

DEPARTMENT OF COMMUNITY HEALTH - Boilerplate for General Sections

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>GENERAL SECTIONS <i>Totals the state spending from state resources under Part 1 for Fiscal Year (FY) 2005-06 and state spending from state resources to be paid to local units of government for FY 2005-06.</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 2005-2006 is \$4,467,908,400.00 and state spending from state resources to be paid to units of local government for fiscal year 2005-2006 is \$1,136,195,800.00. The itemized statement below identifies appropriations from which spending to local units of government will occur: DEPARTMENT OF COMMUNITY HEALTH MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS</p> <p>Mental health initiatives for older persons \$ 1,049,200 COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS</p> <p>State disability assistance program substance abuse services \$ 2,509,800 Community substance abuse prevention, education, and treatment programs..... 18,790,500 Medicaid mental health services..... 658,703,500 Community mental health non-Medicaid services..... 332,098,300 Medicaid adult benefits waiver..... 12,156,000 Multicultural services 4,963,800</p>	<p>Sec. 201. No changes from current law, except:</p> <p>"...fiscal year 2005-2006 2006-2007 is \$4,467,908,400.00 \$4,819,288,600.00 and ...fiscal year 2005-2006 2006-2007 is \$1,136,195,800.00 \$1,132,576,800.00. The itemized statement..."</p> <p>COMMUNITY RESIDENTIAL AND SUPPORT SERVICES.....\$387,300 HOUSING AND SUPPORT SERVICES.....695,500</p> <p>.....1,291,200</p> <p>CHILDREN'S WAIVER HOME CARE PROGRAM2,428,800</p> <p>.....1,966,400</p> <p>.....12,440,300</p> <p>.....588,077,400</p> <p>.....317,772,300</p> <p>Delete3,921,100</p>	<p>Sec. 201. No changes from current law, except:</p> <p>"...fiscal year 2005-2006 2006-2007 is \$4,467,908,400.00 \$4,764,288,600.00 and ...fiscal year 2005-2006 2006-2007 is \$1,136,195,800.00 \$1,288,492,900.00. The itemized statement..."</p> <p>COMMUNITY RESIDENTIAL AND SUPPORT SERVICES\$387,300</p> <p>METHAMPHETAMINE CLEANUP FUND100,000</p> <p>.....695,500</p> <p>CHILDREN'S WAIVER HOME CARE PROGRAM2,428,800</p> <p>.....1,966,400</p> <p>.....12,440,300</p> <p>.....753,371,500</p> <p>.....302,772,300</p> <p>.....12,212,000</p> <p>.....3,921,100</p>	<p>Sec. 201. No changes from current law, except:</p> <p>"...fiscal year 2005-2006 2006-2007 is \$4,467,908,400.00 \$4,740,970,900.00 and ...fiscal year 2005-2006 2006-2007 is \$1,136,195,800.00 \$1,316,708,700.00. The itemized statement..."</p> <p>COMMUNITY RESIDENTIAL AND SUPPORT SERVICES.....\$387,300 HOUSING AND SUPPORT SERVICES.....695,500 METHAMPHETAMINE CLEANUP FUND100</p> <p>.....1,049,200</p> <p>CHILDREN'S WAIVER HOME CARE PROGRAM1,556,400</p> <p>.....2,509,800</p> <p>.....19,190,500</p> <p>.....757,907,600</p> <p>.....317,772,300</p> <p>.....12,212,000</p> <p>.....5,163,800</p>	<p>Sec. 201. No changes from current law, except:</p> <p>"...fiscal year 2005-2006 2006-2007 is \$4,467,908,400.00 \$4,811,282,300.00 and ...fiscal year 2005-2006 2006-2007 is \$1,136,195,800.00 \$1,317,715,000.00. The itemized statement..."</p> <p>COMMUNITY RESIDENTIAL AND SUPPORT SERVICES.....\$387,300 HOUSING AND SUPPORT SERVICES.....695,500 METHAMPHETAMINE CLEANUP FUND.....175,000</p> <p>.....1,049,200</p> <p>CHILDREN'S WAIVER HOME CARE PROGRAM2,387,800</p> <p>.....\$2,509,800</p> <p>.....19,190,500</p> <p>.....757,907,600</p> <p>.....317,772,300</p> <p>.....12,212,000</p> <p>.....5,163,800</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
Medicaid substance abuse services 14,530,300	..... 15,462,100	..... 15,462,100	..... 15,538,700	..... 15,538,700
Respite services 1,000,000	..... 1,000,000	..... 1,000,000	..... 1,000,000	..... 1,000,000
Omnibus budget reconciliation act Implementation 2,882,500	..... 2,882,500	..... 2,882,500	..... 2,897,400	..... 2,897,400
	STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES	STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES	STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES	STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES
	CENTER FOR FORENSIC PSYCHIATRY 290,300	CENTER FOR FORENSIC PSYCHIATRY 290,300	CENTER FOR FORENSIC PSYCHIATRY 290,300	CENTER FOR FORENSIC PSYCHIATRY \$290,300
	PUBLIC HEALTH ADMINISTRATION MINORITY HEALTH GRANTS AND CONTRACTS	PUBLIC HEALTH ADMINISTRATION MINORITY HEALTH GRANTS AND CONTRACTS	PUBLIC HEALTH ADMINISTRATION MINORITY HEALTH GRANTS AND CONTRACTS	PUBLIC HEALTH ADMINISTRATION MINORITY HEALTH GRANTS AND CONTRACTS
	76,000	76,000	76,000	\$100,000
	PUBLIC HEALTH ADMINISTRATION	PUBLIC HEALTH ADMINISTRATION	PUBLIC HEALTH ADMINISTRATION.....	PUBLIC HEALTH ADMINISTRATION.....
	76,000	76,000	76,000	76,000
HEALTH POLICY, REGULATION AND PROFESSIONS				
Health professions \$ 275,000	..... 99,700	..... 99,700	..... 99,700	..... \$99,700
Rural health 35,000	Delete	Delete	Delete	Delete
	PRIMARY CARE SERVICES			
	341,900	341,900	341,900	341,900
INFECTIOUS DISEASE CONTROL				
AIDS prevention, testing and care programs \$ 1,400,000	..... \$742,200	..... \$742,200	..... \$742,200	..... \$742,200
Immunization local agreements 2,200,000	..... 2,132,000	..... 2,132,000	..... 2,132,000	..... 2,132,000
Sexually transmitted disease control local agreements 421,800	..... 430,900	..... 430,900	..... 430,900	..... 430,900
LABORATORY SERVICES				
Laboratory services \$ 54,000 \$55,400 \$55,400 \$55,400 \$55,400

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
LOCAL HEALTH ADMINISTRATION AND GRANTS				
Implementation of 1993 PA 133	\$ 7,700	\$ 7,700	\$ 7,700	\$ 7,700
Local public health operations	38,043,400	40,618,400	35,468,400	35,468,400
CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION				
Cancer prevention and control program	\$ 120,700	\$ 137,300	\$ 137,300	\$ 137,700
Diabetes and kidney program	295,800			
Smoking prevention program	860,300			
	CHRONIC DISEASE PREVENTION.....	273,800		
	.....	370,600	370,600	370,600
	.....	1,014,500	1,014,500	1,014,500
FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES				
Childhood lead program	\$ 50,000	\$ 136,500	\$ 136,500	\$ 136,500
Dental programs.....	25,000	25,000	25,000	25,000
Family planning local agreements	360,000	360,000	360,000	\$ 360,000
Local MCH services	246,100	322,200	322,200	322,200
Pregnancy prevention program	2,300,000	2,300,000	2,300,000	2,300,000
Prenatal care outreach and service delivery support	636,000	650,100	650,100	650,100
School health and education programs	500,000	500,000	500,000	500,000
	SPECIAL PROJECTS.....	378,900	SPECIAL PROJECTS	378,900
CHILDREN'S SPECIAL HEALTH CARE SERVICES				
	MEDICAL CARE AND TREATMENT.....	528,800	MEDICAL CARE AND TREATMENT	528,800
Outreach and advocacy	\$ 1,283,200	\$ 1,283,200	1,283,200	1,283,200

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
MEDICAL SERVICES Transportation \$ 1,275,300	.....\$1,401,300	.....1,401,300	..... 1,401,300	.....1,401,300
	LONG TERM CARE	LONG-TERM CARE	LONG-TERM CARE	LONG-TERM CARE
	SERVICES.....\$1,711,500	SERVICES.....\$81,711,500	SERVICES..... \$81,711,500	SERVICES.....\$81,711,500
	MEDICAID ADULT BENEFIT	MEDICAID ADULT BENEFITS	MEDICAID ADULT BENEFITS	MEDICAID ADULT BENEFITS
	WAIVER.....9,573,500	WAIVER .....9,573,500	WAIVER..... 9,573,500	WAIVER .....9,573,500
OFFICE OF SERVICES TO THE AGING				
Community services \$ 14,854,300	.....\$15,054,300	.....\$15,054,300	..... \$15,054,300	.....\$15,054,300
Nutrition services 11,280,300	.....11,447,300	.....11,447,300	..... 11,447,300	..... 11,447,300
Senior volunteer services 1,153,400	.....1,214,400	.....1,214,400	Delete	Delete
			FOSTER GRANDPARENT	FOSTER GRANDPARENT
			VOLUNTEER	VOLUNTEER
			PROGRAM 791,700	PROGRAM 791,700
			RETIRED AND SENIOR	RETIRED AND SENIOR
			VOLUNTEER	VOLUNTEER
			PROGRAM 181,300	PROGRAM 181,300
			SENIOR COMPANION	SENIOR COMPANION
			VOLUNTEER	VOLUNTEER
			PROGRAM 241,400	PROGRAM..... 241,400
Respite care program 4,400,000	.....4,227,400	.....4,227,400	..... 4,227,400	.....4,227,400
CRIME VICTIM SERVICES COMMISSION				
Crime victim rights services				
grants \$ 5,432,100	.....<u>\$6,446,800</u>	.....<u>\$6,446,800</u>	..... <u>\$6,446,800</u>	.....<u>\$6,446,800</u>
TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT\$ 1,136,195,800\$1,132,576,800\$1,288,492,900 \$1,316,708,700\$1,317,715,000

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Provides that appropriations authorized under this article are subject to the Management and Budget Act. Provides that funds in which the state acts as a custodian or agent are not subject to an annual appropriation.</i></p> <p>Sec. 202. (1) The appropriations authorized under this article are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.</p>	<p>Sec. 202. (1) No changes from current law, except: "...under this article BILL are subject ..."</p>	<p>Sec. 202. (1) No changes from current law, except: "...under this article ACT are subject..."</p>	<p>Sec. 202. (1) No changes from current law.</p>	<p>Sec. 202. (1) No changes from current law, except: "...under this article ACT are subject..."</p>
<p>(2) Funds for which the state is acting as the custodian or agent are not subject to annual appropriation.</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>Provides definitions for terms and acronyms used in this article.</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) "Department" means the Michigan department of community health.</p> <p>(d) "DSH" means disproportionate share hospital.</p> <p>(e) "EPIC" means elder prescription insurance coverage program.</p> <p>(f) "EPSDT" means early and periodic screening, diagnosis, and treatment.</p> <p>(g) "FTE" means full-time equated.</p> <p>(h) "GME" means graduate medical education.</p> <p>(i) "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>(j) "HIV/AIDS" means human immunodeficiency virus/acquired immune deficiency syndrome.</p> <p>(k) "HMO" means health maintenance organization.</p> <p>(l) "IDEA" means individuals with disabilities education act.</p> <p>(m) "IDG" means interdepartmental grant.</p> <p>(n) "MCH" means maternal and child health.</p>	<p>Sec. 203. No changes from current law, except: "As used in this article- BILL:"</p> <p>Delete subsection (e)</p> <p>Rename to subsection (e)</p> <p>Rename to subsection (f)</p> <p>Rename to subsection (g)</p> <p>Rename to subsection (h)</p> <p>Rename to subsection (i)</p> <p>Rename to subsection (j)</p> <p>Rename to subsection (k)</p> <p>Rename to subsection (l)</p> <p>Rename to subsection (m)</p>	<p>Sec. 203. No changes from current law, except: "As used in this article ACT:"</p> <p>Delete subsection (e)</p> <p>Rename to subsection (e)</p> <p>Rename to subsection (f)</p> <p>Rename to subsection (g)</p> <p>Rename to subsection (h)</p> <p>Rename to subsection (i)</p> <p>Rename to subsection (j)</p> <p>Rename to subsection (k)</p> <p>Rename to subsection (l)</p> <p>Rename to subsection (m)</p>	<p>Sec. 203. No changes from current law, except:</p> <p>Delete subsection (e)</p> <p>Rename to subsection (e)</p> <p>Rename to subsection (f)</p> <p>Rename to subsection (g)</p> <p>Rename to subsection (h)</p> <p>Rename to subsection (i)</p> <p>Rename to subsection (j)</p> <p>Rename to subsection (k)</p> <p>Rename to subsection (l)</p> <p>Rename to subsection (m)</p>	

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(o) "MIChild" means the program described in section 1670.	Rename to subsection (n)			
(p) "MSS/ISS" means maternal and infant support services.	Rename to subsection (o)			
(q) "Specialty prepaid health plan" means a program described in section 232b of the mental health code, 1974 PA258, MCL 330.1232b.	Rename to subsection (p)			
(r) "Title XVIII" means title XVIII of the social security act, 42 USC 1395 to 1395hhh.	Rename to subsection (q)			
(s) "Title XIX" means title XIX of the social security act, 42 USC 1396 to 1396v.	Rename to subsection (r)			
(t) "Title XX" means title XX of the social security act, 49 USC 1397 to 1397f.	Rename to subsection (s)			
(u) "WIC" means women, infants, and children supplemental nutrition program.	Rename to subsection (t)			
<i>Requires the Department of Civil Service to bill the Department at the end of the first fiscal quarter for the 1% charge authorized by the State Constitution of 1963. Requires payments for the total billing be made by the end of the second fiscal quarter.</i>				
Sec. 204. The department of civil service shall bill the department at the end of the first fiscal quarter for the 1% charge authorized by section 5 of article XI of the state constitution of 1963. Payments shall be made for the total amount of the billing by the end of the second fiscal quarter.	Sec. 204. No changes from current law.			

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<p><i>Imposes a hiring freeze on the state classified civil service employees, except for internal transfers of classified employees from one position to another within a department. Exceptions to the hiring freeze may also be granted when they result in the Department being unable to deliver basic services, cause loss of revenue to the state, and result in the inability of the state to receive federal funds. Requires a quarterly report to the Chairpersons of the House of Representatives and Senate Appropriations Committees on the number of exceptions to the approved hiring freeze.</i></p> <p>Sec. 205. (1) A hiring freeze is imposed on the state classified civil service. State departments and agencies are prohibited from hiring any new state classified civil service employees and prohibited from filling any vacant state classified civil service positions. This hiring freeze does not apply to internal transfers of classified employees from 1 position to another within a department.</p>	<p>Sec. 205. (1) No changes from current law.</p>	<p>Sec. 205. (1) No changes from current law.</p>	<p>Sec. 205. (1) No changes from current law.</p>	<p>Sec. 205. (1) No changes from current law.</p>

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(2) The state budget director may grant exceptions to this hiring freeze when the state budget director believes that the hiring freeze will result in rendering a state department or agency unable to deliver basic services, cause loss of revenue to the state, result in the inability of the state to receive federal funds, or would necessitate additional expenditures that exceed any savings from maintaining the vacancy. The state budget director shall report quarterly to the chairpersons of the senate and house of representatives standing committees on appropriations the number of exceptions to the hiring freeze approved during the previous quarter and the reasons to justify the exception.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
	Sec. 206. (1) IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1, THERE IS APPROPRIATED AN AMOUNT NOT TO EXCEED \$100,000,000.00 FOR FEDERAL CONTINGENCY FUNDS. THESE FUNDS ARE NOT AVAILABLE FOR EXPENDITURE UNTIL THEY HAVE BEEN TRANSFERRED TO ANOTHER LINE ITEM IN THIS BILL UNDER SECTION 393(2) OF THE DEPARTMENT OF MANAGEMENT AND BUDGET ACT, 1984 PA 431, MCL 18.1393.			

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	(2) IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1, THERE IS APPROPRIATED AN AMOUNT NOT TO EXCEED \$20,000,000.00 FOR STATE RESTRICTED CONTINGENCY FUNDS. THESE FUNDS ARE NOT AVAILABLE FOR EXPENDITURE UNTIL THEY HAVE BEEN TRANSFERRED TO ANOTHER LINE ITEM IN THIS BILL UNDER SECTION 393(2) OF THE DEPARTMENT OF MANAGEMENT AND BUDGET ACT, 1984 PA 431, MCL 18.1393.			
	(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 BILL UNDER SECTION 393(2) OF THE DEPARTMENT OF MANAGEMENT AND BUDGET ACT, 1984 PA 431, MCL 18.1393.			

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	(4) IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1, THERE IS APPROPRIATED AN AMOUNT NOT TO EXCEED \$10,000,000.00 FOR PRIVATE CONTINGENCY FUNDS. THESE FUNDS ARE NOT AVAILABLE FOR EXPENDITURE UNTIL THEY HAVE BEEN TRANSFERRED TO ANOTHER LINE ITEM IN THIS BILL UNDER SECTION 393(2) OF THE DEPARTMENT OF MANAGEMENT AND BUDGET ACT, 1984 PA 431, MCL 18.1393.			
<p><i>Requires the Department to use the Internet to fulfill the reporting requirements of this article.</i></p> <p>Sec. 208. Unless otherwise specified, the department 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>Sec. 208. No changes from current law, except:</p> <p>"...requirements of this article BILL. This requirement may include..."</p>	<p>Sec. 208. No changes from current law, except:</p> <p>"...requirements of this article ACT. This requirement may include..."</p>	<p>Sec. 208. No changes from current law.</p>	<p>Sec. 208. No changes from current law, except:</p> <p>"...requirements of this article ACT. This requirement may include..."</p>

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<p><i>Prohibits the use of appropriated funds for the purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available. Prohibits the use of appropriated funds for the purchase of out-of-state goods or services, or both, if competitively priced and comparable quality Michigan goods or services, or both, are available.</i></p> <p>Sec. 209. (1) Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available.</p>	<p>Sec. 209. (1) No changes from current law, except:</p> <p>"...and OF comparable quality American goods or services, or both, are available. PREFERENCE SHOULD BE GIVEN TO GOODS OR SERVICES, OR BOTH, MANUFACTURED OR PROVIDED BY MICHIGAN BUSINESS IF THEY ARE COMPETITIVELY PRICED AND OF COMPARABLE QUALITY."</p>	<p>Sec. 209. (1) No changes from current law.</p>	<p>Sec. 209. (1) No changes from current law.</p>	<p>Sec. 209. (1) No changes from current law.</p>
<p>(2) Funds appropriated in part 1 shall not be used for the purchase of out-of-state goods or services, or both, if competitively priced and comparable quality Michigan goods or services, or both, are available.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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	<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>
<p><i>Allows fee revenue to be carried forward, with the approval of the State Budget Director, into the next fiscal year and to be used as the first source of funding in that fiscal year.</i></p> <p>Sec. 211. If the revenue collected by the department from fees and collections exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section shall be used as the first source of funds in the subsequent fiscal year.</p>	<p>Sec. 211. No changes from current law.</p>			

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<p><i>Caps the funds expended from the federal maternal and child health block grant, federal preventive health and health services block grant, federal substance abuse block grant, healthy Michigan fund, and Michigan health initiative fund. Requires a report by February 1, 2006, on the FY 2005-06 appropriations fund sources by line item appropriations. Requires a report on the amount and sources of funds proposed to support the FY 2006-07 Executive Budget Recommendation upon release of the budget. Requires all revenue source detail for consolidated revenue line item detail to be provided upon a request to the Department.</i></p> <p>Sec. 212. (1) From the amounts appropriated in part 1, no greater than the following amounts are supported with federal maternal and child health block grant, preventive health and health services block grant, substance abuse block grant, healthy Michigan fund, and Michigan health initiative funds:</p> <p>(a) Maternal and child health block grant..... \$ 21,162,400</p> <p>(b) Preventive health and health services block grant 5,617,500</p> <p>(c) Substance abuse block grant 60,509,900</p> <p>(d) Healthy Michigan fund 43,512,700</p> <p>(e) Michigan health initiative..... 10,121,200</p>	<p>Delete current law.</p>	<p>Sec. 212. (1) No changes from current law, except:</p>	<p>Sec. 212. (1) No changes from current law, except:</p>	<p>Sec. 212. (1) No changes from current law, except:</p>
		\$21,162,400	\$21,162,400	\$21,162,400
		4,534,000	4,534,000	4,534,000
		60,509,900	60,509,900	60,496,600
		43,551,000	43,551,000	43,551,000
		10,323,000	12,000,000	10,335,900

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(2) On or before February 1, 2006, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1 of this article.	Delete current law.	(2) No changes from current law, except: "On or before February 1, 2006 2007, the department...of this article ACT."	(2) No changes from current law, except: "On or before February 1, 2006 2007, the department..."	(2) No changes from current law, except: "On or before February 1, 2006 2007, the department...of this article ACT."
(3) Upon the release of the fiscal year 2006-2007 executive budget recommendation, the department shall report to the same parties in subsection (2) on the amounts and detailed sources of federal, restricted, private, and local revenue proposed to support the total funds appropriated in each of the line items in part 1 of the fiscal year 2006-2007 executive budget proposal.	Delete current law.	(3) No changes from current law, except: "Upon release of the fiscal year 2006-2007 2007-2008...in part 1 of the fiscal year 2006-2007 2007-2008 executive budget proposal."	(3) No changes from current law, except: "Upon release of the fiscal year 2006-2007 2007-2008...in part 1 of the fiscal year 2006-2007 2007-2008 executive budget proposal."	(3) No changes from current law, except: "Upon release of the fiscal year 2006-2007 2007-2008...in part 1 of the fiscal year 2006-2007 2007-2008 executive budget proposal."
(4) The department shall provide to the same parties in subsection (2) all revenue source detail for consolidated revenue line item detail upon request to the department.	Delete current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires state departments, agencies, and commissions receiving tobacco tax funds to report on programs utilizing these funds by January 1, 2006, to the House of Representatives and Senate Appropriations Committees, the House and Senate Fiscal Agencies, and the State Budget Director.</i></p> <p>Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds from part 1 shall report by January 1, 2006, to the senate and house of representatives appropriations committees, the senate and house fiscal agencies, and the state budget director on the following:</p> <p>(a) Detailed spending plan by appropriation line item including description of programs.</p> <p>(b) 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 to be used to evaluate programs.</p> <p>(e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.</p>	<p>Delete current law.</p>	<p>Sec. 213. No changes from current law, except:</p> <p>"...shall report by January 1, 2006 April 1, 2007, to the senate and house of representatives..."</p>	<p>Sec. 213. No changes from current law, except:</p> <p>"...shall report by January 1, 2006 April 1, 2007, to the senate and house of representatives..."</p>	<p>Sec. 213. No changes from current law, except:</p> <p>"...shall report by January 1, 2006 April 1, 2007, to the senate and house of representatives..."</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Prohibits the use of tobacco tax revenue deposited in the healthy Michigan fund for lobbying as defined in Public Act 472 of 1978.</i></p> <p>Sec. 214. The use of state-restricted tobacco tax revenue received for the purpose of tobacco prevention, education, and reduction efforts and deposited in the healthy Michigan fund shall not be used for lobbying as defined in 1978 PA472, MCL 4.411 to 4.431, and shall not be used in attempting to influence the decisions of the legislature, the governor, or any state agency.</p>	<p>Sec. 214. No changes from current law.</p>	<p>Sec. 214. No changes from current law.</p>	<p>Sec. 214. No changes from current law, except:</p> <p>"...shall not be used in attempting to influence the decisions of LOCAL UNITS OF GOVERNMENT, the legislature, the governor, or any state agency."</p>	<p>Sec. 214. No changes from current law.</p>
<p><i>Allows the use of prior-year revenues for the write-offs of accounts receivables, deferrals, and prior-year obligations. Does not limit the Department's ability to satisfy appropriation deductions in Part 1 to collections and accruals provided in FY 2005-06. Requires the Department to report by March 15, 2006, on all reimbursements, refunds, adjustments, and settlements from prior years to the House of Representatives and Senate Appropriations Subcommittees on Community Health.</i></p> <p>Sec. 216. (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues.</p>	<p>Sec. 216. (1) No changes from current law.</p>	<p>Sec. 216. (1) No changes from current law.</p>	<p>Sec. 216. (1) No changes from current law.</p>	<p>Sec. 216. (1) No changes from current law.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(2) The department's ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in fiscal year 2005-2006, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.	(2) No changes from current law, except: ...services provided in fiscal year 2005-06, THE CURRENT FISCAL YEAR..."	(2) No changes from current law, except: "...services provided in fiscal year 2005-2006 2006-2007..."	(2) No changes from current law, except: ...services provided in fiscal year 2005-06, THE CURRENT FISCAL YEAR..."	(2) No changes from current law, except: ...services provided in fiscal year 2005-06, THE CURRENT FISCAL YEAR..."
(3) The department shall report by March 15, 2006 to the house of representatives and senate appropriations subcommittees on community health on all reimbursements, refunds, adjustments, and settlements from prior years.	Delete current law.	(3) No changes from current law, except: "...shall report by March 15, 2006 2007..."	(3) No changes from current law, except: "...shall report by March 15, 2006 2007..."	(3) No changes from current law, except: "...shall report by March 15, 2006 2007..."
<i>Lists the basic health services embodied in Part 23 of the Public Health Code that are to be available and accessible throughout the state.</i> Sec. 218. Basic health services for the purpose of part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321, are: immunizations, communicable disease control, sexually transmitted disease control, tuberculosis control, prevention of gonorrhea eye infection in newborns, screening newborns for the 8 conditions listed in section 5431(1) (a) through (h) of the public health code, 1978 PA 368, MCL 333.5431, community health annex of the Michigan emergency management plan, and prenatal care.	Sec. 218. No changes from current law.	Sec. 218. No changes from current law.	Sec. 218. No changes from current law.	Sec. 218. No changes from current law.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Allows the Department to contract with the Michigan Public Health Institute for the design and implementation of projects and other public health related activities. Requires the Department to report on each funded project by November 1, 2005, and May 1, 2006, to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director. Provides that reports not received by the specified dates will result in the nondisbursement of funds to the Institute until the overdue reports are received. Requires the Department to provide copies of all reports, studies, and publications produced by the Institute by September 30, 2006.</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 PA368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before November 1, 2005 and May 1, 2006 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. 219. (1) No changes from current law, except:</p> <p>"...November 1, 2005 2006 and May 1, 2006 2007..."</p>	<p>Sec. 219. (1) No changes from current law, except:</p> <p>"...November 1, 2005 2006 and May 1, 2006 2007..."</p>	<p>Sec. 219. (1) No changes from current law, except:</p> <p>"...November 1, 2005 2006 and May 1, 2006 2007..."</p>	<p>Sec. 219. (1) No changes from current law, except:</p> <p>"...November 1, 2005 2006 and May 1, 2006 2007..."</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(2) If a report required under subsection (1) is not received by the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before the date specified for that report, the disbursement of funds to the Michigan public health institute under this section shall stop. The disbursement of those funds shall recommence when the overdue report is received.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) On or before September 30, 2006, 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.	Delete current law.	(3) No changes from current law, except: "On or before September 30, 2006 2007, the department..."	(3) No changes from current law, except: "On or before September 30, 2006 2007, the department..."	(3) No changes from current law, except: "On or before September 30, 2006 2007, the department..."
<i>Requires all contracts with the Michigan Public Health Institute that are funded with Part 1 appropriations to include a provision requiring financial and performance audits by the State Auditor General.</i> Sec. 220. All contracts with the Michigan public health institute funded with appropriations in part 1 shall include a requirement that the Michigan public health institute submit to financial and performance audits by the state auditor general of projects funded with state appropriations.	Sec. 220. No changes from current law.	Sec. 220. No changes from current law.	Sec. 220. No changes from current law.	Sec. 220. No changes from current law.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Allows the Department to establish and collect fees for publications, videos and related materials, conferences, and workshops. Requires collected fees to be used to offset expenditures for printing and mailing costs of publications, videos and related materials, and the costs of conferences and workshops.</i></p> <p>Sec. 223. The department of community health may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The costs shall not exceed fees collected.</p>	<p>Sec. 223. No changes from current law.</p>	Sec. 223. No changes from current law.	Sec. 223. No changes from current law.	Sec. 223. No changes from current law.
<p><i>Requires the Department to pay user fees to the Department of Information Technology for technology-related services and projects from the Part 1 appropriated funds for information technology. Subjects the user fees to provisions of an interagency agreement between the Department and the Department of Information Technology.</i></p> <p>Sec. 259. From the funds appropriated in part 1 for information technology, the department shall pay user fees to the department of information technology for technology-related services and projects. Such user fees shall be subject to provisions of an interagency agreement between the department and the department of information technology.</p>	<p>Sec. 259. No changes from current law, except:</p> <p>"...the department DEPARTMENTS AND AGENCIES shall pay user fees...projects. Such user fees...interagency agreement between the department DEPARTMENTS AND AGENCIES, and the department of information technology."</p>	<p>Sec. 259. No changes from current law, except:</p> <p>"...the department DEPARTMENTS AND AGENCIES shall pay user fees...projects. Such user fees...interagency agreement between the department DEPARTMENTS AND AGENCIES, and the department of information technology."</p>	<p>Sec. 259. No changes from current law, except:</p> <p>"...the department DEPARTMENTS AND AGENCIES shall pay user fees...projects. Such user fees...interagency agreement between the department DEPARTMENTS AND AGENCIES, and the department of information technology."</p>	<p>Sec. 259. No changes from current law, except:</p> <p>"...the department DEPARTMENTS AND AGENCIES shall pay user fees...projects. Such user fees...interagency agreement between the department DEPARTMENTS AND AGENCIES, and the department of information technology."</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Permits the designation of Part 1 appropriated funds for information technology as work projects and carried forward. Provides that funds designated for work projects are not available for expenditure until approved as work projects under Section 451a of the Management and Budget Act.</i></p> <p>Sec. 260. Amounts appropriated in part 1 for information technology may be designated as work projects and carried forward to support technology projects under the direction of the department of information technology. Funds designated in this manner are not available for expenditure until approved as work projects under section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a.</p>	<p>Sec. 260. No changes from current law.</p>			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Provides that the Part 1 appropriated funds for the Medicaid management information system upgrade are contingent upon approval of an advanced planning document from the Centers for Medicare and Medicaid services. Also permits the appropriation to be designated as work project and carried forward to support completion of the project.</i></p> <p>Sec. 261. Funds appropriated in part 1 for the Medicaid management information system upgrade are contingent upon approval of an advanced planning document from the centers for Medicare and Medicaid services. If the necessary matching funds are identified and legislatively transferred to this line item, the corresponding federal Medicaid revenue shall be appropriated at a 90/10 federal/state match rate. This appropriation may be designated as a work project and carried forward to support completion of this project.</p>	<p>Sec. 261. No changes from current law.</p>	<p>Sec. 261. No changes from current law.</p>	<p>Sec. 261. No changes from current law</p>	<p>Sec. 261. No changes from current law</p>
<p><i>Requires the Department to notify the House of Representatives and Senate Appropriations Subcommittees on Community Health and the 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.</i></p> <p>Sec. 264. 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 of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies of the submission.</p>	<p>Delete current law.</p>	<p>Sec. 264. No changes from current law.</p>	<p>Sec. 264. No changes from current law.</p>	<p>Sec. 264. No changes from current law.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires departments and agencies receiving Part 1 appropriations to receive and retain copies of all reports funded from Part 1 appropriations.</i></p> <p>Sec. 265. The departments 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.</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 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Limits out-of-state travel to when it is required by legal mandate, necessary to protect the health or safety of Michigan citizens, necessary to produce budgetary savings or increase state revenues, necessary to comply with federal requirements, necessary to secure specialized training for staff, or financed entirely by federal or nonstate funds, except if travel is granted an exception by the State Budget Director. Also requires the Department to prepare an out-of-state travel report for the preceding fiscal year by January 1, 2006.</i></p> <p>Sec. 266. (1) Due to the current budgetary problems in this state, out-of-state travel for the fiscal year ending September 30, 2006 shall be limited to situations in which 1 or more of the following conditions apply:</p> <p>(a) The travel is required by legal mandate or court order or for law enforcement purposes.</p> <p>(b) The travel is necessary to protect the health or safety of Michigan citizens or visitors or to assist other states in similar circumstances.</p> <p>(c) The travel is necessary to produce budgetary savings or to increase state revenues, including protecting existing federal funds or securing additional federal funds.</p> <p>(d) The travel is necessary to comply with federal requirements.</p> <p>(e) The travel is necessary to secure specialized training for staff that is not available within this state.</p> <p>(f) The travel is financed entirely by federal or nonstate funds.</p>	<p>Sec. 266. (1) No changes from current law, except:</p> <p>"...September 30, 2006 2007 shall be..."</p>	<p>Sec. 266. (1) No changes from current law, except:</p> <p>"...September 30, 2006 2007 shall be ..."</p>	<p>Sec. 266. (1) No changes from current law, except:</p> <p>"...September 30, 2006 2007 shall be ..."</p>	<p>Sec. 266. (1) No changes from current law, except:</p> <p>"...September 30, 2006 2007 shall be ..."</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(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 house of representatives and senate standing committees on appropriations.	(2) No changes from 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 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>(3) Not later than January 1 of each year, each department shall prepare a travel report listing 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 chairs and members of the house of representatives and senate standing committees on appropriations, the fiscal agencies, and the state budget director. The report shall include the following information:</p> <p>(a) The name of each person receiving reimbursement for travel outside this state or whose travel costs were paid by this state.</p> <p>(b) The destination of each travel occurrence.</p> <p>(c) The dates of each travel occurrence.</p> <p>(d) A brief statement of the reason for each travel occurrence.</p> <p>(e) The transportation and related costs of each travel occurrence, including the proportion funded with state general fund/general purpose revenues, the proportion funded with state restricted revenues, the proportion funded with federal revenues, and the proportion funded with other revenues.</p> <p>(f) A total of all out-of-state travel funded for the immediately preceding fiscal year.</p>	<p>(3) No changes from current law.</p>			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Prohibits the Department from taking disciplinary action against an employee for communicating with a member of the Legislature or his/her staff.</i></p> <p>Sec. 267. A department or state agency 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>Sec. 268. BY OCTOBER 15, 2006, THE DEPARTMENT SHALL PROVIDE TO THE SENATE AND HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES A LIST OF GENERAL FUND/GENERAL PURPOSE BUDGET CUTS THAT ARE SUFFICIENT TO REDUCE THE DEPARTMENT GENERAL FUND/GENERAL PURPOSE SPENDING BY 7.93% IN FISCAL YEAR 2006-2007 IF THE K-16 BALLOT INITIATIVE IS ADOPTED BY THE VOTERS OF THIS STATE.</p>		

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>Sec. 269. (1) OF THE AMOUNT APPROPRIATED IN PART 1 FOR MEDICAID MENTAL HEALTH SERVICES, \$149, 136, 400.00 IS FOR PREPAID INPATIENT HEALTH PLAN REIMBURSEMENT OF ANTIPSYCHOTIC PRESCRIPTIONS UNDER THE MEDICAID PROGRAM. ALL OF THE FOLLOWING CONDITIONS SHALL APPLY TO THIS ARRANGEMENT:</p> <p>(A) THE DEPARTMENT SHALL DEVELOP UNIFORM STATEWIDE PROCEDURES AND PRACTICES TO BE FOLLOWED BY THE PREPAID INPATIENT HEALTH PLANS. THESE PROCEDURES AND PRACTICES SHALL ADHERE TO THE REQUIREMENTS OF SECTION 1625 AND SECTION 109H OF THE SOCIAL WELFARE ACT, 1939 PA 280, MCL 400.109H.</p> <p>(B) THE DEPARTMENT SHALL INCLUDE THE ACTUAL COST OF ANTIPSYCHOTIC PRESCRIPTIONS, NET OF ACTUAL REBATES, INTO THE ACTUARIALLY SOUND CAPITATION RATES FOR THE PREPAID INPATIENT HEALTH PLANS.</p>	<p>Sec. 269. (1) OF THE AMOUNT APPROPRIATED IN PART 1 FOR MEDICAID MENTAL HEALTH SERVICES, \$149, 136, 400.00 IS FOR PREPAID INPATIENT HEALTH PLAN REIMBURSEMENT OF ANTIPSYCHOTIC PRESCRIPTIONS UNDER THE MEDICAID PROGRAM. ALL OF THE FOLLOWING CONDITIONS SHALL APPLY TO THIS ARRANGEMENT:</p> <p>(A) THE DEPARTMENT SHALL DEVELOP UNIFORM STATEWIDE PROCEDURES AND PRACTICES TO BE FOLLOWED BY THE PREPAID INPATIENT HEALTH PLANS. THESE PROCEDURES AND PRACTICES SHALL ADHERE TO THE REQUIREMENTS OF SECTION 1625 AND SECTION 109H OF THE SOCIAL WELFARE ACT, 1939 PA 280, MCL 400.109H.</p> <p>(B) THE DEPARTMENT SHALL INCLUDE THE ACTUAL COST OF ANTIPSYCHOTIC PRESCRIPTIONS, NET OF ACTUAL REBATES, INTO THE ACTUARIALLY SOUND CAPITATION RATES FOR THE PREPAID INPATIENT HEALTH PLANS.</p>	<p>Sec. 269. (1) OF THE AMOUNT APPROPRIATED IN PART 1 FOR MEDICAID MENTAL HEALTH SERVICES, \$149, 136, 400.00 IS FOR PREPAID INPATIENT HEALTH PLAN REIMBURSEMENT OF ANTIPSYCHOTIC PRESCRIPTIONS UNDER THE MEDICAID PROGRAM. ALL OF THE FOLLOWING CONDITIONS SHALL APPLY TO THIS ARRANGEMENT:</p> <p>(A) THE DEPARTMENT SHALL DEVELOP UNIFORM STATEWIDE PROCEDURES AND PRACTICES TO BE FOLLOWED BY THE PREPAID INPATIENT HEALTH PLANS. THESE PROCEDURES AND PRACTICES SHALL ADHERE TO THE REQUIREMENTS OF SECTION 1625 AND SECTION 109H OF THE SOCIAL WELFARE ACT, 1939 PA 280, MCL 400.109H.</p> <p>(B) THE DEPARTMENT SHALL INCLUDE THE ACTUAL COST OF ANTIPSYCHOTIC PRESCRIPTIONS, NET OF ACTUAL REBATES, INTO THE ACTUARIALLY SOUND CAPITATION RATES FOR THE PREPAID INPATIENT HEALTH PLANS.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		(C) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT TRAINING FOR PREPAID INPATIENT HEALTH PROGRAMS REGARDING BILLING PROCESSES REQUIRED FOR REIMBURSEMENT UNDER THIS SECTION.	(C) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT TRAINING FOR PREPAID INPATIENT HEALTH PROGRAMS REGARDING BILLING PROCESSES REQUIRED FOR REIMBURSEMENT UNDER THIS SECTION.	(C) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT TRAINING FOR PREPAID INPATIENT HEALTH PROGRAMS REGARDING BILLING PROCESSES REQUIRED FOR REIMBURSEMENT UNDER THIS SECTION.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>(2) OF THE AMOUNT APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, \$86,674,300.00 IS FOR MEDICAID HEALTH PLAN REIMBURSEMENT OF ANTIDEPRESSANT PRESCRIPTIONS UNDER THE MEDICAID PROGRAM. ALL OF THE FOLLOWING CONDITIONS SHALL APPLY TO THIS ARRANGEMENT: (A) THE DEPARTMENT SHALL DEVELOP UNIFORM STATEWIDE PROCEDURES AND PRACTICES TO BE FOLLOWED BY THE MEDICAID HEALTH PLANS. THESE PROCEDURES SHALL ADHERE TO THE REQUIREMENTS OF SECTION 1625 AND ALL PROVISIONS OF THE DEPARTMENT'S FISCAL YEAR 2005-2006 CONTRACT WITH MEDICAID HEALTH PLANS. (B) THE DEPARTMENT SHALL INCLUDE THE ACTUAL COST OF ANTIDEPRESSANT PRESCRIPTIONS, NET OF ACTUAL REBATES, INTO THE ACTUARIALLY SOUND CAPITATION RATES FOR THE MEDICAID HEALTH PLANS.</p>	<p>(2) OF THE AMOUNT APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, \$86,674,300.00 IS FOR MEDICAID HEALTH PLAN REIMBURSEMENT OF ANTIDEPRESSANT PRESCRIPTIONS UNDER THE MEDICAID PROGRAM. ALL OF THE FOLLOWING CONDITIONS SHALL APPLY TO THIS ARRANGEMENT: (A) THE DEPARTMENT SHALL DEVELOP UNIFORM STATEWIDE PROCEDURES AND PRACTICES TO BE FOLLOWED BY THE MEDICAID HEALTH PLANS. THESE PROCEDURES SHALL ADHERE TO THE REQUIREMENTS OF SECTION 1625 AND ALL PROVISIONS OF THE DEPARTMENT'S FISCAL YEAR 2005-2006 CONTRACT WITH MEDICAID HEALTH PLANS. (B) THE DEPARTMENT SHALL INCLUDE THE ACTUAL COST OF ANTIDEPRESSANT PRESCRIPTIONS, NET OF ACTUAL REBATES, INTO THE ACTUARIALLY SOUND CAPITATION RATES FOR THE MEDICAID HEALTH PLANS.</p>	<p>(2) OF THE AMOUNT APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, \$86,674,300.00 IS FOR MEDICAID HEALTH PLAN REIMBURSEMENT OF ANTIDEPRESSANT PRESCRIPTIONS UNDER THE MEDICAID PROGRAM. ALL OF THE FOLLOWING CONDITIONS SHALL APPLY TO THIS ARRANGEMENT: (A) THE DEPARTMENT SHALL DEVELOP UNIFORM STATEWIDE PROCEDURES AND PRACTICES TO BE FOLLOWED BY THE MEDICAID HEALTH PLANS. THESE PROCEDURES SHALL ADHERE TO THE REQUIREMENTS OF SECTION 1625 AND ALL PROVISIONS OF THE DEPARTMENT'S FISCAL YEAR 2005-2006 CONTRACT WITH MEDICAID HEALTH PLANS. (B) THE DEPARTMENT SHALL INCLUDE THE ACTUAL COST OF ANTIDEPRESSANT PRESCRIPTIONS, NET OF ACTUAL REBATES, INTO THE ACTUARIALLY SOUND CAPITATION RATES FOR THE MEDICAID HEALTH PLANS.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		(3) MEDICAID REIMBURSEMENT OF MENTAL HEALTH PRESCRIPTIONS THAT ARE NEITHER ANTIPSYCHOTICS NOR ANTIDEPRESSANTS SHALL BE MADE FROM THE MEDICAL SERVICES PHARMACEUTICAL SERVICES LINE IN PART 1. THE DEPARTMENT SHALL UTILIZE THE SAME OPERATIONAL PROCEDURES FOR THESE MEDICATIONS THAT WERE FOLLOWED IN FISCAL YEAR 2005-2006 AND SHALL ADHERE TO THE REQUIREMENTS OF SECTION 109H OF THE SOCIAL WELFARE ACT, 1939 PA 280, MCL 400.109H.	(3) MEDICAID REIMBURSEMENT OF MENTAL HEALTH PRESCRIPTIONS THAT ARE NEITHER ANTIPSYCHOTICS NOR ANTIDEPRESSANTS SHALL BE MADE FROM THE MEDICAL SERVICES PHARMACEUTICAL SERVICES LINE IN PART 1. THE DEPARTMENT SHALL UTILIZE THE SAME OPERATIONAL PROCEDURES FOR THESE MEDICATIONS THAT WERE FOLLOWED IN FISCAL YEAR 2005-2006 AND SHALL ADHERE TO THE REQUIREMENTS OF SECTION 109H OF THE SOCIAL WELFARE ACT, 1939 PA 280, MCL 400.109H.	(3) MEDICAID REIMBURSEMENT OF MENTAL HEALTH PRESCRIPTIONS THAT ARE NEITHER ANTIPSYCHOTICS NOR ANTIDEPRESSANTS SHALL BE MADE FROM THE MEDICAL SERVICES PHARMACEUTICAL SERVICES LINE IN PART 1. THE DEPARTMENT SHALL UTILIZE THE SAME OPERATIONAL PROCEDURES FOR THESE MEDICATIONS THAT WERE FOLLOWED IN FISCAL YEAR 2005-2006 AND SHALL ADHERE TO THE REQUIREMENTS OF SECTION 109H OF THE SOCIAL WELFARE ACT, 1939 PA 280, MCL 400.109H.
		(4) THE DIRECTORS OF THE MEDICAL SERVICES ADMINISTRATION AND THE DEPARTMENT'S MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION SHALL PROVIDE A JOINT QUARTERLY REPORT TO THE HOUSE OF REPRESENTATIVES, SENATE, AND THE SENATE AND HOUSE FISCAL AGENCIES ON THE COORDINATION OF PSYCHOTROPIC MEDICATIONS UNDER THIS SECTION.	(4) THE DIRECTORS OF THE MEDICAL SERVICES ADMINISTRATION AND THE DEPARTMENT'S MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION SHALL PROVIDE A JOINT QUARTERLY REPORT TO THE HOUSE OF REPRESENTATIVES, SENATE, AND THE SENATE AND HOUSE FISCAL AGENCIES ON THE COORDINATION OF PSYCHOTROPIC MEDICATIONS UNDER THIS SECTION.	(4) THE DIRECTORS OF THE MEDICAL SERVICES ADMINISTRATION AND THE DEPARTMENT'S MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION SHALL PROVIDE A JOINT QUARTERLY REPORT TO THE HOUSE OF REPRESENTATIVES, SENATE, AND THE SENATE AND HOUSE FISCAL AGENCIES ON THE COORDINATION OF PSYCHOTROPIC MEDICATIONS UNDER THIS SECTION.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
				<p>Sec. 270. WITHIN 30 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 OF REPRESENTATIVES 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.</p> <p>(B) THE PROGRAM OR SERVICE FOR WHICH THE MONEY WAS ORIGINALLY EXPENDED.</p> <p>(C) DETAILS ON THE DISPOSITION OF THE FUNDS RECOVERED SUCH AS THE APPROPRIATION OR REVENUE ACCOUNT IN WHICH THE MONEY WAS DEPOSITED.</p>

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

**FY 2005-06
CURRENT LAW**

FY 2006-2007

EXECUTIVE

SENATE

HOUSE

**CONFERENCE/
ENACTED**

**(D) A DESCRIPTION OF THE
FACTS INVOLVED IN THE
LEGAL ACTION.**

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Departmentwide Component**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>DEPARTMENTWIDE ADMINISTRATION <i>Allows the Department to make payment from funds appropriated for worker's compensation for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.</i></p> <p>Sec. 301. From funds appropriated for worker's compensation, the department may make payments in lieu of worker's compensation payments for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.</p>	<p>Sec. 301. No changes from current law.</p>			
<p><i>Prohibits the Department from requiring first-party payments from individuals or families with a taxable income of \$10,000 or less for mental health services for determinations made in accordance with Section 818 of the Mental Health Code.</i></p> <p>Sec. 303. The department is prohibited from requiring first-party payment from individuals or families with a taxable income of \$10,000.00 or less for mental health services for determinations made in accordance with section 818 of the mental health code, 1974 PA 258, MCL 330.1818.</p>	<p>Sec. 303. No changes from current law.</p>	Sec. 303. No changes from current law.	Sec. 303. No changes from current law.	Sec. 303. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS</u></p> <p><i>Allows the Department to enter into a contract with the Michigan Protection and Advocacy Services or a similar organization to provide legal services for the purposes of gaining and maintaining occupancy in a community living arrangement which is under lease or contract with the Department or CMHSPs to provide services to persons with mental illness or developmental disability.</i></p> <p>Sec. 350. The department may enter into a contract with the protection and advocacy service, authorized under section 931 of the mental health code, 1974 PA 258, MCL 330.1931, or a similar organization to provide legal services for purposes of gaining and maintaining occupancy in a community living arrangement which is under lease or contract with the department or a community mental health services program to provide services to persons with mental illness or developmental disability.</p>	<p>Delete current law.</p>	<p>Sec. 350. No changes from current law.</p>	<p>Sec. 350. No changes from current law.</p>	<p>Sec. 350. No changes from current law.</p>
		<p>351. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE METHAMPHETAMINE CLEANUP FUND, THE DEPARTMENT SHALL ALLOW LOCAL GOVERNMENTS TO APPLY FOR MONEY TO COVER THEIR ADMINISTRATIVE COSTS ASSOCIATED WITH METHAMPHETAMINE CLEANUP EFFORTS.</p>	<p>Sec. 351. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE METHAMPHETAMINE CLEANUP FUND, THE DEPARTMENT SHALL ALLOW LOCAL GOVERNMENTS TO APPLY FOR MONEY TO COVER THEIR ADMINISTRATIVE COSTS ASSOCIATED WITH METHAMPHETAMINE CLEANUP EFFORTS.</p>	<p>Sec. 351. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE METHAMPHETAMINE CLEANUP FUND, THE DEPARTMENT SHALL ALLOW LOCAL GOVERNMENTS TO APPLY FOR MONEY TO COVER THEIR ADMINISTRATIVE COSTS ASSOCIATED WITH METHAMPHETAMINE CLEANUP EFFORTS. THE FUNDS ALLOCATED TO LOCAL GOVERNMENTS FOR THE ADMINISTRATIVE COSTS ASSOCIATED WITH METHAMPHETAMINE CLEANUP EFFORTS SHALL NOT EXCEED \$800.00 PER PROPERTY.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS</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 specialty prepaid health plans. Requires the Department to ensure that each CMHSP or specialty prepaid health plan provides a complete array of mental health services, the coordination of inpatient and outpatient hospital services, individualized plans of services, a case management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code.</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 specialty prepaid health plans. The department shall ensure that each CMHSP or specialty prepaid health plan provides all of the following:</p> <p>(a) A system of single entry and single exit.</p> <p>(b) A complete array of mental health services which shall include, but shall not be limited to, all of the following services: residential and other individualized living arrangements, outpatient services, acute inpatient services, and long-term, 24-hour inpatient care in a structured, secure environment.</p> <p>(c) The coordination of inpatient and outpatient hospital services through agreements with state-operated psychiatric hospitals, units, and centers in facilities owned or leased by the state, and privately-owned hospitals, units, and centers licensed by the state pursuant to sections 134 through 149b of the mental health code, 1974 PA 258, MCL330.1134 to 330.1149b.</p>	<p>Sec. 401. No changes from current law.</p>	Sec. 401. No changes from current law.	Sec. 401. No changes from current law.	Sec. 401. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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 specialty prepaid health plan's program or through assistance with locating and obtaining services to meet these needs.</p> <p>(e) A system of case management to monitor and ensure the provision of services consistent with the individualized plan of services or supports.</p> <p>(f) A system of continuous quality improvement.</p> <p>(g) A system to monitor and evaluate the mental health services provided.</p> <p>(h) A system that serves at-risk and delinquent youth as required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.</p>	(d) through (h) No changes from current law.	(d) through (h) No changes from current law.	(d) through (h) No changes from current law.	(d) through (h) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires final authorizations to CMHSPs or specialty prepaid health plans be made upon the execution of contracts between the Department and CMHSPs or specialty prepaid health plans. Requires each contract with a CMHSP or specialty prepaid health plan to include a provision that it is not valid unless the total dollar obligation of all contracts entered into between the Department and CMHSPs or specialty prepaid health plans for FY 2005-06 does not exceed Part 1 appropriations. Requires the Department to report immediately to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director if there are new contracts or amendments to contracts with CMHSPs or specialty prepaid health plans that would affect enacted rates or expenditures.</i></p> <p>Sec. 402. (1) From funds appropriated in part 1, final authorizations to CMHSPs or specialty prepaid health plans shall be made upon the execution of contracts between the department and CMHSPs or specialty prepaid health plans. 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 specialty prepaid health plan 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 specialty prepaid health plans entered into under this subsection for fiscal year 2005-2006 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.</p>	<p>Sec. 402. (1) No changes from current law.</p>	<p>Sec. 402. (1) No changes from current law, except:</p> <p>"...for fiscal year 2006-2006 2006-2007 does not exceed..."</p>	<p>Sec. 402. (1) No changes from current law, except:</p> <p>"...for fiscal year 2006-2006 2006-2007 does not exceed..."</p>	<p>Sec. 402. (1) No changes from current law, except:</p> <p>"...for fiscal year 2006-2006 2006-2007 does not exceed..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(2) The department shall immediately report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director if either of the following occurs:</p> <p>(a) Any new contracts with CMHSPs or specialty prepaid health plans that would affect rates or expenditures are enacted.</p> <p>(b) Any amendments to contracts with CMHSPs or specialty prepaid health plans that would affect rates or expenditures are enacted.</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 report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.</p>	(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 the Department to ensure that CMHSPs or specialty prepaid health plans continue contracts with multicultural service providers.</i></p> <p>Sec. 403. From the funds appropriated in part 1 for multicultural services, the department shall ensure that CMHSPs or specialty prepaid health plans continue contracts with multicultural services providers.</p>	Delete current law.	Sec. 403. No changes from current law.	Sec. 403. No changes from current law, except: " ...continue contracts with multicultural providers MEET WITH MULTICULTURAL SERVICE PROVIDERS TO DEVELOP A WORKABLE FRAMEWORK FOR CONTRACTING, SERVICE DELIVERY, AND REIMBURSEMENT. "	Sec. 403. No changes from current law, except: " ...continue contracts with multicultural providers MEET WITH MULTICULTURAL SERVICE PROVIDERS TO DEVELOP A WORKABLE FRAMEWORK FOR CONTRACTING, SERVICE DELIVERY, AND REIMBURSEMENT. "

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to provide a report by May 31, 2006, on the following for CMHSPs or specialty prepaid health plans: expenditures and services data; information about access to CMHSPs; lapses and carry-forwards during FY 2004-05; information on the CMH Medicaid managed care program; and performance indicator information required to be submitted to the Department in contracts with CMHSPs or specialty prepaid health plans.</i></p> <p>Sec. 404. (1) Not later than May 31 of each fiscal year, the department shall provide a report on the community mental health services programs to the members of the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section.</p>	<p>Sec. 404. (1) No changes from current law.</p>	<p>Sec. 404. (1) No changes from current law.</p>	<p>Sec. 404. (1) No changes from current law.</p>	<p>Sec. 404. (1) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(g) An analysis of information provided by community mental health service programs in response to the needs assessment requirements of the mental health code, including information about the number of persons in the service delivery system who have requested and are clinically appropriate for different services.</p> <p>(h) Lapses and carryforwards during fiscal year 2004-2005 for CMHSPs or specialty prepaid health plans.</p> <p>(i) Contracts for mental health services entered into by CMHSPs or specialty prepaid health plans with providers, including amount and rates, organized by type of service provided.</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 specialty prepaid health plan 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 specialty prepaid health plans.</p>	<p>(g) through (j) No changes from current law, except:</p> <p>"...during fiscal year 2004-2005 2005-2006 for CMHSPs..."</p>	<p>(g) through (j) No changes from current law, except:</p> <p>"...during fiscal year 2004-2005 2005-2006 for CMHSPs..."</p>	<p>(g) through (j) No changes from current law, except:</p> <p>"...during fiscal year 2004-2005 2005-2006 for CMHSPs..."</p>	<p>(g) through (j) No changes from current law, except:</p> <p>"...during fiscal year 2004-2005 2005-2006 for CMHSPs..."</p>
<p>(3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP or specialty prepaid health plan.</p>	<p>(3) No changes from current law.</p>	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
<p>(4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs or specialty prepaid health plans.</p>	<p>(4) No changes from current law.</p>	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Provides that it is the Legislature's intent that the wage increase funded in previous years for direct care workers in local residential settings, day programs, supported employment, and other vocational programs continue to be paid.</i></p> <p>Sec. 405. It is the intent of the legislature that the employee wage pass-through funded in previous years to the community mental health services programs for direct care workers in local residential settings and for paraprofessional and other nonprofessional direct care workers in day programs, supported employment, and other vocational programs shall continue to be paid to direct care workers.</p>	<p>Sec. 405. No changes from current law, except:</p> <p>"It is the intent of the legislature that the THE employee wage pass-through funded..."</p>	<p>Sec. 405. No changes from current law.</p>	<p>Sec. 405. (1) No changes from current law.</p>	<p>Sec. 405. (1) No changes from current law, except:</p> <p>"... in day programs, supported employment, and other vocational programs SETTINGS WHERE SKILL BUILDING, COMMUNITY LIVING SUPPORTS AND TRAINING, AND PERSONAL CARE SERVICES ARE PROVIDED shall continue to be paid to direct care workers."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>(2) FROM THE FUNDS APPROPRIATED IN PART 1 FOR MEDICAID MENTAL HEALTH SERVICES, MONEY SHALL BE UTILIZED TO ESTABLISH A POOL OF FUNDS AVAILABLE TO COMMUNITY MENTAL HEALTH SERVICES PROGRAMS, SUFFICIENT TO PROVIDE FOR INCREASING THE WAGES AND THE EMPLOYER'S SHARE OF FEDERAL INSURANCE CONTRIBUTIONS ACT COSTS OF DIRECT CARE STAFF BY 20 CENTS PER HOUR PER DIRECT CARE WORKER IN LOCAL RESIDENTIAL SETTINGS AND FOR PARAPROFESSIONAL AND OTHER NONPROFESSIONAL DIRECT CARE WORKERS IN DAY PROGRAMS, SUPPORTED EMPLOYMENT, AND OTHER VOCATIONAL SERVICE PROGRAMS, EFFECTIVE OCTOBER 1, 2006.</p>	<p>2) FROM THE FUNDS APPROPRIATED IN PART 1 FOR MEDICAID MENTAL HEALTH SERVICES, MONEY SHALL BE UTILIZED TO ESTABLISH A POOL OF FUNDS AVAILABLE TO COMMUNITY MENTAL HEALTH SERVICES PROGRAMS, SUFFICIENT TO PROVIDE FOR INCREASING THE WAGES AND THE EMPLOYER'S SHARE OF FEDERAL INSURANCE CONTRIBUTIONS ACT COSTS OF DIRECT CARE STAFF BY 2% PER DIRECT CARE WORKER IN LOCAL RESIDENTIAL SETTINGS AND FOR PARAPROFESSIONAL AND OTHER NONPROFESSIONAL DIRECT CARE WORKERS IN SETTINGS WHERE SKILL BUILDING, COMMUNITY LIVING SUPPORTS AND TRAINING, AND PERSONAL CARE SERVICES ARE PROVIDED, EFFECTIVE OCTOBER 1, 2006.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>(3) EACH CMHSP SHALL MAKE APPLICATION TO THE DEPARTMENT TO RECEIVE FUNDS FOR THE DIRECT CARE WORKER WAGE PASS-THROUGH FUND, NOT TO EXCEED THEIR PROPORTIONATE SHARE OF THE MONEY ALLOCATED FOR THIS PURPOSE. THE APPLICATION SHALL SPECIFY THE AMOUNT OF FUNDS REQUESTED AND THE AGENCIES/PROGRAMS TO RECEIVE THE WAGE PASS-THROUGH FUNDS REQUESTED.</p>	<p>3) EACH CMHSP SHALL MAKE APPLICATION TO THE DEPARTMENT TO RECEIVE FUNDS FOR THE DIRECT CARE WORKER WAGE PASS-THROUGH FUND, NOT TO EXCEED THEIR PROPORTIONATE SHARE OF THE MONEY ALLOCATED FOR THIS PURPOSE. THE APPLICATION SHALL SPECIFY THE AMOUNT OF FUNDS REQUESTED AND THE AGENCIES/PROGRAMS TO RECEIVE THE WAGE PASS-THROUGH FUNDS REQUESTED.</p>
			<p>(4) EACH CMHSP AWARDED WAGE PASS-THROUGH FUNDS SHALL REPORT ON THE ACTUAL EXPENDITURES OF SUCH FUNDS IN THE FORMAT TO BE DETERMINED BY THE DEPARTMENT. ANY FUNDS NOT UTILIZED BY THE CMHSP FOR THE PURPOSE SPECIFIED IN THE WAGE PASS-THROUGH APPLICATION SHALL BE DEDUCTED FROM THE BASE ALLOCATION TO THE CMHSP IN THE SUBSEQUENT FISCAL YEAR.</p>	<p>4) EACH CMHSP AWARDED WAGE PASS-THROUGH FUNDS SHALL REPORT ON THE ACTUAL EXPENDITURES OF SUCH FUNDS IN THE FORMAT TO BE DETERMINED BY THE DEPARTMENT. ANY FUNDS NOT UTILIZED BY THE CMHSP FOR THE PURPOSE SPECIFIED IN THE WAGE PASS-THROUGH APPLICATION SHALL BE DEDUCTED FROM THE BASE ALLOCATION TO THE CMHSP IN THE SUBSEQUENT FISCAL YEAR.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires funds appropriated for the state disability assistance substance abuse services program to be used to support per diem and board payments in substance abuse residential facilities. Requires the Department to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by the Department of Human Services to adult foster care providers.</i></p> <p>Sec. 406. (1) The funds appropriated in part 1 for the state disability assistance substance abuse services program shall be used to support per diem room and board payments in substance abuse residential facilities. Eligibility of clients for the state disability assistance substance abuse services program shall include needy persons 18 years of age or older, or emancipated minors, who reside in a substance abuse treatment center.</p>	<p>Sec. 406. (1) No changes from current law.</p>	<p>Sec. 406. (1) No changes from current law.</p>	<p>Sec. 406. (1) No changes from current law.</p>	<p>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>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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 specialty prepaid health plans to coordinate services provided to individuals with both mental illness and substance abuse diagnoses. Requires the Department to approve a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay.</i></p> <p>Sec. 407. (1) The amount appropriated in part 1 for substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies. Coordinating agencies shall work with the CMHSPs or specialty prepaid health plans to coordinate the care and services provided to individuals with both mental illness and substance abuse diagnoses.</p>	<p>Sec. 407. (1) No changes from current law.</p>	<p>Sec. 407. (1) No changes from current law.</p>	<p>Sec. 407. (1) No changes from current law.</p>	<p>Sec. 407. (1) No changes from current law.</p>
<p>(2) The department shall approve a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay.</p>	<p>(2) No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to report by April 15, 2006, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2004-05.</i></p> <p>Sec. 408. (1) By April 15, 2006, the department shall report the following data from fiscal year 2004-2005 on substance abuse prevention, education, and treatment programs to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office:</p> <p>(a) Expenditures stratified by coordinating agency, by central diagnosis and referral agency, by fund source, by subcontractor, by population served, and by service type. Additionally, data on administrative expenditures by coordinating agency and by subcontractor shall be reported.</p> <p>(b) Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.</p> <p>(c) Number of services provided by central diagnosis and referral agency, by subcontractor, and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.</p> <p>(d) Collections from other first- or third-party payers, private donations, or other state or local programs, by coordinating agency, by subcontractor, by population served, and by service type.</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>"By April 15, 2006 2007, the department shall report the following data from fiscal year 2004-2005 2005-2006 on substance abuse..."</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>"By April 15, 2006 2007, the department shall report the following data from fiscal year 2004-2005 2005-2006 on substance abuse..."</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>"By April 15, 2006 2007, the department shall report the following data from fiscal year 2004-2005 2005-2006 on substance abuse..."</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>"By April 15, 2006 2007, the department shall report the following data from fiscal year 2004-2005 2005-2006 on substance abuse..."</p>
	<p>(c) through (d) No changes from current law.</p>	<p>(c) through (d) No changes from current law.</p>	<p>(c) through (d) No changes from current law.</p>	<p>(c) through (d) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all coordinating agencies.	(2) No changes from current law.			
<i>Requires funds for substance abuse services to be distributed in a manner to provide priority to service providers that furnish child care services to clients with children.</i> Sec. 409. The funding in part 1 for substance abuse services shall be distributed in a manner that provides priority to service providers that furnish child care services to clients with children.	Sec. 409. No changes from current law.	Sec. 409. No changes from current law.	Sec. 409. No changes from current law.	Sec. 409. No changes from current law.
<i>Requires the Department to 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.</i> 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.	Sec. 410. No changes from current law.	Sec. 410. No changes from current law.	Sec. 410. No changes from current law.	Sec. 410. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to ensure that each contract with a CMHSP or specialty prepaid health plan require the CMHSP or specialty prepaid health plan to implement programs to encourage diversions for persons with mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP or specialty prepaid health plan 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 specialty prepaid health plan requires the CMHSP or specialty prepaid health plan to implement programs to encourage diversion of persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate.</p>	<p>Sec. 411. (1) No changes from current law.</p>	<p>Sec. 411. (1) No change from current law.</p>	<p>Sec. 411. (1) No change from current law.</p>	<p>Sec. 411. (1) No change from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(2) Each CMHSP or specialty prepaid health plan shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.</p>	(2) 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 the Department to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance abuse services at not less than the amount contracted for in FY 2004-05.</i></p> <p>Sec. 412. The department shall contract directly with the Salvation Army harbor light program to provide non-Medicaid substance abuse services at not less than the amount contracted for in fiscal year 2004-2005.</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.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires Medicaid substance abuse services to be managed by selected CMHSPs or specialty prepaid health plans pursuant to the Centers for Medicare and Medicaid Services' approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. Authorizes selected CMHSPs or specialty prepaid health plans to receive a capitated payment on a per eligible per month basis to assure the provision of medically necessary substance abuse services. Requires selected CMHSPs or specialty prepaid health plans to be responsible for the reimbursement of claims for specialized substance abuse services. Allows CMHSPs or specialty prepaid health plans that are not coordinating agencies to continue to contract with a coordinating agency provided that the alternative arrangement is based on client service needs and has prior approval from the Department.</i></p> <p>Sec. 414. Medicaid substance abuse treatment services shall be managed by selected CMHSPs or specialty prepaid health plans pursuant to the centers for Medicare and Medicaid services' approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. The selected CMHSPs or specialty prepaid health plans shall receive a capitated payment on a per eligible per month basis to assure provision of medically necessary substance abuse services to all beneficiaries who require those services. The selected CMHSPs or specialty prepaid health plans shall be responsible for the reimbursement of claims for specialized substance abuse services. The CMHSPs or specialty prepaid health plans that are not coordinating agencies may continue to contract with a coordinating agency. Any alternative arrangement must be based on client service needs and have prior approval from the department.</p>	<p>Sec. 414. No changes from current law.</p>			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to report monthly on the amount of funding paid to CMHSPs or specialty prepaid health plans to support the Medicaid managed mental health program.</i></p> <p>Sec. 418. On or before the tenth of each month, the department shall report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to the CMHSPs or specialty prepaid health plans to support the Medicaid managed mental health care program in that month. The information shall include the total paid to each CMHSP or specialty prepaid health plan, per capita rate paid for each eligibility group for each CMHSP or specialty prepaid health plan, and number of cases in each eligibility group for each CMHSP or specialty prepaid health plan, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.</p>	<p>Sec. 418. No changes from current law.</p>	Sec. 418. No changes from current law.	Sec. 418. No changes from current law.	Sec. 418. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to work cooperatively with the Departments of Human Services, Corrections, Education, State Police, and Military and Veterans Affairs, within existing appropriations, to coordinate and improve the delivery of substance abuse prevention, education, and treatment programs.</i></p> <p>Sec. 423. The department shall work cooperatively with the departments of human services, corrections, education, state police, and military and veterans affairs to coordinate and improve the delivery of substance abuse prevention, education, and treatment programs within existing appropriations.</p>	<p>Delete current law.</p>	<p>Sec. 423. No changes from current law.</p>	<p>Sec. 423. (1) No changes from current law.</p>	<p>Sec. 423. (1) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>(2) THE DEPARTMENT SHALL ESTABLISH A WORK GROUP COMPOSED OF REPRESENTATIVES OF THE DEPARTMENT, THE DEPARTMENTS OF HUMAN SERVICES, CORRECTIONS, EDUCATION, STATE POLICE, AND MILITARY AND VETERANS AFFAIRS, COORDINATING AGENCIES, CMHSPPS, AND ANY OTHER PERSONS CONSIDERED APPROPRIATE TO EXAMINE AND REVIEW THE SOURCE AND EXPENDITURE OF FUNDS FOR SUBSTANCE ABUSE PROGRAMS AND SERVICES. THE WORK GROUP SHALL DEVELOP AND RECOMMEND COST-EFFECTIVE MEASURES FOR THE EXPENDITURE OF FUNDS AND DELIVERY OF SUBSTANCE ABUSE PROGRAMS AND SERVICES. THE DEPARTMENT SHALL SUBMIT THE FINDINGS OF THE WORK GROUP TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR BY MAY 31, 2007.</p>	<p>(2) THE DEPARTMENT SHALL ESTABLISH A WORK GROUP COMPOSED OF REPRESENTATIVES OF THE DEPARTMENT, THE DEPARTMENTS OF HUMAN SERVICES, CORRECTIONS, EDUCATION, STATE POLICE, AND MILITARY AND VETERANS AFFAIRS, COORDINATING AGENCIES, CMHSPPS, AND ANY OTHER PERSONS CONSIDERED APPROPRIATE TO EXAMINE AND REVIEW THE SOURCE AND EXPENDITURE OF FUNDS FOR SUBSTANCE ABUSE PROGRAMS AND SERVICES. THE WORK GROUP SHALL DEVELOP AND RECOMMEND COST-EFFECTIVE MEASURES FOR THE EXPENDITURE OF FUNDS AND DELIVERY OF SUBSTANCE ABUSE PROGRAMS AND SERVICES. THE DEPARTMENT SHALL SUBMIT THE FINDINGS OF THE WORK GROUP TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR BY MAY 31, 2007.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires CMHSPs or specialty prepaid health plans that contract with the Department to provide services to the Medicaid population to adhere to the timely claims processing and payments procedure to claims submitted by health professionals and facilities as described in Public Act 187 of 2000.</i></p> <p>Sec. 424. Each community mental health services program or specialty prepaid health plan 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, must be paid within 45 days after receipt of the claim by the community mental health services program or specialty prepaid health plan. 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 community mental health services program or specialty prepaid health plan must state in writing to the health professional or facility any defect in the claim within 30 days after receipt of the claim.</p> <p>(c) A health professional and a health facility have 30 days after receipt of a notice that a claim or a portion of a claim is defective within which to correct the defect. The community mental health services program or specialty prepaid health plan shall pay the claim within 30 days after the defect is corrected.</p>	<p>Sec. 424. No changes from current law.</p>	Sec. 424. No changes from current law.	Sec. 424. No changes from current law.	Sec. 424. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department, in conjunction with the Department of Corrections, to report by April 1, 2006, on the following FY 2004-05 data to the House of Representatives and Senate Appropriations Subcommittees on Community Health and Corrections, the House and Senate Fiscal Agencies, and the State Budget Office: the number of prisoners receiving substance abuse services; the number of prisoners with a primary diagnosis of mental illness and receiving mental health and substance abuse services; and data indicating if prisoners receiving mental health services for a primary diagnosis of mental illness and/or receiving substance abuse services were previously hospitalized in a state psychiatric hospital for persons with mental illness.</i></p> <p>Sec. 425. By April 1, 2006, the department, in conjunction with the department of corrections, shall report the following data from fiscal year 2004-2005 on mental health and substance abuse services to the house of representatives and senate appropriations subcommittees on community health and corrections, the house and senate fiscal agencies, and the state budget office:</p> <p>(a) The number of prisoners receiving substance abuse services, which shall include a description and breakdown of the type of substance abuse services provided to prisoners.</p> <p>(b) The number of prisoners with a primary diagnosis of mental illness and the number of such prisoners receiving mental health services, which shall include a description and breakdown, minimally encompassing the categories of inpatient, residential, and outpatient care, of the type of mental health services provided to those prisoners.</p>	<p>Sec. 425. No changes from current law, except:</p> <p>"By April 1, 2006 2007, the department, in conjunction with the department of corrections, shall report the following data from fiscal year 2004-2005 2005-2006..."</p>	<p>Sec. 425. No changes from current law, except:</p> <p>"By April 1, 2006 2007, the department, in conjunction with the department of corrections, shall report the following data from fiscal year 2004-2005 2005-2006..."</p>	<p>Sec. 425. No changes from current law, except:</p> <p>"By April 1, 2006 2007, the department, in conjunction with the department of corrections, shall report the following data from fiscal year 2004-2005 2005-2006..."</p>	

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(c) The number of prisoners with a primary diagnosis of mental illness and receiving substance abuse services, which shall include a description and breakdown, minimally encompassing the categories of inpatient, residential, and outpatient care, of the type of treatment provided to those prisoners.</p> <p>(d) Data indicating if prisoners receiving mental health services for a primary diagnosis of mental illness were previously hospitalized in a state psychiatric hospital for persons with mental illness.</p> <p>(e) Data indicating if prisoners with a primary diagnosis of mental illness and receiving substance abuse services were previously hospitalized in a state psychiatric hospital for persons with mental illness.</p>	(c) through (e) No changes from current law.	(c) through (e) No changes from current law.	(c) through (e) No changes from current law.	(c) through (e) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires CMHSPs or affiliations of CMHSPs 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 CMHSPs and affiliations of CMHSPs. Requires the distribution of the rate increase to be based on a formula developed by a Committee established by the Department that includes representatives from CMHSPs or affiliations of CMHSPs and department staff.</i></p> <p>Sec. 428. (1) Each CMHSP and affiliation of CMHSPs shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for CMHSPs and affiliations of CMHSPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a CMHSP or an affiliation of CMHSPs.</p>	<p>Sec. 428. (1) No changes from current law.</p>	<p>Sec. 428. (1) No changes from current law.</p>	<p>Sec. 428. (1) No changes from current law.</p>	<p>Sec. 428. (1) No changes from current law.</p>
<p>(2) The distribution of the aforementioned increases in the capitation payment rates, if any, shall be based on a formula developed by a committee established by the department, including representatives from CMHSPs or affiliations of CMHSPs and department staff.</p>	<p>Delete current law.</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 Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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, 2005.</p>	<p>Sec. 435. No changes from current law, except:</p> <p>"...the first payment being made by October 1, 2005 2006."</p>	<p>Sec. 435. No changes from current law, except:</p> <p>"...the first payment being made by October 1, 2005 2006."</p>	<p>Sec. 435. No changes from current law, except:</p> <p>"...the first payment being made by October 1, 2005 2006."</p>	<p>Sec. 435. No changes from current law, except:</p> <p>"...the first payment being made by October 1, 2005 2006."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Expresses the Legislature's intent that the Department, in conjunction with CMHSPs, supports pilot projects that facilitate the movement of adults with mental illness from state psychiatric hospitals to community residential settings. Provides that the purpose of the voluntary pilot projects are to encourage the placement of persons with mental illness in community residential settings who, among other things, require a secured and supervised living environment and assistance in taking prescribed medications. Requires quarterly reports to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Office on activities undertaken by the Department and CMHSPs for pilot projects implemented under this section.</i></p> <p>Sec. 439. (1) It is the intent of the legislature that the department, in conjunction with CMHSPs, support pilot projects that facilitate the movement of adults with mental illness from state psychiatric hospitals to community residential settings.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(2) The purpose of the pilot projects is to encourage the placement of persons with mental illness in community residential settings who may require any of the following:</p> <p>(a) A secured and supervised living environment.</p> <p>(b) Assistance in taking prescribed medications.</p> <p>(c) Intensive case management services.</p> <p>(d) Assertive community treatment team services.</p> <p>(e) Alcohol or substance abuse treatment and counseling.</p> <p>(f) Individual or group therapy.</p> <p>(g) Day or partial day programming activities.</p> <p>(h) Vocational, educational, or self-help training or activities.</p> <p>(i) Other services prescribed to treat a person's mental illness to prevent the need for hospitalization.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<p>(3) The pilot projects described in this section shall be completely voluntary.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<p>(4) The department shall provide semiannual reports to the house of representatives and senate appropriations subcommittees on community health, the state budget office, and the house and senate fiscal agencies as to any activities undertaken by the department and CMHSPs for pilot projects implemented under this section.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Expresses the Legislature's intent that the \$40 million transferred from CMH Non-Medicaid Services to support the Medicaid Adult Benefits Waiver program be used to provide state match for increases in federal funding for primary care and specialty services provided to Medicaid Adult Benefits waiver enrollees and economic increases for the Medicaid Specialty Services and Supports program. Requires the general fund match be transferred back to CMH Non-Medicaid Services if enrollment in the Medicaid Adult Benefits Waiver program does not achieve expectations and the funding for the program is not expended. Requires the Department to report quarterly on a summary of eligible expenditures for the Medicaid Adult Benefits Waiver program to the House and Senate Appropriations Subcommittees on Community Health.</i></p> <p>Sec. 442. (1) It is the intent of the legislature that the \$40,000,000.00 in funding transferred from the community mental health non-Medicaid services line to support the Medicaid adult benefits waiver program be used to provide state match for increases in federal funding for primary care and specialty services provided to Medicaid adult benefits waiver enrollees and for economic increases for the Medicaid specialty services and supports program.</p>	Delete current law.	Sec. 442. (1) No changes from current law.	Sec. 442. (1) No changes from current law.	Sec. 442. (1) No changes from current law.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(2) The department shall assure that persons enrolled in the Medicaid adult benefits waiver program shall receive mental health services under the priority population sections of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.	Sec. 442. (1) No changes from current law, except: " ...under the priority population sections of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106 AS APPROVED IN THE STATE PLAN AMENDMENT.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) Capitation payments to CMHSPs or specialty prepaid health plans for persons who become enrolled in the Medicaid adult benefits waiver program shall be made using the same rate methodology as payments for the current Medicaid beneficiaries.	(2) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(4) If enrollment in the Medicaid adult benefits waiver program does not achieve expectations and the funding appropriated for the Medicaid adult benefits waiver program for specialty services is not expended, the general fund balance shall be transferred back to the community mental health non-Medicaid services line. The department shall report quarterly to the senate and house of representatives appropriations subcommittees on community health a summary of eligible expenditures for the Medicaid adult benefits waiver program by CMHSPs or specialty prepaid health plans.	(3) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Continues a Work Group on recommending strategies to streamline audit and reporting requirements for CMHSPs for CMHSPs or specialty prepaid health plans. Requires the Work Group to develop a set of standards and criteria to satisfy all of the Department's audit requirements that are to be used by any contractor performing services for CMHSPs or specialty prepaid health plans. By March 31, 2006, the proposed standards and criteria are to be provided to the House of Representatives and Senate Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director.</i></p> <p>Sec. 450. The department shall continue a work group comprised of CMHSPs or specialty prepaid health plans and departmental staff to recommend strategies to streamline audit and reporting requirements for CMHSPs or specialty prepaid health plans. The charge to this work group shall include a requirement to develop a set of standards and criteria that satisfy all of the department's audit requirements that are to be used by any contractor performing services for CMHSPs or specialty prepaid health plans. The department shall by March 31, 2006 provide those proposed standards and criteria to the house of representatives and senate appropriations subcommittees on community health, the house fiscal agency, the senate fiscal agency, and the state budget director.</p>	<p>Delete current law.</p>	<p>Sec. 450. No changes from current law, except: "...shall by March 31, 2006 2007 provide those proposed standards..."</p>	<p>Sec. 450. (1) NO LATER THAN OCTOBER 1, 2006, THE DEPARTMENT SHALL IMPLEMENT THE RECOMMENDATIONS OF THE WORK GROUP COMPOSED OF CMHSPS OR SPECIALTY PREPAID HEALTH PLANS AND DEPARTMENTAL STAFF ON STREAMLINING THE AUDIT AND REPORTING REQUIREMENTS FOR CMHSPS OR SPECIALTY PREPAID HEALTH PLANS AND CONTRACTORS PERFORMING SERVICES FOR CMHSPS OR SPECIALTY PREPAID HEALTH PLANS.</p>	<p>Sec. 450. (1) NO LATER THAN OCTOBER 1, 2006, THE DEPARTMENT SHALL IMPLEMENT THE RECOMMENDATIONS OF THE WORK GROUP COMPOSED OF CMHSPS OR SPECIALTY PREPAID HEALTH PLANS AND DEPARTMENTAL STAFF ON STREAMLINING THE AUDIT AND REPORTING REQUIREMENTS FOR CMHSPS OR SPECIALTY PREPAID HEALTH PLANS AND CONTRACTORS PERFORMING SERVICES FOR CMHSPS OR SPECIALTY PREPAID HEALTH PLANS.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			(2) NO LATER THAN MARCH 31, 2007, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET OFFICE ON STEPS TAKEN TO IMPLEMENT THE RECOMMENDATIONS OF THE WORK GROUP AND THE PROGRESS OF THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE WORK GROUP.	(2) NO LATER THAN MARCH 31, 2007, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET OFFICE ON STEPS TAKEN TO IMPLEMENT THE RECOMMENDATIONS OF THE WORK GROUP AND THE PROGRESS OF THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE WORK GROUP.
<p><i>Prohibits the retroactive implementation of any policy that results in negative financial impact on CMHSPs or prepaid inpatient health plans.</i></p> <p>Sec. 452. Unless otherwise authorized by law, the department shall not implement retroactively any policy that would lead to a negative financial impact on community mental health services programs or prepaid inpatient health plans.</p>	Delete current law.	Sec. 452. No changes from current law.	Sec. 452. No changes from current law.	Sec. 452. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires prepaid inpatient health plans providing Medicaid mental health services to honor a consumer choice for skill building assistance and work preparatory services provided in accredited community based rehabilitation organizations as well as supported and integrated employment services.</i></p> <p>Sec. 456. The prepaid inpatient health plans shall honor consumer choice to the fullest extent possible when providing Medicaid mental health services and support programs for individuals with mental illness, developmental disabilities, or substance abuse issues. Consumer choices shall include skill building assistance and work preparatory services provided in accredited community based rehabilitation organizations, as well as supported and integrated employment services. The prepaid inpatient health plans shall not arbitrarily eliminate any choices from the array of services available to consumers without reasonable justification that those services are not in the consumer's best interest.</p>	<p>Sec. 456. No changes from current law.</p>	<p>Sec. 456. No changes from current law.</p>	<p>Sec. 456. CMHSPS AND The prepaid inpatient health plans shall honor consumer choice to the fullest extent possible when providing Medicaid services and support programs for individuals with mental illness, developmental disabilities, or substance abuse issues. Consumer choices shall include skill building assistance, REHABILITATIVE AND HABILITATIVE SERVICES, SUPPORTED AND INTEGRATED EMPLOYMENT SERVICES PROGRAM SETTINGS, and other work preparatory services provided IN THE COMMUNITY OR IN BY accredited community based rehabilitation organizations, as well as supported and integrated employment services. CMHSPS AND The prepaid inpatient health plans shall not arbitrarily eliminate OR RESTRICT any choices from the array of services and program settings available to consumers without reasonable justification that those services are not in the consumer's best interest.</p>	<p>Sec. 456. (1)CMHSPS AND The prepaid inpatient health plans shall honor consumer choice to the fullest extent possible when providing Medicaid services and support programs for individuals with mental illness, developmental disabilities, or substance abuse issues. Consumer choices shall include skill-building assistance, REHABILITATIVE AND HABILITATIVE SERVICES, SUPPORTED AND INTEGRATED EMPLOYMENT SERVICES PROGRAM SETTINGS, and other work preparatory services provided IN THE COMMUNITY OR IN BY accredited community-based COMMUNITY-BASED rehabilitation organizations, as well as supported and integrated employment services. CMHSPS AND The prepaid inpatient health plans shall not arbitrarily eliminate OR RESTRICT any choices from the array of services and program settings available to consumers without reasonable justification that those services are not in the consumer's best interest.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
				<p>(2)CMHSPS AND PREPAID INPATIENT HEALTH PLANS SHALL TAKE ALL NECESSARY STEPS TO ENSURE THAT INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITIES, OR SUBSTANCE ABUSE ISSUES BE PLACED IN THE LEAST RESTRICTIVE SETTING IN THE QUICKEST AMOUNT OF TIME POSSIBLE IF IT IS THE INDIVIDUAL'S CHOICE.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to assure that implementation of the Quality Assurance Assessment Program (QAAP) for CMH prepaid inpatient health plans does not result in any net reduction in revenue for CMH services. If QAAP is not implemented, or implemented and does not generate the anticipated revenue, or reduced or eliminated at a later date, the Department must submit a plan to the House of Representatives and Senate Appropriations Subcommittees on Community Health on how the projected GF/GP savings will be achieved.</i></p> <p>Sec. 457. The department shall assure that implementation of the quality assurance assessment program for community mental health prepaid inpatient health plans shall not result in any net reduction in revenue for community mental health services. If the quality assurance assessment program is not implemented, if it is implemented and does not generate the anticipated revenue, or if it is reduced or eliminated at a later date, the department shall present a plan on how the projected general fund/general purpose savings will be achieved to the house of representatives and senate appropriations subcommittees on community health.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to report by April 15, 2006, on the following: an updated plan for implementing recommendations 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; 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, 2006, the department shall provide each of the following to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director:</p> <p>(a) An updated plan for implementing 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.</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.	Delete current law.	<p>Sec. 458. No changes from current law, except:</p> <p>"By April 15, 2006-2007, the department shall provide..."</p>	<p>Sec. 458. No changes from current law, except:</p> <p>"By April 15, 2006-2007, the department shall provide..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>Sec. 459. (1) ANY CMHSP LOCATED IN A COUNTY WITH A POPULATION OF MORE THAN 1,500,000 THAT IS NOT A COMMUNITY MENTAL HEALTH AUTHORITY PURSUANT TO SECTION 205 OF THE MENTAL HEALTH CODE, 1974 PA 258, MCL 330.1205, BY JULY 1, 2006 SHALL HAVE ITS FISCAL YEAR 2006-2007 COMMUNITY MENTAL HEALTH NON-MEDICAID SERVICES ALLOTMENT REDUCED BY \$35,000,000.00 FROM ITS FISCAL YEAR 2005-2006 ALLOTMENT.</p>		<p>Sec. 459. (1) ANY CMHSP LOCATED IN A COUNTY WITH A POPULATION OF MORE THAN 1,500,000 THAT IS NOT A COMMUNITY MENTAL HEALTH AUTHORITY PURSUANT TO SECTION 205 OF THE MENTAL HEALTH CODE, 1974 PA 258, MCL 330.1205, BY DECEMBER 1, 2006 SHALL HAVE ITS FISCAL YEAR 2006-2007 COMMUNITY MENTAL HEALTH NON-MEDICAID SERVICES ALLOTMENT REDUCED BY \$3,500,000.00 EACH MONTH FOR THE REMAINDER OF THE FISCAL YEAR UNTIL THAT CMHSP BECOMES AN AUTHORITY.</p>
		<p>(2) IF ANY CMHSP SUBJECT TO THE FUNDING REDUCTION OUTLINED IN SUBSECTION (1) BECOMES AN AUTHORITY BY OCTOBER 1, 2006, ITS ALLOTMENT FOR COMMUNITY MENTAL HEALTH NON-MEDICAID SERVICES SHALL BE INCREASED BY \$20,000,000.00 ABOVE THE LEVEL SPECIFIED IN SUBSECTION (1).</p>		<p>(2) THE REDUCTION IN FUNDING TO ANY CMHSP SPECIFIED IN SUBSECTION (1) SHALL NOT RESULT IN ANY REDUCTION OF DIRECT SERVICES.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		(3) IF A CMHSP AS DESCRIBED IN SUBSECTION (1) DOES NOT BECOME AN AUTHORITY BY JULY 1, 2007, IT IS THE INTENT OF THE LEGISLATURE TO PURSUE ALTERNATIVE MEANS FOR ITS ADMINISTRATION, INCLUDING, BUT NOT LIMITED TO, BEHAVIORAL HEALTH MANAGED CARE ORGANIZATIONS.		(3) ANY COUNTY SPECIFIED IN SUBSECTION (1) AND SUBJECT TO A FUNDING REDUCTION SHALL SUBMIT A PLAN TO THE DEPARTMENT REGARDING THESE REDUCTIONS BY FEBRUARY 1, 2007. THE DEPARTMENT SHALL BE RESPONSIBLE FOR REVIEWING AND APPROVING THE PLAN TO ENSURE THAT IT MEETS THE STATE LEGISLATIVE LETTER AND INTENT. THE DEPARTMENT SHALL REPORT BY MARCH 1, 2007 TO THE SENATE AND HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE SENATE AND HOUSE OF REPRESENTATIVES STANDING COMMITTEES ON HEALTH POLICY, THE SENATE AND HOUSE FISCAL AGENCIES, AND THE STATE BUDGET OFFICE THE DEPARTMENT'S DISPOSITION OF THE PLAN AND SHALL PROVIDE EVIDENCE THAT THE APPROVED PLAN MEETS THE LEGISLATIVE LETTER AND INTENT.
				(4) IF ANY CMHSP SUBJECT TO THE FUNDING REDUCTION OUTLINED IN SUBSECTION (1) BECOMES AN AUTHORITY BY SEPTEMBER 30, 2007, ANY REDUCTION IN ITS COMMUNITY MENTAL HEALTH NON-MEDICAID SERVICES ALLOTMENT SPECIFIED IN SUBSECTION (1) SHALL BE RESTORED.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to establish uniform definitions, standards, and reporting of administrative costs by prepaid inpatient health plans (PIHPs), CMHSPs, and contracted organized provider systems that receive payment or reimbursement from funds appropriated for PIHPs and CMHSPs. By April 15, 2006, the Department is required to provide a written draft of the 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.</i></p> <p>Sec. 460. 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 prepaid inpatient health plans (PIHPs), CMHSPs, and contracted organized provider systems that receive payment or reimbursement from funds appropriated under section 104 of part 1. The department shall develop these definitions, standards, and instructions in consultation with representatives of CMHSPs. By April 15, 2006, 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>	<p>Delete current law.</p>	<p>Sec. 460. No changes from current law, except:</p> <p>"By April 15, 2006 2007, the department shall provide a written draft of its proposed definitions..."</p>	<p>Sec. 460. (1) THE UNIFORM DEFINITIONS, STANDARDS, AND INSTRUCTIONS FOR THE CLASSIFICATION, ALLOCATION, ASSIGNMENT, CALCULATION, RECORDING, AND REPORTING OF ADMINISTRATIVE COSTS BY PREPAID INPATIENT HEALTH PLANS (PIHPS), CMHSPS, AND CONTRACTED ORGANIZED PROVIDER SYSTEMS THAT RECEIVE PAYMENT OR REIMBURSEMENT FROM FUNDS APPROPRIATED UNDER SECTION 104 OF PART 1 THAT ARE ESTABLISHED BY THE DEPARTMENT SHALL GO INTO EFFECT ON OCTOBER 1, 2006 AND SHALL BE FULLY IMPLEMENTED BY SEPTEMBER 30, 2007.</p>	<p>Sec. 460. (1) THE UNIFORM DEFINITIONS, STANDARDS, AND INSTRUCTIONS FOR THE CLASSIFICATION, ALLOCATION, ASSIGNMENT, CALCULATION, RECORDING, AND REPORTING OF ADMINISTRATIVE COSTS BY PREPAID INPATIENT HEALTH PLANS (PIHPS), CMHSPS, AND CONTRACTED ORGANIZED PROVIDER SYSTEMS THAT RECEIVE PAYMENT OR REIMBURSEMENT FROM FUNDS APPROPRIATED UNDER SECTION 104 OF PART 1 THAT ARE ESTABLISHED BY THE DEPARTMENT SHALL GO INTO EFFECT ON OCTOBER 1, 2006 AND SHALL BE FULLY IMPLEMENTED BY SEPTEMBER 30, 2007.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			(2) NO LATER THAN OCTOBER 30, 2006, THE DEPARTMENT SHALL PROVIDE A COPY OF THE UNIFORM DEFINITIONS, STANDARDS, AND INSTRUCTIONS TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR.	(2) NO LATER THAN OCTOBER 30, 2006, THE DEPARTMENT SHALL PROVIDE A COPY OF THE UNIFORM DEFINITIONS, STANDARDS, AND INSTRUCTIONS TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR.
			(3) THE DEPARTMENT SHALL PROVIDE THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR WITH 2 SEPARATE PROGRESS REPORTS ON THE IMPLEMENTATION REQUIRED UNDER SUBSECTION (1). THE PROGRESS REPORTS ARE DUE ON APRIL 1, 2007 AND JULY 1, 2007.	(3) THE DEPARTMENT SHALL PROVIDE THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR WITH 2 SEPARATE PROGRESS REPORTS ON THE IMPLEMENTATION REQUIRED UNDER SUBSECTION (1). THE PROGRESS REPORTS ARE DUE ON APRIL 1, 2007 AND JULY 1, 2007.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to establish a Work Group to develop a plan to achieve funding equity for all CMHSPs that receive funds appropriated under CMH Non-Medicaid Services. The funding equity plan, at a minimum, shall establish a payment or scale to ensure that each CMHSP is paid and/or reimbursed equally based on the recipient's diagnosis or individual plan of service to meet the recipient's needs.</i></p> <p>Sec. 462. The department shall establish a work group comprised of representatives of the department, CMHSPs, legislature, and any other persons considered appropriate to develop a plan to achieve funding equity for all CMHSPs that receive funds appropriated under the community mental health non-Medicaid services line. The funding equity plan shall establish, at a minimum, a payment schedule or scale to ensure that each CMHSP is paid or reimbursed equally based on the recipient's diagnosis or individual plan of service sufficient to meet his or her needs, or both. The department shall submit the written plan to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by May 31, 2006.</p>	<p>Delete current law.</p>	<p>Sec. 462. No changes from current law, except:</p> <p>"...and the state budget director by May 31, 2006 2007."</p>	<p>Sec. 462. No changes from current law, except:</p> <p>"...and the state budget director by May 31, 2006 2007."</p>	<p>Sec. 462. No changes from current law, except:</p> <p>"...and the state budget director by May 31, 2006 2007."</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Directs the Department to establish standard program evaluation measures to assess the effectiveness of programs provided through coordinating agencies and service providers in reducing and preventing the incidence of substance abuse.</i></p> <p>Sec. 463. The department shall establish standard program evaluation measures to assess the overall effectiveness of programs provided through coordinating agencies and service providers in reducing and preventing the incidence of substance abuse. The measures established by the department shall be modeled after the program outcome measures and best practice guidelines for the treatment of substance abuse as proposed by the federal substance abuse and mental health services administration. By March 1, 2006, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers.</p>	<p>Sec. 463. No changes from current law, except:</p> <p>"...administration. By March 1, 2006, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers.</p>	<p>Sec. 463. No changes from current law, except:</p> <p>"...administration. By March 1, 2006, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers.</p>	<p>Sec. 463. No changes from current law, except:</p> <p>"...administration. By March 1, 2006, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers.</p>	<p>Sec. 463. No changes from current law, except:</p> <p>"...administration. By March 1, 2006, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Expresses the Legislature's intent that revenue received by the Department from liquor license fees are to be expended only to fund programs for the prevention, rehabilitation, care, and treatment of alcoholics pursuant to provisions with the Liquor Control Code.</i></p> <p>Sec. 464. It is the intent of the legislature that revenue received by the department from liquor license fees be expended exclusively to fund programs for the prevention, rehabilitation, care, and treatment of alcoholics pursuant to sections 543(1) and 1115(2) of the Michigan liquor control code of 1998, 1998 PA 58, MCL 436.1543 and 436.2115.</p>	Delete current law.	Delete current law.	Sec. 464. No changes from current law.	Sec. 464. No changes from current law.
<p><i>Requires that the funds appropriated for respite services be used for direct respite care services for children with serious emotional disturbances and their families. Specifies that no more than 1% of the funds allocated for respite services be expended by CMHSPs for administration and administrative purposes.</i></p> <p>Sec. 465. Funds appropriated in part 1 for respite services shall be used for direct respite care services for children with serious emotional disturbances and their families. Not more than 1% of the funds allocated for respite services shall be expended by CMHSPs for administration and administrative purposes.</p>	Sec. 465. No changes from current law.			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>Sec. 466. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE MEDICATION MANAGEMENT PILOT PROJECT, IT IS THE INTENT OF THE LEGISLATURE THAT THE DEPARTMENT, IN CONJUNCTION WITH THE CMHSPS, SUPPORT PILOT PROJECTS THAT IMPLEMENT EMPIRICALLY SUPPORTED MEDICATION AND PSYCHOSOCIAL TREATMENT INTERVENTIONS FOR ADULTS WITH MAJOR DEPRESSIVE DISORDER. INTERVENTIONS MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:</p> <p>(A) MICHIGAN MEDICATION MANAGEMENT ALGORITHM FOR MAJOR DEPRESSIVE DISORDER.</p> <p>(B) COGNITIVE BEHAVIORAL THERAPY.</p> <p>(C) BEHAVIORAL ACTIVATION THERAPY.</p>		

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>(2) THE EXPECTED OUTCOMES OF THE COMBINATION OF MEDICATION AND PSYCHOSOCIAL TREATMENT INTERVENTIONS OF THE PILOT PROJECTS INCLUDE, BUT ARE NOT LIMITED TO, EACH OF THE FOLLOWING FINDINGS:</p> <p>(A) DETERMINATION OF THE LIFE CIRCUMSTANCES THAT PRECIPITATED AN EPISODE OF MAJOR DEPRESSION.</p> <p>(B) DETERMINATION OF THE COPING PATTERNS THAT MAINTAIN AND EXACERBATE MAJOR DEPRESSION.</p> <p>(C) DEVELOPMENT OF A TREATMENT PLAN FOR IMPROVING THE COPING PATTERNS AND PROVIDING ACCESS TO MORE REINFORCING LIFE CIRCUMSTANCES.</p> <p>(D) A SIGNIFICANT REDUCTION IN DEPRESSIVE SYMPTOMS.</p> <p>(E) CREATION OF GREATER IMMEDIATE GAINS IN SYMPTOM REDUCTION AND FEWER RELAPSES.</p>		

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		(F) INCREASE OF CONSUMER EDUCATION, SELF-MONITORING OF SYMPTOMS OF DEPRESSION, MONITORING OF SIDE EFFECTS, AND THE PROVISION OF ONGOING SPECIALTY MENTAL HEALTH SUPPORT AND SERVICES.		
		(G) ACHIEVEMENT OF INCREASED CONSUMER SATISFACTION AND QUALITY OF LIFE AS MEASURED BY SOCIAL INDICATORS SUCH AS COMPETITIVE EMPLOYMENT, EDUCATIONAL ENGAGEMENT, INDEPENDENT LIVING, INCLUSION IN COMMUNITY ACTIVITIES, AND A REDUCTION IN THE NUMBER OF HOSPITALIZATIONS.		
		(3) THE PILOT PROJECT SHALL ALSO EXAMINE THE UTILITY AND EFFICACY OF AN INTERACTIVE MULTIMEDIA COMPUTER-BASED MEDICATION MANAGEMENT AND PSYCHOSOCIAL TREATMENT INTERVENTION THAT MAY BE USED IN PUBLIC MENTAL HEALTH OUTPATIENT CLINICS AND PRIMARY CARE SETTINGS THROUGHOUT THE STATE.		

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>Sec. 467. IF FUNDS BECOME AVAILABLE, THE DEPARTMENT SHALL INCREASE FUNDING PAID FROM THE COMMUNITY SUBSTANCE ABUSE PREVENTION, EDUCATION, AND TREATMENT PROGRAMS LINE ITEM TO THE SUBSTANCE ABUSE COORDINATING AGENCIES TO THE LEVEL OF FUNDING PROVIDED IN FISCAL YEAR 2002-2003.</p>		<p>Sec. 467. IF FUNDS BECOME AVAILABLE, THE DEPARTMENT SHALL INCREASE FUNDING PAID FROM THE COMMUNITY SUBSTANCE ABUSE PREVENTION, EDUCATION, AND TREATMENT PROGRAMS LINE ITEM TO THE SUBSTANCE ABUSE COORDINATING AGENCIES TO THE LEVEL OF FUNDING PROVIDED IN FISCAL YEAR 2002-2003.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>Sec. 468. TO FOSTER A MORE EFFICIENT ADMINISTRATION OF AND TO INTEGRATE CARE IN PUBLICLY FUNDED MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, THE DEPARTMENT SHALL RECOMMEND CHANGES IN ITS CRITERIA FOR THE INCORPORATION OF A CITY, COUNTY, OR REGIONAL SUBSTANCE ABUSE COORDINATING AGENCY INTO A LOCAL COMMUNITY MENTAL HEALTH AUTHORITY THAT WILL ENCOURAGE THOSE CITY, COUNTY, OR REGIONAL COORDINATING AGENCIES TO INCORPORATE AS LOCAL COMMUNITY MENTAL HEALTH AUTHORITIES. IF NECESSARY, THE DEPARTMENT MAY MAKE ACCOMMODATIONS OR ADJUSTMENTS IN FORMULA DISTRIBUTION TO ADDRESS ADMINISTRATIVE COSTS RELATED TO THE RECOMMENDED CHANGES TO THE CRITERIA MADE IN ACCORDANCE WITH THIS SECTION AND TO THE INCORPORATION OF THE ADDITIONAL COORDINATING AGENCIES INTO LOCAL COMMUNITY MENTAL HEALTH AUTHORITIES.</p>	<p>Sec. 468. TO FOSTER A MORE EFFICIENT ADMINISTRATION OF AND TO INTEGRATE CARE IN PUBLICLY FUNDED MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, THE DEPARTMENT SHALL RECOMMEND CHANGES IN ITS CRITERIA FOR THE INCORPORATION OF A CITY, COUNTY, OR REGIONAL SUBSTANCE ABUSE COORDINATING AGENCY INTO A LOCAL COMMUNITY MENTAL HEALTH AUTHORITY THAT WILL ENCOURAGE THOSE CITY, COUNTY, OR REGIONAL COORDINATING AGENCIES TO INCORPORATE AS LOCAL COMMUNITY MENTAL HEALTH AUTHORITIES. IF NECESSARY, THE DEPARTMENT MAY MAKE ACCOMMODATIONS OR ADJUSTMENTS IN FORMULA DISTRIBUTION TO ADDRESS ADMINISTRATIVE COSTS RELATED TO THE RECOMMENDED CHANGES TO THE CRITERIA MADE IN ACCORDANCE WITH THIS SECTION AND TO THE INCORPORATION OF THE ADDITIONAL COORDINATING AGENCIES INTO LOCAL COMMUNITY MENTAL HEALTH AUTHORITIES PROVIDED THAT ALL OF THE FOLLOWING ARE SATISFIED:</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			CONFERENCE/ENACTED
	EXECUTIVE	SENATE	HOUSE	
				<p>(A) THE DEPARTMENT PROVIDES FUNDING FOR THE ADMINISTRATIVE COSTS INCURRED BY COORDINATING AGENCIES INCORPORATION INTO COMMUNITY MENTAL HEALTH AUTHORITIES. THE DEPARTMENT SHALL NOT PROVIDE MORE THAN \$75,000.00 TO ANY COORDINATING AGENCY FOR ADMINISTRATIVE COSTS.</p> <p>(B) THE ACCOMODATIONS OR ADJUSTMENTS DO NOT FAVOR COORDINATING AGENCIES WHO VOLUNTARILY ELECT TO INTEGRATE WITH LOCAL COMMUNITY MENTAL HEALTH AUTHORITIES.</p> <p>(C) THE ACCOMODATIONS OR ADJUSTMENTS DO NOT NEGATIVELY AFFECT OTHER COORDINATING AGENCIES.</p>
			<p>Sec. 469 (1) NO LATER THAN OCTOBER 31, 2006, THE DEPARTMENT SHALL IMPLEMENT A FUNDING DISTRIBUTION MODEL FOR COORDINATING AGENCIES BASED ON FINDINGS BY THE FORMER FEDERAL SUBSTANCE ABUSE BLOCK GRANT WORK GROUP. THE FUNDING DISTRIBUTION MODEL SHALL REPLACE THE CURRENT ALLOCATION FORMULA OF PUBLIC FUNDS FOR SUBSTANCE ABUSE SERVICES.</p>	

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>(2) NO LATER THAN SEPTEMBER 30, 2007, THE DEPARTMENT SHALL SUBMIT A PRELIMINARY REPORT TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET OFFICE THAT INCLUDES, AT THE MINIMUM, THE FOLLOWING INFORMATION ON IMPLEMENTATION OF THE NEW FUNDING DISTRIBUTION MODEL FOR COORDINATING AGENICIES:</p> <p>(A) IMPACT OF THE NEW ALLOCATION FORMULA ON OPERATIONS OF COORDINATING AGENCIES SUCH AS LOCAL COST AND SERVICE DEMAND AND PROVIDER NETWORK VIABILITY.</p> <p>(B) IMPACT ON OTHER FUNDING SOURCES AND PROVIDERS OF SUBSTANCE ABUSE SERVICES.</p> <p>(C) ANY ADVERSE CONSEQUENCES RESULTING FROM THE NEW MODEL.</p>	

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>Sec. 470. (1) THE DEPARTMENT SHALL ESTABLISH WRITTEN EXPECTATIONS FOR COMMUNITY MENTAL HEALTH SERVICES PROGRAMS, PREPAID INPATIENT HEALTH PLANS, 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: (A) COORDINATION AND CONSOLIDATION OF ADMINISTRATIVE FUNCTIONS AND REDIRECTION OF EFFICIENCIES INTO SERVICE ENHANCEMENTS.</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 OF THIS ACT, THE DEPARTMENT SHALL ESTABLISH WRITTEN EXPECTATIONS FOR THOSE COMMUNITY MENTAL HEALTH SERVICES PROGRAMS, PREPAID INPATIENT HEALTH PLANS, 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: (A) COORDINATION AND CONSOLIDATION OF ADMINISTRATIVE FUNCTIONS AND REDIRECTION OF EFFICIENCIES INTO SERVICE ENHANCEMENTS.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<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 PREPAID INPATIENT HEALTH PLANS BOUNDARIES TO MAXIMIZE OPPORTUNITIES FOR COLLABORATION AND INTEGRATION OF ADMINISTRATIVE FUNCTIONS AND CLINICAL ACTIVITIES.</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 PREPAID INPATIENT HEALTH PLANS BOUNDARIES TO MAXIMIZE OPPORTUNITIES FOR COLLABORATION AND INTEGRATION OF ADMINISTRATIVE FUNCTIONS AND CLINICAL ACTIVITIES.</p>
			<p>(2) BY MAY 1, 2007, THE DEPARTMENT SHALL REPORT TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE OF REPRESENTATIVES 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.</p>	<p>(2) BY MAY 1, 2007, THE DEPARTMENT SHALL REPORT TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET OFFICE ON THE IMPACT AND EFFECTIVENESS OF THIS SECTION AND THE STATUS OF THE INTEGRATION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>Sec. 471. FROM THE FUNDS APPROPRIATED IN PART 1 FOR COORDINATING AGENCIES AND THE SALVATION ARMY HARBOR LIGHT PROGRAM, ADMINISTRATIVE COSTS FOR THESE AGENCIES AS A PERCENTAGE OF THEIR TOTAL EXPENDITURES SHALL NOT EXCEED THEIR PERCENTAGE IN FISCAL YEAR 2004-2005 OR 9%, WHICHEVER IS LESS.</p>	<p>Sec. 471. FROM THE FUNDS APPROPRIATED IN PART 1 FOR COORDINATING AGENCIES AND THE SALVATION ARMY HARBOR LIGHT PROGRAM, ADMINISTRATIVE COSTS FOR THESE AGENCIES AS A PERCENTAGE OF THEIR TOTAL EXPENDITURES SHALL NOT EXCEED THEIR PERCENTAGE IN FISCAL YEAR 2004-2005 OR 9%, WHICHEVER IS LESS.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>Sec. 472. ANY GENERAL FUND/GENERAL PURPOSE FUNDS LAPSED BY CMHSPS SHALL BE RETAINED IN THE COMMUNITY HEALTH BUDGET TO IMPROVE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. IF ANY GENERAL FUND/GENERAL PURPOSE FUNDS APPROPRIATED TO DRAW DOWN THE FEDERAL MEDICAID FUNDS UNDER THE MEDICAID MENTAL HEALTH SERVICES LINE REMAIN, THOSE FUNDS SHALL BE RETAINED IN THE COMMUNITY HEALTH BUDGET TO SERVE INDIVIDUALS NOT ELIGIBLE FOR THE MEDICAID PROGRAM. IF MEDICAID FUNDING IS LAPSED BY PREPAID INPATIENT HEALTH PLANS, THE GENERAL FUND/GENERAL PURPOSE SHARE SHALL BE RETAINED IN THE COMMUNITY HEALTH BUDGET TO SERVE INDIVIDUALS NOT ELIGIBLE FOR THE MEDICAID PROGRAM.</p>	

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>Sec. 474. THE DEPARTMENT SHALL ENSURE THAT EACH CONTRACT WITH A CMHSP OR PREPAID INPATIENT HEALTH PLAN REQUIRES THE CMHSP OR PREPAID INPATIENT HEALTH PLAN 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 PREPAID INPATIENT HEALTH PLAN 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.</p>	<p>Sec. 474. THE DEPARTMENT SHALL ENSURE THAT EACH CONTRACT WITH A CMHSP OR PREPAID INPATIENT HEALTH PLAN REQUIRES THE CMHSP OR PREPAID INPATIENT HEALTH PLAN TO PROVIDE EACH RECIPIENT AND HIS OR HER FAMILY WITH INFORMATION REGARDING THE DIFFERENT TYPES OF GUARDIANSHIP AND THE ALTERNATIVES TO GUARDIANSHIP. IT IS THE INTENT OF THE LEGISLATURE THAT A CMHSP OR PREPAID INPATIENT HEALTH PLAN 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>
			<p>Sec. 475. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MULTICULTURAL SERVICES, \$990,000.00 SHALL BE ALLOCATED TO THE JEWISH FEDERATION OF METROPOLITAN DETROIT.</p>	<p>Sec. 475. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MULTICULTURAL SERVICES, \$990,000.00 SHALL BE ALLOCATED TO THE JEWISH FEDERATION OF METROPOLITAN DETROIT.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES</u></p> <p><i>Requires that priority be given to obtaining third-party payments for services in the funding of staff in the financial support division, reimbursement, billing, and collection services. Requires the collections from individual recipients of services to be handled in a sensitive and nonharassing manner. Requires the Department to continue a revenue recapture project to generate additional third party revenue from cases that are closed or inactive.</i></p> <p>Sec. 601. (1) In funding of staff in the financial support division, reimbursement, and billing and collection sections, priority shall be given to obtaining third-party payments for services. Collection from individual recipients of services and their families shall be handled in a sensitive and nonharassing manner.</p>	<p>Sec. 601. (1) No changes from current law.</p>	<p>Sec. 601. (1) No changes from current law.</p>	<p>Sec. 601. (1) No changes from current law.</p>	<p>Sec. 601. (1) No changes from current law.</p>
<p>(2) The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. Revenues collected through project efforts are appropriated to the department for departmental costs and contractual fees associated with these retroactive collections and to improve ongoing departmental reimbursement management functions.</p>	<p>(2) No changes from current law, except: "...are inactive. Revenues collected through project efforts are appropriated to the department UPON APPROVAL BY THE STATE BUDGET DIRECTOR, SUCH REVENUES MAY BE ALLOTTED AND SPENT for department costs and contractual fees..."</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 Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Authorizes the carry forward of unexpended and unencumbered funds up to \$1,000,000 from gifts and bequests for patient living and treatment environments for one fiscal year.</i></p> <p>Sec. 602. Unexpended and unencumbered amounts and accompanying expenditure authorizations up to \$1,000,000.00 remaining on September 30, 2006 from the amounts appropriated in part 1 for gifts and bequests for patient living and treatment environments shall be carried forward for 1 fiscal year. The purpose of gifts and bequests for patient living and treatment environments is to use additional private funds to provide specific enhancements for individuals residing at state-operated facilities. Use of the gifts and bequests shall be consistent with the stipulation of the donor. The expected completion date for the use of gifts and bequests donations is within 3 years unless otherwise stipulated by the donor.</p>	<p>Sec. 602. No changes from current law, except:</p> <p>"...up to \$1,000,000.00 remaining on September 30, 2006 2007 from the amounts appropriated ..."</p>	<p>Sec. 602. No changes from current law, except:</p> <p>"...up to \$1,000,000.00 remaining on September 30, 2006 2007 from the amounts appropriated ..."</p>	<p>Sec. 602. No changes from current law, except:</p> <p>"...up to \$1,000,000.00 remaining on September 30, 2006 2007 from the amounts appropriated ..."</p>	<p>Sec. 602. No changes from current law, except:</p> <p>"...up to \$1,000,000.00 remaining on September 30, 2006 2007 from the amounts appropriated ..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Specifies that the funds appropriated in Part 1 for Forensic Mental Health Services provided to the Department of Corrections are in accordance with the interdepartmental plan developed in cooperation with the Department of Corrections. Authorizes the Department to receive and expend funds from the Department of Corrections to fulfill the obligations outlined in the interdepartmental agreement.</i></p> <p>Sec. 603. The funds appropriated in part 1 for forensic mental health services provided to the department of corrections are in accordance with the interdepartmental plan developed in cooperation with the department of corrections. The department is authorized to receive and expend funds from the department of corrections in addition to the appropriations in part 1 to fulfill the obligations outlined in the interdepartmental agreements.</p>	<p>Sec. 603. No changes from current law.</p>	Sec. 603. No changes from current law.	Sec. 603. No changes from current law.	Sec. 603. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires CMHSPs or specialty prepaid health plans to provide semiannual reports to the Department on the following: the number of days of care purchased from state hospitals, state centers, and private hospitals; the number and type of alternative placements to state hospitals and centers other than private hospitals; and waiting lists for placements in state hospitals and centers. Requires the Department to semiannually report the information to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director.</i></p> <p>Sec. 604. (1) The CMHSPs or specialty prepaid health plans shall provide semiannual reports to the department on the following information:</p> <p>(a) The number of days of care purchased from state hospitals and centers.</p> <p>(b) The number of days of care purchased from private hospitals in lieu of purchasing days of care from state hospitals and centers.</p> <p>(c) The number and type of alternative placements to state hospitals and centers other than private hospitals.</p> <p>(d) Waiting lists for placements in state hospitals and centers.</p>	<p>Sec. 604. (1) No changes from current law, except:</p> <p>"...shall provide semiannual ANNUAL reports to the department..."</p>	<p>Sec. 604. (1) No changes from current law, except:</p> <p>"...shall provide semiannual ANNUAL reports to the department..."</p>	<p>Sec. 604. (1) No changes from current law, except:</p> <p>"...shall provide semiannual ANNUAL reports to the department..."</p>	

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(2) The department shall semiannually report the information in subsection (1) to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.</p>	<p>(2) No changes from current law, except: "...shall semiannually ANNUALLY report the information..."</p>	<p>(2) No changes from current law, except: "...shall semiannually ANNUALLY report the information..."</p>	<p>(2) No changes from current law, except: "...shall semiannually ANNUALLY report the information..."</p>	<p>(2) No changes from current law, except: "...shall semiannually ANNUALLY report the information..."</p>
<p><i>Prohibits the Department from implementing the closures or consolidations of state hospitals, centers, and agencies until CMHSPs or specialty prepaid health plans have programs and services in place for those persons currently in the facilities. Requires the Department to provide a closure plan four months after the closure certification to the House of Representatives 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 specialty prepaid health plans responsible for providing services to these clients.</i></p>				
<p>Sec. 605. (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs or specialty prepaid health plans have programs and services in place for those persons currently in those facilities and a plan for service provision for those persons who would have been admitted to those facilities.</p>	<p>Sec. 605. (1) No changes from current law.</p>	<p>Sec. 605. (1) No changes from current law.</p>	<p>Sec. 605. (1) No changes from current law.</p>	<p>Sec. 605. (1) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(2) All closures or consolidations are dependent upon adequate department-approved CMHSP plans that include a discharge and aftercare plan for each person currently in the facility. A discharge and aftercare plan shall address the person's housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the person's housing needs.	(2) No changes from current law.			
(3) Four months after the certification of closure required in section 19(6) of the state employees' retirement act, 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the house of representatives and senate appropriations subcommittees on community health and the state budget director.	(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 specialty prepaid health plans responsible for providing services for persons previously served by the operations.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Mental Health and Substance Abuse Components**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allows the Department to collect revenue for patient reimbursement from first/third party payers, including Medicaid and local county CMHSP payers, to cover the cost of placement in state hospitals and centers. Authorizes the Department to adjust financing sources for patient reimbursement based on actual revenues earned. Permits the carry forward 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. 606. No changes from current law.</p>	Sec. 606. No changes from current law.	Sec. 606. No changes from current law.	Sec. 606. No changes from current law.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><u>PUBLIC HEALTH ADMINISTRATION</u></p> <p><i>Requires the Department to communicate the annual public health consumption advisory for sportfish, at minimum posting the advisory on the Internet and providing it to Women, Infants, and Children special supplemental nutrition program clients.</i></p> <p>Sec. 650. The department shall communicate the annual public health consumption advisory for sportfish. The department shall, at a minimum, post the advisory on the Internet and make the information in the advisory available to the clients of the women, infants, and children special supplemental nutrition program.</p>	<p>Sec. 650. No changes from current law.</p>	<p>Sec. 650. No changes from current law.</p>	<p>Sec. 650. No changes from current law.</p>	<p>Sec. 650. No changes from current law.</p>
<p><i>Requires the department to report by April 30, 2006 on activities and efforts of the Surgeon General to improve the health status of the citizens of the state pursuant to the goals and objectives stated in the "Healthy Michigan 2010" report, and to indicate measurable progress made.</i></p> <p>Sec. 651. By April 30, 2006, the department shall submit a report to the house and senate fiscal agencies and the state budget director on the activities and efforts of the surgeon general to improve the health status of the citizens of this state with regard to the goals and objectives stated in the "Healthy Michigan 2010" report, and the measurable progress made toward those goals and objectives.</p>	<p>Delete current law.</p>	<p>Sec. 651. No changes from current law, except: "By April 30, 2006 2007 ..."</p>	<p>Delete current law.</p>	<p>Sec. 651. No changes from current law, except: "By April 30, 2006 2007 ..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Health Policy, Regulation and Professions**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>HEALTH POLICY, REGULATION AND PROFESSIONS</u></p> <p><i>Requires the Department to continue to work with emergency medical services (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 work with grantees supported through the appropriation in part 1 for 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>	<p>Sec. 704. No changes from current law, except:</p> <p>"The department shall continue to work with grantees supported through the appropriation in part 1 for emergency medical services grants and contracts SUPPORT AN EMERGENCY MEDICAL SERVICES PROGRAM to ensure..."</p>	<p>Sec. 704. No changes from current law, except:</p> <p>"The department shall continue to work with grantees supported through the appropriation in part 1 for emergency medical services grants and contracts EMERGENCY MEDICAL SERVICES PROGRAM to ensure..."</p>	<p>Sec. 704. No changes from current law.</p>	<p><u>HEALTH POLICY, REGULATION, AND PROFESSIONS</u></p> <p>Sec. 704. No changes from current law.</p>
<p><i>Requires the Department to post the executive summary of the latest inspection for each licensed nursing home on the Internet.</i></p> <p>Sec. 705. The department shall post on the Internet the executive summary of the latest inspection for each licensed nursing home.</p>	<p>Delete current law.</p>	<p>Sec. 705. No changes from current law.</p>	<p>Sec. 705. No changes from current law.</p>	<p>Sec. 705. No changes from current law.</p>
<p><i>Requires the Department to make every effort to hire nursing home inspectors with past experience in the long-term care industry.</i></p> <p>Sec. 706. When hiring any new nursing home inspectors funded through appropriations in part 1, the department shall make every effort to hire individuals with past experience in the long-term care industry.</p>	<p>Sec. 706. No changes from current law.</p>	<p>Sec. 706. No changes from current law.</p>	<p>Sec. 706. No changes from current law.</p>	<p>Sec. 706. No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Health Policy, Regulation and Professions**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Require funds appropriated for the Nurse Scholarship Program be used to increase nurses practicing in Michigan. Requires the Department and Board of Nursing work cooperatively with the Michigan Higher Education Assistance Authority to coordinate scholarship assistance. Encourages the Board of Nursing to structure scholarships in which recipients who intend to practice nursing in this state are rewarded.</i></p> <p>Sec. 707. The funds appropriated in part 1 for the nurse scholarship program, established in section 16315 of the public health code, 1978 PA 368, MCL 333.16315, shall be used to increase the number of nurses practicing in Michigan. The board of nursing is encouraged to structure scholarships funded under this article in a manner that rewards recipients who intend to practice nursing in Michigan. In addition, the department and the board of nursing shall work cooperatively with the Michigan higher education assistance authority to coordinate scholarship assistance with scholarships provided pursuant to the Michigan nursing scholarship act, 2002 PA 591, MCL 390.1181 to 390.1189.</p>	<p>Sec. 707. No changes from current law, except:</p> <p>"The board of nursing is encouraged to structure scholarships funded under this article BILL in a manner..."</p>	<p>Sec. 707. No changes from current law, except:</p> <p>"The board of nursing is encouraged to structure scholarships funded under this article ACT in a manner..."</p>	<p>Sec. 707. No changes from current law.</p>	<p>Sec. 707. No changes from current law, except:</p> <p>"The board of nursing is encouraged to structure scholarships funded under this article ACT in a manner..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Health Policy, Regulation and Professions**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires nursing facilities in their quarterly reports to the Department to report on the total patient care hours provided each month and the percentage of pool staff used each month during the preceding quarter. Requires the Department to make the quarterly staff report available to the public.</i></p> <p>Sec. 708. Nursing facilities shall report in the quarterly staff report to the department, the total patient care hours provided each month, by state licensure and certification classification, and the percentage of pool staff, by state licensure and certification classification, used each month during the preceding quarter. The department shall make available to the public, the quarterly staff report compiled for all facilities including the total patient care hours and the percentage of pool staff used, by classification.</p>	<p>Sec. 708. No changes from current law.</p>			
<p><i>Allows funds appropriated for the 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.</i></p> <p>Sec. 709. 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, MCL333.2701 to 333.2727.</p>	<p>Sec. 709. No changes from current law.</p>	Sec. 709. No changes from current law.	Sec. 709. No changes from current law.	Sec. 709. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Health Policy, Regulation and Professions**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allocates up to \$2,296,000 to enhance the service capacity of federally qualified health centers and similar health clinics providing primary care services.</i></p> <p>Sec. 710. From the funds appropriated in part 1 for primary care services, an amount not to exceed \$2,296,000.00 is appropriated to enhance the service capacity of the federally qualified health centers and other health centers which are similar to federally qualified health centers.</p>	<p>Sec. 710. No changes from current law, except: "...an amount not to exceed \$2,296,000.00 \$1,723,300.00 is appropriated..."</p>	<p>Sec. 710. No changes from current law, except: "...an amount not to exceed \$2,296,000.00 \$1,723,300.00 is appropriated..."</p>	<p>Sec. 710. No changes from current law, except: "...an amount not to exceed \$2,296,000.00 \$1,723,300.00 is appropriated..."</p>	<p>Sec. 710. No changes from current law, except: "...an amount not to exceed \$2,296,000.00 \$1,723,300.00 is appropriated..."</p>
<p><i>Permits the Department to make customized listings of nonconfidential information in its possession, such as names and addresses of licensees, available to interested entities. Permits the Department to establish and collect a reasonable charge for providing this service. Requires revenue received from this service be used to offset expenses for providing the service. Requires unexpended revenue balances to revert to the appropriate restricted fund.</i></p> <p>Sec. 711. The department may make available to interested entities customized listings of nonconfidential information in its possession, such as names and addresses of licensees. The department may establish and collect a reasonable charge to provide this service. The revenue received from this service shall be used to offset expenses to provide the service. Any balance of this revenue collected and unexpended at the end of the fiscal year shall revert to the appropriate restricted fund.</p>	<p>Sec. 711. No changes from current law.</p>	Sec. 711. No changes from current law.	Sec. 711. No changes from current law.	Sec. 711. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Health Policy, Regulation and Professions**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allocates \$250,000 to free health clinics, nonprofit organizations that use volunteer health professions to provide care to uninsured individuals, from the funds appropriated for primary care services. Requires the Department to distribute the funds equally to each free health clinic.</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 are nonprofit organizations that use volunteer health professionals to provide care to uninsured individuals.</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>Sec. 712. No changes from current law.</p>
<p><i>Directs the Department to continue to fund multicultural agencies that provide primary care services.</i></p> <p>Sec. 713. The department is directed to continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.</p>	<p>Delete current law.</p>	<p>Sec. 713. No changes from current law.</p>	<p>Sec. 713. No changes from current law, except: "...from the funds appropriated in part 1 AND TO ENSURE THAT 100% OF THESE FUNDS ARE ALLOCATED TO THESE AGENICES IN A TIMELY FASHION."</p>	<p>Sec. 713. No changes from current law, except: "...from the funds appropriated in part 1 AND TO ENSURE THAT 100% OF THESE FUNDS ARE ALLOCATED TO THESE AGENICES IN A TIMELY FASHION."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Health Policy, Regulation and Professions**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>Sec. 714. THE DEPARTMENT SHALL REPORT TO THE LEGISLATURE ON THE TIMELINESS OF NURSING FACILITY COMPLAINT INVESTIGATIONS AND THE NUMBER OF COMPLAINTS THAT ARE SUBSTANTIATED ON AN ANNUAL BASIS. THE REPORT SHALL CONSIST OF THE NUMBER OF COMPLAINTS FILED BY CONSUMERS AND THE NUMBER OF FACILITY-REPORTED INCIDENTS. THE DEPARTMENT SHALL MAKE EVERY EFFORT TO CONTACT EVERY COMPLAINANT AND THE SUBJECT OF A COMPLAINT DURING AN INVESTIGATION.</p>		<p>Sec. 714. THE DEPARTMENT SHALL REPORT TO THE LEGISLATURE ON THE TIMELINESS OF NURSING FACILITY COMPLAINT INVESTIGATIONS AND THE NUMBER OF COMPLAINTS THAT ARE SUBSTANTIATED ON AN ANNUAL BASIS. THE REPORT SHALL CONSIST OF THE NUMBER OF COMPLAINTS FILED BY CONSUMERS AND THE NUMBER OF FACILITY-REPORTED INCIDENTS. THE DEPARTMENT SHALL MAKE EVERY EFFORT TO CONTACT EVERY COMPLAINANT AND THE SUBJECT OF A COMPLAINT DURING AN INVESTIGATION.</p>
		<p>Sec. 715. THE DEPARTMENT SHALL MAINTAIN EXISTING CONTRACTUAL AND FUNDING ARRANGEMENTS TO PROVIDE TESTING, CERTIFICATION, AND INSPECTION SERVICES FOR EMERGENCY MEDICAL SERVICE PROVIDERS THROUGH DECEMBER 31, 2006.</p>		<p>Sec. 715. THE DEPARTMENT SHALL MAINTAIN EXISTING CONTRACTUAL AND FUNDING ARRANGEMENTS TO PROVIDE TESTING, CERTIFICATION, AND INSPECTION SERVICES FOR EMERGENCY MEDICAL SERVICE PROVIDERS THROUGH DECEMBER 31, 2006.</p>
			<p>Sec. 716. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PRIMARY CARE SERVICES, \$100.00 SHALL BE ALLOCATED FOR A STUDY OF A HEALTH CLINIC AT A LANSING HOMELESS SHELTER.</p>	

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><u>INFECTIOUS DISEASE CONTROL</u></p> <p><i>Requires the Department and its subcontractors to ensure that adolescents receive priority for AIDS prevention, education, and outreach services.</i></p> <p>Sec. 801. In the expenditure of funds appropriated in part 1 for AIDS programs, the department and its subcontractors shall ensure that adolescents receive priority for prevention, education, and outreach services.</p>	<p>Sec. 801. No changes from current law.</p>	Sec. 801. No changes from current law.	Sec. 801. No changes from current law.	Sec. 801. No changes from current law.
<p><i>Allows the Department to provide funding to the Michigan State Medical Society as the lead agency for continuing the development and implementation of AIDS provider education activities.</i></p> <p>Sec. 802. In developing and implementing AIDS provider education activities, the department may provide funding to the Michigan state medical society to serve as lead agency to convene a consortium of health care providers, to design needed educational efforts, to fund other statewide provider groups, and to assure implementation of these efforts, in accordance with a plan approved by the department.</p>	<p>Sec. 802. No changes from current law.</p>	Sec. 802. No changes from current law.	Sec. 802. No changes from current law.	Sec. 802. No changes from current law.

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

**FY 2005-06
CURRENT LAW**

FY 2006-2007

EXECUTIVE

SENATE

HOUSE

**CONFERENCE/
ENACTED**

Directs the Department to continue the AIDS drug assistance program maintaining the prior year eligibility criteria and drug formulary, without prohibiting the Department from providing assistance for improved AIDS treatment medications.

Sec. 803. The department shall continue the AIDS drug assistance program maintaining the prior year eligibility criteria and drug formulary. This section is not intended to prohibit the department from providing assistance for improved AIDS treatment medications.

Sec. 803. No changes from current law, except:

" ... AIDS treatment medications. **IF THE APPROPRIATION IN PART 1 IS NOT SUFFICIENT TO MAINTAIN THE PRIOR YEAR ELIGIBILITY CRITERIA AND DRUG FORMULARY, THE DEPARTMENT MAY REVISE ELIGIBILITY CRITERIA AND DRUG FORMULARY IN A MANNER THAT IS CONSISTENT WITH FEDERAL PROGRAM GUIDELINES.** "

Sec. 803. No changes from current law, except:

" ... AIDS treatment medications. **IF THE APPROPRIATION IN PART 1 IS NOT SUFFICIENT TO MAINTAIN THE PRIOR YEAR ELIGIBILITY CRITERIA AND DRUG FORMULARY, THE DEPARTMENT MAY REVISE THE ELIGIBILITY CRITERIA AND DRUG FORMULARY IN A MANNER THAT IS CONSISTENT WITH FEDERAL PROGRAM GUIDELINES.** "

Sec. 803. No changes from current law, except:

" ... AIDS treatment medications. **IF THE APPROPRIATION IN PART 1 IS NOT SUFFICIENT TO MAINTAIN THE PRIOR YEAR ELIGIBILITY CRITERIA AND DRUG FORMULARY, THE DEPARTMENT MAY REVISE THE ELIGIBILITY CRITERIA AND DRUG FORMULARY IN A MANNER THAT IS CONSISTENT WITH FEDERAL PROGRAM GUIDELINES.** "

Sec. 803. No changes from current law, except:

" ... AIDS treatment medications. **IF THE APPROPRIATION IN PART 1 IS NOT SUFFICIENT TO MAINTAIN THE PRIOR YEAR ELIGIBILITY CRITERIA AND DRUG FORMULARY, THE DEPARTMENT MAY REVISE THE ELIGIBILITY CRITERIA AND DRUG FORMULARY IN A MANNER THAT IS CONSISTENT WITH FEDERAL PROGRAM GUIDELINES.** "

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

**FY 2005-06
CURRENT LAW**

FY 2006-2007

EXECUTIVE

SENATE

HOUSE

**CONFERENCE/
ENACTED**

NEW SECTION
Sec. 804. THE DEPARTMENT, IN CONJUNCTION WITH EFFORTS TO IMPLEMENT THE MICHIGAN PRISONER REENTRY INITIATIVE, SHALL COOPERATE WITH THE DEPARTMENT OF CORRECTIONS TO BEGIN THE PROCESS OF DATA AND INFORMATION SHARING AS IT RELATES TO PRISONERS BEING RELEASED AND HEPATITIS C. BY APRIL 1, 2007, THE DEPARTMENT SHALL REPORT TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR ON THE RESULTS OF ITS WORK WITH THE DEPARTMENT OF CORRECTIONS UNDER THIS SECTION.

NEW SECTION
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 IT RELATES TO PRISONERS BEING RELEASED AND HEPATITIS C. BY APRIL 1, 2007, 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 PROGRESS AND RESULTS OF ITS WORK AND THE POTENTIAL OUTCOMES FROM ITS WORK WITH THE DEPARTMENT OF CORRECTIONS UNDER THIS SECTION.

FISCAL

DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Public Health Component

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><u>LOCAL HEALTH ADMINISTRATION AND GRANTS</u></p> <p><i>Directs the Department to reimburse local health departments for costs incurred for services under the informed consent law.</i></p> <p>Sec. 901. The amount appropriated in part 1 for implementation of the 1993 amendments to sections 9161, 16221, 16226, 17014, 17015, and 17515 of the public health code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515, shall reimburse local health departments for costs incurred related to implementation of section 17015(18) of the public health code, 1978 PA 368, MCL 333.17015.</p>	<p>Sec. 901. No changes from current law.</p>			
<p><i>Provides authority for the Department to assess a penalty on a county of up to 5% of the local health department's local public health operations funding if that county ceases to be part of a district health department or an associated arrangement with other local health departments.</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, 2005, the department shall have the authority to assess a penalty from the local health department's operational accounts in an amount equal to no more than 5% of the local health department's local public health operations funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.</p>	<p>Sec. 902. No changes from current law, except: "... October 1, 2005 2006, ..."</p>	<p>Sec. 902. No changes from current law, except: "... October 1, 2005 2006, ..."</p>	<p>Sec. 902. No changes from current law, except: "... October 1, 2005 2006, ..."</p>	<p>Sec. 902. No changes from current law, except: "... October 1, 2005 2006, ..."</p>

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

**FY 2005-06
CURRENT LAW**

FY 2006-2007

EXECUTIVE

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**CONFERENCE/
ENACTED**

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

Sec. 903. The department shall provide a report annually to the house of representatives and senate appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the expenditures and activities undertaken by the lead abatement program. The report shall include, but is not limited to, a funding allocation schedule, expenditures by category of expenditure and by subcontractor, revenues received, description of program elements, and description of program accomplishments and progress.

Sec. 903. No changes from current law.

Establishes that local public health operations funds shall be allocated to local public health departments to support costs for nine state/local cost-shared services. Local public health departments will be held to contractual standards. Certain services shall be provided in consultation with the Michigan Departments of Agriculture, and Environmental Quality. Eligibility for distributions is contingent upon local spending of at least the amount expended in FY 1992-93 for these services. Requires that a report on planned allocations be made available upon request by April 1, 2006.

Sec. 904. (1) Funds appropriated in part 1 for local public health operations shall be prospectively allocated to local health departments to support immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management. Food protection shall be provided in consultation with the Michigan department of agriculture. Public water supply, private groundwater supply, and on-site sewage management shall be provided in consultation with the Michigan department of environmental quality.

Sec. 904. (1) No changes from current law.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(2) Local public health departments will be held to contractual standards for the services in subsection (1).	(2) No changes from current law.			
(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in fiscal year 2005-2006 of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1).	(3) No changes from current law, except: " ... 2005-2006 2006-2007 ... "	(3) No changes from current law, except: " ... 2005-2006 2006-2007 ... "	(3) No changes from current law, except: " ... 2005-2006 2006-2007 ... "	(3) No changes from current law, except: " ... 2005-2006 2006-2007 ... "
(4) By April 1, 2006, the department shall make available upon request a report to the senate or house of representatives appropriations subcommittee on community health, the senate or house fiscal agency, or the state budget director on the planned allocation of the funds appropriated for local public health operations.	(4) No changes from current law, except: "By April 1, 2006 2007 ... "	(4) No changes from current law, except: "By April 1, 2006 2007 ... "	(4) No changes from current law, except: "By April 1, 2006 2007 ... "	(4) No changes from current law, except: "By April 1, 2006 2007 ... "

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Local health departments shall offer hearing screening and vision services at levels reduced from services provided in Fiscal Year 2004-05 and target the services to preschool and early elementary aged school children.</i></p> <p>Sec. 905. From the funds appropriated in part 1 for local public health operations, local health departments shall offer hearing screening and vision services at a reduced level than that provided in fiscal year 2004-2005. Local health departments shall target these services to preschool and early elementary aged schoolchildren.</p>	<p>Delete current law.</p>	<p>Sec. 905. From the funds appropriated in part 1 for local public health operations, local health departments shall offer hearing screening and vision services at a reduced level than that provided in fiscal year 2004-2005. Local health departments shall target these services to preschool and early elementary aged schoolchildren. -\$5,150,000.00 SHALL BE USED TO CONTINUE FUNDING HEARING AND VISION SCREENING SERVICES THROUGH LOCAL PUBLIC HEALTH DEPARTMENTS. THE EXTENT OF SERVICES PROVIDED SHALL BE SIMILAR TO THE EXTENT OF SERVICES PROVIDED IN FISCAL YEAR 2004-2005.</p>	<p>Sec. 905. From the funds appropriated in part 1 for local public health operations, local health departments shall offer hearing screening and vision services at a reduced level than that provided in fiscal year 2004-2005. Local health departments shall target these services to preschool and early elementary aged schoolchildren. -\$5,150,000.00 SHALL BE USED TO CONTINUE FUNDING HEARING AND VISION SCREENING SERVICES THROUGH LOCAL PUBLIC HEALTH DEPARTMENTS. THE EXTENT OF SERVICES PROVIDED SHALL BE SIMILAR TO THE EXTENT OF SERVICES PROVIDED IN FISCAL YEAR 2004-2005.</p>	<p>Sec. 905. From the funds appropriated in part 1 for local public health operations, local health departments shall offer hearing screening and vision services at a reduced level than that provided in fiscal year 2004-2005. Local health departments shall target these services to preschool and early elementary aged schoolchildren. -\$5,150,000.00 SHALL BE USED TO CONTINUE FUNDING HEARING AND VISION SCREENING SERVICES THROUGH LOCAL PUBLIC HEALTH DEPARTMENTS. THE EXTENT OF SERVICES PROVIDED SHALL BE SIMILAR TO THE EXTENT OF SERVICES PROVIDED IN FISCAL YEAR 2004-2005.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></p> <p><i>Allocates funds to provide Alzheimer's disease information and referral services through regional networks.</i></p> <p>Sec. 1003. Funds appropriated in part 1 for the Alzheimer's information network shall be used to provide information and referral services through regional networks for persons with Alzheimer's disease or related disorders, their families, and health care providers.</p>	<p>Sec. 1003. No changes from current law.</p>	Sec. 1003. No changes from current law.	Sec. 1003. No changes from current law.	Sec. 1003. No changes from current law.
<p><i>Requires the Department to give priority to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents. Establishes allocation of \$900,000 of smoking prevention funds for the Quit Kit program that includes the nicotine patch or nicotine gum, for purposes of complying with Act 164 of the Public Acts of 2004.</i></p> <p>Sec. 1006. (1) In spending the funds appropriated in part 1 for the smoking prevention program, priority shall be given to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents.</p>	<p>Sec. 1006. (1) No changes from current law.</p>	<p>Sec. 1006. (1) No changes from current law.</p>	<p>Sec. 1006. (1) No changes from current law.</p>	<p>Sec. 1006. (1) No changes from current law.</p>
<p>(2) For purposes of complying with 2004 PA 164, \$900,000.00 of the funds appropriated in part 1 for the smoking prevention program shall be used for the quit kit program that includes the nicotine patch or nicotine gum.</p>	<p>(2) No changes from current law.</p>			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Directs that violence prevention funds be used for, but not limited to, programs aimed at the prevention of spouse, partner or child abuse and rape, and programs aimed at the prevention of workplace violence. Directs that the Department give equal consideration to public and private nonprofit grant applicants. The Department may provide funds to local school districts.</i></p> <p>Sec. 1007. (1) The funds appropriated in part 1 for violence prevention shall be used for, but not be limited to, the following: (a) Programs aimed at the prevention of spouse, partner, or child abuse and rape. (b) Programs aimed at the prevention of workplace violence.</p>	<p>Sec. 1007. (1) No changes from current law.</p>	<p>Sec. 1007. (1) No changes from current law.</p>	<p>Sec. 1007. (1) No changes from current law.</p>	<p>Sec. 1007. (1) No changes from current law.</p>
<p>(2) In awarding grants from the amounts appropriated in part 1 for violence prevention, the department shall give equal consideration to public and private nonprofit applicants.</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) From the funds appropriated in part 1 for violence prevention, the department may include local school districts as recipients of the funds for family violence prevention programs.</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>NEW SECTION SEC. 1008. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE DIABETES AND KIDNEY PROGRAM, \$25,000.00 SHALL BE ALLOCATED FOR A DIABETES MANAGEMENT PILOT PROJECT IN MUSKEGON COUNTY.</p>	<p>Does not include Senate Sec. 1008.</p>	<p>NEW SECTION SEC. 1008. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE DIABETES AND KIDNEY PROGRAM, \$25,000.00 SHALL BE ALLOCATED FOR A DIABETES MANAGEMENT PILOT PROJECT IN MUSKEGON COUNTY.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Permits the allocation of funds from the diabetes and kidney program line item to the National Kidney Foundation of Michigan for kidney disease prevention programs.</i></p> <p>Sec. 1009. From the funds appropriated in part 1 for the diabetes and kidney program, a portion of the funds may be allocated to the National Kidney Foundation of Michigan for kidney disease prevention programming including early identification and education programs and kidney disease prevention demonstration projects.</p>	<p>Sec. 1009. No changes from current law.</p>			
<p><i>Allocates \$200,000 of chronic disease prevention line item funds for osteoporosis prevention and treatment education.</i></p> <p>Sec. 1010. From the funds appropriated in part 1 for chronic disease prevention, \$200,000.00 shall be allocated for osteoporosis prevention and treatment education.</p>	<p>Sec. 1010. No changes from current law.</p>			
<p><i>Permissive language indicating that the Department may allocate \$50,000 of chronic disease prevention line item funds for stroke prevention, education, and outreach.</i></p> <p>Sec. 1019. From the funds appropriated in part 1 for chronic disease prevention, \$50,000.00 may be allocated for stroke prevention, education, and outreach. The objectives of the program shall include education to assist persons in identifying risk factors, and education to assist persons in the early identification of the occurrence of a stroke in order to minimize stroke damage.</p>	<p>Sec. 1019. No changes from current law.</p>			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Permissive language indicating that the Department may appropriate funds for the African-American male health initiative if Healthy Michigan Funds or federal Preventive Health and Health Services Block Grant funds are available.</i></p> <p>Sec. 1028. Contingent on the availability of state restricted healthy Michigan fund money or federal preventive health and health services block grant fund money, funds may be appropriated for the African-American male health initiative.</p>	<p>Sec. 1028. No changes from current law.</p>	<p>Sec. 1028. No changes from current law.</p>	<p>Sec. 1028. No changes from current law.</p>	<p>Sec. 1028. No changes from current law.</p>
			<p>NEW SECTION Sec. 1029. IT IS THE INTENT OF THE LEGISLATURE THAT THE MALE PARTICIPATION RATE IN THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE PROGRAM BE NO LESS THAN 75%.</p>	<p>NEW SECTION Sec. 1029. IT IS THE INTENT OF THE LEGISLATURE THAT THE MALE PARTICIPATION RATE IN THE AFRICAN-AMERICAN MALE HEALTH INITIATIVE PROGRAM BE NO LESS THAN 75%.</p>
<p><u>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</u></p> <p><i>Requires the Department to review the distribution of funds to service agencies from various women's and children's programs and indicate the basis on which any projected underexpenditures are to be reallocated to agencies that demonstrate need.</i></p> <p>Sec. 1101. The department shall review the basis for the distribution of funds to local health departments and other public and private agencies for the women, infants, and children food supplement program; family planning; and prenatal care outreach and service delivery support program and indicate the basis upon which any projected underexpenditures by local public and private agencies shall be reallocated to other local agencies that demonstrate need.</p>	<p>Sec. 1101. No changes from current law.</p>	<p>Sec. 1101. No changes from current law.</p>	<p>Sec. 1101. No changes from current law.</p>	<p>Sec. 1101. No changes from current law.</p>

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**FY 2005-06
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Requires the Department to report by April 1, 2006 on planned allocations and prior fiscal year actual service and expenditure data for local maternal and child health services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs.

Sec. 1104. Before April 1, 2006, the department shall submit a report to the house and senate fiscal agencies and the state budget director on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following:

- (a) Funding allocations.
- (b) Actual number of women, children, and/or adolescents served and amounts expended for each group for the fiscal year 2004-2005.

Sec. 1104. No changes from current law, except:

"Before April 1, 2006 2007, ..."

and

"... fiscal year 2004-2005 2005-2006."

Sec. 1104. No changes from current law, except:

"Before April 1, 2006 2007, ..."

and

"... fiscal year 2004-2005 2005-2006."

Sec. 1104. No changes from current law, except:

"Before April 1, 2006 2007, ..."

and

"... fiscal year 2004-2005 2005-2006."

Sec. 1104. No changes from current law, except:

"Before April 1, 2006 2007, ..."

and

"... fiscal year 2004-2005 2005-2006."

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

Sec. 1105. For all programs for which an appropriation is made in part 1, the department shall contract with those local agencies best able to serve clients. Factors to be used by the department in evaluating agencies under this section shall include ability to serve high-risk population groups; ability to serve low-income clients, where applicable; availability of, and access to, service sites; management efficiency; and ability to meet federal standards, when applicable.

Sec. 1105. No changes from current law.

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires that family planning programs receiving federal Title X funds be in compliance with federal performance and quality assurance indicators, and that those 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 shall be in compliance with all performance and quality assurance indicators that the United States bureau of community health services specifies in the family planning annual report. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.</p>	<p>Sec. 1106. No changes from current law.</p>			

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Establishes specific items of instruction as requirements for abstinence education programs expending federal abstinence education funds. Directs that funded programs target teenagers most likely to engage in high-risk behavior. Gives priority in allocation of funds to programs that do not provide contraceptives to minors and that strive to include parental involvement. Qualifying programs may receive such funds directly from the Department.

Sec. 1106a. (1) Federal abstinence money expended in part 1 for the purpose of promoting abstinence education shall provide abstinence education to teenagers most likely to engage in high-risk behavior as their primary focus, and may include programs that include 9- to 17-year-olds. Programs funded must meet all of the following guidelines:

- (a) Teaches the gains to be realized by abstaining from sexual activity.
- (b) Teaches abstinence from sexual activity outside of marriage as the expected standard for all school-age children.
- (c) Teaches that abstinence is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other health problems.
- (d) Teaches that a monogamous relationship in the context of marriage is the expected standard of human sexual activity.

- (e) Teaches that sexual activity outside of marriage is likely to have harmful effects.
- (f) Teaches that bearing children out of wedlock is likely to have harmful consequences.
- (g) Teaches young people how to avoid sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
- (h) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Sec. 1106a. (1) No changes from current law.

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(2) Coalitions, organizations, and programs that do not provide contraceptives to minors and demonstrate efforts to include parental involvement as a means of reducing the risk of teens becoming pregnant shall be given priority in the allocations of funds.	(2) No changes from current law.			
(3) Programs and organizations that meet the guidelines of subsection (1) and criteria of subsection (2) shall have the option of receiving all or part of their funds directly from the department of community health.	(3) No changes from current law.			
<i>Restricts local administrative, data processing, and evaluation costs to not more than 9% of the amount appropriated for prenatal care outreach and service delivery support.</i> Sec. 1107. Of the amount appropriated in part 1 for prenatal care outreach and service delivery support, not more than 9% shall be expended for local administration, data processing, and evaluation.	Sec. 1107. No changes from current law.			
<i>Prohibits pregnancy prevention appropriation line item funds from being used for abortion counseling, referrals, or services.</i> Sec. 1108. The funds appropriated in part 1 for pregnancy prevention programs shall not be used to provide abortion counseling, referrals, or services.	Sec. 1108. No changes from current law.			

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Allocates funds from the dental program to the Michigan Dental Association to administer a volunteer dental program to provide dental services to the uninsured; and requires a report by the Department to be made available upon request not later than December 1.

Sec. 1109. (1) From the amounts appropriated in part 1 for dental programs, funds shall be allocated to the Michigan dental association for the administration of a volunteer dental program that would provide dental services to the uninsured in an amount that is no less than the amount allocated to that program in fiscal year 1996-1997.

Sec. 1109. (1) No changes from current law.

(2) Not later than December 1 of the current fiscal year, the department shall make available upon request a report to the senate or house of representatives appropriations subcommittee on community health or the senate or house of representatives standing committee on health policy the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures through September 30, 2005.

(2) No changes from current law, except:
"... through September 30, 2005 2006."

(2) No changes from current law, except:
"... through September 30, 2005 2006."

(2) No changes from current law, except:
"... through September 30, 2005 2006."

(2) No changes from current law, except:
"... through September 30, 2005 2006."

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

Sec. 1110. Agencies that currently receive pregnancy prevention funds and either receive or are eligible for other family planning funds shall have the option of receiving all of their family planning funds directly from the department of community health and be designated as delegate agencies.

Sec. 1110. No changes from current law.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Directs the Department to allocate no less than 88% of family planning and pregnancy prevention funds for the direct provision of services.</i></p> <p>Sec. 1111. The department shall allocate no less than 88% of the funds appropriated in part 1 for family planning local agreements and the pregnancy prevention program for the direct provision of family planning/pregnancy prevention services.</p>	<p>Sec. 1111. No changes from current law.</p>			
<p><i>Allocates at least \$1,000,000 to communities with high infant mortality rates from prenatal care outreach and service delivery support funds.</i></p> <p>Sec. 1112. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, the department shall allocate at least \$1,000,000.00 to communities with high infant mortality rates.</p>	<p>Sec. 1112. No changes from current law.</p>			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
			<p>NEW SECTION SEC. 1113. (1) THE DEPARTMENT SHALL ENSURE THAT FAMILY PLANNING AND PREGNANCY PREVENTION FUNDS APPROPRIATED IN PART 1 SHALL BE USED ONLY FOR THE PURPOSE OF PROTECTING AND PROMOTING THE PUBLIC HEALTH AND SHALL REQUIRE EVERY SERVICE PROVIDER TO DISCOURAGE SEXUAL ACTIVITY OUTSIDE OF MARRIAGE BY EMPHASIZING THE INCREASED HEALTH RISKS AND FISCAL IMPLICATIONS OF NONMARITAL SEXUAL ACTIVITY TO THE INDIVIDUAL AND TO THIS STATE.</p>	<p>NEW SECTION SEC. 1113. SERVICE PROVIDERS RECEIVING FUNDS APPROPRIATED IN PART 1 FOR FAMILY PLANNING LOCAL AGREEMENTS OR THE PREGNANCY PREVENTION PROGRAM SHALL INCLUDE AN OPTIONAL RESPONSE FIELD ON GENERAL PATIENT INFORMATION DOCUMENTS REQUESTING INFORMATION ON A PATIENT'S MARITAL STATUS.</p>

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(2) BEGINNING OCTOBER 1, 2006, THE DEPARTMENT SHALL ANNUALLY MONITOR AND, BEGINNING JANUARY 1, 2008, ANNUALLY ISSUE TO THE LEGISLATURE AND TO THE PUBLIC ON THE INTERNET A REPORT DETAILING ALL OF THE FOLLOWING FAMILY PLANNING AND SEXUAL HEALTH INDICATORS:

(A) EXPENDITURES OF STATE AND FEDERAL FUNDS FOR THE DIRECT MEDICAL AND CLINICAL COSTS, AS DETERMINED BY THE DEPARTMENT, ASSOCIATED WITH OUT-OF-WEDLOCK SEXUAL ACTIVITY, INCLUDING, BUT NOT LIMITED TO, ALL OF THE FOLLOWING COSTS:
(i) THE PERCENTAGE OF CLIENTS OR USERS WHO ARE UNMARRIED AND WHO ACCESS FAMILY PLANNING, PREGNANCY PREVENTION, AND SEXUALLY TRANSMITTED DISEASE PREVENTION SERVICES.

(ii) THE PERCENTAGE OF CLIENTS OR USERS WHO ARE MARRIED AND WHO ACCESS FAMILY PLANNING, PREGNANCY PREVENTION, AND SEXUALLY TRANSMITTED DISEASE PREVENTION SERVICES.
(iii) THE ESTIMATED EXPENDITURE OF STATE AND FEDERAL FUNDS TO PROVIDE BOTH GROUPS OF CLIENTS OR USERS WITH FAMILY PLANNING, PREGNANCY PREVENTION, AND SEXUALLY TRANSMITTED DISEASE PREVENTION SERVICES.

Does not include House Sec. 1113(2).

Does not include House Sec. 1113(2).

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(B) THE ANNUAL PUBLIC EXPENDITURES BY THIS STATE, BASED ON MARITAL STATUS, TO PROVIDE MEDICAL CARE TO PERSONS WHO HAVE CONTRACTED SEXUALLY TRANSMITTED DISEASES.

(C) THE ANNUAL PUBLIC EXPENDITURES BY THIS STATE FOR OUT-OF-WEDLOCK PREGNANCIES, INCLUDING PRENATAL CARE, BIRTH, ABORTION EXPENDITURES, AND ANY EXPENDITURE THE DEPARTMENT DETERMINES MAY REASONABLY BE RELATED TO A PREGNANCY OR PREGNANCY OUTCOME, FOR A PERIOD OF 30 DAYS AFTER THE DATE OF DELIVERY OR TERMINATION OF THE PREGNANCY.

Does not include House Sec. 1113(2).

(D) FOR UNMARRIED MINORS, THE NUMBER OF PARENTS OR LEGAL GUARDIANS THAT ACCOMPANY THE MINOR WHEN VISITING THE SERVICE PROVIDER.

(E) FAMILY PLANNING, PREGNANCY PREVENTION, OR SEXUALLY TRANSMITTED DISEASE PREVENTION AGENCIES OR SERVICE PROVIDERS WHO RECEIVE STATE OR FEDERAL FUNDS FROM THE DEPARTMENT SHALL REPORT THE PERCENTAGE OF FUNDS EXPENDED TO PROMOTE ABSTINENCE AS A METHOD OF FAMILY PLANNING, PREGNANCY PREVENTION, OR SEXUALLY TRANSMITTED DISEASE PREVENTION.

Does not include House Sec. 1113(2).

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(3) THE DEPARTMENT MAY UTILIZE OR AMEND ANY OTHER EXISTING REPORT TO COMPLY WITH THE REPORTING REQUIREMENTS OF THIS SECTION UNLESS PROHIBITED BY LAW. A SERVICE PROVIDER OR AGENCY THAT FAILS TO COMPLY WITH THE REPORTING REQUIREMENTS OF THIS SECTION SHALL NOT BE CONSIDERED FOR FUNDING FOR A PERIOD OF AT LEAST 2 YEARS.

Does not include House Sec. 1113(3).

NEW SECTION
SEC. 1114. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, \$30,000.00 SHALL BE ALLOCATED FOR CREATION OF AN INTERNET WEBSITE TO INFORM AND TRAIN PUBLIC SERVICE AND PUBLIC SAFETY AGENCY PERSONNEL REGARDING THE PROVISIONS OF THE SAFE DELIVERY OF NEWBORNS LAW. THE WEBSITE SHALL BE MADE AVAILABLE TO THE GENERAL PUBLIC.

NEW SECTION
SEC. 1114. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, \$30,000.00 SHALL BE ALLOCATED FOR CREATION OF AN INTERNET WEBSITE TO INFORM AND TRAIN PUBLIC SERVICE AND PUBLIC SAFETY AGENCY PERSONNEL REGARDING THE PROVISIONS OF THE SAFE DELIVERY OF NEWBORNS LAW. THE WEBSITE SHALL BE MADE AVAILABLE TO THE GENERAL PUBLIC.

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NEW SECTION
SEC. 1115. FROM THE FUNDS APPROPRIATED IN PART 1 FOR ULTRASOUND EQUIPMENT FUND, \$100,000.00 SHALL BE DEPOSITED TO THE ULTRASOUND EQUIPMENT FUND CREATED WITHIN THE STATE TREASURY PURSUANT TO SECTION 9141 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.9141. THE FUNDS SHALL BE USED TO PROVIDE GRANTS FOR THE PURCHASE OF ULTRASOUND EQUIPMENT AND FOR ADMINISTRATION OF THE GRANT PROGRAM PURSUANT TO SECTION 9141 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.9141.

Does not include House Sec. 1115.

Requires the Department to annually report to the Legislature on the number of children with elevated blood lead levels, by county, indicating the blood lead level, and sources of information.

Sec. 1129. The department shall provide a report annually to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the number of children with elevated blood lead levels from information available to the department. The report shall provide the information by county, shall include the level of blood lead reported, and shall indicate the sources of the information.

Sec. 1129. No changes from current law.

NEW SECTION
Sec. 1132. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, \$400,000.00 SHALL BE ALLOCATED TO THE NURSE FAMILY PARTNERSHIP PROGRAM.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires the Department to release infant mortality rate data to all local public health departments no later than 48 hours prior to releasing infant mortality rate data to the public.</i></p> <p>Sec. 1133. The department shall release infant mortality rate data to all local public health departments no later than 48 hours prior to releasing infant mortality rate data to the public.</p>	<p>Sec. 1133. No changes from current law.</p>			
<p><i>Requires that a school health education curriculum be provided in accordance with the health education goals established by the Michigan Model for the Comprehensive School Health Education State Steering Committee. Establishes steering committee membership and requires that curriculum materials be made available upon request.</i></p> <p>Sec. 1135. (1) Provision of the school health education curriculum, such as the Michigan model or another comprehensive school health education curriculum, shall be in accordance with the health education goals established by the Michigan model for the comprehensive school health education state steering committee. The state steering committee shall be comprised of a representative from each of the following offices and departments:</p> <ul style="list-style-type: none"> (a) The department of education. (b) The department of community health. (c) The health administration in the department of community health. (d) The bureau of mental health and substance abuse services in the department of community health. (e) The department of human services. (f) The department of state police. 	<p>Sec. 1135. (1) No changes from current law.</p>	<p>Sec. 1135. (1) No changes from current law.</p>	<p>Sec. 1135. (1) No changes from current law.</p>	<p>Sec. 1135. (1) No changes from current law.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<i>Requires the Department to allocate funds for child advocacy centers contingent upon the availability of state funds.</i> Sec. 1136. Contingent on the availability of state funds, funds shall be allocated for child advocacy centers.	Delete current law.	Delete current law.	Delete current law.	Delete current law.

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

**FY 2005-06
CURRENT LAW**

FY 2006-2007

EXECUTIVE

SENATE

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**CONFERENCE/
ENACTED**

**NEW SECTION
SEC. 1137. (1) FROM THE FUNDS APPROPRIATED IN PART 1, THE DEPARTMENT SHALL ALLOCATE AN AMOUNT NOT TO EXCEED \$0.00 FOR A STATEWIDE BEFORE- OR AFTER-SCHOOL PROGRAM FOR ELEMENTARY-AGED CHILDREN. THIS ALLOCATION SHALL BE DISTRIBUTED VIA GRANTS TO COUNTIES BASED UPON DEMONSTRATED NEED. NO SINGLE COUNTY SHALL RECEIVE ANY MORE THAN 20% OF THE TOTAL ALLOCATION, AND PRIORITY FOR DISTRIBUTION OF THIS FUNDING SHALL BE GRANTED TO PROGRAMS THAT HAVE SECURED ADDITIONAL GOVERNMENTAL AND NONGOVERNMENTAL MATCHING FUNDS.**

Does not include Senate Sec. 1137. (1).

Does not include Senate Sec. 1137. (1).

(2) THE DEPARTMENT SHALL SHARE THE ADMINISTRATIVE DUTIES OF OPERATING THIS PROGRAM WITH THE DEPARTMENT OF HUMAN SERVICES AND THE STATE BOARD OF EDUCATION.

Does not include Senate Sec. 1137. (2).

Does not include Senate Sec. 1137. (2).

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

**FY 2005-06
CURRENT LAW**

FY 2006-2007

EXECUTIVE

SENATE

HOUSE

**CONFERENCE/
ENACTED**

(3) FUNDING REFERENCED IN SUBSECTION (1) SHALL BE RESERVED FOR PROGRAMS THAT USE CURRICULUM FOCUSED UPON IMPROVING ACADEMIC PERFORMANCE AND HEALTHY BEHAVIOR, INCLUDING ABSTINENCE FROM ABUSE OF ALCOHOL AND DRUGS.

Does not include Senate Sec. 1137. (3).

Does not include Senate Sec. 1137. (3).

WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM

Allows the Department to work with local participating agencies to define local annual contributions for the Farmer's Market Nutrition Program, Project FRESH, to enable the Department to request federal matching funds based on local commitment of funds.

Sec. 1151. The department may work with local participating agencies to define local annual contributions for the farmer's market nutrition program, project FRESH, to enable the department to request federal matching funds based on local commitment of funds.

Sec. 1151. No changes from current law.

NEW SECTION
Sec. 1152. THE DEPARTMENT SHALL REQUIRE THAT ALL MEDICAID CHILDREN PARTICIPATING IN THE SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN RECEIVE LEAD SCREENING TESTING.

NEW SECTION
Sec. 1152. THE DEPARTMENT SHALL REQUIRE THAT ALL MEDICAID CHILDREN PARTICIPATING IN THE SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN RECEIVE LEAD SCREENING TESTING.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>CHILDREN'S SPECIAL HEALTH CARE SERVICES</p> <p><i>Requires that payments for medical care and treatment be made consistent with the reimbursement policies of the Michigan medical services program.</i></p> <p>Sec. 1201. Funds appropriated in part 1 for medical care and treatment of children with special health care needs shall be paid according to reimbursement policies determined by the Michigan medical services program. Exceptions to these policies may be taken with the prior approval of the state budget director.</p>	<p>Sec. 1201. No changes from current law.</p>			
<p><i>Allows the Children's Special Health Care Services program to provide (a) special formula for persons with certain metabolic and allergic disorders; (b) treatment to persons age 21 or older with cystic fibrosis; (c) genetic diagnostic and counseling services; and (d) services to persons age 21 or older with hemophilia.</i></p> <p>Sec. 1202. The department may do 1 or more of the following:</p> <p>(a) Provide special formula for eligible clients with specified metabolic and allergic disorders.</p> <p>(b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older.</p> <p>(c) Provide genetic diagnostic and counseling services for eligible families.</p> <p>(d) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older.</p>	<p>Sec. 1202. No changes from current law.</p>	Sec. 1202. No changes from current law.	Sec. 1202. No changes from current law.	Sec. 1202. No changes from current law.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires that the Department refer clients of the program to the locally-based services program in their community.</i></p> <p>Sec. 1203. All children who are determined medically eligible for the children's special health care services program shall be referred to the appropriate locally-based services program in their community.</p>	Delete current law.	Delete current law.	Sec. 1203. No changes from current law.	Sec. 1203. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for Drug Control Policy Component**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><u>OFFICE OF DRUG CONTROL POLICY</u></p> <p><i>Provides that \$1.8 million of federal Byrne grant money be directed as an interdepartmental grant to the Judicial Branch for local drug treatment courts, in addition to the \$1.8 million funding that the Department currently distributes to local drug treatment courts from the Byrne grant.</i></p> <p>Sec. 1250. In addition to the \$1,800,000.00 in Byrne formula grant program funding the department provides to local drug treatment courts, the department shall provide \$1,800,000.00 in Byrne formula grant program funding to the judiciary by interdepartmental grant.</p>	<p>Sec. 1250. No changes from current law.</p>	<p>Sec. 1250. No changes from current law.</p>	<p>Sec. 1250. In addition to the \$1,800,000.00 \$1,799,900.00 in Byrne formula grant program funding the department provides to local drug treatment courts, the department shall provide \$1,800,000.00 \$1,799,900.00 in Byrne formula grant program funding to the judiciary by interdepartmental grant.</p>	<p>Sec. 1250. In addition to the \$1,800,000.00 in Byrne formula grant program funding the department provides to local drug treatment courts, the THE department shall provide \$1,800,000.00 in Byrne formula grant program funding to the judiciary by interdepartmental grant.</p>

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

**FY 2005-06
CURRENT LAW**

FY 2006-2007

EXECUTIVE

SENATE

HOUSE

**CONFERENCE/
ENACTED**

CRIME VICTIM SERVICES COMMISSION

**NEW SECTION
SEC. 1301. (1) FUNDS
APPROPRIATED IN PART 1
FOR THE CRIME VICTIMS
SERVICES COMMISSION
AND GRANTED TO AN
ORGANIZATION SHALL NOT
BE USED BY THAT
ORGANIZATION FOR
LOBBYING AS DEFINED IN
1978 PA 472, MCL 4.411 TO
4.431, AND SHALL NOT BE
USED IN AN ATTEMPT TO
INFLUENCE THE DECISIONS
OF THE LEGISLATURE, THE
GOVERNOR, OR ANY STATE
AGENCY.**

**NEW SECTION
SEC. 1301. (1) FROM THE
FUNDS APPROPRIATED IN
PART 1 FOR JUSTICE
ASSISTANCE GRANTS IN
FISCAL YEAR 2006-2007,
AWARDS GRANTED TO
PRIVATE NONPROFIT
CHARITABLE
ORGANIZATIONS THAT
HAVE TAX-EXEMPT STATUS
PURSUANT TO SECTION
501(C)(3) OF THE INTERNAL
REVENUE CODE OF 1986
SHALL ONLY BE MADE TO
THOSE ORGANIZATIONS
THAT UTILIZE AT LEAST
35% OF THE
ORGANIZATION'S BUDGET
FOR DIRECT SOCIAL AND
SUPPORTIVE SERVICES TO
INDIVIDUALS. THIS
SUBSECTION DOES NOT
APPLY TO PRIVATE
NONPROFIT CHARITABLE
ORGANIZATIONS THAT ARE
FAITH-BASED OR THAT
PROVIDE MEDICAL CARE.**

**NEW SECTION
SEC. 1301. (1) FUNDS
APPROPRIATED IN PART 1
FOR THE CRIME VICTIM
SERVICES COMMISSION
AND GRANTED TO AN
ORGANIZATION SHALL
NOT BE USED BY THAT
ORGANIZATION FOR
LOBBYING AS DEFINED IN
1978 PA 472, MCL 4.411 TO
4.431, AND SHALL NOT BE
USED IN AN ATTEMPT TO
INFLUENCE THE
DECISIONS OF THE
LEGISLATURE, THE
GOVERNOR, OR ANY
STATE AGENCY.**

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		(2) THE DEPARTMENT SHALL ASSURE THAT EACH ORGANIZATION THAT RECEIVES FUNDS APPROPRIATED IN PART 1 FOR THE CRIME VICTIMS SERVICES COMMISSION TO ENSURE THAT SUBSECTION (1) HAS NOT BEEN VIOLATED.	(2) GRANTS AWARDED UNDER THIS SECTION SHALL ONLY BE USED TO SUPPORT SERVICES TO INDIVIDUALS OF ANY AGE WHO HAVE SUFFERED PHYSICAL, SEXUAL, FINANCIAL, OR EMOTIONAL HARM OR INJURY AS A RESULT OF A THREATENED, ATTEMPTED, OR COMPLETED CRIME AND TO FAMILY MEMBERS OF THOSE INDIVIDUALS.	(2) THE DEPARTMENT SHALL ASSURE THAT EACH ORGANIZATION THAT RECEIVES FUNDS APPROPRIATED IN PART 1 FOR THE CRIME VICTIM SERVICES COMMISSION TO ENSURE THAT SUBSECTION (1) HAS NOT BEEN VIOLATED.
<p><i>Allocates up to \$50,000 for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Unexpended funds shall be carried forward.</i></p> <p>Sec. 1302. From the funds appropriated in part 1 for justice assistance grants, up to \$50,000.00 shall be allocated for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. The funds shall be used for program coordination, training, and counseling. Unexpended funds shall be carried forward.</p>	Sec. 1302. No changes from 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 Crime Victim Services Commission Component**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires the Department to work with other named entities to ensure that certain recommended procedures are followed in the collection of evidence in cases of sexual assault.</i></p> <p>Sec. 1304. The department shall work with the department of state police, the Michigan hospital association, the Michigan state medical society, and the Michigan nurses association to ensure that the recommendations included in the "Standard Recommended Procedures for the Emergency Treatment of Sexual Assault Victims" are followed in the collection of evidence.</p>	Delete current law.	Sec. 1304. No changes from current law.	Sec. 1304. No changes from current law.	Sec. 1304. No changes from current law.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><u>OFFICE OF SERVICES TO THE AGING</u></p> <p><i>Provides that funding for community, nutrition, and home services be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under certain federal provisions.</i></p> <p>Sec. 1401. The appropriation in part 1 to the office of services to the aging, for community and nutrition services and home services, shall be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under title XVIII, XIX, or XX.</p>	<p>Sec. 1401. No changes from current law.</p>			
<p><i>Requires regions to report home-delivered meals waiting lists to the Office of Services to the Aging and establishes standard criteria for persons to be included on the waiting list.</i></p> <p>Sec. 1403. The office of services to the aging shall require each region to report to the office of services to the aging home delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following:</p> <ul style="list-style-type: none"> (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>Sec. 1403. No changes from current law.</p>	Sec. 1403. No changes from current law.	Sec. 1403. No changes from current law.	Sec. 1403. No changes from current law.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Allows area agencies on aging and local providers to receive and expend fees for the provision of day care, care management, respite care, and certain eligible home and community-based services. Fees shall be based on a sliding scale, taking client income into consideration, and shall be used to expand services.</i></p> <p>Sec. 1404. The area agencies and local providers may receive and expend fees for the provision of day care, care management, respite care, and certain eligible home and community-based services. The fees shall be based on a sliding scale, taking client income into consideration. The fees shall be used to expand services.</p>	<p>Sec. 1404. No changes from current law.</p>	<p>Sec. 1404. No changes from current law.</p>	<p>Sec. 1404. No changes from current law.</p>	<p>Sec. 1404. No changes from current law.</p> <p>(NOTE: Technical revision made at galley to "... home- ...")</p>
<p><i>Requires that the \$5.0 million respite care appropriation of tobacco settlement funds shall be used only for direct respite care or adult respite care center services, and shall be allocated according to a long-term care plan. Not more than 9% of the allocation shall be expended for administrative purposes.</i></p> <p>Sec. 1406. The appropriation of \$5,000,000.00 of tobacco settlement trust funds to the office of services to the aging for the respite care program shall be allocated in accordance with a long-term care plan developed by the long-term care working group established in section 1657 of 1998 PA 336 upon implementation of the plan. The use of the funds shall be for direct respite care or adult respite care center services. Not more than 9% of the amount allocated under this section shall be expended for administration and administrative purposes.</p>	<p>Sec. 1406. No changes from current law, except: "... of tobacco settlement MERIT AWARD trust funds ..."</p>	<p>Sec. 1406. No changes from current law, except: "... tobacco settlement MERIT AWARD trust funds ..."</p>	<p>Sec. 1406. No changes from current law, except: "... tobacco settlement MERIT AWARD trust funds ..."</p>	<p>Sec. 1406. No changes from current law, except: "... tobacco settlement MERIT AWARD trust funds ..."</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Establishes the Legislature's support of locally-based services, support of local counties in their approval of area agency on aging plans and in changing membership of area agencies on aging in their region, and the Legislature's intent to prohibit area agencies on aging from providing direct services unless a waiver has been received from the Department.</i></p> <p>Sec. 1413. The legislature affirms the commitment to locally-based services. The legislature supports the role of local county board of commissioners in the approval of area agency on aging plans. The legislature supports choice and the right of local counties to change membership in the area agencies on aging if the change is to an area agency on aging that is contiguous to that county. The legislature supports the office of services to the aging working with others to provide training to commissions to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, including home- and community-based services waiver, unless the agencies receive a waiver from the department. The legislature's intent in this section is conditioned on compliance with federal and state laws, rules, and policies.</p>	<p>Sec. 1413. The legislature OFFICE OF SERVICES TO THE AGING affirms the commitment to locally-based services. The legislature AND supports the role of local county board of commissioners in the approval of area agency on aging plans. The legislature supports choice and the right of local LOCAL counties MAY REQUEST to change membership in the area agencies on aging if the change is to an area agency on aging REGION that is contiguous to that county PURSUANT TO OFFICE OF SERVICES TO THE AGING POLICIES AND PROCEDURES FOR AREA AGENCY ON AGING DESIGNATION. The legislature supports the office of services to the aging MAY working with others to provide training to commissions to better understand and advocate for aging issues. It is the intent of the legislature to prohibit Area agencies on aging ARE PROHIBITED from providing direct services, including home- and community-based OTHER THAN ACCESS services waiver, unless the agencies THEY receive a waiver from the department COMMISSION ON SERVICES TO THE AGING. The legislature's intent in This section is conditioned on compliance with federal and state laws, rules, and policies.</p>	<p>Sec. 1413. No changes from current law.</p>	<p>Sec. 1413. The legislature OFFICE OF SERVICES TO THE AGING affirms the commitment to locally-based services. The legislature AND supports the role of local county board of commissioners in the approval of area agency on aging plans. The legislature supports choice and the right of local LOCAL counties MAY REQUEST to change membership in the area agencies on aging if the change is to an area agency on aging REGION that is contiguous to that county PURSUANT TO OFFICE OF SERVICES TO THE AGING POLICIES AND PROCEDURES FOR AREA AGENCY ON AGING DESIGNATION. The legislature supports the office of services to the aging MAY working with others to provide training to commissions to better understand and advocate for aging issues. It is the intent of the legislature to prohibit Area agencies on aging ARE PROHIBITED from providing direct services, including home- and community-based OTHER THAN ACCESS services waiver, unless the agencies THEY receive a waiver from the department COMMISSION ON SERVICES TO THE AGING. The legislature's intent in This section is conditioned on compliance with federal and state laws, rules, and policies.</p>	<p>Sec. 1413. No changes from current law, except: "... home- and community-based services waiver SERVICES, unless ..."</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Establishes the Legislature's commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home- and community-based services waiver program.</i></p> <p>Sec. 1416. The legislature affirms the commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home- and community-based services waiver program.</p>	<p>Sec. 1416. No changes from current law, except:</p> <p>"The legislature affirms the commitment to OFFICE OF SERVICES TO THE AGING MAY provide ..."</p>	<p>Sec. 1416. No changes from current law.</p>	<p>Sec. 1416. No changes from current law.</p>	<p>Sec. 1416. No changes from current law.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
	<p>NEW UNIT & SECTION</p> <p><u>MICHIGAN FIRST HEALTHCARE PLAN</u></p> <p>SEC. 1501. FUNDS APPROPRIATED IN PART 1 FOR THE MICHIGAN FIRST HEALTHCARE PLAN ARE CONTINGENT UPON APPROVAL OF A WAIVER FROM THE FEDERAL GOVERNMENT.</p>	<p>NEW UNIT & SECTION</p> <p><u>MICHIGAN FIRST HEALTHCARE PLAN</u></p> <p>SEC. 1501. FUNDS APPROPRIATED IN PART 1 FOR THE MICHIGAN FIRST HEALTHCARE PLAN ARE CONTINGENT UPON APPROVAL OF A WAIVER FROM THE FEDERAL GOVERNMENT.</p>	<p>NEW UNIT & SECTION</p> <p><u>MICHIGAN FIRST HEALTHCARE PLAN</u></p> <p>SEC. 1501. FUNDS APPROPRIATED IN PART 1 FOR THE MICHIGAN FIRST HEALTHCARE PLAN ARE CONTINGENT UPON APPROVAL OF A WAIVER FROM THE FEDERAL GOVERNMENT.</p>	<p>NEW UNIT & SECTION</p> <p><u>MICHIGAN FIRST HEALTHCARE PLAN</u></p> <p>SEC. 1501. FUNDS APPROPRIATED IN PART 1 FOR THE MICHIGAN FIRST HEALTHCARE PLAN ARE CONTINGENT UPON APPROVAL OF A WAIVER FROM THE FEDERAL GOVERNMENT.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1502. UPON APPROVAL OF A WAIVER FROM THE FEDERAL GOVERNMENT FOR THE MICHIGAN FIRST HEALTHCARE PLAN, THE DEPARTMENT SHALL ENSURE THAT CONTRACTS FOR COVERAGE OFFERED THROUGH THE PLAN ARE COMPETITIVELY BID AND THAT THE BIDDING IS OPEN TO ALL HEALTH PLANS REGULATED UNDER CHAPTER 35 OF THE INSURANCE CODE OF 1956, 1956 PA 218, MCL 500.3501 TO 500.3580.</p>	<p>NEW SECTION</p> <p>Sec. 1502. Upon approval of a waiver from the federal government for the Michigan First Healthcare Plan, the department shall ensure that contracts for coverage offered through the plan are competitively bid and that the bidding is open to all health plans regulated under chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580. THE DEPARTMENT SHALL NOT AWARD A SINGLE SOURCE CONTRACT TO A HEALTH PLAN THROUGH THE MICHIGAN FIRST HEALTHCARE PLAN.</p>	<p>NEW SECTION</p> <p>Sec. 1502. Upon approval of a waiver from the federal government for the Michigan First Healthcare Plan, the department shall ensure that contracts for coverage offered through the plan are competitively bid and that the bidding is open to all health plans regulated under chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580. PROVIDE THE SENATE AND HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE SENATE AND HOUSE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR WITH A REPORT DETAILING THE PROCESS THAT WILL BE UTILIZED TO DETERMINE WHICH INSURANCE ENTITIES WILL BE SELECTED FOR PARTICIPATION IN THE MICHIGAN FIRST HEALTHCARE PLAN. THE DEPARTMENT SHALL NOT AWARD A SINGLE SOURCE CONTRACT TO A HEALTH PLAN THROUGH THE MICHIGAN FIRST HEALTHCARE PLAN.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1503. THE DEPARTMENT SHALL PROVIDE A COPY OF THE FEDERALLY APPROVED MICHIGAN FIRST HEALTHCARE PLAN OR SIMILAR PROPOSAL TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR AT LEAST 90 DAYS BEFORE IMPLEMENTING ANY PORTION OF THE MICHIGAN FIRST HEALTHCARE PLAN, OR SIMILAR PROPOSAL.</p>	<p>NEW SECTION</p> <p>SEC. 1503. THE DEPARTMENT SHALL PROVIDE A COPY OF THE FEDERALLY APPROVED MICHIGAN FIRST HEALTHCARE PLAN OR SIMILAR PROPOSAL TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR AT LEAST 90 DAYS BEFORE IMPLEMENTING ANY PORTION OF THE MICHIGAN FIRST HEALTHCARE PLAN, OR SIMILAR PROPOSAL.</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. 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 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Provides Medicaid eligibility to low income elderly and disabled persons up to 100% of the poverty level.</i></p> <p>Sec. 1602. Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty level, pursuant to the state's option to elect such coverage set out at section 1902(a)(10)(A)(ii) and (m) of title XIX, 42 USC 1396a.</p>	<p>Sec. 1602. No changes from current law.</p>	Sec. 1602. No changes from current law.	Sec. 1602. No changes from current law.	Sec. 1602. No changes from current law.
<p><i>Allows the Department 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 persons to purchase medical coverage at a rate determined by the department.</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>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>(3) The premiums described in this section shall be classified as private funds.</p>	<p>(3) No changes from current law.</p>	(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 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Specifies certain conditions of the Medicaid eligibility application process.</i></p> <p>Sec. 1604. If an applicant for Medicaid coverage is found to be eligible, the department shall provide payment for all of the Medicaid covered and appropriately authorized services that have been provided to that applicant since the first day of the month in which the applicant filed and the department of human services received the application for Medicaid coverage. Receipt of the application by a local department of human services office is considered the date the application is received. If an application is submitted on the last day of the month and that day falls on a weekend or a holiday and the application is received by the local department of human services office on the first business day following the end of the month, then receipt of the application is considered to have been on the last day of the previous month. As used in this section, "completed application" means an application complete on its face and signed by the applicant regardless of whether the medical documentation required to make an eligibility determination is included.</p>	Delete current law.	Sec. 1604. No changes from current law.	Sec. 1604. No changes from current law.	Sec. 1604. No changes from current law.
<p><i>Establishes the Medicaid protected income level at 100% of the public assistance standard and requires 90-day notice prior to implementation of changes in the protected income level.</i></p> <p>Sec. 1605. (1) The protected income level for Medicaid coverage determined pursuant to section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, shall be 100% of the related public assistance standard.</p>	Sec. 1605. (1) No changes from current law.	Sec. 1605. (1) No changes from current law.	Sec. 1605. (1) No changes from current law.	Sec. 1605. (1) No changes from current law.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(2) The department shall notify the senate and house of representatives appropriations subcommittees on community health and the state budget director of any proposed revisions to the protected income level for Medicaid coverage related to the public assistance standard 90 days prior to implementation.	(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>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. 1606. No changes from current law.</p>	<p>Sec. 1606. No changes from current law.</p>	<p>Sec. 1606. For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 \$45.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>	<p>Sec. 1606. For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 \$45.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Stipulates that Medicaid applicants whose qualifying condition is pregnancy shall be presumed to be eligible unless the preponderance of the 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. Also specifies that obstetrical and prenatal care claims are to be paid at Medicaid fee-for-service rates if there is no contract between the provider and the managed care plan.</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. 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>

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(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.			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1608. THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF HUMAN SERVICES TO MODIFY MEDICAID PROGRAM POLICIES TO PERMIT HOSPITALS TO ENROLL MEDICAID-ELIGIBLE NEWBORN CHILDREN FOR MEDICAID FEE-FOR-SERVICE BENEFITS, IF THE HOSPITAL DETERMINES A PARENT IS NOT ABLE OR WILLING TO SELECT A MEDICAID HMO.</p>	Does not include Senate language.	Does not include Senate language.
<p><i>Requires the Department to provide a cost report grievance process for medical providers and payment within nine months following submission of cost reports.</i></p> <p>Sec. 1610. The department of community health shall provide an administrative procedure for the review of cost report grievances by medical services providers with regard to reimbursement under the medical services program. Settlements of properly submitted cost reports shall be paid not later than 9 months from receipt of the final report.</p>	Delete current law.	Sec. 1610. No changes from current law.	Sec. 1610. No changes from current law.	Sec. 1610. No changes from current law.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Medicaid payment rate to be accepted as payment in full, including payments from other third-party sources. The Hospital Services payments for persons who are dually eligible for Medicare and Medicaid are to include capital payments in determining the 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 copayment, no portion of a provider's charge shall be billed to the recipient or any person acting on behalf of the recipient. Nothing in this section shall be considered to affect the level of payment from a third-party source other than the medical services program. The department shall require a nonenrolled provider to accept medical services payments as payment in full.</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>	<p>Sec. 1611. (1) No changes from current law.</p>
<p>(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/medical services recipients with Medicare part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments.</p>	<p>(2) No changes from current law.</p>			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Directs the Department to require enrolled Medicaid providers to submit their billings electronically, unless prohibited by law or regulation.</i></p> <p>Sec. 1615. Unless prohibited by federal or state law or regulation, the department shall require enrolled Medicaid providers to submit their billings for services electronically.</p>	Delete current law.	Sec. 1615. No changes from current law.	Sec. 1615. No changes from current law.	Sec. 1615. No changes from current law.
<p><i>Authorizes up to \$8,753,700 of audit recovered Medicaid managed care and fee-for-service payments within the Hospital Services and Therapy appropriation line.</i></p> <p>Sec. 1616. Contingent upon recovery of Medicaid managed care and fee-for-service payments through audits or other recovery procedures, \$8,753,700.00, of which \$3,800,000.00 is general fund/general purpose funds, may be authorized within the hospital services and therapy line.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<p><i>Establishes the pharmacy dispensing fee at \$2.50 (\$2.75 for nursing home pharmacies) or the pharmacy's usual and customary charge, whichever is less. Specifies prescription copayments 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. Requires availability of a voluntary mail order pharmacy program.</i></p> <p>Sec. 1620. (1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be \$2.50 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less.</p>	Sec. 1620. (1) No change from current law.	Sec. 1620. (1) No change from current law.	Sec. 1620. (1) No change from current law.	Sec. 1620. (1) No change from current law.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(2) The department shall require a prescription copayment 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.
(3) For fee-for-service recipients, an optional mail order pharmacy program shall be available.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
<i>Authorizes drug utilization review and disease management systems with physician oversight and consultation with various medical provider groups. Prohibits therapeutic substitution.</i> Sec. 1621. (1) The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review and disease management systems authorized by this subsection shall have physician oversight, shall focus on patient, physician, and pharmacist education, and shall be developed in consultation with the national pharmaceutical council, Michigan state medical society, Michigan association of osteopathic physicians, Michigan pharmacists association, Michigan health and hospital association, and Michigan nurses' association.	Delete current law.	Sec. 1621. (1) No changes from current law.	Sec. 1621. (1) No changes from current law.	Sec. 1621. (1) No changes from current law.
(2) This section does not authorize or allow therapeutic substitution.	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 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allows DCH to establish pilot projects to test the efficacy of disease/health management systems and use the savings in lieu of supplemental rebates to include the drug manufacturer's products on the preferred drug list.</i></p> <p>Sec. 1621a. (1) The department, in conjunction with pharmaceutical manufacturers or their agents, may establish pilot projects to test the efficacy of disease management and health management programs.</p>	Delete current law.	Sec. 1621a. (1) No changes from current law.	Sec. 1621a. (1) No changes from current law.	Sec. 1621a. (1) No changes from current law.
<p>(2) The department may negotiate a plan that uses the savings resulting from the services rendered from these programs, in lieu of requiring a supplemental rebate for the inclusion of those participating parties' products on the department's preferred drug list.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p>Continues the current Medicaid policy that allows for the dispensing of a 100-day supply for maintenance drugs and notice to medical providers regarding this policy. Requires dispensing medication in the quantity prescribed unless subsequent consultation with the physician indicates otherwise.</p> <p>Sec. 1623. (1) The department shall continue the Medicaid policy that allows for the dispensing of a 100-day supply for maintenance drugs.</p>	Sec. 1623. (1) No changes from current law.	Sec. 1623. (1) No changes from current law.	Sec. 1623. (1) No changes from current law.	Sec. 1623. (1) No changes from current law.
<p>(2) The department shall notify all HMOs, physicians, pharmacies, and other medical providers that are enrolled in the Medicaid program that Medicaid policy allows for the dispensing of a 100-day supply for maintenance drugs.</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.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(3) The notice in subsection (2) shall also clarify that a pharmacy shall fill a prescription written for maintenance drugs in the quantity specified by the physician, but not more than the maximum allowed under Medicaid, unless subsequent consultation with the prescribing physician indicates otherwise.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
<i>Directs the Department to continue the practice of placing all atypical antipsychotic medications on the Medicaid preferred drug list.</i>				
Sec. 1625. The department shall continue its practice of placing all atypical antipsychotic medications on the Medicaid preferred drug list.	Sec. 1625. No changes from current law.	Sec. 1625. No changes from current law.	Sec. 1625. No changes from current law.	Sec. 1625. No changes from current law.
<i>Authorizes the Department to secure manufacturer drug rebates for participants in the MICHild, MOMS, State Medical, Children's Special Health Care Services, and EPIC programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.</i>				
Sec. 1627. (1) The department shall use procedures and rebates 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, state medical program, children's special health care services, and EPIC ADULT BENEFIT WAIVER PROGRAM.	Sec. 1627. (1)... to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in the MICHild program, maternal outpatient medical services program, state medical program , children's special health care services, and EPIC ADULT BENEFIT WAIVER PROGRAM.	Sec. 1627. (1)... to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in the MICHild program, maternal outpatient medical services program, state medical program , children's special health care services, and EPIC ADULT BENEFIT WAIVER PROGRAM.	Sec. 1627. (1)... to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in the MICHild program, maternal outpatient medical services program, state medical program , children's special health care services, and EPIC ADULT BENEFIT WAIVER PROGRAM.	Sec. 1627. (1)... to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in the MICHild program, maternal outpatient medical services program, state medical program , children's special health care services, and EPIC ADULT BENEFIT WAIVER PROGRAM.
(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization.	(2) No changes from current law.			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to convene a committee to study the implementation of psychotropic pharmacy administration under Medicare Part D for individuals dually enrolled in the Medicare and Medicaid programs by April 2006. The committee representation is detailed and a final report is due by September 30, 2006.</i></p> <p>Sec. 1628. (1) The department shall convene by April 2006 a committee to study the implementation of psychotropic pharmacy administration under Medicare part D for individuals dually enrolled in the Medicare and Medicaid programs. This committee shall study and evaluate the effectiveness of mental health consumer enrollment and medication access through the Medicare part D procedures for pharmaceutical management for dual eligibles.</p>	Delete current law.	Sec. 1628. (1) The department shall convene by April 2006 2007 a committee	Sec. 1628. (1) The department shall convene by April 2006 2007 a committee	Sec. 1628. (1) The department shall convene by April 2006 2007 a committee
<p>(2) The committee shall include a representative from each of the following organizations: the medical services administration, the office of services to the aging, the department's mental health and substance abuse services division, mental health association of Michigan, national alliance for the mentally ill of Michigan, Michigan psychiatric society, Michigan association of community mental health boards, Michigan pharmacists association, Michigan protection and advocacy service, international association of psychosocial rehabilitation services, and the pharmaceutical industry. The committee shall elect a chairperson who is not employed by state government.</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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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(3) The committee shall produce a report by September 30, 2006 to the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies.	Delete current law.	(3) The committee shall produce a report by September 30, 2006 2007 to the senate	(3) The committee shall produce a report by September 30, 2006 2007 to the senate	(3) The committee shall produce a report by September 30, 2006 2007 to the senate
<i>Requires the Department to base its MAC prices for generic drugs on the pricing available from at least two wholesalers who deliver in Michigan.</i> 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.	Sec. 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.
<i>Continues podiatric, adult dental and chiropractic services at not less than the level in effect on October 1, 2002. Prohibits restrictions on chiropractic services unless the recipient exceeds 18 visits within a year. Authorizes the Department to implement bulk order purchasing of hearing aids, imposes limits on binaural hearing aid benefits and limits replacement of hearing aids to once every 3 years.</i> Sec. 1630. (1) Medicaid coverage for podiatric services, adult dental services, and chiropractic 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. The department shall not impose utilization restrictions on chiropractic services unless a recipient has exceeded 18 office visits within 1 year.	Sec. 1630. (1) No changes from current law.	Sec. 1630. (1) No changes from current law.	Sec. 1630. (1) No changes from current law.	Sec. 1630. (1) No changes from current law.

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(2) The department may implement the bulk purchase of hearing aids, impose limitations on binaural hearing aid benefits, and limit the replacement of hearing aids to once every 3 years.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<i>Requires copayments on dental, podiatric, chiropractic, vision, and hearing aid services unless prohibited by law or regulation. Specifies copayments of \$2 for a physician office visit, \$3 for a hospital emergency room visit, \$50 for the first day of an in-patient hospital stay and \$1 for an out-patient hospital visit.</i> Sec. 1631. (1) The department shall require copayments on dental, podiatric, chiropractic, vision, and hearing aid services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.	Sec. 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.
(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay the following copayments: (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 in-patient hospital stay. (d) One dollar for an out-patient hospital visit.	(2) No changes from current law.	(2) No changes from current law.	(b) Three SIX dollars for a NON-EMERGENT hospital emergency room visit.	(b) Three SIX dollars for a hospital emergency room visit.
<i>Requires the Department to expand the Healthy Kids Dental program statewide if the funds become available specifically for this purpose.</i> Sec. 1633. From the funds appropriated in part 1 for auxiliary medical services, the department shall expand the healthy kids dental program statewide if funds become available specifically for expansion of the program.	Delete current law.	Sec. 1633. No changes from current law.	Sec. 1633. From the funds appropriated in part 1 for auxiliary medical DENTAL services, the department shall expand the healthy kids dental program statewide if funds become available specifically for expansion of the program.	Sec. 1633. From the funds appropriated in part 1 for auxiliary medical DENTAL services, the department shall expand the healthy kids dental program statewide if funds become available specifically for expansion of the program.

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires continuation of the FY 2000-01 5% increase in ambulance service payment rates and increases the ambulance mileage reimbursement rate to \$4.25 per mile.</i></p> <p>Sec. 1634. From the funds appropriated in part 1 for ambulance services, the department shall continue the 5% increase in payment rates for ambulance services implemented in fiscal year 2000-2001 and increase the ground mileage reimbursement rate per statute mile to \$4.25.</p>	<p>Sec. 1634. No changes from current law.</p>	<p>Sec. 1634. No changes from current law.</p>	<p>Sec. 1634. From the funds appropriated in part 1 for ambulance services; the department shall continue the 5% increase in payment rates for ambulance services implemented in fiscal year 2000-2001 and increase CONTINUE the ground mileage reimbursement rate per statute mile to AT \$4.25.</p>	<p>Sec. 1634. From the funds appropriated in part 1 for ambulance services, the department shall continue the 5% increase in payment rates for ambulance services implemented in fiscal year 2000-2001 and increase CONTINUE the ground mileage reimbursement rate per statute mile to AT \$4.25.</p>
			<p>NEW</p> <p>SEC. 1634A. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR TRANSPORTATION, THE DEPARTMENT SHALL ESTABLISH A NON-EMERGENCY MEDICAL TRANSPORTATION BROKERAGE PROGRAM FOR FEE-FOR-SERVICE MEDICAID BENEFICIARIES. A STATE PLAN AMENDMENT SHALL BE SUBMITTED BY JANUARY 1, 2007 TO ESTABLISH THE BROKERAGE PROGRAM. (2) CONTRACTS DEVELOPED UNDER THE BROKERAGE PROGRAM SHALL BE WITH 1 OR MORE BROKERS TO MANAGE TRANSPORTATION SERVICES FOR BENEFICIARIES TO AND FROM MEDICAL PROVIDERS.</p>	<p>Does not include House language.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Directs the Department to allocate \$6,910,800 between the Physician Services and Health Plan Services appropriation lines for the increase of Medicaid reimbursement rates for obstetrical services.</i></p> <p>Sec. 1635. From the funds appropriated in part 1 for physician services and health plan services, \$6,910,800.00, of which \$3,000,000.00 is general fund/general purpose funds, shall be allocated to increase Medicaid reimbursement rates for obstetrical services.</p>	<p>Sec. 1635. No changes from current law.</p>	<p>Sec. 1635. No changes from current law.</p>	<p>Sec. 1635. From the funds appropriated in part 1 for physician services and health plan services, \$6,910,800.00, of which \$3,000,000.00 is general fund/general purpose funds, shall be allocated to increase THE DEPARTMENT SHALL CONTINUE THE INCREASE in Medicaid reimbursement rates for obstetrical services IMPLEMENTED IN FISCAL YEAR 2005-2006.</p>	<p>Sec. 1635. From the funds appropriated in part 1 for physician services and health plan services, \$6,910,800.00, of which \$3,000,000.00 is general fund/general purpose funds, shall be allocated to increase THE DEPARTMENT SHALL CONTINUE THE INCREASE in Medicaid reimbursement rates for obstetrical services IMPLEMENTED IN FISCAL YEAR 2005-2006.</p>
			<p>NEW SECTION</p> <p>SEC. 1636. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PHYSICIAN SERVICES AND HEALTH PLAN SERVICES, \$33,247,100.00, OF WHICH \$14,502,400.00 IS GENERAL FUND/GENERAL PURPOSE FUNDS, SHALL BE ALLOCATED TO INCREASE MEDICAID REIMBURSEMENT RATES FOR PHYSICIAN SERVICES.</p>	<p>NEW SECTION</p> <p>Sec. 1636. (1) From the funds appropriated in part 1 for physician services and health plan services, \$33,247,100.00 \$16,623,600.00, of which \$14,502,400.00 \$7,251,200.00 is general fund/general purpose funds, shall be allocated to increase Medicaid reimbursement rates for physician services WELL CHILD PROCEDURE CODES AND PRIMARY CARE PROCEDURE CODES. THE INCREASED REIMBURSEMENT RATES IN THIS SECTION SHALL BE IMPLEMENTED OCTOBER 1, 2006 AND SHALL NOT EXCEED THE COMPARABLE MEDICARE PAYMENT RATE FOR THE SAME SERVICES.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
				(2) BY OCTOBER 1, 2006, THE DEPARTMENT SHALL PROVIDE A REPORT TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES THAT IDENTIFIES THE SPECIFIC PROCEDURE CODES AFFECTED BY THIS PROVISION AS WELL AS THE AMOUNT AND PERCENTAGE INCREASE PROVIDED FOR EACH PROCEDURE CODE.
<i>Requires that all Medicaid recipients be offered the opportunity to sign a Medicaid personal responsibility agreement which contains various provisions regarding healthy behaviors.</i>				
Sec. 1637. (1) All adult Medicaid recipients shall be offered the opportunity to sign a Medicaid personal responsibility agreement.	Sec. 1637. (1) No changes from current law.	Sec. 1637. (1) No changes from current law.	Sec. 1637. (1) No changes from current law.	Sec. 1637. (1) No changes from current law.
(2) The personal responsibility agreement shall include at minimum the following provisions: (a) That the recipient shall not smoke. (b) That the recipient shall attend all scheduled medical appointments. (c) That the recipient shall exercise regularly. (d) That if the recipient has children, those children shall be up-to-date on their immunizations. (e) That the recipient shall abstain from abusing controlled substances and narcotics.	(2) No changes from current law.			

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires institutional providers to submit their cost reports within five months of the end of the fiscal year.</i></p> <p>Sec. 1641. An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year.</p>	<p>Sec. 1641. No changes from current law.</p>			
<p><i>Allocates \$10,359,600 from Graduate Medical Education funds for a psychiatric residency training program if the universities involved provide the necessary allowable Medicaid matching funds.</i></p> <p>Sec. 1643. Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line item appropriation, not less than \$10,359,000.00 shall be allocated for the psychiatric residency training program that establishes and maintains collaborative relations with the schools of medicine at Michigan State University and Wayne State University if the necessary allowable Medicaid matching funds are provided by the universities.</p>	<p>Sec. 1643. No changes from current law.</p>			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW</p> <p>SEC. 1646. (1) EXCEPT AS OTHERWISE PROVIDED UNDER SUBSECTION (2), EFFECTIVE OCTOBER 1, 2006, THE DEPARTMENT SHALL ELIMINATE MEDICAID ELIGIBILITY FOR INDIVIDUALS WHO ARE PARENTS, CARETAKER RELATIVES, OR INDIVIDUALS BETWEEN THE AGES OF 18 AND 21 AND WHO ARE NOT REQUIRED TO BE COVERED UNDER FEDERAL MEDICAID REQUIREMENTS.</p>	Does not include House language.
			<p>(2) SUBSECTION (1) DOES NOT APPLY TO INDIVIDUALS BETWEEN THE AGES OF 18 AND 21 WHO, ON HIS OR HER EIGHTEENTH BIRTHDAY, WAS IN FOSTER CARE UNDER THE RESPONSIBILITY OF THE STATE AND WHOSE ASSETS, RESOURCES, AND INCOME DO NOT EXCEED THE ELIGIBILITY LEVELS ESTABLISHED BY THE STATE FOR THE INDIVIDUAL ON THE EFFECTIVE DATE OF THIS SECTION.</p>	

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires graduate medical education payments to hospitals at no less than the level of rates and payments in effect on April 1, 2005.</i></p> <p>Sec. 1647. From the funds appropriated in part 1 for medical services, the department shall allocate for graduate medical education not less than the level of rates and payments in effect on April 1, 2005.</p>	Delete current law.	Sec. 1647. No changes from current law.	Sec. 1647. No changes from current law.	Sec. 1647. No changes from current law.
<p><i>Requires the Department to maintain an automated toll-free phone line for medical providers to verify Medicaid eligibility.</i></p> <p>Sec. 1648. The department shall maintain an automated toll-free phone line to enable medical providers to verify the eligibility status of Medicaid recipients. There shall be no charge to providers for the use of the toll-free phone line.</p>	Sec. 1648. No changes from current law.	Sec. 1648. No changes from current law.	Sec. 1648. No changes from current law.	Sec. 1648. No changes from current law.
<p><i>Directs the Department to establish breast and cervical cancer treatment coverage for uninsured women under age 65 and with incomes below 250% of the poverty level, pursuant to new federal legislation.</i></p> <p>Sec. 1649. From the funds appropriated in part 1 for medical services, the department shall continue breast and cervical cancer treatment coverage for women up to 250% of the federal poverty level, who are under age 65, and who are not otherwise covered by insurance. This coverage shall be provided to women who have been screened through the centers for disease control breast and cervical cancer early detection program, and are found to have breast or cervical cancer, pursuant to the breast and cervical cancer prevention and treatment act of 2000, Public Law 106-354, 114 Stat.1381.</p>	Sec. 1649. No changes from current law.			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>Authorizes continuation of Medicaid managed care and assignment of recipients who do not select a provider. Requires notice of exception criteria to enrollment, the right to change plans, and complaint/grievance procedures. Specifies the criteria for medical exceptions to mandatory managed care enrollment.</p> <p>Sec. 1650. (1) The department may require medical services recipients residing in counties offering managed care options to choose the particular managed care plan in which they wish to be enrolled. Persons not expressing a preference may be assigned to a managed care provider.</p>	<p>Sec. 1650. (1) No changes from current law.</p>	<p>Sec. 1650. (1) No changes from current law.</p>	<p>Sec. 1650. (1) No changes from current law.</p>	<p>Sec. 1650. (1) No changes from current law.</p>
<p>(2) Persons to be assigned a managed care provider shall be informed in writing of the criteria for exceptions to capitated managed care enrollment, their right to change HMOs for any reason within the initial 90 days of enrollment, the toll-free telephone number for problems and complaints, and information regarding grievance and appeals rights.</p>	<p>(2) No changes from current law.</p>			
<p>(3) The criteria for medical exceptions to HMO enrollment shall be based on submitted documentation that indicates a recipient has a serious medical condition, and is undergoing active treatment for that condition with a physician who does not participate in 1 of the HMOs. If the person meets the criteria established by this subsection, the department shall grant an exception to mandatory enrollment at least through the current prescribed course of treatment, subject to periodic review of continued eligibility.</p>	<p>(3) No changes from current law.</p>			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allows access to hospice services for Medicaid patients enrolled in health maintenance organizations.</i></p> <p>Sec. 1651. (1) Medical services patients who are enrolled in HMOs have the choice to elect hospice services or other services for the terminally ill that are offered by the HMOs. If the patient elects hospice services, those services shall be provided in accordance with part 214 of the public health code, 1978 PA 368, MCL 333.21401 to 333.21420.</p>	<p>Sec. 1651. (1) No changes from current law.</p>	<p>Sec. 1651. (1) No changes from current law.</p>	<p>Sec. 1651. (1) No changes from current law.</p>	<p>Sec. 1651. (1) No changes from current law.</p>
<p>(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 CFR part 418.</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>NEW SECTION</p> <p>SEC. 1652. THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF HUMAN SERVICES TO PROVIDE MEDICAID HMOS, ON A MONTHLY BASIS, WITH A LIST OF COVERED RECIPIENTS ENROLLED IN THAT HMO WHO ARE SCHEDULED FOR REDETERMINATION OF PROGRAM STATUS.</p>	<p>Does not include Senate language.</p>	<p>Does not include Senate language.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Establishes conditions for implementation of Medicaid managed care plans related to continuity of care, submission of HMO data for evaluation, health plan advisory council, and choice of plans and prohibits mandatory enrollment in non-metropolitan areas with only one HMO unless there is a choice of two or more physicians. Maintains voluntary enrollment in the Children's Special Health Care Plan, and requires a budget neutral case rate adjustment for persons with AIDS and other high cost conditions.</i></p> <p>Sec. 1653. Implementation and contracting for managed care by the department through HMOs shall be subject to the following conditions:</p> <p>(a) Continuity of care is assured by allowing enrollees to continue receiving required medically necessary services from their current providers for a period not to exceed 1 year if enrollees meet the managed care medical exception criteria.</p> <p>(b) The department shall require contracted HMOs to submit data determined necessary for evaluation on a timely basis.</p> <p>(c) Mandatory enrollment of Medicaid beneficiaries living in counties defined as rural by the federal government, which is any nonurban standard metropolitan statistical area, is allowed if there is only 1 HMO serving the Medicaid population, as long as each Medicaid beneficiary is assured of having a choice of at least 2 physicians by the HMO.</p> <p>(d) Enrollment of recipients of children's special health care services in HMOs shall be voluntary during the fiscal year.</p> <p>(e) The department shall develop a case adjustment to its rate methodology that considers the costs of persons with HIV/AIDS, end stage renal disease, organ transplants, and other high-cost diseases or conditions and shall implement the case adjustment when it is proven to be actuarially and fiscally sound. Implementation of the case adjustment must be budget neutral.</p>	<p>Sec. 1653. No changes from current law.</p>	Sec. 1653. No changes from current law.	Sec. 1653. No changes from current law.	Sec. 1653. No changes from current law.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires Medicaid HMOs to pay for services by non-HMO providers if medically necessary, approved by the HMO, immediately required, and can't be obtained through HMO providers on a timely basis. Services are considered approved if the authorization request is not responded to within 24 hours.</i></p> <p>Sec. 1654. Medicaid HMOs shall provide for reimbursement of HMO covered services delivered other than through the HMO's providers if medically necessary and approved by the HMO, immediately required, and that could not be reasonably obtained through the HMO's providers on a timely basis. Such services shall be considered approved if the HMO does not respond to a request for authorization within 24 hours of the request. Reimbursement shall not exceed the Medicaid fee-for-service payment for those services.</p>	<p>Sec. 1654. No changes from current law.</p>			
<p><i>Allows for a 12-month lock-in to HMOs with good cause exceptions and allows recipients to change plans for any reason within the first 90 days.</i></p> <p>Sec. 1655. (1) The department may require a 12-month lock-in to the HMO selected by the recipient during the initial and subsequent open enrollment periods, but allow for good cause exceptions during the lock-in period.</p>	<p>Sec. 1655. (1) No changes from current law.</p>	<p>Sec. 1655. (1) No changes from current law.</p>	<p>Sec. 1655. (1) No changes from current law.</p>	<p>Sec. 1655. (1) No changes from current law.</p>
<p>(2) Medicaid recipients shall be allowed to change HMOs for any reason within the initial 90 days of enrollment.</p>	<p>(2) No changes from current law.</p>	(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 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires an expedited grievance procedure for Medicaid recipients enrolled in qualified health plans, and a toll free phone number to assist with resolving problems and complaints. Annual reports on the complaints received and their resolution are required.</i></p> <p>Sec. 1656. (1) The department shall provide an expedited complaint review procedure for Medicaid eligible persons enrolled in HMOs for situations in which failure to receive any health care service would result in significant harm to the enrollee.</p>	<p>Sec. 1656. (1) No changes from current law.</p>	<p>Sec. 1656. (1) No changes from current law.</p>	<p>Sec. 1656. (1) No changes from current law.</p>	<p>Sec. 1656. (1) No changes from current law.</p>
<p>(2) The department shall provide for a toll-free telephone number for Medicaid recipients enrolled in managed care to assist with resolving problems and complaints. If warranted, the department shall immediately disenroll persons from managed care and approve fee-for-service coverage.</p>	<p>(2) No changes from current law.</p>			
<p>(3) Annual reports summarizing the problems and complaints reported and their resolution shall be provided to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office.</p>	<p>(3) No changes from current law.</p>	(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 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires reimbursement for emergency room services to screen and stabilize the patient without prior authorization by an HMO, and notice to the HMO regarding the patient's diagnosis and treatment within 24 hours of discharge. Prior authorization by the HMO is required for further services beyond stabilization. Requires DCH to receive assurances from Office of Financial and Insurance Services that new Medicaid HMOS meet net worth and solvency standards prior to contracting with them.</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. 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 must receive authorization from the recipient's HMO prior to admitting the recipient.</p>	<p>(2) No changes from current law.</p>			
<p>(3) Subsections (1) and (2) shall not be construed as a requirement to alter an existing agreement between an HMO and their contracting hospitals nor as a requirement that an HMO must reimburse for services that are not considered to be medically necessary.</p>	<p>(3) No changes from current law.</p>			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(4) Prior to contracting with an HMO for managed care services that did not have a contract with the department before October 1, 2002, the department shall receive assurances from the office of financial and insurance services that the HMO meets the net worth and financial solvency requirements contained in chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580.	(4) No changes from current law.			
<i>Requires that HMOs shall have contracts with local hospitals, and requires reimbursement to non-contracted hospitals at Medicaid fee-for-service rates. Also requires hospitals that do not contract with HMOs in their service area to enter into a hospital access agreement as specified in a MSA policy bulletin.</i>				
Sec. 1658. (1) HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO, in its service area, that hospital shall enter into a hospital access agreement as specified in the MSA bulletin Hospital 01-19.	Sec. 1658. (1) No changes from current law.	Sec. 1658. (1) No changes from current law.	Sec. 1658. (1) No changes from current law.	Sec. 1658. (1) No changes from current law.
(2) A hospital access agreement specified in subsection (1) shall be considered an affiliated provider contract pursuant to the requirements contained in chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580.	(2) No changes from 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 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	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, children's special health care services plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 401, 402, 404, 414, 418, 424, 428, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1666, 1699, and 1700.</p>	<p>Sec. 1659. The following sections of this article BILL are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 401, 402, 404, 411, 414, 418, 424, 428, 456, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1666, 1699, and 1700.</p>	<p>Sec. 1659. The following sections of this article ACT are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 401, 402, 404, 411, 414, 418, 424, 428, 456, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1666, 1699, and 1700.</p>	<p>Sec. 1659. The following sections of this article ACT are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 401, 402, 404, 411, 414, 418, 424, 428, 456, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1666, 1699, 1711, 1749, 1752 and 1700 1753.</p>	<p>Sec. 1659. The following sections of this article ACT are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 401, 402, 404, 411, 414, 418, 424, 428, 456, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1666, 1699, 1711, 1749, 1752, 1753 and 1700 1766.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires timely access to EPSDT services for children enrolled in Medicaid managed care programs. Specifies primary care provider's responsibility for assuring child's vision and hearing screening. Requires local health departments to provide preschool vision and hearing screenings and accept referrals. Also requires that HMOs provide EPSDT utilization data, well child visits, and maternal and infant support services as described in Medicaid policy, and that DCH provide for budget neutral incentives to improve performance related to the care of children and pregnant women.</i></p> <p>Sec. 1660. (1) The department shall assure that all Medicaid children have timely access to EPSDT services as required by federal law. Medicaid HMOs shall provide EPSDT services to their child members in accordance with Medicaid EPSDT policy.</p>	<p>Sec. 1660. (1) No changes from current law.</p>	<p>Sec. 1660. (1) No changes from current law.</p>	<p>Sec. 1660. (1) No changes from current law.</p>	<p>Sec. 1660. (1) No changes from current law.</p>
<p>(2) The primary responsibility of assuring a child's hearing and vision screening is with the child's primary care provider. The primary care provider shall provide age appropriate screening or arrange for these tests through referrals to local health departments. Local health departments shall provide preschool hearing and vision screening services and accept referrals for these tests from physicians or from Head Start programs in order to assure all preschool children have appropriate access to hearing and vision screening. Local health departments shall be reimbursed for the cost of providing these tests for Medicaid eligible children by the Medicaid program.</p>	<p>(2) No changes from current law.</p>			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(3) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and health employer data and information set well child health measures in accordance with the National Committee on Quality Assurance prescribed methodology.	(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) The department shall require HMOs to be responsible for well child visits and maternal and infant support services as described in Medicaid policy. These responsibilities shall be specified in the information distributed by the HMOs to their members.	(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 provide, on an annual basis, budget neutral incentives to Medicaid HMOs and local health departments to improve performance on measures related to the care of children and pregnant women.	(5) No changes from current law.			

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Boilerplate for Medical Services Component**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires timely access to Maternal/Infant Support services (MSS/ISS) and coordination with other state or local programs. Also prohibits prior authorization for EPSDT and MSS/ISS screening referrals and up to three MSS/ISS service visits.</i></p> <p>Sec. 1661. (1) The department shall assure that all Medicaid eligible children and pregnant women have timely access to MSS/ISS services. Medicaid HMOs shall assure that maternal support service screening is available to their pregnant members and that those women found to meet the maternal support service high-risk criteria are offered maternal support services. Local health departments shall assure that maternal support service screening is available for Medicaid pregnant women not enrolled in an HMO and that those women found to meet the maternal support service high-risk criteria are offered maternal support services or are referred to a certified maternal support service provider.</p>	<p>Sec. 1661. (1) No change from current law.</p>	<p>Sec. 1661. (1) No change from current law.</p>	<p>Sec. 1661. (1) No change from current law.</p>	<p>Sec. 1661. (1) No change from current law.</p>
<p>(2) The department shall prohibit HMOs from requiring prior authorization of their contracted providers for any EPSDT screening and diagnosis service, for any MSS/ISS screening referral, or for up to 3 MSS/ISS service visits.</p>	<p>(2) No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) The department shall assure the coordination of MSS/ISS services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the department of human services, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect.</p>	<p>(3) No changes from current law.</p>			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Assurance by the Department that an external quality review of each HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services either contracted or directly provided to Medicaid beneficiaries. Directs the Department to submit copies of the analysis of HMO HEDIS reports and the annual external quality review report within 30 days. Also requires the Department to work with the Michigan Association of Health Plans and the Michigan Association for Local Public Health to improve EPSDT and MSS/ISS services, and assure that training and technical assistance are available EPSDT and MSS/ISS.</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. 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>
<p>(2) The department shall provide a copy of the analysis of the Medicaid HMO annual audited health employer data and information set reports and the annual external quality review report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors.</p>	<p>(2) No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p>(3) The department shall work with the Michigan association of health plans and the Michigan association for local public health to improve service delivery and coordination in the MSS/ISS and EPSDT programs.</p>	<p>(3) No changes from current law.</p>			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(4) The department shall assure that training and technical assistance are available for EPSDT and MSS/ISS for Medicaid health plans, local health departments, and MSS/ISS contractors.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
<p><i>Directs the Department to implement system changes to assure that within 30 days of birth newborns of health plan covered Medicaid mothers are included in the Medicaid eligibility file and enrolled in the same health plan as the mother.</i></p> <p>Sec. 1666. To increase timely repayment of the maternity case rate to health plans and reduce the need to recover revenue from hospitals, the department shall implement system changes to assure that children who are born to mothers who are Medicaid eligible and enrolled in health plans are within 30 days after birth included in the Medicaid eligibility file and enrolled in the same health plan as the mother or any other health plan designated by the mother.</p>	Delete current law.	Sec. 1666. No changes from current law.	Sec. 1666. No changes from current law.	Sec. 1666. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>(1) Specifies that the funds appropriated for the MICHild Program are to be used to provide health care to children under age 19 in families with income below 200 % of the federal poverty level who have not had health insurance within six months of making application for MICHild benefits. Health care coverage is to be provided through expanded Medicaid eligibility for children in families up to 150% of poverty, and through a state-based private health care program for children in families between 150% and 200% of poverty, (2) allows the Department to provide up to one year of continuous eligibility for the MICHild Program unless the family members no longer meet the eligibility criteria or the family fails to pay the monthly premium, (3) assures continuity of care for persons whose category of MICHild eligibility changes due to family income, (4) specifies the income level and verification requirements to be used in determining eligibility for the MICHild program, (5) requires the Department to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide the MICHild health care benefit at the capitated rate, (6) allows the Department to obtain certain MICHild services contractually through community mental health agencies.</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 article. Health care coverage for children in families below 150% of the federal poverty level shall be provided through expanded eligibility under the state's Medicaid program. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program.</p>	<p>Sec. 1670. (1) Replaces "article" with "bill".</p>	<p>Sec. 1670. (1) Replaces "article" with "act".</p>	<p>Sec. 1670. (1) Replaces "article" with "act".</p>	<p>Sec. 1670. (1) Replaces "article" with "act".</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(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.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
(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: (a) "Dental care corporation", "health care corporation", "insurer", and "prudent purchaser agreement" mean those terms as defined in section 2 of the prudent purchaser act, 1984 PA 233, MCL 550.52. (b) "Entity" means a health care corporation or insurer operating in accordance with a prudent purchaser agreement.	(5) No changes from current law.			
(6) The department may enter into contracts to obtain certain MICHild services from community mental health service programs.	(6) No changes from current law.			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(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 line-item appropriations providing for specific health care 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.
<i>Requires the Department to continue a comprehensive approach to the marketing and outreach of the MIChild program, and to coordinate such efforts with the Department's existing outreach and marketing activities.</i> Sec. 1671. From the funds appropriated in part 1, the department shall continue a comprehensive approach to the marketing and outreach of the MIChild program. The marketing and outreach required under this section shall be coordinated with current outreach, information dissemination, and marketing efforts and activities conducted by the department.	Sec. 1671. No changes from current law.	Sec. 1671. No changes from current law.	Sec. 1671. No changes from current law.	Sec. 1671. No changes from current law.
<i>Allows the Department to establish premiums for eligible persons above 150% of the poverty level not to exceed \$15 per month for a family and prohibits copayments under the MIChild Program.</i> Sec. 1673. (1) The department may establish premiums for MIChild eligible persons in families with income above 150% of the federal poverty level. The monthly premiums shall not exceed \$15.00 for a family.	Sec. 1673. (1) No changes from current law.	Sec. 1673. (1) No changes from current law.	Sec. 1673. (1) The department may establish premiums for MIChild eligible persons in families with income above 150% of the federal poverty level. The monthly premiums shall not BE LESS THEN \$10.00 OR exceed \$15.00 for a family.	Sec. 1673. (1) The department may establish premiums for MIChild eligible persons in families with income above 150% of the federal poverty level. The monthly premiums shall not BE LESS THEN \$10.00 OR exceed \$15.00 for a family.
(2) The department shall not require copayments under the MIChild program.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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.	Delete current law.	Sec. 1677. No changes from current law.	Sec. 1677. No changes from current law.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires that previous payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through the Medicaid nursing home wage pass-through program be continued. Also requires that the Department not increase or decrease the Medicaid nursing home wage pass-through program in FY 2004-05.</i></p> <p>Sec. 1680. (1) Payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through the Medicaid nursing home wage pass-through program shall be continued in fiscal year 2005-2006.</p>	<p>Sec. 1680. (1) Same as current law with "2005-2006" changed to "2006-2007".</p>	<p>Sec. 1680. (1) Same as current law with "2005-2006" changed to "2006-2007".</p>	<p>Sec. 1680. (1) Same as current law with "2005-2006" changed to "2006-2007".</p>	<p>Sec. 1680. (1) Same as current law with "2005-2006" changed to "2006-2007".</p>
<p>(2) The department shall not implement any increase or decrease in the Medicaid nursing home wage pass-through program in fiscal year 2004-2005.</p>	<p>(2) Same as current law with "2004-2005" changed to "2006-2007".</p>	<p>(2) Same as current law with "2004-2005" changed to "2005-2006".</p>	<p>(2) Same as current law with "2004-2005" changed to "2005-2006".</p>	<p>(2) Same as current law with "2004-2005" changed to "2005-2006".</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department and local waiver agents to encourage the use of family members, friends, and neighbors to provide non-medical home and community based services, where appropriate.</i></p> <p>Sec. 1681. From the funds appropriated in part 1 for home- and community-based services, the department and local waiver agents shall encourage the use of family members, friends, and neighbors of home and community-based services participants, where appropriate, to provide homemaker services, meal preparation, transportation, chore services, and other nonmedical covered services to participants in the Medicaid home- and community-based services program. This section shall not be construed as allowing for the payment of family members, friends, or neighbors for these services unless explicitly provided for in federal or state law.</p>	<p>Sec. 1681. No changes from current law.</p>	<p>Sec. 1681. No changes from current law.</p>	<p>Sec. 1681. No changes from current law.</p>	<p>Sec. 1681. No changes from current law.</p>
<p><i>Authorizes the Department to implement federal nursing home enforcement provisions and to receive/expend penalty money for noncompliance.</i></p> <p>Sec. 1682. (1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, 42 USC 1396r.</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>Sec. 1682. (1) No changes from current law.</p>
<p>(2) The department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p>	<p>(2) No changes from current law.</p>			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(3) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.	(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 the Department to promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals, including hospice care, pain management, and suicide prevention.</i></p> <p>Sec. 1683. The department shall promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals. Priority shall be given to programs, such as hospice, that focus on individual dignity and quality of care provided persons with terminal illness and programs serving persons with chronic illnesses that reduce the rate of suicide through the advancement of the knowledge and use of improved, appropriate pain management for these persons; and initiatives that train health care practitioners and faculty in managing pain, providing palliative care, and suicide prevention.</p>	Sec. 1683. No changes from current law.	Sec. 1683. No changes from current law.	Sec. 1683. No changes from current law.	Sec. 1683. No changes from current law.
<p><i>Requires that the payment rate allocated for administrative expenses for the HCBS waiver program be reduced by \$2.00 per person per day, and that the savings realized by this action will be reallocated to increase enrollment in the waiver program. A report will be prepared by the Department on the number of nursing home patients discharged who are subsequently enrolled in the HCBS waiver program, and the associated cost savings.</i></p> <p>Sec. 1684. (1) Of the funds appropriated in part 1 for the Medicaid home- and community-based services waiver program, the payment rate allocated for administrative expenses shall be reduced by \$2.00 per person per day.</p>	Delete current law.	Sec. 1684. (1) No changes from current law.	Sec. 1684. (1) Of the funds appropriated in part 1 for the Medicaid home- and community-based services waiver program, the payment rate allocated for administrative expenses shall be reduced by FOR FISCAL YEAR 2006-2007 SHALL CONTINUE AT THE RATE IMPLEMENTED IN FISCAL YEAR 2005-2006 AFTER THE \$2.00 per person per day MANDATED REDUCTION.	Sec. 1684. (1) Of the funds appropriated in part 1 for the Medicaid home- and community-based services waiver program, the payment rate allocated for administrative expenses shall be reduced by FOR FISCAL YEAR 2006-2007 SHALL CONTINUE AT THE RATE IMPLEMENTED IN FISCAL YEAR 2005-2006 AFTER THE \$2.00 per person per day MANDATED REDUCTION.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(2) The savings realized from the reduced administrative rate shall be reallocated to increase enrollment in the waiver program and to provide direct services to eligible program participants.	Delete current law.	(2) No changes from current law.	(2) The savings realized from CONTINUING the reduced administrative rate shall be reallocated to increase enrollment in the waiver program and to provide direct services to eligible program participants.	(2) The savings realized from CONTINUING the reduced administrative rate shall be reallocated to increase enrollment in the waiver program and to provide direct services to eligible program participants.
(3) The department shall provide a report to the house of representatives and senate appropriations subcommittees on community health and the house of representatives and senate fiscal agencies on the number of nursing home patients discharged who are subsequently enrolled in the Medicaid home- and community-based services waiver program, and the associated cost savings.	Delete current law.	(3) No changes from current law.	(3) The department shall provide a report BY APRIL 1, 2007 , to the house of representatives and senate appropriations subcommittees on community health	(3) The department shall provide a report BY APRIL 1, 2007 , to the house of representatives and senate appropriations subcommittees on community health
<i>Requires Medicaid nursing home payment rates to be set 30 days in advance of the facility's fiscal year, and to be based on the most recent cost report submitted.</i> Sec. 1685. All nursing home rates, class I and class III, must have their respective fiscal year rate set 30 days prior to the beginning of their rate year. Rates may take into account the most recent cost report prepared and certified by the preparer, provider corporate owner or representative as being true and accurate, and filed timely, within 5 months of the fiscal year end in accordance with Medicaid policy. If the audited version of the last report is available, it shall be used. Any rate factors based on the filed cost report may be retroactively adjusted upon completion of the audit of that cost report.	Sec. 1685. No changes from current law.	Sec. 1685. No changes from current law.	Sec. 1685. No changes from current law.	Sec. 1685. No changes from current law.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to report by April 30, 2006, on the progress of three Medicaid long-term care single point of entry services pilot projects.</i></p> <p>Sec. 1686. (1) The department shall submit a report by April 30, 2006, to the house of representatives and senate appropriations subcommittees on community health and the house of representatives and senate fiscal agencies on the progress of 3 Medicaid long-term care single point of entry services pilot projects. The department shall also submit a final plan to the house of representatives and senate subcommittees on community health and the house of representatives and senate fiscal agencies 60 days prior to any expansion of the program.</p>	<p>Sec. 1686. (1) Same as current law with date changed to "April 30, 2007".</p>	<p>Sec. 1686. (1) Same as current law with date changed to "April 30, 2007".</p>	<p>Sec. 1686. (1) The department shall submit a report by April 30, 2006 2007, to the house of representatives and senate appropriations subcommittees on community health and the house of representatives and senate fiscal agencies on the progress of 3 4 Medicaid long-term care single point of entry services pilot projects. The department shall also submit a final plan to the house of representatives</p>	<p>Sec. 1686. (1) The department shall submit a report by April 30, 2006 2007, to the house of representatives and senate appropriations subcommittees on community health and the house of representatives and senate fiscal agencies on the progress of 3 4 Medicaid long-term care single point of entry services pilot projects. The department shall also submit a final plan to the house of representatives</p>
<p>(2) As used in this section, "single point of entry" means a system that enables consumers to access Medicaid long-term care services and supports through 1 agency or organization and that promotes consumer education and choice of long-term care options.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>NEW</p> <p>(2) IN ADDITION TO THE REPORT REQUIRED UNDER SUBSECTION (1), THE DEPARTMENT SHALL REPORT ALL OF THE FOLLOWING TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES BY SEPTEMBER 30, 2007: (A) THE TOTAL COST OF THE SINGLE POINT OF ENTRY PROGRAM.</p>	<p>NEW</p> <p>(2) IN ADDITION TO THE REPORT REQUIRED UNDER SUBSECTION (1), THE DEPARTMENT SHALL REPORT ALL OF THE FOLLOWING TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES BY SEPTEMBER 30, 2007: (A) THE TOTAL COST OF THE SINGLE POINT OF ENTRY PROGRAM.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>(B) THE TOTAL COST OF EACH DESIGNATED SINGLE POINT OF ENTRY. (C) THE TOTAL AMOUNT OF MEDICAID DOLLARS SAVED BECAUSE OF THE PROGRAM. (D) THE TOTAL NUMBER OF EMERGENT SINGLE POINT OF ENTRY CASES HANDLED AND THE AVERAGE LENGTH OF TIME FOR PLACEMENT IN LONG-TERM CARE FOR THOSE CASES. (E) THE TOTAL NUMBER OF SINGLE POINT OF ENTRY CASES INVOLVING TRANSFER FROM HOSPITAL SETTINGS TO LONG-TERM CARE SETTINGS AND THE AVERAGE LENGTH OF TIME FOR PLACEMENT OF THOSE CASES IN LONG-TERM CARE SETTINGS.</p>	<p>(B) THE TOTAL COST OF EACH DESIGNATED SINGLE POINT OF ENTRY. (C) THE TOTAL AMOUNT OF MEDICAID DOLLARS SAVED BECAUSE OF THE PROGRAM. (D) THE TOTAL NUMBER OF EMERGENT SINGLE POINT OF ENTRY CASES HANDLED AND THE AVERAGE LENGTH OF TIME FOR PLACEMENT IN LONG-TERM CARE FOR THOSE CASES. (E) THE TOTAL NUMBER OF SINGLE POINT OF ENTRY CASES INVOLVING TRANSFER FROM HOSPITAL SETTINGS TO LONG-TERM CARE SETTINGS AND THE AVERAGE LENGTH OF TIME FOR PLACEMENT OF THOSE CASES IN LONG-TERM CARE SETTINGS.</p>
			NEW	NEW
			(3) IT IS THE INTENT OF THE LEGISLATURE THAT FUNDING FOR SINGLE POINT OF ENTRY FOR LONG-TERM CARE END ON SEPTEMBER 30, 2008.	(3) IT IS THE INTENT OF THE LEGISLATURE THAT FUNDING FOR SINGLE POINT OF ENTRY FOR LONG-TERM CARE END ON SEPTEMBER 30, 2008.
(2) As used in this section, "single point of entry" means a system that enables consumers to access Medicaid long-term care services and supports through 1 agency or organization and that promotes consumer education and choice of long-term care options.	(2) No changes from current law.	(2) No changes from current law.	(2) (4) As used in this section, "single point of entry" means	(2) (4) As used in this section, "single point of entry" means

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Authorizes the Department to contract with a stand alone psychiatric facility to provide access to Medicaid recipients who require specialized Alzheimer's disease or dementia care. The facility must provide at least 20% of its total care to Medicaid recipients. A report shall be submitted to both Legislative subcommittees on Community Health, as well as the fiscal agencies, on the effectiveness of the facility contract in improving the quality of services to Medicaid recipients.</i></p> <p>Sec. 1687. (1) From the funds appropriated in part 1 for long-term care services, the department shall contract with a stand alone psychiatric facility that provides at least 20% of its total care to Medicaid recipients to provide access to Medicaid recipients who require specialized Alzheimer's disease or dementia care.</p>	Delete current law.	Sec. 1687. (1) No changes from current law.	Sec. 1687. (1) No changes from current law.	Sec. 1687. (1) No changes from current law.
<p>(2) The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the effectiveness of the contract required under subsection (1) to improve the quality of services to Medicaid recipients.</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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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Prohibits a limit on personal care services reimbursement under the Medicaid Home and Community-Based Services program, but allows the Department to maintain the aggregate per day client reimbursement cap for all services provided under the waiver program.</i></p> <p>Sec. 1688. The department shall not impose a limit on per unit reimbursements to service providers that provide personal care or other services under the Medicaid home- and community-based services waiver program for the elderly and disabled. The department's per day per client reimbursement cap calculated in the aggregate for all services provided under the Medicaid home- and community-based services waiver is not a violation of this section.</p>	<p>Sec. 1688. No changes from current law.</p>			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i> Gives priority in HCBS enrollment to nursing homes residents and those eligible for nursing homes, and requires screening to prevent unnecessary nursing home admissions. Directs DCH to transfer funds to the HCBS program for successfully moving persons out of nursing homes if there is a net reduction in the number of Medicaid nursing home days of care and a net cost savings attributable to moving persons out of nursing homes. Provides for a quarterly report on HCBS allocations and expenditures by regions and net cost savings.</i></p> <p>Sec. 1689. (1) Priority in enrolling additional persons in the Medicaid home- and community-based services waiver program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided home- and community-based services. The department shall implement screening and assessment procedures to assure that no additional Medicaid eligible persons are admitted to nursing homes who would be more appropriately served by the Medicaid home- and community-based services waiver program. If there is a net decrease in the number of Medicaid nursing home days of care during the most recent quarter in comparison with the previous quarter and a net cost savings attributable to moving individuals from a nursing home to the home- and community-based services waiver program, the department shall transfer the net cost savings to the home- and community-based services waiver program. If a transfer is required, it shall be done on a quarterly basis.</p>	<p>Sec. 1689. (4) Priority in enrolling additional persons in the Medicaid home- and community-based services waiver program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided home- and community-based services. The department shall implement screening and assessment procedures to assure that no additional Medicaid eligible persons are admitted to nursing homes who would be more appropriately served by the Medicaid home- and community-based services waiver program. If there is a net decrease in the number of Medicaid nursing home days of care during the most recent quarter in comparison with the previous quarter and a net cost savings attributable to moving individuals from a nursing home to the home- and community-based services waiver program, the department shall transfer the net cost savings to the home- and community-based services waiver program. If a transfer is required, it shall be done on a quarterly basis.</p>	<p>Sec. 1689. (1) No changes from current law.</p>	<p>Sec. 1689. (1) No changes from current law.</p>	<p>Sec. 1689. (1) No changes from current law.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(2) Within 30 days of the end of each fiscal quarter, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home- and community-based 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 and the amount of funds transferred.</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>
<p><i>Allows the Department to work with the federal government to establish an estate preservation program as recommended by the Michigan Medicaid Long Term Task Force.</i></p> <p>Sec. 1690. The department may work with the federal government to establish an estate preservation program as recommended by the Michigan Medicaid long-term care task force.</p>	<p>Delete current law.</p>	<p>Sec. 1690. The department may work with the federal government to SHALL establish an estate preservation program as recommended by the Michigan Medicaid long-term care task force.</p>	<p>NEW</p> <p>SEC. 1690. THE DEPARTMENT SHALL ESTABLISH AND IMPLEMENT A LONG-TERM CARE PARTNERSHIP PROGRAM TO PROVIDE FOR THE FINANCING OF LONG-TERM CARE THROUGH A COMBINATION OF PRIVATE INSURANCE AND MEDICAID AS SPECIFIED IN STATE LAW.</p>	<p>Delete current law.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
	<p>NEW SECTION</p> <p>Sec. 1690. FROM THE FUNDS APPROPRIATED IN PART 1 FOR LONG-TERM CARE SERVICES THE DEPARTMENT SHALL IMPLEMENT A WAGE INCREASE FOR MEDICAID HOME HELP/PERSONAL CARE WORKERS. EXPENDITURES ASSOCIATED WITH THIS INCREASE SHALL NOT EXCEED \$20,000,000.00.</p>	<p>NEW SECTION</p> <p>SEC. 1691. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE WAGE INCREASE FOR ADULT HOME HELP EMPLOYEES, THE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT OF HUMAN SERVICES, SHALL RAISE WAGES FOR ALL ADULT HOME HELP EMPLOYEES BY AT LEAST 55 CENTS PER HOUR AND SHALL IMPOSE A MINIMUM FLOOR PAYMENT RATE OF \$6.10 PER HOUR.</p>	<p>NEW SECTION</p> <p>SEC. 1691. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE WAGE INCREASE FOR ADULT HOME HELP SERVICES, THE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT OF HUMAN SERVICES, SHALL NOT RAISE WAGES FOR ADULT HOME HELP EMPLOYEES WHO ARE PROVIDING SERVICES TO RELATIVES FOR BEYOND THE FISCAL YEAR 2005-2006 LEVEL.</p>	<p>NEW SECTION</p> <p>SEC. 1691. THE FUNDING INCREASE OF \$31,462,600.00 PROVIDED IN PART 1 FOR THE ADULT HOME HELP PROGRAM SHALL BE PASSED THROUGH TO ADULT HOME HELP WORKERS SUBJECT TO THE FOLLOWING CONDITIONS: (A) ALL ADULT HOME HELP WORKERS PROVIDING CARE UNDER THE ADULT HOME HELP PROGRAM SHALL RECEIVE A WAGE OF AT LEAST \$7.00 PER HOUR, EFFECTIVE OCTOBER 1, 2006. (B) ADULT HOME HELP WORKERS EMPLOYED BY A COUNTY WHICH PAID THOSE ADULT HOME HELP WORKERS AT LEAST \$7.00 PER HOUR AS OF JULY 1, 2006 SHALL RECEIVE A WAGE RATE INCREASE OF \$0.50 PER HOUR. (C) THE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT OF HUMAN SERVICES, SHALL REVISE ANY POLICIES, RULES, PROCEDURES, OR REGULATIONS THAT MAY BE AN ADMINISTRATIVE BARRIER TO THE IMPLEMENTATION OF THE WAGE INCREASES DESCRIBED IN THIS SECTION.</p>

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		(2) THE WAGE INCREASES REFERENCED IN SUBSECTION (1) SHALL TAKE EFFECT ON OCTOBER 1, 2006.	(2) THE WAGE REQUIREMENT REFERENCED IN SUBSECTION (1) SHALL TAKE EFFECT ON OCTOBER 1, 2006.	Not included.
<p><i>Provides authorization for Medicaid reimbursement of school-based services.</i></p> <p>Sec. 1692. (1) The department of community health is authorized to pursue reimbursement for eligible services provided in Michigan schools from the federal Medicaid program. The department and the state budget director are authorized to negotiate and enter into agreements, together with the department of education, with local and intermediate school districts regarding the sharing of federal Medicaid services funds received for these services. The department is authorized to receive and disburse funds to participating school districts pursuant to such agreements and state and federal law.</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>	<p>Sec. 1692. (1) No changes from current law.</p>
<p>(2) From the funds appropriated in part 1 for medical services school services payments, the department is authorized to do all of the following:</p> <p>(a) Finance activities within the medical services administration related to this project.</p> <p>(b) Reimburse participating school districts pursuant to the fund sharing ratios negotiated in the state-local agreements authorized in subsection (1).</p> <p>(c) Offset general fund costs associated with the medical services program.</p>	<p>(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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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allows for an increase in Medicaid special adjustor payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.</i></p> <p>Sec. 1693. The special adjustor payments appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.</p>	<p>Sec. 1693. The special adjustor payments 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. 1693. The special adjustor payments 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. 1693. The special adjustor payments 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. 1693. The special adjustor payments 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><i>Authorizes distribution of funds to children's hospitals with a high indigent care volume for poison control services.</i></p> <p>Sec. 1694. The department of community health shall distribute \$695,000.00 to children's hospitals that have a high indigent care volume. The amount to be distributed to any given hospital shall be based on a formula determined by the department of community health.</p>	<p>Sec. 1694. No changes from current law.</p>			

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
	<p>NEW SECTION</p> <p>SEC. 1695. THE COUNTY INDIGENT CARE AND THIRD PARTY SHARE PLANS 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>Not included.</p>	<p>Not included.</p>	<p>Not included.</p>
<p><i>Allows the Department to utilize school district funds received from a health system as the state match for federal Medicaid or children's health insurance program funds to be used for new school-based or school-linked services.</i></p> <p>Sec. 1697. (1) As may be allowed by federal law or regulation, the department may use funds provided by a local or intermediate school district, which have been obtained from a qualifying health system, as the state match required for receiving federal Medicaid or children health insurance program funds. Any such funds received shall be used only to support new school-based or school-linked health services.</p>	<p>Sec. 1697. (1) No changes from current law.</p>	<p>Sec. 1697. (1) No changes from current law.</p>	<p>Sec. 1697. (1) No changes from current law.</p>	<p>Sec. 1697. (1) No changes from current law.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(2) A qualifying health system is defined as any health care entity licensed to provide health care services in the state of Michigan, that has entered into a contractual relationship with a local or intermediate school district to provide or manage school-based or school-linked health services.</p> <p><i>Authorizes separate payments for hospitals serving a disproportionate share of indigent payments and those hospitals providing graduate medical education (GME) in the amount of \$50.0 million.</i></p> <p>Sec. 1699. The department may make separate payments directly to qualifying hospitals serving a disproportionate share of indigent patients in the amount of \$50,000,000.00, and to hospitals providing graduate medical education training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to Medicaid clients, hospitals will not include GME costs or DSH payments in their contracts with HMOs.</p>	<p>(2) No changes from current law.</p> <p>Sec. 1699. No changes from current law.</p>	<p>(2) No changes from current law.</p> <p>Sec. 1699. No changes from current law.</p>	<p>(2) No changes from current law.</p> <p>Sec. 1699. No changes from current law.</p>	<p>(2) No changes from current law.</p> <p>Sec. 1699. No changes from current law.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to consult with the Michigan Association of Health Plans and develop a plan to assure that the Medicaid payment rates to HMOs in FY 2005-06 meet the federal requirements for actuarially sound rates. The plan shall be submitted by May 30, 2006.</i></p> <p>Sec. 1700. (1) The department, in consultation with the Michigan association of health plans, shall develop a plan to assure that Medicaid payment rates to HMOs in fiscal year 2005-2006 meet the federal requirement for actuarially sound rates. The plan shall include the following strategies as well as other alternatives: (a) Establish or designate centers for transplant excellence. (b) Establish statewide contracts for durable equipment. (c) Decreasing administrative costs. (d) Shifting end stage renal patients to Medicare.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<p>(2) A copy of the plan shall be submitted to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies by May 30, 2006.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1701. THE DEPARTMENT SHALL MAKE AVAILABLE TO MEDICAID PROVIDERS AND HMOS AN ONLINE RESOURCE THAT WILL LIST ENROLLMENT AND BENEFITS INFORMATION FOR EACH MEDICAID RECIPIENT. THIS RESOURCE SHALL BE MADE AVAILABLE TO PROVIDERS AND HMOS AT NO CHARGE.</p>	<p>Does not include Senate language.</p>	<p>NEW SECTION</p> <p>SEC. 1701. THE DEPARTMENT SHALL MAKE AVAILABLE TO MEDICAID PROVIDERS AND HMOS AN ONLINE RESOURCE THAT WILL LIST ENROLLMENT AND BENEFITS INFORMATION FOR EACH MEDICAID RECIPIENT. THIS RESOURCE SHALL BE MADE AVAILABLE TO PROVIDERS AND HMOS AT NO CHARGE.</p>
<p><i>Requires the Department to report proposed changes in the MIChoice home and community based services waiver program screening process to the House and Senate Appropriations Subcommittees on Community prior to implementation.</i></p> <p>Sec. 1710. Any proposed changes by the department to the MIChoice home- and community-based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health prior to implementation of the proposed changes.</p>	<p>Delete current law.</p>	<p>Sec. 1710. No changes from current law.</p>	<p>Sec. 1710. No changes from current law.</p>	<p>Sec. 1710. No changes from current law.</p>

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Boilerplate for Medical Services Component**

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the continuation of a 2-tier Medicaid case rate for emergency physician charges, and that payments by case and aggregate not exceed 70% of Medicare rates. Also requires that the Department establish an emergency room observation rate for Medicaid eligibles by April 1, 2006.</i></p> <p>Sec. 1711. (1) The department shall maintain the 2-tier reimbursement methodology for Medicaid emergency physicians professional services that was in effect on September 30, 2002, subject to the following conditions: (a) Payments by case and in the aggregate shall not exceed 70% of Medicare payment rates. (b) Total expenditures for these services shall not exceed the level of total payments made during fiscal year 2001-2002, after adjusting for Medicare copayments and deductibles and for changes in utilization.</p>	<p>Sec. 1711. (1) No changes from current law.</p>	<p>Sec. 1711. (1) No changes from current law.</p>	<p>Sec. 1711. (1) No changes from current law.</p>	<p>Sec. 1711. (1) No changes from current law.</p>
<p>(2) To ensure that total expenditures stay within the spending constraints of subsection (1)(b), the department shall develop a utilization adjustor for the basic 2-tier payment methodology. The adjustor shall be based on a good faith estimate by the department as to what the expected utilization of emergency room services will be during fiscal year 2005-2006, given changes in the number and category of Medicaid recipients. If expenditure and utilization data indicate that the amount and/or type of emergency physician professional services are exceeding the department's estimate, the utilization adjustor shall be applied to the 2-tier reimbursement methodology in such a manner as to reduce aggregate expenditures to the fiscal year 2001-2002 adjusted expenditure target.</p>	<p>(2) Same as current law with "2005-2006" changed to "2006-2007".</p>	<p>(2) Same as current law with "2005-2006" changed to "2006-2007".</p>	<p>(2) Same as current law with "2005-2006" changed to "2006-2007".</p>	<p>(2) Same as current law with "2005-2006" changed to "2006-2007".</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(3) By April 1, 2006, the department shall establish an emergency room observation rate for Medicaid eligibles with a length of stay of not more than 24 hours.	Delete current law.	Delete current law.	(3) By April 1, 2006, the THE department shall establish an ENCOURAGE EACH MEDICAID HMO TO CREATE A CRITERIA-BASED emergency room observation rate for Medicaid eligibles with a length of stay of not more than 24 hours.	(3) By April 1, 2006, the THE department shall establish an ENCOURAGE EACH MEDICAID HMO TO CREATE A CRITERIA-BASED emergency room observation rate for Medicaid eligibles with a length of stay of not more than 24 hours.
<i>Subject to the availability of funds, requires DCH to implement a rural health initiative with funds to be first allocated to a rural outpatient hospital adjustor, and secondly, for defibrillator grants, EMT training, or other similar programs.</i> Sec. 1712. (1) Subject to the availability of funds, the department shall implement a rural health initiative. Available funds shall first be allocated as an outpatient adjustor payment to be paid directly to hospitals in rural counties in proportion to each hospital's Medicaid and indigent patient population. Additional funds, if available, shall be allocated for defibrillator grants, EMT training and support, or other similar programs.	Delete current law.	Sec. 1712. (1) No changes from current law.	Sec. 1712. (1) No changes from current law.	Sec. 1712. (1) No changes from current law.
(2) Except as otherwise specified in this section, "rural" means a county, city, village, or township with a population of not more than 30,000, including those entities if located within a metropolitan statistical area.	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 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to do a study on the level of participation by licensed dentists in the Medicaid program by April 1, 2006, that includes recommendations to reduce or eliminate barriers to participation.</i></p> <p>Sec. 1713. (1) The department, in conjunction with the Michigan dental association, shall undertake a study to determine the level of participation by Michigan licensed dentists in the state's Medicaid program. The study shall identify the distribution of dentists throughout the state, the volume of Medicaid recipients served by each participating dentist, and areas in the state underserved for dental services.</p>	Delete current law.	Sec. 1713. (1) No changes from current law.	Delete current law.	Sec. 1713. (1) No changes from current law.
<p>(2) The study described in subsection (1) shall also include an assessment of what factors may be related to the apparent low participation by dentists in the Medicaid program, and the study shall make recommendations as to how these barriers to participation may be reduced or eliminated.</p>	Delete current law.	(2) No changes from current law.	Delete current law.	(2) No changes from current law.
<p>(3) This study shall be provided to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies no later than April 1, 2006.</p>	Delete current law.	(3) This study shall be provided to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies no later than April 1, 2006 2007.	Delete current law.	(3) This study shall be provided to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies no later than April 1, 2006 2007.
<p><i>Requires the Department to seek to maintain a constant enrollment level within the Medicaid Adult Benefits Waiver program through FY 2005-06.</i></p> <p>Sec. 1716. The department shall seek to maintain a constant enrollment level within the Medicaid adult benefits waiver program throughout fiscal year 2005-2006.</p>	Delete current law.	Delete current law.	Sec. 1716. The department shall seek to maintain a constant enrollment level within the Medicaid adult benefits waiver program throughout fiscal year 2005-2006 2006-2007.	Sec. 1716. The department shall seek to maintain a constant enrollment level within the Medicaid adult benefits waiver program throughout fiscal year 2005-2006 2006-2007.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Increases DSH funding by \$5.0 million and requires distribution of the DSH funds through 2 separate pools. The first pool would distribute \$45.0 million based on the methodology in FY 2003-04. The remaining \$5.0 million would be allocated to hospitals that received less than \$900,000 in DSH payments in FY 2003-04 based on each hospital's Medicaid revenue and utilization.</i></p> <p>Sec. 1717. (1) The department shall create 2 pools for distribution of disproportionate share hospital funding. The first pool, totaling \$45,000,000.00, shall be distributed using the distribution methodology used in fiscal year 2003-2004. The second pool, totaling \$5,000,000.00, shall be distributed to unaffiliated hospitals and hospital systems that received less than \$900,000.00 in disproportionate share hospital payments in fiscal year 2003-2004 based on a formula that is weighted proportional to the product of each eligible system's Medicaid revenue and each eligible system's Medicaid utilization.</p>	Delete current law.	Sec. 1717. (1) No changes from current law.	Sec. 1717. (1) No changes from current law.	Sec. 1717. (1) No changes from current law.
<p>(2) By November 1, 2005, 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 2 pools.</p>	Delete current law.	(2) By November 1, 2005 SEPTEMBER 30, 2007 , 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 2 pools.	(2) By November 1, 2005 SEPTEMBER 30, 2007 , 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 2 pools.	(2) By November 1, 2005 SEPTEMBER 30, 2007 , 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 2 pools.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Authorizes Medicaid adult home help beneficiaries to request a departmental review of any decisions that may adversely affect their access to home help services.</i></p> <p>Sec. 1718. The department shall provide each Medicaid adult home help beneficiary or applicant with the right to a fair hearing when the department or its agent reduces, suspends, terminates, or denies adult home help services. If the department takes action to reduce, suspend, terminate, or deny adult home help services, it shall provide the beneficiary or applicant with a written notice that states what action the department proposes to take, the reasons for the intended action, the specific regulations that support the action, and an explanation of the beneficiary's or applicant's right to an evidentiary hearing and the circumstances under which those services will be continued if a hearing is requested.</p>	<p>Sec. 1718. No changes from current law.</p>	Sec. 1718. No changes from current law.	Sec. 1718. No changes from current law.	Sec. 1718. No changes from current law.
<p><i>Directs the Department to continue its Medicare recovery program.</i></p> <p>Sec. 1720. The department shall continue its Medicare recovery program.</p>	<p>Sec. 1720. No changes from current law.</p>	Sec. 1720. No changes from current law.	Sec. 1720. No changes from current law.	Sec. 1720. No changes from current law.

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires a review of Medicaid eligibility requirements for long-term care patients related to prepaid funds that are subsequently returned to individuals who qualify for Medicaid.</i></p> <p>Sec. 1721. The department shall conduct a review of Medicaid eligibility pertaining to funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual who becomes Medicaid eligible and shall report its findings to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies not later than May 15, 2006. Included in its report shall be recommendations for policy and procedure changes regarding whether any funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual, after the date of Medicaid eligibility and patient pay amount determination, shall be considered as a countable asset and recommendations for a mechanism for departmental monitoring of those funds.</p>	<p>Delete current law.</p>	<p>Sec. 1721. The department shall conduct a review of Medicaid eligibility pertaining to funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual who becomes Medicaid eligible and shall report its findings to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies not later than May 15, 2006 2007.....</p>	<p>Sec. 1721. The department shall conduct a review of Medicaid eligibility pertaining to funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual who becomes Medicaid eligible and shall report its findings to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies not later than May 15, 2006 2007.....</p>	<p>Sec. 1721. The department shall conduct a review of Medicaid eligibility pertaining to funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual who becomes Medicaid eligible and shall report its findings to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies not later than May 15, 2006 2007.....</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Specifies the DSH payment amount to be paid to Hutzel Hospital and the MSU Institute for Health Care Studies.</i></p> <p>Sec. 1722. (1) From the funds appropriated in part 1 for special adjustor and special DSH payments, the department is authorized to make a disproportionate share payment of \$33,167,700.00 for health services provided by Hutzel Hospital, \$17,903,200.00 for health services previously funded through the higher education appropriations act, and \$2,310,000.00 for the Michigan State University institute for health care studies.</p>	<p>Sec. 1722. (1) No changes from current law.</p>	<p>Sec. 1722. (1) No changes from current law.</p>	<p>Sec. 1722. (1) From the funds appropriated in part 1 for special adjustor and special DSH MEDICAID REIMBURSEMENT payments, the department is authorized to make a disproportionate share payment of \$33,167,700.00 for health services provided by Hutzel Hospital; \$17,903,200.00 for health services previously funded through the higher education appropriations act, and \$2,310,000.00 for the Michigan State University institute for health care studies.</p>	<p>Sec. 1722. (1) From the funds appropriated in part 1 for special adjustor and special DSH MEDICAID REIMBURSEMENT payments, the department is authorized to make a disproportionate share payment of \$33,167,700.00 for health services provided by Hutzel Hospital; \$17,903,200.00 for health services previously funded through the higher education appropriations act, and \$2,310,000.00 for the Michigan State University institute for health care studies.</p>
<p>(2) The funding authorized under subsection (1) shall only be expended if the necessary Medicaid matching funds are provided by, or on behalf of, the hospital as allowable state match.</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><i>Requires DCH to allow pharmacies to purchase injectable drugs for the 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>	<p>Sec. 1724. No changes from current law.</p>	<p>Sec. 1724. No changes from current law.</p>	<p>Sec. 1724. No changes from current law.</p>	<p>Sec. 1724. No changes from current law.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to implement a plan, and detailing the plan in a report, on how it will reduce Medicaid eligibility errors related to basic eligibility requirements.</i></p> <p>Sec. 1725. The department shall work with the department of human services to implement a plan to reduce Medicaid eligibility errors related to basic eligibility requirements and income requirements. The department shall submit the plan to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by March 15, 2006.</p>	<p>Sec. 1725. The department shall CONTINUE TO work with the department of human services to implement a plan to reduce Medicaid eligibility errors related to basic eligibility requirements and income requirements. The department shall submit the plan to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by March 15, 2006.</p>	<p>Sec. 1725. The department shall CONTINUE TO work with the department of human services to implement a plan to reduce Medicaid eligibility errors related to basic eligibility requirements and income requirements. The department shall submit the plan to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by March 15, 2006.</p>	<p>Sec. 1725. The department shall CONTINUE TO work with the department of human services to implement a plan to reduce Medicaid eligibility errors related to basic eligibility requirements and income requirements. The department shall submit the plan to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by March 15, 2006.</p>	
<p><i>Requires clinical laboratories performing a creatinine test to report the glomerular filtration rate (eGFR) as a percent of kidney function remaining for Medicaid beneficiaries.</i></p> <p>Sec. 1726. Any clinical laboratory performing a creatinine test on a Medicaid client shall report the glomerular filtration rate (eGFR) of the patient and shall report it as a percent of kidney function remaining.</p>	<p>Delete current law.</p>	<p>Sec. 1726. No changes from current law.</p>	<p>Sec. 1726. No changes from current law.</p>	
<p><i>Requires the Department to make available to Medicaid recipients, not based on Medicare guidelines, freestanding, electric, lifting and transferring devices.</i></p> <p>Sec. 1728. The department shall make available to qualifying Medicaid recipients, not based on Medicare guidelines, freestanding, electric, lifting, and transferring devices.</p>	<p>Delete current law.</p>	<p>Sec. 1728. No changes from current law.</p>	<p>Sec. 1728. No changes from current law.</p>	

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Establishes a bi-partisan joint committee that shall seek to identify at least \$40.0 million in Medicaid savings through cost reduction measures, such as fraud reduction, estate recovery, and enhanced information technology.</i></p> <p>Sec. 1729. The legislature shall establish a bipartisan joint committee comprised of members of each house of the legislature and representatives of the department of community health. The bipartisan joint committee shall identify cost reduction measures for the state Medicaid program including, but not limited to, additional means or methods of identifying and prohibiting Medicaid fraud and increasing Medicaid estate recovery and savings by utilizing enhanced information technology. The bipartisan joint committee shall attempt to identify, at a minimum, \$40,000,000.00 of potential savings for the state Medicaid program.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<p><i>Authorizes the Department to restore ¼ of the 4% Medicaid provider rate if the Department receives federal approval to establish a case rate for inpatient hospital services provided to the Medicaid optional parents and caretaker relatives.</i></p> <p>Sec. 1730. The funding in part 1 to restore 1/4 of the 4% reduction in Medicaid provider reimbursement rates for hospital services, physician services, pharmaceutical services, home health services, auxiliary medical services, and nursing home services is contingent upon federal approval of the state's proposal to establish a case rate for inpatient hospital services provided to parents and caretaker relatives who are not required to be covered under federal Medicaid requirements.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to establish a Medicaid eligibility asset test for optional parents/caretaker relatives and 19 and 20 year olds. Also excludes coverage for 19 and 20 year olds whose parent or legal guardian has health care coverage or access to health coverage.</i></p> <p>Sec. 1731. (1) Subject to subsection (2), the department shall establish an asset test to determine Medicaid eligibility for individuals who are parents, caretaker relatives, or individuals between the ages of 18 and 21 and who are not required to be covered under federal Medicaid requirements.</p>	<p>Sec. 1731. (1) No changes from current law.</p>	<p>Sec. 1731. (1) No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 1731. (1) No changes from current law.</p>
<p>(2) Regardless of the results of the asset test established under subsection (1), an individual who is between the ages of 18 and 21 and is not required to be covered under the federal Medicaid requirements is not eligible for the state Medicaid program if his or her parent, parents, or legal guardian has health care coverage for him or her or has access to health care coverage for him or her.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>
<p><i>Assures that nursing home reimbursement rates will not be reduced to achieve general fund/general purpose savings if proposed modifications to the quality assurance assessment program for nursing homes are not implemented.</i></p> <p>Sec. 1732. The department shall assure that, if proposed modifications to the quality assurance assessment program for nursing homes are not implemented, the projected general fund/general purpose savings shall not be achieved through reductions in nursing home reimbursement rates.</p>	<p>Delete current law.</p>	<p>Sec. 1732. No changes from current law.</p>	<p>Sec. 1732. No changes from current law.</p>	<p>Sec. 1732. No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1733. THE DEPARTMENT SHALL SEEK A MEDICAID WAIVER FROM THE FEDERAL GOVERNMENT THAT WILL PERMIT THE STATE TO PROVIDE FINANCIAL SUPPORT FOR ELECTRONIC PRESCRIBING AND OTHER HEALTH INFORMATION TECHNOLOGY INITIATIVES. THE STRUCTURE OF THIS PROGRAM SHALL BE SIMILAR TO WAIVER PROPOSALS SUBMITTED BY OTHER STATES TO THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES THAT WOULD INVEST IDENTIFIED PRIOR YEAR FEDERAL MEDICAID SAVINGS GENERATED THROUGH A MANAGED CARE WAIVER PROGRAM INTO HEALTH INFORMATION TECHNOLOGY INITIATIVES.</p>	<p>Does not include Senate language.</p>	<p>NEW SECTION</p> <p>SEC. 1733. THE DEPARTMENT SHALL SEEK ADDITIONAL FEDERAL FUNDS TO PERMIT THE STATE TO PROVIDE FINANCIAL SUPPORT FOR ELECTRONIC PRESCRIBING AND OTHER HEALTH INFORMATION TECHNOLOGY INITIATIVES.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1734. THE DEPARTMENT SHALL SEEK A WAIVER FROM THE FEDERAL GOVERNMENT THAT WILL PERMIT THE STATE TO PROVIDE FINANCIAL INCENTIVES FOR POSITIVE HEALTH BEHAVIOR PRACTICED BY MEDICAID RECIPIENTS. THE STRUCTURE OF THIS WAIVER SHALL BE SIMILAR TO APPROVED PROGRAMS IN OTHER STATES THAT AUTHORIZE MONETARY REWARDS TO BE DEPOSITED IN INDIVIDUAL ACCOUNTS FOR MEDICAID RECIPIENTS WHO DEMONSTRATE POSITIVE CHANGES IN HEALTH BEHAVIOR.</p>	<p>Does not include Senate language.</p>	<p>NEW SECTION</p> <p>Sec. 1734. The department shall seek a waiver from the federal government FUNDS that will permit the state to provide financial incentives for positive health behavior practiced by Medicaid recipients. The structure of this waiver shall INCENTIVE PROGRAM MAY be similar to approved programs in other states that authorize monetary rewards to be deposited in individual accounts for Medicaid recipients who demonstrate positive changes in health behavior.</p>
		<p>NEW SECTION</p> <p>SEC. 1735. (1) THE DEPARTMENT SHALL ESTABLISH A COMMITTEE THAT WILL ATTEMPT TO IDENTIFY POSSIBLE MEDICAID PROGRAM SAVINGS ASSOCIATED WITH THE CREATION OF A PREFERRED PROVIDER PROGRAM FOR DURABLE MEDICAL EQUIPMENT.</p>	<p>NEW SECTION</p> <p>Sec. 1735. (1) The department shall establish a committee that will attempt to identify possible Medicaid program savings associated with the creation of a preferred provider program for durable medical equipment, PROSTHETICS AND ORTHOTICS.</p>	<p>NEW SECTION</p> <p>Sec. 1735. (1) The department shall establish a committee that will attempt to identify possible Medicaid program savings associated with the creation of a preferred provider program OR AN ALTERNATIVE PROGRAM for durable medical equipment, prosthetics and orthotics.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>(2) TO ASSURE QUALITY AND ACCESS, THE PREFERRED PROVIDER PROGRAM SHALL INVOLVE PROVIDERS WHO CAN OFFER A BROAD STATEWIDE NETWORK OF SERVICES AND WHO ARE ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS AND THE AMERICAN BOARD OF ACCREDITATION.</p>	<p>(2) TO ASSURE QUALITY AND ACCESS, THE PREFERRED PROVIDER PROGRAM SHALL INVOLVE PROVIDERS WHO CAN OFFER A BROAD STATEWIDE NETWORK OF SERVICES AND WHO ARE ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS AND THE AMERICAN BOARD OF ACCREDITATION.</p>
		<p>(2) THIS COMMITTEE SHALL INCLUDE, AT MINIMUM, REPRESENTATIVES FROM EACH OF THE CONTRACTED MEDICAID HMOS, THE MEDICAL SERVICES ADMINISTRATION, THE MICHIGAN STATE MEDICAL SOCIETY, THE MICHIGAN OSTEOPATHIC SOCIETY, THE MICHIGAN HOME HEALTH ASSOCIATION, AND THE MICHIGAN HEALTH AND HOSPITAL ASSOCIATION.</p>	<p>(2) (3) This committee shall include, at minimum, representatives from each of the contracted Medicaid HMOs, the medical services administration, the Michigan state medical society, the Michigan osteopathic society, the Michigan home health association, and the Michigan health and hospital association, AND 2 ACCREDITED PROVIDERS.</p>	<p>(2) (3) This committee shall include, at minimum, representatives from each of the contracted Medicaid HMOs, the medical services administration, the Michigan state medical society, the Michigan osteopathic society, the Michigan home health association, and the Michigan health and hospital association, AND 2 ACCREDITED PROVIDERS.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		(3) BY APRIL 1, 2007, THE COMMITTEE SHALL REPORT TO THE SENATE AND HOUSE OF REPRESENTATIVES SUBCOMMITTEES ON COMMUNITY HEALTH, THE STATE BUDGET DIRECTOR, AND THE DEPARTMENT ON POSSIBLE DURABLE MEDICAL EQUIPMENT CONTRACTING OPPORTUNITIES AND ANTICIPATED MEDICAID PROGRAM SAVINGS.	(3) (4) By April 1, 2007, the committee shall report to the senate and house of representatives subcommittees on community health, the state budget director, and the department on possible durable medical equipment contracting opportunities and anticipated Medicaid program savings.	(3) (4) By April 1, 2007, the committee shall report to the senate and house of representatives subcommittees on community health, the state budget director, and the department on possible durable medical equipment contracting opportunities and anticipated Medicaid program savings.
		NEW SECTION SEC. 1736. (1) THE DEPARTMENT SHALL SET TARGETS FOR COMPLIANCE AND COLLECT THE FOLLOWING INFORMATION FROM EACH MEDICAID HMO: (A) THE PERCENT OF MEDICAID HMO CLIENTS WHO FILL PRESCRIPTIONS. (B) THE APPOINTMENT NO-SHOW RATE FOR MEDICAID HMO PATIENTS. (C) THE PERCENT OF MEDICAID HMO CLIENTS WHO USE THEIR MEDICATION.	Does not include Senate language.	Does not include Senate language.
		(2) THE DEPARTMENT SHALL ESTABLISH PAYMENT INCENTIVES FOR MEDICAID HMOS THAT REACH THEIR TARGETS.	Does not include Senate language.	Does not include Senate language.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1737. (1) THE DEPARTMENT SHALL ADJUST CURRENT COPAYMENTS AND PREMIUMS PURSUANT TO CHANGES IN FEDERAL LAW IN ORDER TO INCREASE SAVINGS FROM COPAYMENTS AND PREMIUMS BY \$5,000,000.00 GENERAL FUND/GENERAL PURPOSE.</p>	<p>NEW SECTION</p> <p>Sec. 1737. (1) The department shall adjust current copayments and premiums pursuant to changes in federal law in order to increase savings from copayments and premiums by \$5,000,000.00 \$2,442,700 general fund/general purpose.</p>	<p>Does not include House or Senate language.</p>
		<p>(2) RESIDENTS OF ADULT FOSTER CARE FACILITIES SHALL BE EXEMPT FROM ANY COPAYMENT OR PREMIUM INCREASES.</p>	<p>(2) RESIDENTS OF ADULT FOSTER CARE FACILITIES SHALL BE EXEMPT FROM ANY COPAYMENT OR PREMIUM INCREASES.</p>	<p>Does not include House or Senate language.</p>
		<p>NEW SECTION</p> <p>SEC. 1738. (1) THE DEPARTMENT SHALL EXPLORE WAYS TO INCREASE THE FEDERAL DISPROPORTIONATE SHARE HOSPITAL CAP.</p>	<p>NEW SECTION</p> <p>SEC. 1738. (1) THE DEPARTMENT SHALL EXPLORE WAYS TO INCREASE THE FEDERAL DISPROPORTIONATE SHARE HOSPITAL CAP.</p>	<p>NEW SECTION</p> <p>SEC. 1738. (1) THE DEPARTMENT SHALL EXPLORE WAYS TO INCREASE THE FEDERAL DISPROPORTIONATE SHARE HOSPITAL CAP.</p>
		<p>(2) IF THE DISPROPORTIONATE SHARE HOSPITAL CAP IS INCREASED, THE DEPARTMENT SHALL CONSIDER INCREASING FUNDING FOR COUNTY HEALTH PLANS AND SHALL CONSIDER DISPROPORTIONATE SHARE HOSPITAL PAYMENTS TO TRAUMA CENTERS.</p>	<p>(2) IF THE DISPROPORTIONATE SHARE HOSPITAL CAP IS INCREASED, THE DEPARTMENT SHALL CONSIDER INCREASING FUNDING FOR COUNTY HEALTH PLANS AND SHALL CONSIDER DISPROPORTIONATE SHARE HOSPITAL PAYMENTS TO TRAUMA CENTERS.</p>	<p>(2) IF THE DISPROPORTIONATE SHARE HOSPITAL CAP IS INCREASED, THE DEPARTMENT SHALL CONSIDER INCREASING FUNDING FOR COUNTY HEALTH PLANS AND SHALL CONSIDER DISPROPORTIONATE SHARE HOSPITAL PAYMENTS TO TRAUMA CENTERS.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1739. THE DEPARTMENT SHALL DETERMINE THE 10 MOST EXPENSIVE AILMENTS AFFECTING MEDICAID RECIPIENTS AND SHALL ESTABLISH MEDICAL OUTCOME TARGETS FOR EACH OF THOSE AILMENTS. THE DEPARTMENT MAY USE INDICATORS THAT RECIPIENTS ARE SUCCESSFULLY MANAGING CHRONIC DISEASE, MEASURES OF RECIPIENT COMPLIANCE WITH TREATMENT PLANS, AND STUDIES OF THE PROPORTION OF MEDICAID PROVIDERS WHO FOLLOW ESTABLISHED BEST PRACTICES IN TREATING CHRONIC DISEASE AS POSSIBLE MEDICAL OUTCOME MEASURES. THE DEPARTMENT SHALL MAKE BONUS PAYMENTS AVAILABLE TO MEDICAID HMOS THAT MEET THESE OUTCOME TARGETS.</p>	<p>Does not include Senate language.</p>	<p>NEW SECTION</p> <p>Sec. 1739. The department shall determine the 10 most expensive PREVALENT AND COSTLY ailments affecting Medicaid recipients and shall establish medical outcome targets for each of those ailments. The department may use indicators that recipients are successfully managing chronic disease, measures of recipient compliance with treatment plans, and studies of the proportion of Medicaid providers who follow established best practices in treating chronic disease as possible medical outcome measures. The department shall make bonus payments available to Medicaid HMOs that meet these outcome targets.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1740. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, THE DEPARTMENT SHALL ASSURE THAT ALL GME FUNDS ARE PROMPTLY DISTRIBUTED TO QUALIFYING HOSPITALS USING A METHODOLOGY DEVELOPED IN CONSULTATION WITH THE GRADUATE MEDICAL EDUCATION ADVISORY GROUP. THE ADVISORY GROUP SHALL INCLUDE REPRESENTATIVES OF THE MICHIGAN HEALTH AND HOSPITAL ASSOCIATION AND MICHIGAN ASSOCIATION OF HEALTH PLANS. IF THE DEPARTMENT AND THE ADVISORY GROUP ARE UNABLE TO REACH A CONSENSUS ON THE DISTRIBUTION METHODOLOGY, THE DEPARTMENT SHALL INITIATE A LEGISLATIVE TRANSFER TO TRANSFER THE GME FUNDS FROM HEALTH PLAN SERVICES TO HOSPITAL SERVICES AND THERAPY AND DISTRIBUTE THE GME FUNDS USING THE MECHANISM IN PLACE FOR FISCAL YEAR 2005-2006.</p>	<p>Does not include Senate language.</p>	<p>NEW SECTION</p> <p>SEC. 1740. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, THE DEPARTMENT SHALL ASSURE THAT ALL GME FUNDS ARE PROMPTLY DISTRIBUTED TO QUALIFYING HOSPITALS USING A METHODOLOGY DEVELOPED IN CONSULTATION WITH THE GRADUATE MEDICAL EDUCATION ADVISORY GROUP. THE ADVISORY GROUP SHALL INCLUDE REPRESENTATIVES OF THE MICHIGAN HEALTH AND HOSPITAL ASSOCIATION AND MICHIGAN ASSOCIATION OF HEALTH PLANS. IF THE DEPARTMENT AND THE ADVISORY GROUP ARE UNABLE TO REACH A CONSENSUS ON THE DISTRIBUTION METHODOLOGY, THE DEPARTMENT SHALL INITIATE A LEGISLATIVE TRANSFER TO TRANSFER THE GME FUNDS FROM HEALTH PLAN SERVICES TO HOSPITAL SERVICES AND THERAPY AND DISTRIBUTE THE GME FUNDS USING THE MECHANISM IN PLACE FOR FISCAL YEAR 2005-2006.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1741. THE DEPARTMENT SHALL CONTINUE TO PROVIDE NURSING HOMES THE OPPORTUNITY TO RECEIVE INTERIM PAYMENTS UPON THEIR REQUEST. THE DEPARTMENT SHALL MAKE EFFORTS TO ENSURE THAT THE INTERIM PAYMENTS ARE AS SIMILAR TO EXPECTED COST-SETTLED PAYMENTS AS POSSIBLE.</p>	<p>NEW SECTION</p> <p>SEC. 1741. THE DEPARTMENT SHALL CONTINUE TO PROVIDE NURSING HOMES THE OPPORTUNITY TO RECEIVE INTERIM PAYMENTS UPON THEIR REQUEST. THE DEPARTMENT SHALL MAKE EFFORTS TO ENSURE THAT THE INTERIM PAYMENTS ARE AS SIMILAR TO EXPECTED COST-SETTLED PAYMENTS AS POSSIBLE.</p>	<p>NEW SECTION</p> <p>SEC. 1741. THE DEPARTMENT SHALL CONTINUE TO PROVIDE NURSING HOMES THE OPPORTUNITY TO RECEIVE INTERIM PAYMENTS UPON THEIR REQUEST. THE DEPARTMENT SHALL MAKE EFFORTS TO ENSURE THAT THE INTERIM PAYMENTS ARE AS SIMILAR TO EXPECTED COST-SETTLED PAYMENTS AS POSSIBLE.</p>
		<p>NEW SECTION</p> <p>SEC. 1742. THE DEPARTMENT SHALL ALLOW THE RETENTION OF \$1,000,000.00 IN SPECIAL MEDICAID REIMBURSEMENT FUNDING BY ANY PUBLIC HOSPITAL THAT MEETS EACH OF THE FOLLOWING CRITERIA:</p> <p>(A) THE HOSPITAL PARTICIPATES IN THE INTERGOVERNMENTAL TRANSFERS.</p> <p>(B) THE HOSPITAL IS NOT AFFILIATED WITH A UNIVERSITY.</p> <p>(C) THE HOSPITAL PROVIDES SURGICAL SERVICES.</p> <p>(D) THE HOSPITAL HAS AT LEAST 10,000 MEDICAID BED DAYS.</p>	<p>NEW SECTION</p> <p>Sec. 1742. The department shall allow the retention of \$1,000,000.00 \$100.00 in special Medicaid reimbursement funding by any public hospital that meets each of the following criteria:</p> <p>(a) The hospital participates in the intergovernmental transfers.</p> <p>(b) The hospital is not affiliated with a university.</p> <p>(c) The hospital provides surgical services.</p> <p>(d) The hospital has at least 10,000 Medicaid bed days.</p>	<p>NEW SECTION</p> <p>SEC. 1742. THE DEPARTMENT SHALL ALLOW THE RETENTION OF \$1,000,000.00 IN SPECIAL MEDICAID REIMBURSEMENT FUNDING BY ANY PUBLIC HOSPITAL THAT MEETS EACH OF THE FOLLOWING CRITERIA:</p> <p>(A) THE HOSPITAL PARTICIPATES IN THE INTERGOVERNMENTAL TRANSFERS.</p> <p>(B) THE HOSPITAL IS NOT AFFILIATED WITH A UNIVERSITY.</p> <p>(C) THE HOSPITAL PROVIDES SURGICAL SERVICES.</p> <p>(D) THE HOSPITAL HAS AT LEAST 10,000 MEDICAID BED DAYS.</p>

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1743. THE DEPARTMENT SHALL CONSULT WITH NURSING HOME PROVIDERS TO DEVELOP A BUDGET-NEUTRAL PROPOSAL WHICH WILL INCREASE THE CURRENT ASSET VALUE FOR NURSING HOMES TO A LEVEL WHICH REFLECTS CURRENT COSTS AND ENCOURAGES PROVIDERS TO REBUILD OR REMODEL AGED FACILITIES.</p>	<p>Does not include Senate language.</p>	<p>Does not include Senate language.</p>
			<p>NEW SECTION</p> <p>SEC. 1744. THE DEPARTMENT SHALL REQUIRE A NURSING HOME TO HAVE AN APPROPRIATE NUMBER OF FREESTANDING, ELECTRIC, LIFTING, AND TRANSFERRING DEVICES AS A CONDITION OF PARTICIPATION IN THE MEDICAID PROGRAM.</p>	<p>Does not include House language.</p>
			<p>NEW SECTION</p> <p>SEC. 1746. BEGINNING OCTOBER 1, 2006, THE DEPARTMENT SHALL INCREASE THE MONTHLY MEDICAID PERSONAL CARE SUPPLEMENT BY \$10.00 TO ADULT FOSTER CARE FACILITIES AND HOMES FOR THE AGED PROVIDING PERSONAL CARE SERVICES TO MEDICAID BENEFICIARIES.</p>	<p>NEW SECTION</p> <p>SEC. 1746. BEGINNING OCTOBER 1, 2006, THE DEPARTMENT SHALL INCREASE THE MONTHLY MEDICAID PERSONAL CARE SUPPLEMENT BY \$10.00 TO ADULT FOSTER CARE FACILITIES AND HOMES FOR THE AGED PROVIDING PERSONAL CARE SERVICES TO MEDICAID BENEFICIARIES.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1747. IN ORDER TO BE REIMBURSED FOR ADULT HOME HELP SERVICES PROVIDED TO MEDICAID RECIPIENTS, THE MATCHING OF ADULT HOME HELP PROVIDERS WITH SERVICE RECIPIENTS SHALL BE COORDINATED BY THE LOCAL COUNTY DEPARTMENT OF HUMAN SERVICES RATHER THAN AN OUTSIDE ENTITY.</p>	<p>NEW SECTION</p> <p>Sec. 1747. In order to be reimbursed for adult home help services provided to Medicaid recipients, the matching of adult home help providers with service recipients shall be coordinated by the local county department of human services rather than an outside entity.</p>
			<p>NEW SECTION</p> <p>SEC. 1748. THE DEPARTMENT SHALL DEVELOP, IN CONSULTATION WITH REPRESENTATIVES OF THE PHARMACISTS AND NURSING HOME SERVICE PROVIDERS, A MEDICAID LONG-TERM CARE MEDICATION MANAGEMENT PILOT PROJECT FOR MEDICAID PATIENTS IN NURSING HOME SETTINGS.</p>	<p>Does not include House language.</p>
			<p>NEW SECTION</p> <p>SEC. 1749. EFFECTIVE SEPTEMBER 30, 2007, THE DEPARTMENT SHALL REQUIRE ALL MEDICAID HEALTH PLANS TO USE THE SAME STANDARD BILLING FORMATS.</p>	<p>NEW SECTION</p> <p>SEC. 1749. EFFECTIVE SEPTEMBER 30, 2007, THE DEPARTMENT SHALL REQUIRE ALL MEDICAID HEALTH PLANS TO USE THE SAME STANDARD BILLING FORMATS.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1751. THE DEPARTMENT SHALL PROVIDE A REPORT BY APRIL 1, 2007, TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES ON ESTABLISHING MEDICAID DIAGNOSIS RELATED GROUP RATES BASED ON FEE-FOR-SERVICE AND HEALTH PLAN COSTS.</p>	<p>NEW SECTION</p> <p>SEC. 1751. THE DEPARTMENT SHALL PROVIDE A REPORT BY APRIL 1, 2007, TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES ON ESTABLISHING MEDICAID DIAGNOSIS RELATED GROUP RATES BASED ON FEE-FOR-SERVICE AND HEALTH PLAN COSTS.</p>
			<p>NEW SECTION</p> <p>SEC. 1752. THE DEPARTMENT SHALL PROVIDE A MEDICAID HEALTH PLAN WITH ANY INFORMATION THAT MAY ASSIST THE MEDICAID HEALTH PLAN IN DETERMINING WHETHER ANOTHER PARTY MAY BE RESPONSIBLE, IN WHOLE OR IN PART, FOR THE PAYMENT OF HEALTH BENEFITS.</p>	<p>NEW SECTION</p> <p>SEC. 1752. THE DEPARTMENT SHALL PROVIDE A MEDICAID HEALTH PLAN WITH ANY INFORMATION THAT MAY ASSIST THE MEDICAID HEALTH PLAN IN DETERMINING WHETHER ANOTHER PARTY MAY BE RESPONSIBLE, IN WHOLE OR IN PART, FOR THE PAYMENT OF HEALTH BENEFITS.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1753. THE DEPARTMENT SHALL TAKE STEPS TO OBTAIN DATA FROM AUTO INSURERS ON INSURANCE PAYOUTS FOR HEALTH CARE CLAIMS. IF THE AUTO INSURERS DO NOT VOLUNTARILY RELEASE THE INFORMATION UPON REQUEST, THE DEPARTMENT SHALL PROPOSE LEGISLATION TO REQUIRE THOSE INSURERS TO DISCLOSE THAT INFORMATION UPON REQUEST. THE DEPARTMENT SHALL PROVIDE THE INFORMATION RECEIVED UNDER THIS SECTION TO MEDICAID HEALTH PLANS.</p>	<p>NEW SECTION</p> <p>SEC. 1753. THE DEPARTMENT SHALL TAKE STEPS TO OBTAIN DATA FROM AUTO INSURERS ON INSURANCE PAYOUTS FOR HEALTH CARE CLAIMS. IF THE AUTO INSURERS DO NOT VOLUNTARILY RELEASE THE INFORMATION UPON REQUEST, THE DEPARTMENT SHALL PROPOSE LEGISLATION TO REQUIRE THOSE INSURERS TO DISCLOSE THAT INFORMATION UPON REQUEST. THE DEPARTMENT SHALL PROVIDE THE INFORMATION RECEIVED UNDER THIS SECTION TO MEDICAID HEALTH PLANS.</p>
			<p>NEW SECTION</p> <p>SEC. 1755. IT IS THE INTENT OF THE LEGISLATURE THAT WITHIN 6 YEARS THE DEPARTMENT SHALL REQUIRE ALL ENROLLED MEDICAID PROVIDERS TO ESTABLISH AND MAINTAIN AN ELECTRONIC HEALTH CARE INFORMATION SYSTEM UNLESS SUCH A REQUIREMENT IS PROHIBITED BY FEDERAL OR STATE LAW.</p>	<p>Does not include House language.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1756. NOT LATER THAN MARCH 1, 2007, THE DEPARTMENT SHALL ESTABLISH AND IMPLEMENT A SPECIALIZED CASE MANAGEMENT PROGRAM TO SERVE THE MOST COSTLY MEDICAID BENEFICIARIES, INCLUDING PERSONS WITH CHRONIC DISEASES AND MENTAL HEALTH DIAGNOSES, HIGH PRESCRIPTION DRUG UTILIZERS, MEMBERS DEMONSTRATING NONCOMPLIANCE WITH PREVIOUS MEDICAL MANAGEMENT AND NEONATES. THE CASE MANAGEMENT PROGRAM SHALL AT A MINIMUM, PROVIDE A PERFORMANCE PAYMENT INCENTIVE FOR PHYSICIANS WHO MANAGE THE RECIPIENT'S CARE AND HEALTH COSTS IN THE MOST EFFECTIVE WAY. THE DEPARTMENT MAY ALSO DEVELOP ADDITIONAL CONTRACTUAL ARRANGEMENTS WITH 1 OR MORE MEDICAID HMOS FOR THE PROVISION OF SPECIALIZED CASE MANAGEMENT SERVICES.</p>	<p>NEW SECTION</p> <p>Sec. 1756. Not later than March 1, 2007, the department shall establish and implement a specialized case management program to serve the most costly Medicaid beneficiaries WHO ARE NOT ENROLLED IN A HEALTH PLAN AND ARE NONCOMPLIANT WITH MEDICAL MANAGEMENT, including persons with chronic diseases and mental health diagnoses, high prescription drug utilizers, members demonstrating noncompliance with previous medical management, and neonates. The case management program shall at a minimum, provide a performance payment incentive for physicians who manage the recipient's care and health costs in the most effective way. The department may also develop additional contractual arrangements with 1 or more Medicaid HMOs for the provision of specialized case management services. CONTRACTS WITH MEDICAID HMOS MAY INCLUDE PROVISIONS REQUIRING COLLECTION OF DATA RELATED TO MEDICAID RECIPIENT COMPLIANCE. MEASURES OF PATIENT COMPLIANCE MAY INCLUDE THE PROPORTION OF CLIENTS WHO FILL THEIR PRESCRIPTIONS, THE RATE OF CLIENTS WHO DO NOT SHOW FOR SCHEDULED MEDICAL APPOINTMENTS, AND THE PROPORTION OF CLIENTS WHO USE THEIR MEDICATION.</p>

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			<p>NEW SECTION</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 BEFORE APPROVING MEDICAID ELIGIBILITY. IN ALL INSTANCES IN WHICH THE DEPARTMENT BECOMES AWARE THAT A PERSON THAT IS RESIDING IN THIS COUNTRY ILLEGALLY HAS EITHER OBTAINED OR APPLIED FOR MEDICAID, THE DEPARTMENT SHALL REFER THE MATTER TO AN APPROPRIATE LAW ENFORCEMENT AUTHORITY FOR FURTHER ACTION.</p>	<p>NEW SECTION</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 before approving Medicaid eligibility. In all instances in which the department becomes aware that a person that is residing in this country illegally has either obtained or applied for Medicaid, the Department shall refer the matter to an appropriate law enforcement authority for further action.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1758. THE DEPARTMENT SHALL SUBMIT A REPORT ON THE NUMBER OF ILLEGAL IMMIGRANTS WHO QUALIFY FOR MEDICAID AND THE ANNUAL AMOUNT OF MEDICAID EXPENDITURES FOR THIS POPULATION TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES BY APRIL 1, 2007.</p>	<p>NEW SECTION</p> <p>Sec. 1758. The department shall submit a report on the number of illegal immigrants INDIVIDUALS who qualify for RECEIVE THE EMERGENCY SERVICES ONLY Medicaid BENEFIT and the annual amount of Medicaid expenditures for this population to the house OF REPRESENTATIVES and senate appropriations subcommittees on community health and the house and senate fiscal agencies by April 1, 2007.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1759. THE DEPARTMENT SHALL IMPLEMENT THE FOLLOWING LONG-TERM CARE POLICY CHANGES INCLUDED IN THE FEDERAL DEFICIT REDUCTION ACT OF 2005, PUBLIC LAW 109-171:</p> <p>(A) LENGTHENING THE LOOK BACK POLICY FOR ASSET TRANSFERS FROM 3 TO 5 YEARS.</p> <p>(B) CHANGING THE PENALTY PERIOD TO BEGIN THE DAY AN INDIVIDUAL APPLIES FOR MEDICAID.</p> <p>(C) INDIVIDUALS WITH MORE THAN \$500,000.00 IN HOME EQUITY DO NOT QUALIFY FOR MEDICAID.</p>	<p>NEW SECTION</p> <p>Sec. 1759. The department shall implement the following long-term care policy changes included in the federal deficit reduction act of 2005, public law 109-171:</p> <p>(a) Lengthening the look back policy for asset transfers from 3 to 5 years.</p> <p>(b) Changing the penalty period to begin the day an individual applies for Medicaid.</p> <p>(c) Individuals with more than \$500,000.00 in home equity do not qualify for Medicaid.</p> <p>(D) UTILIZE THE MEDICAID FALSE CLAIM ACT, 1977 PA 72, MCL400.601 TO 400.613, TO COLLECT AN ENHANCED STATE SHARE OF DAMAGES COLLECTED FROM THE ENTITIES THAT HAVE BEEN SUCCESSFULLY PROSECUTED FOR FILING A FRAUDULENT MEDICAID CLAIM.</p>
			<p>NEW SECTION</p> <p>SEC. 1760. IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1 FOR THE HEALTH INFORMATION TECHNOLOGY INITIATIVES, THE DEPARTMENT SHALL SEEK OUT AND APPLY FOR FEDERAL AND PRIVATE GRANT FUNDING FOR HEALTH INFORMATION TECHNOLOGY EFFORTS.</p>	<p>NEW SECTION</p> <p>Sec. 1760. (1) In addition to the funds appropriated in part 1 for the health information technology initiatives, the department shall seek out and apply for federal and private grant funding for health information technology efforts.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
				(2) THE DEPARTMENT SHALL APPLY FOR MEDICAID TRANSFORMATION GRANT FUNDS MADE AVAILABLE IN THE FEDERAL DEFICIT REDUCTION ACT OF 2005, PUBLIC LAW 109-171, TO SUPPORT HEALTH INFORMATION TECHNOLOGY EFFORTS.
			<p>NEW SECTION</p> <p>SEC. 1761. (1) THE DEPARTMENT AND MEDICAID CONTRACTED HEALTH PLANS SHALL DISTRIBUTE 100 PERCENT OF THE PAYMENTS FUNDED BY THE ADDITIONAL HOSPITAL TAX, AFTER A \$20,000,000.00 ALLOCATION TO THE GENERAL FUND, TO HOSPITALS USING A LUMP SUM DISTRIBUTION METHODOLOGY.</p>	<p>NEW SECTION</p> <p>Sec. 1761. (1) is deleted.</p>

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**(2) THE DEPARTMENT SHALL DISTRIBUTE ALL FUNDS RECOVERED BY THE MEDICAL SERVICES ADMINISTRATION FROM PRIOR AND FUTURE MEDICAID ACCESS TO CARE INITIATIVE PAYMENTS EXCEEDING THE HOSPITAL UPPER PAYMENT LIMIT FOR INPATIENT AND OUTPATIENT SERVICES TO HOSPITALS MEETING ANY OF THE FOLLOWING CHARACTERISTICS:
(A) IS LOCATED IN A RURAL COUNTY AS DETERMINED BY THE MOST RECENT UNITED STATES CENSUS.
(B) IS A MEDICARE SOLE COMMUNITY HOSPITALS
(C) IS A MEDICARE DEPENDENT HOSPITALS AND RURAL REFERRAL CENTER HOSPITAL.**

**Sec. 1761. (1) ~~(2)~~ The department shall distribute all funds recovered by the medical services administration from prior and future Medicaid access to care initiative payments exceeding the hospital upper payment limit for inpatient and outpatient services to hospitals meeting any of the following characteristics:
(a) Is located in a rural county as determined by the most recent United States census OR IS LOCATED IN A CITY, VILLAGE, OR TOWNSHIP WITH A POPULATION OF NOT MORE THAN 12,000 AND IN A COUNTY WITH A POPULATION OF NOT MORE THAN 110,000 AS OF THE OFFICIAL 2000 DECENNIAL CENSUS.
(b) Is a Medicare sole community hospitals
(c) Is a Medicare dependent hospitals and rural referral center hospital.**

(3) THE DISTRIBUTION UNDER SUBSECTION (2) SHALL BE BASED UPON EACH HOSPITAL'S MEDICAID FEE-FOR-SERVICE AND HMO PAYMENTS AS DEVELOPED IN CONSULTATION WITH RURAL HOSPITALS AND THE MICHIGAN HEALTH AND HOSPITAL ASSOCIATION.

(2) ~~(3)~~ The distribution under subsection (1) ~~(2)~~ shall be based upon each hospital's Medicaid fee-for-service and HMO payments as developed in consultation with rural hospitals and the Michigan health and hospital association.

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FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1762. IN ORDER TO SAVE MONEY, THE DEPARTMENT SHALL ADOPT AN INTERNET-BASED WORKFLOW MANAGEMENT TOOL TO STREAMLINE ADMINISTRATIVE FUNCTIONS SUCH AS PRIOR AUTHORIZATIONS, PROVIDER CORRESPONDENCE, PROVIDER ENROLLMENT, THIRD-PARTY RECOVERY, LEVEL OF CARE DETERMINATIONS, CLAIMS PROCESSING, AND PROVIDER, INTERDEPARTMENTAL, AND CONTRACTOR COMMUNICATION.</p>	<p>NEW SECTION</p> <p>SEC. 1762. IN ORDER TO SAVE MONEY, THE DEPARTMENT SHALL ADOPT AN INTERNET-BASED WORKFLOW MANAGEMENT TOOL TO STREAMLINE ADMINISTRATIVE FUNCTIONS SUCH AS PRIOR AUTHORIZATIONS, PROVIDER CORRESPONDENCE, PROVIDER ENROLLMENT, THIRD-PARTY RECOVERY, LEVEL OF CARE DETERMINATIONS, CLAIMS PROCESSING, AND PROVIDER, INTERDEPARTMENTAL, AND CONTRACTOR COMMUNICATION.</p>
			<p>NEW SECTION</p> <p>SEC. 1763. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH INFORMATION TECHNOLOGY INITIATIVES, THE DEPARTMENT SHALL PARTICIPATE IN A PILOT PROJECT RELATED TO THE ELECTRONIC EXCHANGE OF HEALTH INFORMATION IN SOUTHEAST MICHIGAN.</p>	<p>NEW SECTION</p> <p>Sec. 1763. From the funds appropriated in part 1 for health information technology initiatives, the department shall participate in a pilot project related to the electronic exchange of health information in southeast Michigan AND MAKE THESE FUNDS AVAILABLE THROUGH A COMPETITIVE BID PROCESS.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1764. THE DEPARTMENT WILL ANNUALLY CERTIFY RATES PAID TO MEDICAID HEALTH PLANS AS BEING ACTUARIALLY SOUND IN ACCORDANCE WITH FEDERAL REQUIREMENTS AND WILL PROVIDE A COPY OF THE RATE CERTIFICATION AND APPROVAL IMMEDIATELY TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES.</p>	<p>NEW SECTION</p> <p>SEC. 1764. THE DEPARTMENT WILL ANNUALLY CERTIFY RATES PAID TO MEDICAID HEALTH PLANS AS BEING ACTUARIALLY SOUND IN ACCORDANCE WITH FEDERAL REQUIREMENTS AND WILL PROVIDE A COPY OF THE RATE CERTIFICATION AND APPROVAL IMMEDIATELY TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES.</p>
			<p>NEW SECTION</p> <p>SEC. 1765. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR HOSPITAL SERVICES AND THERAPY, \$8,311,800.00 SHALL BE ALLOCATED TO OUT-STATE HOSPITALS BASED ON A FORMULA THAT IS WEIGHTED PROPORTIONAL TO EACH ELIGIBLE HOSPITAL'S UNCOMPENSATED CARE.</p>	<p>Does not include House language.</p>

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			(2) UPON FEDERAL APPROVAL OF THE \$5,000,000.00 DSH POOL IN SECTION 1717, THE FUNDING IN SUBSECTION (1) SHALL BE ALLOCATED TO INCREASE THE PHARMACY DISPENSING FEE AUTHORIZED IN SECTION 1620(1) BY \$0.62 PER PRESCRIPTION. ANY AMOUNT OF FUNDING IN SUBSECTION (1) THAT IS NOT EXPENDED FOR THE DISPENSING FEE INCREASE SHALL BE EXPENDED AS SPECIFIED IN SUBSECTION (1).	

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

FY 2005-06 CURRENT LAW	FY 2006-2007			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
				<p>NEW SECTION</p> <p>SEC.1767. THE DEPARTMENT SHALL STUDY AND EVALUATE THE IMPACT OF THE CHANGE IN THE WAY IN WHICH THE MEDICAID PROGRAM PAYS PHARMACISTS FOR PRESCRIPTIONS FROM AVERAGE WHOLESALE PRICE TO AVERAGE MANUFACTURER PRICE AS REQUIRED BY THE FEDERAL DEFICIT REDUCTION ACT OF 2005, PUBLIC LAW 109-171. BY MARCH 1, 2007, THE DEPARTMENT SHALL SUBMIT A REPORT OF ITS STUDY TO THE SENATE AND HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES. IF THE DEPARTMENT FINDS THAT THERE IS A NEGATIVE IMPACT ON THE PHARMACISTS, THE DEPARTMENT SHALL REEXAMINE THE CURRENT PHARMACEUTICAL DISPENSING FEE STRUCTURE ESTABLISHED UNDER SECTION 1620 AND INCLUDE IN THE REPORT RECOMMENDATIONS AND PROPOSALS TO COUNTER THE NEGATIVE IMPACT OF THAT FEDERAL LEGISLATION.</p>