



Mary Ann Cleary, Director



**DEPARTMENT OF COMMUNITY HEALTH
FY 2013-14 FINAL DECISION DOCUMENT
PUBLIC ACT 59 OF 2013,
ARTICLE IV (ENROLLED HOUSE BILL 4328)
OCTOBER 17, 2013
PART 2 and PART 2A - BOILERPLATE**

Representative Matthew Lori, Chair
Representative Rob VerHeulen, Maj. VC
Representative Paul Muxlow
Representative Peter MacGregor
Representative Jim Stamas

Representative Rashida Tlaib, Min. VC
Representative Brandon Dillon
Representative John Olumba

Margaret Alston, Senior Fiscal Analyst
Sue Frey, Senior Fiscal Analyst
Steve Stauff, Associate Director



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
GENERAL SECTIONS				
<p><i>Total FY 2012-13 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 2012-2013 is \$4,977,497,800.00 \$4,974,796,300.00 and state spending from state resources to be paid to local units of government for fiscal year 2012-2013 is \$1,229,341,700.00. 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</p> <p>Community residential and support services..... \$ 215,800</p> <p>Housing and support services 645,600</p> <p>BEHAVIORAL HEALTH SERVICES</p> <p>State disability assistance program substance abuse services..... \$ 2,018,000</p> <p>Community substance abuse prevention, education, and treatment programs..... 12,762,200</p> <p>Medicaid mental health services..... 697,991,400</p> <p>Community mental health non-Medicaid services..... 274,136,200</p> <p>Mental health services for special populations..... 8,842,800</p> <p>Medicaid adult benefits waiver..... 10,774,100</p> <p>Medicaid substance abuse services..... 15,808,000</p> <p>Children's waiver home care program.... 5,857,500</p> <p>Nursing home PAS/ARR-OBRA 2,703,800</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 2012-2013 2013-2014 is \$4,974,796,300.00 \$4,897,846,100.00 and state spending from state resources to be paid to local units of government for fiscal year 2012-2013 2013-2014 is \$1,229,341,700.00 \$1,227,734,500.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>..... \$451,500</p> <p>..... 77,500</p> <p>..... \$1,629,300</p> <p>..... 10,463,500</p> <p>..... 719,186,500</p> <p>..... 273,800,300</p> <p>..... 3,994,400</p> <p>..... 9,489,700</p> <p>..... 15,692,800</p> <p>..... 7,147,800</p> <p>..... 2,496,600</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 2012-2013 2013-2014 is \$4,974,796,300.00 \$5,056,425,900.00 and state spending from state resources to be paid to local units of government for fiscal year 2012-2013 2013-2014 is \$1,229,341,700.00 \$1,235,500,000.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>..... \$451,500</p> <p>..... 77,500</p> <p>..... \$2,018,000</p> <p>..... 12,769,200</p> <p>..... 708,534,800</p> <p>..... 283,688,700</p> <p>..... 8,842,800</p> <p>..... 10,774,100</p> <p>..... 16,065,200</p> <p>..... 5,871,900</p> <p>..... 2,721,700</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 2012-2013 2013-2014 is \$4,974,796,300.00 \$5,071,261,100.00 and state spending from state resources to be paid to local units of government for fiscal year 2012-2013 2013-2014 is \$1,229,341,700.00 \$1,235,720,300.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>..... \$451,500</p> <p>..... 77,500</p> <p>..... \$2,018,000</p> <p>..... 12,769,200</p> <p>..... 708,534,800</p> <p>..... 283,688,700</p> <p>..... 8,842,800</p> <p>..... 10,774,100</p> <p>..... 16,065,200</p> <p>..... 5,871,900</p> <p>..... 2,721,700</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 2012-2013 2013-2014 is \$4,974,796,300.00 \$5,081,482,900.00 and state spending from state resources to be paid to local units of government for fiscal year 2012-2013 2013-2014 is \$1,229,341,700.00 \$1,227,298,200.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>..... \$451,500</p> <p>..... 77,500</p> <p>..... \$2,018,000</p> <p>..... 14,555,400</p> <p>..... 696,836,700</p> <p>..... 283,688,700</p> <p>..... 8,842,800</p> <p>..... 10,774,100</p> <p>..... 15,555,300</p> <p>..... 5,871,900</p> <p>..... 2,721,700</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
PUBLIC HEALTH ADMINISTRATION Health and wellness initiatives..... \$ 1,803,000	Delete current law. Delete current law.	Delete current law. Delete current law.	Delete current law. Delete current law.	Delete current law. Delete current law.
HEALTH POLICY Primary care services \$ 88,900	..... \$88,900	.....\$88,900	.....\$88,900	..... \$88,900
INFECTIOUS DISEASE CONTROL AIDS prevention, testing, and care programs..... \$ 1,000,000 Immunization local agreements .....1,352,000	..... \$1,041,100 Delete current law.	..... \$1,041,100 Delete current law.	.....\$1,041,100 Delete current law.	..... \$1,041,100 Delete current law.
Sexually transmitted disease control local agreements..... 175,200	local agreements -MANAGEMENT AND FIELD SUPPORT .....174,500	local agreements -MANAGEMENT AND FIELD SUPPORT .....174,500	local agreements - PROGRAM 174,500	local agreements - PROGRAM..... 174,500
LABORATORY SERVICES Laboratory services \$ 13,700	.....\$2,800	.....\$2,800	.....\$2,800	..... \$2,800
LOCAL HEALTH ADMINISTRATION AND GRANTS Implementation of 1993 PA 133, MCL 333.17015 \$ 8,000 Essential local public health services .....32,236,100	.....\$5,700 32,236,100	.....\$5,700 32,236,100	.....\$5,700.....32,236,300	..... \$5,700 34,236,100
CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION Cancer prevention and control program..... \$ 450,000 Chronic disease control and health promotion administration .....75,000	.....\$94,700 Delete current law.	.....\$94,700 Delete current law.	.....\$94,700 Delete current law.	..... \$94,700 Delete current law.
FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES Childhood lead program \$ 51,100 Prenatal care outreach and service delivery support.....1,500,000	Delete current law. \$1,500,000	Delete current law. \$1,850,000	Delete current law. \$2,100,000	Delete current law. \$2,100,000
CHILDREN'S SPECIAL HEALTH CARE SERVICES Medical care and treatment\$ 1,935,000 Outreach and advocacy.....1,185,900	.....\$585,300 1,250,800	.....\$585,300 1,250,800	.....\$585,300 1,250,800	..... \$585,300 1,250,800



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
CRIME VICTIM SERVICES COMMISSION				
Crime victim rights services grants \$ 10,300,000	\$6,180,200	\$6,180,200	\$6,180,200	\$6,180,200
OFFICE OF SERVICES TO THE AGING				
Community services \$ 13,333,700	\$12,229,300	\$12,229,300	\$12,229,300	\$12,229,300
Nutrition services 8,787,000	8,783,000	8,783,000	8,783,000	8,783,000
Foster grandparent volunteer program 679,800	536,400	536,400	536,400	536,400
Retired and senior volunteer program 175,000	147,300	147,300	147,300	147,300
Senior companion volunteer program 215,000	183,400	183,400	183,400	183,400
Respite care program 5,384,800	5,115,000	5,115,000	5,115,000	5,115,000
MEDICAL SERVICES				
Dental services \$ 1,803,200	\$1,364,200	\$1,364,200	\$1,364,200	\$1,364,200
Long-term care services 88,294,300	80,978,400	80,978,400	80,978,400	80,978,400
Transportation 4,943,700	3,583,000	3,583,000	3,583,000	3,583,000
Medicaid adult benefits waiver 8,999,600	10,481,900	10,481,900	10,481,900	10,481,900
Hospital services and therapy 2,615,100	2,489,000	2,489,000	2,489,000	2,489,000
Physician services 10,180,800	14,433,600	14,433,600	14,433,600	14,433,600
TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT \$ 1,229,341,700	\$1,227,734,500	\$1,235,500,000	\$1,235,720,300	\$1,227,298,200
	Technical Note: Total state resources from state resources should be \$4,901,658,900.00.			
<i>Provides that appropriations authorized under this article are subject to the Management and Budget Act, 1984 PA 431, MCL 18.1101 to 18.1594.</i> Sec. 202. The appropriations authorized under this article are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.	Included in Article XX Sec. 20-202. No changes from current law, except: "...authorized under this article BILL are subject..."	Sec. 202. No changes from current law.	Sec. 202. No changes from current law, except: "...authorized under this article ACT are subject..."	Sec. 202. No changes from current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Provides definitions for terms and acronyms used in Article IV, 2012 PA 200.</i></p> <p>Sec. 203. As used in this article:</p> <p>(a) "AIDS" means acquired immunodeficiency syndrome.</p> <p>(b) "CMHSP" means a community mental health services program as that term is defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a.</p> <p>(c) "Current fiscal year" means the fiscal year ending September 30, 2013.</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 health care reform legislation" means the patient protection and affordable care act, Public Law 111-148, and the health care and education reconciliation act of 2010, Public Law 111-152.</p> <p>(i) "Federal poverty level" means the poverty guidelines published annually in the federal register by the United States department of health and human services under its authority to revise the poverty line under 42 USC 9902.</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>Sec. 4-203. No changes from current law, except:</p> <p>(c) "...September 30, 2013 2014."</p> <p>(h) "FTE" MEANS FULL-TIME EQUATED. Relabeled (i)</p> <p>Relabeled (j)</p> <p>Relabeled (k) Relabeled (l)</p>	<p>Sec. 203. No changes from current law, except:</p> <p>(c) "...September 30, 2013 2014."</p> <p>(j) "FTE" MEANS FULL-TIME EQUATED. Relabeled (k) Relabeled (l)</p>	<p>Sec. 203. No changes from current law, except: "As used in this article ACT:"</p> <p>(j) "FTE" MEANS FULL-TIME EQUATED. Relabeled (k) Relabeled (l)</p>	<p>Sec. 203. No changes from current law, except:</p> <p>(c) "...September 30, 2013 2014."</p> <p>(j) "FTE" MEANS FULL-TIME EQUATED. Relabeled (k) Relabeled (l)</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(l) "HEDIS" means healthcare effectiveness data and information set.</p> <p>(m) "HIV" means human immunodeficiency virus.</p> <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) "MChild" 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, and 42 USC 1396r.</p> <p>(s) "PIHP" means a specially prepaid inpatient health plan for Medicaid mental health services, services to individuals with developmental disabilities, and substance abuse services. Specialty prepaid inpatient health plans are described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.</p> <p>(t) "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 XVIII" and "Medicare" mean title XVIII of the social security act, 42 USC 1395 to 1395kkk-1.</p> <p>(v) "Title XIX" and "Medicaid" mean title XIX of the social security act, 42 USC 1396 to 1396w-5.</p> <p>(w) "Title XX" means title XX of the social security act, 42 USC 1397 to 1397m-5.</p>	<p>Relabeled (m)</p> <p>Delete current law</p> <p>"...means a DEPARTMENT DESIGNATED specialty prepaid inpatient for Medicaid mental health services, services to individuals with developmental disabilities, and substance abuse services CONSISTENT WITH FEDERAL DEFINITION IN 42 CFR 438.2. Specialty prepaid inpatient health plans are described in section 232b of the mental health code, 1974 PA 257, MCL 330.1232b. STANDARDS FOR SPECIALTY PREPAID INPATIENT HEALTH PLANS ARE DESCRIBED IN CHAPTER 2 OF THE MENTAL HEALTH CODE.</p> <p>Delete current law.</p> <p>Relabeled (u)</p> <p>Delete current law.</p>	<p>Relabeled (m)</p> <p>Relabeled (n)</p> <p>Relabeled (o)</p> <p>Relabeled (p)</p> <p>Relabeled (q)</p> <p>Relabeled (r)</p> <p>Relabeled (s)</p> <p>Relabeled (t)</p> <p>Relabeled (u)</p> <p>Relabeled (v)</p> <p>Relabeled (w)</p> <p>Relabeled (x)</p>	<p>Relabeled (m)</p> <p>Relabeled (n)</p> <p>Relabeled (o)</p> <p>Relabeled (p)</p> <p>Relabeled (q)</p> <p>Relabeled (r)</p> <p>Relabeled (s)</p> <p>Relabeled (t)</p> <p>Relabeled (u)</p> <p>Relabeled (v)</p> <p>Relabeled (w)</p> <p>Relabeled (x)</p>	<p>Relabeled (m)</p> <p>Relabeled (n)</p> <p>Relabeled (o)</p> <p>Relabeled (p)</p> <p>Relabeled (q)</p> <p>Relabeled (r)</p> <p>Relabeled (s)</p> <p>Relabeled (t)</p> <p>Relabeled (u)</p> <p>Relabeled (v)</p> <p>Relabeled (w)</p> <p>Relabeled (x)</p>
House Fiscal Agency		GENERAL BP - 5		10/17/2013

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Appropriates up to \$200 million federal contingency funds, up to \$40 million state restricted contingency funds, up to \$20 million local contingency funds, and up to \$20 million private contingency funds. Specifies that contingency funds are not available for expenditure until transferred according to Section 393(2) of the Management and Budget Act, 1984 PA 431, MCL 18.1393.</i></p> <p>Sec. 206. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$200,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this article under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>Sec. 4-206. (1) No changes from current law.</p>	<p>Sec. 206. (1) No changes from current law, except:</p> <p>"...in this article PART 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393."</p>	<p>Sec. 206. (1) No changes from current law, except:</p> <p>"...in this article ACT under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393."</p>	<p>Sec. 206. (1) No changes from current law.</p>
<p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$40,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this article under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law, except:</p> <p>"...in this article PART 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393."</p>	<p>(2) No changes from current law, except:</p> <p>"...in this article ACT 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 this article under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law, except:</p> <p>"...in this article PART 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393."</p>	<p>(3) No changes from current law, except:</p> <p>"...in this article ACT under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393."</p>	<p>(3) No changes from current law.</p>
<p>(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this article under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(3) No changes from current law.</p>	<p>(4) No changes from current law, except:</p> <p>"...in this article PART 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393."</p>	<p>(4) No changes from current law, except:</p> <p>"...in this article ACT under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393."</p>	<p>(4) No changes from current law, except"</p> <p>"...not to exceed \$20,000,000.00 \$40,000,000.00 for private contingency funds."</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to identify 10 principal measurable outcomes to be affected by the expenditure of appropriated funds and submit a report to the House and Senate Appropriations Committees, House and Senate Fiscal Agencies, and State Budget Director that ranks the outcomes by level of importance and contains current data on those outcomes. Requires the Department to provide biannual updates on changes in those measurable outcomes and departmental efforts to improve the outcomes.</i></p> <p>Sec. 207. By October 31, 2012, the department shall identify 10 principal measurable outcomes to be affected by expenditure of the funds appropriated in part 1 of this article and submit a report to the house and senate appropriations committees, the house and senate fiscal agencies, and the state budget director that ranks the outcomes by level of importance and contains current data on those outcomes. Beginning on April 1, 2013, the department shall provide biannual updates to the house and senate appropriations committees on changes in those measurable outcomes and departmental efforts to improve the outcomes.</p>	<p>Sec. 4-207. THE DEPARTMENTAL SHALL MAINTAIN, ON A PUBLICLY ACCESSIBLE WEBSITE, A DEPARTMENT SCORECARD THAT IDENTIFIES, TRACKS, AND REGULARLY UPDATES KEY METRICS THAT ARE USED TO MONITOR AND IMPROVE THE AGENCY'S PERFORMANCE.</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>Delete current law.</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><i>Requires that DCH use the Internet to fulfill the reporting requirements of Article IV, 2012 PA 200.</i></p> <p>Sec. 208. Unless otherwise specified, the departments shall use the Internet to fulfill the reporting requirements of this article. This requirement may include transmission of reports via electronic mail to the recipients identified for each reporting requirement, or it may include placement of reports on the Internet or Intranet site.</p>	<p>Included in Article XX</p> <p>Sec. 20-203. No changes from current law, except: "Unless otherwise specified, the The departments AND AGENCIES shall use the Internet to fulfill the reporting requirements of this article ACT. This requirement may include transmission of reports...or it may include placement of reports on the AN Internet or Intranet site."</p>	<p>Sec. 208. No changes from current law, except: "...to fulfill the reporting requirements of this article PART 1."</p> <p>Technical Note: LSB change should have been "this part" rather than "Part 1".</p>	<p>Sec. 208. No changes from current law, except: "...to fulfill the reporting requirements of this article ACT."</p>	<p>Sec. 208. No changes from current law, except: "Unless otherwise specified, the The departments AND AGENCIES shall use the Internet to fulfill the reporting requirements of this article. This requirement... reports on the Internet or Intranet site."</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>	Delete current law.	Sec. 209. No changes from current law.	Sec. 209. No changes from current law.	Sec. 209. No changes from current law.
				SEC. 210. THE DIRECTOR SHALL TAKE ALL REASONABLE STEPS TO ENSURE BUSINESSES IN DEPRIVED AND DEPRESSED COMMUNITIES COMPETE FOR AND PERFORM CONTRACTS TO PROVIDE SERVICES OR SUPPLIES, OR BOTH. THE DIRECTOR SHALL STRONGLY ENCOURAGE FIRMS WITH WHICH THE DEPARTMENT CONTRACTS TO SUBCONTRACT WITH CERTIFIED BUSINESSES IN DEPRESSED AND DEPRIVED COMMUNITIES FOR SERVICES, SUPPLIES, OR BOTH.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allows the carryforward of fee revenue, with approval of the State Budget Director, into the next fiscal year. Allows fee revenue to be used as the first source of funding in that fiscal year.</i></p> <p>Sec. 211. If the revenue collected by the department from fees and collections exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section shall be used as the first source of funds in the subsequent fiscal year.</p>	Sec. 4-211. No changes from current law.	Sec. 211. No changes from current law.	Sec. 211. No changes from current law.	Sec. 211. No changes from current law.
<p><i>Requires report on or before February 1, 2013, on detailed name and amounts of revenue sources by line item that support FY 2012-13 appropriations. Requires report on amounts and detailed revenue sources by line item proposed to support FY 2013-14 Executive budget recommendation, upon release of the proposal.</i></p> <p>Sec. 212. (1) On or before February 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1.</p>	Sec. 4-212. (1) No changes from current law.	Sec. 212. (1) No changes from current law.	Sec. 212. (1) No changes from current law.	Sec. 212. (1) No changes from current law.
<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>	(2) No changes from the current law.	(2) No changes from the current law.	(2) No changes from the current law.	(2) No changes from the current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires state departments, agencies, and commissions receiving tobacco tax and Healthy Michigan funds to report on programs utilizing these funds by April 1, 2013, to the House and Senate Appropriations Committees, House and Senate Fiscal Agencies, and State Budget Director.</i></p> <p>Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds and healthy Michigan funds from part 1 shall report by April 1 of the current fiscal year to the senate and house appropriations committees, the senate and house fiscal agencies, and the state budget director on the following:</p> <p>(a) Detailed spending plan by appropriation line item including description of programs and a summary of organizations receiving these funds.</p> <p>(b) Description of allocations or bid processes including need or demand indicators used to determine allocations.</p> <p>(c) Eligibility criteria for program participation and maximum benefit levels where applicable.</p> <p>(d) Outcome measures used to evaluate programs, including measures of the effectiveness of these programs in improving the health of Michigan residents.</p> <p>(e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.</p>	Delete current law.	Sec. 213. No changes from current law.	Sec. 213. No changes from current law.	Sec. 213. No changes from current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>Sec. 216. (1) No changes from current law.</p>	<p>Sec. 216. (1) No changes from current law.</p>
<p>(2) The department's ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in 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>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Lists basic health services embodied in Part 23 of the Public Health Code, 1978 PA 368, MCL 333.2301 to 333.2321, that are to be available and accessible throughout the state.</i></p> <p>Sec. 218. The department shall include the following in its annual list of proposed basic health services as required in part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321:</p> <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>Sec. 4-218. No changes from current law.</p>	<p>Sec. 218. No changes from current law.</p>	<p>Sec. 218. No changes from current law.</p>	<p>Sec. 218. No changes from current law.</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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, 2013. Requires DCH to provide, by September 30, 2013, copies of all reports, studies, and publications produced by the Institute.</i></p> <p>Sec. 219. (1) The department may contract with the Michigan public health institute for the design and implementation of projects and for other public health-related activities prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before January 1 of the current fiscal year all of the following:</p> <p>(a) A detailed description of each funded project. (b) The amount allocated for each project, the appropriation line item from which the allocation is funded, and the source of financing for each project. (c) The expected project duration. (d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to each subgrantee.</p>	<p>Sec. 4-219. (1) No changes from current law.</p>	<p>Sec. 219. (1) No changes from current law.</p>	<p>Sec. 219. (1) No changes from current law.</p>	<p>Sec. 219. (1) No changes from current law.</p>
<p>(2) On or before September 30 of the current fiscal year, the department shall provide to the same parties listed in subsection (1) a copy of all reports, studies, and publications produced by the Michigan public health institute, its subcontractors, or the department with the funds appropriated in part 1 and allocated to the Michigan public health institute.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<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 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>	Sec. 4-223. No changes from current law.	Sec. 223. No changes from current law.	Sec. 223. No changes from current law.	Sec. 223. No changes from current law.
<p><i>Directs departments and agencies to pay user fees to the Department of Technology, Management, and Budget (DTMB) for technology-related services and projects from Part 1 appropriated funds for IT. Subjects user fees to provisions of an interagency agreement between DCH and agencies, and DTMB.</i></p> <p>Sec. 259. From the funds appropriated in part 1 for information technology, departments and agencies shall pay user fees to the department of technology, management, and budget for technology-related services and projects. The user fees shall be subject to provisions of an interagency agreement between the department and agencies and the department of technology, management, and budget.</p>	Delete current law.	Sec. 259. No changes from current law.	Delete current law.	Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH to notify the House and Senate Appropriations Subcommittees on Community Health and House and Senate Fiscal Agencies upon the submission of a Medicaid waiver, a Medicaid state plan amendment, or similar proposal to the Centers for Medicare and Medicaid Services. Requires written and verbal biannual reports on the status of discussions with federal agencies on potential or future Medicaid waiver applications. Requires DCH to inform the House and Senate Appropriations Subcommittees on Community Health and House and Senate 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 Department of Health and Human Services. Requires DCH to submit the plan for integrated care for individuals who are dual Medicare/Medicaid 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>	Delete current law.	Sec. 264. (1) No changes from current law.	Sec. 264. (1) No changes from current law.	Sec. 264. (1) No changes from current law.
<p>(2) The department shall provide written or verbal biannual reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies summarizing the status of any new or ongoing discussions with the centers for Medicare and Medicaid services or the federal department of health and human services regarding potential or future Medicaid waiver applications.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	Delete current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(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.	Delete current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
<p><i>Directs departments and agencies receiving Part 1 appropriations to receive and retain copies of all reports funded from Part 1 appropriations. Permits DCH to electronically retain copies of reports unless required by federal and state guidelines.</i></p> <p>Sec. 265. The department and agencies receiving appropriations in part 1 shall receive and retain copies of all reports funded from appropriations in part 1. Federal and state guidelines for short-term and long-term retention of records shall be followed. The department may electronically retain copies of reports unless otherwise required by federal and state guidelines.</p>	Delete current law.	Sec. 265. No changes from current law.	Sec. 265. No changes from current law.	Sec. 265. No changes from current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires departments and agencies to prepare a report on out-of-state travel by classified and unclassified employees funded by Part 1 appropriations in the preceding fiscal year which includes the dates of each travel occurrence and the total transportation and related costs of each travel occurrence. Requires the State Budget Director to report monthly on any exceptions made to the specified out-of-state travel conditions.</i></p> <p>Sec. 266. (1) The departments and agencies receiving appropriations in part 1 shall prepare a report on out-of-state travel expenses not later than January 1 of each year. The travel report shall be 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 house and senate standing committees on appropriations, the house and senate fiscal agencies, and the state budget director. The report shall include the following information:</p> <p>(a) The dates of each travel occurrence. (b) The total 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. (1) No changes from current law, except:</p> <p>"...The report shall be submitted to the house and senate standing committees on appropriations COMMITTEES, the house and senate fiscal agencies, and the state budget director."</p> <p>(b) "The total transportation and related costs..."</p>	<p>Sec. 266. (1) No changes from current law, except:</p> <p>"...The report shall be submitted to the house and senate standing committees on appropriations COMMITTEES, the house and senate fiscal agencies, and the state budget director."</p> <p>(b) "The total transportation and related costs..."</p>	<p>Sec. 266. (1) No changes from current law.</p>	<p>Sec. 266. (1) No changes from current law, except:</p> <p>"...The report shall be submitted to the house SENATE and senate HOUSE standing committees on appropriations COMMITTEES, the house and senate fiscal agencies, and the state budget director."</p> <p>(b) "The total transportation and related costs..."</p>
<p>(2) If out-of-state travel is necessary but does not meet 1 or more of the conditions in subsection (1), the state budget director may grant an exception to allow the travel. Any exceptions granted by the state budget director shall be reported on a monthly basis to the senate and house of representatives standing committees on appropriations.</p>	Delete current law.	Delete current law.	(2) No changes from current law.	Delete current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>	Delete current law.	Sec. 267. No changes from current law.	Sec. 267. No changes from current law.	Sec. 267. No changes from current law.
<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>	Delete current law.	Sec. 270. No changes from current law.	Sec. 270. No changes from current law.	Sec. 270. No changes from current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>	Sec. 4-276. No changes from current law.	Sec. 276. No changes from current law.	Sec. 276. No changes from current law.	Sec. 276. No changes from current law.
<p><i>Requires DCH to establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities: coordinating agencies on substance abuse, Salvation Army Harbor Light program, and area agencies on aging and local providers. Requires DCH to provide a written draft of its proposed definitions, standards, and instructions by May 15, 2013.</i></p> <p>Sec. 282. (1) The department, through its organizational units responsible for departmental administration, operation, and finance, shall establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities:</p> <p>(a) Coordinating agencies on substance abuse and the Salvation Army harbor light program that receive payment or reimbursement from funds appropriated under section 104.</p> <p>(b) Area agencies on aging and local providers that receive payment or reimbursement from funds appropriated under section 117.</p>	Delete current law.	Delete current law.	Sec. 282. (1) No changes from current law.	Sec. 282. (1) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(2) By May 15 of the current fiscal year, the department shall provide a written draft of its proposed definitions, standards, and instructions to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.</p>	Delete current law.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Requires DCH to report on the estimated general fund/general purpose appropriations lapses at the close of the previous fiscal year by no later than November 30, 2012.</i></p> <p>Sec. 287. Not later than November 30, 2012, the department shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the previous fiscal year. This report shall summarize the projected year-end general departmental program or program areas. The report shall be transmitted to the office of the state budget, the chairpersons of the senate and house of representatives standing appropriations committees, and the senate and house fiscal agencies.</p>	<p>Sec. 4-287. No changes from current law, except:</p> <p>"Not later than November 30, 2012, the department shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the previous PRIOR fiscal year...The report shall be transmitted to the office of the state budget, the chairpersons of the senate and house of representatives standing appropriations committees, and the senate and house fiscal agencies."</p>	<p>Sec. 287. No changes from current law, except:</p> <p>"Not later than November 30, 2012 15, the department shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the previous fiscal year."</p>	<p>Sec. 287. No changes from current law, except:</p> <p>"Not later than November 30, 2012 15, the department shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the previous fiscal year."</p>	<p>Sec. 287. No changes from current law, except:</p> <p>"Not later than November 30, 2012, the department shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the previous PRIOR fiscal year...The report shall be transmitted to the office of the state budget, the chairpersons of the senate and house of representatives standing appropriations committees, and the senate and house fiscal agencies."</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH to maintain on a publicly accessible Internet website, at no cost, all of the following information: fiscal year-to-date expenditures by category and appropriation unit, fiscal year-to-date payments to a selected vendor, number of active department employees by job classification, and job specifications and wage rates. Permits DCH to develop and operate its own website to provide the information or reference the state's central transparency website as the source for the information.</i></p> <p>Sec. 292. (1) The department shall maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following:</p> <p>(a) Fiscal year-to-date expenditures by category. (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>(2) The department may develop and operate its own website to provide this information or may reference the state's central transparency website as the source for this information.</p>	<p>Sec. 4-292. (1) No changes from current law, except:</p> <p>"The department shall COOPERATE WITH THE DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET TO maintain a searchable website accessible..."</p>	<p>Sec. 292. (1) No changes from current law.</p>	<p>Sec. 292. (1) No changes from current law.</p>	<p>Sec. 292. (1) No changes from current law, except:</p> <p>"The department shall COOPERATE WITH THE DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET TO maintain a searchable website accessible..."</p>
	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	Delete current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Permits amounts appropriated for IT to be designated as work projects and carried forward to support technology projects under the direction of the DTMB. Provides that IT funds are not available for expenditure until approved as work projects under section 451a of the Management and Budget Act, 1984 PA 431, MCL 18.1451a.</i></p> <p>Sec. 294. Amounts appropriated in part 1 for information technology may be designated as work projects and carried forward to support technology projects under the direction of the department of technology, management, and budget. Funds designated in this manner are not available for expenditure until approved as work projects under section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a.</p>	Delete current law.	Sec. 294. No changes from current law.	Delete current law.	Delete current law.
<p><i>Requires annual report on estimated state restricted fund balances, projected revenues, and expenditures for FY 2011-12 and FY 2012-13 within 14 days after the release of the Executive budget recommendation.</i></p> <p>Sec. 296. Within 14 days after the release of the executive budget recommendation, the department shall provide the state budget director, the senate and house appropriations chairs, the senate and house appropriations subcommittees on community health, respectively, and the senate and house fiscal agencies with an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the fiscal years ending September 30, 2012 and September 30, 2013.</p>	<p>Sec. 4-296. No changes from current law, except:</p> <p>"Within 14 days after the release of the executive budget recommendation, the department shall COOPERATE WITH THE STATE BUDGET OFFICE TO provide the state budget director, the senate and house appropriations chairs, ...years ending September 30, 2012 and September 30, 2013 AND SEPTEMBER 30, 2014."</p>	<p>Sec. 296. No changes from current law, except:</p> <p>"..., and state restricted fund expenditures for the fiscal years YEAR ending September 30, 2012, and September 30, 2013 2014."</p>	<p>Sec. 296. No changes from current law, except:</p> <p>"..., and state restricted fund expenditures for the fiscal years ending September 30, 2012 2013 and-September 30, 2013 2014."</p>	<p>Sec. 296. No changes from current law, except:</p> <p>"Within 14 days after the release of the executive budget recommendation, the department shall COOPERATE WITH THE STATE BUDGET OFFICE TO provide the state budget director, the senate and house appropriations chairs, ...years ending September 30, 2012 and September 30, 2013 AND SEPTEMBER 30, 2014."</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Expresses Legislature's intent that all principal executive departments and agencies cooperate with the development and implementation of the Department of Technology, Management, and Budget statewide office space consolidation plan.</i></p> <p>Sec. 297. It is the intent of the legislature that all principal executive departments and agencies cooperate with the development and implementation of the department of technology, management, and budget statewide office space consolidation plan.</p>	Delete current law.	Sec. 297. No changes from current law.	Delete current law.	Delete current law.
		SEC. 298. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE MICHIGAN MEDICAID INFORMATION SYSTEM LINE ITEM, \$20,000,000.00 WILL BE ALLOCATED FOR THE MICHIGAN-ILLINOIS ALLIANCE MEDICAID MANAGEMENT INFORMATION SYSTEMS PROJECT.	Does not include House language.	Includes House language.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
				<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 (RF1) 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 RFO WAS NOT NECESSARY PRIOR TO ISSUING THE RFP.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Behavioral Health Services

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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). Requires that DCH ensure each CMHSP or PIHP provides a complete array of mental health services, coordination of inpatient and outpatient hospital services, individualized plans of services, a case or care management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code, 1974 PA 258, MCL 330.1001 to 330. 2106.</i></p> <p>Sec. 401. Funds appropriated in part 1 are intended to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs or PIHPs. The department shall ensure that each CMHSP or PIHP provides all of the following:</p> <p>(a) A system of single entry and single exit.</p> <p>(b) A complete array of mental health services that includes, but is not limited to, all of the following services: residential and other individualized living arrangements, outpatient services, acute inpatient services, and long-term, 24-hour inpatient care in a structured, secure environment.</p>	<p>Sec. 4-401. No changes from current law, except: "...support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs or PIHPs IN ACCORDANCE WITH THE MICHIGAN MENTAL HEALTH CODE, MEDICAID STATE PLAN PROVIDER MANUAL, FEDERAL MEDICAID WAIVERS, AND ALL OTHER APPLICABLE FEDERAL AND STATE LAWS. The department shall ensure that each CMHSP OR PIHP provides all of the following:"</p> <p>Delete current law.</p> <p>Delete current law.</p>	<p>Sec. 401. No changes from current law.</p>	<p>Sec. 401. No changes from current law.</p>	<p>Sec. 401. No changes from current law.</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(c) The coordination of inpatient and outpatient hospital services through agreements with state-operated psychiatric hospitals, units, and centers in facilities owned or leased by the state, and privately-owned hospitals, units, and centers licensed by the state pursuant to sections 134 through 149b of the mental health code, 1974 PA 258, MCL 330.1134 to 330.1149b.</p> <p>(d) Individualized plans of service that are sufficient to meet the needs of individuals, including those discharged from psychiatric hospitals or centers, and that ensure the full range of recipient needs is addressed through the CMHSP's or PIHP's program or through assistance with locating and obtaining services to meet these needs.</p> <p>(e) A system of case management or care management to monitor and ensure the provision of services consistent with the individualized plan of services or supports.</p> <p>(f) A system of continuous quality improvement.</p> <p>(g) A system to monitor and evaluate the mental health services provided.</p> <p>(h) A system that serves at-risk and delinquent youth as required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.</p>	Delete current law.	(c) through (h) No changes from current law.	(c) through (h) No changes from current law.	(c) through (h) No changes from current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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 2012-13 does not exceed Part 1 appropriations. Requires DCH to report immediately to the House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director if there are new contracts or amendments to contracts with CMHSPs or PIHPs that would affect enacted rates or expenditures.</i></p> <p>Sec. 402. (1) From funds appropriated in part 1, final authorizations to CMHSPs or PIHPs shall be made upon the execution of contracts between the department and CMHSPs or PIHPs. The contracts shall contain an approved plan and budget as well as policies and procedures governing the obligations and responsibilities of both parties to the contracts. Each contract with a CMHSP or PIHP that the department is authorized to enter into under this subsection shall include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs or PIHPs entered into under this subsection for the current fiscal year does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.</p>	<p>Sec. 4-402. (1) No changes from current law.</p>	<p>Sec. 402. (1) No changes from current law.</p>	<p>Sec. 402. (1) No changes from current law.</p>	<p>Sec. 402. (1) No changes from 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.</p> <p>(b) Any amendments to contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law</p>	<p>(2) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Behavioral Health Services

FY 2012-13 CURRENT LAW	FY 2013-2014			
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(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
<p><i>Requires DCH to ensure CMHSPs or PIHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement. Prohibits appropriations for mental health services for special populations from being utilized for services to illegal immigrants, fugitive felons, and individuals who are not residents of the state. Requires January 1, 2013 annual report from independent organizations receiving mental health services for special populations funding.</i></p> <p>Sec. 403. (1) From the funds appropriated in part 1 for mental health services for special populations, the department shall ensure that CMHSPs or PIHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement.</p>	Delete current law.	Sec. 403. (1) No changes from current law.	Sec. 403. (1) No changes from current law.	Sec. 403. (1) No changes from current law.
(2) Funds appropriated in part 1 for mental health services for special populations shall not be utilized for services provided to illegal immigrants, fugitive felons, and individuals who are not residents of this state. The department shall maintain contracts with recipients of multicultural services grants that mandate grantees establish that recipients of services are legally residing in the United States. An exception to the contractual provision shall be allowed to address individuals presenting with emergent mental health conditions.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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<p>(3) The department shall require an annual report from the independent organizations that receive mental health services for special populations funding. The annual report, due January 1 of the current fiscal year, shall include specific information on services and programs provided, the client base to which the services and programs were provided, information on any wraparound services provided, and the expenditures for those services. The department shall provide the annual reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies.</p>	<p>Sec. 4-403. (3) No changes from current law, except:</p> <p>"The annual report, due January 1 of the current year, shall include specific information..."</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p><i>Requires DCH to report by May 31, 2013, on the following for CMHSPs or PIHPs: expenditures and services data, information about access to CMHSPs, lapses and carry-forwards during FY 2011-12, information on the CMH Medicaid managed care program, performance indicator information required to be submitted to DCH in contracts with CMHSPs or PIHPs, and an estimate of the number of mental health direct care workers.</i></p> <p>Sec. 404. (1) Not later than May 31 of the current fiscal year, the department shall provide a report on the community mental health services programs to the members of the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section.</p>	<p>Delete current law.</p>	<p>Sec. 404. (1) No changes from current law.</p>	<p>Sec. 404. (1) No changes from current law.</p>	<p>Sec. 404. (1) No changes from current law.</p>



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<p>(2) The report shall contain information for each CMHSP or PIHP and a statewide summary, each of which shall include at least the following information:</p> <p>(a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis.</p> <p>(b) Per capita expenditures by client population group.</p> <p>(c) Financial information that, minimally, includes a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration. Service category includes all department-approved services.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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<p>(d) Data describing service outcomes that includes, but is not limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment.</p> <p>(e) Information about access to community mental health services programs that includes, but is not limited to, the following: (i) The number of people receiving requested services. (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 or PIHPs.</p>	Delete current law.	(2) (d) through (h) No changes from current law.	(2) (d) through (h) No changes from current law.	(2) (d) through (h) No changes from current law.

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

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<p><i>Requires funds appropriated for the state disability assistance substance abuse services program be used to support per diem and board payments in substance abuse residential facilities. Requires DCH to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by DHS to adult foster care providers.</i></p> <p>Sec. 406. (1) The funds appropriated in part 1 for the state disability assistance substance abuse services program shall be used to support per diem room and board payments in substance abuse residential facilities. Eligibility of clients for the state disability assistance substance abuse services program shall include needy persons 18 years of age or older, or emancipated minors, who reside in a substance abuse treatment center.</p>	<p>Sec. 4-406. (1) No changes from current law.</p>	<p>Sec. 406. (1) No changes from current law.</p>	<p>Sec. 406. (1) No changes from current law.</p>	<p>Sec. 406. (1) No changes from current law.</p>
<p>(2) The department shall reimburse all licensed substance abuse programs eligible to participate in the program at a rate equivalent to that paid by the 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) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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<p><i>Requires that appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies. Requires coordinating agencies work with CMHSPs or PIHPs to coordinate care and services provided to individuals with severe and persistent mental illness and substance abuse diagnoses. Requires DCH to approve a coordinating agency fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay. States legislative intent that coordinating agencies continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance abuse diagnoses. Requires coordinating agencies that are located completely within the boundary of a PIHP to conduct a study on administrative costs and efficiencies associated with consolidation with that PIHP. Stipulates that a coordinating agency realizing an administrative cost savings of 5% or greater of their current costs initiate discussions regarding a potential merger in accordance with section 6226 of the Public Health Code (MCL 333.6226).</i></p> <p>Sec. 407. (1) The amount appropriated in part 1 for substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies. Coordinating agencies shall work with CMHSPs or PIHPs to coordinate care and services provided to individuals with severe and persistent mental illness and substance abuse diagnoses.</p>	<p>Sec. 4-407. (1) No changes from current law, except:</p> <p>"...substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies. Coordinating agencies shall work with CMHSPs or PIHPs to coordinate care and services provided to individuals with severe and persistent mental illness and substance abuse diagnoses."</p>	<p>Sec. 407. (1) No changes from current law, except:</p> <p>"...substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies. Coordinating agencies shall work with CMHSPs or PIHPs to coordinate care and services provided to individuals with severe and persistent mental illness and substance abuse diagnoses."</p>	<p>Sec. 407. (1) No changes from current law, except:</p> <p>"...substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies. Coordinating agencies shall work with CMHSPs or PIHPs to coordinate care and services provided to individuals with severe and persistent mental illness and substance abuse diagnoses."</p>	<p>Sec. 407. (1) No changes from current law, except:</p> <p>"...substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies. Coordinating agencies shall work with CMHSPs or PIHPs to coordinate care and services provided to individuals with severe and persistent mental illness and substance abuse diagnoses."</p>

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(2) The department shall approve coordinating agency fee schedules for providing substance abuse services and charge participants in accordance with their ability to pay.	(2) No changes from current law, except: "The department shall approve coordinating agency fee MANAGING ENTITY schedules for providing substance abuse services and charge participants in accordance with their ability to pay."	(2) No changes from current law, except: "The department shall approve coordinating agency MANAGING ENTITY fee schedules for providing substance abuse services and charge participants in accordance with their ability to pay."	(2) No changes from current law, except: "The department shall approve coordinating agency MANAGING ENTITY fee schedules for providing substance abuse services and charge participants in accordance with their ability to pay."	(2) No changes from current law, except: "The department shall approve coordinating agency MANAGING ENTITY fee schedules for providing substance abuse services and charge participants in accordance with their ability to pay."
(3) It is the intent of the legislature that the coordinating agencies continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance abuse diagnoses.	(3) No changes from current law, except: " It is the intent of the legislature that the coordinating agencies- THE MANAGING ENTITY SHALL continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance abuse diagnoses WITH THE GOAL OF PROVIDING SERVICES IN AN ADMINISTRATIVELY EFFICIENT MANNER."	(3) No changes from current law, except: " It is the intent of the legislature that the coordinating agencies- THE MANAGING ENTITY SHALL continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance abuse diagnoses WITH THE GOAL OF PROVIDING SERVICES IN AN ADMINISTRATIVELY EFFICIENT MANNER."	(3) No changes from current law, except: " It is the intent of the legislature that the coordinating agencies- THE MANAGING ENTITY SHALL continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance abuse diagnoses WITH THE GOAL OF PROVIDING SERVICES IN AN ADMINISTRATIVELY EFFICIENT MANNER."	(3) No changes from current law, except: " It is the intent of the legislature that the coordinating agencies- THE MANAGING ENTITY SHALL continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance abuse diagnoses WITH THE GOAL OF PROVIDING SERVICES IN AN ADMINISTRATIVELY EFFICIENT MANNER."
(4) Coordinating agencies that are located completely within the boundary of a PIHP shall conduct a study of the administrative costs and efficiencies associated with consolidation with that PIHP. If that coordinating agency realizes an administrative cost savings of 5% or greater of their current costs, then that coordinating agency shall initiate discussions regarding a potential merger in accordance with section 6226 of the public health code, 1978 PA 368, MCL 333.6226. The department shall report to the legislature by April 1 of the current fiscal year on any such discussions.	Delete current law.	Delete current law.	Delete current law.	Delete current law.

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<p><i>Requires DCH to report by April 1, 2013, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2011-12.</i></p> <p>Sec. 408. (1) By April 1 of the current fiscal year, the department shall report the following data from the prior fiscal year on substance abuse prevention, education, and treatment programs to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office:</p> <p>(a) Expenditures stratified by coordinating agency, by central diagnosis and referral agency, by fund source, by subcontractor, by population served, and by service type. Additionally, data on administrative expenditures by coordinating agency shall be reported.</p> <p>(b) Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.</p> <p>(c) Number of services provided by central diagnosis and referral agency, by subcontractor, and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.</p> <p>(d) Collections from other first- or third-party payers, private donations, or other state or local programs, by coordinating agency, by subcontractor, by population served, and by service type.</p>	<p>Sec. 4-408. (1) No changes from current law, except: "By April 1 of the current fiscal year, the department shall report the following data from the prior fiscal year on substance abuse prevention, education, and treatment programs to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office: COLLECT DATA IN ORDER TO ANALYZE TRENDS IN SUBSTANCE ABUSE PREVENTION, TREATMENT, AND RECOVERY PROGRAMS AND DETERMINE EFFECTIVENESS RELATIVE TO POSITIVE OUTCOMES OF INVESTED DOLLARS."</p> <p>Delete subsections (a) through (d)</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>(a) "...stratified by coordinating agency DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY...and be service type." "Additionally, data on administrative expenditures by coordinating agency DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY shall be reported."</p> <p>(d) "...by coordinating agency DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY..."</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>"By April 1 of the current fiscal year, the department shall report the following data from the prior fiscal year on substance abuse prevention, education, and treatment programs to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office: COLLECT DATA IN ORDER TO ANALYZE TRENDS IN SUBSTANCE ABUSE PREVENTION, TREATMENT, AND RECOVERY PROGRAMS AND DETERMINE EFFECTIVENESS RELATIVE TO POSITIVE OUTCOMES OF INVESTED DOLLARS." Delete subsections (a) through (d)</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>(a) "...stratified by coordinating agency DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY...and be service type." "Additionally, data on administrative expenditures by coordinating agency DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY shall be reported."</p> <p>(d) "...by coordinating agency DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY..."</p>

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<p>2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all coordinating agencies.</p>	<p>(2) No changes from current law, except: "...consistent among all coordinating agencies ACROSS THE STATE."</p>	<p>(2) No changes from current law, except: "...consistent among all coordinating agencies DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITIES."</p>	<p>(2) No changes from current law, except: "...consistent among all coordinating agencies ACROSS THE STATE."</p>	<p>(2) No changes from current law, except: "...consistent among all coordinating agencies DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITIES."</p>
<p><i>Requires DCH to assure that substance abuse treatment is provided to applicants and recipients of public assistance through DHS who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</i></p> <p>Sec. 410. The department shall assure that substance abuse treatment is provided to applicants and recipients of public assistance through the department of human services who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</p>	<p>Sec. 4-410. No changes from current law.</p>	<p>Sec. 410. No changes from current law.</p>	<p>Sec. 410. No changes from current law.</p>	<p>Sec. 410. No changes from current law.</p>
<p><i>Directs DCH to ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to implement programs to encourage diversions for individuals with mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP or PIHP to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement 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>	<p>Delete current law.</p>	<p>Sec. 411. (1) No changes from current law.</p>	<p>Sec. 411. (1) No changes from current law.</p>	<p>Sec. 411. (1) No changes from current law.</p>

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<p>(2) Each CMHSP or PIHP shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Requires DCH to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance abuse services.</i></p> <p>Sec. 412. The department shall contract directly with the Salvation Army harbor light program to provide non-Medicaid substance abuse services.</p>	Delete current law.	Sec. 412. No changes from current law.	Sec. 412. No changes from current law.	Sec. 412. No changes from current law.
<p><i>Requires DCH to report on the amount of funding paid to PIHPs to support the Medicaid managed mental health program in the preceding month including total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, number of cases in each eligibility group, and year-to-date summary of eligibles and expenditures.</i></p> <p>Sec. 418. On or before the tenth of each month, the department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in the preceding month. The information shall include the total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, and number of cases in each eligibility group for each PIHP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.</p>	Sec. 4-418. No changes from current law.	Sec. 418. No changes from current law.	Sec. 418. No changes from current law.	Sec. 418. No changes from current law.

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<p><i>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>	Delete current law.	Sec. 424. No changes from current law.	Sec. 424. No changes from current law.	Sec. 424. No changes from current law.

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

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

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<p><i>Directs DCH to establish written expectations, such as the coordination and consolidation of administrative functions, for CMHSPs, PIHPs, coordinating agencies, and counties on the integration of mental health and substance abuse services for those coordinating agencies that have voluntarily incorporated into CMH authorities and accepted funding from DCH for administrative costs incurred when incorporating into authorities. Requires May 1, 2013 status report on the integration of mental health and substance abuse services.</i></p> <p>Sec. 470. (1) For those substance abuse coordinating agencies that have voluntarily incorporated into community mental health authorities and accepted funding from the department for administrative costs incurred pursuant to section 468, the department shall establish written expectations for those CMHSPs, PIHPs, and substance abuse coordinating agencies and counties with respect to the integration of mental health and substance abuse services. At a minimum, the written expectations shall provide for the integration of those services as follows:</p> <p>(a) Coordination and consolidation of administrative functions and redirection of efficiencies into service enhancements.</p> <p>(b) Consolidation of points of 24-hour access for mental health and substance abuse services in every community.</p> <p>(c) Alignment of coordinating agencies and PIHPs boundaries to maximize opportunities for collaboration and integration of administrative functions and clinical activities.</p>	Delete current law.	Delete current law.	Delete current law	Delete current law.

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(2) By May 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the impact and effectiveness of this section and the status of the integration of mental health and substance abuse services.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<p><i>Directs DCH to ensure each contract with a CMHSP or PIHP requires the CMHSP or PIHP to provide each recipient and his/her family with information regarding the different types of guardianship. Prohibits a CMHSP or PIHP from attempting to reduce or restrict the ability of a recipient or his/her family from obtaining legal guardianship without just cause.</i></p> <p>Sec. 474. The department shall ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to provide each recipient and his or her family with information regarding the different types of guardianship and the alternatives to guardianship. A CMHSP or PIHP shall not, in any manner, attempt to reduce or restrict the ability of a recipient or his or her family from seeking to obtain any form of legal guardianship without just cause.</p>	Delete current law.	Sec. 474. No changes from current law.	Sec. 474. No changes from current law.	Sec. 474. No changes from current law.
<p><i>Requires the Department to develop a plan to maximize uniform and consistent standards required of providers contracting directly with PIHPs and CMHSPs. Requires the standards to include contract language, training requirements for direct support staff, performance indicators, financial and program audits, and billing procedures. Requires a status report on implementation of the plan by July 1, 2013.</i></p> <p>Sec. 490. (1) The department shall develop a plan to maximize uniformity and consistency in the standards required of providers contracting directly with PIHPs and CMHSPs. The standards shall include, but are not limited to, contract language, training requirements for direct support staff, performance indicators, financial and program audits, and billing procedures.</p>	Delete current law.	Sec. 490. (1) No changes from current law.	Sec. 490. (1) No changes from current law.	Sec. 490. (1) No changes from current law.

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(2) The department shall provide a status report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on implementation of the plan by July 1 of the current fiscal year.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Requires the Department to explore changes in the Habilitation Supports Waiver for Persons with Developmental Disabilities that would permit a slot to become available to a county that has demonstrated a greater need for the services.</i></p> <p>Sec. 491. The department shall explore changes in program policy in the habilitation supports waiver for persons with developmental disabilities that would permit the movement of a slot that has become available to a county that has demonstrated a greater need for the services.</p>	Delete current law.	Sec. 491. No changes from current law.	Sec. 491. No changes from current law.	Sec. 491. No changes from current law.
<p><i>Does not allow the Department to prohibit the use of GF/GP dollars by CMHSPs to provide mental health services to inmates of a county jail if a CMHSP has entered into an agreement with a county or county sheriff.</i></p> <p>Sec. 492. If a CMHSP has entered into an agreement with a county or county sheriff to provide mental health services to the inmates of the county jail, the department shall not prohibit the use of state general fund/general purpose dollars by CMHSPs to provide mental health services to inmates of a county jail.</p>	Delete current law.	Sec. 492. No changes from current law.	Sec. 492. No changes from current law.	Sec. 492. No changes from current law.

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<p><i>Requires the Department to utilize applicable national accreditation review criteria to determine compliance with corresponding state requirements for CMHSPs, PIHPs, or subcontracting provider agencies that have been reviewed and accredited by a national accrediting entity for behavioral health care services, in order to avoid duplication of efforts. Requires a progress report by July 1, 2013 on implementation of the section.</i></p> <p>Sec. 494. (1) In order to avoid duplication of efforts, the department shall utilize applicable national accreditation review criteria to determine compliance with corresponding state requirements for CMHSPs, PIHPs, or subcontracting provider agencies that have been reviewed and accredited by a national accrediting entity for behavioral health care services.</p>	<p>Sec. 4-494. (1) No changes from current law.</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. 494. (1) No changes from current law.</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>

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(2) Upon a coordinated submission by the CMHSPs, PIHPs, or subcontracting provider agencies, a listing of program requirements that are part of the state program review criteria but are not reviewed by an applicable national accrediting entity, the department shall review the listing and provide a recommendation to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office as to whether or not state program review should continue. The CMHSPs, PIHPs, or subcontracting agencies may request the department to convene a workgroup to fulfill this section.	(2) No changes from current law.	(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: (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). (B) FOR EACH CMHSP, PIHP, OR SUBCONTRACTING PROVIDER AGENCY DESCRIBED IN SUBDIVISION (A), ALL OF THE FOLLOWING: (i) THE STATE PROGRAM REVIEW AND AUDIT REQUIREMENTS THAT THE CMHSP, PIHP, OR SUBCONTRACTING PROVIDER AGENCY IS CONSIDERED IN COMPLIANCE WITH. (ii) THE NATIONAL ACCREDITING ENTITY THAT REVIEWED AND ACCREDITED THE CMHSP, PIHP, OR SUBCONTRACTING PROVIDER AGENCY.	(2) No changes from current law.	(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: (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). (B) FOR EACH CMHSP, PIHP, OR SUBCONTRACTING PROVIDER AGENCY DESCRIBED IN SUBDIVISION (A), ALL OF THE FOLLOWING: (i) THE STATE PROGRAM REVIEW AND AUDIT REQUIREMENTS THAT THE CMHSP, PIHP, OR SUBCONTRACTING PROVIDER AGENCY IS CONSIDERED IN COMPLIANCE WITH. (ii) THE NATIONAL ACCREDITING ENTITY THAT REVIEWED AND ACCREDITED THE CMHSP, PIHP, OR SUBCONTRACTING PROVIDER AGENCY.
(3) The department shall continue to comply with state and federal law and shall not initiate an action that negatively impacts beneficiary safety.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

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(4) As used in this section, "national accrediting entity" means the joint commission on accreditation of healthcare organizations, the commission on accreditation of rehabilitation facilities, the council of accreditation, or other appropriate entity, as approved by the department.	(4) No changes from current law.	(4) No changes from current law, except: "...council of accreditation, THE UTILIZATION REVIEW ACCREDITATION COMMISSION, THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE, or other appropriate entity, as approved by the department.	(4) No changes from current law.	(4) No changes from current law, except: "...council of accreditation, THE UTILIZATION REVIEW ACCREDITATION COMMISSION, THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE, 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.	(5) No changes from current law.	Delete current law.	(5) No changes from current law.	Delete current law.
<i>Expresses Legislature's intent that the Department begin working with the Centers for Medicare and Medicaid Services to develop a program that creates a medical home for individuals receiving Medicaid mental health benefits.</i> Sec. 495. It is the intent of the legislature that the department begin working with the centers for Medicare and Medicaid services to develop a program that creates a medical home for the individuals receiving Medicaid mental health benefits.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<i>Permits CMHSPs and PIHPs to offset state funding reductions by limiting the administrative component of their contracts with providers and case management to a maximum of 9%.</i> Sec. 496. CMHSPs and PIHPs are permitted to offset state funding reductions by limiting the administrative component of their contracts with providers and case management to a maximum of 9%.	Delete current law.	Delete current law.	Sec. 496. No changes from current law.	Sec. 496. No changes from current law.
<i>Requires population data from the most recent federal census be used in determining the distribution of substance abuse block grant funds.</i> Sec. 497. The population data used in determining the distribution of substance abuse block grant funds shall be from the most recent federal census.	Delete current law.	Sec. 497. No changes from current law.	Sec. 497. No changes from current law.	Sec. 497. No changes from current law.

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH to use standard program evaluation measures to assess the effectiveness of heroin and other opiates treatment programs provided through coordinating agencies and service providers in reducing and preventing the incidence of substance use disorders. Requires a May 1, 2013 report on the effectiveness of treatment programs for heroin and other opiates.</i></p> <p>Sec. 498. (1) The department shall use standard program evaluation measures to assess the effectiveness of heroin and other opiates treatment programs provided through coordinating agencies and service providers in reducing and preventing the incidence of substance use disorders. The measures established by the department shall be modeled after the program outcome measures and best practice guidelines for the treatment of heroin and other opiates as prescribed by the federal substance abuse and mental health services administration.</p>	Delete current law.	Sec. 498. (1) No changes from current law.	Delete current law.	Sec. 498. (1) No changes from current law.
<p>(2) By May 15 of the current fiscal year, the department shall provide a report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the effectiveness of treatment programs for heroin and other opiates.</p>	Delete current law.	(2) No changes from current law.	Delete current law.	(2) No changes from current law.
<p><i>Requires the Department to explore ways to use mental health funding to address the mental health needs of deaf and hard-of-hearing persons.</i></p> <p>Sec. 499. The department shall explore ways to use mental health funding to address the mental health needs of deaf and hard-of-hearing persons. The department shall report to the senate and house appropriations subcommittees on community health on the results of this process by March 1 of the current fiscal year.</p>	Delete current law.	Sec. 499. No changes from current law.	Sec. 499. No changes from current law, except: "The department shall explore ways CONTINUE EFFORTS to use mental health funding to address the mental health needs of deaf and hard-of-hearing persons."	Sec. 499. No changes from current law, except: "The department shall explore ways CONTINUE EFFORTS to use mental health funding to address the mental health needs of deaf and hard-of-hearing persons."

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		<p>SEC. 500. OF THE FUNDS APPROPRIATED IN PART 1 FOR THE JAIL DIVERSION PROGRAMS INITIATIVE, THE DEPARTMENT SHALL GIVE PRIORITY TO THE FOLLOWING:</p> <p>(A) COUNTY SHERIFFS, INCLUDING THE ST. JOSEPH COUNTY SHERIFF.</p> <p>(B) COMMUNITY COURT OR SIMILAR PROJECTS, INCLUDING THE 36TH DISTRICT COURT COMMUNITY PROJECT.</p>	Does not include House language.	Includes House language.
		Does not include Senate language.	<p>SEC. 501. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MENTAL HEALTH SERVICES FOR SPECIAL POPULATIONS, THE DEPARTMENT SHALL ALLOCATE \$100.00 TO ESTABLISH A PILOT PROJECT IN SEVERAL CMHSPS TO PROVIDE POST-TRAUMATIC STRESS DISORDER SERVICES TO CURRENT OR FORMER SERVICE MEMBERS.</p>	Does not include Senate language.
		Does not include Senate language.	<p>SEC. 502. THE DEPARTMENT SHALL WORK TO DEVELOP AN OUTREACH PROGRAM ON FETAL ALCOHOL SYNDROME SERVICES. THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE SUBCOMMITTEES ON COMMUNITY HEALTH BY APRIL 1 OF THE CURRENT FISCAL YEAR ON CURRENT EFFORTS TO PREVENT AND COMBAT FETAL ALCOHOL SYNDROME AS WELL AS DEFICIENCIES IN EFFORTS TO REDUCE THE INCIDENCE OF FETAL ALCOHOL SYNDROME.</p>	<p>SEC. 502. THE DEPARTMENT SHALL EXPLORE DEVELOPING AN OUTREACH PROGRAM ON FETAL ALCOHOL SYNDROME SERVICES. THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE SUBCOMMITTEES ON COMMUNITY HEALTH BY APRIL 1 OF THE CURRENT FISCAL YEAR ON CURRENT EFFORTS TO PREVENT AND COMBAT FETAL ALCOHOL SYNDROME AS WELL AS DEFICIENCIES IN EFFORTS TO REDUCE THE INCIDENCE OF FETAL ALCOHOL SYNDROME.</p>

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		Does not include Senate language.	<p>SEC. 503. (1) THE DEPARTMENT SHALL FORMALLY CONSULT WITH CMHSPS FROM ACROSS THIS STATE WHEN DEVELOPING POLICIES AND PROCEDURES THAT WILL IMPACT PIHPS OR CMHSPS. THE DEPARTMENT SHALL CONSULT WITH ALL OF THE FOLLOWING UNDER THIS SUBSECTION:</p> <p>(A) REPRESENTATIVES OF CMHSPS DESIGNATED BY THE MICHIGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS OR BY THE BOARDS OF DIRECTORS OF THE PIHPS.</p> <p>(B) TWO OR MORE CMHSP REPRESENTATIVES FROM EACH MULTI-COMMUNITY MENTAL HEALTH PIHP REGION.</p> <p>(C) REPRESENTATIVES OF PIHPS.</p>	SEC. 503. THE DEPARTMENT SHALL CONSULT WITH CMHSPS FROM ACROSS THIS STATE WHEN DEVELOPING POLICIES AND PROCEDURES THAT WILL IMPACT PIHPS OR CMHSPS.

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		Does not include Senate language.	(2) THE DEPARTMENT AND REPRESENTATIVES IDENTIFIED IN SUBSECTION (1) SHALL ADDRESS A RANGE OF ISSUES, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: (A) CLINICAL INITIATIVES. (B) FINANCE. (C) INFORMATION SERVICES. (D) QUALITY IMPROVEMENT. (E) COMPLIANCE ISSUES. (F) CHANGES IN STATE REPORTING REQUIREMENTS. (G) CHANGES IN FUNDING OR STATE PAYMENT MECHANICS. (H) CHANGES OR AMENDMENTS BEING CONSIDERED FOR THE MEDICAID AS WELL AS NON-MEDICAID CONTRACTS. (I) CHANGES OR ADDITIONS TO SPECIAL PROJECTS FOR OR CHANGES TO THE MEDICAID BENEFIT OR SERVICE ARRAY.	Does not include Senate language.
		Does not include Senate language.	SEC. 504. (1) THE DEPARTMENT SHALL CREATE A WORKGROUP TO MAKE RECOMMENDATIONS TO ACHIEVE MORE UNIFORMITY IN CAPITATION PAYMENTS MADE TO THE PIHPS.	Includes Senate language.
		Does not include Senate language.	(2) THE WORKGROUP SHALL INCLUDE BUT NOT BE LIMITED TO REPRESENTATIVES OF THE DEPARTMENT, PIHPS, AND CMHSPPS.	Includes Senate language.

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		Does not include Senate language.	(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 MAY 1 OF THE CURRENT FISCAL YEAR.	(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.
<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>	Sec. 4-601. No changes from current law.	Sec. 601. No changes from current law.	Sec. 601. No changes from current law.	Sec. 601. No changes from current law.
<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>	Sec. 4-602. No changes from current law.	Sec. 602. No changes from current law.	Sec. 602. No changes from current law.	Sec. 602. No changes from current law.

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Prohibits DCH from implementing any closures or consolidations of state hospitals, centers, and agencies until CMHSPs or PIHPs have programs and services in place for those individuals currently in the facilities. Requires DCH to provide a closure plan four months after closure certification to the House and Senate Appropriations Subcommittees on Community Health and State Budget Director. Requires the transfer of remaining operational funds from closed state hospitals, centers, and agencies to CMHSPs or PIHPs responsible for providing services to individuals previously served by the state-run operations.</i></p> <p>Sec. 605. (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs or PIHPs have programs and services in place for those individuals currently in those facilities and a plan for service provision for those individuals who would have been admitted to those facilities.</p>	Sec. 4-605. (1) No changes from current law.	Sec. 605. (1) No changes from current law.	Sec. 605. (1) No changes from current law.	Sec. 605. (1) No changes from current law.
(2) All closures or consolidations are dependent upon adequate department-approved CMHSP 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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) Four months after the certification of closure required in section 19(6) of the state employees' retirement act, 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the house and senate appropriations subcommittees on community health and the state budget director.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs or PIHPs responsible for providing services for individuals previously served by the operations.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allows DCH to collect revenue for patient reimbursement from first and third party payers, including Medicaid and local county CMHSP payers, to cover the cost of placement in state hospitals and centers. Authorizes DCH to adjust financing sources for patient reimbursement based on actual revenue earned. Allows the carryforward of revenue collected that exceeds current-year expenditures if approved by the State Budget Director.</i></p> <p>Sec. 606. The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid and local county CMHSP payers, to cover the cost of placement in state hospitals and centers. The department is authorized to adjust financing sources for patient reimbursement based on actual revenues earned. If the revenue collected exceeds current year expenditures, the revenue may be carried forward with approval of the state budget director. The revenue carried forward shall be used as a first source of funds in the subsequent year.</p>	<p>Sec. 4-606. No changes from current law.</p>	<p>Sec. 606. No changes from current law.</p>	<p>Sec. 606. No changes from current law.</p>	<p>Sec. 606. No changes from current law.</p>
<p><i>Allows DCH, in consultation with the Department of Technology, Management and Budget, to maintain a bid process to identify 1 or more private contractors to provide food and custodial services for the administrative areas at any state hospital identified by DCH as capable of generating savings through the outsourcing of those services.</i></p> <p>Sec. 608. Effective October 1, 2012, 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. No changes from current law, except:</p> <p>"Effective October 1, 2012 OF THE CURRENT FISCAL YEAR, the department, in consultation with the department of technology, management, and budget, may..."</p>	<p>Sec. 608. No changes from current law.</p> <p>Technical Note: Fiscal year should be updated.</p>	<p>Sec. 608. No changes from current law, except:</p> <p>"Effective October 1, 2012 OF THE CURRENT FISCAL YEAR, the department, in consultation with the department of technology, management, and budget, may..."</p>

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<p><u>PUBLIC HEALTH ADMINISTRATION</u></p> <p><i>Directs DCH to report to the Legislature by April 1, 2013 on the criteria and methodology used to derive information provided to residents in the annual Michigan fish advisory.</i></p> <p>Sec. 650. The department shall report to the senate and house appropriations subcommittees on community health by April 1 of the current fiscal year on its criteria and methodology used to derive the information provided to residents in the annual Michigan fish advisory.</p>	<p>Delete current law.</p>	<p>Sec. 650. No changes from current law.</p>	<p>Sec. 650. Replace with: 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. <i>(Continued on next page)</i></p>	<p>Sec. 650. Replace with: 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. <i>(Continued on next page)</i></p>

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			<p><i>(Sec. 650. continued)</i> (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. <i>(Continued on next page)</i></p>	<p><i>(Sec. 650. continued)</i> (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. <i>(Continued on next page)</i></p>

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			<p><i>(Sec. 650. continued)</i> (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><i>(Sec. 650. continued)</i> (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>
		Does not include.	<p>NEW 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, IN PARTICULAR EFFORTS TO SERVE THOSE WITH DIABETES AND KIDNEY DISEASE.</p>	<p>NEW 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>

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		Does not include.	<i>NEW</i> SEC. 652. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH AND WELLNESS PROGRAMS, \$100.00 SHALL BE ALLOCATED TO SUPPORT THE EXEMPLARY PHYSICAL FITNESS CURRICULUM.	Does not include.
		Does not include.	<i>NEW</i> SEC. 653. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH AND WELLNESS PROGRAMS, \$100.00 SHALL BE ALLOCATED TO COMBAT ALZHEIMER'S DISEASE.	Does not include.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Provides that new funding of \$1.0 million be allocated for a pilot before- and after-school healthy exercise program for children kindergarten through grade 6. Department shall develop a model incorporating evidence-based best practices, and establish guidelines for sites. Format shall encourage local determination of site activities and participation of youth in site activity decisions. Program goals are indicated and a 20% match requirement is established. Department shall seek third party financial support for program and program sites.</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 pilot before- and after-school healthy exercise program to promote and advance physical health for school children in kindergarten through grade 6. The department shall develop a model for program sites that incorporates evidence-based best practices. The department shall establish guidelines for program sites, which may include public schools, community-based organizations, private facilities, recreation centers, or other similar sites. The program format shall encourage local determination of site activities and shall encourage local inclusion of youth in the decision-making regarding site activities. Program goals shall include children experiencing good physical health, the reduction of obesity, providing a safe place to play and exercise, and nutrition education. To be eligible to participate in the pilot, program sites shall provide a 20% match to the state funding. The department shall seek financial support from corporate, foundation, or other private partners for the program or for individual program sites.</p>	<p>Sec. 4-654. No changes from current law.</p>	<p>Sec. 654. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 654. No changes from current law.</p>

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		Does not include.	<i>NEW</i> SEC. 655. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH AND WELLNESS PROGRAMS, \$100.00 SHALL BE ALLOCATED TO SUPPORT A CENTER FOR INTEGRATIVE MEDICINE PROJECT IN KENT COUNTY.	Does not include.
<p><u>HEALTH POLICY</u></p> <p><i>Requires DCH to continue to contract with EMS grantees funded from Part 1 appropriations to ensure that a sufficient number of qualified EMS personnel exist to serve rural areas of the state.</i></p> <p>Sec. 704. The department shall continue to contract with grantees supported through the appropriation in part 1 for the emergency medical services grants and contracts to ensure that a sufficient number of qualified emergency medical services personnel exist to serve rural areas of the state.</p>	Delete current law.	<p>Sec. 704. No changes from current law, except:</p> <p>"... emergency medical services grants and contracts PROGRAM ..."</p>	<p>Sec. 704. No changes from current law, except:</p> <p>"... emergency medical services grants and contracts PROGRAM ..."</p>	<p>Sec. 704. No changes from current law, except:</p> <p>"... emergency medical services grants and contracts PROGRAM ..."</p>
<p><i>Allows funds appropriated for Michigan Essential Health Care Provider Program to be used to provide loan repayment for dentists that meet the criteria established in Part 27 of the Public Health Code. Allows DCH to use appropriated funds to reduce local and private share of loan repayment costs to 25% for 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>	Sec. 4-709. (1) No changes from current law.	Sec. 709. (1) No changes from current law.	Sec. 709. (1) No changes from current law.	Sec. 709. (1) No changes from current law.

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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 repayment costs to 25% for obstetricians and gynecologists working in underserved areas.</p>	<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>	<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>	<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 repayment costs to 25% for PRIMARY CARE PHYSICIANS, PARTICULARLY obstetricians and gynecologists working in underserved areas.</p>	<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>
<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 professions 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>	<p>Delete current law.</p>	<p>Sec. 712. No changes from current law.</p>	<p>Sec. 712. No changes from current law.</p>	<p>Sec. 712. No changes from current law.</p>
<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>Sec. 713. No changes from current law.</p>	<p>Sec. 713. No changes from current law.</p>

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>	Delete current law.	Sec. 715. No changes from current law.	Sec. 715. No changes from current law.	Sec. 715. No changes from current law.
<p><i>Encourages the Department to create a pilot program incentivizing students attending Michigan medical schools to provide primary care or other designated specialty medical services in counties of less than 100,000 residents with a medically underserved population. Requires an evaluation and report by September 30, 2013.</i></p> <p>Sec. 716. (1) The department is encouraged to create and implement a pilot program limited to counties with a population of less than 100,000 to incentivize students attending medical schools in Michigan through a loan repayment program or other approaches for committing to provide medical services in rural counties with a medically underserved population. The program shall be limited to those students or individuals performing primary care or specialty services as identified by the department.</p>	Delete current law.	Sec. 716. (1) No changes from current law.	Sec. 716. (1) No changes from current law.	Sec. 716. (1) No changes from current law.

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(2) By no later than September 30 of the current fiscal year, the department shall prepare a report and submit it to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director. The department shall evaluate the effectiveness of the pilot program, identify potential changes to improve the program, and make recommendations for statewide implementation in its report under this subsection.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
	NEW Sec. 4-717. (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. IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1, THE DEPARTMENT MAY RECEIVE AND SPEND REVENUES AND DONATIONS FROM ANY SOURCE TO PROVIDE ADDITIONAL INCENTIVES.	Does not include.	Does not include.	NEW 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.
				(2) FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH INNOVATION GRANTS, \$250,000.00 SHALL BE ALLOCATED FOR A CHRONIC FATIGUE SYNDROME STUDY.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
	<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, 2018.</p>	<p>Does not include.</p>	<p>Does not include.</p>	<p>(3) 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, 2018.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><u>INFECTIOUS DISEASE CONTROL</u></p> <p><i>Directs DCH to cooperate with Department of Corrections to share data and information regarding prisoners being released who test positive for HIV or Hepatitis C, related to the Michigan prisoner reentry initiative.</i></p> <p>Sec. 804. The department, in conjunction with efforts to implement the Michigan prisoner reentry initiative, shall cooperate with the department of corrections to share data and information as they relate to prisoners being released who are HIV positive or positive for the hepatitis C antibody.</p>	Delete current law.	Sec. 804. No changes from current law.	Sec. 804. No changes from current law.	Sec. 804. No changes from current law.
		Does not include.	<p>NEW</p> <p><u>EPIDEMIOLOGY</u></p> <p>SEC. 851. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE HEALTHY HOMES PROGRAM, \$100.00 SHALL BE ALLOCATED TO EXPAND LEAD ABATEMENT EFFORTS.</p>	<p>NEW</p> <p><u>EPIDEMIOLOGY</u></p> <p>SEC. 851. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE HEALTHY HOMES PROGRAM, \$1,250,000.00 SHALL BE ALLOCATED TO EXPAND LEAD ABATEMENT EFFORTS.</p>
			<p>(2) THE DEPARTMENT SHALL COORDINATE ITS LEAD ABATEMENT EFFORTS WITH THE MICHIGAN PUBLIC SERVICE COMMISSION, SPECIFICALLY ON THE ISSUE OF WINDOW REPLACEMENT.</p>	<p>(2) THE DEPARTMENT SHALL COORDINATE ITS LEAD ABATEMENT EFFORTS WITH THE MICHIGAN PUBLIC SERVICE COMMISSION, SPECIFICALLY ON THE ISSUE OF WINDOW REPLACEMENT.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>Sec. 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>	<p>Sec. 902. No changes from current law.</p>	<p>Sec. 902. No changes from current law.</p>

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>Sec. 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>(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>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		Does not include.	<i>NEW</i> SEC. 905. FROM THE FUNDS APPROPRIATED IN PART 1 FOR ESSENTIAL LOCAL PUBLIC HEALTH SERVICES, THE DEPARTMENT SHALL INCREASE FUNDING TO LOCAL PUBLIC HEALTH DEPARTMENTS BY \$200.00.	Does not include.
<p><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></p> <p><i>Establishes legislative intent that DCH continue to collaborate with St. Clair County and the City of Detroit's southwest community to investigate and evaluate cancer rates.</i></p> <p>Sec. 1004. It is the intent of the legislature that the department continue to collaborate with the county of St. Clair and the city of Detroit southwest community to investigate and evaluate cancer rates.</p>	<p><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></p> <p>Delete current law.</p>	<p>Sec. 1004. No changes from current law.</p>	<p>Delete current law.</p>	<p><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></p> <p>Delete current law.</p>
		Does not include.	<i>NEW</i> SEC. 1005. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE INJURY CONTROL INTERVENTION PROJECT, \$100.00 SHALL BE ALLOCATED TO PROVIDE SERVICES TO THOSE WITH TRAUMATIC BRAIN INJURIES.	Does not include.

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><u>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</u></p> <p><i>Demographics and Expenditures by Marital Status. Requires annual report by January 3, 2013 of an estimate of public funds administered by DCH for family planning, sexually transmitted infection prevention and treatment, pregnancies, and births, and to report demographics collected by DCH that are voluntarily self-reported by individuals utilizing those services. Requires DCH to provide actual or estimated expenditure data by marital status, and permits the use of state Plan First!, MICHild, Healthy Kids, public assistance, or other official application form to determine 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>	Delete current law.	Sec. 1103. No changes from current law.	Sec. 1103. No changes from current law.	Sec. 1103. No changes from current law.

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH to report by April 1, 2013 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" entity as having a population of 30,000 or less.</i></p> <p>Sec. 1104. (1) Before April 1 of the current fiscal year, the department shall submit a report to the house and senate fiscal agencies and the state budget director on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following:</p> <p>(a) Funding allocations. (b) Actual number of women, children, and adolescents served and amounts expended for each group for the immediately preceding fiscal year. (c) A breakdown of the expenditure of these funds between urban and rural communities.</p>	Delete current law.	Sec. 1104. (1) No changes from current law.	Sec. 1104. (1) No changes from current law.	Sec. 1104. (1) No changes from current law.
(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.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(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.	Delete current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires family planning programs receiving federal Title X funds to be in compliance with federal performance and quality assurance indicators; agencies not in compliance shall not receive supplemental or reallocated funds.</i></p> <p>Sec. 1106. Each family planning program receiving federal title X family planning funds under 42 USC 300 to 300a-8 shall be in compliance with all performance and quality assurance indicators that the office of family planning within the United States department of health and human services specifies in the family planning annual report. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.</p>	<p>Sec. 4-1106. No changes from current law, except:</p> <p>" ... specifies in the family planning annual report "PROGRAM GUIDELINES FOR PROJECT GRANTS FOR FAMILY PLANNING SERVICES." An agency... "</p>	<p>Sec. 1106. No changes from current law, except:</p> <p>" ... specifies in the family planning annual report "PROGRAM GUIDELINES FOR PROJECT GRANTS FOR FAMILY PLANNING SERVICES." An agency... "</p>	<p>Sec. 1106. No changes from current law.</p>	<p>Sec. 1106. No changes from current law, except:</p> <p>" ... specifies in the family planning annual report "PROGRAM GUIDELINES FOR PROJECT GRANTS FOR FAMILY PLANNING SERVICES." An agency... "</p>
<p><i>Prohibits pregnancy prevention program appropriation line item funds from being used for abortion counseling, referrals, or services.</i></p> <p>Sec. 1108. The funds appropriated in part 1 for pregnancy prevention programs shall not be used to provide abortion counseling, referrals, or services.</p>	<p>Sec. 4-1108. No changes from current law.</p>	<p>Sec. 1108. No changes from current law.</p>	<p>Sec. 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, 2012 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.</p>	<p>Sec. 1109. (1) No changes from current law.</p>	<p>Sec. 1109. (1) No changes from current law.</p>

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>DCH may pursue efforts to reduce the incidence of stillbirth if federal or state funds are available, including awareness, education, and standardization of data collection and definitions. Directs DCH to seek federal or other grant funds.</i></p> <p>Sec. 1117. Contingent upon the availability of federal or state restricted funds, the department may pursue efforts to reduce the incidence of stillbirth. Efforts shall include the establishment of a program to increase public awareness of stillbirth, promote education to monitor fetal movements counting kicks, promote a uniform definition of stillbirth, standardize data collection of stillbirths, and collaborate with appropriate federal agencies and statewide organizations. The department shall seek federal or other grant funds to assist in implementing this program.</p>	Delete current law.	Sec. 1117. No changes from current law.	Delete current law.	Delete current law.
<p><i>Directs that no state funds appropriated for family planning local agreements or pregnancy prevention programs shall be used to encourage or support abortion services.</i></p> <p>Sec. 1119. From the funds appropriated in part 1 for family planning local agreements or pregnancy prevention programs, no state funds shall be used to encourage or support abortion services.</p>	Delete current law.	Sec. 1119. No changes from current law.	Sec. 1119. No changes from current law.	Sec. 1119. No changes from current law.

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Establishes that if funds become available, provision of a school health education curriculum shall be in accordance with health education goals of the Michigan Model for Comprehensive School Health Education State Steering Committee; establishes steering committee membership; and requires curriculum materials be made available upon request.</i></p> <p>Sec. 1135. (1) If funds become available, provision of the school health education curriculum, such as the Michigan model for health or another comprehensive school health education curriculum, shall be in accordance with the health education goals established by the Michigan model steering committee. The steering committee shall be composed of a representative from each of the following offices and departments:</p> <p>(a) The department of education. (b) The department of community health. (c) The health administration in the department of community health. (d) The behavioral health and developmental disabilities administration in the department of community health. (e) The department of human services. (f) The department of state police.</p>	Delete current law.	Sec. 1135. (1) No changes from current law.	Sec. 1135. (1) No changes from current law.	Sec. 1135. (1) No changes from current law.



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

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>(VETOED BY THE GOVERNOR)</i></p> <p><i>Provides that new funding of \$2.0 million be allocated for a new 2-year initiative for a real alternatives pregnancy and parenting support services pilot program to provide enhanced counseling and support for women during pregnancy through 12 months after birth. Stated goals include increase of counseling support, childbirth choice, and adoption knowledge, and improvement in parenting skills and knowledge of reproductive health. Funding is from federal temporary assistance for needy families (TANF) grant.</i></p> <p>Sec. 1136. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, \$2,000,000.00 shall be allocated for a real alternatives pregnancy and parenting support services program as a pilot project. Funding for the program shall be from the federal temporary assistance for needy families grant. The department shall establish a fee for service contract with 1 or more qualified agencies to provide free counseling, support, and referral services to eligible women during pregnancy through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase of counseling support, childbirth choice, and adoption knowledge and an improvement in parenting skills and knowledge of reproductive health. The department shall provide for counselor training, client educational material, program marketing, and annual provider site monitoring.</p>	<p>Does not include.</p>	<p>Sec. 1136. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, \$2,000,000.00 \$700,000.00 shall be allocated for a real alternatives pregnancy and parenting support services program as a pilot project, WHICH PROGRAM MUST PROMOTE CHILDBIRTH. Funding for the program shall be from the federal temporary assistance for needy families grant. The department shall establish a fee for service contract with 1 or more qualified agencies STATEWIDE 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 of IN client support, AN INCREASE IN childbirth choice, and AN INCREASE IN adoption knowledge, and an improvement in parenting skills, and knowledge of IMPROVED reproductive health THROUGH ABSTINENCE EDUCATION. The department CONTRACTOR OF THE STATEWIDE PROGRAM shall provide for counselor PROGRAM training, client educational material, program marketing, and annual provider site monitoring.</p>	<p>Sec. 1136. No changes from FY 2012-13 enrolled bill, except:</p> <p>" ... \$2,000,000.00 \$1,000,000.00 shall be allocated for a real alternatives pregnancy and parenting support services program as a pilot project. Funding for the program shall be from the federal temporary assistance for needy families grant. The department shall ... "</p>	<p>Sec. 1136. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, \$2,000,000.00 \$700,000.00 shall be allocated for a real alternatives pregnancy and parenting support services program as a pilot project, WHICH PROGRAM MUST PROMOTE CHILDBIRTH AND ALTERNATIVES TO ABORTION. Funding for the program shall be from the federal temporary assistance for needy families grant. The department shall establish a fee for service contract with 1 or more qualified agencies 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 of IN client support, AN INCREASE IN childbirth choice, and AN INCREASE IN adoption knowledge, and an improvement in parenting skills, and knowledge of IMPROVED reproductive health THROUGH ABSTINENCE EDUCATION. The department CONTRACTOR OF THE PROGRAM shall provide for counselor PROGRAM training, client educational material, program marketing, and annual SERVICE provider site monitoring.</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>(VETOED BY THE GOVERNOR)</i></p> <p><i>Provides that new funding of \$1.0 million be allocated for a 2-year new initiative for the nurse family partnership program to enhance support and education to nursing teams, strengthen client recruitment in high need communities, and support strategic planning, recruitment and awareness to expand and sustain the Detroit-based nurse family partnership program. Funding is from federal temporary assistance for needy families (TANF) grant.</i></p> <p>Sec. 1137. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, not less than \$1,000,000.00 shall be allocated for the nurse family partnership program from federal temporary assistance for needy families grant funds. The funds shall be used for enhanced support and education to nursing teams and for client recruitment in high-need communities. The funds shall also be used for a nurse family partnership program in a city with a population of 600,000 or more for strategic planning to expand and sustain the program and for marketing and communications of the program to raise awareness, engage stakeholders, and recruit nurses.</p>	<p>Does not include.</p>	<p>Sec. 1137. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, not less than \$1,000,000.00 \$350,000.00 OF NEW FUNDING shall be allocated for TO the nurse family partnership program from federal temporary assistance for needy families grant funds. The funds shall be used for THE FOLLOWING PROJECTS:</p> <p>(A) enhanced support and education to nursing teams. and for</p> <p>(B) client recruitment in high-need communities. The funds shall also be used for</p> <p>(C) a nurse family partnership program in a city with a population of 600,000 or more for strategic planning to expand and sustain the program and for marketing and communications of the program to raise awareness, engage stakeholders, and recruit nurses.</p>	<p>Sec. 1137. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, not less than \$1,000,000.00. \$600,000.00 shall be allocated for the nurse family partnership program from federal temporary assistance for needy families grant funds EVIDENCE-BASED PROGRAMS TO REDUCE INFANT MORTALITY. The funds shall be used for enhanced support and education to nursing teams and for client recruitment in high-need communities AREAS DESIGNATED AS UNDERSERVED FOR OBSTETRICAL AND GYNECOLOGICAL SERVICES. The funds shall also be used for a nurse family partnership program in a city with a population of 600,000 or more for strategic planning to expand and sustain the program and for marketing and communications of the program to raise awareness, engage stakeholders, and recruit nurses.</p>	<p>Sec. 1137. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, not less than \$1,000,000.00. \$500,000.00 shall be allocated for the nurse family partnership program from federal temporary assistance for needy families grant funds 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, and for client recruitment in AREAS DESIGNATED AS UNDERSERVED FOR OBSTETRICAL AND GYNECOLOGICAL SERVICES AND OTHER high-need communities, The funds shall also be used for a nurse family partnership program in a city with a population of 600,000 or more for strategic planning to expand and sustain the programS, and for marketing and communications of the programS to raise awareness, engage stakeholders, and recruit nurses.</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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, except changes "113" to 4-113".</p>	<p>Sec. 1138. No changes from current law.</p>	<p>Sec. 1138. No changes from current law.</p>	<p>Sec. 1138. No changes from current law.</p>
		<p>Does not include.</p>	<p>NEW SEC. 1139. FROM THE FUNDS APPROPRIATED IN PART 1 FOR DENTAL PROGRAMS, \$100.00 SHALL BE ALLOCATED TO SUPPORT AN EXPANSION OF DENTAL CLINIC SERVICES.</p>	<p>Does not include.</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		Does not include.	<p><i>NEW</i> SEC. 1140. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, THE DEPARTMENT SHALL MAKE THE FOLLOWING ALLOCATIONS:</p> <p>(A) \$1,000,000.00 TO THE EASTERN MICHIGAN UNIVERSITY AUTISM CENTER.</p> <p>(B) \$500,000.00 TO THE CENTRAL MICHIGAN UNIVERSITY CENTRAL ASSESSMENT LENDING LIBRARY.</p> <p>(C) \$500,000.00 TO THE OAKLAND UNIVERSITY CENTER FOR AUTISM RESEARCH, EDUCATION, AND SUPPORT.</p> <p>(D) \$500,000.00 TO THE WESTERN MICHIGAN UNIVERSITY AUTISM CENTER OF EXCELLENCE.</p>	<p>SEC. 1140. (Revised and moved to Sec. 1902.)</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>CHILDREN'S SPECIAL HEALTH CARE SERVICES</p> <p><i>Allows the Children's Special Health Care Services program to provide special formula for persons with certain metabolic and allergic disorders, treatment to persons age 21 or older with cystic fibrosis, services to persons age 21 or older with hemophilia, and provide human growth hormone to eligible patients.</i></p> <p>Sec. 1202. The department may do 1 or more of the following:</p> <p>(a) Provide special formula for eligible clients with specified metabolic and allergic disorders.</p> <p>(b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older.</p> <p>(c) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older.</p> <p>(d) Provide human growth hormone to eligible patients.</p>	<p>Sec. 4-1202. No changes from current law.</p>	<p>Sec. 1202. No changes from current law.</p>	<p>Sec. 1202. No changes from current law.</p>	<p>Sec. 1202. No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to report on its plan for enrolling Medicaid eligible CSHCS recipients into Medicaid health plans.</i></p> <p>Sec. 1204. By October 1, 2012, the department shall report to the senate and house appropriations committees on community health and the senate and house fiscal agencies on its plan for enrolling Medicaid eligible children's special health care services recipients in the Medicaid health plans. The report shall include information on which Medicaid health plans are participating, the methods used to assure continuity of care and continuity of ongoing relationships with providers, and projected savings from the implementation of the proposal.</p>	Delete current law.	<p>Sec. 1204. By October 1, 2012 OF THE CURRENT FISCAL YEAR, the department shall report to the senate and house appropriations committees on community health and the senate and house fiscal agencies on its plan for enrolling Medicaid eligible children's special health care services recipients in the Medicaid health plans. The report shall include information on which Medicaid health plans are participating, the methods used to assure continuity of care and continuity of ongoing relationships with providers, and projected savings from the implementation of the proposal.</p>	<p>Sec. 1204. By October 1, 2012 OF THE CURRENT FISCAL YEAR, the department shall report to the senate and house appropriations committees on community health and the senate and house fiscal agencies on its plan for enrolling Medicaid eligible children's special health care services recipients in the Medicaid health plans. The report shall include information on which Medicaid health plans are participating, the methods used to assure continuity of care and continuity of ongoing relationships with providers, and projected savings from the implementation of the proposal.</p>	<p>Sec. 1204. By October 1, 2012 OF THE CURRENT FISCAL YEAR, the department shall report to the senate and house appropriations committees on community health and the senate and house fiscal agencies on its plan for enrolling Medicaid eligible children's special health care services recipients in the Medicaid health plans. The report shall include information on which Medicaid health plans are participating, the methods used to assure continuity of care and continuity of ongoing relationships with providers, and projected savings from the implementation of the proposal.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1205. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MEDICAL CARE AND TREATMENT, THE DEPARTMENT IS AUTHORIZED TO USE 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>NEW</p> <p>SEC. 1205. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MEDICAL CARE AND TREATMENT, THE DEPARTMENT IS AUTHORIZED TO USE <i>SPEND</i> 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>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Crime Victim Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>	Delete current law.	Sec. 1302. No changes from current law.	Sec. 1302. No changes from current law.	Sec. 1302. No changes from current law.



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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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, 2013 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. (b) The recipient's inability to prepare his or her own meals safely. (c) Whether the recipient has another care provider available. (d) Any other qualifications normally necessary for the recipient to receive home-delivered meals.</p> <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>Sec. 4-1403. (1) No changes from current law.</p> <p>(2) No changes from current law.</p>	<p>Sec. 1403. (1) No changes from current law.</p> <p>(2) No changes from current law.</p>	<p>Sec. 1403. (1) No changes from current law.</p> <p>(2) No changes from current law.</p>	<p>Sec. 1403. (1) 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 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH to report by March 30, 2013 on total allocation 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>Sec. 1417. No changes from current law.</p>	<p>Sec. 1417. No changes from current law.</p>
<p><i>Directs DCH to establish, if funds become available, an aging care management services pilot project with services provide solely by nurses; pilot shall be established in a county with a population between 150,000 and 250,000 persons.</i></p> <p>Sec. 1420. If funds become available, the department shall create a pilot project to establish an aging care management services program with services provided solely by nurses. This pilot project shall be established in a county with a population greater than 150,000 but less than 250,000.</p>	<p>Delete current law.</p>	<p>Sec. 1420. No changes from current law.</p>	<p>Sec. 1420. No changes from current law.</p>	<p>Sec. 1420. No changes from current law.</p>



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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Provides that new 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>	<p>Sec. 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 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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, 2017.</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, 2017.</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, 2017 2018.</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, 2017 2018.</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, 2017 2018.</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, 2017 2018.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1502. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE MEDICAL SERVICES ADMINISTRATION, THE DEPARTMENT SHALL SPEND \$300,000.00 PLUS ANY ASSOCIATED FEDERAL MATCH TO DEVELOP AN ALL PAYER CLAIMS DATABASE.</p>	<p>NEW</p> <p>SEC. 1502. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE MEDICAL SERVICES ADMINISTRATION, THE DEPARTMENT SHALL SPEND \$300,000.00 <i>GENERAL FUND/GENERAL PURPOSE</i> PLUS ANY ASSOCIATED FEDERAL MATCH TO <i>CREATE AND DEVELOP AN ALL-PAYER CLAIMS A TRANSPARENCY DATABASE WEBSITE. THIS FUNDING IS CONTINGENT UPON ENACTMENT OF ENABLING LEGISLATION.</i></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>	<p>Sec. 4-1601. No changes from current law.</p>	<p>Sec. 1601. No changes from current law.</p>	<p>Sec. 1601. No changes from current law.</p>	<p>Sec. 1601. No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allows DCH to establish a statewide program for persons to purchase medical coverage at a rate determined by DCH.</i></p> <p>Sec. 1603. (1) The department may establish a program for individuals to purchase medical coverage at a rate determined by the department.</p>	<p>Sec. 4-1603. (1) No changes from current law.</p>	<p>Sec. 1603. (1) No changes from current law.</p>	<p>Sec. 1603. (1) No changes from current law.</p>	<p>Sec. 1603. (1) No changes from 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) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The premiums described in this section shall be classified as private funds.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p>(4) The department shall modify program policies to permit individuals eligible for the transitional medical assistance plus program, as structured in fiscal year 2009-2010, to access medical assistance coverage through a 100% cost share.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>(4) No changes from current law.</p>	<p>Delete 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. (1) The protected income level for Medicaid coverage determined pursuant to section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, shall be 100% of the related public assistance standard EFFECTIVE THROUGH DECEMBER 31, 2013.</p>	<p>Sec. 1605. No changes from current law.</p>	<p>Sec. 1605. No changes from current law.</p>	<p>Sec. 1605. No changes from current law.</p>
	<p>(2) THE DEPARTMENT SHALL EXPAND MEDICAID COVERAGE TO THE INCOME LEVEL DETERMINED PURSUANT TO SECTION 106(1)(B)(III) OF THE SOCIAL WELFARE ACT, 1939 PA 280, MCL 400.106 AT 1 133% OF THE RELATED PUBLIC ASSISTANCE STANDARD EFFECTIVE JANUARY 1, 2014.</p>	<p>Not included.</p>	<p>Not included.</p>	<p>Not included.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Limits the allowable deduction for guardian and conservator charges to \$60 per month when determining Medicaid eligibility and patient pay amounts.</i></p> <p>Sec. 1606. For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>	<p>Sec. 4-1606. No changes from current law.</p>	<p>Sec. 1606. No changes from current law.</p>	<p>Sec. 1606. No changes from current law.</p>	<p>Sec. 1606. No changes from current law.</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Stipulates that Medicaid applicants whose qualifying condition is pregnancy shall be presumed to be eligible unless the preponderance of evidence in the application indicates otherwise. Sets procedures to facilitate access to health care for pregnant women including provision of an authorization letter, a listing of Medicaid physicians and health plans, referral to public health clinics for ineligible persons, and allowing qualified applicants to select or remain with the participating obstetrician of her choice. Specifies that obstetrical and prenatal care claims are to be paid at Medicaid fee-for-service rates if there is no contract between provider and managed care plan. Mandates enrollment of Medicaid eligible pregnant women into Medicaid HMOs and requires DCH to encourage physicians to provide these women a referral to a Medicaid participating dentist at the first pregnancy-related appointment.</i></p> <p>Sec. 1607. (1) An applicant for Medicaid, whose qualifying condition is pregnancy, shall immediately be presumed to be eligible for Medicaid coverage unless the preponderance of evidence in her application indicates otherwise. The applicant who is qualified as described in this subsection shall be allowed to select or remain with the Medicaid participating obstetrician of her choice.</p>	<p>Sec. 4-1607. (1) No changes from current law.</p>	<p>Sec. 1607. (1) No changes from current law.</p>	<p>Sec. 1607. (1) No changes from current law.</p>	<p>Sec. 1607. (1) No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(2) An applicant qualified as described in subsection (1) shall be given a letter of authorization to receive Medicaid covered services related to her pregnancy. All qualifying applicants shall be entitled to receive all medically necessary obstetrical and prenatal care without preauthorization from a health plan. All claims submitted for payment for obstetrical and prenatal care shall be paid at the Medicaid fee-for-service rate in the event a contract does not exist between the Medicaid participating obstetrical or prenatal care provider and the managed care plan. The applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence.	(2) No changes from current law.			
(3) In the event that an applicant, presumed to be eligible pursuant to subsection (1), is subsequently found to be ineligible, a Medicaid physician or managed care plan that has been providing pregnancy services to an applicant under this section is entitled to reimbursement for those services until such time as they are notified by the department that the applicant was found to be ineligible for Medicaid.	(3) No changes from current law.			
(4) If the preponderance of evidence in an application indicates that the applicant is not eligible for Medicaid, the department shall refer that applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy-related services.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
(5) The department shall develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application.	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(6) The department shall mandate enrollment of women, whose qualifying condition is pregnancy, into Medicaid managed care plans.	(6) No changes from current law.	(6) No changes from current law.	(6) No changes from current law.	(6) No changes from current law.
(7) The department shall encourage physicians to provide women, whose qualifying condition for Medicaid is pregnancy, with a referral to a Medicaid participating dentist at the first pregnancy-related appointment.	(7) No changes from current law.	(7) No changes from current law.	(7) No changes from current law.	(7) No changes from 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>	<p>Sec. 4-1611. (1) No changes from current law.</p>	<p>Sec. 1611. (1) No changes from current law.</p>	<p>Sec. 1611. (1) No changes from current law.</p>	<p>Sec. 1611. (1) No changes from current law.</p>



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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/medical services recipients with Medicare part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<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. States legislative intent that if DCH realizes savings resulting from the way Medicaid pays pharmacists for prescriptions from average wholesale price to average manufacturer price, the savings shall be returned to pharmacies as an increase in the dispensing fee of no more than \$2.00.</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) No changes from current law.</p>	<p>Sec. 1620. (1) No changes from current law.</p>	<p>Sec. 1620. (1) No changes from current law.</p>	<p>Sec. 1620. (1) No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Authorizes DCH to secure manufacturer drug rebates for participants in MICHild, MOMS, and Children's Special Health Care Services (CSHCS) programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.</i></p> <p>Sec. 1627. (1) The department shall use procedures and rebate amounts specified under section 1927 of title XIX, 42 USC 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in the MICHild program, maternal outpatient medical services program, and children's special health care services.</p>	Delete current law.	Delete current law.	Sec. 1627. (1) No changes from current law.	Delete current law.
(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization.	Delete current law.	Delete current law.	(2) No changes from current law.	Delete current law.
<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>	Sec. 4-1629. No changes from current law.	Sec. 1629. No changes from current law.	Sec. 1629. No changes from current law.	Sec. 1629. No changes from current law.

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FY 2012-13 CURRENT LAW	FY 2013-2014			
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<p><i>Continues podiatric and adult dental services at not less than the level in effect on October 1, 2002. Contingent on the availability of funds, chiropractic and vision services shall continue at not less than the level in effect on October 1, 2002.</i></p> <p>Sec. 1630. (1) Medicaid coverage for adult dental and podiatric services shall continue at not less than the level in effect on October 1, 2002, except that reasonable utilization limitations may be adopted in order to prevent excess utilization.</p>	Delete current law.	Delete current law.	Sec. 1630. (1) No changes from current law.	Delete current law.
<p>(2) Medicaid coverage for adult chiropractic and vision services shall continue at not less than the level in effect on October 1, 2002, except that reasonable utilization limitations may be adopted in order to prevent excess utilization.</p>	Delete current law.	Delete current law.	(2) No changes from current law.	Delete current law.
<p><i>Requires copayments on dental, podiatric, and vision services unless prohibited by law or regulation. Specifies copayments of \$6 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>	Sec. 4-1631. (1) No changes from current law.	Sec. 1631. (1) No changes from current law.	Sec. 1631. (1) No changes from current law.	Sec. 1631. (1) No changes from current law.



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

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires reimbursement for emergency room (ER) services to screen and stabilize a patient without prior authorization by an HMO, and notice to the HMO regarding a patient's diagnosis and treatment within 24 hours of discharge; prior authorization by the HMO is required for further services beyond stabilization.</i></p> <p>Sec. 1657. (1) Reimbursement for medical services to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room shall not be made contingent on obtaining prior authorization from the recipient's HMO. If the recipient is discharged from the emergency room, the hospital shall notify the recipient's HMO within 24 hours of the diagnosis and treatment received.</p>	<p>Sec. 4-1657. (1) No changes from current law.</p>	<p>Sec. 1657. (1) No changes from current law.</p>	<p>Sec. 1657. (1) No changes from current law.</p>	<p>Sec. 1657. (1) No changes from current law.</p>
<p>(2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital shall receive authorization from the recipient's HMO prior to admitting the recipient.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) Subsections (1) and (2) do not require an alteration to an existing agreement between an HMO and its contracting hospitals and do not require an HMO to reimburse for services that are not considered to be medically necessary.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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 article are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 404, 411, 418, 428, 474, 494, 1607, 1657, 1662, 1689, 1740, 1764, 1815, 1820, 1835, 1850, and 1863.</p>	<p>Sec. 4-1659. The following sections of this article are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 404, 411, 418, 428, 474, 494, 1607, 1657, 1662, AND 1689. 1699, 1740, 1764, 1815, 1820, 1835, 1850, and 1863.</p>	<p>Sec. 1659. The following sections of this article are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 404, 411, 418, 428, 474, 494, 1607, 1657, 1662, 1689, 1699, 1740, 1764, 1815, 1820, 4835, AND 1850, and 1863.</p>	<p>Sec. 1659. The following sections of this article are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 404, 411, 418, 428, 474, 494, 1607, 1657, 1662, 1689, 1699, 1740, 1756, 1764, 1815, 1816, 1820, 1835, 1850, and 1863, 1880, 1881, and 1882.</p>	<p>Sec. 1659. The following sections of this article are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 404, 411, 418, 428, 474, 494, 1607, 1657, 1662, 1689, 1699, 1740, 1756, 1764, 1815, 1820, 4835, 1850, and 1863 1881.</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) No changes from current law.</p>	<p>Sec. 1662. (1) No changes from current law.</p>	<p>Sec. 1662. (1) No changes from current law.</p>	<p>Sec. 1662. (1) No changes from current law.</p>



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(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.	(2) No changes from current law.			
(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.	(3) No changes from current law.			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Specifies that funds appropriated for MICHild program are to be used to provide health care to children under age 19 in families with income below 200% of federal poverty level who have not had health insurance within six months of making application for MICHild benefits. Allows DCH to provide up to one year of continuous eligibility for MICHild program unless family members no longer meet eligibility criteria or family fails to pay the monthly premium. Assures continuity of care for persons whose category of MICHild eligibility changes due to family income. Specifies income level and verification requirements to determine MICHild program eligibility. Requires DCH to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide MICHild health care benefit at the capitated rate. Allows DCH to obtain certain MICHild services contractually through community mental health agencies. Requires DCH to assure that an external quality review of each MICHild services contractor is performed, which analyzes quality, timeliness, and access to health care services provided by the contractor to MICHild beneficiaries. Requires DCH to develop automatic enrollment algorithm based on quality and performance factors. MICHild services shall include treatments for autism spectrum disorders for children 18 years old or younger.</i></p> <p>Sec. 1670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 200% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this act. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program.</p>	<p>Sec. 4-1670. (1) Same as current law with act changed to "ARTICLE".</p>	<p>Sec. 1670. (1) No changes from current law.</p>	<p>Sec. 1670. (1) No changes from current law.</p>	<p>Sec. 1670. (1) No changes from current law.</p>



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(2) The department may provide up to 1 year of continuous eligibility to children eligible for the MIChild program unless the family fails to pay the monthly premium, a child reaches age 19, or the status of the children's family changes and its members no longer meet the eligibility criteria as specified in the federally approved MIChild state plan.	(2) No changes from current law.			
(3) Children whose category of eligibility changes between the Medicaid and MIChild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.	(3) No changes from current law.			
(4) To be eligible for the MIChild program, a child must be residing in a family with an adjusted gross income of less than or equal to 200% of the federal poverty level. The department's verification policy shall be used to determine eligibility.	(4) No changes from current law.			

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<p>(5) The department shall enter into a contract to obtain MICHild services from any HMO, dental care corporation, or any other entity that offers to provide the managed health care benefits for MICHild services at the MICHild capitated rate. As used in this subsection:</p> <p>(a) “Dental care corporation”, “health care corporation”, “insurer”, and “prudent purchaser agreement” mean those terms as defined in section 2 of the prudent purchaser act, 1984 PA 233, MCL 550.52.</p> <p>(b) “Entity” means a health care corporation or insurer operating in accordance with a prudent purchaser agreement.</p>	<p>(5) No changes from current law.</p>	<p style="text-align: center;">NEW</p> <p>(5) THE DEPARTMENT SHALL CONTRACT WITH MEDICAID HEALTH PLANS TO PROVIDE PHYSICAL HEALTH SERVICES TO MICHILD ENROLLEES IN THEIR MEDICAID HEALTH PLAN APPROVED SERVICE AREA. 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 TO IMPLEMENT COVERAGE THROUGHOUT THE STATE BY MEDICAID HEALTH PLANS. THE DEPARTMENT SHALL CONTRACT WITH QUALIFIED DENTAL PLANS TO PROVIDE DENTAL COVERAGE FOR MICHILD ENROLLEES.</p>	<p>(5) No changes from current law.</p>	<p style="text-align: center;">NEW</p> <p>(5) THE DEPARTMENT SHALL CONTRACT WITH MEDICAID HEALTH PLANS TO PROVIDE PHYSICAL HEALTH SERVICES TO MICHILD ENROLLEES IN THEIR MEDICAID HEALTH PLAN APPROVED SERVICE AREA. 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 TO IMPLEMENT COVERAGE THROUGHOUT THE STATE BY MEDICAID HEALTH PLANS 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.</p>
<p>(6) The department may enter into contracts to obtain certain MICHild services from community mental health service programs.</p>	<p>(6) No changes from current law.</p>	<p>(6) No changes from current law.</p>	<p>(6) No changes from current law.</p>	<p>(6) No changes from current law.</p>



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(7) The department may make payments on behalf of children enrolled in the MICHild program from the line-item appropriation associated with the program as described in the MICHild state plan approved by the United States department of health and human services, or from other medical services.	(7) No changes from current law.	(7) No changes from current law.	(7) No changes from current law.	(7) No changes from current law.
(8) The department shall assure that an external quality review of each MICHild contractor, as described in subsection (5), is performed, which analyzes and evaluates the aggregated information on quality, timeliness, and access to health care services that the contractor furnished to MICHild beneficiaries.	(8) No changes from current law.	(8) No changes from current law.	(8) No changes from current law.	(8) No changes from current law.
(9) The department shall develop an automatic enrollment algorithm that is based on quality and performance factors.	(9) No changes from current law.	(9) No changes from current law.	(9) No changes from current law.	(9) No changes from current law.
(10) MICHild services shall include treatment for autism spectrum disorders for children who are eligible for MICHild and are 18 years of age or younger.	(10) MICHild services shall include treatment for autism spectrum disorders for children who are eligible for MICHild and are 18 years of age or younger AS DEFINED IN THE FEDERALLY APPROVED STATE PLAN.	(10) MICHild services shall include treatment for autism spectrum disorders for children who are eligible for MICHild and are 18 years of age or younger AS DEFINED IN THE FEDERALLY APPROVED MEDICAID STATE PLAN.	(10) MICHild services shall include treatment for autism spectrum disorders for children who are eligible for MICHild and are 18 years of age or younger AS DEFINED IN THE FEDERALLY APPROVED STATE PLAN.	(10) MICHild services shall include treatment for autism spectrum disorders for children who are eligible for MICHild and are 18 years of age or younger AS DEFINED IN THE FEDERALLY APPROVED MEDICAID STATE PLAN.
<i>Allows DCH to establish premiums for eligible individuals above 150% of poverty level of \$10 to \$15 per month for a family.</i> Sec. 1673. The department may establish premiums for MICHild eligible individuals in families with income above 150% of the federal poverty level. The monthly premiums shall not be less than \$10.00 or exceed \$15.00 for a family.	Sec. 4-1673. No changes from current law.	Sec. 1673. No changes from current law.	Sec. 1673. No changes from current law.	Sec. 1673. No changes from current law.

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<p><i>Specifies the benefits to be covered by the MICHild program based on the state employee insurance plan.</i></p> <p>Sec. 1677. The MICHild program shall provide all benefits available under the state employee insurance plan that are delivered through contracted providers and consistent with federal law, including, but not limited to, the following medically necessary services:</p> <p>(a) Inpatient mental health services, other than substance abuse treatment services, including services furnished in a state-operated mental hospital and residential or other 24-hour therapeutically planned structured services.</p> <p>(b) Outpatient mental health services, other than substance abuse services, including services furnished in a state-operated mental hospital and community-based services.</p> <p>(c) Durable medical equipment and prosthetic and orthotic devices.</p> <p>(d) Dental services as outlined in the approved MICHild state plan.</p> <p>(e) Substance abuse treatment services that may include inpatient, outpatient, and residential substance abuse treatment services.</p> <p>(f) Care management services for mental health diagnoses.</p> <p>(g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.</p> <p>(h) Emergency ambulance services.</p>	Delete current law.	Sec. 1677. No changes from current law.	Delete current law.	Sec. 1677. No changes from current law.

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<p><i>Authorizes DCH to implement federal nursing home enforcement provisions and receive/ expend noncompliance penalty money; to provide funds to the Disability Network/Michigan to be distributed to 15 Centers for Independent Living for the purpose of assisting individuals with disabilities who reside in nursing homes to return to their homes; and to conduct a survey of residents, their families and employees, evaluating nursing home consumer satisfaction and quality of care. Unexpended penalty money may be carried forward to the next fiscal year.</i></p> <p>Sec. 1682. (1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, 42 USC 1396r.</p>	<p>Sec. 4-1682. (1) No changes from current law.</p>	<p>Sec. 1682. (1) No changes from current law.</p>	<p>Sec. 1682. (1) No changes from current law.</p>	<p>Sec. 1682. (1) No changes from current law.</p>
<p>(2) In addition to the appropriations in part 1, the department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The department is authorized to provide civil monetary penalty funds to the disability network/Michigan to be distributed to the 15 centers for independent living for the purpose of assisting individuals with disabilities who reside in nursing homes to return to their own homes.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>

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(4) The department is authorized to use civil monetary penalty funds to conduct a survey evaluating consumer satisfaction and the quality of care at nursing homes. Factors can include, but are not limited to, the level of satisfaction of nursing home residents, their families, and employees. The department may use an independent contractor to conduct the survey.	Delete current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
(5) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.	(5) (3) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.
<i>Requires report that identifies by waiver agent Medicaid HCBS waiver costs by administration, case management, and direct services.</i> Sec. 1684. The department shall submit a report by September 30 of the current fiscal year to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that will identify by waiver agent, Medicaid home- and community-based services waiver costs by administration, case management, and direct services.	Delete current law.	Delete current law.	Sec. 1684. No changes from current law.	Delete current law.

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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires an annual report on HCBS allocations and expenditures by region, net cost savings by moving individuals from nursing home to the HCBS program, number of individuals transitioned and on HCBS waiting lists by region, amount of funds transferred during the year, and number of persons served and days of care for the HCBS program and in nursing homes. Requires DCH to develop system to collect and analyze information on persons on HCBS waiting list to identify community support and assistance they receive and the extent to which these supports help individuals to avoid entry into a nursing home.</i></p> <p>Sec. 1689. (1) Within 60 days of the end of each fiscal year, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home- and community-based services waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home- and community-based services waiver program, the number of individuals transitioned from nursing homes to the home- and community-based services waiver program, the number of individuals on waiting lists by region for the program, and the amount of funds transferred during the fiscal year. The report shall also include the number of Medicaid individuals served and the number of days of care for the home- and community-based services waiver program and in nursing homes.</p>	<p>Delete current law.</p>	<p>Sec. 1689. (1) Within 60 days of the end of each fiscal year, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that PRESENTS details existing and future allocations for the home and community-based services waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home and community-based services waiver program, the number of individuals transitioned from nursing homes to the home- and community-based services waiver program, the number of individuals ENROLLED INTO THE HOME- AND COMMUNITY-BASED SERVICES WAIVER PROGRAM FROM THE COMMUNITY, on waiting lists by region for the program, and the amount of funds transferred during the fiscal year. The report shall also include the number of UNIQUE Medicaid individuals served, and the number of days of care PROVIDED DURING THE FISCAL YEAR, THE ESTIMATED AVERAGE COST PER DAY, AND THE NUMBER OF INDIVIDUALS ON WAITING LISTS FOR THE HOME- AND COMMUNITY-BASED SERVICES WAIVER PROGRAM AS OF SEPTEMBER 30 OF THE CURRENT FISCAL YEAR for the home and community-based services waiver program and in nursing homes.</p>	<p>Sec. 1689. (1) No changes from current law.</p>	<p>Sec. 1689. (1) Within 60 days of the end of each BY APRIL 30 OF THE CURRENT fiscal year, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that PRESENTS details existing and future allocations for the home and community-based services waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home and community-based services waiver program, the number of individuals transitioned from nursing homes to the home- and community-based services waiver program, the number of individuals ENROLLED INTO THE HOME- AND COMMUNITY-BASED SERVICES WAIVER PROGRAM FROM THE COMMUNITY, on waiting lists by region for the program, and the amount of funds transferred during the fiscal year. The report shall also include the number of UNIQUE Medicaid individuals served, and the number of days of care PROVIDED DURING THE FISCAL YEAR, THE ESTIMATED AVERAGE COST PER DAY, AND THE NUMBER OF INDIVIDUALS ON WAITING LISTS FOR THE HOME- AND COMMUNITY-BASED SERVICES WAIVER PROGRAM AS OF SEPTEMBER 30 OF THE CURRENT PREVIOUS FISCAL YEAR for the home and community-based services waiver program and in nursing homes.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(2) The department shall develop a system to collect and analyze information regarding individuals on the home- and community-based services waiver program waiting list to identify the community supports they receive, including, but not limited to, adult home help, food assistance, and housing assistance services and to determine the extent to which these community supports help individuals remain in their home and avoid entry into a nursing home. The department shall provide a progress report on implementation to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1 of the current fiscal year.</p>	Delete current law.	Delete current law.	(2) No changes from current law.	Delete current law.
<p><i>Provides authorization for Medicaid reimbursement of school-based services.</i></p> <p>Sec. 1692. (1) The department 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) No changes from current law.</p>	<p>Sec. 1692. (1) No changes from current law.</p>	<p>Sec. 1692. (1) No changes from current law.</p>	<p>Sec. 1692. (1) No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(2) From the funds appropriated in part 1 for medical services school-based services payments, the department is authorized to do all of the following:</p> <p>(a) Finance activities within the medical services administration related to this project.</p> <p>(b) Reimburse participating school districts pursuant to the fund-sharing ratios negotiated in the state-local agreements authorized in subsection (1).</p> <p>(c) Offset general fund costs associated with the medical services program.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
	<p>(3) THE DEPARTMENT IS AUTHORIZED TO INCREASE THE FEDERAL APPROPRIATION IN PART 1 FOR MEDICAL SERVICES SCHOOL-BASED SERVICES PAYMENTS SUCH THAT REIMBURSEMENTS TO PARTICIPATING SCHOOL DISTRICTS CAN BE MADE AS DEFINED IN SUBSECTION (1).</p>	Not included.	<p>(3) THE DEPARTMENT IS AUTHORIZED TO INCREASE THE FEDERAL APPROPRIATION IN PART 1 FOR MEDICAL SERVICES SCHOOL-BASED SERVICES PAYMENTS SUCH THAT REIMBURSEMENTS TO PARTICIPATING SCHOOL DISTRICTS CAN BE MADE AS DEFINED IN SUBSECTION (1).</p>	Not included.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allows for an increase in Special Medicaid Reimbursement payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.</i></p> <p>Sec. 1693. The special Medicaid reimbursement appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.</p>	<p>Sec. 4-1693. No changes from current law.</p>	<p>Sec. 1693. No changes from current law.</p>	<p>Sec. 1693. No changes from current law.</p>	<p>Sec. 1693. No changes from current law.</p>
<p>Authorizes distribution of \$1,122,300 for poison control services to an academic health care system that includes a children’s hospital with high indigent care volume. A report on the adequacy of the funding amount shall be provided by the Department.</p> <p>Sec. 1694. (1) The department shall distribute \$1,122,300.00 for poison control services to an academic health care system that includes a children’s hospital that has a high indigent care volume.</p>	<p>Sec. 4-1694. (4) No changes from current law.</p>	<p>Sec. 1694. (1) No changes from current law.</p>	<p>Sec. 1694. (1) No changes from current law.</p>	<p>Sec. 1694. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL MEDICAID REIMBURSEMENT, \$378,000.00 OF GENERAL FUND/ GENERAL PURPOSE REVENUE AND ANY ASSOCIATED MATCH The department shall BE distributeD \$1,122,300.00 for poison control services to an academic health care system that includes a children’s hospital that has a high indigent care volume.</p>
<p>(2) By March 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 fiscal agencies on the adequacy of the payment described in subsection (1).</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>	Delete current law.	Sec. 1699. (1) No changes from current law.	Sec. 1699. (1) No changes from current law.	Sec. 1699. (1) No changes from current law.
(2) The department shall allocate \$45,000,000.00 in DSH funding using the distribution methodology used in fiscal year 2003-2004.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(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.	Delete current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Directs DCH to allow pharmacies to purchase injectable drugs for treatment of respiratory syncytial virus for shipment to physician's offices; allows Medicaid reimbursement for dispensing and administration if patients are eligible.</i></p> <p>Sec. 1724. The department shall allow licensed pharmacies to purchase injectable drugs for the treatment of respiratory syncytial virus for shipment to physicians' offices to be administered to specific patients. If the affected patients are Medicaid eligible, the department shall reimburse pharmacies for the dispensing of the injectable drugs and reimburse physicians for the administration of the injectable drugs.</p>	Delete current law.	Delete current law.	Sec. 1724. No changes from current law.	Sec. 1724. No changes from current law.
<p><i>Requires assurance from DCH that all GME funds continue to be promptly distributed to hospitals using a methodology developed in consultation with the graduate medical education advisory group during FY 2006-07.</i></p> <p>Sec. 1740. From the funds appropriated in part 1 for health plan services, the department shall assure that all GME funds continue to be promptly distributed to qualifying hospitals using the methodology developed in consultation with the graduate medical education advisory group during fiscal year 2006-2007.</p>	Delete current law.	Sec. 1740. No changes from current law.	Sec. 1740. No changes from current law.	Sec. 1740. No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Directs DCH to continue to provide nursing homes the opportunity to receive interim payments upon their request; the Department has the ability to disapprove requests or discontinue interim payments that result in financial risk to the State; and that these payments are as similar to expected cost-settled payments as possible.</i></p> <p>Sec. 1741. The department shall continue to provide nursing homes the opportunity to receive interim payments upon their request. The department may disapprove requests or discontinue interim payments that result in financial risk to this state. The department shall make reasonable efforts to ensure that the interim payments are as similar in amount to expected cost-settled payments.</p>	Delete current law.	Delete current law.	<p>Sec. 1741. No changes from current law.</p>	Delete current law.
<p><i>Requires the Department to expand and improve the beneficiary monitoring program and provide a report to the Legislature.</i></p> <p>Sec. 1756. The department shall develop a plan to expand and improve the beneficiary monitoring program. The department shall submit this plan to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by April 1 of the current fiscal year.</p>	Delete current law.	<p>Sec. 1756. No changes from current law.</p>	<p>NEW</p> <p>SEC. 1756. THE DEPARTMENT'S PLAN FOR BENEFICIARY MONITORING WITHIN EACH MEDICAID HEALTH PLAN SHALL ATTEMPT TO MAKE RATE ADJUSTMENTS CONSISTENT WITH PROVIDER RATE ADJUSTMENTS AUTHORIZED UNDER THE MEDICAID FEE FOR SERVICE PROGRAM.</p>	<p>Sec. 1756. No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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. No changes from current law.	Sec. 1757. No changes from current law.	Sec. 1757. No changes from 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.</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.	Sec. 1764. No changes from current law.	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. THE DEPARTMENT SHALL CONSIDER, IN THE CASE OF MEDICAID POLICY BULLETINS AFFECTING MEDICAID HEALTH PLANS ISSUED AFTER THE FEDERAL APPROVAL OF RATES, INCLUDING AN ECONOMIC ANALYSIS OF THE IMPACT OF THE APPROVED RATES ON THE MEDICAID HEALTH PLANS.	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. THE DEPARTMENT SHALL CONSIDER, IN THE CASE OF MEDICAID POLICY BULLETINS AFFECTING MEDICAID HEALTH PLANS ISSUED AFTER THE FEDERAL APPROVAL OF RATES, INCLUDING AN ECONOMIC ANALYSIS OF THE IMPACT OF THE APPROVED RATES ON THE MEDICAID HEALTH PLANS.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Specifies that DCH shall attempt to make adjustments to the Medicaid provider manual and effective dates for proposed Medicaid policy bulletins on October 1, January 1, April 1, or July 1 after the end of the consultation period.</i></p> <p>Sec. 1770. In conjunction with the consultation requirements of the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, and except as otherwise provided in this section, the department shall attempt to make the effective date for a proposed Medicaid policy bulletin or adjustment to the Medicaid provider manual on October 1, January 1, April 1, or July 1 after the end of the consultation period. The department may provide an effective date for a proposed Medicaid policy bulletin or adjustment to the Medicaid provider manual other than provided for in this section if necessary to be in compliance with federal or state law, regulations, or rules or with an executive order of the governor.</p>	Delete current law.	Delete current law.	Sec. 1770. No changes from current law.	Delete current law.
<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>	Sec. 4-1775. No changes from current law.	Sec. 1775. No changes from current law.	Sec. 1775. No changes from current law.	Sec. 1775. No changes from current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Directs DCH to permit nursing homes to use dining assistants to feed eligible residents, in accordance with federal and state law. DCH will not be responsible for training costs.</i></p> <p>Sec. 1777. From the funds appropriated in part 1 for long-term care services, the department shall permit, in accordance with applicable federal and state law, nursing homes to use dining assistants to feed eligible residents if legislation to permit the use of dining assistants is enacted into law. The department shall not be responsible for costs associated with training dining assistants.</p>	Delete current law.	Sec. 1777. No changes from current law.	Sec. 1777. No changes from current law.	Sec. 1777. No changes from current law.
<p><i>Requires the Department to consider the development of a pilot project focusing on the prevention of preventable hospitalizations from nursing homes.</i></p> <p>Sec. 1793. The department shall consider the development of a pilot project that focuses on the prevention of preventable hospitalizations from nursing homes.</p>	Delete current law.	Sec. 1793. No changes from current law.	Sec. 1793. No changes from current law.	Sec. 1793. No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH, in cooperation with Department of Human Services, to work with the federal government's public assistance reporting information system to identify Medicaid recipients who are veterans and may be eligible for federal veteran's health care benefits.</i></p> <p>Sec. 1804. The department, in cooperation with the department of human services, shall work with the federal public assistance reporting information system to identify Medicaid recipients who are veterans and who may be eligible for federal veterans health care benefits or other benefits.</p>	<p>Sec. 4-1804. No changes from current law.</p>	<p>Sec. 1804. No changes from current law.</p>	<p>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>	<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>
<p><i>Prohibits DCH from implementing a capitation withhold as part of overall health plan capitation rate schedule that exceeds the 0.19% withhold administered during FY 2008-09.</i></p> <p>Sec. 1815. From the funds appropriated in part 1 for health plan services, the department shall not implement a capitation withhold as part of the overall capitation rate schedule that exceeds the 0.19% withhold administered during fiscal year 2008-2009.</p>	<p>Delete current law.</p>	<p>Sec. 1815. No changes from current law.</p>	<p>Sec. 1815. No changes from current law.</p>	<p>Sec. 1815. No changes from current law.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			REINSTATED FROM FY 2010-11 SEC. 1816. THE DEPARTMENT SHALL WORK WITH THE MICHIGAN ASSOCIATION OF HEALTH PLANS TO DEVELOP AND IMPLEMENT STRATEGIES FOR THE USE OF INFORMATION TECHNOLOGY SERVICES FOR CLAIMS PAYMENT, CLAIMS STATUS, AND RELATED FUNCTIONS.	Does not include.
<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) No changes from current law.	Sec. 1820. (1) No changes from current law.	Sec. 1820. (1) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The department shall continue to comply with state and federal law and shall not initiate an action that negatively impacts beneficiary safety.	Delete current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from 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) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
(5) By July 1 of the current fiscal year, the department shall provide a progress report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on implementation of this section.	Delete current law.	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Directs DCH, the DCH contracted pharmacy benefits manager, and Medicaid health plans to implement coverage for a mental health prescription drug within 30 days of that drug's approval by the DCH Pharmacy and Therapeutics Committee.</i></p> <p>Sec. 1822. The department, the department's contracted Medicaid pharmacy benefit manager, and all Medicaid health plans shall implement coverage for a mental health prescription drug within 30 days of that drug's approval by the department's pharmacy and therapeutics committee.</p>	Delete current law.	Delete current law.	Sec. 1822. No changes from current law.	Delete current law.
<p><i>Requires DCH to continue efforts to standardize forms, formats and documents, and the reporting of accepted and rejected encounter records received in the data warehouse. DCH shall convene a workgroup on making e-billing mandatory and a report will be provided to the Legislature by April 1. Also by April 1, DCH shall provide a report detailing the percentage of Medicaid reimbursement claims that were initially rejected in the first quarter of FY 2012-13.</i></p> <p>Sec. 1832. (1) The department shall continue efforts to standardize billing formats, referral forms, electronic credentialing, primary source verification, electronic billing and attachments, claims status, eligibility verification, and reporting of accepted and rejected encounter records received in the department data warehouse.</p>	Delete current law.	Delete current law.	Sec. 1832. (1) No changes from current law.	Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(2) The department shall convene a workgroup on making e-billing mandatory for the Medicaid program. The workgroup shall include representatives from medical provider organizations, Medicaid HMOs, and the department. The department shall report to the legislature on the findings of the workgroup by April 1 of the current fiscal year.	Delete current law.	Delete current law.	(2) The department shall convene a workgroup on STANDARDIZATION making e-billing mandatory for the Medicaid program. The workgroup shall include representatives from medical provider organizations, Medicaid HMOs, THE MICHIGAN ASSOCIATION OF HEALTH PLANS , and the department. The department shall report to the legislature on the findings of the workgroup by April 1 of the current fiscal year.	Delete current law.
(3) The department shall provide a report by April 1 of the current fiscal year to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies detailing the percentage of claims for Medicaid reimbursement provided to the department that were initially rejected in the first quarter of fiscal year 2012-2013.	Delete current law.	Delete current law.	(3) The department shall provide a report by April 1 of the current fiscal year to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies detailing the percentage of claims for Medicaid reimbursement provided to the department that were initially rejected in the first quarter of fiscal year 2012-2013 2013-2014 AND THE PERCENTAGE OF MEDICAID HEALTH PLAN ENCOUNTERS REJECTED DURING THE SAME PERIOD.	Delete current law.



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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH to develop and implement processes to report rejected and accepted encounters to Medicaid health plans, enhance encounter data reporting processes, promulgate rules that make HMO's encounter data as complete as possible, measure acuity of each HMO's population for risk adjustment purposes, and minimize HMO administrative expenses.</i></p> <p>Sec. 1835. The department shall develop and implement processes to report rejected and accepted encounters to Medicaid health plans. The department shall further enhance encounter data reporting processes and program rules that make each health plan's encounter data as complete as possible, provide a fair measure of acuity for each health plan's enrolled population for risk adjustment purposes, and minimize health plan administrative expenses.</p>	Delete current law.	Delete current law.	<p>Sec. 1835. The department shall develop and implement processes to report rejected and accepted encounters to Medicaid health plans. MEDICAID HEALTH PLANS SHALL BE PERMITTED TO REPORT ADDITIONAL MEDICAL RECORDS OBTAINED DURING THE MEDICAL RECORD AUDITS TO THE ENCOUNTER WAREHOUSE CONSISTENT WITH MEDICARE GUIDELINES. The department shall further enhance encounter data reporting processes and program rules that make each health plan's encounter data as complete as possible, provide a fair measure of acuity for each health plan's 1 enrolled population for risk adjustment purposes, and minimize health plan administrative expenses.</p>	Delete current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH to expand adult Medicaid optical coverage to medically necessary optical devices and other treatment services when conventional treatments do not provide functional vision correction.</i></p> <p>Sec. 1836. In addition to the guidelines established in Medical Services Administration Bulletin MSA 09-28, medically necessary optical devices and other treatment services for adult Medicaid patients shall be covered when conventional treatments do not provide functional vision correction. Such ocular conditions include, but are not limited to, congenital or acquired ocular disease or eye trauma.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<p><i>Requires that DCH explore the use of telemedicine and telepsychiatry as a means to increase Medicaid recipients who reside in underserved areas access to primary care services.</i></p> <p>Sec. 1837. The department shall explore utilization of telemedicine and telepsychiatry as strategies to increase access to services for Medicaid recipients in medically underserved areas.</p>	Delete current law.	Sec. 1837. No changes from current law.	Sec. 1837. No changes from current law.	Sec. 1837. No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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.	Sec. 1842. (1) No changes from current law.	Sec. 1842. (1) No changes from current law.	Sec. 1842. (1) No changes from current law.
<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 2000 federal decennial census and within a county with a population of not more than 165,000 according to the official 2000 federal decennial census.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to conduct research on the effectiveness of graduate medical education (GME) funding. The research shall; identify physician shortages; efforts of other states using GME to address shortages; consider policy changes to GME to address shortages. A final report of the research will be produced.</i></p> <p>Sec. 1846. (1) The department shall conduct research on the effectiveness of graduate medical education funding.</p>	Delete current law.	Sec. 1846. (1) No changes from current law.	Sec. 1846. (1) No changes from current law.	Sec. 1846. (1) No changes from current law.
<p>(2) The research shall do all of the following:</p> <p>(a) Identify physician shortages by practice and geographic area.</p> <p>(b) Consider efforts by other states to use graduate medical education funding to address shortages.</p> <p>(c) Consider policy changes to the graduate medical education program to reduce practitioner shortages.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) The department shall report the results of the research to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director by April 1 of the current fiscal year.</p>	Delete current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to meet with the Michigan Association of Ambulance Services to discuss the possible structure of an ambulance quality assurance assessment program.</i></p> <p>Sec. 1847. The department shall meet with the Michigan association of ambulance services to discuss the possible structure of an ambulance quality assurance assessment program.</p>	<p>Delete current law.</p>	<p>NEW</p> <p>SEC. 1847. THE DEPARTMENT SHALL CREATE A STRUCTURE FOR AN AMBULANCE QUALITY ASSURANCE ASSESSMENT PROGRAM IN CONSULTATION WITH THE MICHIGAN ASSOCIATION OF AMBULANCE SERVICES BY APRIL 1 OF THE CURRENT FISCAL YEAR.</p>	<p>Sec. 1847. No changes from current law.</p>	<p>NEW</p> <p>SEC. 1847. THE DEPARTMENT SHALL CREATE A STRUCTURE FOR AN AMBULANCE QUALITY ASSURANCE ASSESSMENT PROGRAM IN CONSULTATION WITH THE MICHIGAN ASSOCIATION OF AMBULANCE SERVICES BY APRIL 1 OF THE CURRENT FISCAL YEAR.</p>
<p><i>Department may allow HMOs to assist in redetermination of Medicaid recipient's eligibility.</i></p> <p>Sec. 1850. The department may allow Medicaid health plans to assist with the redetermination process through outreach activities to ensure continuation of Medicaid eligibility and enrollment in managed care. This may include mailings, telephone contact, or face-to-face contact with beneficiaries enrolled in the individual Medicaid health plan. Health plans may offer assistance in completing paperwork for beneficiaries enrolled in their plan.</p>	<p>Delete current law.</p>	<p>Sec. 1850. No changes from current law.</p>	<p>Sec. 1850. No changes from current law.</p>	<p>Sec. 1850. No changes from current law.</p>

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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>The Department shall work with providers of kidney dialysis services and renal care to develop a chronic condition health home program for Medicaid enrollees; develop metrics to evaluate the program; submit a report to the Legislature.</i></p> <p>Sec. 1854. The department may work with a provider of kidney dialysis services and renal care as authorized under section 2703 of the patient protection and affordable care act, Public Law 111-148, to develop a chronic condition health home program for Medicaid enrollees identified with chronic kidney disease and who are beginning dialysis. If initiated, the department shall develop metrics that evaluate program effectiveness and submit a report 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.	Sec. 1854. No changes from current law.	Sec. 1854. The department may may SHALL 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.	Sec. 1854. No changes from current law.
<p><i>The Department may consider the feasibility of revenue a neutral and a financially risk averse solution to redirect non-emergent Medicaid patients from emergency departments.</i></p> <p>Sec. 1855. The department may consider the feasibility of a revenue-neutral, financially risk-averse Medicaid patient optimization solution for the support of emergency department redirection for non-emergent patients.</p>	Delete current law.	Delete current law.	Sec. 1855. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, the department may consider the feasibility IMPLEMENT of a revenue-neutral financially risk averse Medicaid patient LOGISTICS optimization solution for the support of emergency room redirection for nonemergent patients. SUCH ALTERNATIVES MAY BE COORDINATED WITH THE MEDICAID HEALTH PLANS AND THE MICHIGAN ASSOCIATION OF HEALTH PLANS.	Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Indicates Legislative intent that there be no reduction of Medicaid reimbursement for wheelchairs.</i></p> <p>Sec. 1857. It is the intent of the legislature that the department not reduce Medicaid reimbursement for wheelchairs.</p>	Delete current law.	Sec. 1857. No changes from current law.	Sec. 1857. No changes from current law.	Sec. 1857. No changes from current law.
<p><i>Includes treatment for autism spectrum disorders as a required service for those who are Medicaid eligible and are 18 years of age or younger.</i></p> <p>Sec. 1858. Medicaid services shall include treatment for autism spectrum disorders for children who are eligible for Medicaid and are 18 years of age or younger.</p>	<p>Sec. 4-1858. Medicaid services shall include treatment for autism spectrum disorders for children who are eligible for Medicaid and are 18 years of age or younger AS DEFINED IN THE FEDERALLY APPROVED MEDICAID STATE PLAN.</p>	<p>Sec. 1858. Medicaid services shall include treatment for autism spectrum disorders for children who are eligible for Medicaid and are 18 years of age or younger AS DEFINED IN THE FEDERALLY APPROVED MEDICAID STATE PLAN.</p>	<p>Sec. 1858. Medicaid services shall include treatment for autism spectrum disorders for children who are eligible for Medicaid and are 18 years of age or younger AS DEFINED IN THE FEDERALLY APPROVED MEDICAID STATE PLAN.</p>	<p>Sec. 1858. Medicaid services shall include treatment for autism spectrum disorders for children who are eligible for Medicaid and are 18 years of age or younger AS DEFINED IN THE FEDERALLY APPROVED MEDICAID STATE PLAN.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>The Department may receive separate reports from the Health Care Association of Michigan, the Michigan County Medical Care Facility Council, and Aging Services of Michigan regarding each group's proposal in designing and implementing a new reimbursement payment system for nursing facilities. Copies of the reports will be available from the Department by July 1, 2013.</i></p> <p>Sec. 1860. The department may receive separate reports from the health care association of Michigan, the Michigan county medical care facility council, and aging services of Michigan regarding each group's proposal to design and implement a Medicaid reimbursement payment system for nursing facilities that incorporates changes to both the plant and variable components. The department shall provide copies of any reports received pursuant to this section to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by July 1 of the current fiscal year.</p>	Delete current law.	Sec. 1860. No changes from current law.	Delete current law.	Delete current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allows nonemergency medical transportation to be competitively bid; may take into consideration a minimum of two bids; one bid must be a public transportation agency; and defines qualified vendor.</i></p> <p>Sec. 1861. Nonemergency medical transportation services offered to Medicaid recipients may be competitively bid and may take into consideration a minimum of 2 bids by qualified vendors, 1 of which must be a public transportation agency where such agencies offer service. For the purpose of this section, “qualified vendor” means a transportation provider that either meets or exceeds the quality and safety standards of public transportation agencies, including, but not limited to, ongoing training requirements for motor vehicle operators including training on passenger safety, passenger assistance, and assistive devices, including wheelchair lifts, tie-down equipment, and child safety seats. In addition, a qualified vendor shall be able to document that all drivers have complied with all state licensing regulations and that they have passed a criminal background check and successfully passed a drug screening test.</p>	Delete current law.	<p style="text-align: center;">NEW</p> <p>SEC. 1861. ON OR BEFORE OCTOBER 31 OF THE CURRENT FISCAL YEAR, THE DEPARTMENT SHALL PROVIDE THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES ITS REPORT REGARDING THE PILOT PROGRAM INVOLVING NONEMERGENCY MEDICAL TRANSPORTATION OFFERED TO MEDICAID RECIPIENTS.</p>	<p>Sec. 1861. No changes from current law.</p>	<p style="text-align: center;">NEW</p> <p>SEC. 1861. ON OR BEFORE OCTOBER 31 OF THE CURRENT FISCAL YEAR, THE DEPARTMENT SHALL PROVIDE THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES ITS REPORT REGARDING THE PILOT PROGRAM INVOLVING NONEMERGENCY MEDICAL TRANSPORTATION OFFERED TO MEDICAID RECIPIENTS. SUCH ALTERNATIVES MAY BE COORDINATED WITH THE MEDICAID HEALTH PLANS AND THE MICHIGAN ASSOCIATION OF HEALTH PLANS.</p>
<p><i>Requires the Department to use \$11,901,200 to increase the rates for obstetrical services by 20%.</i></p> <p>Sec. 1862. From the funds appropriated in part 1, the department shall use \$11,901,200.00 to increase reimbursement rates for Medicaid obstetrical services by 20%.</p>	Delete current law.	Delete current law.	<p>Sec. 1862. From the funds appropriated in part 1, the department shall use \$11,901,200.00 to increase CONTINUE THE 20% REIMBURSEMENT RATE INCREASE reimbursement rates for Medicaid obstetrical services by 20%.</p>	<p>Sec. 1862. From the funds appropriated in part 1, the department shall use \$11,901,200.00 to increase CONTINUE THE 20% REIMBURSEMENT RATE INCREASE reimbursement rates for Medicaid obstetrical services by 20% AT NOT LESS THAN WHAT WAS IN EFFECT ON OCTOBER 1, 2012.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to study the possibility of including quality indicators to exclude certain Medicaid managed care organizations in the next contract rebidding process.</i></p> <p>Sec. 1863. For the purposes of the next rebidding of contracts with Medicaid health plans, the department shall study the possibility of excluding health plans that score in the lowest quartile on quality indicators from eligibility to bid.</p>	Delete current law.	Delete current law.	Sec. 1863. No changes from current law.	Delete current law.
<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>	Sec. 4-1865. No changes from current law.	Sec. 1865. No changes from current law.	Sec. 1865. No changes from current law.	Sec. 1865. No changes from current law.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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. No hospital or hospital system may receive more than 5% of the total distribution and a report is due from the Department by April 1, 2013.</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.</p>	<p>Delete current law.</p>	<p>NEW</p> <p>SEC.1866. (1) FROM THE FUNDS APPROPRIATED IN SECTION 101 FOR HOSPITAL SERVICES AND THERAPY, THE DEPARTMENT SHALL MAKE PAYMENTS TOTALING \$36,000,000.00 TO RURAL HOSPITALS AND SOLE COMMUNITY HOSPITALS. THE PRIORITY FOR THESE PAYMENTS TO RURAL AND SOLE COMMUNITY HOSPITALS IS TO REIMBURSE THE HOSPITALS FOR OUTPATIENT SERVICES AT COST, FOR INPATIENT SERVICES AT COST, FOR HOSPITAL-EMPLOYED PHYSICIAN SERVICES AT COST, AND FOR ASSISTANCE WITH LABOR AND DELIVERY SERVICES, BASED ON THE PROPORTION OF MEDICAID DELIVERIES AT EACH RURAL AND SOLE COMMUNITY HOSPITAL.</p>	<p>Sec. 1866. (1) No changes from current law.</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>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(2) No hospital or hospital system shall receive more than 5.0% of the total funding referenced in subsection (1).</p>	<p>Delete current law.</p>	<p>(2) 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 IS 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.</p>	<p>(2) No changes from current law</p>	<p>(2) No changes from current law</p>
				<p>(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 IS 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.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(3) The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the distribution of funds referenced in subsection (1) by April 1 of the current fiscal year.	Delete current law.	(3) THE DEPARTMENT SHALL NOT DISTRIBUTE TO A HOSPITAL UNDER THIS SECTION AN AMOUNT THAT IS GREATER THAN 5% OF THE TOTAL AMOUNT DISTRIBUTED TO ALL HOSPITALS UNDER THIS SECTION.	(3) No changes from current law	(3) (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.
		(4) AS USED IN THIS SECTION: (A) "RURAL HOSPITAL" INCLUDES A HOSPITAL THAT HAS FEWER THAN 50 STAFFED BEDS AND IS LOCATED OUTSIDE A METROPOLITAN STATISTICAL AREA OR IS LOCATED INSIDE A METROPOLITAN STATISTICAL AREA BUT WITHIN A CITY, VILLAGE, OR TOWNSHIP WITH A POPULATION OF NOT MORE THAN 12,000 ACCORDING TO THE OFFICIAL 2000 DECENNIAL CENSUS AND WITHIN A COUNTY WITH A POPULATION OF NOT MORE THAN 165,000 ACCORDING TO THE OFFICIAL 2000 FEDERAL DECENNIAL CENSUS. (B) "SOLE COMMUNITY HOSPITAL" MEANS A HOSPITAL THAT HAS BEEN DESIGNATED BY MEDICARE AS A SOLE COMMUNITY HOSPITAL.	Not included.	Not included.



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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
	<p>SEC. 4-1866. (1) IN ADDITION TO THE APPROPRIATIONS IN PART 1, THE DEPARTMENT MAY RECEIVE AND SPEND REVENUE FROM THE MICHIGAN-ILLINOIS ALLIANCE MEDICAID MANAGEMENT INFORMATION SYSTEMS PROJECT WITH THE APPROVAL OF THE STATE BUDGET DIRECTOR. UPON APPROVAL, THE STATE BUDGET DIRECTOR SHALL AUTHORIZE THE ALLOTMENT OF THESE FUNDS AND, IF APPROPRIATE, IDENTIFY AND UNALLOT ANY ASSOCIATED GENERAL FUND APPROPRIATIONS THAT CAN BE REDUCED DUE TO REVENUES RECEIVED FROM THIS INITIATIVE.</p>	<p>{Renumbered and rewritten, House Sec. 298}</p>	<p>SEC. 1867. (1) IN ADDITION TO THE APPROPRIATIONS IN PART 1, THE DEPARTMENT MAY RECEIVE AND SPEND REVENUE FROM THE MICHIGAN-ILLINOIS ALLIANCE MEDICAID MANAGEMENT INFORMATION SYSTEMS PROJECT WITH THE APPROVAL OF THE STATE BUDGET DIRECTOR. UPON APPROVAL, THE STATE BUDGET DIRECTOR SHALL AUTHORIZE THE ALLOTMENT OF THESE FUNDS AND, IF APPROPRIATE, IDENTIFY AND UNALLOT ANY ASSOCIATED GENERAL FUND APPROPRIATIONS THAT CAN BE REDUCED DUE TO REVENUES RECEIVED FROM THIS INITIATIVE.</p>	<p>{See Sec. 298}</p>
	<p>(2) THE DEPARTMENT SHALL PREPARE A QUARTERLY REPORT TO THE CHAIRS OF THE HOUSE AND SENATE COMMUNITY HEALTH APPROPRIATIONS SUBCOMMITTEES, THE SENATE AND HOUSE FISCAL AGENCIES AND THE STATE BUDGET DIRECTOR IDENTIFYING ANY REVENUES RECEIVED AND SPENT UNDER THE AUTHORITY IN THIS SECTION.</p>	<p>{Renumbered and rewritten, House Sec. 298}</p>	<p>(2) THE DEPARTMENT SHALL PREPARE A QUARTERLY REPORT TO THE CHAIRS OF THE HOUSE AND SENATE COMMUNITY HEALTH APPROPRIATIONS SUBCOMMITTEES, THE SENATE AND HOUSE FISCAL AGENCIES AND THE STATE BUDGET DIRECTOR IDENTIFYING ANY REVENUES RECEIVED AND SPENT UNDER THE AUTHORITY IN THIS SECTION.</p>	

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
	<p><u>MEDICAID EXPANSION</u></p> <p>SEC. 4-1867. (1) THE NEGATIVE APPROPRIATIONS FOR THE MEDICAID EXPANSION IN PART 1, SECTION 4-120, FOR THE PUBLIC HEALTH AND TRANSITIONAL MEDICAL ASSISTANCE PLUS PROGRAMS SHALL BE SATISFIED BY SAVINGS FROM THE REDUCTION IN THE NUMBER OF PERSONS ELIGIBLE FOR THESE PROGRAMS DUE TO THE EXPANSION OF ELIGIBILITY FOR MEDICAID. THE SAVINGS SHALL BE IDENTIFIED BY THE DEPARTMENT AND APPROVED BY THE STATE BUDGET DIRECTOR.</p>	Not included.	Not included.	Not included.
	<p>(2) THE APPROPRIATION AUTHORIZATION ADJUSTMENTS REQUIRED DUE TO THE NEGATIVE APPROPRIATIONS IN THESE LINE ITEMS SHALL BE MADE ONLY AFTER THE APPROVAL OF TRANSFERS BY THE LEGISLATURE PURSUANT TO SECTION 393(2) OF THE MANAGEMENT AND BUDGET ACT, 1984 PA 431, MCL 18.1393.</p>	Not included.	Not included.	Not included.



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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		<p>NEW</p> <p>SEC. 1868. THE DEPARTMENT SHALL ASSURE ACCESS TO A COORDINATED BENEFICIARY COMPLAINTS PROCESS THROUGH THE DEPARTMENT'S INTEGRATED HEALTH CARE PROGRAM FOR PERSONS DUALY ENROLLED IN MEDICAID AND MEDICARE. THIS PROCESS SHALL AFFORD AT LEAST THE LEVEL OF RESPONSIVENESS AND PROTECTION THAT IS CURRENTLY PROVIDED FOR MEDICAID ENROLLEES THROUGH THE PROGRAM'S EXISTING PROCESSES.</p>	Not included.	Not included.
			<p>NEW</p> <p>SEC. 1869. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, \$100.00 SHALL BE ALLOCATED TO SUPPORT A SCHOOL BASED CLINIC IN KALAMAZOO COUNTY.</p>	Not included.



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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1870. (1) THE DEPARTMENT SHALL WORK IN COLLABORATION WITH MEDICAL SCHOOL-AFFILIATED FACULTY PRACTICE PHYSICIAN GROUPS THAT ARE CAPABLE OF DEVELOPING FREE STANDING RESIDENCY PROGRAMS TO CREATE A MICHIGAN GRADUATE MEDICAL EDUCATION CONSORTIUM. THE CONSORTIUM SHALL DEVELOP ACCREDITED PHYSICIAN-BASED PRIMARY CARE GRADUATE MEDICAL EDUCATION PROGRAMS TO ENHANCE THE TRAINING OF PRIMARY CARE PHYSICIANS IN MICHIGAN. THE CONSORTIUM SHALL PROVIDE AN ACTIONABLE PLAN TO THE LEGISLATURE NO LATER THAN MARCH 31 OF THE CURRENT FISCAL YEAR.</p>	<p>NEW</p> <p>SEC. 1870. (1) THE DEPARTMENT SHALL WORK IN COLLABORATION WITH MEDICAL SCHOOL-AFFILIATED FACULTY PRACTICE PHYSICIAN GROUPS THAT ARE CAPABLE OF DEVELOPING FREE STANDING RESIDENCY PROGRAMS TO CREATE A MICHIGAN GRADUATE MEDICAL EDUCATION CONSORTIUM. THE CONSORTIUM SHALL DEVELOP ACCREDITED PHYSICIAN-BASED PRIMARY CARE GRADUATE MEDICAL EDUCATION PROGRAMS TO ENHANCE THE TRAINING OF PRIMARY CARE PHYSICIANS IN MICHIGAN. THE CONSORTIUM SHALL PROVIDE AN ACTIONABLE PLAN TO THE LEGISLATURE NO LATER THAN MARCH 31 OF THE CURRENT FISCAL YEAR.</p>
			<p>(2) THE DEPARTMENT SHALL EXPLORE SEEKING A FEDERAL WAIVER TO IMPLEMENT A PROGRAM SIMILAR TO THE UTAH MEDICARE GRADUATE MEDICAL EDUCATION DEMONSTRATION PROJECT.</p>	<p>(2) THE DEPARTMENT SHALL EXPLORE SEEKING A FEDERAL WAIVER TO IMPLEMENT A PROGRAM SIMILAR TO THE UTAH MEDICARE GRADUATE MEDICAL EDUCATION DEMONSTRATION PROJECT.</p>



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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1871. THE DEPARTMENT SHALL WORK WITH THE BOARD OF PHARMACY TO DEVELOP AND PUBLISH A LIST OF TAMPER-RESISTANT FORMULATED CONTROLLED SUBSTANCES, INCLUDING SCHEDULES II AND III, FOR WHICH INFORMATION HAS BEEN SUBMITTED BY THE MANUFACTURER OF SUCH A PRODUCT. INCLUSION OF A DRUG ON THE REGISTRY SHALL NOT REQUIRE THAT A DRUG BEAR A LABELING CLAIM WITH RESPECT TO REDUCTION OF TAMPERING, ABUSE, OR ABUSE POTENTIAL AT THE TIME OF LISTING. SUCH A LISTING MAY ALSO INCLUDE A DETERMINATION BY THE DEPARTMENT AS TO WHICH LISTED CONTROLLED SUBSTANCE INCORPORATING TAMPER-RESISTANT FORMULATION TECHNOLOGY MAY PROVIDE SUBSTANTIALLY SIMILAR TAMPER-RESISTANT PROPERTIES, BASED SOLELY UPON STUDIES SUBMITTED BY THE DRUG MANUFACTURER. THE DEPARTMENT SHALL DISTRIBUTE THIS REGISTRY ONCE A YEAR TO ALL PHARMACIES AUTHORIZED TO DISPENSE CONTROLLED SUBSTANCES AND TO ALL PHYSICIANS AUTHORIZED TO DISPENSE AND PRESCRIBE CONTROLLED SUBSTANCES.</p>	Not included.



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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p style="text-align: center;">NEW</p> <p>SEC. 1872. THE DEPARTMENT SHALL CONSIDER CREATING A PILOT PROGRAM TO PREVENT OR REDUCE THE COSTS ASSOCIATED WITH LOWER EXTREMITY DIABETIC CARE, ULCERATIONS, AND AMPUTATIONS. IF SUCH A PILOT PROGRAM IS CREATED, THE DEPARTMENT SHALL WORK WITH THE MICHIGAN PODIATRIC MEDICAL ASSOCIATION TO IMPROVE THE QUALITY OF LOWER EXTREMITY DIABETIC CARE.</p>	<p style="text-align: center;">NEW</p> <p>SEC. 1872. THE DEPARTMENT SHALL CONSIDER CREATING A PILOT PROGRAM TO PREVENT OR REDUCE THE COSTS ASSOCIATED WITH LOWER EXTREMITY DIABETIC CARE, ULCERATIONS, AND AMPUTATIONS. IF SUCH A PILOT PROGRAM IS CREATED, THE DEPARTMENT SHALL WORK WITH THE MICHIGAN PODIATRIC MEDICAL ASSOCIATION TO IMPROVE THE QUALITY OF LOWER EXTREMITY DIABETIC CARE.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1873. THE DEPARTMENT SHALL ESTABLISH A WORKGROUP TO DISCUSS NEW WAYS TO DISTRIBUTE HOSPITAL FUNDING THROUGH THE MICHIGAN ACCESS TO CARE INITIATIVE, THE HOSPITAL RATE ADJUSTOR PAYMENTS, AND THE QUALITY ASSURANCE ASSESSMENT PROGRAM. THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE SUBCOMMITTEES ON COMMUNITY HEALTH ON THE FINDINGS OF THE WORKGROUP BY APRIL 1 OF THE CURRENT FISCAL YEAR.</p>	<p>NEW</p> <p>SEC. 1873. THE DEPARTMENT SHALL ESTABLISH A REPORT ON THE FINDINGS OF THE WORKGROUP ESTABLISHED TO DISCUSS NEW WAYS TO DISTRIBUTE HOSPITAL FUNDING THROUGH THE MICHIGAN ACCESS TO CARE INITIATIVE, THE HOSPITAL RATE ADJUSTOR PAYMENTS, AND THE QUALITY ASSURANCE ASSESSMENT PROGRAM. THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE SUBCOMMITTEES ON COMMUNITY HEALTH ON THE FINDINGS OF THE WORKGROUP BY APRIL 1 OF THE CURRENT FISCAL YEAR.</p>
			<p>NEW</p> <p>SEC. 1874. THE DEPARTMENT SHALL EXPLORE WAYS TO WORK WITH PRIVATE PROVIDERS TO DEVELOP FRAUD MANAGEMENT SOLUTIONS TO REDUCE FRAUD, WASTE, AND ABUSE IN THE STATE'S MEDICAID PROGRAM.</p>	<p>NEW</p> <p>SEC. 1874. THE DEPARTMENT SHALL MAY EXPLORE WAYS TO WORK WITH PRIVATE PROVIDERS TO DEVELOP FRAUD MANAGEMENT SOLUTIONS TO REDUCE FRAUD, WASTE, AND ABUSE IN THE STATE'S MEDICAID PROGRAM.</p>



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FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1875. THE DEPARTMENT MAY SEEK TO EXPAND HOME- AND COMMUNITY-BASED SERVICES AND SEEK ENHANCED MATCH FUNDING PURSUANT TO FEDERAL LAW.</p>	<p>NEW</p> <p>SEC. 1875. THE DEPARTMENT MAY SEEK TO EXPAND HOME- AND COMMUNITY-BASED SERVICES AND SEEK ENHANCED MATCH FUNDING PURSUANT TO FEDERAL LAW.</p>
			<p>NEW</p> <p>SEC. 1876. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PERSONAL CARE SERVICES, \$100.00 SHALL BE ALLOCATED TO INCREASE THE PERSONAL CARE SERVICES PAYMENT RATE.</p>	Not included.
			<p>NEW</p> <p>SEC. 1877. THE DEPARTMENT SHALL EXPLORE REQUESTING A FEDERAL WAIVER TO IMPLEMENT ALTERNATIVE DESIGN AND FUNDING MODELS FOR THE MEDICAID PROGRAM.</p>	Not included.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1878. IN ANY PROJECT NEGOTIATED WITH THE FEDERAL GOVERNMENT FOR INTEGRATED HEALTH CARE OF INDIVIDUALS DUALY 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 BE 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>	<p>NEW</p> <p>SEC. 1878. IN ANY PROJECT NEGOTIATED WITH THE FEDERAL GOVERNMENT FOR INTEGRATED HEALTH CARE OF INDIVIDUALS DUALY 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 BE 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>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1879. IN ANY PROGRAM OF INTEGRATED SERVICE FOR PERSONS DUALY 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, AND SHALL SEEK NOT TO INSTITUTE ANY DEVIATIONS FROM EXISTING FEDERAL LAW, RULES, AND POLICIES PERTAINING TO THE MEDICARE PART D BENEFIT.</p>	<p>NEW</p> <p>SEC. 1879. IN ANY PROGRAM OF INTEGRATED SERVICE FOR PERSONS DUALY 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, AND SHALL SEEK NOT TO INSTITUTE ANY DEVIATIONS FROM EXISTING FEDERAL LAW, RULES, AND POLICIES PERTAINING TO THE MEDICARE PART D BENEFIT.</p>
			<p>NEW</p> <p>SEC. 1880. THE DEPARTMENT SHALL ESTABLISH THE CONTRACT PERFORMANCE STANDARDS FOR MEDICAID HEALTH PLANS REASONABLY IN ADVANCE OF THE APPLICATION OF THOSE STANDARDS. THE DETERMINATION OF PERFORMANCE SHALL BE BASED ON RECOGNIZED CONCEPTS SUCH AS 1-YEAR CONTINUOUS ENROLLMENT AND THE HEDIS AUDITED DATA.</p>	<p>Not included.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</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>	<p>NEW</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>
			<p>NEW</p> <p>SEC. 1882. FOR THE PURPOSES OF MEDICAID THIRD PARTY COLLECTIONS BY MEDICAID HEALTH PLANS, EACH CONTRACTING MEDICAID HEALTH PLAN IS CONSIDERED AN AGENT OF THE DEPARTMENT IN ORDER TO ACCESS OTHER CARRIER DATA THAT ARE OTHERWISE PROVIDED TO THE DEPARTMENT.</p>	<p>Not included.</p>
			<p>NEW</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>	<p>NEW</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>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1884. (1) BY APRIL 1 OF THE CURRENT FISCAL YEAR, THE DEPARTMENT SHALL ESTABLISH AND IMPLEMENT A BID PROCESS TO IDENTIFY A MICHIGAN VENDOR TO PROVIDE BENEFIT ADMINISTRATION FOR DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES FOR THOSE MEDICAID CLIENTS ENROLLED IN FEE-FOR-SERVICE MEDICAID. ANY CURRENT CONTRACTS WITH THE STATE COVERING MEDICAID AND MEDICARE PROGRAMS ARE EXEMPT FROM THIS PROCESS. THE VENDOR SHALL BE A LICENSED THIRD PARTY ADMINISTRATOR IN GOOD STANDING, WITH EXPERIENCE IN THE ADMINISTRATION OF DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES BENEFITS, AND SHALL AT A MINIMUM PROVIDE UTILIZATION MANAGEMENT, CLAIMS AND BENEFIT ADMINISTRATION, AND PROVIDER NETWORK MANAGEMENT.</p>	Not included.



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

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			(2) THE DEPARTMENT SHALL NOT AWARD A CONTRACT FOR THE SERVICES DESCRIBED IN SUBSECTION (1) UNLESS THE CONTRACT WILL LEAD TO AT LEAST A 10% SAVINGS IN DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES COSTS.	Not included.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1885. (1) THE DEPARTMENT SHALL IMPLEMENT A STUDY TO EXAMINE A STATISTICALLY SIGNIFICANT SAMPLE OF MEDICAID CLAIMS INFORMATION TO HELP ESTIMATE THE IMPACT OF GESTATIONAL DIABETES AND REDUCE THE IMPACT OF THE CONDITION ON THE MEDICAID PROGRAM. THE STUDY SHALL INCLUDE ALL OF THE FOLLOWING ELEMENTS:</p> <p>(A) AN ESTIMATE OF THE AVERAGE COST OF A CASE OF GESTATIONAL DIABETES IN COMPARISON TO THE COST OF A NON-COMPLICATED PREGNANCY AND THE COST OF PREGNANCY FOR A WOMAN WITH DIABETES.</p> <p>(B) AN ESTIMATE OF THE PERCENTAGE AND NUMBER OF PREGNANT WOMEN SCREENED FOR GESTATIONAL DIABETES PER ESTABLISHED MEDICAL CRITERIA.</p> <p>(C) AN ESTIMATE OF THE PERCENTAGE AND NUMBER OF PREGNANT WOMEN DIAGNOSED WITH GESTATIONAL DIABETES IN THE MEDICAID PROGRAM EACH YEAR.</p>	Not included.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>(2) THE DEPARTMENT SHALL SUBMIT A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH BY SEPTEMBER 30 OF THE CURRENT FISCAL YEAR. THE REPORT SHALL INCLUDE ALL OF THE FOLLOWING INFORMATION:</p> <p>(A) THE INFORMATION GATHERED IN THE STUDY DESCRIBED IN SUBSECTION (1).</p> <p>(B) STEPS TAKEN AND PROPOSED TO INCREASE THE SCREENING RATE FOR GESTATIONAL DIABETES WITHIN MEDICAID, TO REDUCE THE NUMBER OF MEDICAID ELIGIBLE WOMEN WITH UNDIAGNOSED GESTATIONAL DIABETES GIVING BIRTH, TO INCREASE THE NUMBER OF PREGNANT WOMEN WITH GESTATIONAL DIABETES RECEIVING APPROPRIATE MEDICAL CARE, AND TO IMPROVE THE HEALTH OF UNBORN AND NEWBORN CHILDREN OF WOMEN DIAGNOSED WITH GESTATIONAL DIABETES.</p>	Not included.



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p style="text-align: center;">NEW</p> <p>SEC. 1886. THE DEPARTMENT SHALL CONDUCT A WORK GROUP IN CONJUNCTION WITH 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 AND 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 WORK GROUP.</p>	<p style="text-align: center;">NEW</p> <p>SEC. 1886. THE DEPARTMENT SHALL CONDUCT A WORK GROUP 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 AND 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 WORK GROUP.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Appropriations

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
	<p><u>ONE-TIME APPROPRIATIONS</u></p> <p>SEC. 4-1901. (1) THE DEPARTMENT MAY EXPEND FUNDS TO ACHIEVE MENTAL HEALTH INNOVATIONS WHICH ADDRESS EMERGING ISSUES AND IMPROVE MENTAL HEALTH SERVICES FOR CHILDREN. IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1, THE DEPARTMENT MAY RECEIVE AND SPEND REVENUES AND DONATIONS FROM ANY SOURCE FOR THIS PURPOSE.</p>	<p><u>ONE-TIME APPROPRIATIONS</u></p> <p>Does not include.</p>	<p><u>ONE-TIME APPROPRIATIONS</u></p> <p>Does not include.</p>	<p><u>ONE-TIME APPROPRIATIONS</u></p> <p>SEC. 1901. (1) THE DEPARTMENT MAY EXPEND FUNDS TO ACHIEVE MENTAL HEALTH INNOVATIONS WHICH ADDRESS EMERGING ISSUES AND IMPROVE MENTAL HEALTH SERVICES FOR CHILDREN.</p>
	<p>(2) THE UNEXPENDED FUNDS APPROPRIATED FOR MENTAL HEALTH INNOVATIONS 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 451(A)(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 IMPROVE MENTAL HEALTH SERVICES FOR CHILDREN IN MICHIGAN.</p> <p>(B) THE PROJECT WILL BE ACCOMPLISHED THROUGH EARLY INTERVENTION FOCUSING ON TRAINING AND AWARENESS, HOME-BASED SERVICES, AS WELL AS CARE MANAGEMENT AND TREATMENT FOR HIGH RISK YOUTH.</p> <p>(C) THE ESTIMATED COMPLETION COST IS \$5,000,000.</p> <p>(D) THE TENTATIVE COMPLETION DATE IS SEPTEMBER 30, 2018.</p>	<p>Does not include.</p>	<p>Does not include.</p>	<p>(2) THE UNEXPENDED FUNDS APPROPRIATED FOR MENTAL HEALTH INNOVATIONS 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 451(A)(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 IMPROVE MENTAL HEALTH SERVICES FOR CHILDREN IN MICHIGAN.</p> <p>(B) THE PROJECT WILL BE ACCOMPLISHED THROUGH EARLY INTERVENTION FOCUSING ON TRAINING AND AWARENESS, HOME-BASED SERVICES, AS WELL AS CARE MANAGEMENT AND TREATMENT FOR HIGH RISK YOUTH.</p> <p>(C) THE ESTIMATED COMPLETION COST IS \$5,000,000.</p> <p>(D) THE TENTATIVE COMPLETION DATE IS SEPTEMBER 30, 2018.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for One-Time Appropriations

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
				<p><i>NEW</i> (Revised and moved from Senate Sec. 1140). SEC. 1902. FROM THE FUNDS APPROPRIATED IN PART 1 FOR UNIVERSITY AUTISM CENTERS AND SERVICES, THE DEPARTMENT SHALL MAKE THE FOLLOWING ALLOCATIONS:</p> <p>(A) \$500,000.00 TO THE EASTERN MICHIGAN UNIVERSITY AUTISM CENTER.</p> <p>(B) \$500,000.00 TO THE CENTRAL MICHIGAN UNIVERSITY CENTRAL ASSESSMENT LENDING LIBRARY.</p> <p>(C) \$500,000.00 TO THE OAKLAND UNIVERSITY CENTER FOR AUTISM RESEARCH, EDUCATION, AND SUPPORT.</p> <p>(D) \$500,000.00 TO THE WESTERN MICHIGAN UNIVERSITY AUTISM CENTER OF EXCELLENCE.</p>



DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Part 2A Component

FY 2012-13 CURRENT LAW	FY 2013-2014			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p style="text-align: center;">PART 2 A PROVISIONS CONCERNING ANTICIPATED APPROPRIATIONS FOR FISCAL YEAR 2013-2014</p> <p><u>GENERAL SECTIONS</u> <i>Expresses Legislature's intent to provide appropriations for FY 2013-14 for the line items listed in Part 1 for FY 2012-13, 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 2013 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, 2014 for the line items listed in part 1. The fiscal year 2013-2014 appropriations are anticipated to be the same as those for fiscal year 2012-2013, except that the line items will be adjusted for changes in caseload and related costs, federal fund match rates, economic factors, and available revenue. These adjustments will be determined after the January 2013 consensus revenue estimating conference.</p>	<p>Delete current law.</p>	<p style="text-align: center;">PART 2 A PROVISIONS CONCERNING ANTICIPATED APPROPRIATIONS FOR FISCAL YEAR 2013-2014 2014-2015</p> <p>Sec. 2001. It is the intent of the legislature to provide appropriations for the fiscal year ending on September 30, 2014 2015 for the line items listed in part 1. The fiscal year 2013-2014 2014-2015 appropriations are anticipated to be the same as those for fiscal year 2012-2013, 2013-2014 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 2013 2014 consensus revenue estimating conference.</p>	<p style="text-align: center;">PART 2 A PROVISIONS CONCERNING ANTICIPATED APPROPRIATIONS FOR FISCAL YEAR 2013-2014 2014-2015</p> <p>Sec. 2001. It is the intent of the legislature to provide appropriations for the fiscal year ending on September 30, 2014 2015 for the line items listed in part 1. The fiscal year 2013-2014 2014-2015 appropriations are anticipated to be the same as those for fiscal year 2012-2013, 2013-2014 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 2013 2014 consensus revenue estimating conference.</p>	<p style="text-align: center;">PART 2 A PROVISIONS CONCERNING ANTICIPATED APPROPRIATIONS FOR FISCAL YEAR 2013-2014 2014-2015</p> <p>Sec. 2001. It is the intent of the legislature to provide appropriations for the fiscal year ending on September 30, 2014 2015 for the line items listed in part 1. The fiscal year 2013-2014 2014-2015 appropriations are anticipated to be the same as those for fiscal year 2012-2013, 2013-2014 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 2013 2014 consensus revenue estimating conference.</p>
		<p>Does not include Senate language.</p>	<p>Sec. 2002. IT IS THE INTENT OF THE LEGISLATURE THAT THE DEPARTMENT IDENTIFY THE AMOUNTS FOR NORMAL RETIREMENT COSTS AND LEGACY RETIREMENT COSTS FOR THE FISCAL YEAR ENDING ON SEPTEMBER 30, 2015 FOR THE LINE ITEMS LISTED IN PART 1.</p>	<p>Sec. 2002. IT IS THE INTENT OF THE LEGISLATURE THAT THE DEPARTMENT IDENTIFY THE AMOUNTS FOR NORMAL RETIREMENT COSTS AND LEGACY RETIREMENT COSTS FOR THE FISCAL YEAR ENDING ON SEPTEMBER 30, 2015 FOR THE LINE ITEMS LISTED IN PART 1.</p>