



Mitchell Bean, Director



**DEPARTMENT OF COMMUNITY HEALTH
FY 2007-08 FINAL DECISION DOCUMENT
Public Act 123 of 2007 (HB 4344)
February 11, 2008
BOILERPLATE**

Representative Gary McDowell, Chair
Representative Pam Byrnes, Maj. VC
Representative Alma Smith
Representative Morris Hood III
Representative Richard Hammel
Representative John Espinoza

Representative Bruce Caswell, Min. VC
Representative David Agema
Representative Mike Nofs

House Fiscal Analysts
Margaret Alston
Sue Frey
Steve Stauff

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

GENERAL SECTIONS

Total FY 2006-07 state spending from state resources under Part 1 and state spending from state resources to be paid to local units of government.

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 2006-2007 is \$4,811,282,300.00 and state spending from state resources to be paid to units of local government for fiscal year 2006-2007 is \$1,317,715,000.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:

Sec. 201. No changes from current law, except: "....fiscal year 2006-2007 2007-2008 is ~~\$4,811,282,300.00~~ **\$4,748,100,300.00** andfiscal year 2006-2007 2007-2008 is ~~\$1,317,715,000~~ **\$1,328,133,200.00**. The itemized statement ..."

Sec. 201. No changes from current law, except: "....fiscal year 2006-2007 2007-2008 is ~~\$4,811,282,300.00~~ **\$4,927,051,100.00** andfiscal year 2006-2007 2007-2008 is ~~\$1,317,715,000~~ **\$1,289,592,400.00**. The itemized statement ..."

Sec. 201. No changes from current law, except: "....fiscal year 2006-2007 2007-2008 is ~~\$4,811,282,300.00~~ **\$4,811,282,300.00 (\$100.00)** andfiscal year 2006-2007 2007-2008 is ~~\$1,317,715,000~~ **\$0.00.**"

Sec. 201. No changes from current law, except: "....fiscal year 2006-2007 2007-2008 is ~~\$4,811,282,300.00~~ **\$4,987,648,000.00** andfiscal year 2006-2007 2007-2008 is ~~\$1,317,715,000~~ **\$1,290,792,300.00**. The itemized statement..."

**DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH/SUBSTANCE ABUSE
SERVICES ADMINISTRATION AND SPECIAL
PROJECTS**

Community residential and support services.....\$ 387,300
Housing and support services 695,500
Methamphetamine cleanup fund 175,000
Mental health initiatives for older persons 1,049,200

.....\$387,800
..... 695,500
Delete
..... 1,049,200

.....\$387,300
..... 695,500
Delete
..... 1,049,200

Delete
Delete
Delete
Delete

..... \$387,300
..... 695,500
..... 100,000
..... 1,049,200

**COMMUNITY MENTAL HEALTH/SUBSTANCE
ABUSE SERVICES PROGRAMS**

State disability assistance program substance abuse services \$ 2,509,800
Community substance abuse prevention, education, and treatment programs 19,190,500
Medicaid mental health services..... 757,907,600
Community mental health non-Medicaid services..... 317,772,300
Medicaid adult benefits waiver 12,212,000
Multicultural services..... 5,163,800

..... \$2,509,800
..... 12,473,800
..... 760,430,600
..... 319,566,100
..... 11,732,000
..... 5,163,800

..... \$2,509,800
..... 37,190,600
..... 701,584,300
..... 320,066,100
..... 11,732,000
..... 5,163,800

Delete
Delete
Delete
Delete
Delete
Delete

..... \$2,509,800
..... 37,190,500
..... 703,484,300
..... 319,566,100
..... 11,732,000
..... 5,763,800

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
Medicaid substance abuse services 15,538,700	..... 15,190,500	..... 15,242,600	Delete	..... 15,242,600
Respite services 1,000,000	..... 1,000,000	..... 1,000,000	Delete	..... 1,000,000
Children's waiver home care program 2,387,800	..... 5,734,000	..... 5,734,000	Delete	..... 5,734,000
Omnibus budget reconciliation act implementation..... 2,897,400	..... 2,950,500	..... 2,950,500	Delete	..... 2,950,500
STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES			Delete	
Center for forensic psychiatry..... \$ 290,300	..... \$290,300	..... \$290,300	Delete	..... 290,300
PUBLIC HEALTH ADMINISTRATION			Delete	
Minority health grants and contracts \$ 100,000	..... \$100,000	..... \$100,000	Delete	..... \$100,000
Public health administration 76,000	Delete	Delete	Delete	Delete
HEALTH POLICY, REGULATION, AND PROFESSIONS	Delete	Delete	Delete	Delete
Health professions \$ 99,700	Delete	Delete	Delete	Delete
Primary care services 341,900	Delete	Delete	Delete	Delete
INFECTIOUS DISEASE CONTROL			Delete	
AIDS prevention, testing and care programs \$ 742,200	..... \$742,200	..... \$742,200	Delete	..... \$742,200
Immunization local agreements..... 2,132,000	..... 2,132,000	..... 2,132,000	Delete	..... 2,132,800
Sexually transmitted disease control local agreements..... 430,900	..... 421,800	..... 421,800	Delete	..... 421,800

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
LABORATORY SERVICES			Delete	
Laboratory services \$ 55,400	.....\$55,400	..... 55,400	Delete	..... \$55,400
LOCAL HEALTH ADMINISTRATION AND GRANTS			Delete	
Implementation of 1993 PA 133 \$ 7,700	.....\$7,700	.....\$7,700	Delete	..... \$7,700
Local public health operations 35,468,400	.....35,468,400	..... 35,468,400	Delete	..... 35,468,400
CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION			Delete	
Cancer prevention and control program..... \$ 137,300	.....\$350,000	.....\$350,000	Delete	..... \$350,000
Diabetes and kidney program..... 370,600	.....313,100	.....345,600	Delete	..... 345,600
Smoking prevention program 1,014,500	.....800,000	..... 1,014,500	Delete	..... 1,014,500
FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES			Delete	
Childhood lead program \$ 136,500	.....\$105,000	.....\$136,500	Delete	..... \$136,500
Dental programs 25,000	Delete	..... 25,000	Delete	..... 25,000
Family planning local agreements ...\$ 360,000	.....250,000	.....360,000	Delete	..... 360,000
Local MCH services 322,200	Delete	.....246,100	Delete	..... 246,100
Pregnancy prevention program 2,300,000	.....2,300,000	..... 2,300,000	Delete	..... 2,300,000
Prenatal care outreach and service delivery support..... 650,100	.....650,100	..... 650,100	Delete	..... 650,100
School health and education programs..... 500,000	Delete	..... 500,000	Delete	..... 500,000
Special projects..... 378,900	.....228,900	..... 378,900	Delete	..... 378,900
CHILDREN'S SPECIAL HEALTH CARE SERVICES			Delete	
Medical care and treatment\$ 528,800	.....\$528,800	.....\$528,800	Delete	..... \$528,800
Outreach and advocacy 1,283,200	.....1,283,200	..... 1,283,200	Delete	..... 1,283,200
MEDICAL SERVICES			Delete	
Long-term care services\$ 81,711,500	.....79,760,400	.....\$79,760,400	Delete	..... \$79,760,400
Transportation 1,401,300	.....2,549,300	..... 2,549,300	Delete	..... 2,549,300
Medicaid adult benefits waiver .....9,573,500	.....9,573,500	..... 9,573,500	Delete	..... 9,573,500

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
Hospital services and therapy .....\$4,175,700	.....4,175,700	.....4,175,700		.....4,175,700
Physician services ....7,879,400	.....7,879,400	.....7,879,400		.....7,879,400
Auxiliary medical services.....2,061,700	.....2,061,700	.....2,061,700		.....2,061,700
OFFICE OF SERVICES TO THE AGING				
Community services \$ 15,054,300	.....\$14,854,300	.....\$14,854,300	Delete	.....\$14,854,300
Nutrition services 11,447,300	.....11,280,300	.....11,447,300	Delete	.....11,447,300
Foster grandparent volunteer program .....791,700	.....791,700	.....791,700	Delete	.....791,700
Retired and senior volunteer program 181,300	.....181,300	.....181,300	Delete	.....181,300
Senior companion volunteer program..... 241,400	.....241,400	.....241,400	Delete	.....241,400
Respite care program 4,227,400	.....3,427,400	.....3,427,400	Delete	.....3,427,400
CRIME VICTIM SERVICES COMMISSION				
Crime victim rights services grants\$ 6,446,800	.....\$6,800	.....\$6,800	Delete	.....\$6,800
TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT \$ 1,317,715,000	.....\$1,328,133,200	.....\$1,289,592,400	Delete	.....\$1,290,792,300
	TECHNICAL NOTE: Spending to local units of government should have been \$1,289,592,400.			TECHNICAL NOTE: Spending to local units of government should have been \$1,291,692,300.
<i>Provides that appropriations authorized under this act 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>				
Sec. 202. (1) The appropriations authorized under this act are subject to the management and budget act, 1984 PA431, MCL 18.1101 to 18.1594.	Sec. 202. (1) No changes from current law, except: "...act BILL..."	Sec. 202. (1) No changes from current law.	Sec. 202. (1) No changes from current law.	Sec. 202. (1) No changes from current law.
(2) Funds for which the state is acting as the custodian or agent are not subject to annual appropriation.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Provides definitions for terms and acronyms used in this act.</i></p> <p>Sec. 203. As used in this act:</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) "EPSDT" means early and periodic screening, diagnosis, and treatment.</p> <p>(f) "FTE" means full-time equated.</p> <p>(g) "GME" means graduate medical education.</p> <p>(h) "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>(i) "HIV/AIDS" means human immunodeficiency virus/acquired immune deficiency syndrome.</p> <p>(j) "HMO" means health maintenance organization.</p> <p>(k) "IDEA" means individuals with disabilities education act.</p> <p>(l) "IDG" means interdepartmental grant.</p> <p>(m) "MCH" means maternal and child health.</p>	<p>Sec. 203. No changes from current law, except: "As used in this act BILL:"</p>	<p>Sec. 203. No changes from current law, except:</p>	<p>Delete current law.</p>	<p>Sec. 203. No changes from current law, except:</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(n) "MiChild" means the program described in section 1670.</p> <p>(o) "MSS/ISS" means maternal and infant support services.</p> <p>(p) "Specialty prepaid health plan" means a program described in section 232b of the mental health code, 1974 PA258, MCL 330.1232b.</p> <p>(q) "Title XVIII" means title XVIII of the social security act, 42 USC 1395 to 1395hhh.</p> <p>(r) "Title XIX" means title XIX of the social security act, 42 USC 1396 to 1396v.</p> <p>(s) "Title XX" means title XX of the social security act, 49 USC 1397 to 1397f.</p> <p>(t) "WIC" means women, infants, and children supplemental nutrition program.</p>	<p>(p) "PIHP" means specialty prepaid inpatient health plan for Medicaid mental health services, services to persons with developmental disabilities and substance abuse services. A program described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.</p>	<p>(p) "PIHP" means a specialty prepaid inpatient health plan for Medicaid mental health services, services to persons with developmental disabilities, and substance abuse services as described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.</p>		<p>(p) "PIHP" means a specialty prepaid inpatient health plan for Medicaid mental health services, services to persons with developmental disabilities, and substance abuse services as described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.</p> <p>(s) "Title XX" means title XX of the social security act, 49-42 USC 1397 to 1397f.</p>
<p><i>Requires the Department of Civil Service to bill DCH at the end of the first fiscal quarter for the 1% charge authorized by the State Constitution of 1963. Requires payments for total billing be made by end of the second fiscal quarter.</i></p> <p>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.</p>	<p>Sec. 204. No changes from current law.</p>	<p>Sec. 204. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 204. No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Imposes hiring freeze on state classified civil service employees, except internal transfers of classified employees from one position to another within a department or when freeze would result in the Department being unable to deliver basic services, cause loss of revenue to the state, and result in inability of the state to receive federal funds. Requires quarterly report to Chairpersons of the House and Senate Appropriations Committees on number of exceptions to the 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>Delete current law.</p>	<p>Sec. 205. (1) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	Delete current law.	(2) No changes from current law, except: "...cause CAUSES loss of revenue to the state, WOULD result in the inability of the state to receive federal funds, or would necessitate additional expenditures that exceed any savings from maintaining the-A vacancy."
	NEW SECTION 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.	NEW SECTION SEC. 206 (1) IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1, THERE IS APPROPRIATED AN AMOUNT NOT TO EXCEED \$100,000,000.00 FOR FEDERAL CONTINGENCY FUNDS. THESE FUNDS ARE NOT AVAILABLE FOR EXPENDITURE UNTIL THEY HAVE BEEN TRANSFERRED TO ANOTHER LINE ITEM IN THIS ACT UNDER SECTION 393(2) OF THE DEPARTMENT OF MANAGEMENT AND BUDGET ACT, 1984 PA 431, MCL 18.1393.		NEW SECTION SEC. 206 (1) IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1, THERE IS APPROPRIATED AN AMOUNT NOT TO EXCEED \$100,000,000.00 FOR FEDERAL CONTINGENCY FUNDS. THESE FUNDS ARE NOT AVAILABLE FOR EXPENDITURE UNTIL THEY HAVE BEEN TRANSFERRED TO ANOTHER LINE ITEM IN THIS ACT UNDER SECTION 393(2) OF THE 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.

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

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

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

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
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	<p>(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>	<p>(4) IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1, THERE IS APPROPRIATED AN AMOUNT NOT TO EXCEED \$10,000,000.00 FOR PRIVATE CONTINGENCY FUNDS. THESE FUNDS ARE NOT AVAILABLE FOR EXPENDITURE UNTIL THEY HAVE BEEN TRANSFERRED TO ANOTHER LINE ITEM IN THIS ACT UNDER SECTION 393(2) OF THE DEPARTMENT OF MANAGEMENT AND BUDGET ACT, 1984 PA 431, MCL 18.1393.</p>		<p>4) IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1, THERE IS APPROPRIATED AN AMOUNT NOT TO EXCEED \$10,000,000.00 FOR PRIVATE CONTINGENCY FUNDS. THESE FUNDS ARE NOT AVAILABLE FOR EXPENDITURE UNTIL THEY HAVE BEEN TRANSFERRED TO ANOTHER LINE ITEM IN THIS ACT UNDER SECTION 393(2) OF THE DEPARTMENT OF MANAGEMENT AND BUDGET ACT, 1984 PA 431, MCL 18.1393.</p>
<p><i>Requires the Department to use the Internet to fulfill the reporting requirements of this act.</i></p> <p>Sec. 208. Unless otherwise specified, the department shall use the Internet to fulfill the reporting requirements of this act. 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: "Unless otherwise specified, the THE department..."</p>	<p>Sec. 208. No changes from current law, except: "Unless otherwise specified, the THE department..."</p>	<p>Delete current law.</p>	<p>Sec. 208. No changes from current law, except: "Unless otherwise specified, the THE department..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Prohibits the purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available; prohibits 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>"...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 BUSINESSES 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, except:</p> <p>"...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 BUSINESSES, IF THEY ARE COMPETITIVELY PRICED AND OF COMPARABLE QUALITY. IN ADDITION, PREFERENCE SHOULD BE GIVEN TO GOODS OR SERVICES, OR BOTH, THAT ARE MANUFACTURED OR PROVIDED BY MICHIGAN BUSINESSES OWNED AND OPERATED BY VETERANS, IF THEY ARE COMPETITIVELY PRICED AND OF COMPARABLE QUALITY."</p>
<p>(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>Delete current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

NEW SUBSECTION

(3) THE DEPARTMENT SHALL REPORT QUARTERLY TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES ANY PURCHASE OF GOODS OR SERVICES, OR BOTH, VALUED OVER \$10,000.00 FROM OUT-OF-STATE OR FOREIGN-BASED FIRMS. EACH VIOLATION OF SUBSECTION (1) OR (2) SHALL RESULT IN A \$50,000.00 REDUCTION IN THE DEPARTMENTAL ADMINISTRATION AND MANAGEMENT LINE.

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

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.

Sec. 210. No changes from current law.

Sec. 210. No changes from current law.

Delete current law.

Sec. 210. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
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<p><i>Allows fee revenue to be carried forward, with 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>	<p>Sec. 211. No changes from current law.</p>	<p>Sec. 211. (1) No changes from current law.</p>	<p>Sec. 211. (1) No changes from current law.</p>
			<p>NEW SUBSECTION</p> <p>(2) THE DEPARTMENT SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES ON THE BALANCE OF EACH OF THE RESTRICTED FUNDS ADMINISTERED BY THE DEPARTMENT AS OF SEPTEMBER 30, 2008.</p>	<p>NEW SUBSECTION</p> <p>(2) THE DEPARTMENT SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES ON THE BALANCE OF EACH OF THE RESTRICTED FUNDS ADMINISTERED BY THE DEPARTMENT AS OF SEPTEMBER 30, 2008.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Caps 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 report by February 1, 2007, on FY 2006-07 appropriation fund sources by line item; requires report on the amount and source of funds to support the FY 2007-08 Executive Budget Recommendation upon budget release. Requires all revenue source detail for consolidated revenue line item detail to be provided on request to DCH.</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..... 4,534,000</p> <p>(c) Substance abuse block grant 60,496,600</p> <p>(d) Healthy Michigan fund 43,551,000</p> <p>(e) Michigan health initiative 10,335,900</p>	<p>Delete current law.</p>	<p>Sec. 212. (1) No changes from current law, except:</p>	<p>Delete current law.</p>	<p>Sec. 212. (1) No changes from current law, except:</p>
		<p>.....\$19,953,100</p>		<p>.....\$19,953,100</p>
		<p>.....3,670,800</p>		<p>.....3,670,800</p>
		<p>.....60,627,400</p>		<p>.....60,627,400</p>
		<p>.....41,827,600</p>		<p>.....41,827,600</p>
		<p>.....10,525,600</p>		<p>.....10,525,600</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(2) On or before February 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 director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1 of this act.	Delete current law.	(2) No changes from current law, except: "...before February 1, 2007 2008, the department..."	Delete current law.	(2) No changes from current law, except: "...before February 1, 2007 2008, the department..."
(3) Upon the release of the fiscal year 2007-2008 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 2007-2008 executive budget proposal.	Delete current law.	(3) No changes from current law, except: "...release of the fiscal year 2007-2008 2008-2009 executive budget recommendation...in part 1 of the fiscal year 2007-2008 2008-2009 executive budget proposal."	Delete current law.	(3) No changes from current law, except: "...release of the fiscal year 2007-2008 2008-2009 executive budget recommendation...in part 1 of the fiscal year 2007-2008 2008-2009 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.	Delete current law.	(4) No changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

Requires state departments, agencies, and commissions receiving tobacco tax funds to report on programs utilizing these funds by April 1, 2007, to the House and Senate Appropriations Committees, House and Senate Fiscal Agencies, and State Budget Director.

Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds from part 1 shall report by April 1, 2007, to the senate and house of representatives appropriations committees, the senate and house fiscal agencies, and the state budget director on the following:

- (a) Detailed spending plan by appropriation line item including description of programs.
- (b) Description of allocations or bid processes including need or demand indicators used to determine allocations.
- (c) Eligibility criteria for program participation and maximum benefit levels where applicable.
- (d) Outcome measures to be used to evaluate programs.
- (e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.

Delete current law.

Sec. 213. No changes from current law, except:

"...shall report by April 1, 2007 2008, to the senate and house of representatives appropriations committees..."

Delete current law.

Sec. 213. No changes from current law, except:

"The state departments, agencies, and commissions receiving tobacco tax funds **AND HEALTHY MICHIGAN FUNDS** shall report by April 1, 2007 2008, to the senate and house of representatives appropriations committees..."

(a) "... programs **AND A SUMMARY OF ORGANIZATIONS RECEIVING THESE FUNDS.**"

(d) "...~~to be used~~ to evaluate programs, **INCLUDING MEASURES OF THE EFFECTIVENESS OF THESE PROGRAMS IN IMPROVING THE HEALTH OF MICHIGAN RESIDENTS.**"

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Prohibits using tobacco tax revenue deposited in the healthy Michigan fund for lobbying as defined in 1978 PA 472.</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>Delete current law.</p>	<p>Sec. 214. No changes from current law.</p>
			<p>NEW SECTION</p> <p>SEC. 215. (1) THE DEPARTMENT SHALL REPORT NO LATER THAN MARCH 1, 2008 ON EACH SPECIFIC POLICY CHANGE MADE TO IMPLEMENT ENACTED LEGISLATION TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE SENATE AND HOUSE STANDING COMMITTEE ON HEALTH POLICY, THE CHAIRPERSON OF THE JOINT COMMITTEES ON ADMINISTRATIVE RULES, THE SENATE AND HOUSE FISCAL AGENCIES, AND THE SENATE AND HOUSE POLICY OFFICES.</p>	<p>NEW SECTION</p> <p>SEC. 215. (1) THE DEPARTMENT SHALL REPORT NO LATER THAN APRIL 1, 2008 ON EACH SPECIFIC POLICY CHANGE MADE TO IMPLEMENT A PUBLIC ACT AFFECTING THE DEPARTMENT THAT TOOK EFFECT DURING THE PRIOR CALENDAR YEAR TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON THE BUDGET FOR THE DEPARTMENT, THE JOINT COMMITTEE ON ADMINISTRATIVE RULES, AND THE SENATE AND HOUSE FISCAL AGENCIES.</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

(2) FUNDS APPROPRIATED IN PART 1 SHALL NOT BE USED TO PREPARE REGULATORY PLANS OR PROMULGATE RULES THAT FAIL TO REDUCE THE DISPROPORTIONATE ECONOMIC IMPACT ON SMALL BUSINESSES PURSUANT TO SECTION 40 OF THE ADMINISTRATIVE PROCEDURES ACT OF 1969, 1969 PA 306, MCL 24.240.

(2) FUNDS APPROPRIATED IN PART 1 SHALL NOT BE USED BY THE DEPARTMENT TO ADOPT A RULE THAT WILL APPLY TO A SMALL BUSINESS AND THAT WILL HAVE A DISPROPORTIONATE ECONOMIC IMPACT ON SMALL BUSINESSES BECAUSE OF THE SIZE OF THOSE BUSINESSES IF THE DEPARTMENT FAILS TO REDUCE THE DISPROPORTIONATE ECONOMIC IMPACT OF THE RULE ON SMALL BUSINESSES AS PROVIDED UNDER SECTION 40 OF THE ADMINISTRATIVE PROCEDURES ACT OF 1969, 1969 PA 306, MCL 24.240.

(3) AS USED IN THIS SECTION:

(A) "RULE" MEANS THAT TERM AS DEFINED UNDER SECTION 7 OF THE ADMINISTRATIVE PROCEDURES ACT OF 1969, 1969 PA 306, MCL 24.207.

(B) "SMALL BUSINESSES" MEANS THAT TERM AS DEFINED UNDER SECTION 7A OF THE ADMINISTRATIVE PROCEDURES ACT OF 1969, 1969 PA 306, MCL 24.207A.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allows use of prior-year revenue for 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 the current fiscal year. Requires the Department to report by March 15, 2007, on all reimbursements, refunds, adjustments, and settlements from prior years to the House 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>Delete current law.</p>	<p>Sec. 216. (1) No changes from current law.</p>
<p>(2) The department's ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in the current fiscal year, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The department shall report by March 15, 2007 to the house of representatives and senate appropriations subcommittees on community health on all reimbursements, refunds, adjustments, and settlements from prior years.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law, except: "...shall report by March 15, 2007 2008..."</p>	<p>Delete current law.</p>	<p>(3) No changes from current law, except: "...shall report by March 15, 2007 2008..."</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

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

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.

Delete current law.

Sec. 218. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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, 2006, and May 1, 2007, to the House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director. Provides that reports not received by specified dates will result in nondisbursement of funds to the Institute until overdue reports are received. Requires the Department to provide copies of all reports, studies, and publications produced by the Institute by September 30, 2007.</i></p> <p>Sec. 219. (1) The department may contract with the Michigan public health institute for the design and implementation of projects and for other public health related activities prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before November 1, 2006 and May 1, 2007 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>"...and the state budget director on or before November 1, 2006 2007 and May 1, 2007 2008..."</p>	<p>Sec. 219. (1) No changes from current law, except:</p> <p>"...and the state budget director on or before November 1, 2006 2007 and May 1, 2007 2008..."</p>	<p>Delete current law.</p>	<p>Sec. 219. (1) No changes from current law, except:</p> <p>"...and the state budget director on or before November 1, 2006 2007 and May 1, 2007 2008..."</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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.	Delete current law.	Delete current law.	Delete current law.
(3) On or before September 30, 2007, 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) (2) No changes from current law, except: "On or before September 30, 2007 2008, the department shall provide..."	Delete current law.	(3) (2) No changes from current law, except: "On or before September 30, 2007 2008, the department shall provide..."
<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.	Delete current law.	Sec. 220. No changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

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 costs of conferences and workshops.

Sec. 223. The department of community health may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The costs shall not exceed fees collected.

Sec. 223. No changes from current law.

Sec. 223. No changes from current law.

Delete current law.

Sec. 223. No changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

NEW SECTION

SEC. 248. THE DEPARTMENT SHALL ALLOW AMBULATORY SURGERY CENTERS IN THIS STATE TO FULLY PARTICIPATE IN THE MEDICAID PROGRAM BY JANUARY 1, 2008. AMBULATORY SURGERY CENTERS THAT PROVIDE SERVICES TO MEDICAID-ELIGIBLE PATIENTS SHALL BE REIMBURSED IN THE SAME MANNER AS HOSPITALS. THE REIMBURSEMENT SCHEDULE FOR AMBULATORY SURGERY CENTERS SHALL BE DEVELOPED AND IMPLEMENTED IN CONSULTATION WITH THE INDUSTRY AND SHALL BE PROVIDED TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON THE DEPARTMENT OF COMMUNITY AND THE SENATE AND HOUSE FISCAL AGENCIES BY NOVEMBER 1, 2007.

NEW SECTION

SEC. 248. THE DEPARTMENT SHALL ALLOW AMBULATORY SURGERY CENTERS IN THIS STATE TO FULLY PARTICIPATE IN THE MEDICAID PROGRAM WHEN HOSPITALS ARE REIMBURSED FOR MEDICAID SERVICES THROUGH THE NEW MICHIGAN MEDICAID INFORMATION SYSTEM. AMBULATORY SURGERY CENTERS THAT PROVIDE SERVICES TO MEDICAID-ELIGIBLE PATIENTS SHALL BE REIMBURSED IN THE SAME MANNER AS HOSPITALS. THE REIMBURSEMENT SCHEDULE FOR AMBULATORY SURGERY CENTERS SHALL BE DEVELOPED AND IMPLEMENTED IN CONSULTATION WITH THE INDUSTRY AND SHALL BE PROVIDED TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON THE DEPARTMENT OF COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY JULY 1, 2008.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires departments and agencies to pay user fees to the Department of Information Technology (DIT) for technology-related services and projects from Part 1 appropriated funds for IT. Subjects user fees to provisions of an interagency agreement between department and agencies, and DIT.</i></p> <p>Sec. 259. From the funds appropriated in part 1 for information technology, departments and agencies shall pay user fees to the department of information technology for technology-related services and projects. Such user fees shall be subject to provisions of an interagency agreement between the departments and agencies and the department of information technology.</p>	<p>Sec. 259. No changes from current law, except:</p> <p>"...departments and agencies THE DEPARTMENT shall pay user fees to the department of information technology for technology-related services and projects. Such user fees...between departments and agencies THE DEPARTMENT and the department of information technology."</p>	<p>Sec. 259. No changes from current law, except:</p> <p>"...departments and agencies THE DEPARTMENT shall pay user fees to the department of information technology for technology-related services and projects. Such user fees...between departments and agencies THE DEPARTMENT and the department of information technology."</p>	<p>Delete current law.</p>	<p>Sec. 259. No changes from current law, except:</p> <p>"...departments and agencies THE DEPARTMENT shall pay user fees to the department of information technology for technology-related services and projects. Such user fees...between departments and agencies THE DEPARTMENT and the department of information technology."</p>
<p><i>Allows designation of Part 1 appropriated funds for IT as work projects and to be 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>	<p>Sec. 260. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 260. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Provides that 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. 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>Delete current law.</p>	<p>Sec. 261. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to notify the House and Senate Appropriations Subcommittees on Community Health and House and Senate Fiscal Agencies upon the submission of a Medicaid waiver, a Medicaid state plan amendment, or similar proposal to the Centers for Medicare and Medicaid Services.</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>	Delete current law.	Sec. 264. No changes from current law.	<p>Sec. 264. (1) No changes from current law, except:</p> <p>"...notify the house of representatives and senate appropriations subcommittees..."</p>	Sec. 264. No changes from current law.
			<p>NEW SUBSECTION</p> <p>(2) THE DEPARTMENT IS REQUIRED TO REPORT WITHIN 15 DAYS AFTER INITIAL CONTACT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES OF ANY FORMAL OR INFORMAL DISCUSSIONS WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES OR THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES REGARDING THE STRUCTURE OF ANY FUTURE MEDICAID WAIVER APPLICATION.</p>	<p>NEW SUBSECTION</p> <p>(2) THE DEPARTMENT SHALL PROVIDE WRITTEN OR VERBAL QUARTERLY REPORTS TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES SUMMARIZING THE STATUS OF ANY NEW OR ONGOING DISCUSSIONS WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES OR THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES REGARDING POTENTIAL OR FUTURE MEDICAID WAIVER APPLICATIONS.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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.	Delete current law.	Sec. 265. No changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

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 revenue, 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. Requires the Department to prepare an out-of-state travel report for the preceding fiscal year by January 1, 2007.

Sec. 266. (1) Due to the current budgetary problems in this state, out-of-state travel for the fiscal year ending September 30, 2007 shall be limited to situations in which 1 or more of the following conditions apply:

- (a) The travel is required by legal mandate or court order or for law enforcement purposes.
- (b) The travel is necessary to protect the health or safety of Michigan citizens or visitors or to assist other states in similar circumstances.
- (c) The travel is necessary to produce budgetary savings or to increase state revenues, including protecting existing federal funds or securing additional federal funds.
- (d) The travel is necessary to comply with federal requirements.
- (e) The travel is necessary to secure specialized training for staff that is not available within this state.
- (f) The travel is financed entirely by federal or nonstate funds.

Sec. 266. (1) No changes from current law, except:
"~~...out-of-state travel for the fiscal year ending September 30, 2007 shall be limited...~~"

Sec. 266. (1) No changes from current law, except:
"~~...out-of-state travel for the fiscal year ending September 30, 2007 shall be limited...~~"

Delete current law.

Sec. 266. (1) No changes from current law, except:
"~~...out-of-state travel for the fiscal year ending September 30, 2007 shall be limited...~~"

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(2) If out-of-state travel is necessary but does not meet 1 or more of the conditions in subsection (1), the state budget director may grant an exception to allow the travel. Any exceptions granted by the state budget director shall be reported on a monthly basis to the house of representatives and senate standing committees on appropriations.</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>(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, except:</p> <p>(f) "...funded for the immediately preceding fiscal year SECTION."</p>	<p>(3) No changes from current law.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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.	Delete current law.	Sec. 267. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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:</p> <p>(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.</p> <p>(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>	Delete current law.	<p>(2) No changes from current law.</p> <p>Technical Note: Should be deleted given Part 1 adjustment.</p>	Delete current law.	Delete current law.
<p>(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.</p>	Delete current law.	<p>(3) No changes from current law.</p> <p>Technical Note: Should be deleted given Part 1 adjustment.</p>	Delete current law.	Delete current law.
<p>(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.</p>	Delete current law.	<p>(4) No changes from current law.</p> <p>Technical Note: Should be deleted given Part 1 adjustment.</p>	Delete current law.	Delete current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

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CONFERENCE/ENACTED

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

Sec. 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:

- (a) The total amount recovered from the legal action.
- (b) The program or service for which the money was originally expended.
- (c) Details on the disposition of the funds recovered such as the appropriation or revenue account in which the money was deposited.
- (d) A description of the facts involved in the legal action.

Sec. 270. No changes from current law.

Sec. 270. No changes from current law.

Delete current law.

Sec. 270. No changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

NEW SECTION

SEC. 271. (1) A PIHP AND A MEDICAID HMO MAY IMPLEMENT A PILOT PROJECT DESIGNED TO MODEL EARLY MENTAL HEALTH SERVICE INTERVENTION OR COORDINATION OF CARE SPECIAL PROJECTS. PIHPS AND MEDICAID HMOS THAT IMPLEMENT A PILOT PROJECT UNDER THIS SECTION MAY COORDINATE WITH A FEDERALLY QUALIFIED HEALTH CENTER TO PROVIDE THESE SERVICES. IN ORDER TO IMPLEMENT A PILOT PROJECT UNDER THIS SECTION, PARTICIPATING PIHPS, MEDICAID HMOS, AND FEDERALLY QUALIFIED HEALTH CENTERS SHALL SHARE THE SAME DEFINED SERVICE AREA. A PILOT PROJECT THAT IS IMPLEMENTED UNDER THIS SECTION SHALL PROVIDE CARE COORDINATION, DISEASE MANAGEMENT, AND PHARMACY MANAGEMENT TO ELIGIBLE RECIPIENTS SUFFERING FROM CHRONIC PHYSICAL ILLNESS, INCLUDING, BUT NOT LIMITED TO, DIABETES, ASTHMA, SUBSTANCE ADDICTION, OR THE LONG-TERM EFFECTS OF A STROKE.

NEW SECTION

SEC. 271. THE DEPARTMENT SHALL PROVIDE THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES INFORMATION ON ANY CONTRACTS THAT WILL EXPIRE IN FISCAL YEAR 2007-2008. THIS REPORT SHALL BE PROVIDED BY MARCH 1, 2008.

NEW SECTION

SEC. 271. (1) A PIHP, MEDICAID HMO, AND FEDERALLY QUALIFIED HEALTH CENTER MAY ESTABLISH AND IMPLEMENT AN EARLY MENTAL HEALTH SERVICES INTERVENTION PILOT PROJECT. THIS PROJECT SHALL PROVIDE CARE COORDINATION, DISEASE MANAGEMENT, AND PHARMACY MANAGEMENT TO ELIGIBLE RECIPIENTS SUFFERING FROM CHRONIC DISEASE, INCLUDING, BUT NOT LIMITED TO, DIABETES, ASTHMA, SUBSTANCE ADDICTION, OR STROKE. PARTICIPATING ORGANIZATIONS MAY MAKE USE OF DATA SHARING, JOINT INFORMATION TECHNOLOGY EFFORTS, AND FINANCIAL INCENTIVES TO HEALTH PROVIDERS AND RECIPIENTS IN THIS PROJECT.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

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(2) A PILOT PROJECT THAT IS IMPLEMENTED UNDER THIS SECTION MAY BEGIN ON THE EFFECTIVE DATE OF THIS ACT AND MAY UTILIZE INCENTIVES FOR SERVICE PROVIDERS OR RECIPIENTS OF THE SERVICES, OR BOTH. A PILOT PROJECT THAT IS IMPLEMENTED UNDER THIS SECTION SHALL MEET ALL OF THE FOLLOWING REQUIREMENTS:

(A) BE IMPLEMENTED AT NO ADDITIONAL COST TO THE STATE.

(B) INCLUDE MEASURABLE OBJECTIVES AND OUTCOME MEASURES IN ORDER TO DETERMINE COST EFFECTIVENESS.

(C) FEATURE THE SHARED USE OF TECHNOLOGY AND THE SHARING OF DATA.

(D) MAINTAIN ELECTRONIC RECORD DATA TO MONITOR CORRELATIONS BETWEEN EARLY MENTAL HEALTH TREATMENT SERVICE AND INCREASED PHYSICAL HEALTH AND IMPROVEMENT OR REDUCTION OF CHRONIC PHYSICAL ILLNESS, INCLUDING, BUT NOT LIMITED TO, DIABETES, ASHTMA, SUBSTANCE ADDICTION, OR THE LONG-TERM EFFECTS OF A STROKE.

(2) THE PILOT PROJECT SHALL MAKE USE OF PREESTABLISHED OBJECTIVES AND OUTCOME MEASURES TO DETERMINE THE COST EFFECTIVENESS OF THE PROJECT. DATA SHALL ALSO BE COLLECTED BY PARTICIPATING ORGANIZATIONS TO STUDY AND MONITOR THE CORRELATION BETWEEN EARLY MENTAL HEALTH TREATMENT SERVICES TO PROGRAM PARTICIPANTS AND IMPROVEMENT IN THE MANAGEMENT OF THEIR CHRONIC DISEASE.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		<p>(3) IF DETERMINED NECESSARY, THE DEPARTMENT MAY REQUEST A FEDERAL WAIVER FOR MEDICAID RECIPIENTS IN ORDER MAXIMIZE PARTICIPATION BY ELIGIBLE RECIPIENTS IN PILOT PROGRAMS IMPLEMENTED UNDER THIS SECTION.</p>		<p>(3) THE DEPARTMENT SHALL REQUEST ANY NECESSARY MEDICAID STATE PLAN AMENDMENTS OR WAIVERS TO ENSURE PARTICIPATION IN THIS PROJECT BY ELIGIBLE MEDICAID RECIPIENTS.</p>
		<p>(4) A PROGRESS REPORT ON THE PILOT PROJECT SHALL BE PROVIDED TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR NO LATER THAN APRIL 1, 2008.</p> <p>Refer to Sec. 479 – Senate Recommendation</p>		<p>(4) A PROGRESS REPORT ON THE PILOT PROJECT SHALL BE PROVIDED TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR NO LATER THAN MAY 1, 2008.</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

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NEW SECTION

SEC. 272. (1) THE DEPARTMENT SHALL ESTABLISH A COMMITTEE COMPOSED OF MEMBERS OF EACH HOUSE OF THE LEGISLATURE AND REPRESENTATIVES OF THE DEPARTMENT OF COMMUNITY HEALTH. THE COMMITTEE SHALL IDENTIFY NECESSARY MODIFICATIONS IN CURRENT LAW, PAYMENT METHODOLOGY, AND DEPARTMENT POLICY THAT WILL PERMIT GREATER CONSOLIDATION OF LOCAL PROVISION OF NECESSARY MEDICAL SUPPORTS AND SERVICES. THIS COMMITTEE SHALL SPECIFICALLY ADDRESS ALL OF THE FOLLOWING:

(A) PROGRAM CHANGES TO ENCOURAGE GREATER CONSOLIDATION OF LOCAL PUBLIC HEALTH DEPARTMENTS INTO DISTRICT HEALTH DEPARTMENTS.

(B) PROGRAM CHANGES TO ENCOURAGE GREATER CONSOLIDATION OF CMHSPS ACROSS COMMUNITIES.

(C) PROGRAM CHANGES TO ENCOURAGE GREATER INCORPORATION BETWEEN SUBSTANCE ABUSE COORDINATING AGENCIES INTO LOCAL CMHSPS.

NEW SECTION

SEC. 272. (1) THE DEPARTMENT SHALL CONDUCT A STUDY OF CURRENT POLICIES AND ALLOCATION METHODOLOGIES TO DEVELOP OPTIONS THAT ENCOURAGE ADMINISTRATIVE EFFICIENCIES WITHIN AND AMONG THE FOLLOWING ENTITIES:

(A) LOCAL PUBLIC HEALTH DEPARTMENTS.

(B) CMHSPS.

(C) SUBSTANCE ABUSE COORDINATING AGENCIES.

(D) AREA AGENCIES ON AGING.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

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(D) PROGRAM CHANGES TO ENCOURAGE GREATER CONSOLIDATION OF AREA AGENCIES ON AGING ACROSS COMMUNITIES IN SOME FASHION BY JANUARY 1, 2009.

**(2) THE DEPARTMENT SHALL ENSURE THAT ALL OF THE FOLLOWING ORGANIZATIONS PARTICIPATE IN REVELANT DISCUSSIONS:
(A) THE MICHIGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS.
(B) THE MICHIGAN ASSOCIATION OF LOCAL PUBLIC HEALTH.
(C) THE MICHIGAN ASSOCIATION OF SUBSTANCE ABUSE COORDINATING AGENCIES.
(D) THE AREA AGENCIES ON AGING ASSOCIATION OF MICHIGAN.**

(2) THE STUDY SHOULD INCLUDE A RANGE OF OPTIONS INCLUDING ADMINISTRATIVE EFFICIENCIES, SHARED SERVICES, AND CONSOLIDATIONS.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>(3) THE COMMITTEE ESTABLISHED UNDER SUBSECTION (1) SHALL PROVIDE A DRAFT REPORT ON INITIAL FINDINGS BY MARCH 1, 2008 TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE SENATE AND HOUSE COMMITTEES ON HEALTH POLICY, THE SENATE AND HOUSE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR. THE REPORT SHALL DETAIL CONCEPTS DISCUSSED BY THE COMMITTEE AND ANY RECOMMENDED CHANGES IN STATE LAW OR APPROPRIATIONS TO BRING ABOUT GREATER CONSOLIDATION OF THESE SERVICES.</p>	<p>(3) THE DEPARTMENT SHALL CONSULT WITH AT LEAST THE FOLLOWING APPLICABLE ORGANIZATIONS IN DEVELOPING THE STUDY: (A) THE MICHIGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS. (B) THE MICHIGAN ASSOCIATION OF LOCAL PUBLIC HEALTH. (C) THE MICHIGAN ASSOCIATION OF SUBSTANCE ABUSE COORDINATING AGENCIES. (D) THE AREA AGENCIES ON AGING ASSOCIATION OF MICHIGAN.</p>
			<p>(4) IT IS THE INTENT OF THE LEGISLATURE TO MANDATE CONSOLIDATION IN THE PROVISION OF LOCAL MENTAL HEALTH AND SUBSTANCE ABUSE, LOCAL PUBLIC HEALTH, AND SERVICES TO THE AGING IN SOME FASHION BY JANUARY 1, 2009.</p>	<p>(4) THE DEPARTMENT MAY EXPEND UP TO \$150,000.00 FROM THE FUNDS APPROPRIATED IN PART 1 TO CONDUCT THE STUDY.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
				<p>(5) THE DEPARTMENT SHALL SUBMIT THE RESULTS OF THE STUDY TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE SENATE AND HOUSE COMMITTEES ON HEALTH POLICY, THE SENATE AND HOUSE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR BY AUGUST 1, 2008.</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

NEW SECTION

SEC. 273. THE DEPARTMENT SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES ON EVERY PROGRAM THAT RECEIVES MORE THAN \$0.00 IN HEALTHY MICHIGAN FUNDS. THE REPORT SHALL PROVIDE DETAIL REGARDING ALL OF THE FOLLOWING:

- (A) A SUMMARY OF ORGANIZATIONS RECEIVING THESE FUNDS.**
- (B) MEASURES OF THE EFFECTIVENESS OF THESE PROGRAMS IN IMPROVING THE HEALTH OF MICHIGAN RESIDENTS.**

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

NEW SECTION

**SEC. 275. FROM THE FUNDS APPROPRIATED IN PART 1, THE FOLLOWING AMOUNTS ARE ALLOCATED;
(A) \$100.00 FOR A REVERSE 9-1-1 PROGRAM IN A COMMUNITY HOSTING A MENTAL HEALTH FACILITY.
(B) \$100.00 FOR THE GREATER FLINT HEALTH COALITION.**

**(C) \$100.00 FOR A VISION SERVICES PROGRAM.
(D) \$100.00 FOR EFFORTS TO COMBAT THE SPREAD OF ANIMAL-BORNE ILLNESSES.
(E) \$100.00 FOR THE HEALTHKEY PROGRAM FOR THE UNINSURED.
(F) \$100.00 FOR MULTICULTURAL EDUCATIONAL AND CULTURAL FACILITIES.**

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

NEW SECTION

SEC. 276. FUNDS APPROPRIATED IN PART 1 SHALL NOT BE USED BY A PRINCIPAL EXECUTIVE DEPARTMENT, STATE AGENCY, OR AUTHORITY TO HIRE A PERSON TO PROVIDE LEGAL SERVICES THAT ARE THE RESPONSIBILITY OF THE ATTORNEY GENERAL.

NEW SECTION

SEC. 276. FUNDS APPROPRIATED IN PART 1 SHALL NOT BE USED BY A PRINCIPAL EXECUTIVE DEPARTMENT, STATE AGENCY, OR AUTHORITY TO HIRE A PERSON TO PROVIDE LEGAL SERVICES THAT ARE THE REponsibility OF THE ATTORNEY GENERAL. THIS PROHIBITION DOES NOT APPLY TO A LEGAL SERVICES FOR BONDING ACTIVITIES AND FOR THOSE ACTIVITIES THAT THE ATTORNEY GENERAL AUTHORIZES.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

NEW SECTION

SEC. 281. FROM THE FUNDS APPROPRIATED IN PART 1, THE DEPARTMENT SHALL IMPLEMENT CONTINUOUS IMPROVEMENT EFFICIENCY MECHANISMS IN THE PROGRAMS ADMINISTERED BY THE DEPARTMENT. THE CONTINUOUS IMPROVEMENT EFFICIENCY MECHANISMS SHALL IDENTIFY CHANGES MADE IN PROGRAMS TO INCREASE EFFICIENCY AND REDUCE EXPENDITURES IN THE PROGRAMS. ON MARCH 31, 2008 AND SEPTEMBER 30, 2008, THE DEPARTMENT SHALL REPORT TO THE STATE BUDGET DIRECTOR, THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES, AND THE SENATE AND HOUSE FISCAL AGENCIES ON THE PROGRESS MADE TOWARD INCREASED EFFICIENCIES IN DEPARTMENTAL PROGRAMS. AT A MINIMUM, EACH REPORT SHALL INCLUDE INFORMATION ON THE PROGRAM REVIEW PROCESS, THE TYPE OF IMPROVEMENT MECHANISMS IMPLEMENTED, AND ACTUAL AND PROJECTED EXPENDITURE SAVINGS AS A RESULT OF THE INCREASED PROGRAM EFFICIENCIES.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
				<p>NEW SECTION</p> <p>SEC. 282. (1) THE DEPARTMENT, THROUGH ITS ORGANIZATIONAL UNITS RESPONSIBLE FOR DEPARTMENTAL ADMINISTRATION, OPERATION, AND FINANCE, SHALL ESTABLISH UNIFORM DEFINITIONS, STANDARDS, AND INSTRUCTIONS FOR THE CLASSIFICATION, ALLOCATION, ASSIGNMENT, CALCULATION, RECORDING, AND REPORTING OF ADMINISTRATIVE COSTS BY THE FOLLOWING ENTITIES:</p> <p>(A) COORDINATING AGENCIES ON SUBSTANCE ABUSE, SALVATION ARMY HARBOR LIGHT PROGRAM, AND THEIR SUBCONTRACTORS THAT RECEIVE PAYMENT OR REIMBURSEMENT FROM FUNDS APPROPRIATED UNDER SECTION 104 OF PART 1.</p> <p>(B) AREA AGENCIES ON AGING AND LOCAL PROVIDERS, AND THEIR SUBCONTRACTORS THAT RECEIVE PAYMENT OR REIMBURSEMENT FROM FUNDS APPROPRIATED UNDER SECTION 118 OF PART 1.</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

(2) BY MAY 15, 2008, 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.

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

FY 2006-07

FY 2007-2008

CURRENT LAW

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

**DEPARTMENTWIDE
ADMINISTRATION**

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.

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.

Sec. 301. No changes from current law.

Sec. 301. No changes from current law.

**DEPARTMENTWIDE
ADMINISTRATION**

Delete current law.

Sec. 301. No changes from current law.

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

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.

Sec. 303. No changes from current law.

Sec. 303. No changes from current law.

Delete current law.

Sec. 303. No changes from current law.

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

FY 2006-07

CURRENT LAW

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS

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

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.

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

Sec. 350. No changes from current law.

Sec. 350. No changes from current law.

Delete current law.

Sec. 350. No changes from current law.

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to allow local governments to apply for money to cover their administrative costs associated with methamphetamine cleanup efforts from appropriated Part 1 funds. Specifies funds allocated for administrative costs shall not exceed \$800 per property.</i></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>	Delete current law.	Delete current law.	<p>Sec. 351. (1) No changes from current law, except:</p> <p>"...local governments for the administrative costs associated with methamphetamine cleanup..."</p>	<p>Sec. 351. (1) No changes from current law.</p>
			<p>NEW SUBSECTION</p> <p>(2) THE DEPARTMENT SHALL WORK WITH THE MICHIGAN ASSOCIATION OF COUNTIES TO ENSURE THAT COUNTIES ARE AWARE THAT THE FUNDS APPROPRIATED IN PART 1 FOR METHAMPHETAMINE CLEANUP ACTIVITIES ARE AVAILABLE.</p>	<p>NEW SUBSECTION</p> <p>(2) THE DEPARTMENT SHALL WORK WITH THE MICHIGAN ASSOCIATION OF COUNTIES TO ENSURE THAT COUNTIES ARE AWARE THAT THE FUNDS APPROPRIATED IN PART 1 FOR METHAMPHETAMINE CLEANUP ACTIVITIES ARE AVAILABLE.</p>
		<p>NEW SECTION</p> <p>SEC. 352. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MENTAL HEALTH /SUBSTANCE ABUSE PROGRAM ADMINISTRATION, \$100.00 SHALL BE USED TO PROVIDE LEADERSHIP WITH THE DEPARTMENT AND MENTAL HEALTH FIELD ON THE TESTING, EVALUATION, AND REPLICATION OF PREVENTIVE INITIATIVES TARGETED TO MINORS POSSESSING SOCIAL, ECONOMIC, OR OTHER RISK FACTORS ASSOCIATED WITH DEVELOPMENT OF SERIOUS EMOTIONAL DISORDER.</p>		

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS

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 (PHPs). Requires the Department to ensure that each CMHSP or specialty PHP 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.

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:

- (a) A system of single entry and single exit.
- (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.
- (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.

Sec. 401. No changes from current law, except:

"...local CMHSPs or specialty ~~prepaid health plans PIHPs~~. The department shall ensure that each CMHSP or specialty ~~prepaid health plan PIHP~~..."

Sec. 401. No changes from current law, except:

"...local CMHSPs or specialty ~~prepaid health plans PIHPs~~. The department shall ensure that each CMHSP or specialty ~~prepaid health plan PIHP~~..."

Sec. 401. No changes from current law, except:

- (b)* ... services which shall ~~include~~ **INCLUDE**...all of the following services:
 (i) ~~r~~Residential...
 (ii) ~~e~~Outpatient...
 (iii) ~~a~~Acute... and
 (iv) ~~l~~Long-term..."
- (c) "... and privately-owned hospitals **FACILITIES**..."

Sec. 401. No changes from current law, except:

"...local CMHSPs or specialty ~~prepaid health plans PIHPs~~. The department shall ensure that each CMHSP or specialty ~~prepaid health plan PIHP~~..."

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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>	<p>(d) through (h) No changes from current law, except:</p> <p>(d) "...through the CMHSP's or specialty prepaid health plan's PIHP's program ..."</p>	<p>(d) through (h) No changes from current law, except:</p> <p>(d) "...through the CMHSP's or specialty prepaid health plan's PIHP's program ..."</p>	<p>(d) through (h) No changes from current law, except:</p> <p>(d) "...that ensure the A full range of recipient needs is addressed through the CMHSP's CMHSPS or specialty..."</p> <p>(e) "A system of case OR CARE MANAGEMENT to monitor..."</p> <p>(h)"...as required under the provisions of the mental health code..."</p>	<p>(d) through (h) No changes from current law, except:</p> <p>(d) "...through the CMHSP's or specialty prepaid health plan's PIHP's program ..."</p> <p>(e) "A system of case OR CARE MANAGEMENT to monitor..."</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

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Requires final authorizations to CMHSPs or specialty PHPs be made upon execution of contracts between DCH and CMHSPs or specialty PHPs. Requires each contract with a CMHSP or specialty PHP to include provision that it is not valid unless total dollar obligation of all contracts entered into between DCH and CMHSPs or specialty PHPs for FY 2006-07 does not exceed Part 1 appropriations. Requires DCH to report immediately to the House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director if there are new contracts or amendments to contracts with CMHSPs or specialty PHPs that would affect enacted rates or expenditures.

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 2006-2007 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.

Sec. 402. (1) No changes from current law, except:

~~"...to CMHSPs or specialty prepaid health plans PIHPs shall be made upon the ...CMHSPs or specialty prepaid health plans PIHPs. Each contract with a CMHSP or specialty prepaid health plan PIHP that ...between the department and the CMHSPs or specialty prepaid health plans PIHPs..."~~

Technical Note: Fiscal Year 2006-2007 should be updated to Fiscal Year 2007-2008.

Sec. 402. (1) No changes from current law, except:

~~"...to CMHSPs or specialty prepaid health plans PIHPs shall be made upon the ...CMHSPs or specialty prepaid health plans PIHPs. Each contract with a CMHSP or specialty prepaid health plan PIHP that ...between the department and the CMHSPs or specialty prepaid health plans PIHPs entered into under this subsection for fiscal year 2006-2007 2007-2008..."~~

Delete current law.

Sec. 402. (1) No changes from current law, except:

~~"...to CMHSPs or specialty prepaid health plans PIHPs shall be made upon the ...CMHSPs or specialty prepaid health plans PIHPs. Each contract with a CMHSP or specialty prepaid health plan PIHP that ...between the department and the CMHSPs or specialty prepaid health plans PIHPs entered into under this subsection for fiscal year 2006-2007 2007-2008..."~~

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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>	<p>(2) No changes from current law, except:</p> <p>(a) "...with CMHSPs or specialty prepaid health plans PIHPs..."</p> <p>(b) "...with CMHSPs or specialty prepaid health plans PIHPs..."</p>	<p>(2) No changes from current law, except:</p> <p>(a) "...with CMHSPs or specialty prepaid health plans PIHPs..."</p> <p>(b) "...with CMHSPs or specialty prepaid health plans PIHPs..."</p>	<p>Delete current law.</p>	<p>(2) No changes from current law, except:</p> <p>(a) "...with CMHSPs or specialty prepaid health plans PIHPs..."</p> <p>(b) "...with CMHSPs or specialty prepaid health plans PIHPs..."</p>
<p>(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law.</p>
<p><i>Requires DCH to ensure CMHSPs or specialty PHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement.</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 meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement.</p>	<p>Delete current law.</p>	<p>Sec. 403. No changes from current law, except:</p> <p>"...that CMHSPs or specialty prepaid health plans PIHPs meet ..."</p>	<p>Sec. 403. (1) No changes from current law, except:</p> <p>"...for contracting, service delivery, and reimbursementS."</p>	<p>Sec. 403. (1) No changes from current law, except:</p> <p>"...that CMHSPs or specialty prepaid health plans PIHPs meet ..."</p>

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**FY 2006-07
CURRENT LAW**

FY 2007-2008

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NEW SUBSECTION

NEW SUBSECTION

(2) THE DEPARTMENT SHALL ENSURE THAT MULTICULTURAL SERVICE PROVIDERS CONFIRM THAT RECIPIENTS OF SERVICES FUNDED THROUGH THE MULTICULTURAL SERVICES LINE MEET THE CITIZENSHIP DOCUMENTATION STANDARDS ESTABLISHED FOR MEDICAID ELIGIBILITY.

(2) FUNDS APPROPRIATED IN PART 1 FOR MULTICULTURAL SERVICES SHALL NOT BE UTILIZED FOR SERVICES PROVIDED TO ILLEGAL IMMIGRANTS. THE DEPARTMENT SHALL MODIFY CONTRACTS WITH RECIPIENTS OF MULTICULTURAL SERVICES GRANTS TO MANDATE THAT GRANTEES ESTABLISH THAT RECIPIENTS OF SERVICES ARE LEGALLY RESIDING IN THE UNITED STATES. AN EXCEPTION TO THE CONTRACTUAL PROVISION WILL BE ALLOWED TO ADDRESS PERSONS PRESENTING WITH EMERGENT MENTAL HEALTH CONDITIONS.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to provide a report by May 31, 2007, on the following for CMHSPs or specialty PHPs: expenditures and services data; information about access to CMHSPs; lapses and carry-forwards during FY 2005-06; information on the CMH Medicaid managed care program; and performance indicator information required to be submitted to DCH in contracts with CMHSPs or specialty PHPs.</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, except: "...members of the house of representatives and senate..."</p>	<p>Sec. 404. (1) No changes from current law.</p>

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<p>(2) The report shall contain information for each CMHSP or specialty prepaid health plan and a statewide summary, each of which shall include at least the following information:</p> <p>(a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis.</p> <p>(b) Per capita expenditures by client population group.</p> <p>(c) Financial information which, minimally, shall include a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration. Service category shall include all department-approved services.</p> <p>(d) Data describing service outcomes which shall include, but not be limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment.</p> <p>(e) Information about access to community mental health services programs which shall include, but not be limited to, the following:</p> <p>(i) The number of people receiving requested services.</p> <p>(ii) The number of people who requested services but did not receive services.</p> <p>(f) The number of second opinions requested under the code and the determination of any appeals.</p> <p>(g) An analysis of information provided by 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>(2) No changes from current law, except: "...each CMHSP or specialty prepaid health plan-PIHP and ..."</p>	<p>(2) No changes from current law, except: "...each CMHSP or specialty prepaid health plan-PIHP and ..."</p>	<p>(2) No changes from current law, except: "...at least ALL OF..." (a) "...recipients which, minimally, shall include THAT, AT A MINIMUM, INCLUDES reimbursement ..." (c) "...which, minimally, shall include THAT, AT A MINIMUM, INCLUDES..." (d) "...outcomes which shall include, INCLUDING, but not be limited to, ..." (e) "...programs which shall include INCLUDING, but not be limited to, ALL OF the following..."</p> <p>(III) THE AVERAGE LENGTH OF TIME PEOPLE WHO REQUESTED SERVICES BUT DID NOT RECEIVE SERVICES HAVE BEEN WAITING TO RECEIVE SERVICES, LISTED SEPARATELY FOR EACH SERVICE PROVIDED.</p> <p>(f) "...under the MENTAL HEALTH code, 1974 PA 258, MCL 330.1001 to 330.2106, and..."</p> <p>(g) "...mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, including ..."</p>	<p>(2) No changes from current law, except: "...each CMHSP or specialty prepaid health plan-PIHP and ..."</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(h) Lapses and carryforwards during fiscal year 2005-2006 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>(h) "...during fiscal year 2005-2006 2006-2007 for CMHSPs or specialty prepaid health plans PIHPs."</p> <p>(i) "...into by CMHSPs or specialty prepaid health plans PIHPs..."</p> <p>(i) "...each CMHSP or specialty prepaid health plan-PIHP..."</p> <p>(ii) "...with CMHSPs or specialty prepaid health plans-PIHPs."</p>	<p>(h) "...during fiscal year 2005-2006 2006-2007 for CMHSPs or specialty prepaid health plans PIHPs."</p> <p>(i) "...into by CMHSPs or specialty prepaid health plans PIHPs..."</p> <p>(i) "...each CMHSP or specialty prepaid health plan-PIHP..."</p> <p>(ii) "...with CMHSPs or specialty prepaid health plans-PIHPs."</p>	<p>(h) "...during fiscal year 2005-2006 2006-2007 for CMHSPs or specialty prepaid health plans."</p> <p>(i) "INFORMATION ABOUT Ccontracts for mental health services...providers, including amount and rates, organized by type of service provided , BUT NOT LIMITED TO, ALL OF THE FOLLOWING: (I) THE AMOUNT OF THE CONTRACT, ORGANIZED BY TYPE OF SERVICE PROVIDED. (II) PAYMENT RATES, ORGANIZED BY THE TYPE OF SERVICE PROVIDED. (III) ADMINISTRATIVE COSTS FOR SERVICES PROVIDED TO CMHSPS OR SPECIALTY PREPAID HEALTH PLANS.</p> <p>(i) No changes from current law.</p> <p>(ii) No changes from current law.</p>	<p>(h) "...during fiscal year 2005-2006 2006-2007 for CMHSPs or specialty prepaid health plans PIHPs."</p> <p>(i) "INFORMATION ABOUT Ccontracts for mental health services entered into by CMHSPs or specialty prepaid health plans PIHPs with providers, including amount and rates, organized by type of service provided , BUT NOT LIMITED TO, ALL OF THE FOLLOWING: (I) THE AMOUNT OF THE CONTRACT, ORGANIZED BY TYPE OF SERVICE PROVIDED. (II) PAYMENT RATES, ORGANIZED BY THE TYPE OF SERVICE PROVIDED. (III) ADMINISTRATIVE COSTS FOR SERVICES PROVIDED TO CMHSPS OR PIHPs.</p> <p>(i) "...each CMHSP or specialty prepaid health plan-PIHP..."</p> <p>(ii) "...with CMHSPs or specialty prepaid health plans-PIHPs"</p>

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**FY 2006-07
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NEW SUBSECTION

NEW SUBSECTION

**(K) AN ESTIMATE OF THE NUMBER OF FTES EMPLOYED BY EACH CMHSP AND SPECIALTY PREPAID HEALTH PLAN AS OF SEPTEMBER 30, 2007 AND AN ESTIMATE OF THE NUMBER OF FTES EMPLOYED THROUGH CONTRACTS WITH PROVIDER ORGANIZATIONS AS OF SEPTEMBER 30, 2007.
(L) DATA ON THE NUMBER OF PHARMACEUTICAL PRESCRIPTIONS WRITTEN BY CMHSP AND SPECIALTY PREPAID HEALTH PLAN EMPLOYEES OR CONTRACTORS ON BEHALF OF CMHSP AND SPECIALTY PREPAID HEALTH PLAN CLIENTS, BROKEN DOWN INTO THE FOLLOWING CATEGORIES:
(I) CLIENT POPULATION GROUP.

(II) CLASS OF MEDICATION.
(III) NUMBER OF PRESCRIPTIONS PER CLIENT DURING THE FISCAL YEAR.**

(K) AN ESTIMATE OF THE NUMBER OF DIRECT CARE WORKERS IN LOCAL RESIDENTIAL SETTINGS AND PARAPROFESSIONAL AND OTHER NONPROFESSIONAL DIRECT CARE WORKERS IN SETTINGS WHERE SKILL BUILDING, COMMUNITY LIVING SUPPORTS AND TRAINING, AND PERSONAL CARE SERVICES ARE PROVIDED BY CMHSPS OR PIHPs AS OF SEPTEMBER 30, 2007 EMPLOYED DIRECTLY OR THROUGH CONTRACTS WITH PROVIDER ORGANIZATIONS.

(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.

(3) No changes from current law, except:

"... individual CMHSP or specialty prepaid health plan PIHP."

(3) No changes from current law, except:

"... individual CMHSP or specialty prepaid health plan PIHP."

(3) No changes from current law, except:

"...reporting requirements listed PRESCRIBED under ..."

(3) No changes from current law, except:

"... individual CMHSP or specialty prepaid health plan PIHP."

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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, except: "...all CMHSPs or specialty prepaid health plans PIHPs."</p>	<p>(4) No changes from current law, except: "...all CMHSPs or specialty prepaid health plans PIHPs."</p>	<p>(4) No changes from current law, except: "...date required UNDER THIS SECTION are complete and consistent among all CMHSPs or AND specialty prepaid health plans.</p>	<p>(4) No changes from current law, except: "...all CMHSPs or specialty prepaid health plans PIHPs."</p>
<p><i>States legislative intent that the wage increase funded in previous years for direct care workers in local residential settings, and settings where skill building, community living supports and training, and personal care services are provided continue to be paid. Specifies that funds appropriated for Medicaid mental health services be utilized for providing a 2% wage increase to direct care workers, effective October 1, 2006.</i></p>				
<p>Sec. 405. (1) 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 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>	<p>Sec. 405. (1) No changes from current law, except: "It is the intent of the legislature that the THE employee wage pass-through funded..."</p>	<p>Sec. 405. (1) No changes from current law, except: "...funded in previous years, INCLUDING THE 2% WAGE INCREASE FUNDED IN FISCAL YEAR 2006-2007, to the community mental health services programs..."</p>	<p>Delete current law.</p>	<p>Sec. 405. (1) No changes from current law, except: "...funded in previous years, INCLUDING THE 2% WAGE INCREASE FUNDED IN FISCAL YEAR 2006-2007, to the community mental health services programs..."</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
(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.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
(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.	(4) (2) No changes from current law, except: "Each CMHSP OR PIHP awarded wage pass-through funds IN FISCAL YEAR 2006-2007 shall report on the actual expenditures of such funds in the format determined by the department. Any funds not utilized by the CMHSP for the purpose in the wage pass-through application shall be deducted from the base allocation to the CMHSP in the subsequent fiscal year."	(4) (2) No changes from current law, except: "Each CMHSP OR PIHP awarded wage pass-through funds IN FISCAL YEAR 2006-2007 shall report on the actual expenditures of such funds in the format determined by the department. Any funds not utilized by the CMHSP for the purpose in the wage pass-through application shall be deducted from the base allocation to the CMHSP in the subsequent fiscal year."	Delete current law.	(4) (2) No changes from current law, except: "Each CMHSP OR PIHP awarded wage pass-through funds IN FISCAL YEAR 2006-2007 shall report on the actual expenditures of such funds in the format determined by the department. Any funds not utilized by the CMHSP for the purpose in the wage pass-through application shall be deducted from the base allocation to the CMHSP in the subsequent fiscal year."

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires funds appropriated for state disability assistance substance abuse services program be used to support per diem and board payments in substance abuse residential facilities. Requires DCH to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by DHS to adult foster care providers.</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>Delete current law.</p>	<p>Sec. 406. (1) No changes from current law.</p>
<p>(2) The department shall reimburse all licensed substance abuse programs eligible to participate in the program at a rate equivalent to that paid by the department of human services to adult foster care providers. Programs accredited by department-approved accrediting organizations shall be reimbursed at the personal care rate, while all other eligible programs shall be reimbursed at the domiciliary care rate.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies. Requires coordinating agencies work with CMHSPs or specialty PHPs 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>(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>Sec. 407. (1) No changes from current law, except: "...the CMHSPs or specialty prepaid health plans or PIHPs..."</p>	<p>Sec. 407. (1) No changes from current law, except: "...the CMHSPs or specialty prepaid health plans or PIHPs..."</p>	<p>Delete current law.</p>	<p>Sec. 407. (1) No changes from current law, except: "...the CMHSPs or specialty prepaid health plans or PIHPs..."</p>
	(2) No changes from current law.	(2) No changes from current law.	Delete current law.	(2) No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to report by April 15, 2007, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2005-06.</i></p> <p>Sec. 408. (1) By April 15, 2007, the department shall report the following data from fiscal year 2005-2006 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, 2007 2008, the department shall report the following data from fiscal year 2005-2006 2006-2007 on substance abuse ..."</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>"By April 15, 2007 2008, the department shall report the following data from fiscal year 2005-2006 2006-2007 on substance abuse ..."</p>	<p>Delete current law.</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>"By April 15, 2007 2008, the department shall report the following data from fiscal year 2005-2006 2006-2007 on substance abuse ..."</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all coordinating agencies.</p>	(2) No changes from current law.	(2) No changes from current law.	Delete current law.	(2) No changes from current law.
<p><i>Requires funds for substance abuse services to be distributed in a manner to provide priority to service providers that furnish child care services to clients with children.</i></p> <p>Sec. 409. The funding in part 1 for substance abuse services shall be distributed in a manner that provides priority to service providers that furnish child care services to clients with children.</p>	Sec. 409. No changes from current law.	Sec. 409. No changes from current law.	Delete current law.	Sec. 409. No changes from current law.
<p><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></p> <p>Sec. 410. The department shall assure that substance abuse treatment is provided to applicants and recipients of public assistance through the department of human services who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</p>	Sec. 410. No changes from current law.	Sec. 410. No changes from current law.	Delete current law.	Sec. 410. No changes from current law.

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Requires the Department to ensure that each contract with a CMHSP or specialty PHP require the CMHSP or specialty PHP 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 PHP to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement agencies.

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.

(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.

Sec. 411. (1) No changes from current law, except:

"...a CMHSP or specialty ~~prepaid health plan PIHP~~ requires the CMHSP or specialty ~~prepaid health plan PIHP~~ ..."

(2) No changes from current law, except:

"Each CMHSP or specialty ~~prepaid health plan PIHP~~ shall have..."

Sec. 411. (1) No changes from current law, except:

"...a CMHSP or specialty ~~prepaid health plan PIHP~~ requires the CMHSP or specialty ~~prepaid health plan PIHP~~ ..."

(2) No changes from current law, except:

"Each CMHSP or specialty ~~prepaid health plan PIHP~~ shall have..."

Delete current law.

Delete current law.

Sec. 411. (1) No changes from current law, except:

"...a CMHSP or specialty ~~prepaid health plan PIHP~~ requires the CMHSP or specialty ~~prepaid health plan PIHP~~ ..."

(2) No changes from current law, except:

"Each CMHSP or specialty ~~prepaid health plan PIHP~~ shall have..."

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<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>	<p>Sec. 412. No changes from current law.</p>	<p>Sec. 412. No changes from current law, except:</p> <p>"...fiscal year 2003-2004 2006-2007."</p>	<p>Delete current law.</p>	<p>Sec. 412. No changes from current law, except:</p> <p>"...fiscal year 2003-2004 2006-2007."</p>

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Requires Medicaid substance abuse services to be managed by selected CMHSPs or specialty PHPs 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 PHPs 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 PHPs to be responsible for reimbursement of claims for specialized substance abuse services. Allows CMHSPs or specialty PHPs that are not coordinating agencies to continue to contract with a coordinating agency provided that the alternative arrangement is based on client service needs and has prior approval from DCH.

Sec. 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.

Sec. 414. No changes from current law, except:

~~"... by selected CMHSPs or specialty prepaid health plans PIHPs 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- PIHPs shall receive a capitated payment on a per eligible per month basis to assure provisions of medically necessary substance abuse services to all beneficiaries who require those services. The selected CMHSPs or specialty prepaid health plans-PIHPs shall be responsible for the reimbursement of claims for specialized substance abuse services. The CMHSPs or specialty prepaid health plans PIHPs that are ..."~~

Sec. 414. No changes from current law, except:

~~"... by selected CMHSPs or specialty prepaid health plans PIHPs 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- PIHPs shall receive a capitated payment on a per eligible per month basis to assure provisions of medically necessary substance abuse services to all beneficiaries who require those services. The selected CMHSPs or specialty prepaid health plans-PIHPs shall be responsible for the reimbursement of claims for specialized substance abuse services. The CMHSPs or specialty prepaid health plans PIHPs that are ..."~~

Delete current law.

Sec. 414. No changes from current law, except:

~~"... by selected CMHSPs or specialty prepaid health plans PIHPs 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- PIHPs shall receive a capitated payment on a per eligible per month basis to assure provisions of medically necessary substance abuse services to all beneficiaries who require those services. The selected CMHSPs or specialty prepaid health plans-PIHPs shall be responsible for the reimbursement of claims for specialized substance abuse services. The CMHSPs or specialty prepaid health plans PIHPs that are ..."~~

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to report monthly on the amount of funding paid to CMHSPs or specialty PHPs 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, except:</p> <p>"...funding paid to the CMHSPs or specialty prepaid health plans PIHPs 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 PIHP, per capita rate paid for each eligibility group for each CMHSP or specialty prepaid health plan PIHP, and number of cases in each eligibility group for each CMHSP or specialty prepaid health plan PIHP, and year-to-date..."</p>	<p>Sec. 418. No changes from current law, except:</p> <p>"...funding paid to the CMHSPs or specialty prepaid health plans PIHPs 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 PIHP, per capita rate paid for each eligibility group for each CMHSP or specialty prepaid health plan PIHP, and number of cases in each eligibility group for each CMHSP or specialty prepaid health plan PIHP, and year-to-date..."</p>	<p>Delete current law.</p>	<p>Sec. 418. No changes from current law, except:</p> <p>"...funding paid to the CMHSPs or specialty prepaid health plans PIHPs 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 PIHP, per capita rate paid for each eligibility group for each CMHSP or specialty prepaid health plan PIHP, and number of cases in each eligibility group for each CMHSP or specialty prepaid health plan PIHP, and year-to-date..."</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

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. Requires the Department to establish a Work Group examining and reviewing the source and expenditure of funds for substance abuse programs and services. Requires the Work Group to develop and recommend cost-effective measures for expenditure of funds and delivery of substance abuse programs and services.

Sec. 423. (1) 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

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Delete current law.

Sec. 423. (1) No changes from current law.

Sec. 423. (1) No changes from current law.

Sec. 423. (1) No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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, CMHSPs, 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>Delete current law.</p>	<p>(2) No changes from current law, except: "...and the state budget director by May 31, 2007 2008."</p>	<p>(2) No changes from current law, except: " The department shall establish a work group WORKGROUP composed of representatives of the department; the departments of ... and military and veterans affairs; coordinating agencies; CMHSPs; ...to review the source and expenditure of ALL PUBLIC AND PRIVATE funds MADE AVAILABLE for substance abuse programs and services. The work group WORKGROUP shall develop...The department shall submit the findings of the work group WORKGROUP to the house of representatives and senate appropriations subcommittees on community health, the house and senate agencies, and the state budget director by May 31, 2007 2008."</p>	<p>(2) No changes from current law, except: "The department shall establish a work group composed of representatives of the department, the departments of ... and military and veterans affairs, coordinating agencies, CMHSPs, ...to review the source and expenditure of ALL PUBLIC AND PRIVATE funds MADE AVAILABLE for substance abuse programs and services. The work group shall develop...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 agencies, and the state budget director by May 31, 2007 2008."</p>
			<p>NEW SUBSECTION (3) IT IS THE INTENT OF THE LEGISLATURE TO REDUCE THE DRUG CONTROL POLICY LINE BY \$10,000.00 GENERAL FUND IF THIS REPORT IS NOT PROVIDED BY THE DATE PROVIDED IN THIS SECTION.</p>	

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

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Requires CMHSPs or specialty PHPs that contract with DCH 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 2000 PA 187.

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:

(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.

(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.

(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.

Sec. 424. No changes from current law, except:

~~"Each community mental health services program or specialty prepaid health plan PIHP that contracts..."~~

(a) "...receipt of the claim by the ~~community mental health services program or specialty prepaid health plan PIHP~~. A clean claim..."

(b) ~~"A community mental health services program or specialty prepaid health plan PIHP must state..."~~

(c) ~~"...defect. The community mental health services program or specialty prepaid health plan PIHP..."~~

Sec. 424. No changes from current law, except:

~~"Each community mental health services program or specialty prepaid health plan PIHP that contracts..."~~

(a) "...receipt of the claim by the ~~community mental health services program or specialty prepaid health plan PIHP~~. A clean claim..."

(b) ~~"A community mental health services program or specialty prepaid health plan PIHP must state..."~~

(c) ~~"...defect. The community mental health services program or specialty prepaid health plan PIHP..."~~

Delete current law.

Sec. 424. No changes from current law, except:

~~"Each community mental health services program or specialty prepaid health plan PIHP that contracts..."~~

(a) "...receipt of the claim by the ~~community mental health services program or specialty prepaid health plan PIHP~~. A clean claim..."

(b) ~~"A community mental health services program or specialty prepaid health plan PIHP must state..."~~

(c) ~~"...defect. The community mental health services program or specialty prepaid health plan PIHP..."~~

**DEPARTMENT OF COMMUNITY HEALTH –
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**FY 2006-07
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NEW SECTION

SEC. 425. (1) THE DEPARTMENT, IN CONJUNCTION WITH EFFORTS TO IMPLEMENT THE MPRI, SHALL COOPERATE WITH THE DEPARTMENT OF CORRECTIONS TO SHARE DATA AND INFORMATION AS THEY RELATE TO PRISONERS BEING RELEASED WHO ARE HIV POSITIVE OR POSITIVE FOR THE HEPATITIS C ANTIBODY, OR BOTH. BY APRIL 1, 2008, 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 ALL OF THE FOLLOWING:
(A) THE PROGRESS AND RESULTS OF ITS WORK WITH THE DEPARTMENT OF CORRECTIONS.
(B) THE POTENTIAL OUTCOMES FROM ITS WORK WITH THE DEPARTMENT OF CORRECTIONS.

(C) PROGRAMS AND THE LOCATION OF PROGRAMS IMPLEMENTED AS A RESULT OF THE WORK UNDER THIS SECTION.
(D) THE PROGRAMS' POTENTIAL IMPACT ON THE STATE BUDGET.
(E) THE NUMBER OF PRISONERS RELEASED TO THE COMMUNITY BY PAROLE, DISCHARGE ON THE MAXIMUM SENTENCE, OR TRANSFER TO COMMUNITY RESIDENTIAL PLACEMENT WHO ARE HIV POSITIVE, POSITIVE FOR THE HEPATITIS C ANTIBODY, OR BOTH.

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(F) THE NUMBER OF OFFENDERS SUCCESSFULLY REFERRED TO THE LOCAL PUBLIC HEALTH DEPARTMENT, BY COUNTY, AND NUMBER OF PAROLEES PARTICIPATING IN TREATMENT FOR HEPATITIS C, HIV, OR BOTH, AFTER 6 MONTHS IN THE COMMUNITY, BY COUNTY.

(2) IF FUNDS BECOME AVAILABLE THROUGH AN INTERGOVERNMENTAL TRANSFER FROM THE DEPARTMENT OF CORRECTIONS, THE DEPARTMENT SHALL PARTICIPATE IN TESTING OF PRISONERS FOR HIV AND THE HEPATITIS C ANTIBODY.

Moved from Sec. 804, with changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department, in conjunction with the Department of Corrections, to report by April 1, 2007, on the following FY 2005-06 data to the House and Senate Appropriations Subcommittees on Community Health and Corrections, House and Senate Fiscal Agencies, and 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, 2007, the department, in conjunction with the department of corrections, shall report the following data from fiscal year 2005-2006 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>Sec. 425. No changes from current law, except:</p> <p>"By April 1, 2007 2008, the department, in conjunction with the department of corrections, shall report the following data from fiscal year 2005-2006 2006-2007 on mental health ..."</p>	<p>Sec. 425. No changes from current law, except:</p> <p>"By April 1, 2007, the department, in conjunction with the department of corrections, shall report the following data THE DEPARTMENT SHALL ASSIST THE DEPARTMENT OF CORRECTIONS WORKING WITH THE STATE UNIVERSITY THAT WAS CONTRACTED BY THE DEPARTMENT OF CORRECTIONS TO REPORT THE FOLLOWING DATA from fiscal year 2005-2006 2006-2007 on mental health and substance abuse services."</p>	<p>Sec. 426. (1) No changes from the current law, except:</p> <p>"By April 1, 2007, the department, in conjunction with the department of corrections, shall reporting the following data from fiscal year 2005-2006 n 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: THE DEPARTMENT SHALL COOPERATE WITH THE DEPARTMENT OF CORRECTIONS IN PROVIDING INFORMATION FOR AND DEVELOPING A REPORT. THE REPORT SHALL, BY APRIL 1, 2008, PROVIDE THE FOLLOWING DATA CONCERNING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES DURING FISCAL YEAR 2006-2007.</p>	<p>SEC.425. IF HOUSE BILL NO. 4348 OF THE 94TH LEGISLATURE IS ENACTED INTO LAW, THE DEPARTMENT SHALL PROVIDE THE CONSULTATION TO THE DEPARTMENT OF CORRECTIONS IN COMPLETING THE INDEPENDENT STUDY REQUIRED IN SECTION 302 OF THAT BILL.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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**FY 2006-07
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(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.

(a) No changes from current law.

No changes from current law, except:

(a) "...**CURRENTLY** receiving substance abuse services, which ~~shall include~~ **INCLUDING** a description..."

No changes from current law, except:

(a)...substance abuse services, ~~which shall include~~ **INCLUDING** ... services provided to prisoners, **BY MAJOR OFFENSE TYPE.**

(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.

(b) No changes from current law.

(b) "...mental illness, **THE NUMBER OF THOSE PRISONERS DEEMED TO CURRENTLY REQUIRE MENTAL HEALTH TREATMENT**, and the number of those prisoners **CURRENTLY** receiving mental health services, ~~which shall include~~ **INCLUDING...**"

(b)"...number of ~~such~~ **THOSE** prisoners receiving mental health services, ~~which shall include~~ **INCLUDING** a description and breakdown, ~~minimally~~ encompassing , **AT A MINIMUM** the categories of inpatient...services provided to prisoners, **BY MAJOR OFFENSE TYPE.**

**DEPARTMENT OF COMMUNITY HEALTH –
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<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 mental health services 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>	<p>(c) No changes from current law.</p> <p>(d) No changes from current law.</p> <p>(e) No changes from current law.</p>	<p>(c) No changes from current law, except: "...CURRENTLY receiving substance abuse services, which shall include, INCLUDING..."</p> <p>(d) No changes from current law, except: "...if WHETHER prisoners receiving mental health services for WITH a primary diagnosis... THIS DATA SHALL BE BROKEN DOWN ACCORDING TO THE EACH OF THE FOLLOWING CATEGORIES: (I) ALL PRISONERS WITH A PRIMARY DIAGNOSIS OF MENTAL ILLNESS. (II) PRISONERS WITH A PRIMARY DIAGNOSIS OF MENTAL ILLNESS AND CURRENTLY RECEIVING MENTAL HEALTH SERVICES. (III) PRISONERS WITH A PRIMARY DIAGNOSIS OF MENTAL ILLNESS AND CURRENTLY RECEIVING SUBSTANCE ABUSE SERVICES.</p> <p>(e) Delete current law.</p>	<p>(c) No changes from current law, except: "...services, which shall include INCLUDING, a description and breakdown, minimally encompassing, AT A MINIMUM, provided to those prisoners, BY MAJOR OFFENSE TYPE.</p> <p>(d) No changes from current law, except: "...persons with mental illness, BY MAJOR OFFENSE TYPE.</p> <p>(e) No changes from current law, except: "Data indicating if WHETHER prisoners..."</p>	

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**FY 2006-07
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(F) THE COST OF PHARMACEUTICALS FOR PRISONERS WITH A PRIMARY DIAGNOSIS OF MENTAL ILLNESS ITEMIZED BY TYPE AND MANUFACTURER.

(G) QUARTERLY AND FISCAL YEAR-TO-DATE EXPENDITURES ITEMIZED BY VENDOR, STATUS OF PAYMENTS FROM CONTRACTORS TO VENDORS, AND PROJECTED YEAR-END EXPENDITURES FROM ACCOUNTS FOR SUBSTANCE ABUSE TREATMENT AND MENTAL HEALTH CARE.

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(H) THE NUMBER OF PRISONERS THAT HAVE HAD THEIR PRIMARY DIAGNOSIS OF MENTAL ILLNESS CHANGED WHILE IN PRISON BY A MENTAL HEALTH CLINICIAN FROM AN EARLIER DIAGNOSIS RECEIVED IN PRISON OR WHILE HOSPITALIZED IN A STATE PSYCHIATRIC HOSPITAL FOR PERSONS WITH MENTAL ILLNESS, ITEMIZED BY CURRENT AND PREVIOUS DIAGNOSIS.

(I) THE NUMBER OF PRISONERS WITH A PRIMARY DIAGNOSIS OF MENTAL ILLNESS THAT PREVIOUSLY HAD RECEIVED SUBSTANCE ABUSE SERVICES, INCLUDING A DESCRIPTION AND BREAKDOWN, ENCOMPASSING, AT A MINIMUM, THE CATEGORIES OF INPATIENT, RESIDENTIAL, AND OUTPATIENT CARE, OF THE TYPE OF TREATMENT PROVIDED TO THOSE PRISONERS.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
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<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, except:</p> <p>"Each CMHSP PIHP 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 PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a CMHSP or an affiliation of CMHSPs PIHP."</p>	<p>Sec. 428. (1) No changes from current law, except:</p> <p>"Each CMHSP PIHP 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 PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a CMHSP or an affiliation of CMHSPs PIHP."</p>	<p>Delete current law.</p>	<p>Sec. 428. (1) No changes from current law, except:</p> <p>"Each CMHSP PIHP 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 PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a CMHSP or an affiliation of CMHSPs PIHP."</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>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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, 2006.</p>	<p>Sec. 435. No changes from current law, except: "...made by October 1, 2006 2007."</p>	<p>Sec. 435. No changes from current law, except: "...made by October 1, 2006 2007."</p>	<p>Delete current law.</p>	<p>Sec. 435. No changes from current law, except: "...made by October 1, 2006 2007."</p>

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**FY 2006-07
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Expresses legislative intent that the \$40 million transferred from CMH Non-Medicaid Services to support Medicaid Adult Benefits Waiver program be used to provide state match for increases in federal funding for primary care and specialty services provided to Medicaid Adult Benefits waiver enrollees and economic increases for Medicaid Specialty Services and Supports program. Requires general fund match be transferred back to CMH Non-Medicaid Services if enrollment in Medicaid Adult Benefits Waiver program does not achieve expectations and funding for the program is not expended. Requires 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.

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.

Delete current law.

Sec. 442. (1) No changes from current law.

Delete current law.

Sec. 442. (1) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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	EXECUTIVE	HOUSE	SENATE	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: "...receive mental health services 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, except: "...receive mental health services 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."	Delete current law.	(2) No changes from current law, except: "...receive mental health services 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."
(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, except: "Capitation payments to CMHSPs or specialty prepaid health plans for persons who ..."	(3) No changes from current law, except: "Capitation payments to CMHSPs or specialty prepaid health plans for persons who ..."	Delete current law.	(3) No changes from current law, except: "Capitation payments to CMHSPs or specialty prepaid health plans for persons who ..."
(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, except: "...eligible expenditures for the Medicaid adult benefits waiver program by CMHSPs or specialty prepaid health plans."	(4) No changes from current law, except: "...eligible expenditures for the Medicaid adult benefits waiver program by CMHSPs or specialty prepaid health plans."	Delete current law.	(4) No changes from current law, except: "...eligible expenditures for the Medicaid adult benefits waiver program by CMHSPs or specialty prepaid health plans."

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to implement recommendations of a Work Group on streamlining audit and reporting requirements for CMHSPs or specialty PHPs and contractors performing services for these entities by October 1, 2006. Requires the Department to submit a report on steps taken to implement and progress of implementation of recommendations by March 31, 2007.</i></p> <p>Sec. 450. (1) No later than October 1, 2006, the department shall implement the recommendations of the workgroup 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>	Delete current law.	Delete current law.	<p>Sec. 450. (1) No changes from current law, except: "..October 1, 2006 2007,..."</p>	Delete current law.
<p>(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 workgroup and the progress of the implementation of the recommendations of the workgroup.</p>	Delete current law.	Delete current law.	<p>(2) No changes from current law, except: "...March 31, 2007 2008,..."</p>	Delete current law.

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<p><i>Prohibits retroactive implementation of any policy that results in negative financial impact on CMHSPs or prepaid inpatient health plans (PIHPs).</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.	Delete current law.	Sec. 452. No changes from current law.	Sec. 452. No changes from current law.

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**FY 2006-07
CURRENT LAW**

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

Sec. 456. (1) CMHSPs and prepaid inpatient health plans shall honor consumer choice to the fullest extent possible when providing 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 by accredited community-based rehabilitation organizations. CMHSPs and 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.

Sec. 456. (1) No changes from current law, except:

~~"CMHSPs and prepaid inpatient health plans PIHPs...by accredited community-based rehabilitation organizations. CMHSPs and prepaid inpatient health plans PIHPs shall not ..."~~

Sec. 456. (1) No changes from current law, except:

"CMHSPs and prepaid inpatient health plans PIHPs...by accredited community-based rehabilitation organizations. CMHSPs and prepaid inpatient health plans PIHPs shall not ..."

Delete current law.

Sec. 456. (1) No changes from current law, except:

~~"CMHSPs and prepaid inpatient health plans PIHPs...by accredited community-based rehabilitation organizations. CMHSPs and prepaid inpatient health plans PIHPs shall not ..."~~

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	(2) No changes from current law, except: "CMHSPs and prepaid inpatient health plans PIHPs shall take all necessary steps..."	(2) No changes from current law, except: "CMHSPs and prepaid inpatient health plans PIHPs shall take all necessary steps..."	Delete current law.	(2) No changes from current law, except: "CMHSPs and prepaid inpatient health plans PIHPs shall take all necessary steps..."

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to report by April 15, 2007, 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, 2007, 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>	<p>Delete current law.</p>	<p>Sec. 458. No changes from current law, except:</p> <p>"By April 15, 2007 2008, the department..."</p>	<p>Sec. 458. No changes from current law, except:</p> <p>"By April 15, 2007 MARCH 1, 2008, the department..."</p> <p>(D) IT IS THE INTENT OF THE LEGISLATURE TO REDUCE THE DEPARTMENTAL ADMINISTRATION AND MANAGEMENT LINE BY \$50,000.00 IF THIS REPORT IS NOT PROVIDED BY THE DATE PROVIDED IN THIS SECTION.</p>	<p>Sec. 458. No changes from current law, except:</p> <p>"By April 15, 2007 2008, the department..."</p> <p>(b) "...in Oregon or other states. THIS REPORT SHALL EXAMINE THE POTENTIAL IMPACT THAT UTILIZATION OF SECURE RESIDENTIAL FACILITIES WOULD HAVE UPON THE STATE'S NEED FOR ADULT MENTAL HEALTH FACILITIES."</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

Lowers Detroit-Wayne County CMHSP non-Medicaid funds by \$3.5 million monthly, beginning on December 1, 2006, until it becomes a CMH authority. Provides that funding reductions will be restored, however, if Detroit-Wayne County CMHSP becomes an authority by September 30, 2007. Specifies that funding reductions for entity do not result in any reduction of direct services.

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.

(2) The reduction in funding to any CMHSP specified in subsection (1) shall not result in any reduction of direct services.

Delete current law.

Delete current law.

Sec. 459. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY MENTAL HEALTH NON-MEDICAID SERVICES, THE DEPARTMENT SHALL PROVIDE \$65,000,000.00 TO A CMHSP LOCATED IN A COUNTY WITH A POPULATION OF MORE THAN 1,500,000.

Delete current law.

Delete current law.

Delete current law.

(2) FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY MENTAL HEALTH NON-MEDICAID SERVICES, THE DEPARTMENT SHALL PROVIDE \$35,000,000.00 TO A COMMUNITY MENTAL HEALTH AUTHORITY CREATED PURSUANT TO SECTION 205 OF THE MENTAL HEALTH CODE, 1974 PA 258, MCL 330.1205, AND THAT IS LOCATED IN A COUNTY WITH A POPULATION OF MORE THAN 1,500,000.

Delete current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(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.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<p>(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.</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 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH to fully implement the uniform definitions, standards, and reporting of administrative costs by PIHPs, CMHSPs, and contracted organized provider systems that receive payment or reimbursements from PIHPs and CMHSPs by September 30, 2007.</i></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>Delete current law.</p>	<p>Sec. 460. (1) No changes from current law, except:</p> <p>"...reporting of administrative costs by prepaid inpatient health plans (PIHPs) 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 WERE IMPLEMENTED IN FISCAL YEAR 2006-2007 by the department shall go into effect on October 1, 2006 and shall be fully implemented by September 30, 2007 ALSO BE IMPLEMENTED FOR THEIR SUBCONTRACTORS IN FISCAL YEAR 2007-2008."</p>	<p>Delete current law.</p>	<p>Sec. 460. (1) No changes from current law, except:</p> <p>"...reporting of administrative costs by prepaid inpatient health plans (PIHPs) 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 WERE IMPLEMENTED IN FISCAL YEAR 2006-2007 by the department shall go into effect on October 1, 2006 and shall be fully implemented by September 30, 2007 ALSO BE IMPLEMENTED FOR THEIR SUBCONTRACTORS IN FISCAL YEAR 2007-2008."</p>
<p>(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.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	Delete current law.	(3) (2) No changes from current law: "...with 2-separate A progress reports REPORT on the implementation required under subsection (1). The progress reports REPORT are IS due on April 1, 2007 and July 1, 2007 2008."	Delete current law.	3) (2) No changes from current law: "...with 2-separate A progress reports REPORT on the implementation required under subsection (1). The progress reports REPORT are IS due on April 1, 2007 and July 1, 2007 2008."

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

Requires DCH to establish a Work Group to develop plan to achieve funding equity for all CMHSPs receiving funds appropriated under CMH Non-Medicaid Services; plan, at a minimum, to establish payment schedule or scale to ensure each CMHSP is paid and/or reimbursed equally based on recipient's diagnosis or individual plan of service to meet recipient's needs.

Sec. 462. The department shall establish a workgroup 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, 2007.

Delete current law.

Sec. 462. No changes from current law, except:

"...based on the recipient's diagnosis or individual plan of service sufficient to meet his or her needs, or both, **OR OTHER METHODOLOGIES DEVELOPED BY THE WORKGROUP.** 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, 2007-2008.

Sec. 462. No changes from current law, except:

~~"The department shall establish a workgroup comprised of representatives of the department, CMHSPs, legislature, and any other persons considered appropriate to develop a plan to achieve funding equity~~ **IMPLEMENT A FUNDING EQUITY PLAN** 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 FUNDING PLAN SHOULD REFLECT A COMBINATION OF A MORE EQUITABLE DISTRIBUTION METHODOLOGY BASED ON PROXY MEASURES OF NEED AND THE RECOGNITION OF VARYING EXPENDITURE NEEDS OF CMHSPS.** The department shall submit the written **EQUITY FUNDING** plan to the house of representatives and senate appropriations **SENATE AND HOUSE** subcommittees on community health, the house and senate **AND HOUSE** fiscal agencies, and the state budget director by May 31, 2007-MARCH 1, 2008.

Sec. 462. No changes from current law, except:

~~"The department shall establish a workgroup comprised of representatives of the department, CMHSPs, legislature, and any other persons considered appropriate to develop a plan to achieve funding equity~~ **IMPLEMENT A FUNDING EQUITY PLAN** 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 FUNDING PLAN SHOULD REFLECT A COMBINATION OF A MORE EQUITABLE DISTRIBUTION METHODOLOGY BASED ON PROXY MEASURES OF NEED AND THE RECOGNITION OF VARYING EXPENDITURE NEEDS OF CMHSPS.** The department shall submit the written **EQUITY FUNDING** plan to the house of representatives and senate appropriations **SENATE AND HOUSE** subcommittees on community health, the house and senate **AND HOUSE** fiscal agencies, and the state budget director by May 31, 2007-MARCH 1, 2008.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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 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.</p>	<p>Sec. 463. No changes from current law, except:</p> <p>"...shall establish USE standard program evaluation measures..."</p>	<p>Sec. 463. No changes from current law, except:</p> <p>"...shall establish USE standard program evaluation measures..."</p>	<p>Delete current law.</p>	<p>Sec. 463. No changes from current law, except:</p> <p>"...shall establish USE standard program evaluation measures..."</p>
<p><i>Expresses legislative intent that revenue received by DCH from liquor license fees is to be expended only to fund programs for prevention, rehabilitation, care, and treatment of alcoholics pursuant to Liquor Control Code provisions.</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>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Sec. 464. No changes from current law, except:</p> <p>"...liquor license fees be expended exclusively AT NOT LESS THAN THE AMOUNT PROVIDED IN FISCAL YEAR 2006-2007, to fund programs..."</p>	<p>Sec. 464. No changes from current law, except:</p> <p>"...liquor license fees be expended exclusively AT NOT LESS THAN THE AMOUNT PROVIDED IN FISCAL YEAR 2006-2007, to fund programs..."</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires that funds appropriated for respite services be used for direct respite care services for children with serious emotional disturbances and their families. Specifies that no more than 1% of 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>	<p>Sec. 465. No changes from current law.</p>	<p>Sec. 465. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 465. No changes from current law.</p>
<p><i>Requires DCH to increase funding paid from the Community Substance Abuse Prevention, Education, and Treatment Programs line item to coordinating agencies to the level provided in FY 2002-03, if funds become available.</i></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>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Sec. 467. No changes from current law.</p>	<p>Sec. 467. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to recommend changes in its criteria for the incorporation of a city, county, or regional substance abuse coordinating agency into a local CMH authority. Permits the Department to make accommodations or adjustments in the formula distribution to coordinating agencies provided all of the following: funding not exceeding \$75,000 is provided to any coordinating agency for administrative costs incurred by incorporating into a CMH authority; accommodations or adjustments do not favor coordinating agencies who voluntarily elect to integrate with CMH authorities; and accommodations or adjustments do not negatively affect other coordinating agencies.</i></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: (a) The department provides funding for the administrative costs incurred by coordinating agencies incorporating into community mental health authorities. The department shall not provide more than \$75,000.00 to any coordinating agency for administrative costs.</p>	<p>Sec. 468. No changes from current law.</p>	<p>Sec. 468. No changes from current law.</p>	<p>Sec. 468. (1) No changes from current law, except:</p>	<p>Sec. 468. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(b) The accommodations or adjustments do not favor coordinating agencies who voluntarily elect to integrate with local community mental health authorities.</p> <p>(c) The accommodations or adjustments do not negatively affect other coordinating agencies.</p>	(b) (c) No changes from current law.	(b) (c) No changes from current law.	<p>(D) THE DEPARTMENT SHALL PROVIDE TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES A COMPREHENSIVE PLAN FOR THE CONSOLIDATION OF EACH SUBSTANCE ABUSE COORDINATING AGENCY INTO LOCAL COMMUNITY MENTAL HEALTH AUTHORITIES BY MARCH 1, 2008.</p>	(b) (c) No changes from current law.
			<p>(2) IT IS THE INTENT OF THE LEGISLATURE TO MANDATE CONSOLIDATION OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES UNDER 1 ADMINISTRATIVE STRUCTURE BY JANUARY 1, 2009.</p>	

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	Delete current law.	(2) No changes from current law, except: "By May 1, 2007 2008, the department shall report..."	Delete current law.	(2) No changes from current law, except: "By May 1, 2007 2008, the department shall report..."

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>Specifies that DCH establish written expectations, such as coordination and consolidation of administrative functions, for CMHSPs, PIHPs, coordinating agencies, and counties on the integration of mental health and substance abuse services for those coordinating agencies that have voluntarily incorporated into CMH authorities and accepted funding from DCH for administrative costs incurred when incorporating into authorities.</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:</p> <p>(a) Coordination and consolidation of administrative functions and redirection of efficiencies into service enhancements.</p> <p>(b) Consolidation of points of 24-hour access for mental health and substance abuse services in every community.</p> <p>(c) Alignment of coordinating agencies and prepaid inpatient health plans boundaries to maximize opportunities for collaboration and integration of administrative functions and clinical activities.</p>	<p>Sec. 470. (+) No changes from current law, except:</p> <p>"...written expectations for those community mental health services programs, prepaid inpatient health plans CMHSPs, PIHPs, and substance abuse coordinating agencies..."</p> <p>(c) "Alignment of coordinating agencies and prepaid inpatient health plans PIHPs boundaries..."</p>	<p>Sec. 470. (1) No changes from current law, except:</p> <p>"...written expectations for those community mental health services programs, prepaid inpatient health plans CMHSPs, PIHPs, and substance abuse coordinating agencies..."</p> <p>(c) "Alignment of coordinating agencies and prepaid inpatient health plans PIHPs boundaries..."</p>	<p>Delete current law.</p>	<p>Sec. 470. (1) No changes from current law, except:</p> <p>"...written expectations for those community mental health services programs, prepaid inpatient health plans CMHSPs, PIHPs, and substance abuse coordinating agencies..."</p> <p>(c) "Alignment of coordinating agencies and prepaid inpatient health plans PIHPs boundaries..."</p>

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

**FY 2006-07
CURRENT LAW**

Limits administrative costs for coordinating agencies and Salvation Army Harbor Light Program to the same percentage of their total expenditures in FY 2004-05 or 9%, whichever is less.

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.

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

Delete current law.

Sec. 471. 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 COORDINATING AGENCIES ON SUBSTANCE ABUSE, SALVATION ARMY HARBOR LIGHT PROGRAM, AND THEIR SUBCONTRACTORS 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 COORDINATING AGENCIES. BY APRIL 15, 2008, 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.

Sec. 471. No changes from current law.

Delete current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

Requires the Department to ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to provide each recipient and his/her family with information regarding the different types of guardianship. Expresses legislative intent that a CMHSP or PIHP shall not attempt to reduce or restrict the ability of a recipient or his/her family from obtaining legal guardianship without just cause.

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.

Sec. 474. No changes from current law, except :

"...contract with a CMHSP or ~~prepaid inpatient health plan~~ **PIHP** requires the CMHSP or ~~prepaid inpatient health plan~~ **PIHP** 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~~ **A CMHSP or prepaid inpatient health plan PIHP shall not...**"

Sec. 474. No changes from current law, except :

"...contract with a CMHSP or ~~prepaid inpatient health plan~~ **PIHP** requires the CMHSP or ~~prepaid inpatient health plan~~ **PIHP** 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~~ **A CMHSP or prepaid inpatient health plan PIHP shall not...**"

Delete current law.

Sec. 474. No changes from current law, except :

"...contract with a CMHSP or ~~prepaid inpatient health plan~~ **PIHP** requires the CMHSP or ~~prepaid inpatient health plan~~ **PIHP** 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~~ **A CMHSP or prepaid inpatient health plan PIHP shall not...**"

Allocates \$990,000 to the Jewish Federation of Metropolitan Detroit from the Part 1 funds for multicultural services.

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.

Delete current law.

Sec. 475. No changes from current law.

Delete current law.

Delete current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

NEW SECTION

SEC. 476. FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY MENTAL HEALTH NON-MEDICAID SERVICES, \$500,000.00 SHALL BE USED TO FUND A REGIONAL JAIL DIVERSION PILOT PROGRAM THAT IS LOCATED IN A COUNTY WITH A POPULATION OF MORE THAN 1,000,000 BUT NOT MORE THAN 1,750,000. THE REGIONAL JAIL DIVERSION PILOT PROGRAM SHALL INCORPORATE A SYSTEM FOR THE IDENTIFICATION AND DIVERSION OF MENTALLY ILL AND DUALY-DIAGNOSED INDIVIDUALS FROM THE CRIMINAL JUSTICE SYSTEM BEFORE THE INDIVIDUAL'S CONTACT WITH A LAW ENFORCEMENT OFFICER RESULTS IN THE INDIVIDUAL BEING DETAINED IN A JAIL OR HOLDING CELL. THE REGIONAL JAIL DIVERSION PILOT PROGRAM SHALL DIVERT THOSE INDIVIDUALS TO A SECURE ENVIRONMENT WHERE THOSE INDIVIDUALS CAN BE STABILIZED, EVALUATED, AND RECEIVE THE APPROPRIATE MENTAL HEALTH TREATMENT.

NEW SECTION

SEC. 476. FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY MENTAL HEALTH NON-MEDICAID SERVICES, \$100.00 SHALL BE USED TO FUND A REGIONAL JAIL DIVERSION PILOT PROGRAM THAT IS LOCATED IN A COUNTY WITH A POPULATION OF MORE THAN 1,000,000 BUT NOT MORE THAN 1,750,000. THE REGIONAL JAIL DIVERSION PILOT PROGRAM SHALL INCORPORATE A SYSTEM FOR THE IDENTIFICATION AND DIVERSION OF MENTALLY ILL AND DUALY-DIAGNOSED INDIVIDUALS FROM THE CRIMINAL JUSTICE SYSTEM BEFORE THE INDIVIDUAL'S CONTACT WITH A LAW ENFORCEMENT OFFICER RESULTS IN THE INDIVIDUAL BEING DETAINED IN A JAIL OR HOLDING CELL. THE REGIONAL JAIL DIVERSION PILOT PROGRAM SHALL DIVERT THOSE INDIVIDUALS TO A SECURE ENVIRONMENT WHERE THOSE INDIVIDUALS CAN BE STABILIZED, EVALUATED, AND RECEIVE THE APPROPRIATE MENTAL HEALTH TREATMENT.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

NEW SECTION

SEC. 477. FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY SUBSTANCE ABUSE PREVENTION, EDUCATION, AND TREATMENT PROGRAMS, \$100.00 SHALL BE USED TO ESTABLISH A RECOVERY COACHING PILOT PROGRAM TO ASSIST INDIVIDUALS WHO ARE CURRENT OR FORMER SUBSTANCE ABUSERS RECEIVE REHABILITATION AND LONG-TERM RECOVERY.

NEW SECTION

SEC. 477. FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY SUBSTANCE ABUSE PREVENTION, EDUCATION, AND TREATMENT PROGRAMS, \$100.00 SHALL BE USED TO ESTABLISH A RECOVERY COACHING PILOT PROGRAM TO ASSIST INDIVIDUALS WHO ARE CURRENT OR FORMER SUBSTANCE ABUSERS RECEIVE REHABILITATION AND LONG-TERM RECOVERY.

NEW SECTION

SEC. 478. THE FUNDS APPROPRIATED IN PART 1 FOR MENTAL HEALTH TREATMENT COURTS SHALL BE USED BY CMHSPS IN COUNTIES IN WHICH MENTAL HEALTH TREATMENT COURTS ARE FUNDED. EACH CMHSP IN A COUNTY IN WHICH A MENTAL HEALTH TREATMENT COURT IS FUNDED SHALL BE ALLOCATED \$279,000.00. EACH AFFECTED CMHSP SHALL COOPERATE WITH ITS LOCAL MENTAL HEALTH TREATMENT COURT TO PROVIDE ASSESSMENT AND TREATMENT SERVICES FOR OFFENDERS IN THE MENTAL HEALTH TREATMENT COURT PROGRAM.

NEW SECTION

SEC. 478. THE DEPARTMENT SHALL NOT BE LIABLE FOR ANY COSTS ASSOCIATED WITH THE MENTAL HEALTH COURT PILOT PROJECT FUNDED THROUGH AN INTERDEPARTMENTAL GRANT PROVIDED BY THE JUDICIAL BRANCH.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 479. FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY SUBSTANCE ABUSE PREVENTION, EDUCATION, AND TREATMENT PROGRAMS, \$18,000,000.00 SHALL BE ALLOCATED AMONG SUBSTANCE ABUSE COORDINATING AGENCIES IN SUMS EQUIVALENT TO THE FISCAL YEAR 2006-2007 RECEIPTS. FUNDS ALLOCATED TO SUBSTANCE ABUSE COORDINATING AGENCIES UNDER THIS SECTION SHALL BE EXPENDED IN COMPLIANCE WITH SUBSECTION (11) OF SECTION 24E OF THE GENERAL PROPERTY TAX ACT, 1893 PA 206, MCL 211.24E.</p>		

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 479. (1) A PIHP, MEDICAID HMO, AND FQHC MAY ESTABLISH AN EARLY MENTAL HEALTH SERVICES INTERVENTION PILOT PROJECT. THIS PHARMACY MANAGEMENT TO ELIGIBLE RECIPIENTS SUFFERING FROM CHRONIC DISEASE INCLUDING DIABETES, ASTHMA, SUBSTANCE ADDICTION, OR STROKE. PARTICIPATING ORGANIZATIONS MAY MAKE USE OF DATA SHARING, JOINT INFORMATION TECHNOLOGY EFFORTS, AND FINANCIAL INCENTIVES TO HEALTH PROVIDERS AND RECIPIENTS IN THIS PROGRAM.</p>	
			<p>(2) THE PILOT PROJECT SHALL MAKE USE OF PREESTABLISHED OBJECTIVES AND OUTCOME MEASURES TO DETERMINE THE COST EFFECTIVENESS OF THE PROGRAM. DATA SHALL ALSO BE COLLECTED BY PARTICIPATING ORGANIZATIONS TO STUDY THE CORRELATION BETWEEN EARLY MENTAL HEALTH TREATMENT TO PROGRAM PARTICIPANTS AND IMPROVEMENT IN THE MANAGEMENT OF THEIR CHRONIC DISEASE.</p>	

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

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(3) THE DEPARTMENT SHALL REQUEST ANY NECESSARY MEDICAID STATE PLAN AMENDMENTS OR WAIVERS TO ENSURE PARTICIPATION In THIS PROGRAM BY ELIGIBLE MEDICAID RECIPIENTS.

Refer to Sec. 271 of House Recommendation

NEW SECTION

SEC. 480. THE DEPARTMENT SHALL PROVIDE TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY MARCH 30, 2008 A REPORT ON THE NUMBER AND REIMBURSEMENT COST OF ATYPICAL ANTIPSYCHOTIC PRESCRIPTIONS BY EACH PIHP FOR MEDICAID BENEFICIARIES.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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><u>STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES</u></p> <p>Delete 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: "...closed or are inactive. Revenues collected through project efforts are appropriated to the department UPON APPROVAL BY THE STATE BUDGET DIRECTOR, SUCH REVENUES MAY BE ALLOCATED for departmental costs and contractual fees..."</p>	<p>(2) No changes from current law.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Authorizes 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, 2007 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, 2007 2008 from the amounts appropriated in part 1..."</p>	<p>Sec. 602. No changes from current law, except:</p> <p>"...up to \$1,000,000.00 remaining on September 30, 2007 2008 from the amounts appropriated in part 1..."</p>	<p>Delete current law.</p>	<p>Sec. 602. No changes from current law, except:</p> <p>"...up to \$1,000,000.00 remaining on September 30, 2007 2008 from the amounts appropriated in part 1..."</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

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

EXECUTIVE

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CONFERENCE/ENACTED

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.

Sec. 603. No changes from current law.

Sec. 603. No changes from current law.

Delete current law.

Sec. 603. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires CMHSPs or specialty PHPs to provide annual reports to DCH 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 DCH to annually report the information to the House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director.</i></p> <p>Sec. 604. (1) The CMHSPs or specialty prepaid health plans shall provide annual reports to the department on the following information:</p> <p>(a) The number of days of care purchased from state hospitals and centers. (b) The number of days of care purchased from private hospitals in lieu of purchasing days of care from state hospitals and centers. (c) The number and type of alternative placements to state hospitals and centers other than private hospitals. (d) Waiting lists for placements in state hospitals and centers.</p> <p>(2) The department shall annually 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>Sec. 604. (1) No changes from current law, except:</p> <p>"The CMHSPs or specialty prepaid health plans PIHPs shall provide annual reports..."</p>	<p>Sec. 604. (1) No changes from current law, except:</p> <p>"The CMHSPs or specialty prepaid health plans PIHPs shall provide annual reports..."</p>	<p>Delete current law.</p>	<p>Sec. 604. (1) No changes from current law, except:</p> <p>"The CMHSPs or specialty prepaid health plans PIHPs shall provide annual reports..."</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>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

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CONFERENCE/ENACTED

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

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.

(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.

Sec. 605. (1) No changes from current law, except:

"...until CMHSPs or specialty ~~prepaid health plans~~ PIHPs have programs and services..."

(2) No changes from current law, except:

"...department-approved CMHSP **AND PIHP** plans that include discharge and aftercare plan..."

Sec. 605. (1) No changes from current law, except:

"...until CMHSPs or specialty ~~prepaid health plans~~ PIHPs have programs and services..."

(2) No changes from current law, except:

"...department-approved CMHSP **AND PIHP** plans that include discharge and aftercare plan..."

Sec. 605. (1) No changes from current law, except:

"...services in place for those ~~persons~~ **INDIVIDUALS** currently..."

(2) No changes from current law, except:

"...aftercare plan for each ~~person~~ **currently INDIVIDUAL** in the facility. A discharge and aftercare plan shall address the ~~person's~~ **INDIVIDUAL'S** housing needs. A homeless shelter or similar temporary shelter ~~arrangements are~~ **ARRANGEMENT IS** inadequate to meet the ~~person's~~ **INDIVIDUAL'S** housing needs."

Sec. 605. (1) No changes from current law, except:

"...until CMHSPs or specialty ~~prepaid health plans~~ PIHPs have programs and services..."

(2) No changes from current law, except:

"...department-approved CMHSP **AND PIHP** plans that include discharge and aftercare plan..."

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	(3) No changes from current law.	(3) No changes from current law, except: "Four months after RECEIPT OF the certification of closure...closure plan to the house of representatives and senate..."	(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, except: "...shall be transferred to CMHSPs or specialty prepaid health plans PIHPs responsible for providing services for persons previously served by the operations."	(4) No changes from current law, except: "...shall be transferred to CMHSPs or specialty prepaid health plans PIHPs responsible for providing services for persons previously served by the operations."	(4) No changes from current law.	(4) No changes from current law, except: "...shall be transferred to CMHSPs or specialty prepaid health plans PIHPs responsible for providing services for persons previously served by the operations."
			NEW SUBSECTION (5) THE DEPARTMENT SHALL CREATE A CONTINGENCY PLAN FOR THE CLOSURE FOR EACH OF THE ADULT MENTAL HEALTH FACILITIES, AND A COPY OF THESE PLANS SHALL BE SUBMITTED TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND SENATE AND HOUSE FISCAL AGENCIES BY SEPTEMBER 30, 2008.	

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

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 DCH to adjust financing sources for patient reimbursement based on actual revenue earned. Permits carry forward of revenue collected that exceeds current year expenditures if approved by the State Budget Director.

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.

Sec. 606. No changes from current law.

Sec. 606. No changes from current law.

Delete current law.

Sec. 606. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p><i>NEW SECTION</i></p> <p>SEC. 607. IF SENATE BILL 369 OF 2007 IS ENACTED INTO LAW, THE DEPARTMENT SHALL PROVIDE ALL NECESSARY SUPPORT TO STATE HOSPITALS TO ENSURE THAT MANDATED CHANGES IN THE OPERATION OF STATE HOSPITALS AND CENTERS ARE COMPLETED IN A TIMELY AND EFFICIENT MANNER.</p>	<p><i>NEW SECTION</i></p> <p>SEC. 607. IF SENATE BILL NO. 369 OF THE 94TH LEGISLATURE IS ENACTED INTO LAW, THE DEPARTMENT SHALL PROVIDE ALL NECESSARY SUPPORT TO STATE HOSPITALS TO ENSURE THAT MANDATED CHANGES IN THE OPERATION OF STATE HOSPITALS AND CENTERS ARE COMPLETED IN A TIMELY AND EFFICIENT MANNER.</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

NEW SECTION

NEW SECTION

SEC. 608. THE DEPARTMENT, WITH THE COOPERATION OF THE DEPARTMENT OF MANAGEMENT AND BUDGET, SHALL ESTABLISH AND IMPLEMENT A BID PROCESS TO IDENTIFY A SINGLE PRIVATE CONTRACTOR TO PROVIDE FOOD SERVICE AND CUSTODIAL SERVICES AT EACH OF THE STATE-OPERATED HOSPITALS AND CENTERS BY JANUARY 1, 2008.

SEC. 608. BY MAY 1, 2008, THE DEPARTMENT SHALL EVALUATE THE PRIVATIZATION OF FOOD AND CUSTODIAL SERVICES AT ALL OF THE STATE HOSPITALS AND CENTERS AND SUBMIT A COPY OF THE EVALUATION TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND TO THE HOUSE AND SENATE FISCAL AGENCIES. THE EVALUATION SHALL INCLUDE A DETAILED COST-BENEFIT ANALYSIS UTILIZING ACCURATE, RELIABLE, AND OBJECTIVE DATA THAT COMPARES STATE COSTS VERSUS THE CONTRACTUAL COSTS OVER THE LIFE OF A CONTRACT. IF THE EVALUATION IDENTIFIES PRIVATIZATION SAVINGS OF AT LEAST 10%, THE DEPARTMENT, IN CONSULTATION WITH THE DEPARTMENT OF MANAGEMENT AND BUDGET, SHALL ESTABLISH AND IMPLEMENT A BID PROCESS TO IDENTIFY 1 OR MORE PRIVATE OR PUBLIC CONTRACTORS TO PROVIDE FOOD SERVICE AND CUSTODIAL SERVICES AT EACH STATE HOSPITAL AND CENTER.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

PUBLIC HEALTH ADMINISTRATION

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

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.

Sec. 650. No changes from current law.

Sec. 650. No changes from current law.

Delete heading.

Delete current law.

Sec. 650. No changes from current law.

Requires Department to report by April 30, 2007 on activities and efforts of 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.

Sec. 651. By April 30, 2007, 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.

Sec. 651. No changes from current law, except:

"By April 30, 2007 2008, ..."

Sec. 651. No changes from current law, except:

"By April 30, 2007 2008, ..."

Sec. 651. No changes from current law, except:

"By April 30, 2007 2008, ..."

and

"... activities and efforts of the surgeon-general DEPARTMENT ..."

and

"... goals and objectives OBJECTIONS."

Sec. 651. No changes from current law, except:

"By April 30, 2007 2008, ..."

and

"... activities and efforts of the surgeon-general DEPARTMENT ..."

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

Sec. 652. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MINORITY HEALTH GRANTS AND CONTRACTS, THE DEPARTMENT SHALL ENSURE THAT THE DISTRIBUTION OF FUNDS ARE DISTRIBUTED IN SUCH A WAY TO MEET ALL OF THE FOLLOWING REQUIREMENTS:

A) ONE-THIRD OF THE FUNDS IS ALLOCATED FOR PROJECTS TARGETING COMMUNITIES IN COUNTIES WITH A POPULATION OF LESS THAN 100,000 PEOPLE.

B) ONE-THIRD OF THE FUNDS IS ALLOCATED FOR PROJECTS TARGETING COMMUNITIES IN COUNTIES WITH A POPULATION OF AT LEAST 100,000 AND LESS THAN 250,000 PEOPLE.

C) ONE-THIRD OF THE FUNDS IS ALLOCATED FOR PROJECTS IN COMMUNITIES WITH A POPULATION OF 250,000 PEOPLE OR MORE.

Does not include Senate Sec. 652.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><u>HEALTH POLICY, REGULATION, AND PROFESSIONS</u></p> <p><i>Requires the Department to continue to work with EMS grantees funded from Part 1 appropriations to ensure that a sufficient number of qualified EMS personnel exist to serve rural areas of the state.</i></p> <p>Sec. 704. The department shall continue to work with grantees supported through the appropriation in part 1 for the emergency medical services grants and contracts to ensure that a sufficient number of qualified emergency medical services personnel exist to serve rural areas of the state.</p>	<p>Sec. 704. No changes from current law, except:</p> <p>"...shall continue to work with grantees supported through the appropriation in part 1 for the emergency medical services grants and contracts to ensure that ..."</p>	<p>Sec. 704. No changes from current law, except:</p> <p>"The department shall continue to work CONTRACT with grantees supported..."</p>	<p><u>HEALTH POLICY, REGULATION, AND PROFESSIONS</u></p> <p>Delete current law.</p>	<p>Sec. 704. No changes from current law, except:</p> <p>"The department shall continue to work CONTRACT with grantees supported..."</p>
<p><i>Requires DCH to post the executive summary of 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>Delete current law.</p>	<p>Sec. 705. No changes from current law.</p>
<p><i>Requires DCH make every effort to hire nursing home inspectors with past experience in 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>Delete current law.</p>	<p>Sec. 706. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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 to work cooperatively with 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 act 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>"...in Michigan. The board of nursing is encouraged to structure scholarships funded under this act act BILL in a manner ..."</p>	<p>Sec. 707. No changes from current law.</p>	<p>Sec. 707. (1) No changes from current law, except:</p> <p>"...for the nurse nurse NURSING scholarship program,—established in ..."</p>	<p>Sec. 707. (1) No changes from current law, except:</p> <p>"...for the nurse nurse NURSING scholarship program, established in ..."</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

CONFERENCE/ENACTED

(2) THE DEPARTMENT SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES ON THE EFFORTS UNDERTAKEN TO ENFORCE THE RESIDENCY REQUIREMENTS ESTABLISHED IN SECTION 4 OF THE MICHIGAN NURSING SCHOLARSHIP ACT, 2002 PA 591, MCL 390.1184, AND THE TOTAL AMOUNT REPAID TO THE MICHIGAN HIGHER EDUCATION ASSISTANCE AUTHORITY FOR VIOLATION OF THESE REQUIREMENTS.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires nursing facilities in their quarterly reports to DCH 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 DCH 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>Sec. 708. No changes from current law.</p>	<p>Delete current law.</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>	<p>Sec. 709. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 709. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allocates up to \$1,723,300 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 \$1,723,300.00 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.</p>	<p>Sec. 710. No changes from current law, except: "...not to exceed \$1,723,300.00 \$2,010,000.00..."</p>	<p>Delete current law.</p>	<p>Sec. 710. No changes from current law, except: "...not to exceed \$1,723,300.00 \$2,172,700.00..."</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allows the Department to make customized listings of nonconfidential information in its possession, such as names and addresses of licensees, available to interested entities. Allows 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>	<p>Sec. 711. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 711. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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 funds appropriated for primary care services. Requires DCH to distribute 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, except:</p> <p>"...for primary care services, \$250,000.00 \$1,250,000.00 shall be allocated to free health clinics operating in the state. The department..."</p>	<p>Delete 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 and ensure 100% of the funds are allocated to these agencies in a timely fashion.</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 and to ensure that 100% of these funds are allocated to these agencies in a timely fashion.</p>	<p>Delete current law.</p>	<p>Sec. 713. No changes from current law, except:</p> <p>"...funds appropriated in part 1, and to ensure that 100% of these funds are allocated to these agencies in a timely fashion."</p>	<p>Delete current law.</p>	<p>Sec. 713. No changes from current law, except:</p> <p>"...funds appropriated in part 1, and to ensure that 100% of these funds are allocated to these agencies in a timely fashion."</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH to report to the Legislature on the timeliness of nursing facility complaint investigations and the number of complaints that are substantiated on an annual basis.</i></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. 714. No changes from current law.</p>	<p>Sec. 714. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 714. No changes from current law.</p>
<p><i>Requires the Department to maintain existing contractual and funding arrangements to provide testing, certification, and inspections services for EMS providers through December 31, 2006.</i></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>Delete current law.</p>	<p>Delete current law.</p>	<p>Sec. 715. No changes from current law, except: "...through December 31, 2006 2007."</p>	<p>Delete current law.</p> <p>TECHNICAL NOTE: SECTION SHOULD HAVE BEEN INCLUDED IN CONFERENCE REPORT.</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

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NEW SECTION

SEC. 715. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PRIMARY CARE SERVICES, \$100.00 IS APPROPRIATED FOR THE DEPARTMENT TO ESTABLISH A PILOT PROGRAM IN THE CITY OF DETROIT FOR A NONURGENT MEDICAL RESPONSE SERVICE.

NEW SECTION

SEC. 715. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PRIMARY CARE SERVICES, \$100.00 IS APPROPRIATED FOR THE DEPARTMENT TO ESTABLISH A PILOT PROGRAM IN THE CITY OF DETROIT FOR A NONURGENT MEDICAL RESPONSE SERVICE.

NEW SECTION

SEC. 716. THE DEPARTMENT SHALL GIVE FIRST PRIORITY TO PROVIDER COMPLAINT INVESTIGATIONS TO INSTANCES THAT ARE ALLEGED TO HAVE OCCURRED WITHIN 2 YEARS OF THE INITIAL COMPLAINT.

NEW SECTION

SEC. 716. THE DEPARTMENT SHALL GIVE PRIORITY IN INVESTIGATIONS OF ALLEGED WRONGDOING BY LICENSED HEALTH CARE PROFESSIONALS TO INSTANCES THAT ARE ALLEGED TO HAVE OCCURRED WITHIN 2 YEARS OF THE INITIAL COMPLAINT.

NEW SECTION

SEC. 717. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PRIMARY CARE SERVICES, \$100.00 SHALL BE ALLOCATED FOR THE HEALTHKEY PROGRAM FOR THE UNINSURED.

NOTE: REFER TO SEC. 275 (E) OF SENATE RECOMMENDATION.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

INFECTIOUS DISEASE CONTROL

Requires the Department and its subcontractors to ensure that adolescents receive priority for AIDS prevention, education, and outreach services.

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.

Sec. 801. No changes from current law.

Sec. 801. No changes from current law.

Delete heading.

Sec. 801. No changes from current law, except:

"... shall ensure that adolescents **INDIVIDUALS BETWEEN THE AGE OF 9 AND 18** receive ..."

Sec. 801. No changes from current law, except:

"... shall ensure that adolescents **HIGH-RISK INDIVIDUALS AGES 9 THROUGH 18** SHALL receive ..."

Allows the Department to provide funding to the Michigan State Medical Society as lead agency for continuing the development and implementation of AIDS provider education activities.

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.

Sec. 802. No changes from current law.

Sec. 802. No changes from current law.

Delete current law.

Sec. 802. No changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

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

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. 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:
"~~... If the appropriation in part 1~~ **FUNDING** is not sufficient..."

Sec. 803. No changes from current law, except:
"~~... If the appropriation in part 1~~ **OR ACTUAL REVENUE** is not sufficient..."

Delete current law.

Sec. 803. No changes from current law, except:
"~~... If the appropriation in part 1~~ **OR ACTUAL REVENUE** is not sufficient..."

Directs Department to cooperate with Department of Corrections to share data and information regarding prisoners being released and Hepatitis C, related to the Michigan prisoner reentry initiative; and requires a report.

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.

Delete current law.

Sec. 804. No changes from current law, except:
"~~... By April 1, 2007~~ **2008**, the department shall..."

Moved to **Sec. 425**, with changes from current law.

Sec. 804. No changes from current law, except:
"~~... as it relates~~ **THEY RELATE** to prisoners being released **WHO ARE HIV POSITIVE OR POSITIVE FOR THE and Hepatitis C ANTIBODY.**
By April 1, ~~2007~~ **2008**, the department shall..."

and

"~~...progress and results of its work~~ **AS PERMITTED UNDER FEDERAL LAW...**"

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

Requires the Department to work with health plans, medical providers, and pharmaceutical manufacturers to ensure that children under age 5 receive all scheduled vaccinations, including pneumococcal conjugate vaccine.

Sec. 805. The department shall work with health plans, providers, pharmaceutical manufacturers, and other interested parties to ensure that children under the age of 5 receive all of their scheduled vaccinations, including pneumococcal conjugate vaccines to help prevent invasive pneumococcal disease, including meningitis.

Delete current law.

Delete current law.

Delete current law.

Delete current law.

Sec. 806. FROM THE FUNDS APPROPRIATED IN PART 1 FOR IMMUNIZATION LOCAL AGREEMENTS, \$100.00 SHALL BE ALLOCATED FOR THE PURCHASE OF CHILDHOOD RECOMMENDED VACCINES FOR THE UNDERINSURED POPULATION AGES BIRTH THROUGH 18 YEARS OF AGE.

Sec. 806. IF FUNDS BECOME AVAILABLE, UP TO \$100,000.00 MAY BE ALLOCATED FOR THE PURCHASE OF CHILDHOOD RECOMMENDED VACCINES FOR THE UNDERINSURED POPULATION AGES BIRTH THROUGH 18 YEARS OF AGE.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

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**CONFERENCE/
ENACTED**

EPIDEMIOLOGY

Sec. 851. Moved from Sec. 903 with no changes from current law:

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. 851. Moved from Sec. 903 with no changes from current law:

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.

Does not include Section 851, or heading.

Sec. 851. Moved from Sec. 903 with no changes from current law:

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.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
<p><u>LOCAL HEALTH ADMINISTRATION AND GRANTS</u></p> <p><i>Directs DCH to reimburse local health departments for costs incurred for informational materials and services provided in accordance with 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>Sec. 901. No changes from current law.</p>	<p>Delete heading.</p> <p>Delete current law.</p>	<p>Sec. 901. No changes from current law.</p>
<p><i>Provides authority for 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, 2006, 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: "... after October 1, 2006 2007, ..."</p>	<p>Sec. 902. No changes from current law, except: "... after October 1, 2006 2007, ..."</p>	<p>Sec. 902. No changes from current law, except: "... after October 1, 2006 2007, ..." and "... no more than -5- 6.25 %..."</p>	<p>Sec. 902. No changes from current law, except: "... after October 1, 2006 2007, ..." and "... no more than -5- 6.25 % ..."</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

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**CONFERENCE/
ENACTED**

Directs 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.

Moved to **Sec. 851**, with no changes from current law.

Moved to **Sec. 851**, with no changes from current law.

Delete current law.

Moved to **Sec. 851**, with no changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

Directs that local public health operations line item funds shall be prospectively allocated to local public health departments to support costs for nine state and local cost-shared services. Local public health departments will be held to contractual standards for these services. Certain of these services shall be provided in consultation with Michigan Departments of Agriculture, and Environmental Quality. Local eligibility for distributions is contingent upon local spending of at least the amount expended locally in FY 1992-93 for these services. Requires that a report on planned allocations be made available upon request by April 1, 2007.

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.

(2) Local public health departments will be held to contractual standards for the services in subsection (1).

(2) No changes from current law.

(2) No changes from current law.

(2) Local public health departments ~~will~~ **SHALL** be held to contractual standards for the services **DESCRIBED** in subsection (1).

(2) No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in fiscal year 2006-2007 of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1).	(3) No changes from current law. NOTE: Executive requests the following technical change: " ...local spending in fiscal year 2006-2007 2007-2008 ..." ..."	(3) No changes from current law, except : " ...local spending in fiscal year 2006-2007 2007-2008 ..."	(3) No changes from current law.	(3) No changes from current law, except : " ...local spending in fiscal year 2006-2007 2007-2008 ..."
(4) By April 1, 2007, 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, 2007 2008 , ...".	(4) No changes from current law, except: "By April 1, 2007 2008 , ...".	(4) By April 1, 2007 2008 , the department shall make available upon request a report to the senate or AND house of representatives appropriations subcommittee on community health, the senate or AND house fiscal agency, or AND the state budget director on the planned allocation of the funds appropriated for local public health operations AND THE RESULTS ACHIEVED THROUGH THIS ALLOCATION IN FISCAL YEAR 2006-2007.	(4) By April 1, 2007 2008 , the department shall make available upon request a report to the senate or AND house of representatives appropriations subcommitteeS on community health, the senate or AND house fiscal agency AGENCIES, or AND the state budget director on the planned allocation of the funds appropriated for local public health operations.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
<p><i>Allocates \$5.15 million of local public health operations line item funds to continue funding hearing and vision screening services through local public health departments at a level similar to service levels provided in fiscal year 2004-05.</i></p> <p>Sec. 905. From the funds appropriated in part 1 for local public health operations, \$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. No changes from current law except delete last sentence:</p> <p>"... 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. No changes from current law except delete last sentence:</p> <p>"... health departments. The extent of services provided shall be similar to the extent of services provided in fiscal year 2004-2005."</p>	<p>Delete current law.</p>	<p>Sec. 905. No changes from current law except delete last sentence:</p> <p>"... health departments. The extent of services provided shall be similar to the extent of services provided in fiscal year 2004-2005."</p>
			<p>Sec. 906. THE DEPARTMENT SHALL REDUCE THE ALLOCATION TO EACH LOCAL PUBLIC HEALTH DEPARTMENT THROUGH THE LOCAL PUBLIC HEALTH OPERATIONS LINE BY 6.25% OF THE LOCAL PUBLIC HEALTH DEPARTMENT'S ADMINISTRATIVE EXPENDITURE. GENERAL FUND SAVINGS REALIZED THROUGH THIS REDUCTION SHALL BE TRANSFERRED TO THE RURAL HEALTH SERVICES LINE.</p>	<p>Does not include Senate Sec. 906.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			<p>Sec. 907. THE DEPARTMENT SHALL RECOMMEND CHANGES IN THE DISTRIBUTION OF FUNDS IN PART 1 FOR LOCAL PUBLIC HEALTH OPERATIONS THAT WOULD ENCOURAGE CONSOLIDATION OF LOCAL PUBLIC HEALTH DEPARTMENTS INTO DISTRICT HEALTH DEPARTMENTS. THESE RECOMMENDATIONS ARE TO BE PROVIDED TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY MARCH 1, 2008.</p>	<p>Does not include Senate Sec. 907.</p>
<p><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></p> <p><i>Allocates funds to provide information and referral services for persons with Alzheimer's disease or related disorders 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>	<p>Sec. 1003. No changes from current law.</p>	<p>Delete heading.</p> <p>Delete current law.</p>	<p>Sec. 1003. No changes from current law.</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

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ENACTED**

Requires Department to give priority to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents in spending smoking prevention program line item funds. 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 2004 PA 164.

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.

Sec. 1006. (1) No changes from current law.

Sec. 1006. (1) No changes from current law.

Delete current law.

Sec. 1006. (1) No changes from current law.

(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.

(2) No changes from current law.

(2) No changes from current law.

Delete current law.

(2) No changes from current law.

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

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.

Sec. 1007. (1) No changes from current law.

Sec. 1007. (1) No changes from current law.

Delete current law.

Sec. 1007. (1) No changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

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ENACTED**

(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.

(2) No changes from current law.

(2) No changes from current law.

Delete current law.

(2) No changes from current law.

(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.

(3) No changes from current law.

(3) No changes from current law.

Delete current law.

(3) No changes from current law.

Allocates \$25,000 for a diabetes management pilot project in Muskegon County from the diabetes and kidney program line item appropriation.

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.

Delete current law.
TECHNICAL NOTE:
Related funding was not eliminated in Part 1.

Delete current law.

Delete current law.

Delete current law.

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

Sec. 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.

Sec. 1009. No changes from current law.

Sec. 1009. No changes from current law.

Delete current law.

Sec. 1009. No changes from current law.

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

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.

Delete current law.

Sec. 1010. No changes from current law.

Delete current law.

Sec. 1010. No changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

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ENACTED**

Allows Department to allocate \$50,000 of chronic disease prevention line item funds for stroke prevention, education, and outreach.

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.

Delete current law.

Sec. 1019. No changes from current law.

Delete current law.

Sec. 1019. No changes from current law.

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

Sec. 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.

Sec. 1028. No changes from current law.

Sec. 1028. No changes from current law.

Delete current law.

Sec. 1028. No changes from current law.

States legislative intent that the male participation rate in the African-American Male Health Initiative program be no less than 75%.

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%.

Delete current law.

Delete current law.

Delete current law.

Delete current law.

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

**FY 2006-07
CURRENT LAW**

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ENACTED**

(House has similar new language in Sec. 1115).

Sec. 1030. (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. 1030(1).

(House has similar new language in Sec. 1115).

(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. 1030(2).

(House has similar new language in Sec. 1115).

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

Does not include Senate Sec. 1030(3).

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

**FY 2006-07
CURRENT LAW**

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**CONFERENCE/
ENACTED**

SEC. 1031. (1) FROM THE FUNDS APPROPRIATED IN PART 1, \$100.00 SHALL BE USED TO ESTABLISH AN INCENTIVE-BASED PILOT PROGRAM FOR LEVEL I AND LEVEL II TRAUMA HOSPITALS TO ENSURE GREATER STATE UTILIZATION OF AN INTERACTIVE, EVIDENCE-BASED TREATMENT GUIDELINE MODEL FOR TRAUMATIC BRAIN INJURY.

SEC. 1031. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE INJURY CONTROL INTERVENTION PROJECT, \$100.00 SHALL BE USED TO ESTABLISH AN INCENTIVE-BASED PILOT PROGRAM FOR LEVEL I AND LEVEL II TRAUMA HOSPITALS TO ENSURE GREATER STATE UTILIZATION OF AN INTERACTIVE, EVIDENCE-BASED TREATMENT GUIDELINE MODEL FOR TRAUMATIC BRAIN INJURY.

(2) THIS PILOT PROGRAM SHALL BE PLACED IN A COUNTY WITH A POPULATION BETWEEN 175,000 AND 200,000.

(2) THIS PILOT PROGRAM SHALL BE PLACED IN A COUNTY WITH A POPULATION BETWEEN 175,000 AND 200,000.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES

Requires Department to review basis for distribution of funds to local health departments and other agencies from various programs in Family, Maternal, and Children's Health Services appropriation unit and WIC program and indicate the basis on which any projected underexpenditures are to be reallocated to other local agencies that demonstrate need.

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.

Sec. 1101. No changes from current law.

Sec. 1101. No changes from current law.

Delete heading.

Delete current law.

Sec. 1101. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
<p><i>Requires Department to report by April 1, 2007 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.</i></p> <p>Sec. 1104. Before April 1, 2007, 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 2005-2006.</p>	<p>Sec. 1104. No changes from current law, except: "Before April 1, 2007 2008, ..." and " ... for the fiscal year 2005-2006 2006-2007."</p>	<p>Sec. 1104. No changes from current law, except: "Before April 1, 2007 2008, ..." and " ... for the fiscal year 2005-2006 2006-2007."</p>	<p>Sec. 1104. No changes from current law, except: " (1) Before April 1, 2007 2008, ..." and "(b) Actual number of women, children, and/or adolescents served and THE amounts expended for each group for the fiscal year 2005-2006. (C) A BREAKDOWN OF EXPENDITURE OF THESE FUNDS BETWEEN URBAN AND RURAL COMMUNITIES."</p>	<p>Sec. 1104. No changes from current law, except: " (1) Before April 1, 2007 2008, ..." and "(b) Actual number of women, children, and/or adolescents served and amounts expended for each group for the fiscal year 2005-2006 2006-2007. (C) BEGINNING WITH THE REPORT DUE IN FISCAL YEAR 2008-2009, A BREAKDOWN OF THE EXPENDITURE OF THESE FUNDS BETWEEN URBAN AND RURAL COMMUNITIES. THE DEPARTMENT SHALL BEGIN COLLECTING THE DATA NECESSARY TO PROVIDE THIS BREAKDOWN IN FISCAL YEAR 2007-2008."</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			(2) THE DEPARTMENT SHALL ENSURE THAT THE EXPENDITURE OF FUNDS THROUGH THE PROGRAMS DESCRIBED IN SUBSECTION (1) IS SUFFICIENT TO MEET THE NEEDS OF RURAL COMMUNITIES.	(2) THE DEPARTMENT SHALL ENSURE THAT THE DISTRIBUTION OF FUNDS THROUGH THE PROGRAMS DESCRIBED IN SUBSECTION (1) TAKES INTO ACCOUNT THE NEEDS OF RURAL COMMUNITIES.
				(3) FOR THE PURPOSES OF 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.
<p><i>Requires 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.</i></p> <p>Sec. 1105. For all programs for which an appropriation is made in part 1, the department shall contract with those local agencies best able to serve clients. Factors to be used by the department in evaluating agencies under this section shall include ability to serve high-risk population groups; ability to serve low-income clients, where applicable; availability of, and access to, service sites; management efficiency; and ability to meet federal standards, when applicable.</p>	<p>Sec. 1105. No changes from current law.</p>	<p>Sec. 1105. No changes from current law.</p>	<p>Sec. 1105. No changes from current law, except:</p> <p>"... ability to service high risk population groups; ABILITY TO PROVIDE ACCESS TO INDIVIDUALS IN NEED OF SERVICES IN RURAL COMMUNITIES; ability to serve low-income clients ..."</p>	<p>Sec. 1105. No changes from current law, except:</p> <p>"... ability to serve high-risk population groups; ABILITY TO PROVIDE ACCESS TO INDIVIDUALS IN NEED OF SERVICES IN RURAL COMMUNITIES; ability to serve low-income clients ..."</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

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.

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.

Sec. 1106. No changes from current law.

Sec. 1106. No changes from current law.

Delete current law.

Sec. 1106. No changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

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 DCH.

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.

Delete current law.

Delete current law.

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

"(1) Federal abstinence money **APPROPRIATE AND** expended in **UNDER** part 1 ... Programs funded ~~must~~ **SHALL** meet all of the following guidelines: ..."

and

(b) Teaches abstinence from sexual activity outside of marriage as the expected standard for all school-aged children.

and

(d) Teaches that a monogamous relationship in the context of marriage is the expected standard of human sexual activity."

and

"(f) Teaches that bearing children ~~out~~ **OUTSIDE** of wedlock is likely to have harmful consequences."

Delete current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

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**CONFERENCE/
ENACTED**

(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.

Delete current law.

Delete current law.

(2) No changes from current law.

Delete 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.

Delete current law.

Delete current law.

(3) No changes from current law, except:

"... directly from the department of community health."

Delete current law.

(4) THE DEPARTMENT SHALL ENSURE THAT FEDERAL ABSTINENCE MONEY APPROPRIATED AND EXPENDED UNDER PART 1 FOR ABSTINENCE EDUCATION IS DISTRIBUTED IN A MANNER THAT MEETS THE NEEDS OF RURAL COMMUNITIES.

Does not include Senate Sec. 1106a(4).

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.

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.

Sec. 1107. No changes from current law.

Sec. 1107. Of the amount appropriated in **AND EXPENDED UNDER** part 1 for prenatal care outreach and service delivery support, not more than ~~9~~ **6.25%** shall be expended for local administration, data processing, and evaluation.

Sec. 1107. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
<p><i>Prohibits pregnancy prevention appropriation funds from being used for abortion counseling, referrals, or services.</i></p> <p>Sec. 1108. The funds appropriated in part 1 for pregnancy prevention programs shall not be used to provide abortion counseling, referrals, or services.</p>	<p>Sec. 1108. No changes from current law.</p>	<p>Sec. 1108. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 1108. No changes from current law.</p>
<p><i>Allocates funds from dental program line item to the Michigan Dental Association to administer a volunteer program of dental services to the uninsured; and requires a report by DCH to be made available upon request not later than December 1.</i></p> <p>Sec. 1109. (1) From the amounts appropriated in part 1 for dental programs, funds shall be allocated to the Michigan dental association for the administration of a volunteer dental program that would provide dental services to the uninsured in an amount that is no less than the amount allocated to that program in fiscal year 1996-1997.</p>	<p>TECHNICAL NOTE: <i>Related funding was eliminated in Part 1.</i></p> <p>Sec. 1109. (1) No changes from current law, except: "...for the administration of a volunteer dental program that would SHALL provide dental services ..."</p>	<p>Sec. 1109. (1) No changes from current law, except: "...for the administration of a volunteer dental program that would SHALL provide dental services ..."</p>	<p>Delete current law.</p>	<p>Sec. 1109. (1) No changes from current law, except: "...for the administration of a volunteer dental program that would SHALL provide dental services ..."</p>
<p>(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, 2006.</p>	<p>(2) No changes from current law, except: "... through September 30, 2006 2007."</p>	<p>(2) No changes from current law, except: "... through September 30, 2006 2007."</p>	<p>Delete current law.</p>	<p>(2) No changes from current law, except: "... through September 30, 2006 2007."</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
<p><i>Provides that agencies currently receiving pregnancy prevention and family planning funds shall have the option of receiving those funds directly from DCH and be designated as delegate agencies.</i></p> <p>Sec. 1110. Agencies that currently receive pregnancy prevention funds and either receive or are eligible for other family planning funds shall have the option of receiving all of their family planning funds directly from the department of community health and be designated as delegate agencies.</p>	<p>Sec. 1110. No changes from current law.</p>	<p>Sec. 1110. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 1110. No changes from current law.</p>
<p><i>Directs Department to allocate no less than 88% of family planning and pregnancy prevention line item 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>Sec. 1111. No changes from current law.</p>	<p>Sec. 1111. No changes from current law, except: " ... no less than 88 93.75 % ..."</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 line item 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>	<p>Sec. 1112. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 1112. No changes from current law.</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

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Directs service providers receiving funds appropriated for family planning local agreements or pregnancy prevention program to include an optional response field on general patient information documents requesting information on a patient's marital status.

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.

Delete current law.

Delete current law.

Delete current law.

Delete current law.

Allocates \$30,000 from the special projects line item 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; also to be available to the general public.

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.

Delete current law.
TECHNICAL NOTE:
Related funding was not eliminated in Part 1.

Delete current law.

Delete current law.

Delete current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

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**CONFERENCE/
ENACTED**

SEC. 1115. (1) THE DEPARTMENT SHALL WORK IN COLLABORATION WITH THE STATE BOARD OF EDUCATION AND THE DEPARTMENT OF HUMAN SERVICES ON THE STATEWIDE BEFORE- OR AFTER-SCHOOL PROGRAM FOR ELEMENTARY SCHOOL-AGED CHILDREN ESTABLISHED UNDER SECTION 32K OF THE STATE SCHOOL AID ACT OF 1979, 1979 PA 94, MCL 388.1632K.

Does not include Sec. 1115 (see Senate Sec. 1030 for similar new language).

Does not include House Sec. 1115(1).

(2) THE DEPARTMENT SHALL WORK IN COLLABORATION WITH THE STATE BOARD OF EDUCATION AND THE DEPARTMENT OF HUMAN SERVICES ON THE MICHIGAN AFTER-SCHOOL PARTNERSHIP AND IMPLEMENTATION OF THE RECOMMENDATIONS FROM THE REPORT OF THE MICHIGAN AFTER-SCHOOL INITIATIVE TASK FORCE ISSUED DECEMBER 15, 2003.

Does not include Sec. 1115 (see Senate Sec. 1030 for similar new language).

Does not include House Sec. 1115(2).

(3) FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, UP TO \$25,000.00 SHALL BE ALLOCATED FOR THE PROGRAMS DESCRIBED IN SUBSECTIONS (1) AND (2).

Does not include Sec. 1115 (see Senate Sec. 1030 for similar new language).

Does not include House Sec. 1115(3).

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

Requires DCH to annually report to the Legislature from information available to DCH on the number of children with elevated blood lead levels, by county, indicating 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.

Sec. 1129. No changes from current law.

Delete current law.

Sec. 1129. No changes from current law.

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

Sec. 1132. From the funds appropriated in part 1 for special projects, \$400,000.00 shall be allocated to the nurse family partnership program.

Delete current law.

Sec. 1132. No changes from current law.

Sec. 1132. From the funds appropriated in part 1 for special projects, ~~\$400,000.00~~ \$100.00 shall be allocated to the FOR nurse family partnership program.

Sec. 1132. No changes from current law.

Requires 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.

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.

Sec. 1133. No changes from current law.

Sec. 1133. No changes from current law.

Sec. 1133. The department shall release infant mortality rate data to all local public health departments ~~no later than 48 hours prior to~~ **72 HOURS OR MORE BEFORE** releasing infant mortality rate data to the public.

Sec. 1133. The department shall release infant mortality rate data to all local public health departments ~~no later than 48 hours prior to~~ **72 HOURS OR MORE BEFORE** releasing infant mortality rate data to the public.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

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**CONFERENCE/
ENACTED**

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

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:
 (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.

Delete current law.

Sec. 1135. (1) No changes from current law.

Delete current law.

Sec. 1135. (1) No changes from current law.

(2) Upon written or oral request, a pupil not less than 18 years of age or a parent or legal guardian of a pupil less than 18 years of age, within a reasonable period of time after the request is made, shall be informed of the content of a course in the health education curriculum and may examine textbooks and other classroom materials that are provided to the pupil or materials that are presented to the pupil in the classroom. This subsection does not require a school board to permit pupil or parental examination of test questions and answers, scoring keys, or other examination instruments or data used to administer an academic examination.

Delete current law.

(2) No changes from current law.

Delete current law.

(2) No changes from current law.

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

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**CONFERENCE/
ENACTED**

WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM

Allows Department to work with local participating agencies to define local annual contributions for the Farmer's Market Nutrition Program, Project FRESH, to enable DCH 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.

Sec. 1151. No changes from current law.

Delete heading.

Delete current law.

Sec. 1151. No changes from current law.

Department shall require that all Medicaid children participating in the Special Supplemental Food Program for Women, Infants, and Children receive lead screening testing.

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.

Delete current law.

Delete current law.

Sec. 1152. No changes from current law.

Sec. 1152. No changes from current law.

Sec. 1153. THE DEPARTMENT SHALL ENSURE THAT INDIVIDUALS RESIDING IN RURAL COMMUNITIES HAVE SUFFICIENT ACCESS TO THE SERVICES OFFERED THROUGH THE WIC PROGRAM.

Sec. 1153. THE DEPARTMENT SHALL ENSURE THAT INDIVIDUALS RESIDING IN RURAL COMMUNITIES HAVE SUFFICIENT ACCESS TO THE SERVICES OFFERED THROUGH THE WIC PROGRAM.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>CHILDREN'S SPECIAL HEALTH CARE SERVICES</p> <p><i>Requires payments for medical care and treatment be made consistent with reimbursement policies of 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. Same as current law.</p>	<p>Sec. 1201. Same as current law.</p>	<p>Striking current law.</p>	<p>Sec. 1201. Same as current law.</p>
<p><i>Allows the Children's Special Health Care Services program to provide special formula for persons with certain metabolic and allergic disorders, treatment to persons age 21 or older with cystic fibrosis, genetic diagnostic and counseling services, and 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</p>	<p>Sec. 1202. Same as current law.</p>	<p>Sec. 1202. Same as current law.</p>	<p>Striking current law.</p>	<p>Sec. 1202. Same as current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>as hemophilia, who are 21 years of age or older.</p> <p><i>Requires that 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>	<p>Sec. 1203. Same as current law.</p>	<p>Sec. 1203. Same as current law.</p>	<p>Striking current law.</p>	<p>Sec. 1203. Same as current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
<p><u>OFFICE OF DRUG CONTROL POLICY</u></p> <p><i>Requires the Department to provide \$1.8 million of federal Byrne formula grant program funding to the Judicial Branch as an interdepartmental grant, for local drug treatment courts.</i></p> <p>Sec. 1250. 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>Delete heading.</p> <p>Delete current law.</p>	<p>Sec. 1250. No changes from current law.</p>

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

**FY 2006-07
CURRENT LAW**

FY 2007-2008

EXECUTIVE

HOUSE

SENATE

**CONFERENCE/
ENACTED**

CRIME VICTIM SERVICES COMMISSION

Requires that Crime Victim Services Commission funds granted to an organization shall not be used by that organization for lobbying, and shall not be used to attempt to influence decisions of the Legislature, Governor or any state agency. The Department shall ensure that this provision is not violated.

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.

(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.

Delete current law.

Delete current law.

Delete heading.

Delete current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
<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>	Delete current law.	Sec. 1302. No changes from current law.	Delete current law.	Sec. 1302. No changes from current law.
<p><i>Requires Department to work with Department of State Police and certain statewide organizations to ensure that recommended standard procedures for emergency treatment of sexual assault victims are followed in the collection of evidence in cases of sexual assault.</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.	Delete current law.	Sec. 1304. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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 Titles XVIII, XIX, or XX of the Social Security Act.</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>Sec. 1401. No changes from current law.</p>	<p>Delete heading.</p> <p>Delete current law.</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> <p>(a) The recipient's degree of frailty. (b) The recipient's inability to prepare his or her own meals safely. (c) Whether the recipient has another care provider available. (d) Any other qualifications normally necessary for the recipient to receive home delivered meals.</p>	<p>Sec. 1403. No changes from current law.</p>	<p>Sec. 1403. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 1403. No changes from current law, except add "(1)" at the beginning of current law language. See new Subsection (2) below.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
				(2) DATA REQUIRED IN SUBSECTION (1) SHALL BE RECORDED ONLY FOR INDIVIDUALS WHO HAVE APPLIED FOR PARTICIPATION IN THE HOME DELIVERED MEALS PROGRAM AND WHO ARE INITIALLY DETERMINED AS LIKELY TO BE ELIGIBLE FOR HOME DELIVERED MEALS.
<p><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>Delete current law.</p>	<p>Sec. 1404. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
<p><i>Requires that the \$5.0 million respite care appropriation of Merit Award Trust Fund monies be used only for direct respite care or adult respite care center services, and be allocated according to long-term care plan. Not more than 9% of allocation shall be expended for administrative purposes.</i></p> <p>Sec. 1406. The appropriation of \$5,000,000.00 of merit award 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.</p>	<p>Sec. 1406. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 1406. No changes from current law.</p>
		<p>Sec. 1407. FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY SERVICES, \$120,000.00 SHALL BE ALLOCATED TO THE INTER-TRIBAL COUNCIL OF MICHIGAN TO BE DISTRIBUTED TO THE 12 FEDERALLY REAFFIRMED INDIAN TRIBES IN MICHIGAN FOR TRIBAL ELDER'S PROGRAMS, IN AN AMOUNT OF \$10,000.00 TO EACH TRIBE.</p>	<p>Does not include Section 1407.</p>	<p>Does not include House Section 1407. (A \$60,000 appropriation is included in the Sec. 107 Primary Care Services line item without boilerplate; enacted intent is same as Sec. 1407 at reduced amounts).</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
<p><i>Establishes legislative 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 legislative intent to prohibit area agencies on aging from providing direct services unless a waiver has been received from DCH.</i></p> <p>Sec. 1413. The legislature affirms the commitment to locally-based services. The legislature supports the role of local county board of commissioners in the approval of area agency on aging plans. The legislature supports choice and the right of local counties to change membership in the area agencies on aging if the change is to an area agency on aging that is contiguous to that county. The legislature supports the office of services to the aging working with others to provide training to commissions to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, including home- and community-based waiver services, unless 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>(EXECUTIVE) Sec. 1413. The legislature 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 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 OF 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 waiver services OTHER THAN ACCESS SERVICES, unless the agencies 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>(HOUSE) Sec. 1413. (Same as Exec Rec) 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 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 OF 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 waiver services OTHER THAN ACCESS SERVICES, unless the agencies 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>(SENATE) 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 MAY REQUEST 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 PURSUANT TO OFFICE OF SERVICES TO THE AGING POLICIES AND PROCEDURES FOR AREA AGENCY ON AGING DESIGNATION. THE DEPARTMENT SHALL ADJUST ALLOCATIONS TO AREA AGENCIES ON AGING TO ACCOUNT FOR ANY CHANGES IN COUNTY MEMBERSHIP. THE DEPARTMENT SHALL ENSURE ANNUALLY THAT COUNTY BOARDS OF COMMISSIONERS ARE AWARE THAT COUNTY MEMBERSHIP IN AREA AGENCIES ON AGING CAN BE CHANGED SUBJECT 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 working with others to provide training to commissionERS to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, including home- and community-based waiver services OTHER THAN ACCESS SERVICES, unless the agencies 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>(ENACTED) 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 MAY REQUEST 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 PURSUANT TO OFFICE OF SERVICES TO THE AGING POLICIES AND PROCEDURES FOR AREA AGENCY ON AGING DESIGNATION. THE DEPARTMENT SHALL ADJUST ALLOCATIONS TO AREA AGENCIES ON AGING TO ACCOUNT FOR ANY CHANGES IN COUNTY MEMBERSHIP. THE DEPARTMENT SHALL ENSURE ANNUALLY THAT COUNTY BOARDS OF COMMISSIONERS ARE AWARE THAT COUNTY MEMBERSHIP IN AREA AGENCIES ON AGING CAN BE CHANGED SUBJECT 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 working with others to provide training to commissionERS to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, including home- and community-based waiver services OTHER THAN ACCESS SERVICES, unless the agencies 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>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
<p><i>Establishes legislative commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home- and community-based services waiver program.</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. The legislature affirms the commitment to MAY 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.</p>	<p>Sec. 1416. No changes from current law, except: "The legislature STRONGLY affirms the ITS commitment..."</p>	<p>Sec. 1416. No changes from current law, except: "The legislature STRONGLY affirms the ITS commitment..."</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			<p>Sec. 1417. THE DEPARTMENT SHALL PROVIDE TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, SENATE AND HOUSE FISCAL AGENCIES, AND STATE BUDGET DIRECTOR A REPORT BY MARCH 30, 2008 THAT CONTAINS ALL OF THE FOLLOWING:</p> <p>(A) THE TOTAL ALLOCATION OF ALL PUBLIC RESOURCES MADE TO EACH AREA AGENCY ON AGING IN THE STATE.</p> <p>(B) DETAIL ON THE EXPENDITURE OF THESE FUNDS BY EACH AREA AGENCY ON AGING BROKEN DOWN BY RESOURCES DEVOTED TO PERSONNEL COSTS, THE COST OF CONSTRUCTING AND MAINTAINING STRUCTURES OWNED AND OPERATED BY THE AGENCY, AND PROVISION OF SERVICES TO ELIGIBLE RECIPIENTS.</p>	<p>Sec. 1417. THE DEPARTMENT SHALL PROVIDE TO THE SENATE AND HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, SENATE AND HOUSE FISCAL AGENCIES, AND STATE BUDGET DIRECTOR A REPORT BY MARCH 30, 2008 THAT CONTAINS ALL OF THE FOLLOWING:</p> <p>(A) THE TOTAL ALLOCATION OF STATE RESOURCES MADE TO EACH AREA AGENCY ON AGING BY INDIVIDUAL PROGRAM AND ADMINISTRATION.</p> <p>(B) DETAIL EXPENDITURE BY EACH AREA AGENCY ON AGING BY INDIVIDUAL PROGRAM AND ADMINISTRATION INCLUDING BOTH STATE FUNDED RESOURCES AND LOCALLY FUNDED RESOURCES.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			<p>Sec. 1418. THE DEPARTMENT SHALL ENSURE THAT NO MORE THAN 5% OF FUNDS ALLOCATED TO AREA AGENCIES ON AGING ARE UTILIZED FOR ADMINISTRATIVE FUNCTIONS. AREA AGENCIES ON AGING SHALL PROVIDE AN AMOUNT EQUIVALENT TO ADMINISTRATIVE EXPENDITURE IN PREVIOUS YEARS OVER THE 5% CAP TO CARE AND CASE MANAGEMENT SERVICES SENIORS RECEIVING HOME CARE.</p>	<p>Does not include Senate Sec. 1418.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>MICHIGAN FIRST HEALTHCARE PLAN</p> <p><i>Requires that funding for the Michigan First Healthcare Plan is contingent on approval of a waiver from the federal government.</i></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>Sec. 1501. (1) Same as current law.</p>	<p>Sec. 1501. (1) Same as current law.</p>	<p>Striking current law.</p>	<p>Sec. 1501. (1) Same as current law.</p>
	<p>NEW LANGUAGE</p> <p>(2) IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1 FOR THE MICHIGAN FIRST HEALTHCARE PLAN, UP TO \$300,000,000.00 IN FEDERAL FUNDS SHALL BE APPROPRIATED UPON APPROVAL OF A WAIVER FROM THE FEDERAL GOVERNMENT.</p>	<p>NEW LANGUAGE</p> <p>(2) IN ADDITION TO THE FUNDS APPROPRIATED IN PART 1 FOR THE MICHIGAN FIRST HEALTHCARE PLAN, UP TO \$300,000,000.00 IN FEDERAL FUNDS SHALL BE APPROPRIATED UPON APPROVAL OF A WAIVER FROM THE FEDERAL GOVERNMENT.</p>	<p>Does not include new language.</p>	<p>Concurs with the House.</p>
<p><i>Requires the Department to provide a report detailing the process used to determine which insurance entities will be selected for participation in the Michigan First Healthcare Plan and that a single source contract shall not be awarded to a health plan through the Michigan First Healthcare Plan.</i></p> <p>Sec. 1502. Upon approval of a waiver from the federal government for the Michigan first healthcare plan, the department shall 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>	<p>Striking current law.</p>	<p>Sec. 1502. Same as current law.</p>	<p>Sec. 1502. Upon approval of a waiver from the federal government for the Michigan first healthcare plan, the department shall 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. THE DEPARTMENT SHALL CONTRACT WITH AT LEAST 4 INSURANCE ENTITIES TO PROVIDE COVERAGE THROUGH THE MICHIGAN FIRST HEALTH CARE PLAN.</p>	<p>Sec. 1502. Same as current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to provide a copy of the federally approved Michigan First Healthcare Plan or similar proposal at least 90 days before implementing any portion of the plan, or proposal.</i></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 other similar proposal.</p>	<p>Striking current law.</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 45 days before implementing any portion of the Michigan first healthcare plan or other similar proposal.</p>	<p>Striking current law.</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 60 days before implementing any portion of the Michigan first healthcare plan or other similar proposal.</p>
<p>MEDICAL SERVICES</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>Striking current law.</p>	<p>Sec. 1601. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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>	<p>Sec. 1602. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1602. No changes from current law.</p>
<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. No changes from current law.</p>	<p>Sec. 1603. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1603. No changes from current law.</p>
<p>(2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Striking current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The premiums described in this section shall be classified as private funds.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>Striking current law.</p>	<p>(3) No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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>	<p>Sec. 1604. No changes from current law.</p>	<p>Sec. 1604. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1604. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>	<p>Sec. 1605. No changes from current law.</p>	<p>Sec. 1605. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1605. No changes from current law.</p>
<p>(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.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Striking current law.</p>	<p>(2) No changes from current law.</p>
<p><i>Limits the allowable deduction for guardian and conservator charges to \$45 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 \$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. 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 \$45.00 \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>	<p>Striking current law.</p>	<p>Concurs with the House.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Stipulates that Medicaid applicants whose qualifying condition is pregnancy shall be presumed to be eligible unless the preponderance of evidence in the application indicates otherwise. Sets procedures to facilitate access to health care for pregnant women including provision of an authorization letter, a listing of Medicaid physicians and health plans, referral to public health clinics for ineligible persons, and allowing qualified applicants to select or remain with the participating obstetrician of her choice. Specifies that obstetrical and prenatal care claims are to be paid at Medicaid fee-for-service rates if there is no contract between provider and managed care plan.</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. No changes from current law.</p>	<p>Sec. 1607. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1607. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(2) An applicant qualified as described in subsection (1) shall be given a letter of authorization to receive Medicaid covered services related to her pregnancy. All qualifying applicants shall be entitled to receive all medically necessary obstetrical and prenatal care without preauthorization from a health plan. All claims submitted for payment for obstetrical and prenatal care shall be paid at the Medicaid fee-for-service rate in the event a contract does not exist between the Medicaid participating obstetrical or prenatal care provider and the managed care plan. The applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence.	(2) No changes from current law.	(2) No changes from current law.	Striking current law.	(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.	(3) No changes from current law.	Striking current law.	(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.	Striking current law.	(4) No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(5) The department shall develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application.	(5) No changes from current law.	(5) No changes from current law.	Striking current law.	(5) No changes from current law.
<p><i>Requires 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>	Striking current law.	Striking current law.	Sec. 1610. No changes from current law.	Sec. 1610. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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 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>Striking current law.</p>	<p>Sec. 1611. (1) No changes from current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/ medical services recipients with Medicare part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments.	(2) No changes from current law.	(2) No changes from current law.	Striking current law.	(2) No changes from current law.
<i>Directs the Department to require enrolled Medicaid providers to submit billings electronically unless prohibited by law or regulation.</i> 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.	Striking current law.	Striking current law.	Sec. 1615. No changes from current law.	Striking current law.
<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> 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.	Sec. 1620. (1) No changes from current law.	Sec. 1620. (1) No changes from current law.	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.	Sec. 1620. (1) No changes from current law.
(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) The department shall require a prescription DRUG 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.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(3) For fee-for-service recipients, an optional mail-order pharmacy program shall be available.</p>	<p>(3) No changes from current law.</p>	<p>(3) For fee-for-service recipients, an optional mail-order pharmacy program shall be available. IT IS THE INTENT OF THE LEGISLATURE THAT IF THE DEPARTMENT REALIZES SAVINGS AS THE RESULT OF THE IMPLEMENTATION OF AVERAGE MANUFACTURERS PRICE FOR REIMBURSEMENT OF MULTIPLE SOURCE GENERIC MEDICATION DISPENSING, AS IMPOSED PURSUANT TO THE FEDERAL DEFICIT REDUCTION ACT OF 2005, PUBLIC LAW 109-171, THE SAVINGS SHALL BE RETURNED TO PHARMACIES IN THE FORM OF AN INCREASED DISPENSING FEE FOR MEDICATIONS NOT TO EXCEED 50 CENTS. THE SAVINGS SHALL BE CALCULATED AS THE DIFFERENCE BETWEEN THE CURRENT METHODOLOGY OF PAYMENT, WHICH IS MAXIMUM ALLOWABLE COST AND THE PROPOSED NEW REIMBURSEMENT METHOD OF AVERAGE MANUFACTURERS PRICE.</p>	<p>(3) For fee-for-service recipients, an optional mail-order pharmacy program shall be available. IT IS THE INTENT OF THE LEGISLATURE THAT IF THE DEPARTMENT REALIZES SAVINGS AS THE RESULT OF THE IMPLEMENTATION OF AVERAGE MANUFACTURER'S PRICE FOR REIMBURSEMENT OF MULTIPLE SOURCE GENERIC MEDICATION DISPENSING AS IMPOSED PURSUANT TO THE FEDERAL DEFICIT REDUCTION ACT OF 2005, PUBLIC LAW 109-171, THE SAVINGS SHALL BE RETURNED TO PHARMACIES IN THE FORM OF AN INCREASED DISPENSING FEE FOR MEDICATIONS NOT TO EXCEED 50-CENTS \$2.00. THE SAVINGS SHALL BE CALCULATED AS THE DIFFERENCE in state expenditure BETWEEN THE CURRENT METHODOLOGY OF PAYMENT, WHICH IS MAXIMUM ALLOWABLE COST AND THE PROPOSED NEW, REIMBURSEMENT METHOD OF AVERAGE MANUFACTURER'S PRICE.</p>	<p>Concurs with the Senate.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Authorizes drug utilization review and disease management systems with physician oversight and consultation with various medical provider groups. Prohibits therapeutic substitution.</i></p> <p>Sec. 1621. (1) The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review and disease management systems authorized by this subsection shall have physician oversight, shall focus on patient, physician, and pharmacist education, and shall be developed in consultation with the national pharmaceutical council, Michigan state medical society, Michigan association of osteopathic physicians, Michigan pharmacists association, Michigan health and hospital association, and Michigan nurses' association.</p>	Striking current law.	Striking current law.	<p>Sec. 1621. (4) 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.</p>	Concurs with the Senate.
(2) This section does not authorize or allow therapeutic substitution.	Striking current law.	Striking current law.	Striking current law.	Striking current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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>	Striking current law.	Striking current law.	Striking current law.	Striking 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>	Striking current law.	Striking current law.	Striking current law.	Striking current law.
			<p>NEW LANGUAGE</p> <p>SEC. 1622. THE DEPARTMENT SHALL EXPAND THE PHARMACY QUALITY IMPROVEMENT PROGRAM TO TARGET INAPPROPRIATE PRESCRIBING OF BIOLOGIC MEDICATIONS.</p>	Did not include.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>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.</i></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>	<p>Sec. 1623. (1) No changes from current law.</p>	<p>Sec. 1623. (1) No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1623. (1) No changes from current law.</p>
<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>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Striking current law.</p>	<p>(2) No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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.	Striking current law.	(3) No changes from current law.
<i>Directs the Department to continue 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.	Striking current law.	Sec. 1625. No changes from current law.
<i>Authorizes the Department to secure manufacturer drug rebates for participants in MICHild, MOMS, Children's Special Health Care Services, and Adult Benefit Waiver programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.</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, children's special health care services, and adult benefit waiver program.	Sec. 1627. (1) No changes from current law.	Sec. 1627. (1) No changes from current law.	Striking current law.	Sec. 1627. (1) No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	(2) No changes from current law.	Striking current law.	(2) No changes from current law.
<p><i>Requires the Department to convene a committee to study implementation of psychotropic pharmacy administration under Medicare Part D for individuals dually enrolled in Medicare and Medicaid programs by April 2007; details committee representation; requires final report by September 30, 2007.</i></p> <p>Sec. 1628. (1) The department shall convene by April 2007 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>	Striking current law.	Striking current law.	Striking current law.	Striking current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	Striking current law.	Striking current law.	Striking current law.	Striking current law.
(3) The committee shall produce a report by September 30, 2007 to the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies.	Striking current law.	Striking current law.	Striking current law.	Striking current law.
<i>Requires the Department to base its MAC prices for generic drugs on 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.	Striking current law.	Sec. 1629. No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><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 three years.</i></p> <p>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.</p>	<p>Sec. 1630. (1) No changes from current law.</p>	<p>Sec. 1630. (1) No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1630. (1) No changes from current law.</p>
<p>(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.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Striking current law.</p>	<p>(2) No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><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, \$6 for a hospital emergency room visit, \$50 for the first day of an in-patient hospital stay and \$1 for an out-patient hospital visit.</i></p> <p>Sec. 1631. (1) The department shall require copayments on dental, podiatric, chiropractic, vision, and hearing aid services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.</p>	<p>Sec. 1631. (1) No changes from current law.</p>	<p>Sec. 1631. (1) No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1631. (1) No changes from current law.</p>
<p>(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay the following copayments:</p> <p>(a) Two dollars for a physician office visit. (b) Six dollars for a hospital emergency room visit. (c) Fifty dollars for the first day of an inpatient hospital stay. (d) One dollar for an outpatient hospital visit.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Striking current law.</p>	<p>(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay the following copayments:</p> <p>(a) Two dollars for a physician office visit. (b) Six THREE dollars for a hospital emergency room visit. (c) Fifty dollars for the first day of an inpatient hospital stay. (d) One dollar for an outpatient hospital visit.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires DCH to expand Healthy Kids Dental program statewide if funds available specifically for this purpose.</i></p> <p>Sec. 1633. From the funds appropriated in part 1 for dental services, the department shall expand the healthy kids dental program statewide if funds become available specifically for expansion of the program.</p>	Striking current law.	<p>Sec. 1633. From the funds appropriated in part 1 for dental AUXILIARY MEDICAL services, the department shall expand the healthy kids dental program statewide if funds become available specifically for expansion of the program ALLOCATE \$16,351,600.00 TO EXPAND THE HEALTHY KIDS DENTAL PROGRAM TO ADDITIONAL COUNTIES IN THE STATE.</p>	Striking current law.	<p>Sec. 1633. From the funds appropriated in part 1 for dental services, the department shall expand the healthy kids dental program statewide if funds become available specifically for expansion of the program ALLOCATE \$16,351,600.00 \$2,625,300.00 TO EXPAND THE HEALTHY KIDS DENTAL PROGRAM TO ADDITIONAL COUNTIES IN THE STATE GENESEE COUNTY AND SAGINAW COUNTY.</p>
<p><i>Requires continuation of FY 2000-01 5% increase in ambulance service payment rates and continuation of the FY 2005-06 ambulance mileage reimbursement rate increase of \$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 continue the ground mileage reimbursement rate per statute mile at \$4.25.</p>	Striking current law.	<p>Sec. 1634. No changes from current law.</p>	Striking current law.	<p>Sec. 1634. No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires continuation of FY 2005-06 allocation of \$6,910,800 between Physician Services and Health Plan Services appropriation lines for the increase of Medicaid reimbursement rates for obstetrical services.</i></p> <p>Sec. 1635. From the funds appropriated in part 1 for physician services and health plan services, the department shall continue the increase in Medicaid reimbursement rates for obstetrical services implemented in fiscal year 2005-2006.</p>	Striking current law.	Sec. 1635. No changes from current law.	Striking current law.	Sec. 1635. No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Provides \$23,874,800 between the Physician Services and Health Plan Services appropriation lines for an increase in Medicaid reimbursement rates for physician well child procedure codes and primary care procedure codes. A report is required based on the affected procedure codes.</i></p> <p>Sec. 1636. (1) From the funds appropriated in part 1 for physician services and health plan services, \$16,623,600.00, of which \$7,251,200.00 is general fund/general purpose funds, shall be allocated to increase Medicaid reimbursement rates for physician 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>	Striking current law.	<p>Sec. 1636. (4) From the funds appropriated in part 1 for physician services and health plan services, \$16,623,600.00, of which \$7,251,200.00 is general fund/general purpose funds, THE DEPARTMENT shall CONTINUE THE INCREASE IN be allocated to increase Medicaid reimbursement rates for physician well child procedure codes and primary care procedure codes IMPLEMENTED IN FISCAL YEAR 2006-2007. 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>	Striking current law.	Concurs with the House.
<p>(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.</p>	Striking current law.	Striking current law.	Striking current law.	Striking current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><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></p> <p>Sec. 1637. (1) All adult Medicaid recipients shall be offered the opportunity to sign a Medicaid personal responsibility agreement.</p>	<p>Sec. 1637. (1) No changes from current law.</p>	<p>Sec. 1637. (1) No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1637. (1) No changes from current law.</p>
<p>(2) The personal responsibility agreement shall include at minimum the following provisions:</p> <p>(a) That the recipient shall not smoke.</p> <p>(b) That the recipient shall attend all scheduled medical appointments.</p> <p>(c) That the recipient shall exercise regularly.</p> <p>(d) That if the recipient has children, those children shall be up to date on their immunizations.</p> <p>(e) That the recipient shall abstain from abusing controlled substances and narcotics.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Striking current law.</p>	<p>(2) No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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>Sec. 1641. No changes from current law.</p>	<p>Striking current law.</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>	<p>Sec. 1643. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1643. No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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>	Striking current law.	Sec. 1647. No changes from current law.	Striking current law.	Sec. 1647. No changes from current law.
<p><i>Requires the Department to maintain 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>	<p>Sec. 1648. The department shall maintain an automated toll-free phone line AND MAKE AVAILABLE AN ONLINE RESOURCE to enable medical providers to verify OBTAIN ENROLLMENT AND BENEFIT INFORMATION the eligibility status of Medicaid recipients. There shall be no charge to providers for the use of the toll-free phone line OR ON-LINE RESOURCE.</p>	<p>Sec. 1648. The department shall maintain an automated toll-free phone line AND MAKE AVAILABLE AN ONLINE RESOURCE to enable medical providers to verify OBTAIN ENROLLMENT AND BENEFIT INFORMATION the eligibility status of Medicaid recipients. There shall be no charge to providers for the use of the toll-free phone line OR ON-LINE RESOURCE.</p>	Striking current law.	Concurs with the House.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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 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>	<p>Sec. 1649. No changes from current law.</p>	<p>Sec. 1649. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1649. No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Authorizes continuation of Medicaid managed care and assignment of recipients who do not select a provider. Requires notice of exception criteria to enrollment, the right to change plans, and complaint/grievance procedures. Specifies criteria for medical exceptions to mandatory managed care enrollment.</i></p> <p>Sec. 1650. (1) The department may require medical services recipients residing in counties offering managed care options to choose the particular managed care plan in which they wish to be enrolled. Persons not expressing a preference may be assigned to a managed care provider.</p>	<p>Sec. 1650. (1) No changes from current law.</p>	<p>Sec. 1650. (1) No changes from current law.</p>	<p>Striking 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>(2) No changes from current law.</p>	<p>Striking current law.</p>	<p>(2) No changes from current law.</p>

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(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.	(3) No changes from current law.	(3) No changes from current law.	Striking current law.	(3) No changes from current law.
<i>Allows access to hospice services for Medicaid patients enrolled in health maintenance organizations.</i> 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.	Sec. 1651. (1) No changes from current law.	Sec. 1651. (1) No changes from current law.	Striking current law.	Sec. 1651. (1) No changes from current law.
(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 CFR part 418.	(2) No changes from current law.	(2) No changes from current law.	Striking current law.	(2) No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		<p>NEW LANGUAGE</p> <p>SEC. 1652. EFFECTIVE OCTOBER 1, 2007, THE DEPARTMENT SHALL IMPLEMENT CHANGES IN THE MEDICAID HEALTH PLAN CONTRACT TO ALLOW CONTRACTED HMOS TO REQUEST SERVICE AREA EXPANSIONS, UNLESS PROHIBITED BY FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES OR OTHER STATE LAWS, RULES, OR REGULATIONS. THE DEPARTMENT SHALL APPROVE SERVICE EXPANSION REQUESTS OF CONTRACTED HMOS THAT CAN DEMONSTRATE ADEQUATE PROVIDER NETWORK CAPACITY TO SERVE THE MEDICAID POPULATION IN THE PROPOSED SERVICE EXPANSION AREA.</p>	<p>Does not include House language.</p>	<p>NEW LANGUAGE</p> <p>SEC. 1652. IF THE DEPARTMENT IMPLEMENTS CHANGES IN THE MEDICAID HEALTH PLAN CONTRACT TO PERMIT CONTRACTED HMOS TO REQUEST SERVICE AREA EXPANSIONS, IT SHALL ENSURE THAT ANY MEDICAID HEALTH PLAN THAT EXPANDS ITS SERVICE AREA AGREES TO THE FOLLOWING.</p> <p>(A) THE MEDICAID HMO SHALL NOT SELL, TRANSFER, OR OTHERWISE CONVEY TO ANY PERSON ALL OR ANY PORTION OF THE HMO'S ASSETS OR BUSINESS, WHETHER IN THE FORM OF EQUITY, DEBT OR OTHERWISE, FOR A PERIOD OF THREE YEARS FROM THE DATE THE MEDICAID HMO COMMENCES OPERATIONS IN A NEW SERVICE AREA.</p> <p>(B) THAT ANY MEDICAID HMOS THAT EXPAND INTO A COUNTY WITH A POPULATION OF AT LEAST 1,500,000 SHALL ALSO EXPEND ITS COVERAGE TO A COUNTY WITH A POPULATION OF LESS THAN 100,000 WHICH HAS ONE OR FEWER HMOS PARTICIPATING IN THE MEDICAID PROGRAM.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Establishes conditions for implementing Medicaid managed care plans related to continuity of care, submitting HMO data for evaluation, health plan advisory council, and choice of plans and prohibits mandatory enrollment in non-metropolitan areas with only one HMO unless there is a choice of two or more physicians. Maintains voluntary enrollment in 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>Sec. 1653. No changes from current law.</p>	<p>Sec. 1653. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1653. No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>				

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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 cannot be obtained through HMO providers on a timely basis. Services are considered approved if the authorization request is not responded to within 24 hours.</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>Sec. 1654. No changes from current law.</p>	<p>Striking current law.</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>Striking current law.</p>	<p>Sec. 1655. (1) No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(2) Medicaid recipients shall be allowed to change HMOs for any reason within the initial 90 days of enrollment.	(2) No changes from current law.	(2) No changes from current law.	Striking current law.	(2) No changes from current law.
<i>Requires an expedited grievance procedure for Medicaid recipients enrolled in qualified health plans and a toll free phone number to help resolve problems and complaints; requires annual reports on complaints and resolution.</i> 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.	Sec. 1656. (1) No changes from current law.	Sec. 1656. (1) No changes from current law.	Striking current law.	Sec. 1656. (1) No changes from current law.
(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.	(2) No changes from current law.	(2) No changes from current law.	Striking current law.	(2) No changes from current law.
(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.	Striking current law.	Striking current law.	Striking current law.	Striking current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires reimbursement for emergency room services to screen and stabilize a patient without prior authorization by an HMO, and notice to the HMO regarding a patient's diagnosis and treatment within 24 hours of discharge; prior authorization by the HMO is required for further services beyond stabilization. Requires 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>(2) 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 THE hospital must receive authorization from the recipient's HMO prior to admitting the recipient.</p>	<p>(2) No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	(3) No changes from current law.	(3) No changes from current law.	(3) Subsections (1) and (2) shall not be construed as a requirement to alter an existing agreement between an HMO and their ITS contracting hospitals nor OR as a requirement that an HMO must reimburse for services that are not considered to be medically necessary.	(3) No changes from current law.
(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.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
			NEW LANGUAGE (5) THE DEPARTMENT SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND SENATE AND HOUSE FISCAL AGENCIES EXAMINING HOW PAYMENT POLICIES IN THE CURRENT MEDICAID PROGRAM CREATE FINANCIAL INCENTIVES FOR HEALTH FACILITIES TO ADMIT RECIPIENTS FROM THE EMERGENCY ROOM. THE REPORT SHALL INCLUDE RECOMMENDATIONS FOR CHANGES IN MEDICAID POLICY AND STATE STATUTE THAT CAN MITIGATE THE EFFECT OF THESE INCENTIVES AND REDUCE NONEMERGENCY USE OF EMERGENCY ROOMS.	NEW LANGUAGE (5) THE DEPARTMENT SHALL PROVIDE A REPORT <i>by September 30, 2008</i> , TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND SENATE AND HOUSE FISCAL AGENCIES EXAMINING HOW PAYMENT POLICIES IN THE CURRENT MEDICAID PROGRAM CREATE FINANCIAL INCENTIVES FOR HEALTH FACILITIES TO ADMIT RECIPIENTS FROM THE EMERGENCY ROOM. THE REPORT SHALL INCLUDE RECOMMENDATIONS FOR CHANGES IN MEDICAID POLICY AND STATE STATUTE THAT CAN MITIGATE THE EFFECT OF THESE INCENTIVES AND REDUCE NONEMERGENCY USE OF EMERGENCY ROOMS.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires that HMOs shall have contracts with local hospitals; requires reimbursement to non-contracted hospitals at Medicaid fee-for-service rates; requires hospitals that do not contract with HMOs in their service area enter into a hospital access agreement as specified in a MSA policy bulletin.</i></p> <p>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.</p>	<p>Sec. 1658. (1) No changes from current law.</p>	<p>Sec. 1658. (1) No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1658. (1) No changes from current law.</p>
<p>(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.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Striking current law.</p>	<p>(2) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs.</i></p> <p>Sec. 1659. The following sections of this 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 1766.</p>	<p>Sec. 1659. The following sections of this act 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, AND 1699, 1744, 1749, 1752, 1753, and 1766.</p>	<p>Sec. 1659. The following sections of this 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, AND 1752, 1753, and 1766.</p>	<p>Striking current law.</p>	<p>Sec. 1659. The following sections of this 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, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1666, 1699, 1711, 1749, AND 1752, 1753, and 1766.</p>
<p><i>Requires timely access to EPSDT services for children enrolled in Medicaid managed care programs; specifies primary care provider's responsibility to assure child's vision/hearing screening; requires local health departments provide preschool vision/hearing screenings and accept referrals; requires that HMOs provide EPSDT utilization data, well child visits, and maternal and infant support services as described in Medicaid policy; requires DCH to provide budget neutral incentives to improve performance related to 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>Striking current law.</p>	<p>Sec. 1660. (1) No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
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(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.	(2) No changes from current law.	(2) No changes from current law.	Striking current law.	(2) No changes from current law.
(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.	Striking 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.	Striking current law.	(4) No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	(5) No changes from current law.	Striking current law.	
<i>Requires timely access to Maternal/Infant Support services (MSS/ISS) and coordination with other state or local programs; prohibits prior authorization for EPSDT and MSS/ISS screening referrals and up to three MSS/ISS service visits.</i> 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.	Sec. 1661. (1) No changes from current law.	Sec. 1661. (1) No changes from current law.	Striking current law.	Sec. 1661. (1) No changes from current law.

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(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.	(2) No changes from current law.	(2) No changes from current law.	Striking current law.	(2) No changes from current law.
(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.	(3) No changes from current law.	(3) No changes from current law.	Striking current law.	(3) No changes from current law.
<i>Directs DCH to assure 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 DCH to submit copies of the analysis of HMO HEDIS reports and annual external quality review report within 30 days; requires DCH to work with Michigan Association of Health Plans and Michigan Association for Local Public Health to improve EPSDT and MSS/ISS services, and assure that training and technical assistance are available for EPSDT and MSS/ISS.</i>				
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.	Sec. 1662. (1) No changes from current law.	Sec. 1662. (1) No changes from current law.	Sec. 1662. (1) No changes from current law.	Sec. 1662. (1) No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
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(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.	(2) No changes from current law.	(2) No changes from current law.	(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.	(2) No changes from current law.
(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.	(3) No changes from current law.	(3) No changes from current law.	(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. THE DEPARTMENT SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND SENATE AND HOUSE FISCAL AGENCIES ON THE RESULTS OF THIS COOPERATION BY JUNE 25, 2008.	(3) No changes from current law.
(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.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Directs DCH to implement system changes to assure that within 30 days of birth newborns of health plan covered Medicaid mothers are included in Medicaid eligibility file and enrolled in the same health plan as the mother.</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>	Striking current law.	Sec. 1666. No changes from current law.	Striking current law.	Sec. 1666. No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Specifies that funds appropriated for MICHild Program are to be used to provide health care to children under age 19 in families with income below 200 % of federal poverty level who have not had health insurance within six months of making application for MICHild benefits; 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. Allows DCH to provide up to one year of continuous eligibility for MICHild program unless family members no longer meet eligibility criteria or family fails to pay the monthly premium. Assures continuity of care for persons whose category of MICHild eligibility changes due to family income. Specifies income level and verification requirements to be used to determine eligibility for MICHild program. Requires DCH to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide MICHild health care benefit at the capitated rate. Allows DCH to obtain certain MICHild services contractually through community mental health agencies.</i></p> <p>Sec. 1670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 200% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this act. Health care coverage for children in families below 150% of the federal poverty level shall be provided through expanded eligibility under the state's Medicaid program. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program.</p>	<p>Sec. 1670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 200% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this act. Health care coverage for children in families below 150% of the federal poverty level shall be provided through expanded eligibility under the state's Medicaid program. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program.</p>	<p>Sec. 1670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 200% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this act. Health care coverage for children in families below 150% of the federal poverty level shall be provided through expanded eligibility under the state's Medicaid program. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program.</p>	<p>Striking current law.</p>	<p>Sec. 1670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 200% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this act. Health care coverage for children in families below 150% of the federal poverty level shall be provided through expanded eligibility under the state's Medicaid program. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program.</p>

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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.				
(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.	(2) No changes from current law.	Striking current law.	(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.	(3) No changes from current law.	Striking current law.	(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.	Striking current law.	(4) No changes from current law.

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<p>(5) The department shall enter into a contract to obtain MIChild services from any HMO, dental care corporation, or any other entity that offers to provide the managed health care benefits for MIChild services at the MIChild capitated rate. As used in this subsection:</p> <p>(a) "Dental care corporation", "health care corporation", "insurer", and "prudent purchaser agreement" mean those terms as defined in section 2 of the prudent purchaser act, 1984 PA 233, MCL 550.52.</p> <p>(b) "Entity" means a health care corporation or insurer operating in accordance with a prudent purchaser agreement.</p>	(5) No changes from current law.	(5) No changes from current law.	Striking current law.	(5) No changes from current law.
<p>(6) The department may enter into contracts to obtain certain MIChild services from community mental health service programs.</p>	(6) No changes from current law.	(6) No changes from current law.	Striking current law.	(6) No changes from current law.
<p>(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.</p>	<p>(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.</p>	<p>(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.</p>	Striking current law.	<p>(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.</p>
<p><i>Requires Department to continue a comprehensive approach to marketing and outreach of the MIChild program, and to coordinate such efforts with Department's existing outreach and marketing activities.</i></p> <p>Sec. 1671. From the funds appropriated in part 1, the department shall continue a comprehensive approach to the marketing and outreach of the MIChild program. The marketing and outreach required under this section shall be coordinated with current outreach, information dissemination, and marketing efforts and activities conducted by the department.</p>	Striking current law.	Sec. 1671. No changes from current law.	Striking current law.	Sec. 1671. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allows Department to establish premiums for eligible persons above 150% of poverty level from \$10 to \$15 per month for a family and prohibits copayments under the MICHild program.</i></p> <p>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 than \$10.00 or exceed \$15.00 for a family.</p>	<p>Sec. 1673. (1) No changes from current law.</p>	<p>Sec. 1673. (1) No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1673. (1) No changes from current law.</p>
<p>(2) The department shall not require copayments under the MICHild program.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Striking current law.</p>	<p>Striking current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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>	Striking current law.	Sec. 1677. No changes from current law.	Striking current law.	Sec. 1677. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires that previous payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through Medicaid nursing home wage pass-through program be continued; requires that DCH not increase or decrease the Medicaid nursing home wage pass-through program in FY 2005-06.</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 2006-2007.</p>	<p>Sec. 1680. (4) 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 2006-2007.</p>	<p>Sec. 1680. (4) 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 2006-2007.</p>	<p>Striking current law.</p>	<p>Sec. 1680. (4) 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 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 2005-2006.</p>	<p>Striking current law.</p>	<p>Striking current law.</p>	<p>Striking current law.</p>	<p>Striking current law.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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>Striking 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 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>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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.	(2) No changes from current law.	(2) No changes from current law.	NEW LANGUAGE (2) FROM THE MONEY RECEIVED AS THE RESULT OF NONCOMPLIANCE WITH MEDICAL SERVICES CERTIFICATION REGULATIONS, \$1,300,000.00 SHALL BE APPROPRIATED TO A HEALTH CARE MANAGEMENT COMPANY TO COMPILE RESULTS OF A SURVEY TO EVALUATE THE QUALITY OF CARE AND LEVEL OF SATISFACTION OF NURSING HOME RESIDENTS, THEIR FAMILIES, AND EMPLOYEES. ADDITIONAL PENALTY MONEY, CHARACTERIZED AS PRIVATE FUNDS, RECEIVED BY THE DEPARTMENT SHALL INCREASE AUTHORIZATIONS AND ALLOTMENTS IN THE LONG-TERM CARE ACCOUNTS.	(2) No changes from current law.
		NEW LANGUAGE (3) THE DEPARTMENT IS AUTHORIZED TO PROVIDE CIVIL MONETARY PENALTY FUNDS TO THE DISABILITY NETWORK OF MICHIGAN TO BE DISTRIBUTED TO THE 15 CENTERS FOR INDEPENDENT LIVING FOR THE PURPOSE OF ASSISTING INDIVIDUALS WITH DISABILITIES WHO RESIDE IN NURSING HOMES TO RETURN TO THEIR OWN HOMES.	Concurs with the House.	Concurs with the House.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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) (4) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.	Concurs with the House.	NEW LANGUAGE (4) THE DEPARTMENT IS AUTHORIZED TO USE CIVIL MONETARY PENALTY FUNDS TO CONDUCT A SURVEY EVALUATING CONSUMER SATISFACTION AND THE QUALITY OF CARE AT NURSING HOMES. FACTORS CAN INCLUDE BUT ARE NOT LIMITED TO THE LEVEL OF SATISFACTION OF NURSING HOME RESIDENTS, THEIR FAMILIES, AND EMPLOYEES. THE DEPARTMENT MAY USE AN INDEPENDENT CONTRACTOR TO CONDUCT THE STUDY.
<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> 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.	Sec. 1683. No changes from current law.	Sec. 1683. No changes from current law.	Striking current law.	Sec. 1683. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the continuation of the FY 2005-06 HCBS waiver program payment rate for administrative expenses be reduced by \$2.00 per person per day, and savings be reallocated to increase enrollment in waiver program; DCH will report by April 1, 2007 on number of nursing home patients discharged who are subsequently enrolled in HCBS waiver program, and 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 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.</p>	Striking current law.	Striking current law.	<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 for fiscal year 2006-2007 2007-2008 shall continue at the rate implemented in fiscal year 2005-2006 after the \$2.00 per person per day mandated reduction.</p>	Concurs with the Senate.
<p>(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.</p>	Striking current law.	Striking current law.	(2) No changes from current law.	(2) No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p>(3) 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 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.</p>	<p>Striking current law.</p>	<p>Striking current law.</p>	<p>(3) The department shall provide a report by April 1, 2007, 2008 to the house of representatives and senate appropriations subcommittees on community health and the house 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.</p>	<p>Striking current law.</p>
<p><i>Requires Medicaid nursing home payment rates to be set 30 days in advance of the facility's fiscal year, and to be based on the most recent cost report submitted.</i></p> <p>Sec. 1685. All nursing home rates, class I and class III, must have their respective fiscal year rate set 30 days prior to the beginning of their rate year. Rates may take into account the most recent cost report prepared and certified by the preparer, provider corporate owner or representative as being true and accurate, and filed timely, within 5 months of the fiscal year end in accordance with Medicaid policy. If the audited version of the last report is available, it shall be used. Any rate factors based on the filed cost report may be retroactively adjusted upon completion of the audit of that cost report.</p>	<p>Sec. 1685. No changes from current law.</p>	<p>Sec. 1685. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1685. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires Department to report by April 30, 2007, on the progress of four Medicaid long-term care single point of entry services pilot projects and expresses legislative intent that funding end for the single point of entry program on September 30, 2008.</i></p> <p>Sec. 1686. (1) The department shall submit a report by April 30, 2007 to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the progress of 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 and senate subcommittees on community health and the house and senate fiscal agencies 60 days prior to any expansion of the program.</p>	<p>Striking current law.</p>	<p>Sec. 1686. (1) The department shall submit a report by April 30, 2007 2008 to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the progress of 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 and senate subcommittees on community health and the house and senate fiscal agencies 60 days prior to any expansion of the program.</p>	<p>Sec. 1686. (1) The department shall submit a report by April 30, 2007 to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the progress of 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 and senate subcommittees on community health and the house and senate fiscal agencies 60 days prior to any expansion of the program.</p>	<p>Concurs with the House.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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:</p> <p>(a) The total cost of the single point of entry program.</p> <p>(b) The total cost of each designated single point of entry.</p> <p>(c) The total amount of Medicaid dollars saved because of the program.</p> <p>(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.</p> <p>(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>Striking current law.</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 2008:</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 2008:</p> <p>(a) The total cost of the single point of entry program.</p> <p>(b) The total cost of each designated single point of entry.</p> <p>(c) The total amount of Medicaid dollars saved because of the program.</p> <p>(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.</p> <p>(e) (D) The total number of EMERGENT 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>Concurs with the House.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(3) It is the intent of the legislature that funding for single point of entry for long-term care end on September 30, 2008.	Striking current law.	Striking current law.	(3) No changes from current law.	(3) It is the intent of the legislature that funding for single point of entry for long-term care end on September 30, 2008 2009.
			NEW LANGUAGE (4) FUNDS APPROPRIATED FOR THE FINANCING OF THE MEDICAID LONG-TERM CARE SINGLE POINT OF ENTRY SERVICES PILOT PROJECTS ARE CONTINGENT UPON LEGISLATIVE RECEIPT OF THE REPORT REQUIRED IN SUBSECTION (1).	Did not include.
(4) 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.	Striking current law.	{4} (3) 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.	{4} (5) 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.	(4) No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Authorizes DCH to contract with a stand-alone psychiatric facility to provide access to Medicaid recipients who require specialized Alzheimer's disease or dementia care. Facility must provide at least 20% of its total care to Medicaid recipients. Requires report to both legislative subcommittees on Community Health and fiscal agencies on effectiveness of the facility contract in improving 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>	Striking current law.	Striking current law.	Sec. 1687. No changes from current law.	Striking 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>	Striking current law.	Striking current law.	(2) No changes from current law.	Striking current law.
<p><i>Prohibits a limit on personal care services reimbursement under Medicaid Home and Community-Based Services program, but allows DCH to maintain aggregate per day client reimbursement cap for all services provided under the waiver program.</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>	Sec. 1688. No changes from current law.	Sec. 1688. No changes from current law.	Striking current law.	Sec. 1688. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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. Requires 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 USE 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) 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 USE 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>Concurs with the House.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	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>Striking current law.</p>	<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, THE NUMBER OF INDIVIDUALS TRANSITIONED FROM NURSING HOMES TO THE HOME- AND COMMUNITY-BASED SERVICES WAIVER PROGRAM, THE NUMBER OF INDIVIDUALS ON WAITING LISTS BY REGION FOR THE PROGRAM, and the amount of funds transferred DURING THE FISCAL QUARTER. THE REPORT SHALL ALSO INCLUDE THE NUMBER OF MEDICAID INDIVIDUALS SERVED AND THE NUMBER OF DAYS OF CARE FOR THE HOME- AND COMMUNITY-BASED SERVICES WAIVER PROGRAM AND IN NURSING HOMES.</p>	<p>(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, THE NUMBER OF INDIVIDUALS TRANSITIONED FROM NURSING HOMES TO THE HOME AND COMMUNITY-BASED SERVICES WAIVER PROGRAM, THE NUMBER OF INDIVIDUALS ON WAITING LISTS BY REGION FOR THE PROGRAM, THE LONG-TERM CARE SUPPORT SERVICES, INCLUDING FOOD STAMPS, HOUSING SUBSIDIES AND MEALS ON WHEELS THAT INDIVIDUALS ON WAITING LISTS ARE CURRENTLY RECEIVING, THE NUMBER OF INDIVIDUALS ON WAITING LISTS WHO ARE CURRENTLY ENROLLED IN MEDICAID, and the amount of funds transferred.</p>	<p>Concurs with the House.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW LANGUAGE</p> <p>(3) THE DEPARTMENT SHALL DEVOTE AN ADDITIONAL \$100.00 GROSS/\$100.00 GENERAL FUND TO SERVE ADDITIONAL INDIVIDUALS THROUGH THE HOME AND COMMUNITY-BASED SERVICES WAIVER PROGRAM. THESE FUNDS SHALL BE USED TO PROVIDE SERVICES TO INDIVIDUALS WHO ARE CURRENTLY RESIDING IN NURSING HOMES FOR 6 MONTHS OR LONGER. THE DEPARTMENT SHALL ALTER AVERAGE REIMBURSEMENT FOR WAIVER SERVICES TO INDIVIDUALS SERVED IN THIS EXPANSION TO \$80.00 PER DAY.</p>	<p>NEW LANGUAGE</p> <p>(3) The department shall develop a system to collect and analyze information regarding individuals on the home- and community-based services waiver waiting list to identify the community supports they receive, including but not limited to adult home help, food stamps, and housing assistance services, and to determine the extent to which these community supports help individuals remain in their home and avoid entry into a nursing home. The department shall provide a progress report on implementation to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1, 2008.</p>
	<p>NEW LANGUAGE</p> <p>SEC. 1690. THE DEPARTMENT SHALL LIMIT THE ANNUAL INCREASE IN THE VARIABLE COST COMPONENT AND THE VARIABLE COST LIMIT OF THE MEDICAID REIMBURSEMENT RATE FOR NURSING FACILITIES AND HOSPITAL LONG TERM CARE UNITS TO NO MORE THAN THE ANNUAL INCREASE IN THE CENTER FOR MEDICARE AND MEDICAID SERVICES NURSING HOME MARKET BASKET INDEX.</p>	<p>Not included.</p>	<p>NEW LANGUAGE</p> <p>SEC. 1690. THE DEPARTMENT SHALL ADJUST ADMINISTRATIVE REIMBURSEMENT TO NURSING HOMES FOR MEDICAID SERVICES TO ACHIEVE A \$100.00 REDUCTION IN STATE GENERAL FUND GENERAL PURPOSE EXPENDITURE.</p>	<p>Not included.</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Provides that all adult home help workers receive a wage of at least \$7 per hour effective October 1, 2006, and that workers employed by a county which paid those workers at least \$7 per hour as of July 1, 2006, shall receive a wage increase of 50¢ per hour.</i></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:</p> <p>(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.</p> <p>(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.</p> <p>(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>	<p>Striking current law.</p>	<p>Sec. 1691. The funding increase of \$31,462,600.00 provided FROM THE FUNDS APPROPRIATED in part 1 for the adult home help program, THE DEPARTMENT SHALL CONTINUE WAGE INCREASES IMPLEMENTED IN FY 2006-07 AND IS SUBJECT TO THE MINIMUM WAGE LAW OF 1964, 1964 PA 154, MCL 408.381 TO 408.398 shall be passed through to adult home help workers subject to the following conditions:</p> <p>(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.</p> <p>(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.</p> <p>(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>	<p>Sec. 1691. The funding increase of \$31,462,600.00 provided in part 1 FISCAL YEAR 2006-2007 for the adult home help program shall be passed through to adult home help workers subject to the following conditions:</p> <p>(A) ADULT HOME HELP WORKERS PROVIDING CARE UNDER THE ADULT HOME HELP PROGRAM SHALL RECEIVE A WAGE OF AT LEAST \$7.25 PER HOUR IN ALL COUNTIES, EFFECTIVE OCTOBER 1, 2007 UNTIL JUNE 30, 2008. ADULT HOME HELP WORKERS PROVIDING CARE UNDER THE ADULT HOME HELP PROGRAM SHALL RECEIVE A WAGE OF AT LEAST \$7.50 PER HOUR IN ALL COUNTIES EFFECTIVE JULY 1, 2008.</p> <p>(B) 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 ADJUSTMENTS DESCRIBED IN THIS SECTION.</p> <p>(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>	<p>Sec. 1691. The funding increase of \$31,462,600.00 provided in part 1 FISCAL YEAR 2006-2007 for the adult home help program shall be passed through to adult home help workers subject to the following conditions:</p> <p>(A) ADULT HOME HELP WORKERS PROVIDING CARE UNDER THE ADULT HOME HELP PROGRAM SHALL RECEIVE A WAGE OF AT LEAST \$7.25 PER HOUR IN ALL COUNTIES, EFFECTIVE April 1, 2008 OCTOBER 1, 2007 UNTIL JUNE 30, 2008. ADULT HOME HELP WORKERS PROVIDING CARE UNDER THE ADULT HOME HELP PROGRAM SHALL RECEIVE A WAGE OF AT LEAST \$7.50 PER HOUR IN ALL COUNTIES EFFECTIVE JULY 1, 2008.</p> <p>(B) 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 ADJUSTMENTS DESCRIBED IN THIS SECTION.</p> <p>(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>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>Striking 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>Striking current law.</p>	<p>(2) No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allows for an increase in Special Medicaid Reimbursement payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.</i></p> <p>Sec. 1693. The special Medicaid reimbursement appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.</p>	<p>Sec. 1693. No changes from current law.</p>	<p>Sec. 1693. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1693. No changes from current law.</p>
<p><i>Authorizes distribution of funds to children's hospitals with 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>	<p>Sec. 1694. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1694. No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
			<p>NEW LANGUAGE</p> <p>SEC. 1695. (1) THE DEPARTMENT SHALL ESTABLISH A WORKGROUP TO DESIGN AND IMPLEMENT CHANGES IN MEDICAID REIMBURSEMENT TO NURSING FACILITIES THAT ACCOUNT FOR CASE MIX BY OCTOBER 1, 2008. THE WORKGROUP WILL INCLUDE REPRESENTATIVES FROM THE DEPARTMENT, THE HEALTH CARE ASSOCIATION OF MICHIGAN, THE MICHIGAN COUNTY MEDICAL CARE FACILITY COUNCIL, AND THE MICHIGAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING.</p>	<p>NEW LANGUAGE</p> <p>Sec. 1695. (1) The department shall evaluate the impact of implementing a case mix reimbursement system for nursing facilities. The department shall consult with representatives from the department, the health care association of Michigan, the Michigan county medical care facilities council, and the Michigan association of homes and services for the aging.</p>
			<p>(2) THE DEPARTMENT SHALL PROVIDE UPDATES ON THE PROGRESS OF THE WORKGROUP QUARTERLY TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND TO THE SENATE AND HOUSE FISCAL AGENCIES.</p>	<p>(2) The department shall provide a progress report to the senate and house appropriations subcommittees on community health and to the senate and house fiscal agencies by August 1, 2008.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Allows Department to utilize school district funds received from a health system as 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>Striking current law.</p>	<p>Sec. 1697. (1) No changes from current law.</p>
<p>(2) A qualifying health system is defined as any health care entity licensed to provide health care services in the state of Michigan, that has entered into a contractual relationship with a local or intermediate school district to provide or manage school-based or school-linked health services.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>Striking current law.</p>	<p>(2) No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Authorizes separate payments for hospitals serving a disproportionate share of indigent payments and those hospitals providing 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 \$45,000,000 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>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 \$45,000,000 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>Sec. 1699. No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1699. No changes from current law.</p>
<p><i>The Department shall make available to Medicaid providers and HMOs, at no charge, an online resource that will list enrollment and benefits information for each Medicaid recipient.</i></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>Striking current law.</p>	<p>Sec. 1701. No changes from current law.</p>	<p>Striking current law.</p>	<p>Striking current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
<p><i>Requires DCH to report proposed changes in MIChoice home and community based services waiver program screening process to House and Senate Appropriations Subcommittees on Community 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>	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
	Striking current law.	Striking current law.	<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 60 DAYS prior to implementation of the proposed changes.</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 60 30 DAYS prior to implementation of the proposed changes.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires continuation of a two-tier Medicaid case rate for emergency physician charges, and that payments by case and aggregate not exceed 70% of Medicare rates. Requires the Department to encourage each Medicaid HMO to create a criteria-based emergency room observation rate for Medicaid eligibles.</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:</p> <p>(a) Payments by case and in the aggregate shall not exceed 70% of Medicare payment rates.</p> <p>(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>	Striking current law.	Sec. 1711. (1) No changes from current law.	Striking current law.	Sec. 1711. (1) No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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 2006-2007, 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.	Striking current law.	(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 2006-2007 2007-2008, given ...	Striking current law.	(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 2006-2007 2007-2008, given ...
(3) The department shall 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.	Striking current law.	Striking current law.	Striking current law.	Striking current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Subject to availability of funds, requires DCH to implement a rural health initiative with funds to be first allocated to a rural outpatient hospital adjustor, and secondly, for defibrillator grants, EMT training, or other similar programs.</i></p> <p>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.</p>	Striking current law.	Sec. 1712. (1) No changes from current law.	Striking 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.	Striking current law.	(2) No changes from current law.	Striking current law.	(2) No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires Department to perform a study on the level of participation by licensed dentists in Medicaid program by April 1, 2007, 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>	Striking current law.	Striking current law.	Sec. 1713. (1) No changes from current law.	Striking 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>	Striking current law.	Striking current law.	(2) No changes from current law.	Striking 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, 2007.</p>	Striking current law.	Striking 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, 2007 2008.	Striking current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to seek to maintain a constant enrollment level within the Medicaid Adult Benefits Waiver program through FY 2006-07.</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 2006-2007.</p>	Striking current law.	<p>Sec. 1716. The department shall seek to maintain a constant enrollment level within the Medicaid adult benefits waiver program throughout fiscal year 2006-2007 2007-2008.</p>	Striking current law.	Concurs with the House..
<p><i>Increases DSH funding by \$5.0 million and requires distribution of DSH funds through two separate pools; first pool would distribute \$45.0 million based on methodology in FY 2003-04; 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>	Striking current law.	<p>Sec. 1717. (1) No changes from current law.</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 NONPUBLIC 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., EXCEPT THAT NO PAYMENT OF LESS THAN \$1,000 SHALL BE MADE.</p>	Concurs with the Senate.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(2) By 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.	Striking current law.	(2) By September 30, 2007 2008, 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.	Concurs with the House.	(2) By September 30, 2007 2008, 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><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>	Sec. 1718. No changes from current law.	Sec. 1718. No changes from current law.	Striking current law.	Sec. 1718. No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Directs Department to continue its Medicare recovery program.</i></p> <p>Sec. 1720. The department shall continue its Medicare recovery program.</p>	Striking current law.	Striking current law.	Sec. 1720. No changes to current law.	Sec. 1720. No changes to current law.
<p><i>Requires review of Medicaid eligibility requirements for long-term care patients related to prepaid funds that are subsequently returned to individuals who qualify for Medicaid.</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, 2007. 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>	Striking current law.	<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, 2007 2008. Included in its report ...</p>	Striking current law.	Concurs with the House.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Specifies DSH payment amount to be paid to Hutzel Hospital.</i></p> <p>Sec. 1722. (1) From the funds appropriated in part 1 for special 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.</p>	<p>Sec. 1722. (1) No changes from current law.</p>	<p>Sec. 1722. (1) No changes from current law.</p>	<p>Striking current law.</p>	<p>Sec. 1722. (1) No changes from current law.</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>Striking current law.</p>	<p>(2) No changes from current law.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Directs DCH to allow pharmacies to purchase injectable drugs for treatment of respiratory syncytial virus for shipment to physician's offices; allows Medicaid reimbursement for dispensing and administration if patients are eligible.</i></p> <p>Sec. 1724. The department shall allow licensed pharmacies to purchase injectable drugs for the treatment of respiratory syncytial virus for shipment to physicians' offices to be administered to specific patients. If the affected patients are Medicaid eligible, the department shall reimburse pharmacies for the dispensing of the injectable drugs and reimburse physicians for the administration of the injectable drugs.</p>	Striking current law.	Striking current law.	Sec. 1724. No changes to current law.	Sec. 1724. No changes to current law.
<p><i>Requires Department to implement a plan, and detail 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 continue to work with the department of human services to reduce Medicaid eligibility errors related to basic eligibility requirements and income requirements.</p>	Striking current law.	Sec. 1725. No changes from current law.	Sec. 1725. The department shall continue to work with the department of human services to reduce Medicaid eligibility errors related to basic eligibility requirements and income requirements. THE DEPARTMENT SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND SENATE AND HOUSE FISCAL AGENCIES BY MARCH 1, 2008 ON THE RESULTS OF THIS EFFORT.	Sec. 1725. No changes from current law.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<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>	Striking current law.	Striking current law.	Striking current law.	Striking current law.
<p><i>Requires 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>	Striking current law.	Sec. 1728. No changes from current law.	Striking current law.	Sec. 1728. No changes from current law.
<p><i>Requires Department to establish Medicaid eligibility asset test for optional parents/caretaker relatives and 19 and 20 year olds. 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 continue 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>	Striking current law.	Striking current law.	Sec. 1731. (1) No changes from current law.	Sec. 1731. (1) No changes from current law.
<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>	Striking current law.	Striking current law.	(2) No changes from current law.	(2) PENDING FEDERAL APPROVAL, 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 ...

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Assures that nursing home reimbursement rates will not be reduced to achieve GF/GP savings if proposed modifications to the quality assurance assessment program for nursing homes are not implemented.</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>	Striking current law.	Striking current law.	Sec. 1732. No changes from current law.	Sec. 1732. No changes from current law.
<p><i>Requires the Department to seek federal funds to permit the state to provide financial support for electronic prescribing and other health information technology initiatives.</i></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>	Striking current law.	Striking current law.	Sec. 1733. No changes from current law.	Sec. 1733. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to seek federal funds that will permit the state to provide financial incentives for positive health behavior practiced by Medicaid recipients.</i></p> <p>Sec. 1734. The department shall seek federal funds that will permit the state to provide financial incentives for positive health behavior practiced by Medicaid recipients. The structure of this incentive program may be similar to 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>	Striking current law.	Striking current law.	Sec. 1734. No changes from current law.	Sec. 1734. No changes from current law.
<p><i>Requires the Department to establish a committee 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; to 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; identifies organizations which will have representation on the committee; and requires a report on anticipated savings from contracting opportunities.</i></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>	Striking current law.	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.	Striking current law.	Concurs with the House.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
(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 health care organizations or the accreditation commission for health care, inc. and the American board for certification in orthotics and prosthetics.	Striking current law.	(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 health care organizations or the accreditation commission for health care, inc. and the American board for certification in orthotics and prosthetics.	Striking current law.	Concurs with the House.
(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, the Michigan health and hospital association, and 2 accredited providers.	Striking current law.	(3) No changes from current law.	Striking current law.	(3) No changes from current law.
(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.	Striking current law.	(4) By April 1, 2007 OCTOBER 1, 2007 , the committee DEPARTMENT shall report to the senate and house of representatives subcommittees on community health, AND the state budget director, and the department on possible durable medical equipment contracting opportunities and anticipated Medicaid program savings.	Striking current law.	Concurs with the House.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		(5) THE DEPARTMENT SHALL PROVIDE A COPY OF ANY PROPOSED MEDICAID POLICY CHANGES FOR DURABLE MEDICAL EQUIPMENT TO THE HOUSE OF REPRESENTATIVES AND SENATE SUBCOMMITTEES ON COMMUNITY HEALTH, THE SENATE AND HOUSE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR AT LEAST 30 DAYS PRIOR TO IMPLEMENTATION.	Does not include.	Concurs with the House.
<p><i>Requires the Department to explore ways of increasing the federal cap for DSH payments. If successful in raising the cap, the Department should consider additional DSH funding for county health plans and for trauma centers.</i></p> <p>Sec. 1738. (1) The department shall explore ways to increase the federal disproportionate share hospital cap.</p>	Striking current law.	Striking current law.	Sec. 1738. (4) The department shall explore ways to increase the federal disproportionate share hospital cap. THE DEPARTMENT SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND SENATE AND HOUSE FISCAL AGENCIES BY MARCH 1, 2008 ON THE RESULTS OF THIS EFFORT.	Striking current law.
(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.	Striking current law.	Striking current law.	Striking current law.	Striking current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to determine the 10 most prevalent and costly ailments affecting Medicaid recipients and to establish medical outcome targets for each of those ailments, making bonus payments available to Medicaid HMOs that meet these outcome targets.</i></p> <p>Sec. 1739. The department shall determine the 10 most 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>	Striking current law.	Striking current law.	<p>Sec. 1739. (1) The department shall determine CONTINUE TO ESTABLISH MEDICAL OUTCOME TARGETS FOR the 10 most prevalent and costly ailments affecting Medicaid recipients and shall establish medical outcome targets for each of these 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, INDEPENDENT OF HMO RATE ADJUSTMENTS UTILIZED IN FISCAL YEAR 2005-2006, available to Medicaid HMOs that meet these outcome targets.</p>	<p>Sec. 1739. (4) The department shall determine CONTINUE TO ESTABLISH MEDICAL OUTCOME TARGETS FOR the 10 most 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, INDEPENDENT OF HMO RATE ADJUSTMENTS UTILIZED IN FISCAL YEAR 2005-2006, available to Medicaid HMOs that meet these outcome targets.</p>
			<p>NEW LANGUAGE</p> <p>(2) THE DEPARTMENT SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND SENATE AND HOUSE FISCAL AGENCIES BY MARCH 1, 2008 ON THE RESULTS OF THIS EFFORT.</p>	Did not include.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires assurance from the Department that all GME funds are promptly distributed to hospitals using a methodology developed in consultation with the graduate medical education advisory group; mandates the representation of the advisory group; and stipulates the distribution methodology if the department and the advisory group are unable to reach a consensus.</i></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>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>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>Striking current law.</p>	<p>Concurs with the House.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to continue to provide nursing homes the opportunity to receive interim payments upon their request and that that these payments are as similar to expected cost-settled payments as possible.</i></p> <p>Sec. 1741. The department shall continue to provide nursing homes the opportunity to receive interim payments upon their request. The department shall make efforts to ensure that the interim payments are as similar to expected cost-settled payments as possible.</p>	Striking current law.	Sec. 1741. No changes from current law.	Striking current law.	Sec. 1741. No changes from current law.
<p><i>Requires the Department to allow the retention of \$1,000,000.00 in special Medicaid reimbursement funding by any public hospital that meets certain criteria. Only Hurley Medical Center meets the criteria.</i></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. (b) The hospital is not affiliated with a university. (c) The hospital provides surgical services. (d) The hospital has at least 10,000 Medicaid bed days.</p>	Sec. 1742. No changes from current law.	Sec. 1742. No changes from current law.	Striking current law.	Sec. 1742. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to increase the monthly Medicaid personal care supplement on October 1, 2006, by \$10.00.</i></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>	Striking current law.	Striking current law.	Striking current law.	Striking current law.
<p><i>Conditions that reimbursement for adult home help services requires that the matching of adult home help providers with service recipients be coordinated by the local county department of human services.</i></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.</p>	Striking current law.	Striking current law.	Sec. 1747. No changes from current law.	Sec. 1747. No changes from current law.
<p><i>Mandates that the Department shall require all Medicaid health plans to use the same standard billing formats starting September 30, 2007.</i></p> <p>Sec. 1749. Effective September 30, 2007, the department shall require all Medicaid health plans to use the same standard billing formats.</p>	Striking current law.	Sec. 1749. No changes from current law.	Striking current law.	Sec. 1749. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to provide a report by April 1, 2007, on establishing Medicaid diagnosis related group rates based on fee-for-service and health plan costs.</i></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 and senate fiscal agencies on establishing Medicaid diagnosis related group rates based on fee-for-service and health plan costs.</p>	Striking current law.	Striking current law.	<p>Sec. 1751. The department shall provide a report by April 1, 2007 2008, to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on establishing Medicaid diagnosis related group rates based on fee-for-service and health plan costs. IT IS THE INTENT OF THE LEGISLATURE TO REDUCE THE DEPARTMENTAL ADMINISTRATION AND MANAGEMENT LINE ITEM BY \$50,000.00 IF THIS REPORT IS NOT PROVIDED BY THE DATE REQUIRED IN THIS SECTION.</p>	Striking current law.
<p><i>Requires the Department to provide Medicaid health plans with any information that may assist the health plan in determining whether another party may be responsible for the payment of health care benefits.</i></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>	Striking current law.	<p>Sec. 1752. No changes from current law.</p>	Striking current law.	<p>Sec. 1752. No changes from current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to obtain data from auto insurers on insurance payouts for health care claims, propose legislation if the auto insurers do not voluntarily release the information, and provide the information received to Medicaid health plans.</i></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>Striking current law.</p>	<p>Striking current law.</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. THE DEPARTMENT SHALL PROVIDE A REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND SENATE AND HOUSE FISCAL AGENCIES BY MARCH 1, 2008 ON THE RESULTS OF THIS EFFORT.</p>	<p>Striking current law.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to establish and implement by March 1, 2007, 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. The case management program shall provide a performance payment incentive for physicians, it may include contractual arrangements with Medicaid HMOs for the provision of specialized case management services, and the contracts may require collection of data related to Medicaid recipient compliance.</i></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>	<p>Striking current law.</p>	<p>Sec. 1756. Not later than March 1, 2007, the department shall establish and implement a specialized case management program to serve</p>	<p>Sec. 1756. Not later than March 1, 2007 2008, the department shall establish and implement a specialized case AND CARE management program to serve the most costly Medicaid beneficiaries who are not enrolled in a health plan and are noncompliant with medical management, including persons with chronic diseases and mental health diagnoses, high prescription drug utilizers, members demonstrating noncompliance with previous medical management, and neonates. The case AND CARE 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>	<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> <p>AND CARE management program to serve the most costly Medicaid beneficiaries who are not enrolled in a health plan and are noncompliant with medical management, including persons with chronic diseases and mental health diagnoses, high prescription drug utilizers, members demonstrating noncompliance with previous medical management, and neonates. The case AND CARE 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>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to direct the Department of Human Services (DHS) to require Medicaid applicants to prove that they are residing legally in the United States.</i></p> <p>Sec. 1757. The department shall direct the department of human services to obtain proof from all Medicaid recipients that they are legal United States citizens or otherwise legally residing in this country before approving Medicaid eligibility.</p>	Striking current law.	Striking current law.	Sec. 1757. No changes from current law.	Sec. 1757. No changes from current law.
<p><i>Requires the Department to provide a report by April 1, 2007, on the number of individuals who receive the emergency services only Medicaid benefit and the annual amount of expenditures on this population.</i></p> <p>Sec. 1758. The department shall submit a report on the number of individuals who 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>	Striking current law.	Sec. 1758. The department shall submit a report on the number of individuals who 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 2008.	Sec. 1758. The department shall submit a report on the number of individuals who 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 2008. IT IS THE INTENT OF THE LEGISLATURE TO REDUCE THE DEPARTMENTAL ADMINISTRATION AND MANAGEMENT LINE BY \$50,000.00 IF THIS REPORT IS NOT PROVIDED BY THE DATE PROVIDED IN THIS SECTION.	Concurs with the House.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to implement certain policy changes included in the Federal Deficit Reduction act of 2005. They are: lengthening the look back policy for asset transfers, changing the penalty period to begin the day an individual applies for Medicaid, including a home equity threshold for Medicaid eligibility, to utilize Michigan's Medicaid False Claims Act to collect fraudulent Medicaid claims.</i></p> <p>Sec. 1759. The department shall implement the following 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, MCL 400.601 to 400.613, to collect an enhanced state share of damages collected from entities that have been successfully prosecuted for filing a fraudulent Medicaid claim.</p>	Striking current law.	Sec. 1759. No changes from current law.	Striking current law.	Sec. 1759. No changes from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to identify and apply for federal and private grant funding for health information technology efforts, with a specific application to be made for Medicaid Transformation grant funds made available in the Federal Deficit Reduction act of 2005.</i></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>	Striking current law.	Striking current law.	Striking current law.	Striking current law.
<p>(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>	Striking current law.	Striking current law.	Striking current law.	Striking current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to distribute Medicaid access to care initiative payments (MACI) that exceed hospitals upper payment limits to hospitals that meet certain conditions, most likely rural hospitals.</i></p> <p>Sec. 1761. (1) 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:</p> <p>(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 federal 2000 decennial census.</p> <p>(b) Is a Medicare sole community hospital.</p> <p>(c) Is a Medicare dependent hospital and rural referral center hospital.</p>	Striking current law.	Striking current law.	<p>Sec. 1761. (1) 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 A HOSPITAL THAT MEETS any of the following characteristics:</p> <p>(a) Is located in a rural county as determined by the most recent United States census or is located in a city OR A 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 70,000 as of the official federal 2000 decennial census.</p> <p>.....</p>	Concurs with the Senate.
(2) The distribution under subsection (1) 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.	Striking current law.	Striking current law.	(2) No changes to current law.	(2) No changes to current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to adopt an Internet-based workflow management tool to streamline Medical Services administrative functions.</i></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>	Striking current law.	Striking current law.	Striking current law.	Striking current law.
<p><i>Requires the Department to participate in a pilot project in Southeast Michigan related to the electronic exchange of health information. The project will be competitively bid.</i></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>	Striking current law.	Striking current law.	<p>NEW LANGUAGE SEC. 1763. IN ORDER TO REDUCE HEALTHCARE COSTS, THE DEPARTMENT SHALL ADOPT AN INTEROPERABLE HUB THAT PROVIDES SECURE AGGREGATION AND ACCESS TO MEDICATION HISTORY DATA THROUGH THE USE OF AN EXISTING, OUTSOURCED HEALTH INFORMATION EXCHANGE INFRASTRUCTURE. THE INFRASTRUCTURE WILL PROVIDE CROSS DOMAIN SINGLE SIGN-ON ALLOWING FOR REALTIME, DATA AGGREGATION ACROSS DISPARATE ORGANIZATIONS AND SYSTEM. FUNDS APPROPRIATED IN PART 1 WILL BE USED TO FUND A RISK ADVERSE, BUDGET-NEUTRAL 10-MONTH PRODUCTION PILOT IN SOUTHEAST MICHIGAN WITH A MICHIGAN-BASED SERVICE PROVIDER.</p>	<p>NEW LANGUAGE SEC. 1763. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, MEDICAID HEALTH PLANS IN SOUTHEAST MICHIGAN SHALL PARTICIPATE IN A RISK ADVERSE, BUDGET-NEUTRAL 10-MONTH PRODUCTION PILOT WITH A MICHIGAN-BASED SERVICE PROVIDER WHEN AN INTEROPERABLE HUB THAT PROVIDES SECURE AGGREGATION AND ACCESS TO MEDICATION HISTORY DATA THROUGH THE USE OF AN EXISTING, OUTSOURCED HEALTH INFORMATION EXCHANGE INFRASTRUCTURE HAS BEEN DEVELOPED. THE INFRASTRUCTURE WILL PROVIDE CROSS DOMAIN SINGLE SIGN-ON ALLOWING FOR REALTIME, DATA AGGREGATION ACROSS DISPARATE ORGANIZATIONS AND SYSTEMS. THE PILOT PROJECT SHALL INCLUDE A METHODOLOGY TO IDENTIFY AND MEASURE SAVINGS GENERATED BY THE PILOT PROJECT. MEDICAID HEALTH PLAN PAYMENTS FOR THE PROJECT SHALL NOT EXCEED THE SAVINGS ACHIEVED.</p>

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to annually certify that rates paid to Medicaid health plans are actuarially sound and to notify the House of Representatives, the Senate, and the fiscal agencies immediately upon rate certification and approval.</i></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>	Striking current law.	Striking current law.	Sec. 1764. No change from current law.	Sec. 1764. No change from current law.

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

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
<p><i>Requires the Department to evaluate and produce a report on the impact of the change in which the Medicaid program pays pharmacists for prescriptions from average wholesale price to average manufacturer price.</i></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>	Striking current law.	<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 2008, the department shall submit a report ...</p>	Striking current law.	Concurs with the House.
		<p>NEW LANGUAGE</p> <p>SEC.1768. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR HOME HEALTH SERVICES, \$71,345,400.00 IS APPROPRIATED FOR HOSPICE SERVICES AND \$5,580,300.00 IS APPROPRIATED FOR HOME HEALTH CARE SERVICES.</p>	Did not include.	Did not include.
		<p>(2) THE DEPARTMENT MAY ADJUST THE ALLOCATION BETWEEN THE SERVICES SPECIFIED IN SUBSECTION (1) BASED ON ACTUAL EXPENDITURES, BUT NOT TO EXCEED THE TOTAL APPROPRIATION IN THE HOME HEALTH SERVICES LINE ITEM.</p>	Did not include.	Did not include.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		<p>NEW LANGUAGE</p> <p>SEC. 1769. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR AUXILIARY MEDICAL SERVICES, \$102,102,800.00 IS APPROPRIATED FOR DENTAL SERVICES AND \$5,621,300.00 IS APPROPRIATED FOR AUXILIARY MEDICAL CARE SERVICES.</p>	Did not include.	Did not include.
		<p>(2) THE DEPARTMENT MAY ADJUST THE ALLOCATION BETWEEN THE SERVICES SPECIFIED IN SUBSECTION (1) BASED ON ACTUAL EXPENDITURES, BUT NOT TO EXCEED THE TOTAL APPROPRIATION IN THE AUXILIARY MEDICAL SERVICES LINE ITEM.</p>	Did not include.	Did not include.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		<p>NEW LANGUAGE</p> <p>SEC. 1770. IN CONJUNCTION WITH THE CONSULTATION REQUIREMENTS OF THE SOCIAL WELFARE ACT, 1939 PA 280, MCL 400.1 TO 400.119B, AND EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION, THE DEPARTMENT SHALL ATTEMPT TO MAKE THE EFFECTIVE DATE FOR A PROPOSED MEDICAID POLICY BULLETIN OR ADJUSTMENT TO THE MEDICAID PROVIDER MANUAL ON OCTOBER 1, JANUARY 1, APRIL 1, OR JULY 1 AFTER THE END OF THE CONSULTATION PERIOD. THE DEPARTMENT MAY PROVIDE AN EFFECTIVE DATE FOR A PROPOSED MEDICAID POLICY BULLETIN OR ADJUSTMENT TO THE MEDICAID PROVIDER MANUAL OTHER THAN PROVIDED FOR IN THIS SECTION IF NECESSARY TO BE IN COMPLIANCE WITH FEDERAL OR STATE LAW, REGULATIONS, OR RULES OR WITH AN EXECUTIVE ORDER OF THE GOVERNOR.</p>	<p>NEW LANGUAGE</p> <p>SEC. 1770. THE DEPARTMENT SHALL EVALUATE THE LIKELY IMPACT OF MODIFYING THE STRUCTURE OF THE STATE'S MEDICAID PROGRAM TO LINK PAYMENT FOR HEALTH SERVICES TO A PRIORITY LIST ESTABLISHED BY AN INDEPENDENT COMMISSION. THIS STUDY SHALL BE SUBMITTED TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES AND THE SENATE AND HOUSE FISCAL AGENCIES BY MARCH 1, 2008.</p>	<p>Concurs with House.</p>
		<p>NEW LANGUAGE</p> <p>SEC. 1771. FROM THE FUNDS APPROPRIATED IN PART 1 FOR ADULT HOME HELP SERVICES, ALL ADULT HOME HELP WORKERS PROVIDING CARE UNDER THE ADULT HOME HELP PROGRAM SHALL RECEIVE A WAGE INCREASE OF \$0.10 PER HOUR, EFFECTIVE OCTOBER 1, 2007.</p>	<p>NEW LANGUAGE</p> <p>SEC. 1771. THE DEPARTMENT SHALL ONLY MAKE DISPROPORTIONATE SHARE HOSPITAL PAYMENTS AVAILABLE TO HEALTH FACILITIES THAT PARTICIPATE IN DATA SHARING OR OUTCOME MEASUREMENT PROGRAMS.</p>	<p>Did not include.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		<p align="center">NEW LANGUAGE</p> <p>SEC. 1772. FROM THE FUNDS APPROPRIATED IN PART 1, THE DEPARTMENT SHALL ESTABLISH A PROGRAM ON OR BEFORE JANUARY 1, 2008, THE PRIMARY GOAL OF WHICH IS TO ENROLL ALL CHILDREN IN FOSTER CARE IN MICHIGAN IN A MEDICAID HEALTH MAINTENANCE ORGANIZATION.</p>	<p>Does not include.</p>	<p align="center">NEW LANGUAGE</p> <p>SEC. 1772. FROM THE FUNDS APPROPRIATED IN PART 1, THE DEPARTMENT SHALL ESTABLISH A PROGRAM ON OR BEFORE JANUARY JULY 1, 2008, THE PRIMARY GOAL OF WHICH IS TO ENROLL ALL CHILDREN IN FOSTER CARE IN MICHIGAN IN A MEDICAID HEALTH MAINTENANCE ORGANIZATION.</p>
		<p>Did not include</p>	<p align="center">NEW LANGUAGE</p> <p>SEC. 1773. THE DEPARTMENT SHALL ESTABLISH AND IMPLEMENT A BID PROCESS TO IDENTIFY A SINGLE PRIVATE CONTRACTOR TO PROVIDE MEDICAID COVERED NONEMERGENCY TRANSPORTATION SERVICES IN EACH COUNTY WITH A POPULATION OVER 500,000 INDIVIDUALS.</p>	<p align="center">NEW LANGUAGE</p> <p>SEC. 1773. THE DEPARTMENT SHALL ESTABLISH AND IMPLEMENT A BID PROCESS TO IDENTIFY A SINGLE PRIVATE CONTRACTOR TO PROVIDE MEDICAID COVERED NONEMERGENCY TRANSPORTATION SERVICES IN EACH COUNTY WITH A POPULATION OVER 500,000 750,000 INDIVIDUALS.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		Did not include	<p>NEW LANGUAGE</p> <p>SEC. 1774. THE DEPARTMENT SHALL PROVIDE THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY MARCH 1, 2008 A REPORT THAT DETAILS ALL OF THE FOLLOWING:</p> <p>(A) EXPENDITURE OF MONEY FOLLOWS THE PERSON FUNDS TO DATE.</p> <p>(B) ESTIMATED GENERAL FUND SAVINGS GENERATED THROUGH USE OF MONEY FOLLOWS THE PERSON.</p> <p>(C) TOTAL NUMBER OF INDIVIDUALS RECEIVING SERVICES THROUGH THE MONEY FOLLOWS THE PERSON GRANT.</p>	Concurs with Senate.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		Did not include	<p>NEW LANGUAGE</p> <p>SEC. 1775. (1) THE DEPARTMENT SHALL STUDY THE FEASIBILITY OF USING MANAGED CARE ORGANIZATIONS TO DELIVER MEDICAID LONG-TERM CARE SERVICES. THE STUDY SHALL FOCUS UPON THE FOLLOWING: (A) IF THERE ARE A SUFFICIENT NUMBER OF MANAGED CARE ORGANIZATIONS INTERESTED IN PROVIDING THESE SERVICES. (B) THE EXTENT OF SERVICES PROVIDED THROUGH MEDICAID MANAGED LONG-TERM CARE. (C) ESTIMATED CHANGES IN MEDICAID LONG-TERM CARE EXPENDITURE ASSOCIATED WITH IMPLEMENTING MANAGED CARE FOR THESE SERVICES.</p>	<p>NEW LANGUAGE</p> <p>SEC. 1775. (1) THE DEPARTMENT SHALL STUDY THE FEASIBILITY OF USING MANAGED CARE ORGANIZATIONS TO DELIVER MEDICAID LONG-TERM CARE SERVICES. THE STUDY SHALL FOCUS UPON THE FOLLOWING: (A) IF THERE ARE A SUFFICIENT NUMBER OF MANAGED CARE ORGANIZATIONS INTERESTED IN PROVIDING THESE SERVICES. (B) THE EXTENT OF SERVICES PROVIDED THROUGH MEDICAID MANAGED LONG-TERM CARE. (C) ESTIMATED CHANGES IN MEDICAID LONG-TERM CARE EXPENDITURE ASSOCIATED WITH IMPLEMENTING MANAGED CARE FOR THESE SERVICES.</p>
		Did not include	<p>(2) THE DEPARTMENT SHALL REPORT THE RESULTS OF THIS STUDY TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY JUNE 1, 2008.</p>	<p>(2) THE DEPARTMENT SHALL REPORT THE RESULTS OF THIS STUDY TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY JUNE 1, 2008.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		Did not include	<p>NEW LANGUAGE</p> <p>SEC. 1776. IF THE DEPARTMENT CONTINUES TO UTILIZE THE MEDICARE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM METHODOLOGY TO REIMBURSE HOSPITALS FOR MEDICAID CLIENTS SEEN IN THE OUTPATIENT SETTING INCLUDING THE EMERGENCY ROOM, THEN THE MEDICAID REDUCTION FACTOR UTILIZED BY THE DEPARTMENT TO COMPUTE THE AMOUNT OF PAYMENT MADE BY MEDICAID HEALTH PLANS TO HOSPITALS MUST BE REVENUE NEUTRAL AND ACTUARIALLY SOUND.</p>	Concurs with Senate.
		Did not include	<p>NEW LANGUAGE</p> <p>SEC. 1777. FROM THE FUNDS APPROPRIATED IN PART 1 FOR LONG-TERM CARE SERVICES, THE DEPARTMENT SHALL PERMIT NURSING HOMES TO USE A DINING ASSISTANT TO FEED RESIDENTS WHO NEED ASSISTANCE OR ENCOURAGEMENT WITH EATING BUT DO NOT HAVE COMPLICATED FEEDING PROBLEMS INCLUDING, BUT NOT LIMITED TO, DIFFICULTY SWALLOWING, RECURRING LUNG ASPIRATIONS, TUBE OR PARENTERAL FEEDINGS, OR BEHAVIORAL ISSUES THAT MAY COMPROMISE NUTRITIONAL INTAKE.</p>	<p>NEW LANGUAGE</p> <p>Sec. 1777. From the funds appropriated in part 1 for long-term care services, the department shall permit, in accordance with applicable federal and state law, nursing homes to use dining assistants to feed eligible residents if legislation to permit the use of dining assistants is enacted into law. the department shall not be responsible for costs associated with training dining assistants.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
				<p>NEW</p> <p>SEC. 1778. THE DEPARTMENT, IN COOPERATION WITH THE MICHIGAN HEALTH AND HOSPITAL ASSOCIATION, SHALL IMPLEMENT A DISPROPORTIONATE SHARE HOSPITAL PAYMENT THAT FOCUSES FUNDING ON SMALL AND RURAL HOSPITALS. THE DEPARTMENT SHALL SHARE THE PAYMENT METHODOLOGY WITH THE STATE BUDGET DIRECTOR, MEMBERS OF THE HOUSE AND SENATE APPROPRIATION SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES 30 DAYS PRIOR TO SUBMISSION OF THE PLAN TO THE FEDERAL GOVERNMENT.</p>

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Boilerplate for Medical Services Component**

FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		Did not include	<p>NEW LANGUAGE</p> <p>SEC. 1779. THE DEPARTMENT SHALL EXPLORE METHODS TO IDENTIFY MEDICAID FEE-FOR-SERVICE RECIPIENTS WHO COULD BENEFIT FROM USE OF COMPLEX CASE MANAGEMENT, CHRONIC DISEASE MANAGEMENT, AND TRANSITION MANAGEMENT TECHNIQUES IN THE MANAGEMENT OF THEIR MEDICAL CARE.</p>	Did not include
		Did not include	<p>NEW LANGUAGE</p> <p>SEC. 1780. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, THE DEPARTMENT SHALL DEVOTE \$100.00 GROSS/\$100.00 GENERAL FUND GENERAL PURPOSE TO PROVIDE A 4% INCREASE IN MEDICAID REIMBURSEMENT TO PHYSICIANS FOR PRIMARY CARE SERVICES.</p>	<p>NEW LANGUAGE</p> <p>Sec. 1780. If congressional action results in an increase in Michigan's federal medical assistance percentage in fiscal year 2008, it is the intent of the Legislature that a portion of this new funding be used to augment physician primary care code fee screens, and hospital neonatal and pediatric intensive care unit payments.</p>

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		Did not include.	<p>NEW LANGUAGE</p> <p>SEC. 1781. THE DEPARTMENT MAY CONDUCT A PILOT PROJECT TO DEMONSTRATE IMPROVEMENTS IN THE EFFICIENCY AND EFFECTIVENESS OF THE PLAN FIRST PROGRAM, LONG-TERM CARE PROGRAMS, AND OTHER PROGRAMS AS IDENTIFIED BY THE DEPARTMENT. IN CONDUCTING THE PILOT PROJECT, THE DEPARTMENT SHALL CONSULT WITH OTHER AFFECTED PROGRAMS AND AGENCIES. IN CONDUCTING THE PILOT, THE DEPARTMENT OR ITS DESIGNEE SHALL HAVE DIRECT ACCESS TO THE DEPARTMENT OF HUMAN SERVICES ELIGIBILITY, BUDGET, AND REGISTRATION SYSTEMS FOR PURPOSES OF INITIAL PROCESSING, INCLUDING TAKING APPLICATIONS, ASSISTING APPLICANTS IN COMPLETING THE APPLICATION, PROVIDING INFORMATION AND REFERRALS, OBTAINING REQUIRED DOCUMENTATION TO COMPLETE PROCESSING OF THE APPLICATION, AND ASSURING THE INFORMATION CONTAINED ON THE APPLICATION FORM IS COMPLETE. TO THE EXTENT PRACTICAL AND DESIRABLE, TRUSTED THIRD-PARTY DATA SOURCES MAY BE ACCESSED TO VERIFY INCOME AND ASSET INFORMATION DURING THE FINANCIAL ELIGIBILITY DETERMINATION PROCESS. THE DEPARTMENT SHALL ISSUE A REPORT TO THE LEGISLATURE SUMMARIZING THE RESULTS OF THE PILOT PROJECT AND RECOMMENDATIONS FOR THE FUTURE.</p>	Concurs with Senate.

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FY 2006-07 CURRENT LAW	FY 2007-2008			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ENACTED
		Did not include.	NEW LANGUAGE SEC. 1782. MEDICAID COVERAGE FOR ADULT DENTAL SERVICES SHALL INCLUDE SCALING AND ROOT PLANING AT NOT LESS THAN THE LEVEL IN EFFECT ON OCTOBER 1, 2002.	Did not include