud management solutions to reduce fraud, waste, and abuse in this state's Medicaid program.</p>	Delete current law.	Delete current law.	



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

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Encourages the Department to assure the existence of an ombudsman and ombudsman program for activities undertaken with a federally negotiated integrated health care for dual eligibles program.</i></p> <p>Sec. 1878. In any project negotiated with the federal government for integrated health care of individuals dually enrolled in Medicaid and Medicare, the department shall seek to assure the existence of an ombudsman program that is not associated with any project service manager or provider. For activities to be undertaken by the ombudsman program, the department shall include, but is not limited to, assisting beneficiaries with navigating complaint and dispute resolution mechanisms, identifying problems in the project's complaint and dispute resolution mechanisms, and reporting to the executive and legislative branches on any such problems and potential solutions for them.</p>	Delete current law.	Delete current law.	
<p><i>Directs the Department to seek to use Medicare Part D prescription drug coverage for any federally negotiated program of integrated health care for dual eligibles.</i></p> <p>Sec. 1879. In any program of integrated service for persons dually enrolled in Medicaid and Medicare that the department negotiates with the federal government, the department shall seek to use the Medicare Part D benefit for prescription drug coverage.</p>	Delete current law.	Delete current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to create a default eligibility and enrollment that assigns newborns, at birth, to the same Medicaid HMO as the mother.</i></p> <p>Sec. 1881. The department shall create a default eligibility and enrollment determination for newborns so that newborns are assigned to the same Medicaid health plan as the mother at the time of birth.</p>	Delete current law.	Sec. 1881. Retain current law.	
<p><i>Directs the Department to consider developing an appropriate policy and rate for observation stays.</i></p> <p>Sec. 1883. For the purposes of more effectively managing inpatient care for Medicaid health plans and Medicaid fee-for-service, the department shall consider developing an appropriate policy and rate for observation stays.</p>	Delete current law.	Delete current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to work with the Department of Human Services to determine how to maximize Medicaid claims for community-based and outpatient treatment services to foster care children and adjudicated youths who are placed in community-based treatment programs.</i></p> <p>Sec. 1886. The department shall work in conjunction with the workgroup established by the department of human services to determine how the state can maximize Medicaid claims for community-based and outpatient treatment services to foster care children and adjudicated youths who are placed in community-based treatment programs. The department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by March 1 of the current fiscal year on the findings of the workgroup.</p>	<p>Delete current law.</p>	<p>Sec. 1886. The department shall CONTINUE TO work in conjunction with the workgroup established by the department of human services to determine how the state can maximize Medicaid claims FEDERAL REVENUES for community-based and outpatient treatment services to foster care children and adjudicated youths who are placed in community-based treatment programs. The department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by March 1 of the current fiscal year on the findings PROGRESS IN IMPLEMENTING THE RECOMMENDATIONS of the workgroup.</p>	



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

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs the Department to establish contract performance standards associated with the capitation withhold provisions for Medicaid health plans at least three months in advance of the implementation of those standards. Clarifies that the determination of whether performance standards have been met shall be based primarily on recognized concepts such as one-year continuous enrollment and the healthcare effectiveness data and information set (HEDIS).</i></p> <p>Sec. 1888. The department shall establish contract performance standards associated with the capitation withhold provisions under section 1815 for Medicaid health plans at least 3 months in advance of the implementation of those standards. The determination of whether performance standards have been met shall be based primarily on recognized concepts such as 1-year continuous enrollment and the healthcare effectiveness data and information set, HEDIS, audited data.</p>	<p>Sec. 4-1888. Retain current law.</p>	<p>Sec. 1888. The department shall establish contract performance standards associated with the capitation withhold provisions under section 1815 for Medicaid health plans at least 3 months in advance of the implementation of those standards. The determination of whether performance standards have been met shall be based primarily on recognized concepts such as 1-year continuous enrollment and the healthcare effectiveness data and information set, HEDIS, audited data.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to ensure Medicaid recipients access to breast pumps.</i></p> <p>Sec. 1890. From the funds appropriated in part 1 for pharmaceutical services, the department shall ensure Medicaid recipients access to breast pumps to support and encourage breastfeeding. The department shall adjust Medicaid policy to, at a minimum, provide an individual double electric style pump to a breastfeeding mother when a physician prescribes such a device based on diagnosis of mother or infant. If the distribution method for pumps or other equipment is a department contract with durable medical equipment providers, the department shall guarantee providers stock and rent to Medicaid recipients without delay or undue restriction.</p>	<p>Delete current law.</p>	<p>Sec. 1890. Retain current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs the creation of a joint workgroup between the Departments of Human Services, Transportation, Corrections, Treasury, and members of the Legislature to determine if the state can maximize services and funding for transportation for low-income, elderly, and disabled individuals by consolidating current transportation services for these populations under one department.</i></p> <p>Sec. 1892. The department shall conduct a workgroup jointly with the department of human services, the department of transportation, the department of corrections, the strategic fund in the department of treasury, and members from both the senate and house of representatives to determine if the state can maximize its services and funding for transportation for low-income, elderly, and disabled individuals through consolidating all of the current transportation services for these populations under 1 department.</p>	Delete current law.	Delete current law.	
<p><i>Directs the Department, jointly with the Department of Human Services, to explore the feasibility of securing Medicaid funds for children in need of secure residential treatment. Requires a progress report on the initial exploration by December 1 of the current fiscal year.</i></p> <p>Sec. 1893. (1) The department, jointly with the department of human services, shall explore the feasibility of securing federal Medicaid funds for children in need of secure residential treatment in this state. The departments shall include an examination of the public juvenile detention facilities or private secure residential facilities in this state as possible treatment sites.</p>	Delete current law.	Delete current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
(2) If the exploration determines that federal Medicaid funds are available for services to this population, the department, jointly with the department of human services, shall develop a plan to provide stabilization services, assessment, and treatment accordingly.	Delete current law.	Delete current law.	
(3) By December 1 of the current fiscal year, the department, jointly with the department of human services, shall provide a progress report to the senate and house subcommittees on community health and the senate and house fiscal agencies outlining all of the following: (a) The findings of the initial exploration. (b) A comparison of similar services provided by juvenile rehabilitation centers that receive Medicaid funds in other states, including, but not limited to, the Woodside Juvenile Rehabilitation Center in the State of Vermont, with those provided in public juvenile detention facilities or private secure residential facilities in this state. (c) Any barriers to securing Medicaid funds for such services in this state. (d) Recommendations for future action, if any.	Delete current law.	Delete current law.	
Sec. 1894. (1) New Executive Language.	SEC. 4-1894. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR DENTAL SERVICES, THE DEPARTMENT SHALL EXPAND THE HEALTHY KIDS DENTAL PROGRAM TO CHILDREN WHO HAVE NOT YET REACHED THE AGE OF NINE IN KENT, OAKLAND AND WAYNE COUNTIES. THIS PROGRAM EXPANSION WILL IMPROVE ACCESS TO NECESSARY DENTAL SERVICES FOR MEDICAID-ENROLLED CHILDREN.	Sec. 1894. (1) Concur with Executive.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
(2) New Executive Language.	<p>(2) OUTCOMES AND PERFORMANCE MEASURES FOR THIS INITIATIVE INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:</p> <p>(A) THE NUMBER OF MEDICAID-ENROLLED CHILDREN UNDER THE AGE OF NINE IN KENT, OAKLAND AND WAYNE COUNTIES WHO VISITED THE DENTIST OVER THE PRIOR YEAR.</p> <p>(B) THE NUMBER OF DENTISTS IN KENT, OAKLAND AND WAYNE COUNTIES WHO WILL ACCEPT MEDICAID PAYMENT FOR SERVICES TO CHILDREN.</p>	<p>(2) OUTCOMES AND PERFORMANCE MEASURES FOR THIS INITIATIVE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:</p> <p>(A) THE NUMBER OF MEDICAID-ENROLLED CHILDREN UNDER THE AGE OF NINE IN KENT, OAKLAND AND WAYNE COUNTIES WHO VISITED THE DENTIST OVER THE PRIOR YEAR.</p> <p>(B) THE NUMBER OF DENTISTS IN KENT, OAKLAND AND WAYNE COUNTIES WHO WILL ACCEPT MEDICAID PAYMENT FOR SERVICES TO CHILDREN.</p> <p>(3) THE CHANGE IN DENTAL UTILIZATION IN KENT, OAKLAND AND WAYNE COUNTIES, BEFORE AND AFTER IMPLEMENTATION.</p>	
(3) Transfer in Sec. 1848.		Sec. 1848. (3) It is the intent of the legislature that the healthy kids dental program be expanded in THE fiscal year 2015-2016 ENDING SEPTEMBER 30, 2017 to cover ADDITIONAL CHILDREN IN Kent, Oakland, and Wayne eCounties.	
Sec. 1895. (1) New Executive Language.	SEC. 4-1895. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR DENTAL SERVICES, THE DEPARTMENT SHALL CONTRACT WITH A MANAGED CARE ORGANIZATION FOR THE ADMINISTRATION OF THE MEDICAID ADULT DENTAL BENEFIT. THIS PROGRAM EXPANSION WILL IMPROVE ACCESS TO NECESSARY DENTAL SERVICES FOR MEDICAID-ENROLLED ADULTS.	Not included.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
(2) New Executive Language.	(2) THE BEGIN DATE FOR THE MANAGED CARE CONTRACT REFERENCED IN (1) OF THIS SECTION SHALL BE AT LEAST SIX MONTHS AFTER THE BEGIN DATE OF NEW CONTRACTS WITH MEDICAID HEALTH PLANS FOR PHYSICAL HEALTH MEDICAID SERVICES.	Not included.	
(3) New Executive Language.	(3) OUTCOMES AND PERFORMANCE MEASURES FOR THIS PROGRAM CHANGE INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING (A) THE NUMBER OF ADULTS ENROLLED IN MEDICAID WHO VISITED A DENTIST OVER THE PRIOR YEAR. (B) THE NUMBER OF DENTISTS STATEWIDE WHO PARTICIPATE IN THE DENTAL MANAGED CARE ORGANIZATION'S PROVIDER NETWORK.	Not included.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs the Department, upon the receipt of private matching funds, to allocate up to \$35,000 to identify the impact of gestational diabetes and reduce the impact of the condition on the Medicaid program. Requires the Department to submit a report by September 30 of the current fiscal year on steps taken and proposed to comply with this section.</i></p> <p>Sec. 1896. (1) From the funds appropriated in part 1 and upon the receipt of private matching funds, the department shall allocate up to \$35,000.00 to identify the impact of gestational diabetes and reduce the impact of the condition on the Medicaid program. These steps shall include all of the following:</p> <p>(a) Reviewing Medicaid claims information and data to determine the average cost of a case of gestational diabetes in comparison to the cost of a noncomplicated pregnancy and the cost of pregnancy for a woman with gestational diabetes.</p> <p>(b) Determining the percentage and number of pregnant women screened for gestational diabetes per established medical criteria.</p> <p>(c) Determining the percentage and number of pregnant women diagnosed with gestational diabetes in the Medicaid program each year in comparison to all pregnant women in the Medicaid program.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) By September 30 of the current fiscal year, the department shall submit a report to the legislature on steps taken and proposed to increase the screening rate for gestational diabetes in the Medicaid program, to reduce the number of women with undiagnosed gestational diabetes giving birth in the Medicaid program, to increase the number of pregnant women with gestational diabetes receiving appropriate medical care in the Medicaid program, and steps taken to improve the health of unborn and newborn children of women diagnosed with gestational diabetes.</p>	Delete current law.	Delete current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs the Department to take steps to identify the performance of the Medicaid program on all diabetes-specific performance measures as measured by the National Committee for Quality Assurance and the Utilization Review Accreditation Commission. Requires a report to the Legislature by September 30 of the current fiscal year on steps taken and proposed to improve performance.</i></p> <p>Sec. 1897. (1) From the funds appropriated in part 1, the department shall take steps to identify the performance of the Medicaid program on all diabetes-specific performance measures as measured by the national committee for quality assurance and the utilization review accreditation commission. These steps shall include:</p> <p>(a) Reviewing Medicaid claims information and data to determine the performance of the Medicaid program's fee for service and managed care plans for diabetes-specific and diabetes-related measures as assessed by the national committee for quality assurance and the utilization review accreditation commission over the past 5 years.</p> <p>(b) Comparing the claims information and data to the national averages for diabetes-specific and diabetes-related measures as assessed by the national committee for quality assurance and the utilization review accreditation commission over the past 5 years.</p> <p>(c) Identifying areas of strength and deficiencies for these measures specific to the Medicaid program.</p>	<p>Delete current law.</p>	<p>Sec. 1897. (1) From the funds appropriated in part 1, the department shall take steps to identify the performance of the Medicaid program on all diabetes-specific performance measures as measured by the nNational eCommittee for eQuality aAssurance and the uUtilization rReview aAccreditation eCommission. THE uUtilization rReview aAccreditation eCommission. These steps shall include:</p> <p>(a) Reviewing Medicaid claims information and data to determine the performance of the Medicaid program's fee for service and managed care plans for diabetes-specific and diabetes-related measures as assessed by the nNational eCommittee for eQuality aAssurance and the uUtilization rReview aAccreditation eCommission URAC over the past 5 years.</p> <p>(b) Comparing the claims information and data to the national averages for diabetes-specific and diabetes-related measures as assessed by the nNational eCommittee for eQuality aAssurance and the uUtilization rReview aAccreditation eCommission URAC over the past 5 years.</p> <p>(c) Identifying areas of strength and deficiencies for these measures specific to the Medicaid program.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) By September 30 of the current fiscal year, the department shall submit a report on steps taken and proposed to improve national committee for quality assurance and utilization review accreditation commission measure scores for all forms of diabetes within the Medicaid program to the legislature.</p>	<p>Delete current law.</p>	<p>(2) By September 30 of the current fiscal year UPON REQUEST, the department shall submit MAKE AVAILABLE a report on steps taken and proposed to improve national committee for quality assurance and utilization review accreditation commission measure scores for all forms of diabetes within the Medicaid program to the legislature.</p>	
<p><i>Directs the Department to increase personal care services rates by 6% effective October 1 of the current fiscal year.</i></p> <p>Sec. 1899. From the funds appropriated in part 1 for personal care services, the department shall increase the personal care services rate by 6% effective October 1 of the current fiscal year.</p>	<p>Delete current law.</p>	<p>Sec. 1899. From the funds appropriated in part 1 for personal care services, the department shall MAINTAIN THE 6% RATE increase the FOR personal care services rate by 6% effective October 1, 2014 of the current fiscal year.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Appropriations

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>ONE-TIME BASIS ONLY APPROPRIATIONS</u></p> <p><i>Subsection (1) allocates one-time funds to five higher education institutions for university autism programs including Eastern Michigan University, Central Michigan University, Oakland University, Western Michigan University, and Michigan State University. Subsection (2) allocates one-time funds to the Autism Alliance for assistance to aid individuals and families in choosing treatment and other service options.</i></p> <p>Sec. 1902. (1) From the funds appropriated in part 1 for university autism programs, the department shall make the following allocations:</p> <p>(a) \$1,000,000.00 to the Eastern Michigan University autism center. (b) \$500,000.00 to the Central Michigan University central assessment lending library. (c) \$500,000.00 to the Oakland University center for autism research, education, and support. (d) \$4,000,000.00 to the Western Michigan University autism center of excellence. (e) \$1,000,000.00 to Michigan State University autism services.</p>	<p><u>ONE-TIME BASIS ONLY APPROPRIATIONS</u></p> <p>Sec. 1902. (1) From the funds appropriated in part 1 for university autism programs, the department shall make the following allocations:</p> <p>(a) \$1,000,000.00 to the Eastern Michigan University autism center. (b) \$500,000.00 to the Central Michigan University central assessment lending library. (c) \$500,000.00 to the Oakland University center for autism research, education, and support. (d) \$4,000,000.00 to the Western Michigan University autism center of excellence. (e) \$1,000,000.00 to Michigan State University autism services.</p> <p>SUPPORT UNIVERSITY AUTISM PROGRAMS. THE PURPOSE OF THESE PROGRAMS IS TO INCREASE THE NUMBER OF APPLIED BEHAVIORAL ANALYSIS THERAPISTS IN THE STATE OF MICHIGAN.</p>	<p>Sec. 1902. (1) From the funds appropriated in part 1 for university autism programs, the department shall make the following allocations:</p> <p>(a) \$1,000,000.00 to the Eastern Michigan University autism center. (b) \$500,000.00 to the Central Michigan University central assessment lending library. (c) \$500,000.00 to the Oakland University center for autism research, education, and support. (d) \$4,000,000.00 to the Western Michigan University autism center of excellence. (e) \$1,000,000.00 to Michigan State University autism services.</p> <p>ALLOCATE FUNDS TO UNIVERSITIES FOR PROGRAMS TO INCREASE THE NUMBER OF APPLIED BEHAVIORAL ANALYSIS THERAPISTS IN THIS STATE.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Appropriations

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) From the funds appropriated in part 1 for autism family assistance services, \$1,500,000.00 shall be allocated to the autism alliance for autism support services designed to aid individuals and families in choosing treatment and other service options.</p>	<p>(2) From the funds appropriated in part 1 for autism family assistance services, \$1,500,000.00 shall be allocated to the autism alliance for autism support services designed to aid individuals and families in choosing treatment and other service options.</p> <p>OUTCOMES AND PERFORMANCE MEASURES FOR THIS INITIATIVE INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING: (A) THE NUMBER OF APPLIED BEHAVIORAL ANALYSIS THERAPISTS TRAINED BY RECIPIENT UNIVERSITIES.</p>	<p>(2) From the funds appropriated in part 1 for autism family assistance services, \$1,500,000.00 shall be allocated to the autism alliance for autism support services designed to aid individuals and families in choosing treatment and other service options.</p> <p>OUTCOMES AND PERFORMANCE MEASURES FOR THIS INITIATIVE INCLUDE THE NUMBER OF APPLIED BEHAVIORAL ANALYSIS THERAPISTS TRAINED BY RECIPIENT UNIVERSITIES.</p>	
<p><i>Directs DCH to allocate the one-time statewide trauma system funds to establish and operate statewide systems for trauma, stroke, ST segment elevation myocardial infarction, perinatal, and other time-dependent systems of care.</i></p> <p>Sec. 1904. From the funds appropriated in part 1 for the statewide trauma system, the department shall allocate funds to establish and operate statewide systems for trauma, stroke, ST segment elevation myocardial infarction, perinatal, and other time-dependent systems of care.</p>	Delete current law.	Delete current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Appropriations

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to allocate one-time bone marrow transplant registry funds to Michigan Blood bank for DNA tissue typing expenses related to donor recruitment and collection services, and to expand those services.</i></p> <p>Sec. 1905. From the funds appropriated in part 1 for bone marrow transplant registry, \$250,000.00 shall be allocated to Michigan Blood, the partner of the match registry of the national marrow donor program. The funds shall be used to offset ongoing tissue typing expenses associated with donor recruitment and collection services and to expand those services to better serve the citizens of this state.</p>	Delete current law.	Delete current law.	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Appropriations

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows the Department to use one-time funds to initiate pay for success contracts for services to achieve improved outcomes and lower costs. Payments would be issued after performance measures and savings are confirmed by a third party evaluator and approved by the Executive. Unexpended funds are designated as work projects, with estimated completion date of September 30, 2019. Executive indicates intent to use pilot contracts for maternal and child health programs.</i></p> <p>Sec. 1906. (1) The department may initiate pay for success pilot projects to identify and deliver services to improve outcomes and lower costs for government services in this state. From the funds appropriated in part 1 for pay for success contracts, the department may initiate contracts with private and not-for-profit vendors, selected through a competitive bid process, to implement these pilot projects. Payments shall not be issued to funding intermediaries or vendors until contractual performance measures have been achieved and project savings have been confirmed by a third-party evaluator, certified by the department, and approved by the state budget director.</p>	<p>Sec. 4-1906. (1) No changes from current law.</p>	<p>Sec. 1906. (1) No changes from current law.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Appropriations

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) Unexpended funds appropriated in part 1 for pay for success contracts are designated as work project appropriations, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for the pay for success contracts under this section until the projects have been completed. All of the following are in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:</p> <p>(a) The purpose of the projects is to coordinate cost-saving projects to the state with public-private partnerships.</p> <p>(b) The projects will be carried out through contracts with private and not-for-profit vendors.</p> <p>(c) The estimated cost of this work project is \$1,500,000.00.</p> <p>(d) The estimated work project completion date is September 30, 2019.</p>	<p>(2) No changes from current law, except in (d) change “2019” to “2020”.</p>	<p>(2) Unexpended funds appropriated in part 1 for pay for success contracts are designated as work project appropriations, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for the pay for success contracts under this section until the projects have been completed. All of the following are in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:</p> <p>(a) The purpose of the projects is to coordinate cost-saving projects to the state with public-private partnerships.</p> <p>(b) The projects will be carried out through contracts with private and not-for-profit vendors.</p> <p>(c) The estimated cost of this work project is \$1,500,000.00 \$100.00.</p> <p>(d) The estimated work project completion date is September 30, 2019 2020.</p>	
<p>Sec. 1907. (1) New Executive Language.</p>	<p>SEC. 1907. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR DRUG POLICY INITIATIVES, THE DEPARTMENT SHALL DEVELOP AND BEGIN IMPLEMENTATION OF A COMPREHENSIVE PLAN THAT ADDRESSES THE PROBLEM OF DRUG ABUSE.</p>	<p>Sec. 1907. (1) Concur with Executive.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Appropriations

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p>(2) New Executive Language.</p>	<p>(2) OUTCOMES AND PERFORMANCE MEASURES FOR THIS NEW INITIATIVE INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:</p> <p>(A) A DECREASE IN THE NUMBER OF MICHIGAN RESIDENTS AGED 12 AND OLDER WHO HAVE EXPERIENCED SUBSTANCE DEPENDENCE OR ABUSE IN THE PAST YEAR.</p> <p>(B) A DECREASE IN THE NUMBER OF MICHIGAN RESIDENTS WHO HAVE ENGAGED IN THE NON-MEDICAL USE OF PAIN RELIEVERS OR ENGAGED IN BINGE ALCOHOL USE.</p> <p>(C) A DECREASE IN THE NUMBER OF OVERDOSES AND DEATHS FROM THE USE OF PRESCRIPTION DRUGS, ALCOHOL AND ILLEGAL DRUGS SUCH AS HEROIN.</p>	<p>(2) OUTCOMES AND PERFORMANCE MEASURES FOR THIS NEW INITIATIVE UNDER SUBSECTION (1) INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:</p> <p>(A) A DECREASE IN THE NUMBER OF MICHIGAN RESIDENTS OF THIS STATE AGED 12 AND OLDER WHO HAVE EXPERIENCED SUBSTANCE DEPENDENCE OR ABUSE IN THE PAST YEAR.</p> <p>(B) A DECREASE IN THE NUMBER OF MICHIGAN RESIDENTS OF THIS STATE WHO HAVE ENGAGED IN THE NON-MEDICAL USE OF PAIN RELIEVERS OR ENGAGED IN BINGE ALCOHOL USE.</p> <p>(C) A DECREASE IN THE NUMBER OF RESIDENTS OF THIS STATE WHE SUFFERED AN OVERDOSES AND OR DEATHS FROM THE USE OF PRESCRIPTION DRUGS, ALCOHOL, AND OR AN ILLEGAL DRUGS, SUCH AS HEROIN.</p>	



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Part 2A Component

FY 2014-15 CURRENT LAW	FY 2015-2016		
	EXECUTIVE	HOUSE	SENATE
<p><u>GENERAL SECTIONS</u></p> <p><i>Expresses Legislature's intent to provide appropriations for FY 2015-16 for the line items listed in Part 1 for FY 2014-15, except the line items will be adjusted for changes in caseload and related costs, federal fund match rates, economic factors, and available revenue. Provides that the adjustments will be determined after the January 2015 Consensus Revenue Estimating Conference.</i></p> <p>Sec. 2001. It is the intent of the legislature to provide appropriations for the fiscal year ending on September 30, 2016 for the line items listed in part 1. The fiscal year 2015-2016 appropriations are anticipated to be the same as those for fiscal year 2014-2015, except that the line items will be adjusted for changes in caseload and related costs, federal fund match rates, economic factors, and available revenue. These adjustments will be determined after the January 2015 consensus revenue estimating conference.</p>	<p>Delete current law.</p>	<p>Sec. 2001. It is the intent of the legislature to provide appropriations for the fiscal year ending on September 30, 2016 2017 for the line items listed in part 1. The fiscal year 2015-2016 2016-2017 appropriations are anticipated to be the same as those for fiscal year 2014-2015 2015-2016, except that the line items will be adjusted for changes in caseload and related costs, federal fund match rates, economic factors, and available revenue. These adjustments will be determined after the January 2015 2016 consensus revenue estimating conference.</p>	