



Mitchell Bean, Director



**DEPARTMENT OF COMMUNITY HEALTH
FY 2008-09 FINAL DECISION DOCUMENT
Public Act 246 of 2008 (SB 1094)
February 3, 2009**

PART 2 - 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 -
Boilerplate for General Sections**

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
Medicaid substance abuse services 15,242,600	..... 14,776,700	..... 14,776,700	..... 14,406,500	..... 14,390,800
Respite services 1,000,000	..... 1,000,000	..... 1,000,000	..... 1,000,000	..... 1,000,000
Children's waiver home care program..... 5,734,000	..... 5,437,000	..... 5,437,000	..... 5,437,000	..... 5,437,000
Omnibus budget reconciliation act Implementation.....2,950,500	Nursing home PAS/ARR - OBRA..... 2,731,800	Nursing home PASARR.....2,731,800	Nursing home PASARR 2,731,800	Nursing home PASARR..... 2,731,800
	Mental health court pilot programs 2,253,800		Mental health court pilot programs..... 1,434,100	
STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES				
Center for forensic psychiatry..... \$ 290,300	..... \$290,300	..... \$290,300	..... \$290,300	..... \$290,300
PUBLIC HEALTH ADMINISTRATION				
Minority health grants and contracts \$ 100,000	..... \$100,000	..... \$100,000	..... \$100,000	..... \$100,000
	Public health administration 12,000	Public health administration 12,000	Public health administration..... 12,000	Public health administration..... 12,000
	HEALTH POLICY, REGULATION AND PROFESSIONS	HEALTH POLICY, REGULATION AND PROFESSIONS	HEALTH POLICY, REGULATION AND PROFESSIONS	HEALTH POLICY, REGULATION, AND PROFESSIONS
	Primary care services..... \$88,900	Primary care services \$88,900	Primary care services...\$88,900	Primary care services ..\$88,900
INFECTIOUS DISEASE CONTROL				
AIDS prevention, testing and care programs..... \$ 742,200	..... \$824,400	..... \$824,400	..... \$824,400	..... \$824,400
Immunization local agreements 2,132,000	..... 2,125,700	..... 375,700	..... 2,125,700	..... 375,700
Sexually transmitted disease control local agreements .....421,800	..... 421,800	.....421,800	.....421,800	..... 421,800
	EPIDEMIOLOGY	EPIDEMIOLOGY	EPIDEMIOLOGY	EPIDEMIOLOGY
	Methamphetamine cleanup fund..... \$100,000	Methamphetamine cleanup fund.....\$100,000	Methamphetamine cleanup fund.....\$100,000	Methamphetamine cleanup fund\$100,000
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	Delete	Delete	Delete	Delete
LABORATORY SERVICES				
Laboratory services\$ 55,400				
LOCAL HEALTH ADMINISTRATION AND GRANTS				
Implementation of 1993 PA 133\$ 7,700	..... \$5,300	..... \$5,300	..... \$5,300	..... \$5,300
Local public health operations 35,468,400	..... 35,468,400	..... 36,468,400	..... 37,468,400	..... 35,468,400

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION				
Cancer prevention and control program	\$ 350,000	\$350,300	\$350,300	\$350,300
Diabetes and kidney program	345,600	313,100	313,100	313,100
Smoking prevention program	1,014,500	906,200	906,200	906,200
FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES				
Childhood lead program	\$ 136,500	\$240,300	\$240,300	\$240,300
Dental programs	25,000	25,000	25,000	25,000
Family planning local agreements	360,000	111,300	111,300	111,300
Local MCH services	246,100	184,600	184,600	184,600
Pregnancy prevention program	2,300,000	1,772,400	602,100	602,100
Prenatal care outreach and service delivery support	650,100	697,800	697,800	697,800
School health and education programs	500,000	300,000	300,000	300,000
Special projects	378,900	657,500	657,500	657,500
CHILDREN'S SPECIAL HEALTH CARE SERVICES				
Medical care and treatment	\$ 528,800	\$618,000	\$618,800	\$618,800
Outreach and advocacy	1,283,200	1,283,200	1,283,200	1,283,200
MEDICAL SERVICES				
Long-term care services	\$ 79,760,400	\$2,035,500	\$2,035,500	\$2,035,500
Transportation	2,549,300	109,353,700	109,353,700	111,978,200
Medicaid adult benefits waiver	9,573,500	2,799,600	2,799,600	2,799,600
Hospital services and therapy	4,175,700	9,664,700	9,664,700	9,664,700
Physician services	7,879,400	6,278,600	6,278,600	6,278,600
Auxiliary medical services	2,061,700	5,556,100	5,556,100	5,556,100
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**DEPARTMENT OF COMMUNITY HEALTH –
Boilerplate for General Sections**

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
OFFICE OF SERVICES TO THE AGING				
Community services\$ 14,854,300	.....\$14,425,000	.....\$15,044,000	.....\$14,425,000	.....\$15,044,000
Nutrition services 11,447,300	.....11,405,600	..... 11,405,600	..... 11,405,600	..... 11,405,600
Foster grandparent volunteer program .....791,700	.....496,700	..... 496,700	..... 496,700	..... 496,700
Retired and senior volunteer program..... 181,300	.....188,000	..... 188,000	..... 180,000	..... 188,000
Senior companion volunteer program..... 241,400	.....96,600	..... 96,600	..... 96,600	..... 96,600
Respite care program .....3,427,400	.....4,336,000	..... 4,336,000	..... 4,336,000	..... 4,336,000
CRIME VICTIM SERVICES COMMISSION				
Crime victim rights services grants \$ 6,800	.....\$6,800,000	..... \$6,800,000	..... \$6,800,000	..... \$6,800,000
TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT\$ 1,290,792,300	.....\$1,279,459,400	..... \$1,286,188,900	..... \$1,289,664,800	..... \$1,275,247,400
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: "....authorized under this act BILL are subject..."	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 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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>(d) "DIRECTOR" MEANS THE DIRECTOR OF THE DEPARTMENT.</p> <p>(d) (e) (e) (f) (g) "FEDERAL POVERTY LEVEL" MEANS THE POVERTY GUIDELINES PUBLISHED ANNUALLY IN THE FEDERAL REGISTER BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES UNDER ITS AUTHORITY TO REVISE THE POVERTY LINE UNDER 42 USC 9902.</p> <p>(i) (h) (g) (l) (h) (j)</p> <p>(i) (k)</p> <p>(j) (l) (k) (m) "IDEA" means individuals with disabilities act, 20 USC 1400 TO 1482.</p> <p>(i) (n) (m) (o)</p>	<p>Sec. 203. No changes from current law, except:</p> <p>(d) "DIRECTOR" MEANS THE DIRECTOR OF THE DEPARTMENT.</p> <p>(d) (e) (e) (f) (g) "FEDERAL POVERTY LEVEL" MEANS THE POVERTY GUIDELINES PUBLISHED ANNUALLY IN THE FEDERAL REGISTER BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES UNDER ITS AUTHORITY TO REVISE THE POVERTY LINE UNDER 42 USC 9902.</p> <p>(i) (h) (g) (l) (h) (j)</p> <p>(i) (k)</p> <p>(j) (l) (k) (m) "IDEA" means individuals with disabilities act, 20 USC 1400 TO 1482.</p> <p>(i) (n) (m) (o)</p>	<p>Sec. 203. No changes from current law, except:</p> <p>(d) "DIRECTOR" MEANS THE DIRECTOR OF THE DEPARTMENT.</p> <p>(d) (e) (e) (f) (g) "FEDERAL POVERTY LEVEL" MEANS THE POVERTY GUIDELINES PUBLISHED ANNUALLY IN THE FEDERAL REGISTER BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES UNDER ITS AUTHORITY TO REVISE THE POVERTY LINE UNDER 42 USC 9902.</p> <p>(i) (h) (g) (l) (h) (j)</p> <p>(i) (k) "...acquired IMMUNODEFICIENCY syndrome."</p> <p>(j) (l) (k) (m) "IDEA" means individuals with disabilities act, 20 USC 1400 TO 1482.</p> <p>(i) (n) (m) (o)</p>

**DEPARTMENT OF COMMUNITY HEALTH --
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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) "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>(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, 42 USC 1397 to 1397f.</p> <p>(t) "WIC" means women, infants, and children supplemental nutrition program.</p>	<p>(p) "PAS/ARR-OBRA" MEANS PREADMISSION SCREENING/ANNUAL RESIDENT REVIEW - OMNIBUS BUDGET RECONCILIATION ACT.</p> <p>(p)(q)</p> <p>(q)(r)</p> <p>(r)(s)</p> <p>(s)(t)</p> <p>(t)(u)</p>	<p>(n)(p)</p> <p>(o)(q)</p> <p>(r) "PASARR" MEANS THE PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW REQUIRED UNDER THE OMNIBUS BUDGET RECONCILIATION ACT OF 1987, SECTION 1919 (E) (7) OF THE SOCIAL SECURITY ACT, 42 USC 1396R.</p> <p>(p)(s)</p> <p>(q)(t)</p> <p>(r)(u)</p> <p>(s)(v)</p> <p>(t)(w)</p>	<p>(n)(p)</p> <p>(o)(q)</p> <p>(r) "PASARR" MEANS THE PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW REQUIRED UNDER THE OMNIBUS BUDGET RECONCILIATION ACT OF 1987, SECTION 1919 (E) (7) OF THE SOCIAL SECURITY ACT, 42 USC 1396R.</p> <p>(p)(s)</p> <p>(q)(t)</p> <p>(r)(u)</p> <p>(s)(v)</p> <p>(t)(w)</p>	<p>(n)(p)</p> <p>(o)(q)</p> <p>(r) "PASARR" MEANS THE PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW REQUIRED UNDER THE OMNIBUS BUDGET RECONCILIATION ACT OF 1987, SECTION 1919 (E) (7) OF THE SOCIAL SECURITY ACT, 42 USC 1396R.</p> <p>(p)(s)</p> <p>(q)(t)</p> <p>(r)(u)</p> <p>(s)(v)</p> <p>(t)(w)</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires 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, except:</p> <p>"The department of civil service COMMISSION shall bill the department..."</p>	<p>Sec. 204. No changes from current law, except:</p> <p>"The department of civil service COMMISSION shall bill the department. Payments THE DEPARTMENT shall be made for PAY the total amount of the billing by the end of the second fiscal quarter."</p>	<p>Sec. 204. No changes from current law, except:</p> <p>"The department of civil service COMMISSION shall bill the department. Payments THE DEPARTMENT shall be made for PAY the total amount of the billing by the end of the second fiscal quarter."</p>	<p>Sec. 204. No changes from current law, except:</p> <p>"The department of civil service COMMISSION shall bill the department. Payments THE DEPARTMENT shall be made for PAY the total amount of the billing by the end of the second fiscal quarter."</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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 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 House and Senate Appropriations Committees on number of exceptions to 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, except:</p> <p>"...from hiring any new FULL-TIME state classified civil service employees..."</p>	<p>Sec. 205. (1) No changes from current law, except:</p> <p>"...from hiring any new FULL-TIME state classified civil service employees..."</p>	<p>Sec. 205. (1) No changes from current law.</p>	<p>Sec. 205. (1) No changes from current law, except:</p> <p>"...from hiring any new FULL-TIME state classified civil service employees..."</p>
<p>(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, 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 a 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.</p>	<p>(2) No changes from current law, except:</p> <p>"...unable to deliver basic services, causes CAUSE loss of revenue to the state, would result in the ability of the state to receive federal funds, or would necessitate additional expenditures that exceed any savings from maintaining the vacancy."</p>	<p>(2) No changes from current law, except:</p> <p>"...will result in rendering RENDER a state department or agency unable to deliver basic services, causes WILL CAUSE loss of revenue to the state, would WILL result in the ability of the state to receive federal funds, or would WILL necessitate additional expenditures that exceed any savings from maintaining the vacancy."</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law, except:</p> <p>"...will result in rendering RENDER a state department or agency unable to deliver basic services, causes WILL CAUSE loss of revenue to the state, would WILL result in the ability of the state to receive federal funds, or would WILL necessitate additional expenditures that exceed any savings from maintaining the vacancy."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Appropriates up to \$100.0 million federal contingency funds, up to \$20.0 million state restricted contingency funds, up to \$20.0 million local contingency funds, and up to \$10.0 million private contingency funds; specifies that contingency funds are not available for expenditure until transferred according to Section 393(2) of the Management and Budget Act.</i></p> <p>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 management and budget act, 1984 PA 431, MCL18.1393.</p>	<p>Sec. 206. (1) No changes from current law.</p>	<p>Sec. 206. (1) No changes from current law.</p>	<p>Sec. 206. (1) No changes from current law.</p>	<p>Sec. 206. (1) No changes from current law.</p>
<p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$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 management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(2) No changes from current law, except: "...to another line item in this act BILL under section 393(2)..."</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) 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 management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(3) No changes from current law, except: "...to another line item in this act BILL under section 393(2)..."</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>
<p>(4) 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 management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(4) No changes from current law, except: "...to another line item in this act BILL under section 393(2)..."</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires Department to use the Internet to fulfill the reporting requirements of this act.</i></p> <p>Sec. 208. 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: "...reporting requirements of this act BILL."</p>	<p>Sec. 208. No changes from current law.</p>	<p>Sec. 208. No changes from current law.</p>	<p>Sec. 208. No changes from current law.</p>
<p><i>Prohibits purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available; provides that preference be given to goods or services, or both, manufactured by Michigan businesses if competitively priced and of comparable quality; provides that preference be given to goods or services, or both, manufactured by Michigan businesses owned and operated by veterans if competitively priced and of comparable quality.</i></p> <p>Sec. 209. Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available. Preference 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>Sec. 209. No changes from current law, except: "Preference should SHALL be given to goods or services, or both, manufactured or provided by Michigan businesses, if they are competitively priced and of comparable quality. In addition, preference should SHALL be given to goods or services, or both, that are manufactured or provided..."</p>	<p>Sec. 209. No changes from current law, except: "Preference should SHALL be given to goods or services, or both, manufactured or provided by Michigan businesses, if they are competitively priced and of comparable quality. In addition, preference should SHALL be given to goods or services, or both, that are manufactured or provided..."</p>	<p>Sec. 209. No changes from current law.</p>	<p>Sec. 209. No changes from current law, except: "Preference should SHALL be given to goods or services, or both, manufactured or provided by Michigan businesses, if they are competitively priced and of comparable quality. In addition, preference should SHALL be given to goods or services, or both, that are manufactured or provided..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires DCH to take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both.</i></p> <p>Sec. 210. The director shall take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. The director shall strongly encourage firms with which the department contracts to subcontract with certified businesses in depressed and deprived communities for services, supplies, or both.</p>	<p>Sec. 210. No changes from current law.</p>			
<p><i>Allows fee revenue to be carried forward, with approval of State Budget Director, into the next fiscal year and to be used as the first source of funding in that fiscal year; requires report on balances of restricted funds administered by the department.</i></p> <p>Sec. 211. (1) 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. (1) 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>Sec. 211. (1) No changes from current law.</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>(2) No changes from current law, except: "...by the department as of September 30, 2008 OF THE CURRENT FISCAL YEAR."</p>	<p>(2) No changes from current law, except: "...by the department as of September 30, 2008 OF THE CURRENT FISCAL YEAR."</p>	<p>(2) No changes from current law, except: "...by the department as of September 30, 2008 OF THE CURRENT FISCAL YEAR."</p>	<p>(2) No changes from current law, except: "...by the department as of September 30, 2008 OF THE CURRENT FISCAL YEAR."</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Caps funds expended from 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, 2008, on FY 2007-08 appropriation fund sources by line item; requires report on amount and source of funds to support FY 2008-09 Executive Budget Recommendation upon budget release. Requires all revenue source detail for consolidated revenue line item detail to be provided upon 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..... \$ 19,953,100 (b) Preventive health and health services block grant .....3,670,800 (c) Substance abuse block grant ..60,627,400 (d) Healthy Michigan fund 41,827,600 (e) Michigan health initiative..... 10,525,600</p>	<p>Delete current law.</p>	<p>Sec. 212. (1) No changes from current law, except:</p> <p>..... \$19,953,100 4,028,700 60,627,400 41,827,600 9,100,000</p>	<p>Sec. 212. (1) No changes from current law, except</p> <p>..... \$19,928,100 3,589,800 60,627,400 41,827,600 9,100,000</p>	<p>Sec. 212. (1) No changes from current law, except</p> <p>.....\$19,953,100 4,028,700 60,627,400 41,827,600 9,100,000</p>
<p>(2) On or before February 1, 2008, 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.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law, except:</p> <p>"On or before February 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall report..."</p>	<p>(2) No changes from current law, except:</p> <p>"On or before February 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall report..."</p>	<p>(2) No changes from current law, except:</p> <p>"On or before February 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall report..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(3) Upon the release of the fiscal year 2008-2009 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 2008-2009 executive budget proposal.	Delete current law.	(3) No changes from current law, except: " Upon the release of the fiscal year 2008-2009 2009-2010 executive budget recommendation, the ... in part 1 of the fiscal year 2008-2009 2009-2010 executive budget proposal."	(3) No changes from current law, except: " Upon the release of the fiscal year 2008-2009 2009-2010 executive budget recommendation, the ... in part 1 of the fiscal year 2008-2009 2009-2010 executive budget proposal."	(3) No changes from current law, except: " Upon the release of the fiscal year 2008-2009 2009-2010 executive budget recommendation, the ... in part 1 of the fiscal year 2008-2009 2009-2010 executive budget proposal."
(4) The department shall provide to the same parties in subsection (2) all revenue source detail for consolidated revenue line item detail upon request to the department.	Delete current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires state departments, agencies, and commissions receiving tobacco tax and healthy Michigan funds to report on programs utilizing these funds by April 1, 2008, to the House and Senate Appropriations Committees, House and Senate Fiscal Agencies, and State Budget Director.</i></p> <p>Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds and healthy Michigan funds from part 1 shall report by April 1, 2008, to the senate and house of representatives appropriations committees, the senate and house fiscal agencies, and the state budget director on the following:</p> <p>(a) Detailed spending plan by appropriation line item including description of programs and a summary of organizations receiving these funds.</p> <p>(b) Description of allocations or bid processes including need or demand indicators used to determine allocations.</p> <p>(c) Eligibility criteria for program participation and maximum benefit levels where applicable.</p> <p>(d) Outcome measures used to evaluate programs, including measures of the effectiveness of these programs in improving the health of Michigan residents.</p> <p>(e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.</p>	<p>Delete current law.</p>	<p>Sec. 213. No changes from current law, except:</p> <p>"...shall report by April 1, 2008, OF THE CURRENT FISCAL YEAR to the senate and house of representatives appropriations committees, the ..."</p>	<p>Sec. 213. No changes from current law, except:</p> <p>"...shall report by April 1, 2008, OF THE CURRENT FISCAL YEAR to the senate and house of representatives appropriations committees, the ..."</p>	<p>Sec. 213. No changes from current law, except:</p> <p>"...shall report by April 1, 2008, OF THE CURRENT FISCAL YEAR to the senate and house of representatives appropriations committees, the ..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Prohibits using tobacco tax revenue deposited in 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 PA 472, 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, except:</p> <p>"...shall not be used for lobbying as defined in SECTION 5 OF 1978 PA 472, MCL 4.411 to 4.431 4.415, and shall not be used in attempting..."</p>	<p>Delete current law.</p>	<p>Sec. 214. No changes from current law, except:</p> <p>"...shall not be used for lobbying as defined in SECTION 5 OF 1978 PA 472, MCL 4.411 to 4.431 4.415, and shall not be used in attempting..."</p>
<p><i>Requires a report on each policy change made to implement a public act affecting the department which took effect during the prior calendar year. Prohibits the use of appropriated funds by the department on adopting a rule that will apply and have a disproportionate economic impact on small businesses.</i></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>	<p>Delete current law.</p>	<p>Sec. 215. (1) No changes from current law, except:</p> <p>"...no later than April 1, 2008 OF THE CURRENT FISCAL YEAR on each policy change made to implement a public act affecting the department that took effect during the prior IMMEDIATELY PRECEDING calendar year..."</p>	<p>Delete current law.</p>	<p>Sec. 215. (1) No changes from current law, except:</p> <p>"...no later than April 1, 2008 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 BY NO LATER THAN APRIL 1, 2009 on each policy change made to implement a public act affecting the department that took effect during the prior PRECEDING calendar year."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(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.	Delete current law.	(2) No changes from current law.	Delete current law.	(2) No changes from current law.
(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 business" means that term as defined under section 7a of the administrative procedures act of 1969, 1969 PA 306, MCL 24.207a.	Delete current law.	(3) No changes from current law.	Delete current law.	(3) No changes from current law.
<i>Allows use of prior-year revenue for write-offs of accounts receivables, deferrals, and prior-year obligations. Does not limit Department's ability to satisfy appropriation deductions in Part 1 to collections and accruals provided in the current fiscal year. Requires Department to report by March 15, 2008, on all reimbursements, refunds, adjustments, and settlements from prior years to the House and Senate Appropriations Subcommittees on Community Health.</i> 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.	Sec. 216. (1) No changes from current law.	Sec. 216. (1) No changes from current law.	Sec. 216. (1) No changes from current law.	Sec. 216. (1) No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(2) The department's ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in the current fiscal year, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The department shall report by March 15, 2008 to the house of representatives and senate appropriations subcommittees on community health on all reimbursements, refunds, adjustments, and settlements from prior years.	Delete current law.	(3) No changes from current law, except: "The department shall report by March 15, 2008 OF THE CURRENT FISCAL YEAR to the house of representatives..."	(3) No changes from current law, except: "The department shall report by March 15, 2008 OF THE CURRENT FISCAL YEAR to the house of representatives..."	(3) No changes from current law, except: "The department shall report by March 15, 2008 OF THE CURRENT FISCAL YEAR to the house of representatives..."

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Lists basic health services embodied in Part 23 of the Public Health Code that are to be available and accessible throughout the state.</i></p> <p>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.</p>	<p>Sec. 218. No changes from current law, except:</p> <p>"...screening newborns for the 8 conditions listed in section 5431(1) (a) through (h) of the public health code, 1978 PA 368 OR RECOMMENDED BY THE NEWBORN SCREENING QUALITY ADVISORY COMMITTEE, community health annex of the Michigan emergency management plan, and prenatal care."</p>	<p>Sec. 218. Basic health services for the purpose of THE DEPARTMENT SHALL INCLUDE THE FOLLOWING IN ITS ANNUAL LIST OF PROPOSED BASIC HEALTH SERVICES AS REQUIRED IN part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321, are:</p> <p>(a) iimmunizations,</p> <p>(b) eCommunicable disease control, .</p> <p>(c) eSexually transmitted disease control,—(d) fTuberculosis control,</p> <p>(e) pPrevention of gonorrhea eye infection in newborns,—</p> <p>(f) eScreening newborns for the 8-conditions listed in section 5431(1) (a) through (h) of the public health code, 1978 PA 368, MCL 333.5431, OR RECOMMENDED BY THE NEWBORN SCREENING QUALITY ASSURANCE ADVISORY COMMITTEE CREATED UNDER SECTION 5430 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.5430.</p> <p>(g) eCommunity health annex of the Michigan emergency management plan,—</p> <p>(h) and p Prenatal care.</p>	<p>Sec. 218. Basic health services for the purpose of THE DEPARTMENT SHALL INCLUDE THE FOLLOWING IN ITS ANNUAL LIST OF PROPOSED BASIC HEALTH SERVICES AS REQUIRED IN part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321, are:</p> <p>(a) iimmunizations,</p> <p>(b) eCommunicable disease control, .</p> <p>(c) eSexually transmitted disease control,—(d) fTuberculosis control,</p> <p>(e) pPrevention of gonorrhea eye infection in newborns,—</p> <p>(f) eScreening newborns for the 8-conditions listed in section 5431(1) (a) through (h) of the public health code, 1978 PA 368, MCL 333.5431, OR RECOMMENDED BY THE NEWBORN SCREENING QUALITY ASSURANCE ADVISORY COMMITTEE CREATED UNDER SECTION 5430 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.5430.</p> <p>(g) eCommunity health annex of the Michigan emergency management plan,—</p> <p>(h) and p Prenatal care.</p>	<p>Sec. 218. Basic health services for the purpose of THE DEPARTMENT SHALL INCLUDE THE FOLLOWING IN ITS ANNUAL LIST OF PROPOSED BASIC HEALTH SERVICES AS REQUIRED IN part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321, are:</p> <p>(a) iimmunizations,</p> <p>(b) eCommunicable disease control, .</p> <p>(c) eSexually transmitted disease control,—(d) fTuberculosis control,</p> <p>(e) pPrevention of gonorrhea eye infection in newborns,—</p> <p>(f) eScreening newborns for the 8-conditions listed in section 5431(1) (a) through (h) of the public health code, 1978 PA 368, MCL 333.5431, OR RECOMMENDED BY THE NEWBORN SCREENING QUALITY ASSURANCE ADVISORY COMMITTEE CREATED UNDER SECTION 5430 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.5430.</p> <p>(g) eCommunity health annex of the Michigan emergency management plan,—</p> <p>(h) and p Prenatal care.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Allows Department to contract with Michigan Public Health Institute for design and implementation of projects and other public health related activities. Requires Department to report on each funded project by November 1, 2007, and May 1, 2008, to the House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director. Requires Department to provide copies of all reports, studies, and publications produced by the Institute by September 30, 2008.</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, 2007 and May 1, 2008 all of the following:</p> <p>(a) A detailed description of each funded project.</p> <p>(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.</p> <p>(c) The expected project duration.</p> <p>(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>"...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, 2007 and May 1, 2008 OF THE CURRENT FISCAL YEAR all of the following:"</p>	<p>Sec. 219. (1) No changes from current law, except:</p> <p>"...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, 2007 and May 1, 2008 OF THE CURRENT FISCAL YEAR all of the following:"</p>	<p>Sec. 219. (1) No changes from current law, except:</p> <p>"...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, 2007 and May 1, 2008 OF THE CURRENT FISCAL YEAR all of the following:"</p>	<p>Sec. 219. (1) No changes from current law, except:</p> <p>"...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, 2007 and May 1, 2008 OF THE CURRENT FISCAL YEAR all of the following:"</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(2) On or before September 30, 2008, 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.	(2) No changes from current law, except: "On or before September 30, 2008 OF THE CURRENT FISCAL YEAR, the department shall provide to the same parties listed..."	(2) No changes from current law, except: "On or before September 30, 2008 OF THE CURRENT FISCAL YEAR, the department shall provide to the same parties listed..."	(2) No changes from current law, except: "On or before September 30, 2008 OF THE CURRENT FISCAL YEAR, the department shall provide to the same parties listed..."
<i>Requires all contracts with Michigan Public Health Institute that are funded with Part 1 appropriations to include a provision requiring financial and performance audits by the State Auditor General.</i> Sec. 220. All contracts with the Michigan public health institute funded with appropriations in part 1 shall include a requirement that the Michigan public health institute submit to financial and performance audits by the state auditor general of projects funded with state appropriations.	Sec. 220. No changes from current law.	Sec. 220. No changes from current law.	Sec. 220. No changes from current law.	Sec. 220. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Allows 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.</i></p> <p>Sec. 223. The department of community health may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The costs shall not exceed fees collected.</p>	<p>Sec. 223. No changes from current law.</p>	<p>Sec. 223. No changes from current law, except:</p> <p>"The department of community health may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees...and costs of the workshops and conferences. The costs DEPARTMENT shall not exceed fees collected COLLECT FEES UNDER THIS SECTION THAT EXCEED THE COST OF THE EXPENDITURES."</p>	<p>Sec. 223. No changes from current law.</p>	<p>Sec. 223. No changes from current law, except:</p> <p>"The department of community health may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees...and costs of the workshops and conferences. The costs DEPARTMENT shall not exceed fees collected COLLECT FEES UNDER THIS SECTION THAT EXCEED THE COST OF THE EXPENDITURES."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires Department to allow ambulatory surgery centers in the state to fully participate in the Medicaid program when hospitals are reimbursed for Medicaid services through the Michigan Medicaid information system. Requires the development and implementation of a reimbursement schedule for ambulatory surgery centers which is to be provided to the House and Senate Appropriations Subcommittees on Community Health, and House and Senate Fiscal Agencies by July 1, 2008.</i></p> <p>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.</p>	<p>Delete current law.</p>	<p>Sec. 248. No changes from current law, except:</p> <p>"The department shall CONTINUE TO allow ambulatory surgery centers in this state ...as hospitals. The reimbursement schedule for ambulatory surgery centers shall be THAT WAS developed and implemented in consultation with the industry and shall be provided to the senate and house appropriations subcommittee on the department of community health and the senate and house fiscal agencies by July 1, 2008 IN FISCAL YEAR 2007-2008 SHALL CONTINUE TO BE USED IN FISCAL YEAR 2008-2009."</p>	<p>Sec. 248. No changes from current law, except:</p> <p>"The department shall CONTINUE TO allow ambulatory surgery centers in this state ...as hospitals. The reimbursement schedule for ambulatory surgery centers shall be THAT WAS developed and implemented in consultation with the industry and shall be provided to the senate and house appropriations subcommittee on the department of community health and the senate and house fiscal agencies by July 1, 2008 IN FISCAL YEAR 2007-2008 SHALL CONTINUE TO BE USED IN FISCAL YEAR 2008-2009."</p>	<p>Sec. 248. No changes from current law, except:</p> <p>"The department shall CONTINUE TO allow ambulatory surgery centers in this state ...as hospitals. The reimbursement schedule for ambulatory surgery centers shall be THAT WAS developed and implemented in consultation with the industry and shall be provided to the senate and house appropriations subcommittee on the department of community health and the senate and house fiscal agencies by July 1, 2008 IN FISCAL YEAR 2007-2008 SHALL CONTINUE TO BE USED IN FISCAL YEAR 2008-2009."</p>

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires the department to pay user fees to 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 the department and DIT.</i></p> <p>Sec. 259. From the funds appropriated in part 1 for information technology, the department shall pay user fees to the department of information technology for technology-related services and projects. Such user fees shall be subject to provisions of an interagency agreement between the department and the department of information technology.</p>	<p>Sec. 259. No changes from current law.</p>			
<p><i>Allows designation of Part 1 appropriated funds for IT as work projects and carried forward. Provides that funds designated for work projects are not available for expenditure until approved as work projects under Section 451a of the Management and Budget Act.</i></p> <p>Sec. 260. Amounts appropriated in part 1 for information technology may be designated as work projects and carried forward to support technology projects under the direction of the department of information technology. Funds designated in this manner are not available for expenditure until approved as work projects under section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a.</p>	<p>Sec. 260. No changes from current law.</p>	Sec. 260. No changes from current law.	Sec. 260. No changes from current law.	Sec. 260. No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Provides that Part 1 appropriated funds for 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>			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires Department to notify House and Senate Appropriations Subcommittees on Community Health and House and Senate Fiscal Agencies upon the submission of a Medicaid waiver, a Medicaid state plan amendment, or similar proposal to the Centers for Medicare and Medicaid Services. Requires quarterly reports on status of discussions with federal agencies on potential or future Medicaid waiver applications.</i></p> <p>Sec. 264. (1) Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house 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. (1) No changes from current law.	Sec. 264. (1) No changes from current law.	Sec. 264. (1) No changes from current law.
<p>(2) The department shall provide written or verbal 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>	Delete current law.	(2) No changes from current law.	(2) No changes from current law, except: "...any new or ongoing SIGNIFICANT discussions with the centers for Medicare and Medicaid services or the federal department of health and human services regarding potential or future NEW Medicaid waiver applications."	(2) No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires departments and agencies receiving Part 1 appropriations to receive and retain copies of all reports funded from Part 1 appropriations.</i></p> <p>Sec. 265. The departments and agencies receiving appropriations in part 1 shall receive and retain copies of all reports funded from appropriations in part 1. Federal and state guidelines for short-term and long-term retention of records shall be followed.</p>	Delete current law.	Sec. 265. No changes from current law.	Sec. 265. No changes from current law.	Sec. 265. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Limits out-of-state travel to when it is required by legal mandate, necessary to protect the health or safety of Michigan citizens, necessary to produce budgetary savings or increase state 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 Department to prepare an out-of-state travel report for the preceding fiscal year by January 1, 2008.</i></p> <p>Sec. 266. (1) Due to the current budgetary problems in this state, out-of-state travel shall be limited to situations in which 1 or more of the following conditions apply:</p> <p>(a) The travel is required by legal mandate or court order or for law enforcement purposes. (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.</p>	<p>Sec. 266. (1) No changes from current law.</p>	<p>Sec. 266. (1) No changes from current law.</p>	<p>Sec. 266. (1) No changes from current law.</p>	<p>Sec. 266. (1) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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>(3) Not later than January 1 of each year, each department shall prepare a travel report listing all travel by classified and unclassified employees outside this state in the immediately preceding fiscal year that was funded in whole or in part with funds appropriated in the department's budget. The report shall be submitted to the chairs and members of the house of representatives and senate standing committees on appropriations, the fiscal agencies, and the state budget director. The report shall include the following information:</p> <p>(a) The name of each person receiving reimbursement for travel outside this state or whose travel costs were paid by this state.</p> <p>(b) The destination of each travel occurrence.</p> <p>(c) The dates of each travel occurrence.</p> <p>(d) A brief statement of the reason for each travel occurrence.</p> <p>(e) The transportation and related costs of each travel occurrence, including the proportion funded with state general fund/general purpose revenues, the proportion funded with state-restricted revenues, the proportion funded with federal revenues, and the proportion funded with other revenues.</p> <p>(f) A total of all out-of-state travel funded for the immediately preceding fiscal year.</p>	<p>(3) No changes from current law.</p>			

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Prohibits Department from taking disciplinary action against an employee for communicating with a member of the Legislature or his/her staff.</i></p> <p>Sec. 267. A department or state agency shall not take disciplinary action against an employee for communicating with a member of the legislature or his or her staff.</p>	Delete current law.	Sec. 267. No changes from current law.	Sec. 267. No changes from current law.	Sec. 267. No changes from current law.
<p><i>Specifies that the funds appropriated for pharmaceutical services include funds for the reimbursement of mental health medications under the Medicaid program.</i></p> <p>Sec. 269. The amount appropriated in part 1 for medical services pharmaceutical services includes funds to cover reimbursement of mental health medications under the Medicaid program. Reimbursement procedures for mental health medications shall be the same as those that were followed in fiscal year 2005-2006, and utilization procedures for such medications shall adhere to section 1625, the department's fiscal year 2006-2007 contract with Medicaid health plans, and section 109h of the social welfare act, 1939 PA 280, MCL 400.109h.</p>	Sec. 269. No changes from current law.			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires 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.</i></p> <p>Sec. 270. Within 30 days after receipt of the notification from the attorney general's office of a legal action in which expenses had been recovered pursuant to section 106(4) of the social welfare act, 1939 PA 280, MCL 400.106, or any other statute under which the department has the right to recover expenses, the department shall submit a written report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office which includes, at a minimum, all of the following:</p> <p>(a) The total amount recovered from the legal action.</p> <p>(b) The program or service for which the money was originally expended.</p> <p>(c) Details on the disposition of the funds recovered such as the appropriation or revenue account in which the money was deposited.</p> <p>(d) A description of the facts involved in the legal action.</p>	<p>Sec. 270. No changes from current law.</p>	Sec. 270. No changes from current law.	Sec. 270. No changes from current law.	Sec. 270. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Allows a PIHP, Medicaid HMO, and federally qualified health center to establish and implement a mental health services intervention pilot project. Requires the project to provide care coordination, disease management, and pharmacy management to eligible recipients suffering from chronic disease including, but not limited to, diabetes, asthma, substance addiction, or stroke.</i></p> <p>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.</p>	<p>Sec. 271. (1) No changes from current law.</p>	<p>Sec. 271. (1) No changes from current law.</p>	<p>Sec. 271. (1) No changes from current law, except:</p> <p>"...and recipients in this project. THE DEPARTMENT SHALL ENCOURAGE EACH CMHSP AND MEDICAID HEALTH PLAN ACT IN A COORDINATED MANNER IN THE ESTABLISHMENT OF THEIR RESPECTIVE ELECTRONIC MEDICAL RECORD SYSTEMS."</p>	<p>Sec. 271. (1) No changes from current law, except:</p> <p>"...and recipients in this project. THE DEPARTMENT SHALL ENCOURAGE EACH CMHSP AND MEDICAID HEALTH PLAN ACT IN A COORDINATED MANNER IN THE ESTABLISHMENT OF THEIR RESPECTIVE ELECTRONIC MEDICAL RECORD SYSTEMS."</p>
<p>(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.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law, except:</p> <p>"...cost effectiveness of the project. Data shall also be collected by pParticipating organizations SHALL COLLECT DATA to study and monitor the correlation between early mental health treatment services to program participants and improvement in the management of their chronic disease."</p>	<p>(2) No changes from current law, except:</p> <p>"...cost effectiveness of the project. Data shall also be collected by pParticipating organizations SHALL COLLECT DATA to study and monitor the correlation between early mental health treatment services to program participants and improvement in the management of their chronic disease."</p>	<p>(2) No changes from current law, except:</p> <p>"...cost effectiveness of the project. Data shall also be collected by pParticipating organizations SHALL COLLECT DATA to study and monitor the correlation between early mental health treatment services to program participants and improvement in the management of their chronic disease."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(3) The department shall request any necessary Medicaid state plan amendments or waivers to ensure participation in this project by eligible Medicaid recipients.	(3) No changes from current law.			
(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.	(4) No changes from current law, except: "...state budget director no later than May 1, 2008 OF THE CURRENT FISCAL YEAR. "	(4) No changes from current law, except: "...state budget director no later than May 1, 2008 OF THE CURRENT FISCAL YEAR. "	(4) No changes from current law, except: "...state budget director no later than May 1, 2008 OF THE CURRENT FISCAL YEAR. "	(4) No changes from current law, except: "...state budget director no later than May 1, 2008 OF THE CURRENT FISCAL YEAR. "

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Allocates up to \$150,000 for a study on administrative efficiencies, shared services, and consolidations of local public health departments, CMHSPs, coordinating agencies on substance abuse, and area agencies on aging.</i></p> <p>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:</p> <p>(a) Local public health departments.</p> <p>(b) CMHSPs.</p> <p>(c) Substance abuse coordinating agencies.</p> <p>(d) Area agencies on aging.</p>	<p>Delete current law.</p>	<p>Sec. 272. (1) No changes from current law, except:</p> <p>"The department shall conduct a MAKE EFFORTS TO IMPLEMENT THE RESULTS OF THE study of current policies and allocation methodologies to develop options that encourage administrative efficiencies within and among the following entities: SPECIFIED IN SECTION 272 OF 2007 PA 123. THESE EFFORTS TO ENCOURAGE ADMINISTRATIVE EFFICIENCIES SHALL APPLY TO THE FOLLOWING ENTITIES:"</p>	<p>Sec. 272. BASED ON THE RESULTS OF THE FISCAL YEAR 2008-2009 STUDY ON ADMINISTRATIVE EFFICIENCIES, SHARED SERVICES, AND CONSOLIDATIONS OF LOCAL PUBLIC HEALTH DEPARTMENTS, CMHSPS, SUBSTANCE ABUSE COORDINATING AGENCIES, AND AREA AGENCIES ON AGING, THE DEPARTMENT SHALL MAKE RECOMMENDATIONS ON IMPLEMENTING THE RESULTS OF THE STUDY. THE DEPARTMENT SHALL SUBMIT ITS RECOMMENDATIONS BY NOVEMBER 1 OF THE CURRENT FISCAL YEAR TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR.</p>	<p>Sec. 272. (1) No changes from current law, except:</p> <p>"The department shall conduct a MAKE EFFORTS TO IMPLEMENT THE RESULTS OF THE study of current policies and allocation methodologies to develop options that encourage administrative efficiencies within and among the following entities: SPECIFIED IN SECTION 272 OF 2007 PA 123. THESE EFFORTS TO ENCOURAGE ADMINISTRATIVE EFFICIENCIES SHALL APPLY TO THE FOLLOWING ENTITIES:"</p>
<p>(2) The study should include a range of options including administrative efficiencies, shared services, and consolidations.</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 General Sections

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>(3) The department shall consult with at least the following applicable organizations in developing the study:</p> <p>(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>	Delete current law.	<p>(3) (2) No changes from current law, except:</p> <p>"...following applicable organizations in developing IMPLEMENTING THE RESULTS OF the study:</p> <p>(b) The Michigan association of FOR local public health."</p>	Delete current law.	<p>(3) (2) No changes from current law, except:</p> <p>"...following applicable organizations in developing IMPLEMENTING THE RESULTS OF the study:</p> <p>(b) The Michigan association of FOR local public health."</p>
(4) The department may expend up to \$150,000.00 from the funds appropriated in part 1 to conduct the study.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
(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.	Delete current law.	<p>(5) (3) No changes from current law, except:</p> <p>" The department shall submit A REPORT ON ITS EFFORTS TO IMPLEMENT the results of the study ...by August 1, 2008 APRIL 1, 2009."</p>	Delete current law.	<p>(5) (3) No changes from current law, except:</p> <p>" The department shall submit A REPORT ON ITS EFFORTS TO IMPLEMENT the results of the study ...by August 1, 2008 APRIL 1, 2009."</p>
<p><i>Prohibits the use of appropriated funds by the department to hire a person to provide legal services that are the responsibility of the Attorney General. Provides that the prohibition does not apply to legal services for bonding activities and those activities authorized by the Attorney General.</i></p> <p>Sec. 276. Funds appropriated in part 1 shall not be used by a principal executive department, state agency, or authority to hire a person to provide legal services that are the responsibility of the attorney general. This prohibition does not apply to legal services for bonding activities and for those activities that the attorney general authorizes.</p>	Sec. 276. No changes from current law.	Sec. 276. No changes from current law.	Sec. 276. No changes from current law.	Sec. 276. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires DCH to establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities: coordinating agencies on substance abuse, Salvation Army Harbor Light program, and their subcontractors; and area agencies on aging and local providers, and their subcontractors. Requires DCH to provide a written draft of its proposed definitions, standards, and instructions by May 15, 2008.</i></p> <p>Sec. 282. (1) The department, through its organizational units responsible for departmental administration, operation, and finance, shall establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities:</p> <p>(a) Coordinating agencies on substance abuse, 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>	<p>Delete current law.</p>	<p>Sec. 282. (1) No changes from current law, except:</p> <p>(a) "...from funds appropriated under section 104 of part 1."</p> <p>(b) "...from funds appropriated in section 108 of part 1."</p>	<p>Sec. 282. (1) No changes from current law, except:</p> <p>(a) "...from funds appropriated under section 104 of part 1."</p> <p>(b) "...from funds appropriated in section 108 of part 1."</p>	<p>Sec. 282. (1) No changes from current law, except:</p> <p>(a) "...from funds appropriated under section 104 of part 1."</p> <p>(b) "...from funds appropriated in section 108 of part 1."</p>
<p>(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.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law, except:</p> <p>"By May 15, 2008 OF THE CURRENT FISCAL YEAR, the department shall provide a written draft..."</p>	<p>(2) No changes from current law, except:</p> <p>"By May 15, 2008 OF THE CURRENT FISCAL YEAR, the department shall provide a written draft..."</p>	<p>(2) No changes from current law, except:</p> <p>"By May 15, 2008 OF THE CURRENT FISCAL YEAR, the department shall provide a written draft..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>NEW SECTION</p> <p>Sec. 283. THE DEPARTMENT SHALL REPORT BY MARCH 1 OF THE CURRENT FISCAL YEAR TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES REGARDING THE HEARING AND VISION SCREENING PROGRAM. THIS REPORT SHALL INCLUDE THE PERCENTAGE OF CHILDREN REFERRED FOR GLASSES OR HEARING AIDS, OR BOTH, WHO ACTUALLY RECEIVE THEM.</p>	<p>Does not include Senate Sec. 283.</p>	<p>Does not include Senate Sec. 283.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>NEW SECTION</p> <p>Sec. 284. THE DEPARTMENT SHALL NOT APPROVE THE TRAVEL OF MORE THAN 1 DEPARTMENTAL EMPLOYEE TO A SPECIFIC PROFESSIONAL DEVELOPMENT CONFERENCE OR TRAINING SEMINAR THAT IS LOCATED OUTSIDE OF THIS STATE. THE ONLY EXCEPTION TO THIS TRAVEL RESTRICTION INVOLVES A PROFESSIONAL DEVELOPMENT CONFERENCE OR TRAINING SEMINAR THAT IS FUNDED BY A FEDERAL OR PRIVATE FUNDING SOURCE AND REQUIRES MORE THAN 1 PERSON FROM A DEPARTMENT TO ATTEND.</p>	<p>Does not include Senate Sec. 284.</p>	<p>NEW SECTION</p> <p>Sec. 284. THE DEPARTMENT SHALL NOT APPROVE THE TRAVEL OF MORE THAN 1 DEPARTMENTAL EMPLOYEE TO A SPECIFIC PROFESSIONAL DEVELOPMENT CONFERENCE OR TRAINING SEMINAR THAT IS LOCATED OUTSIDE OF THIS STATE UNLESS THE PROFESSIONAL DEVELOPMENT CONFERENCE OR TRAINING SEMINAR IS FUNDED BY A FEDERAL OR PRIVATE FUNDING SOURCE AND REQUIRES MORE THAN 1 PERSON FROM A DEPARTMENT TO ATTEND, OR THE CONFERENCE OR TRAINING SEMINAR INCLUDES MULTIPLE ISSUES IN WHICH 1 EMPLOYEE FROM THE DEPARTMENT DOES NOT HAVE EXPERTISE.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>NEW SECTION Sec. 285. (1) FROM THE MONEY APPROPRIATED IN PART 1, THE DEPARTMENT SHALL OPERATE A PRESCRIPTION DRUG WEBSITE TO EDUCATE INDIVIDUALS REGARDING PRESCRIPTION DRUGS, PROVIDE A LIST OF PRESCRIPTION DRUG PRICES, AND PROVIDE LINKS TO OTHER USEFUL WEBSITES INCLUDING THOSE THAT OFFER FREE OR DISCOUNTED PRESCRIPTION DRUG PROGRAMS. INFORMATION PERTAINING TO THE DRUGS AND PRICES THAT ARE POSTED SHALL BE OBTAINED FROM THE DEPARTMENT'S MEDICAID PHARMACY BENEFITS MANAGER. THE DEPARTMENT SHALL INCLUDE ALL OF THE FOLLOWING ON THE WEBSITE: (A) THE 150 MOST COMMONLY PRESCRIBED BRAND NAME DRUG PRODUCTS UNDER THE MEDICAID PROGRAM AND, IF AVAILABLE, THEIR GENERIC EQUIVALENTS.</p>	<p>Does not include Senate Sec. 285(1)(A).</p>	<p>NEW SECTION SEC. 285. (1) THE DEPARTMENT SHALL DETERMINE THE COST TO EXPAND ITS CURRENT PRESCRIPTION DRUG WEBSITE TO PROVIDE ALL OF THE FOLLOWING INFORMATION: (A) THE 150 MOST COMMONLY PRESCRIBED BRAND NAME DRUG PRODUCTS UNDER THE MEDICAID PROGRAM AND, IF AVAILABLE, THEIR GENERIC EQUIVALENTS.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>(B) THE MOST COMMONLY PRESCRIBED BRAND NAME DRUG PRODUCTS USED FOR THE TREATMENT OF ALL MAJOR ILLNESSES AND DISEASES, IF NOT ALREADY INCLUDED UNDER SUBDIVISION (A), AND, IF AVAILABLE, THEIR GENERIC EQUIVALENTS. (C) THE USUAL AND CUSTOMARY PRICE OF EACH BRAND NAME AND GENERIC PRESCRIPTION DRUG LISTED. (D) THE DOSAGE, INCLUDING THE NUMBER OF DOSES AND DOSAGE STRENGTH, ON WHICH THE PRICE IS BASED. (E) NAMES AND ADDRESSES FOR THE PHARMACIES ASSOCIATED WITH THE LISTED PRESCRIPTION DRUGS. (F) A MINIMUM OF 5 LINKS TO OTHER USEFUL WEBSITES THAT CAN PROVIDE ASSISTANCE TO CONSUMERS. (G) THE DEPARTMENT'S TOLL-FREE TELEPHONE NUMBER THAT RESIDENTS OF THIS STATE MAY CALL TO DETERMINE WHICH PRESCRIPTION DRUG PROGRAMS THEY MAY BE ELIGIBLE FOR, INCLUDING FREE AND DISCOUNTED PRESCRIPTION DRUG PROGRAMS.</p>	<p>Does not include Senate Sec. 285(1)(B)through(G)</p>	<p>(B) THE MOST COMMONLY PRESCRIBED BRAND NAME DRUG PRODUCTS USED FOR THE TREATMENT OF ALL MAJOR ILLNESSES AND DISEASES, IF NOT ALREADY INCLUDED UNDER SUBDIVISION (A), AND, IF AVAILABLE, THEIR GENERIC EQUIVALENTS. (C) THE USUAL AND CUSTOMARY PRICE OF EACH BRAND NAME AND GENERIC PRESCRIPTION DRUG LISTED. (D) THE DOSAGE, INCLUDING THE NUMBER OF DOSES AND DOSAGE STRENGTH, ON WHICH THE PRICE IS BASED. (E) NAMES AND ADDRESSES FOR THE PHARMACIES ASSOCIATED WITH THE LISTED PRESCRIPTION DRUGS. (F) A MINIMUM OF 5 LINKS TO OTHER USEFUL WEBSITES THAT CAN PROVIDE ASSISTANCE TO CONSUMERS. (G) THE DEPARTMENT'S TOLL-FREE TELEPHONE NUMBER THAT RESIDENTS OF THIS STATE MAY CALL TO DETERMINE WHICH PRESCRIPTION DRUG PROGRAMS THEY MAY BE ELIGIBLE FOR, INCLUDING FREE AND DISCOUNTED PRESCRIPTION DRUG PROGRAMS.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>(H) AN ADVISORY STATEMENT ALERTING CONSUMERS OF THE NEED TO TELL THEIR HEALTH PROFESSIONALS AND PHARMACISTS ABOUT ALL THE MEDICATIONS THEY ARE TAKING SO THAT THEY KNOW HOW TO AVOID HARMFUL INTERACTIONS BETWEEN MEDICATIONS.</p> <p>(I) AN ADVISORY STATEMENT ALERTING CONSUMERS THAT THE PRICE POSTED FOR LISTED DRUG PRODUCT IS ONLY FOR THE STRENGTH AND QUANTITY POSTED.</p> <p>(J) A DATE STAMP INDICATING THE MOST RECENT DATE THE USUAL AND CUSTOMARY PRICE OF EACH BRAND NAME AND GENERIC PRESCRIPTION DRUG LISTED WAS UPDATED.</p>	Does not include Senate Sec. 285 (1)(H)through (J).	<p>(H) AN ADVISORY STATEMENT ALERTING CONSUMERS OF THE NEED TO TELL THEIR HEALTH PROFESSIONALS AND PHARMACISTS ABOUT ALL THE MEDICATIONS THEY ARE TAKING SO THAT THEY KNOW HOW TO AVOID HARMFUL INTERACTIONS BETWEEN MEDICATIONS.</p> <p>(I) AN ADVISORY STATEMENT ALERTING CONSUMERS THAT THE PRICE POSTED FOR LISTED DRUG PRODUCT IS ONLY FOR THE STRENGTH AND QUANTITY POSTED.</p> <p>(J) A DATE STAMP INDICATING THE MOST RECENT DATE THE USUAL AND CUSTOMARY PRICE OF EACH BRAND NAME AND GENERIC PRESCRIPTION DRUG LISTED WAS UPDATED.</p> <p>(K) A NOTATION INDICATING A PRESCRIPTION DRUG PRICE WAS CORRECTED.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		(2) THE DEPARTMENT SHALL DEVELOP A MECHANISM BY WHICH A PHARMACY MAY REPORT TO THE DEPARTMENT AN INCORRECT PRICE POSTED ON THE WEBSITE OPERATED UNDER SUBSECTION (1) FOR A DRUG PRODUCT SOLD AT THE PHARMACY AND SUBMIT THE CORRECT PRICE. ON VERIFICATION THAT THE REPORT IS ACCURATE, THE DEPARTMENT SHALL CORRECT THE INFORMATION ON THE WEBSITE.	Does not include Senate Sec. 285 (2).	(2) THE DEPARTMENT SHALL PROVIDE THE RESULTS OF THE COST STUDY TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY MAY 1 OF THE CURRENT FISCAL YEAR.
		(3) BY SEPTEMBER 1, 2009, THE DEPARTMENT SHALL PREPARE A REPORT ON THE ACCURACY OF THE PRICES POSTED ON THE WEBSITE OPERATED UNDER SUBSECTION (1), INCLUDING INFORMATION ON THE NUMBER OF NOTIFICATIONS OF INCORRECT PRICES, THE NUMBER OF THOSE NOTIFICATIONS THAT WERE VERIFIED, AND THE NUMBER OF DRUG PRODUCT PRICES THAT WERE CORRECTED. THE REPORT SHALL BE PROVIDED TO THE GOVERNOR, EACH MEMBER OF THE LEGISLATURE, AND THE HOUSE AND SENATE FISCAL AGENCIES.	Does not include Senate Sec. 285 (3) .	Does not include Senate Sec. 285 (3) .

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		(4) FROM THE MONEY APPROPRIATED IN PART 1, THE DEPARTMENT SHALL OPERATE A TOLL-FREE TELEPHONE NUMBER THAT RESIDENTS OF THIS STATE MAY CALL TO DETERMINE WHICH PRESCRIPTION DRUG PROGRAMS THEY MAY BE ELIGIBLE FOR, INCLUDING FREE AND DISCOUNTED PRESCRIPTION DRUG PROGRAMS.	Does not include Senate Sec. 285(4).	Does not include Senate Sec. 285(4).
		(5) AS USED IN THIS SECTION, "USUAL AND CUSTOMARY PRICE" MEANS A PRICE COMPARABLE TO WHAT A PHARMACY WOULD CHARGE A CASH-PAYING CUSTOMER WITHOUT INSURANCE AND NOT INCLUDING DISCOUNTS, SPECIAL PROMOTIONS, OR OTHER PROGRAMS INITIATED TO REDUCE PRICES FOR PRODUCT COSTS AVAILABLE TO THE GENERAL PUBLIC OR TO A SPECIAL POPULATION.	Does not include Senate Sec. 285(5).	Does not include Senate Sec. 285(5).

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>NEW SECTION</p> <p>Sec. 286. THE DEPARTMENT SHALL MAKE ALL MEDICAID ADMINISTRATIVE HEARING DECISIONS ISSUED ON OR AFTER OCTOBER 1, 2008 AVAILABLE TO THE PUBLIC, AS REQUIRED BY SECTION 11 OF THE FREEDOM, OF INFORMATION ACT, 1976 PA 442, MCL 15.241, AND 42 CFR 431.244(G), BY POSTING THEM ON THE STATE OF MICHIGAN INTERNET WEBSITE, WITH PERSONAL IDENTIFYING INFORMATION DELETED IN ACCORDANCE WITH FEDERAL LAW. HEARING DECISIONS SHALL BE POSTED ON THE WEBSITE WITHIN 10 DAYS OF ENTRY.</p>	<p>Does not include Senate Sec. 286.</p>	<p>Does not include Senate Sec. 286.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>DEPARTMENTWIDE ADMINISTRATION</u></p> <p><i>Allows Department to make payment from funds appropriated for worker's compensation for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.</i></p> <p>Sec. 301. From funds appropriated for worker's compensation, the department may make payments in lieu of worker's compensation payments for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.</p>	<p>Sec. 301. No changes from current law.</p>	<p>Sec. 301. No changes from current law.</p>	<p>Sec. 301. No changes from current law.</p>	<p>Sec. 301. No changes from current law.</p>
<p><i>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.</i></p> <p>Sec. 303. The department is prohibited from requiring first-party payment from individuals or families with a taxable income of \$10,000.00 or less for mental health services for determinations made in accordance with section 818 of the mental health code, 1974 PA 258, MCL 330.1818.</p>	<p>Sec. 303. No changes from current law.</p>	<p>Sec. 303. No changes from current law, except:</p> <p>"The department is prohibited from requiring SHALL NOT REQUIRE...for determinations made in accordance with UNDER section 818 of the mental health code, 1974 PA 258, MCL 330.1818."</p>	<p>Sec. 303. No changes from current law, except:</p> <p>"The department is prohibited from requiring SHALL NOT REQUIRE...for determinations made in accordance with UNDER section 818 of the mental health code, 1974 PA 258, MCL 330.1818."</p>	<p>Sec. 303. No changes from current law, except:</p> <p>"The department is prohibited from requiring SHALL NOT REQUIRE...for determinations made in accordance with UNDER section 818 of the mental health code, 1974 PA 258, MCL 330.1818."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><u>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS</u></p> <p><i>Allows 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.</i></p> <p>Sec. 350. The department may enter into a contract with the protection and advocacy service, authorized under section 931 of the mental health code, 1974 PA 258, MCL 330.1931, or a similar organization to provide legal services for purposes of gaining and maintaining occupancy in a community living arrangement which is under lease or contract with the department or a community mental health services program to provide services to persons with mental illness or developmental disability.</p>	<p>Sec. 350. No changes from current law.</p>	<p>Sec. 350. No changes from current law, except:</p> <p>"...contract with the protection and advocacy service AGENCY, 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 THAT is under lease or contract with the department..."</p>	<p>Sec. 350. No changes from current law, except:</p> <p>"...contract with the protection and advocacy service AGENCY, 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 THAT is under lease or contract with the department..."</p>	<p>Sec. 350. No changes from current law, except:</p> <p>"...contract with the protection and advocacy service AGENCY, 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 THAT is under lease or contract with the department..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires 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. Requires Department to ensure counties are aware of the availability of funds.</i></p> <p>Sec. 351. (1) 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 the 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> <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><u>EPIDEMIOLOGY</u></p> <p>Sec. 852. (1) No changes from current law.</p> <p>(2) No changes from current law.</p>	<p><u>EPIDEMIOLOGY</u></p> <p>Sec. 852. (1) No changes from current law.</p> <p>(2) No changes from current law.</p>	<p><u>EPIDEMIOLOGY</u></p> <p>Sec. 852. (1) No changes from current law.</p> <p>(2) No changes from current law.</p>	<p><u>EPIDEMIOLOGY</u></p> <p>Sec. 852. (1) No changes from current law.</p> <p>(2) No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS</p> <p><i>Provides that Part 1 appropriated funds are to support a comprehensive system of CMH services under full authority and responsibility of local CMHSPs or prepaid inpatient health plans (PIHPs). Requires Department to ensure that each CMHSP or PIHP provides a complete array of mental health services, coordination of inpatient and outpatient hospital services, individualized plans of services, a case or care management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code.</i></p> <p>Sec. 401. Funds appropriated in part 1 are intended to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs or PIHPs. The department shall ensure that each CMHSP or PIHP provides all of the following:</p> <p>(a) A system of single entry and single exit. (b) A complete array of mental health services which shall include, but shall not be limited to, all of the following services: residential and other individualized living arrangements, outpatient services, acute inpatient services, and long-term, 24-hour inpatient care in a structured, secure environment.</p>	<p>Sec. 401. No changes from current law.</p>	<p>Sec. 401. No changes from current law, except:</p> <p>(b) "A complete array of mental health services which shall include THAT INCLUDES, but shall not be IS NOT limited to, all of the following services: residential ..."</p>	<p>Sec. 401. No changes from current law, except:</p> <p>(b) "A complete array of mental health services which shall include THAT INCLUDES, but shall not be IS NOT limited to, all of the following services: residential ..."</p>	<p>Sec. 401. No changes from current law, except:</p> <p>(b) "A complete array of mental health services which shall include THAT INCLUDES, but shall not be IS NOT limited to, all of the following services: residential ..."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>(c) The coordination of inpatient and outpatient hospital services through agreements with state-operated psychiatric hospitals, units, and centers in facilities owned or leased by the state, and privately-owned hospitals, units, and centers licensed by the state pursuant to sections 134 through 149b of the mental health code, 1974 PA 258, MCL 330.1134 to 330.1149b.</p> <p>(d) Individualized plans of service that are sufficient to meet the needs of individuals, including those discharged from psychiatric hospitals or centers, and that ensure the full range of recipient needs is addressed through the CMHSP's or PIHP's program or through assistance with locating and obtaining services to meet these needs.</p> <p>(e) A system of case management or care management to monitor and ensure the provision of services consistent with the individualized plan of services or supports.</p> <p>(f) A system of continuous quality improvement.</p> <p>(g) A system to monitor and evaluate the mental health services provided.</p> <p>(h) A system that serves at-risk and delinquent youth as required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.</p>	(c) through (h) No changes from current law.	(c) through (h) No changes from current law.	(c) through (h) No changes from current law.	(c) through (h) No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires final authorizations to CMHSPs or PIHPs be made upon execution of contracts between DCH and CMHSPs or PIHPs. Requires each contract with a CMHSP or PIHP to include provision that it is not valid unless total dollar obligation of all contracts entered into between DCH and CMHSPs or PIHPs for FY 2007-08 does not exceed Part 1 appropriations. Requires DCH to report immediately to the House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director if there are new contracts or amendments to contracts with CMHSPs or PIHPs that would affect enacted rates or expenditures.</i></p> <p>Sec. 402. (1) From funds appropriated in part 1, final authorizations to CMHSPs or PIHPs shall be made upon the execution of contracts between the department and CMHSPs or PIHPs. The contracts shall contain an approved plan and budget as well as policies and procedures governing the obligations and responsibilities of both parties to the contracts. Each contract with a CMHSP or PIHP that the department is authorized to enter into under this subsection shall include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs or PIHPs entered into under this subsection for fiscal year 2007-2008 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.</p>	<p>Sec. 402. (1) No changes from current law, except:</p> <p>"...under this subsection for fiscal year 2007-2008 2008-2009 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection."</p>	<p>Sec. 402. (1) No changes from current law, except:</p> <p>"...under this subsection for fiscal year 2007-2008 2008-2009 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection."</p>	<p>Sec. 402. (1) No changes from current law, except:</p> <p>"...under this subsection for fiscal year 2007-2008 2008-2009 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection."</p>	<p>Sec. 402. (1) No changes from current law, except:</p> <p>"...under this subsection for fiscal year 2007-2008 2008-2009 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>(2) The department shall immediately report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director if either of the following occurs:</p> <p>(a) Any new contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p> <p>(b) Any amendments to contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p>	(2) No changes from current law.			
<p>(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.</p>	(3) No changes from current law.			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires DCH to ensure CMHSPs or PIHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement. Prohibits appropriations for multicultural services from being utilized for services to illegal immigrants.</i></p> <p>Sec. 403. (1) From the funds appropriated in part 1 for multicultural services, the department shall ensure that CMHSPs or PIHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement.</p>	<p>Sec. 403. (1) No changes from current law.</p>	<p>Sec. 403. (1) No changes from current law.</p>	<p>Sec. 403. (1) No changes from current law.</p>	<p>Sec. 403. (1) No changes from current law.</p>
<p>(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.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law, except: "...shall not be utilized for services provided to illegal immigrants AND PEOPLE WHO ARE NOT RESIDENTS OF THIS STATE. The department shall modify contracts..."</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law, except: "...shall not be utilized for services provided to illegal immigrants AND PEOPLE WHO ARE NOT RESIDENTS OF THIS STATE. The department shall modify contracts..."</p>
		<p>NEW SUBSECTION (3) THE DEPARTMENT SHALL REPORT TO THE LEGISLATURE ON ITS EFFORTS TO IMPLEMENT THE PROVISIONS IN SUBSECTION (2).</p>	<p>Does not include Senate Sec. 403(3).</p>	<p>Does not include Senate Sec. 403(3).</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p><i>NEW SUBSECTION</i></p> <p>(4) ORGANIZATIONS RECEIVING FUNDING FROM THE MULTICULTURAL SERVICES LINE DIRECTLY OR FROM A CMHSP SHALL FILE SPENDING PLANS WITH THE DEPARTMENT BY OCTOBER 1, 2008. THE SPENDING PLANS SHALL INCLUDE SPECIFIC INFORMATION ON SERVICES AND PROGRAMS PROVIDED, THE CLIENT BASE TO WHICH THE SERVICES AND PROGRAMS WILL BE PROVIDED, AND THE ANTICIPATED EXPENDITURE ON THESE SERVICES. THE DEPARTMENT SHALL PROVIDE THE SPENDING PLANS TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES.</p>	<p><i>NEW SUBSECTION</i></p> <p>(3) ORGANIZATIONS RECEIVING FUNDING FROM THE MULTICULTURAL SERVICES LINE DIRECTLY OR FROM A CMHSP SHALL FILE SPENDING PLANS WITH THE DEPARTMENT BY OCTOBER 1, 2008. THE SPENDING PLANS SHALL INCLUDE SPECIFIC INFORMATION ON SERVICES AND PROGRAMS PROVIDED, THE CLIENT BASE TO WHICH THE SERVICES AND PROGRAMS WILL BE PROVIDED, AND THE ANTICIPATED EXPENDITURE ON THESE SERVICES. THE DEPARTMENT SHALL PROVIDE THE SPENDING PLANS TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES.</p>	<p><i>NEW SUBSECTION</i></p> <p>(3) THE DEPARTMENT SHALL REQUIRE AN ANNUAL REPORT FROM THE INDEPENDENT ORGANIZATIONS THAT RECEIVE MULTICULTURAL SERVICES FUNDING. THE ANNUAL REPORT SHALL INCLUDE SPECIFIC INFORMATION ON SERVICES AND PROGRAMS PROVIDED, THE CLIENT BASE TO WHICH THE SERVICES AND PROGRAMS WERE PROVIDED, AND THE EXPENDITURES FOR THOSE SERVICES. THE DEPARTMENT SHALL PROVIDE THE ANNUAL REPORTS TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires Department to provide a report by May 31, 2008, on the following for CMHSPs or PIHPs: expenditures and services data; information about access to CMHSPs; lapses and carry-forwards during FY 2006-07; information on the CMH Medicaid managed care program; performance indicator information required to be submitted to DCH in contracts with CMHSPs or PIHPs, and an estimate of the number of mental health direct care workers.</i></p> <p>Sec. 404. (1) Not later than May 31 of 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, except: "Not later than May 31 of each THE CURRENT fiscal year, the department shall provide a report..."</p>	<p>Sec. 404. (1) No changes from current law, except: "Not later than May 31 of each THE CURRENT fiscal year, the department shall provide a report..."</p>	<p>Sec. 404. (1) No changes from current law, except: "Not later than May 31 of each THE CURRENT fiscal year, the department shall provide a report..."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>(2) The report shall contain information for each CMHSP or PIHP and a statewide summary, each of which shall include at least the following information:</p> <p>(a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis.</p> <p>(b) Per capita expenditures by client population group.</p> <p>(c) Financial information 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 services 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)(a) through (g) No changes from current law.</p>	<p>(2)(a) through (g) No changes from current law, except:</p> <p>(c) "Financial information which shall include INCLUDES a description of funding authorized; expenditures by client group... administration. Service category shall include INCLUDES all department-approved services."</p> <p>(e) "Information about access to community mental health services programs which shall include INCLUDES, but not be IS NOT LIMITED to the following:"</p> <p>(g) "An analysis of information provided by community mental health services programs CMHSPS in response to the needs assessment requirements of the mental health code, 1974 PA 258, MCL 330.1001 TO 330.2106, including ..."</p>	<p>(2)(a) through (g) No changes from current law, except:</p> <p>(c) "Financial information which shall include INCLUDES a description of funding authorized; expenditures by client group... administration. Service category shall include INCLUDES all department-approved services."</p> <p>(e) "Information about access to community mental health services programs which shall include INCLUDES, but not be IS NOT LIMITED to the following:"</p> <p>(g) "An analysis of information provided by community mental health services programs CMHSPS in response to the needs assessment requirements of the mental health code, 1974 PA 258, MCL 330.1001 TO 330.2106, including ..."</p>	<p>(2)(a) through (g) No changes from current law, except:</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>(h) Lapses and carryforwards during fiscal year 2006-2007 for CMHSPs or PIHPs.</p> <p>(i) Information about contracts for mental health services entered into by CMHSPs or PIHPs with providers, including, but not limited to, all of the following:</p> <p>(i) The amount of the contract, organized by type of service provided.</p> <p>(ii) Payment rates, organized by the type of service provided.</p> <p>(iii) Administrative costs for services provided to CMHSPs or PIHPs.</p> <p>(j) Information on the community mental health Medicaid managed care program, including, but not limited to, both of the following:</p> <p>(i) Expenditures by each CMHSP or PIHP organized by Medicaid eligibility group, including per eligible individual expenditure averages.</p> <p>(ii) Performance indicator information required to be submitted to the department in the contracts with CMHSPs or PIHPs.</p> <p>(k) An estimate of the number of direct care workers in local residential settings and paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal care services are provided by CMHSPs or PIHPs as of September 30, 2007 employed directly or through contracts with provider organizations.</p>	<p>(2)(h) through (k) No changes from current law, except:</p> <p>(h) "Lapses and carryforwards during fiscal year 2006-2007 2007-2008 for CMHSPs or PIHPs."</p> <p>(k) "...provided by CMHSPs or PIHPs as of September 30, 2007 OF THE CURRENT FISCAL YEAR employed directly or through contracts with provider organizations."</p>	<p>(2)(h) through (k) No changes from current law, except:</p> <p>(h) "Lapses and carryforwards during THE IMMEDIATELY PRECEDING fiscal year 2006-2007 for CMHSPs or PIHPs."</p> <p>(k) "...provided by CMHSPs or PIHPs as of September 30, 2007 2008 employed directly or through contracts with provider organizations."</p>	<p>(2)(h) through (k) No changes from current law, except:</p> <p>(h) "Lapses and carryforwards during THE IMMEDIATELY PRECEDING fiscal year 2006-2007 for CMHSPs or PIHPs."</p> <p>(k) "...provided by CMHSPs or PIHPs as of September 30, 2007 2008 employed directly or through contracts with provider organizations."</p>	<p>(2)(h) through (k) No changes from current law, except:</p> <p>(h) "Lapses and carryforwards during THE IMMEDIATELY PRECEDING fiscal year 2006-2007 for CMHSPs or PIHPs."</p> <p>(k) "...provided by CMHSPs or PIHPs as of September 30, 2007 2008 employed directly or through contracts with provider organizations."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP or PIHP.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs or PIHPs.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
<i>States legislative intent that the wage increase funded in previous years, including the 2% wage increase funded in FY 2006-07, 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.</i>				
Sec. 405. (1) It is the intent of the legislature that the employee wage pass-through funded in previous years, including the 2% wage increase funded in fiscal year 2006-2007, 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.	Sec. 405. (1) No changes from current law, except: " It is the intent of the legislature that the THE employee wage pass-through funded in previous years, including the 2% wage increase..."	Sec. 405. (1) No changes from current law, except: "...that the employee wage pass-through funded in previous years, including the 2% wage increase funded in fiscal year 2006-2007, to the community mental health services programs for direct care workers..."	Sec. 405. (1) No changes from current law, except: "...that the employee wage pass-through funded in previous years, including the 2% wage increase funded in fiscal year 2006-2007, to the community mental health services programs for direct care workers..."	Sec. 405. (1) No changes from current law, except: "...that the employee wage pass-through funded in previous years, including the 2% wage increase funded in fiscal year 2006-2007, to the community mental health services programs for direct care workers..."

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p><i>NEW SUBSECTION</i></p> <p>(2) FROM THE MONEY APPROPRIATED IN PART 1 FOR MEDICAID MENTAL HEALTH SERVICES, A POOL OF FUNDS SHALL BE ESTABLISHED TO BE AVAILABLE TO COMMUNITY MENTAL HEALTH SERVICES PROGRAMS, SUFFICIENT TO, BEGINNING OCTOBER 1, 2008, INCREASE THE WAGES AND THE EMPLOYER'S SHARE OF FEDERAL INSURANCE CONTRIBUTIONS ACT COSTS BY 2% OF EACH DIRECT CARE WORKER IN A LOCAL RESIDENTIAL SETTING AND OF EACH PARAPROFESSIONAL AND OTHER NONPROFESSIONAL DIRECT CARE WORKER IN A SETTING WHERE SKILL BUILDING, COMMUNITY LIVING SUPPORTS AND TRAINING, AND PERSONAL CARE SERVICES ARE PROVIDED.</p>	<p><i>NEW SUBSECTION</i></p> <p>(2) IT IS THE INTENT OF THE LEGISLATURE THAT A 2% WAGE INCREASE, EFFECTIVE APRIL 1, 2009, BE PROVIDED TO 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.</p>	<p><i>NEW SUBSECTION</i></p> <p>(2) IT IS THE INTENT OF THE LEGISLATURE THAT A 1% WAGE INCREASE, EFFECTIVE FEBRUARY 1, 2009, BE PROVIDED TO 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.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p><i>NEW SUBSECTION</i></p> <p>(3) EACH CMHSP SHALL APPLY TO THE DEPARTMENT TO RECEIVE MONEY FROM THE DIRECT CARE WORKER WAGE PASS-THROUGH FUNDS ESTABLISHED UNDER SUBSECTION (2), NOT TO EXCEED THE CMHSP'S PROPORTIONATE SHARE OF THE MONEY ALLOCATED FOR THIS PURPOSE. THE APPLICATION SHALL SPECIFY THE AMOUNT REQUESTED AND THE AGENCIES AND PROGRAMS THAT WILL RECEIVE THE WAGE PASS-THROUGH MONEY REQUESTED.</p>	Does not include Senate Sec. 405(3).	Does not include Senate Sec. 405(3).

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(2) 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 to be determined by the department.	Delete current law.	<p>(2) (4) No changes from current law, except:</p> <p>"Each CMHSP or PIHP awarded wage pass-through funds in fiscal year 2006-2007 MONEY FROM THE FUNDS ESTABLISHED UNDER SUBSECTION (2) shall report on the actual expenditures of such funds THE MONEY in the format to be determined by the department. ANY MONEY NOT USED BY THE CMHSP FOR THE PURPOSE SPECIFIED IN THE WAGE PASS-THROUGH APPLICATION SHALL BE DEDUCTED FROM THE BASE ALLOCATION TO THE CMHSP IN THE SUBSEQUENT FISCAL YEAR."</p>	<p>(3) No changes from current law, except for the following:</p> <p>"Each CMHSP or PIHP awarded wage pass-through funds in fiscal year 2006-2007 MONEY FROM THE FUNDS ESTABLISHED UNDER SUBSECTIONS (1) AND (2) shall report on the actual expenditures of such funds THE MONEY in the format to be determined by the department.</p>	<p>(3) No changes from current law, except for the following:</p> <p>"Each CMHSP or PIHP awarded wage pass-through funds in fiscal year 2006-2007 MONEY FROM THE FUNDS ESTABLISHED UNDER SUBSECTIONS (1) AND (2) shall report on the actual expenditures of such funds THE MONEY in the format to be determined by the department.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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>Sec. 406. (1) No changes from current law.</p>	<p>Sec. 406. (1) No changes from current law.</p>
<p>(2) The department shall reimburse all licensed substance abuse programs eligible to participate in the program at a rate equivalent to that paid by the department of human services to adult foster care providers. Programs accredited by department-approved accrediting organizations shall be reimbursed at the personal care rate, while all other eligible programs shall be reimbursed at the domiciliary care rate.</p>	<p>(2) No changes from current law.</p>			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
			NEW SUBSECTION (3) OF THE FUNDS APPROPRIATED IN PART 1 FOR THE STATE DISABILITY ASSISTANCE SUBSTANCE ABUSE SERVICES PROGRAM, \$1,450,000.00 SHALL BE DISTRIBUTED BASED ON LOCAL NEEDS AS DETERMINED BY THE DEPARTMENT, IN CONSULTATION WITH COORDINATING AGENCIES.	Does not include House Sec. 406 (3)
<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 PIHPs to coordinate services provided to individuals with both mental illness and substance abuse diagnoses. Requires Department to approve a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay.</i>				
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 PIHPs to coordinate the care and services provided to individuals with both mental illness and substance abuse diagnoses.	Sec. 407. (1) No changes from current law.	Sec. 407. (1) No changes from current law.	Sec. 407. (1) No changes from current law.	Sec. 407. (1) No changes from current law.
(2) The department shall approve a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p><i>NEW SUBSECTION</i></p> <p>(3) THE DEPARTMENT SHALL DEVELOP A PAYMENT METHODOLOGY THAT INCREASES ALLOTMENTS TO COORDINATING AGENCIES THAT ARE ALSO COMMUNITY MENTAL HEALTH PROVIDERS. THE DEPARTMENT SHALL REPORT ON THIS PAYMENT METHODOLOGY TO THE SENATE AND HOUSE SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY APRIL 1 OF THE CURRENT FISCAL YEAR.</p>	<p>Does not include Senate Sec. 407 (3).</p>	<p><i>NEW SUBSECTION</i></p> <p>(3) THE DEPARTMENT SHALL DEVELOP A FEASIBILITY STUDY ON A PAYMENT METHODOLOGY THAT INCREASES ALLOTMENTS TO COORDINATING AGENCIES THAT ARE ALSO COMMUNITY MENTAL HEALTH PROVIDERS. THE DEPARTMENT SHALL REPORT ON THIS FEASIBILITY STUDY ON A PAYMENT METHODOLOGY TO THE SENATE AND HOUSE SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY APRIL 1 OF THE CURRENT FISCAL YEAR.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires Department to report by April 15, 2008, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2006-07.</i></p> <p>Sec. 408. (1) By April 15, 2008, the department shall report the following data from fiscal year 2006-2007 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, 2008, OF THE CURRENT FISCAL YEAR, the department shall report the following data from fiscal year 2006-2007 2007-2008 on substance abuse ..."</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>"By April 15, 2008, OF THE CURRENT FISCAL YEAR, the department shall report the following data from fiscal year 2006-2007 2007-2008 on substance abuse ..."</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>"By April 15, 2008, OF THE CURRENT FISCAL YEAR, the department shall report the following data from fiscal year 2006-2007 2007-2008 on substance abuse ..."</p>	<p>Sec. 408. (1) No changes from current law, except:</p> <p>"By April 15, 2008, OF THE CURRENT FISCAL YEAR, the department shall report the following data from fiscal year 2006-2007 2007-2008 on substance abuse ..."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all coordinating agencies.	(2) No changes from current law.			
<i>Requires funds for substance abuse services to be distributed in a manner to provide priority to service providers that furnish child care services to clients with children.</i>				
Sec. 409. The funding in part 1 for substance abuse services shall be distributed in a manner that provides priority to service providers that furnish child care services to clients with children.	Sec. 409. No changes from current law.	Sec. 409. No changes from current law.	Sec. 409. No changes from current law.	Sec. 409. No changes from current law.
<i>Requires Department to assure that substance abuse treatment is provided to applicants and recipients of public assistance through Department of Human Services who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</i>				
Sec. 410. The department shall assure that substance abuse treatment is provided to applicants and recipients of public assistance through the department of human services who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.	Sec. 410. No changes from current law.			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires Department to ensure that each contract with a CMHSP or PIHP require the CMHSP or PIHP to implement programs to encourage diversions for persons with mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP or PIHP to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement agencies.</i></p> <p>Sec. 411. (1) The department shall ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to implement programs to encourage diversion of persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate.</p>	<p>Sec. 411. (1) No changes from current law.</p>	<p>Sec. 411. (1) No changes from current law.</p>	<p>Sec. 411. (1) No changes from current law.</p>	<p>Sec. 411. (1) No changes from current law.</p>
<p>(2) Each CMHSP or PIHP shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.</p>	<p>(2) No changes from current law.</p>			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires 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 2006-07.</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 2006-2007.</p>	<p>Sec. 412. No changes from current law, except: "...than the amount contracted for in fiscal year 2006-2007 2007-2008."</p>	<p>Sec. 412. No changes from current law, except: "...than the amount contracted for in fiscal year 2006-2007 2007-2008."</p>	<p>Sec. 412. No changes from current law, except: "...than the amount contracted for in fiscal year 2006-2007 2007-2008."</p>	<p>Sec. 412. No changes from current law, except: "...than the amount contracted for in fiscal year 2006-2007 2007-2008."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires Medicaid substance abuse services to be managed by selected 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. Authorizes selected PIHPs to receive a capitated payment on a per eligible per month basis to assure the provision of medically necessary substance abuse services. Requires selected PIHPs to be responsible for reimbursement of claims for specialized substance abuse services. Allows PIHPs that are not coordinating agencies to continue to contract with a coordinating agency provided that the alternative arrangement is based on client service needs and has prior approval from DCH.</i></p> <p>Sec. 414. Medicaid substance abuse treatment services shall be managed by selected 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 PIHPs 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 PIHPs shall be responsible for the reimbursement of claims for specialized substance abuse services. The PIHPs that are not coordinating agencies may continue to contract with a coordinating agency. Any alternative arrangement must be based on client service needs and have prior approval from the department.</p>	<p>Sec. 414. No changes from current law.</p>			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires Department to report monthly on the amount of funding paid to PIHPs to support the Medicaid managed mental health program.</i></p> <p>Sec. 418. On or before the tenth of each month, the department shall report to the senate and house 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 PIHPs to support the Medicaid managed mental health care program in that month. The information shall include the total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, and number of cases in each eligibility group for each PIHP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.</p>	<p>Sec. 418. No changes from current law, except:</p> <p>"...the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in that THE PRECEDING month."</p>	<p>Sec. 418. No changes from current law, except:</p> <p>"...the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in that THE PRECEDING month."</p>	<p>Sec. 418. No changes from current law, except:</p> <p>"...the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in that THE PRECEDING month."</p>	<p>Sec. 418. No changes from current law, except:</p> <p>"...the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in that THE PRECEDING month."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires 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 Department to establish a Work Group examining and reviewing the source and expenditure of public and private funds for substance abuse programs and services. Requires Work Group to develop and recommend cost-effective measures for expenditure of funds and delivery of substance abuse programs and services.</i></p> <p>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.</p>	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.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>(2) The department shall establish a work group composed of representatives of the department, the departments of human services, corrections, education, state police, and military and veterans affairs, coordinating agencies, CMHSPs, and any other persons considered appropriate to examine and review the source and expenditure of all public and private funds made available 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, 2008.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law, except:</p> <p>"...and the state budget director by May 31, 2008 OF THE CURRENT FISCAL YEAR."</p>	<p>(2) No changes from current law, except:</p> <p>"...and the state budget director by May 31, 2008 OF THE CURRENT FISCAL YEAR."</p>	<p>(2) No changes from current law, except:</p> <p>"...and the state budget director by May 31, 2008 OF THE CURRENT FISCAL YEAR."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires PIHPs 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.</i></p> <p>Sec. 424. Each PIHP that contracts with the department to provide services to the Medicaid population shall adhere to the following timely claims processing and payment procedure for claims submitted by health professionals and facilities:</p> <p>(a) A "clean claim" as described in section 111i of the social welfare act, 1939 PA 280, MCL 400.111i, must be paid within 45 days after receipt of the claim by the PIHP. A clean claim that is not paid within this time frame shall bear simple interest at a rate of 12% per annum.</p> <p>(b) A PIHP must state in writing to the health professional or facility any defect in the claim within 30 days after receipt of the claim.</p> <p>(c) A health professional and a health facility have 30 days after receipt of a notice that a claim or a portion of a claim is defective within which to correct the defect. The PIHP shall pay the claim within 30 days after the defect is corrected.</p>	<p>Sec. 424. No changes from current law.</p>	<p>Sec. 424. No changes from current law, except:</p> <p>(a) "...of the social welfare act, 1939 PA 280, MCL 400.111i, must SHALL be paid within 45 days after receipt of the claim by the PIHP."</p>	<p>Sec. 424. No changes from current law, except:</p> <p>(a) "...of the social welfare act, 1939 PA 280, MCL 400.111i, must SHALL be paid within 45 days after receipt of the claim by the PIHP."</p>	<p>Sec. 424. No changes from current law, except:</p> <p>(a) "...of the social welfare act, 1939 PA 280, MCL 400.111i, must SHALL be paid within 45 days after receipt of the claim by the PIHP."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires Department to provide consultation to the Department of Corrections in completing the independent study on the prevalence of prisoners in need of mental health treatment, substance abuse services, or both, and the provision of services to prisoners in need of mental health treatment, substance abuse services, or both.</i></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>	Delete current law.	Delete current law.	Delete current law.	Delete current law.
		<p>NEW SECTION</p> <p>Sec. 427. FROM THE MONEY APPROPRIATED IN PART 1 FOR MENTAL HEALTH/SUBSTANCE ABUSE PROGRAM ADMINISTRATION, THE DEPARTMENT SHALL ALLOCATE \$200,000.00 FOR A STUDY OF THE PREVALENCE OF MENTAL ILLNESS IN JAILS. THE DEPARTMENT SHALL REPORT ON THE RESULTS OF THIS STUDY BY JUNE 1, 2009 TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES.</p>	Does not include Senate Sec. 427.	Does not include Senate Sec. 427.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires PIHPs to provide local funds from internal resources that can be used as a bona fide source for the state match required under the Medicaid program in order to increase capitation rates for PIHPs.</i></p> <p>Sec. 428. Each PIHP shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.</p>	<p>Sec. 428. No changes from current law.</p>	<p>Sec. 428. No changes from current law.</p>	<p>Sec. 428. No changes from current law.</p>	<p>Sec. 428. No changes from current law.</p>
		<p>NEW SECTION</p> <p>Sec. 430. (1) IT IS THE INTENT OF THE LEGISLATURE THAT EACH PIHP HAVE THE OPTION TO CARRY FORWARD A PORTION OF THE NONFEDERAL SHARE OF ANY MEDICAID CAPITATION PAYMENTS PROVIDED TO THAT PIHP IN THE SUBSEQUENT FISCAL YEAR.</p>	<p>Does not include Senate Sec. 430 (1).</p>	<p>Does not include Senate Sec. 430 (1).</p>
		<p>(2) PIHPs SHALL INFORM THE DEPARTMENT OF THE AMOUNT OF UNEXPENDED MEDICAID CAPITATION PAYMENTS THAT WERE MADE TO THE PIHP THAT WOULD BE USED FOR THIS PURPOSE.</p>	<p>Does not include Senate Sec. 430 (2).</p>	<p>Does not include Senate Sec. 430 (2).</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		(3) THE OPTION TO CARRY FORWARD THE FUNDS UNDER SUBSECTION (1) IS AN ALTERNATIVE TO CURRENTLY ALLOWED MEDICAID SAVINGS AND REINVESTMENT STRATEGIES AND PIHPS MAY OPT TO UTILIZE A COMBINATION OF THESE OPTIONS.	Does not include Senate Sec. 430 (3).	Does not include Senate Sec. 430 (3).
		(4) PIHPS EXERCISING THE OPTION TO CARRY FORWARD A PORTION OF THE NONFEDERAL SHARE OF THEIR MEDICAID CAPITATION PAYMENTS MAY CARRY FORWARD 50% OF THE NONFEDERAL SHARE AS GENERAL FUND REVENUE. ALL GENERAL FUND REVENUE CARRIED FORWARD UNDER THIS SECTION SHALL BE USED TO PROVIDE MENTAL HEALTH SERVICES UNDER THE PRIORITY POPULATION SECTIONS OF THE MENTAL HEALTH CODE, 1974 PA 258, MCL 330.1001 TO 330.2106, AND SHALL BE EXPENDED IN THE YEAR AFTER THEY ARE EARNED.	Does not include Senate Sec. 430 (4).	Does not include Senate Sec. 430 (4).

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		(5) PIHPS EXERCISING THE OPTION UNDER THIS SECTION SHALL RETURN THE FEDERAL SHARE OF THE FUNDING TO BE CARRIED FORWARD AS WELL AS THE REMAINING 50% OF THE NONFEDERAL SHARE TO THE STATE VIA THE YEAR-END COST SETTLEMENT PROCESS.	Does not include Senate Sec. 430(5).	Does not include Senate Sec. 430(5).
<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, 2007.</p>	<p>Sec. 435. No changes from current law, except:</p> <p>"...with the first payment being made by October 1, 2007 OF THE CURRENT FISCAL YEAR.</p>	<p>Sec. 435. No changes from current law, except:</p> <p>"...with the first payment being made by October 1, 2007 OF THE CURRENT FISCAL YEAR."</p>	<p>Sec. 435. No changes from current law, except:</p> <p>"...with the first payment being made by October 1, 2007 OF THE CURRENT FISCAL YEAR."</p>	<p>Sec. 435. No changes from current law, except:</p> <p>"...with the first payment being made by October 1, 2007 OF THE CURRENT FISCAL YEAR."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>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 Department to report quarterly on a summary of eligible expenditures for the Medicaid Adult Benefits Waiver program to the House and Senate Appropriations Subcommittees on Community Health.</i></p> <p>Sec. 442. (1) It is the intent of the legislature that the \$40,000,000.00 in funding transferred from the community mental health non-Medicaid services line to support the Medicaid adult benefits waiver program be used to provide state match for increases in federal funding for primary care and specialty services provided to Medicaid adult benefits waiver enrollees and for economic increases for the Medicaid specialty services and supports program.</p>	<p>Sec. 442. (1) No changes from current law, except:</p> <p>"It is the intent of the legislature that the 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 SHALL be used ..."</p>	<p>Sec. 442. (1) No changes from current law.</p>	<p>Sec. 442. (1) No changes from current law.</p>	<p>Sec. 442. (1) No changes from current law.</p>
<p>(2) The department shall assure that persons enrolled in the Medicaid adult benefits waiver program shall receive mental health services as approved in the state plan amendment.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(3) Capitation payments to CMHSPs 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.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(4) 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.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
<i>Prohibits retroactive implementation of any policy that results in negative financial impact on CMHSPs or PIHPs.</i> 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.	Delete current law.	Sec. 452. No changes from current law, except: "...negative financial impact on community mental health services programs CMHSPs or prepaid inpatient health plans PIHPs. "	Sec. 452. No changes from current law, except: "...negative financial impact on community mental health services programs CMHSPs or prepaid inpatient health plans PIHPs. "	Sec. 452. No changes from current law, except: "...negative financial impact on community mental health services programs CMHSPs or prepaid inpatient health plans PIHPs. "

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>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.</i></p> <p>Sec. 456. (1) CMHSPs and PIHPs 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 PIHPs shall not arbitrarily eliminate or restrict any choices from the array of services and program settings available to consumers without reasonable justification that those services are not in the consumer's best interest.</p>	<p>Sec. 456. (1) No changes from current law.</p>	<p>Sec. 456. (1) No changes from current law.</p>	<p>Sec. 456. (1) No changes from current law.</p>	<p>Sec. 456. (1) No changes from current law.</p>
<p>(2) CMHSPs and PIHPs shall take all necessary steps to ensure that individuals with mental illness, developmental disabilities, or substance abuse issues be placed in the least restrictive setting in the quickest amount of time possible if it is the individual's choice.</p>	<p>(2) No changes from current law.</p>			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires Department to report by April 15, 2008, 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 including residential facilities' potential impact on the state's need for adult mental health facilities; and a cost-benefit analysis of establishing specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.</i></p> <p>Sec. 458. By April 15, 2008, 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. This report shall examine the potential impact that utilization of secure residential facilities would have upon the state's need for adult mental health facilities.</p> <p>(c) In conjunction with the state court administrator's office, a report that evaluates the cost-benefit of establishing a specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.</p>	<p>Delete current law.</p>	<p>Sec. 458. (1) No changes from current law, except:</p> <p>"By April 15,—2008 OF THE CURRENT FISCAL YEAR, the department shall provide..."</p> <p>(a) "An updated plan for implementing EACH OF THE recommendations of the..."</p>	<p>Delete current law.</p>	<p>Sec. 458. No changes from current law, except:</p> <p>"By April 15,—2008 OF THE CURRENT FISCAL YEAR, the department shall provide..."</p> <p>(a) "An updated plan for implementing EACH OF THE recommendations of the..."</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p><i>NEW SUBSECTION</i></p> <p>(2) THE DEPARTMENT SHALL ESTABLISH 2 PILOT PROGRAMS TO IMPLEMENT SECURE RESIDENTIAL FACILITIES OF FEWER THAN 17 BEDS FOR ADULTS WITH SERIOUS MENTAL ILLNESS. ONE OF THESE PILOTS SHALL BE LOCATED IN A COUNTY WITH A POPULATION OVER 1,750,000 AND THE OTHER PILOT SHALL BE LOCATED IN A COUNTY WITH A POPULATION UNDER 225,000.</p>	Does not include Senate Sec. 458(2).	Does not include Senate Sec. 458(2).

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
	<p><i>NEW SECTION</i></p> <p>SEC. 459. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MENTAL HEALTH COURT PILOT PROGRAMS, THE DEPARTMENT SHALL WORK WITH THE JUDICIARY, INCLUDING THE STATE COURT ADMINISTRATIVE OFFICE, TO DEVELOP GUIDELINES FOR THE OPERATION AND EVALUATION OF PILOT MENTAL HEALTH COURTS. LOCAL CMHSPS AND TRIAL COURTS INTERESTED IN BECOMING MENTAL HEALTH COURT PILOT SITES SHALL SUBMIT A JOINT APPLICATION FOR FUNDING PREPARED IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE DEPARTMENT AND JUDICIARY. THE APPLICATIONS SHALL INCLUDE DOCUMENTATION OF COMMUNITY NEEDS AND A COMMITMENT TO THE PROGRAM BY KEY STAKEHOLDERS, INCLUDING THE LOCAL COURTS, LAW ENFORCEMENT, PROSECUTOR, DEFENSE COUNSEL, AND TREATMENT PROVIDERS.</p>		<p><i>NEW SECTION</i></p> <p>SEC. 459. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MENTAL HEALTH COURT PILOT PROGRAMS, THE DEPARTMENT SHALL WORK WITH THE JUDICIARY, INCLUDING THE STATE COURT ADMINISTRATIVE OFFICE, TO DEVELOP GUIDELINES FOR THE OPERATION AND EVALUATION OF PILOT MENTAL HEALTH COURTS. IT IS THE INTENT OF THE LEGISLATURE THAT 1 OF THE PILOT MENTAL HEALTH COURTS BE LOCATED IN OAKLAND COUNTY IF THE LOCAL CMHSP AND THE TRIAL COURT IN THAT COUNTY MEET ALL GUIDELINES ESTABLISHED UNDER THIS SECTION. LOCAL CMHSPS AND TRIAL COURTS INTERESTED IN BECOMING MENTAL HEALTH COURT PILOT SITES SHALL SUBMIT A JOINT APPLICATION FOR FUNDING PREPARED IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE DEPARTMENT AND JUDICIARY. THE APPLICATIONS SHALL INCLUDE DOCUMENTATION OF COMMUNITY NEEDS AND A COMMITMENT TO THE PROGRAM BY KEY STAKEHOLDERS, INCLUDING THE LOCAL COURTS, LAW ENFORCEMENT, PROSECUTOR, DEFENSE COUNSEL, AND TREATMENT PROVIDERS.</p>	<p><i>NEW SECTION</i></p> <p>SEC. 459. FROM THE FUNDS APPROPRIATED IN PART 1 FOR MENTAL HEALTH COURT PILOT PROGRAMS, THE DEPARTMENT SHALL WORK WITH THE JUDICIARY, INCLUDING THE STATE COURT ADMINISTRATIVE OFFICE, TO DEVELOP GUIDELINES FOR THE OPERATION AND EVALUATION OF PILOT MENTAL HEALTH COURTS. LOCAL CMHSPS AND TRIAL COURTS INTERESTED IN BECOMING MENTAL HEALTH COURT PILOT SITES SHALL SUBMIT A JOINT APPLICATION FOR FUNDING PREPARED IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE DEPARTMENT AND JUDICIARY. THE APPLICATIONS SHALL INCLUDE DOCUMENTATION OF COMMUNITY NEEDS AND A COMMITMENT TO THE PROGRAM BY KEY STAKEHOLDERS, INCLUDING THE LOCAL COURTS, LAW ENFORCEMENT, PROSECUTOR, DEFENSE COUNSEL, AND TREATMENT PROVIDERS.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires DCH to fully implement the uniform definitions, standards, and reporting of administrative costs by subcontractors of PIHPs, CMHSPs, and contracted organized provider systems that receive payment or reimbursements from PIHPs and CMHSPs in FY 2007-08.</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 PIHPs, CMHSPs, and contracted organized provider systems that receive payment or reimbursement from funds appropriated under section 104 of part 1 that were implemented in fiscal year 2006-2007 by the department shall 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>"...from funds appropriated under section 104 of part 1 that were implemented in fiscal year 2006-2007 by the department shall also be implemented for this subcontractors in fiscal year 2007-2008 2008-2009."</p>	<p>Sec. 460. (1) No changes from current law, except:</p> <p>"...from funds appropriated under section 104 of part 1 that were implemented in fiscal year 2006-2007 by the department shall also be implemented for this subcontractors in fiscal year 2007-2008 2008-2009."</p>	<p>Sec. 460. (1) No changes from current law, except:</p> <p>"...from funds appropriated under section 104 of part 1 that were implemented in fiscal year 2006-2007 by the department shall also be implemented for this subcontractors in fiscal year 2007-2008 2008-2009."</p>
<p>(2) 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 a progress report on the implementation required under subsection (1). The progress report is due on July 1, 2008.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law, except:</p> <p>"The progress report is due on July 1, 2008 OF THE CURRENT FISCAL YEAR."</p>	<p>(2) No changes from current law, except:</p> <p>"The progress report is due on July 1, 2008 OF THE CURRENT FISCAL YEAR."</p>	<p>(2) No changes from current law, except:</p> <p>"The progress report is due on July 1, 2008 OF THE CURRENT FISCAL YEAR."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires DCH to implement a funding equity plan for all CMHSPs receiving funds appropriated under CMH Non-Medicaid Services. Requires the funding plan to reflect a combination of a more equitable distribution methodology based on proxy measures of need and recognition of varying expenditure needs of CMHSPs.</i></p> <p>Sec. 462. The department shall implement a funding equity plan for all CMHSPs that receive funds appropriated under the community mental health non-Medicaid services line. 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 senate and house subcommittees on community health, the senate and house fiscal agencies, and the state budget director by March 1, 2008.</p>	<p>Delete current law.</p>	<p>Sec. 462. No changes from current law, except:</p> <p>"The department shall submit the written equity funding plan AND A REPORT REGARDING IMPLEMENTATION OF THE EQUITY FUNDING PLAN to the senate and house subcommittees on community health, the senate and house fiscal agencies, and the state budget director by March 1, 2008 OF THE CURRENT FISCAL YEAR."</p>	<p>Delete current law.</p>	<p>Sec. 462. No changes from current law, except:</p> <p>"The department shall implement DEVELOP a funding equity plan for all CMHSPs that receive funds appropriated under the community mental health-Medicaid services line. The funding plan should reflect a combination of... needs of CMHSPs. The department shall submit the written equity funding plan AND A REPORT REGARDING IMPLEMENTATION FEASIBILITY OF THE EQUITY FUNDING PLAN INCLUDING AN IMPACT STATEMENT ...by March 1, 2008 OF THE CURRENT FISCAL YEAR."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Directs Department to establish standard program evaluation measures to assess effectiveness of programs provided through coordinating agencies and service providers in reducing and preventing incidence of substance abuse.</i></p> <p>Sec. 463. The department shall use 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.</p>			
<p><i>Expresses legislative intent that revenue received by DCH from liquor license fees is to be expended at not less than the amount provided in FY 2006-07 for prevention, rehabilitation, care, and treatment of alcoholics pursuant to Liquor Control Code provisions.</i></p> <p>Sec. 464. It is the intent of the legislature that revenue received by the department from liquor license fees be expended at not less than the amount provided in fiscal year 2006-2007, 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>Sec. 464. No changes from current law.</p>	<p>Sec. 464. No changes from current law.</p>	<p>Sec. 464. No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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><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>Sec. 467. No changes from 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 –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires 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 Department to make accommodations or adjustments in 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:</p> <p>(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, except:</p> <p>"...the department shall recommend changes in its MAINTAIN criteria for the incorporation of a city, county, or regional substance abuse coordinating agency into a local community mental health authority..."</p>	<p>Sec. 468. No changes from current law, except:</p> <p>"...the department shall recommend changes in its MAINTAIN 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 MAINTENANCE OF the criteria made in accordance with UNDER this section..."</p>	<p>Sec. 468. No changes from current law, except:</p> <p>"...the department shall recommend changes in its MAINTAIN 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 MAINTENANCE OF the criteria made in accordance with UNDER this section..."</p>	<p>Sec. 468. No changes from current law, except:</p> <p>"...the department shall recommend changes in its MAINTAIN 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 MAINTENANCE OF the criteria made in accordance with UNDER this section..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
(b) The accommodations or adjustments do not favor coordinating agencies who voluntarily elect to integrate with local community mental health authorities.				
(c) The accommodations or adjustments do not negatively affect other coordinating agencies.				

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>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.</i></p> <p>Sec. 470. (1) For those substance abuse coordinating agencies that have voluntarily incorporated into community mental health authorities and accepted funding from the department for administrative costs incurred pursuant to section 468 of this act, the department shall establish written expectations for those CMHSPs, PIHPs, and substance abuse coordinating agencies and counties with respect to the integration of mental health and substance abuse services. At a minimum, the written expectations shall provide for the integration of those services as follows:</p> <p>(a) Coordination and consolidation of administrative functions and redirection of efficiencies into service enhancements.</p> <p>(b) Consolidation of points of 24-hour access for mental health and substance abuse services in every community.</p> <p>(c) Alignment of coordinating agencies and PIHPs boundaries to maximize opportunities for collaboration and integration of administrative functions and clinical activities.</p>	<p>Sec. 470. (1) No changes from current law.</p>	<p>Sec. 470. (1) No changes from current law, except:</p> <p>"...incurred pursuant to section 468 of this act, the department shall establish written expectations..."</p>	<p>Sec. 470. (1) No changes from current law, except:</p> <p>"...incurred pursuant to section 468 of this act, the department shall establish written expectations..."</p>	<p>Sec. 470. (1) No changes from current law, except:</p> <p>"...incurred pursuant to section 468 of this act, the department shall establish written expectations..."</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>(2) By May 1, 2008, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the impact and effectiveness of this section and the status of the integration of mental health and substance abuse services.</p>	Delete current law.	<p>(2) No changes from current law, except:</p> <p>"By May 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall report ..."</p>	<p>(2) No changes from current law, except:</p> <p>"By May 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall report ..."</p>	<p>(2) No changes from current law, except:</p> <p>"By May 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall report ..."</p>
<p><i>Requires 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 does not attempt to reduce or restrict the ability of a recipient or his/her family from obtaining legal guardianship without just cause.</i></p> <p>Sec. 474. The department shall ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to provide each recipient and his or her family with information regarding the different types of guardianship and the alternatives to guardianship. A CMHSP or PIHP shall not, in any manner, attempt to reduce or restrict the ability of a recipient or his or her family from seeking to obtain any form of legal guardianship without just cause.</p>	<p>Sec. 474. No changes from current law.</p>	<p>Sec. 474. No changes from current law.</p>	<p>Sec. 474. No changes from current law.</p>	<p>Sec. 474. No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Appropriates \$100 for 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. Requires the program to incorporate a system of identification and diversion of mentally ill and dually-diagnosed individuals from the criminal justice system.</i></p> <p>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 dually-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.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<p><i>Appropriates \$100 for the establishment of a recovery coaching pilot program to assist individuals who are current or former substance abusers.</i></p> <p>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 to achieve rehabilitation and long-term recovery.</p>	Delete current law.	Delete current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires a report on the number and reimbursement cost of atypical antipsychotic prescriptions by each PIHP for Medicaid beneficiaries by March 30, 2008.</i></p> <p>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.</p>	<p>Sec. 480. No changes from current law, except:</p> <p>"...by March 30, 2008 OF THE CURRENT FISCAL YEAR a report on the number and reimbursement cost..."</p>	<p>Sec. 480. No changes from current law, except:</p> <p>"...by March 30, 2008 OF THE CURRENT FISCAL YEAR a report on the number and reimbursement cost..."</p>	<p>Sec. 480. No changes from current law, except:</p> <p>"...by March 30, 2008 OF THE CURRENT FISCAL YEAR a report on the number and reimbursement cost..."</p>	<p>Sec. 480. No changes from current law, except:</p> <p>"...by March 30, 2008 OF THE CURRENT FISCAL YEAR a report on the number and reimbursement cost..."</p>
		<p>NEW SECTION</p> <p>Sec. 481. (1) IF THE STATE CREATES A CENTRALIZED PIHP RISK POOL, THE RISK POOL SHALL HAVE A BOARD THAT SHALL GOVERN EXPENDITURES FROM THE POOL. THE BOARD SHALL HAVE REPRESENTATIVES FROM EACH PIHP.</p>	<p>NEW SECTION</p> <p>Sec. 481. (1) IF THE STATE CREATES A CENTRALIZED PIHP RISK POOL, THE RISK POOL SHALL HAVE A BOARD THAT SHALL GOVERN EXPENDITURES FROM THE POOL. THE BOARD SHALL HAVE REPRESENTATIVES FROM PIHPS.</p>	Does not include Sec. 481 (1).
		<p>(2) THE DEPARTMENT SHALL NOT USE CENTRALIZED PIHP RISK POOL FUNDING TO OFFSET REDUCTIONS IN OTHER NON-MEDICAID MENTAL HEALTH PAYMENTS TO CMHSPS.</p>	Does not include Senate Sec. 481 (2)	Does not include Senate Sec. 481 (2)

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		(3) IF THE STATE CREATES A CENTRALIZED PIHP RISK POOL, THE DEPARTMENT AND THE BOARD ESTABLISHED IN SUBSECTION (1) SHALL DEVELOP A PLAN GOVERNING DISTRIBUTIONS FROM THE CENTRALIZED PIHP RISK POOL. THE DEPARTMENT SHALL REPORT ON ANY SUCH PLAN TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY JANUARY 1, 2009.	(2) IF THE STATE CREATES A CENTRALIZED PIHP RISK POOL, THE DEPARTMENT AND THE BOARD ESTABLISHED IN SUBSECTION (1) SHALL DEVELOP A PLAN GOVERNING DISTRIBUTIONS FROM THE CENTRALIZED PIHP RISK POOL. THE DEPARTMENT SHALL REPORT ON ANY SUCH PLAN TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY APRIL 1 OF THE CURRENT FISCAL YEAR.	Does not include Sec. 481 (2).
		NEW SECTION Sec. 482. FROM THE FUNDS APPROPRIATED IN PART 1, THE DEPARTMENT SHALL CONTINUE FUNDING FOR PROGRAMS PROVIDED BY ODYSSEY HOUSE AT THE LEVELS IN EFFECT DURING FISCAL YEAR 2007-2008.	Does not include Senate Sec. 482.	NEW SECTION Sec. 482. FROM THE FUNDS APPROPRIATED IN PART 1, THE DEPARTMENT SHALL CONTINUE FUNDING FOR PROGRAMS PROVIDED BY ODYSSEY HOUSE AT THE LEVELS IN EFFECT DURING FISCAL YEAR 2007-2008.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p><i>NEW SECTION</i></p> <p>Sec. 483. THE DEPARTMENT, IN CONSULTATION WITH THE DEPARTMENT OF CORRECTIONS, SHALL PREPARE A COST-BENEFIT ANALYSIS ON THE IMPACT OF SUSPENDING RATHER THAN TERMINATING THE MEDICAID STATUS OF A RECIPIENT WITH SERIOUS MENTAL ILLNESS OR SERIOUS EMOTIONAL DISTURBANCE WHO BECOMES INCARCERATED OR DETAINED IN A STATE OR LOCAL CORRECTIONAL FACILITY. THE DEPARTMENT SHALL PROVIDE A WRITTEN COPY OF THE ANALYSIS AND RECOMMENDATIONS TO THE GOVERNOR, THE STATE BUDGET DIRECTOR, THE MEMBERS OF THE SENATE AND HOUSE SUBCOMMITTEES ON COMMUNITY HEALTH, AND THE SENATE AND HOUSE FISCAL AGENCIES BY APRIL 1, 2009.</p>	<p><i>NEW SECTION</i></p> <p>Sec. 483. (1) A MEDICAID RECIPIENT SHALL REMAIN ELIGIBLE AND A QUALIFYING APPLICANT SHALL BE DETERMINED ELIGIBLE FOR MEDICAL ASSISTANCE DURING A PERIOD OF INCARCERATION OR DETENTION. MEDICAID COVERAGE IS LIMITED DURING SUCH A PERIOD TO OFF-SITE INPATIENT HOSPITALIZATION ONLY.</p>	<p><i>NEW SECTION</i></p> <p>Sec. 483. (1) A MEDICAID RECIPIENT SHALL REMAIN ELIGIBLE AND A QUALIFYING APPLICANT SHALL BE DETERMINED ELIGIBLE FOR MEDICAL ASSISTANCE DURING A PERIOD OF INCARCERATION OR DETENTION. MEDICAID COVERAGE IS LIMITED DURING SUCH A PERIOD TO OFF-SITE INPATIENT HOSPITALIZATION ONLY.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
			(2) A MEDICAID RECIPIENT IS CONSIDERED INCARCERATED OR DETAINED UNTIL RELEASED ON BAIL, RELEASED AS NOT GUILTY, RELEASED ON PAROLE, RELEASED ON PROBATION, RELEASED ON PARDON, RELEASED UPON COMPLETING A SENTENCE, OR RELEASED UNDER HOME DETENTION OR TETHER.	(2) A MEDICAID RECIPIENT IS CONSIDERED INCARCERATED OR DETAINED UNTIL RELEASED ON BAIL, RELEASED AS NOT GUILTY, RELEASED ON PAROLE, RELEASED ON PROBATION, RELEASED ON PARDON, RELEASED UPON COMPLETING A SENTENCE, OR RELEASED UNDER HOME DETENTION OR TETHER.
			NEW SECTION Sec. 484. FROM THE FUNDS APPROPRIATED IN PART FOR COMMUNITY SUBSTANCE ABUSE PREVENTION, EDUCATION, AND TREATMENT PROGRAMS, \$2,450,000.00 SHALL BE ALLOCATED TO COORDINATING AGENCIES TO PROVIDE 90-DAY INTENSIVE SUBSTANCE ABUSE TREATMENT SERVICES INCLUDING, BUT NOT LIMITED TO, RESIDENTIAL SERVICES WHEN APPROPRIATE FOR CERTAIN OFFENDERS WHO ARE REFERRED TO TREATMENT BY A DRUG TREATMENT COURT OR OTHER COURT ORDERS OR AS A CONDITION OF PAROLE.	Does not include House Sec. 484.

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FY 2007-08 CURRENT LAW	FY 2008-2009			CONFERENCE/ ENACTED
	EXECUTIVE	SENATE	HOUSE	
			<p><i>NEW SECTION</i></p> <p>Sec. 485. IT IS THE INTENT OF THE LEGISLATURE THAT THE DEPARTMENT, IN CONJUNCTION WITH THE DEPARTMENT OF CORRECTIONS, CONVENE WORKGROUP TO EXAMINE AND EVALUATE JAIL DIVERSION PROGRAMS BY CMHSPS, THE MICHIGAN PRISONER RE-ENTRY INITIATIVE, AND MENTAL HEALTH COURT PROGRAMS. THE WORKGROUP SHALL CONSIST OF REPRESENTATIVES OF THE DEPARTMENT, DEPARTMENT OF CORRECTIONS, CMHSPS, LOCAL LAW ENFORCEMENT AGENCIES, INCLUDING COUNTY PROSECUTORS' OFFICES, COUNTY SHERIFFS' OFFICES, COUNTY JAILS, MUNICIPAL POLICE AGENCIES, MUNICIPAL DETENTION FACILITIES, AND THE COURTS. THE FINDINGS OF THE WORKGROUP SHALL BE SUBMITTED TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, HOUSE AND SENATE FISCAL AGENCIES, AND STATE BUDGET DIRECTOR BY JUNE 30, 2009.</p>	Does not include House Sec. 485.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
				<p>NEW SECTION</p> <p>SEC. 486. FROM THE FUNDS APPROPRIATED IN PART 1, UP TO \$100.00 MAY BE ALLOCATED FOR MENTAL HEALTH PREVENTION INITIATIVES.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p>STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES</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 Department to continue a revenue recapture project to generate additional third party revenue from cases that are closed or inactive.</i></p> <p>Sec. 601. (1) In funding of staff in the financial support division, reimbursement, and billing and collection sections, priority shall be given to obtaining third-party payments for services. Collection from individual recipients of services and their families shall be handled in a sensitive and nonharassing manner.</p>	<p>Sec. 601. (1) No changes from current law.</p>	<p>Sec. 601. (1) No changes from current law.</p>	<p>Sec. 601. (1) No changes from current law.</p>	<p>Sec. 601. (1) No changes from current law.</p>
<p>(2) The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. Revenues collected through project efforts are appropriated to the department for departmental costs and contractual fees associated with these retroactive collections and to improve ongoing departmental reimbursement management functions.</p>	<p>(2) No changes from current law.</p>			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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, 2008 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>"...remaining on September 30, 2008 OF THE CURRENT FISCAL YEAR from the amounts appropriated in part 1 ..."</p>	<p>Sec. 602. No changes from current law, except:</p> <p>"...remaining on September 30, 2008 OF THE CURRENT FISCAL YEAR from the amounts appropriated in part 1 ..."</p>	<p>Sec. 602. No changes from current law, except:</p> <p>"...remaining on September 30, 2008 OF THE CURRENT FISCAL YEAR from the amounts appropriated in part 1 ..."</p>	<p>Sec. 602. No changes from current law, except:</p> <p>"...remaining on September 30, 2008 OF THE CURRENT FISCAL YEAR from the amounts appropriated in part 1 ..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>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.</i></p> <p>Sec. 603. The funds appropriated in part 1 for forensic mental health services provided to the department of corrections are in accordance with the interdepartmental plan developed in cooperation with the department of corrections. The department is authorized to receive and expend funds from the department of corrections in addition to the appropriations in part 1 to fulfill the obligations outlined in the interdepartmental agreements.</p>	<p>Sec. 603. No changes from current law.</p>	Sec. 603. No changes from current law.	Sec. 603. No changes from current law.	Sec. 603. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires CMHSPs or PIHPs 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 PIHPs 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.</p> <p>(b) The number of days of care purchased from private hospitals in lieu of purchasing days of care from state hospitals and centers.</p> <p>(c) The number and type of alternative placements to state hospitals and centers other than private hospitals.</p> <p>(d) Waiting lists for placements in state hospitals and centers.</p>	<p>Sec. 604. (1) No changes from current law.</p>	<p>Sec. 604. (1) No changes from current law.</p>	<p>Sec. 604. (1) No changes from current law.</p>	<p>Sec. 604. (1) No changes from current law.</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>(2) No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Prohibits Department from implementing closures or consolidations of state hospitals, centers, and agencies until CMHSPs or PIHPs have programs and services in place for those persons currently in the facilities. Requires DCH to provide a closure plan four months after closure certification to 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 PIHPs responsible for providing services to these clients.</i></p> <p>Sec. 605. (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs or PIHPs have programs and services in place for those persons currently in those facilities and a plan for service provision for those persons who would have been admitted to those facilities.</p>	<p>Sec. 605. (1) No changes from current law.</p>	<p>Sec. 605. (1) No changes from current law.</p>	<p>Sec. 605. (1) No changes from current law.</p>	<p>Sec. 605. (1) No changes from current law.</p>
<p>(2) All closures or consolidations are dependent upon adequate department-approved CMHSP and PIHP plans that include a discharge and aftercare plan for each 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.</p>	<p>(2) No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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.			
(4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs or PIHPs responsible for providing services for persons previously served by the operations.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
<i>Allows Department to collect revenue for patient reimbursement from first/third party payers, including Medicaid and local county CMHSP payers, to cover cost of placement in state hospitals and centers. Authorizes DCH to adjust financing sources for patient reimbursement based on actual revenue earned. Permits carry forward of revenue collected that exceeds current year expenditures if approved by State Budget Director.</i>				
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.	Sec. 606. No changes from current law.	Sec. 606. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires the Department to ensure that mandated changes in the operation of state hospitals and centers are completed in a timely and efficient manner if Senate Bill 369 of the 94th Legislature, a bill amending the Mental Health Code as it relates to an individual's incompetence to stand trial and disposition of persons found not guilty by reason of insanity, is enacted into law.</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>	Delete current law.	Sec. 607. No changes from current law.	Delete current law.	Sec. 607. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires the Department to evaluate the privatization of food and custodial services at state hospitals and centers and submit a copy of the evaluation by May 1, 2008 to the House and Senate Appropriations Subcommittees on Community Health, and House and Senate Fiscal Agencies.</i></p> <p>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.</p>	<p>Delete current law.</p>	<p>Sec. 608. No changes from current law, except: "By May 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall evaluate..."</p>	<p>Delete current law.</p>	<p>Sec. 608. No changes from current law, except: "By May 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall evaluate..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>NEW SECTION</p> <p>Sec. 609. EFFECTIVE OCTOBER 1, 2008, THE DEPARTMENT SHALL BAN THE USE OF ALL TOBACCO PRODUCTS IN AND ON THE GROUNDS OF STATE PSYCHIATRIC FACILITIES. AS USED IN THIS SECTION, "TOBACCO PRODUCT" MEANS A PRODUCT THAT CONTAINS TOBACCO AND IS INTENDED FOR HUMAN CONSUMPTION, INCLUDING, BUT NOT LIMITED TO, CIGARETTES, NONCIGARETTE SMOKING TOBACCO, OR SMOKELESS TOBACCO, AS THOSE TERMS ARE DEFINED IN SECTION 2 OF THE TOBACCO PRODUCTS TAX ACT, 1993 PA 327, MCL 205.442, AND CIGARS.</p>	<p>Does not include Senate Sec. 609.</p>	<p>NEW SECTION</p> <p>Sec. 609. EFFECTIVE OCTOBER 1, 2008, THE DEPARTMENT SHALL BAN THE USE OF ALL TOBACCO PRODUCTS IN AND ON THE GROUNDS OF STATE PSYCHIATRIC FACILITIES. AS USED IN THIS SECTION, "TOBACCO PRODUCT" MEANS A PRODUCT THAT CONTAINS TOBACCO AND IS INTENDED FOR HUMAN CONSUMPTION, INCLUDING, BUT NOT LIMITED TO, CIGARETTES, NONCIGARETTE SMOKING TOBACCO, OR SMOKELESS TOBACCO, AS THOSE TERMS ARE DEFINED IN SECTION 2 OF THE TOBACCO PRODUCTS TAX ACT, 1993 PA 327, MCL 205.442, AND CIGARS.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>PUBLIC HEALTH ADMINISTRATION</u></p> <p><i>Requires the Department to communicate the annual public health consumption advisory for 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.</i></p> <p>Sec. 650. The department shall communicate the annual public health consumption advisory for sportfish. The department shall, at a minimum, post the advisory on the Internet and make the information in the advisory available to the clients of the women, infants, and children special supplemental nutrition program.</p>	<p>Sec. 650. No changes from current law.</p>	Sec. 650. No changes from current law.	Sec. 650. No changes from current law.	Sec. 650. No changes from current law.
<p><i>Requires Department to report by April 30, 2008 on activities and efforts of the Department to improve the health status of the citizens of the state pursuant to the goals and objectives stated in the "Healthy Michigan 2010" report, and to indicate measurable progress made.</i></p> <p>Sec. 651. By April 30, 2008, 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 department to improve the health status of the citizens of this state with regard to the goals and objectives stated in the "Healthy Michigan 2010" report, and the measurable progress made toward those goals and objectives.</p>	<p>Sec. 651. No changes from current law, except:</p> <p>"By April 30, 2008 OF THE CURRENT FISCAL YEAR, the department shall ..."</p>	<p>Sec. 651. No changes from current law, except:</p> <p>"By April 30, 2008 OF THE CURRENT FISCAL YEAR, the department shall ..."</p>	<p>Sec. 651. No changes from current law, except:</p> <p>"By April 30, 2008 OF THE CURRENT FISCAL YEAR, the department shall ..."</p>	<p>Sec. 651. No changes from current law, except:</p> <p>"By April 30, 2008 OF THE CURRENT FISCAL YEAR, the department shall ..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>Sec. 652. THE DEPARTMENT SHALL COOPERATE WITH THE DEPARTMENT OF CORRECTIONS TO MAINTAIN A PROCESS BY WHICH PRISONERS CAN OBTAIN THEIR BIRTH CERTIFICATES. BY APRIL 1, 2009, 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 PROCESS DEVELOPED UNDER THIS SECTION.</p>	<p>Does not include Senate Sec. 652.</p>	<p>Does not include Senate Sec. 652.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><u>HEALTH POLICY, REGULATION, AND PROFESSIONS</u></p> <p><i>Requires 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 contract with grantees supported through the appropriation in part 1 for the emergency medical services grants and contracts to ensure that a sufficient number of qualified emergency medical services personnel exist to serve rural areas of the state.</p>	<p>Sec. 704. No changes from current law.</p>	<p>Sec. 704. No changes from current law, except:</p> <p>"...emergency medical services personnel exist to serve rural areas of the state. THE DEPARTMENT SHALL ENSURE THAT EMERGENCY MEDICAL SERVICES PERSONNEL TRAINING IS PROVIDED SO THAT NO EMERGENCY MEDICAL SERVICES PERSONNEL HAS TO TRAVEL MORE THAN 50-MILES TO RECEIVE SUCH TRAINING. THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES REGARDING WHICH AREAS OF THE STATE ARE COVERED BY THESE CONTRACTS."</p>	<p>Sec. 704. No changes from current law.</p>	<p>Sec. 704. No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires DCH to post 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>	Delete current law.	Delete current law.	Delete current law.	Delete current law.
<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, except:</p> <p>"...make every effort to hire QUALIFIED individuals with past experience in the long-term care industry."</p>	<p>Sec. 706. No changes from current law, except:</p> <p>"...make every effort to hire QUALIFIED individuals with past experience in the long-term care industry."</p>	<p>Sec. 706. No changes from current law, except:</p> <p>"...make every effort to hire QUALIFIED individuals with past experience in the long-term care industry."</p>	<p>Sec. 706. No changes from current law, except:</p> <p>"...make every effort to hire QUALIFIED individuals with past experience in the long-term care industry."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Require funds appropriated for Nursing Scholarship Program be used to increase nurses practicing in Michigan. Requires Department and Board of Nursing work cooperatively with Michigan Higher Education Assistance Authority to coordinate scholarship assistance. Encourages Board of Nursing to structure scholarships in which recipients who intend to practice nursing in this state are rewarded.</i></p> <p>Sec. 707. The funds appropriated in part 1 for the nursing 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.</p>	Sec. 707. No changes from current law.	Sec. 707. No changes from current law.	Sec. 707. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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><i>Allows funds appropriated for Michigan Essential Health Care Provider Program to be used to provide loan repayment for dentists that meet the criteria established in Part 27 of the Public Health Code.</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, MCL 333.2701 to 333.2727.</p>	<p>Sec. 709. No changes from current law.</p>	Sec. 709. No changes from current law.	Sec. 709. No changes from current law.	Sec. 709. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Allocates up to \$2,172,700 to enhance the service capacity of federally qualified health centers and similar health clinics providing primary care services.</i></p> <p>Sec. 710. From the funds appropriated in part 1 for primary care services, an amount not to exceed \$2,172,700.00 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>	Sec. 710. No changes from current law.	Sec. 710. No changes from current law.	Sec. 710. No changes from current law.
<p><i>Allows Department to make customized listings of nonconfidential information in its possession, such as names and addresses of licensees, available to interested entities. Allows Department to establish and collect a reasonable charge for providing this service. Requires revenue received from this service be used to offset expenses for providing the service. Requires unexpended revenue balances to revert to the appropriate restricted fund.</i></p> <p>Sec. 711. The department may make available to interested entities customized listings of nonconfidential information in its possession, such as names and addresses of licensees. The department may establish and collect a reasonable charge to provide this service. The revenue received from this service shall be used to offset expenses to provide the service. Any balance of this revenue collected and unexpended at the end of the fiscal year shall revert to the appropriate restricted fund.</p>	<p>Sec. 711. No changes from current law.</p>	Sec. 711. No changes from current law.	Sec. 711. No changes from current law.	Sec. 711. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Allocates \$250,000 to free health clinics, nonprofit organizations that use volunteer health professions to provide care to uninsured individuals, from 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.</p>	<p>Sec. 712. (1) No changes from current law.</p>	<p>Sec. 712. No changes from current law.</p>
			<p>NEW SUBSECTION</p> <p>(2) FROM THE FUNDS APPROPRIATED IN PART 1 FOR PRIMARY CARE SERVICES, \$50,000.00 SHALL BE ALLOCATED ONE-TIME TO THE FREE CLINICS OF MICHIGAN FOR THE PURPOSE OF HIRING AN ADMINISTRATOR RESPONSIBLE FOR THE COORDINATION OF AND FUNDRAISING FOR ADMINISTRATION AND OPERATION OF FREE HEALTH CLINICS.</p>	<p>Does not include House Sec. 712 (2).</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Directs Department to continue to fund multicultural agencies that provide primary care services.</i></p> <p>Sec. 713. The department is directed to continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.</p>	<p>Sec. 713. No changes from current law.</p>			
<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. Requires DCH to make every effort to contact complainants during investigations.</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, except:</p> <p>"...and the number of complaints ALLEGATIONS that are substantiated on an annual basis. The report shall consist of the number of complaints ALLEGATIONS filed by consumers and the number of facility-reported incidents."</p>	<p>Sec. 714. No changes from current law, except:</p> <p>"...and the number of complaints ALLEGATIONS that are substantiated on an annual basis. The report shall consist of the number of complaints ALLEGATIONS filed by consumers and the number of facility-reported incidents."</p>	<p>Sec. 714. No changes from current law, except:</p> <p>"...and the number of complaints ALLEGATIONS that are substantiated on an annual basis. The report shall consist of the number of complaints ALLEGATIONS filed by consumers and the number of facility-reported incidents."</p>	<p>Sec. 714. No changes from current law, except:</p> <p>"...and the number of complaints ALLEGATIONS that are substantiated on an annual basis. The report shall consist of the number of complaints ALLEGATIONS filed by consumers and the number of facility-reported incidents."</p>
<p><i>Appropriates \$100 to the establishment of a pilot program in Detroit for a nonurgent medical response service.</i></p> <p>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.</p>	<p>Delete current law.</p>	<p>Sec. 715. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 715. No changes from current law, except:</p> <p>"...primary care services, UP TO \$100.00 is appropriated ..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><i>Requires DCH to give priority in investigations of alleged wrongdoing by licensed health care professionals that are alleged to have occurred within 2 years of the initial complaint.</i></p> <p>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.</p>	<p>Sec. 716. No changes from current law.</p>	<p>Sec. 716. No changes from current law.</p>	<p>Sec. 716. No changes from current law.</p>	<p>Sec. 716. No changes from current law.</p>
<p><i>Allocates \$100 for the HealthKey Program for the uninsured.</i></p> <p>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.</p>	<p>Delete current law.</p>	<p>Sec. 717. No changes from current law, except: "...\$100.00 \$75,000.00 shall be allocated for the HealthKey program for the uninsured."</p>	<p>Delete current law.</p>	<p>Sec. 717. No changes from current law, except: "...UP TO \$100.00 shall MAY be allocated for the HealthKey program for the uninsured."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>NEW SECTION</p> <p>SEC. 718. THE DEPARTMENT SHALL GATHER INFORMATION FROM OTHER STATES ON NURSING HOME COMPLAINT INVESTIGATIONS AND THE RESOLUTION OF THOSE COMPLAINTS. THE INFORMATION GATHERED FROM THE OTHER STATES SHALL INCLUDE THE NUMBER OF NURSING HOMES IN EACH STATE, THE NUMBER OF NURSING HOME COMPLAINTS MADE TO EACH STATE, THE NUMBER OF NURSING HOME COMPLAINTS THAT WERE SUBSTANTIATED, AND THE RESOLUTION OF THE SUBSTANTIATED COMPLAINTS. THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES ON THE RESULTS OF THIS STUDY BY MAY 1 OF THE CURRENT FISCAL YEAR.</p>	<p>Does not include Senate Sec. 718.</p>	<p>NEW SECTION</p> <p>SEC. 718. THE DEPARTMENT SHALL GATHER INFORMATION ON ITS MOST FREQUENTLY CITED COMPLAINT DEFICIENCIES FOR THE PRIOR 3 FISCAL YEARS. THE DEPARTMENT SHALL DETERMINE WHETHER THERE IS AN INCREASE IN THE NUMBER OF CITATIONS FROM 1 YEAR TO THE NEXT AND ASSESS THE CAUSE OF THE INCREASE, IF ANY, AND WHETHER EDUCATION AND TRAINING OF NURSING FAILITY STAFF OR DEPARTMENT STAFF IS NEEDED. THE DEPARTMENT WILL IMPLEMENT ANY TRAINING INDICATED BY THE STUDY. THE DEPARTMENT SHAL PROVIDE THE RESULTS OF THE STUDY TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES BY MAY 1 OF THE CURRENT FISCAL YEAR.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
		<p>NEW SECTION</p> <p>Sec. 720. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PRIMARY CARE SERVICES, \$75,000.00 SHALL BE ALLOCATED TO THE HELEN M. NICKLESS VOLUNTEER CLINIC IN BAY CITY.</p>	<p>Does not include Senate Sec. 720.</p>	<p>NEW SECTION</p> <p>Sec. 720. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PRIMARY CARE SERVICES, \$75,000.00 SHALL BE ALLOCATED TO THE HELEN M. NICKLESS VOLUNTEER CLINIC IN BAY CITY.</p>
		<p>NEW SECTION</p> <p>Sec. 721. THE DEPARTMENT SHALL BE RESPONSIBLE FOR THE COSTS OF BACKGROUND CHECKS FOR NEWLY HIRED NURSING EMPLOYEES, WHICH BACKGROUND CHECKS ARE REQUIRED IN SECTION 20173A OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.20173A.</p> <p>TECHNICAL NOTE: "HOME" should be inserted after "NURSING".</p>	<p>Does not include Senate Sec. 721.</p>	<p>Does not include Senate Sec. 721.</p>
		<p>NEW SECTION</p> <p>Sec. 722. A MEDICAL PROFESSIONAL WHO IS NEWLY ACCEPTED INTO THE MICHIGAN ESSENTIAL HEALTH PROVIDER PROGRAM IN FISCAL YEAR 2008-2009 IS ELIGIBLE FOR 3 YEARS OF LOAN REPAYMENTS.</p>	<p>NEW SECTION</p> <p>Sec. 722. A MEDICAL PROFESSIONAL WHO IS NEWLY ACCEPTED INTO THE MICHIGAN ESSENTIAL HEALTH PROVIDER PROGRAM IN FISCAL YEAR 2008-2009 IS ELIGIBLE UP TO 4 YEARS OF LOAN REPAYMENTS.</p>	<p>NEW SECTION</p> <p>Sec. 722. A MEDICAL PROFESSIONAL WHO IS NEWLY ACCEPTED INTO THE MICHIGAN ESSENTIAL HEALTH PROVIDER PROGRAM IN FISCAL YEAR 2008-2009 IS ELIGIBLE UP TO 4 YEARS OF LOAN REPAYMENTS.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
			<p>NEW SECTION</p> <p>Sec. 723. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE NURSE SCHOLARSHIP, EDUCATION, AND RESEARCH PROGRAM, \$100.00 SHALL BE ALLOCATED TO A NURSE EDUCATION PH.D. PROGRAM.</p>	<p>Does not include House Sec. 723.</p>
			<p>NEW SECTION</p> <p>Sec. 724. FROM THE FUNDS APPROPRIATED IN PART 1 FOR EMERGENCY MEDICAL SERVICES PROGRAM STATE STAFF, \$100.00 SHALL BE ALLOCATED FOR THE DEVELOPMENT OF A COORDINATED STATEWIDE TRAUMA CARE SYSTEM.</p>	<p>NEW SECTION</p> <p>Sec. 724. FROM THE FUNDS APPROPRIATED IN PART 1 FOR EMERGENCY MEDICAL SERVICES PROGRAM STATE STAFF, UP TO \$100.00 MAY BE ALLOCATED FOR THE DEVELOPMENT OF A COORDINATED STATEWIDE TRAUMA CARE SYSTEM.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
			<p><i>NEW SECTION</i></p> <p>Sec. 725. FROM THE FUNDS APPROPRIATED IN PART 1 FOR RURAL HEALTH SERVICES, \$100.00 SHALL BE ALLOCATED TO SUPPORT RURAL HEALTH IMPROVEMENT AS IDENTIFIED IN "MICHIGAN STRATEGIC OPPORTUNITIES FOR RURAL HEALTH IMPROVEMENT, A STATE RURAL HEALTH PLAN 2008-2012". THE DEPARTMENT SHALL MAKE THESE FUNDS AVAILABLE TO RURAL AND MICROPOLITAN COMMUNITIES UNDER A COMPETITIVE BID PROCESS. THE DEPARTMENT SHALL NOT ALLOCATE MORE THAN \$5,000.00 TO EACH RURAL OR MICROPOLITAN COMMUNITY UNDER THIS SECTION. THE DEPARTMENT SHALL NOT ALLOCATE FUNDS APPROPRIATED UNDER THIS SECTION UNLESS A 50/50 STATE AND LOCAL MATCH RATE HAS OCCURRED. THE DEPARTMENT SHALL SUBMIT A REPORT TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, HOUSE AND SENATE FISCAL AGENCIES, AND STATE BUDGET DIRECTOR BY APRIL 1 OF THE CURRENT FISCAL YEAR ON THE PROJECTS SUPPORTED BY THIS ALLOCATION.</p>	<p><i>NEW SECTION</i></p> <p>Sec. 725. FROM THE FUNDS APPROPRIATED IN PART 1 FOR RURAL HEALTH SERVICES, UP TO \$100.00 MAY BE ALLOCATED TO SUPPORT RURAL HEALTH IMPROVEMENT AS IDENTIFIED IN "MICHIGAN STRATEGIC OPPORTUNITIES FOR RURAL HEALTH IMPROVEMENT, A STATE RURAL HEALTH PLAN 2008-2012". THE DEPARTMENT SHALL MAKE THESE FUNDS AVAILABLE TO RURAL AND MICROPOLITAN COMMUNITIES UNDER A COMPETITIVE BID PROCESS. THE DEPARTMENT SHALL NOT ALLOCATE MORE THAN \$5,000.00 TO EACH RURAL OR MICROPOLITAN COMMUNITY UNDER THIS SECTION. THE DEPARTMENT SHALL NOT ALLOCATE FUNDS APPROPRIATED UNDER THIS SECTION UNLESS A 50/50 STATE AND LOCAL MATCH RATE HAS OCCURRED. THE DEPARTMENT SHALL SUBMIT A REPORT TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, HOUSE AND SENATE FISCAL AGENCIES, AND STATE BUDGET DIRECTOR BY APRIL 1 OF THE CURRENT FISCAL YEAR ON THE PROJECTS SUPPORTED BY THIS ALLOCATION.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>INFECTIOUS DISEASE CONTROL</u></p> <p><i>Requires Department and its subcontractors to ensure that high-risk children ages 9 through 18 receive priority for AIDS prevention, education, and outreach services.</i></p> <p>Sec. 801. In the expenditure of funds appropriated in part 1 for AIDS programs, the department and its subcontractors shall ensure that high-risk individuals ages 9 through 18 shall receive priority for prevention, education, and outreach services.</p>	<p>Sec. 801. No changes from current law.</p>	<p>Sec. 801. In the expenditure of funds appropriated in part 1 for AIDS programs, the department and its subcontractors shall ensure that high-risk individuals ages 9 through 18 shall receive priority for prevention, education, and outreach services.</p>	<p>Sec. 801. In the expenditure of funds appropriated in part 1 for AIDS programs, the department and its subcontractors shall ensure that high-risk individuals ages 9 through 18 shall receive priority for prevention, education, and outreach services.</p>	<p>Sec. 801. In the expenditure of funds appropriated in part 1 for AIDS programs, the department and its subcontractors shall ensure that high-risk individuals ages 9 through 18 shall receive priority for prevention, education, and outreach services.</p>
<p><i>Allows Department to provide funding to Michigan State Medical Society as lead agency for development and implementation of AIDS provider education activities.</i></p> <p>Sec. 802. In developing and implementing AIDS provider education activities, the department may provide funding to the Michigan state medical society to serve as lead agency to convene a consortium of health care providers, to design needed educational efforts, to fund other statewide provider groups, and to assure implementation of these efforts, in accordance with a plan approved by the department.</p>	<p>Delete current law.</p>	<p>Sec. 802. No changes from current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>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.</i></p> <p>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 or actual revenue 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.</p>	<p>Sec. 803. No changes from current law.</p>	Sec. 803. No changes from current law.	Sec. 803. No changes from current law.	Sec. 803. No changes from current law.

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

FY 2007-08

CURRENT LAW

Directs Department to cooperate with Department of Corrections to share data and information regarding prisoners being released who are positive for HIV or the Hepatitis C antibody, related to the Michigan prisoner reentry initiative; and requires a report by April 1, 2008.

Sec. 804. The department, in conjunction with efforts to implement the Michigan prisoner reentry initiative, shall cooperate with the department of corrections to share data and information as they relate to prisoners being released who are HIV positive or positive for the Hepatitis C antibody. 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 the progress and results of its work as permitted under federal law and the potential outcomes from its work with the department of corrections under this section.

FY 2008-2009

EXECUTIVE

SENATE

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Sec. 804. The department, in conjunction with efforts to implement the Michigan prisoner reentry initiative, shall cooperate with the department of corrections to share data and information as they relate to prisoners being released who are HIV positive or positive for the Hepatitis C antibody. ~~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 the progress and results of its work as permitted under federal law and the potential outcomes from its work with the department of corrections under this section.~~

Sec. 804. No changes from current law, except:

"... By April 1, ~~2008~~ **OF THE CURRENT FISCAL YEAR**, the department shall report... "

Sec. 804. No changes from current law, except:

"... By April 1, ~~2008~~ **OF THE CURRENT FISCAL YEAR**, the department shall report... "

Sec. 804. No changes from current law, except:

"... By April 1, ~~2008~~ **OF THE CURRENT FISCAL YEAR**, the department shall report... "

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Permits allocation of up to \$100,000 for purchase of vaccines for underinsured children, if funds are available.</i></p> <p>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.</p>	<p>Delete current law.</p>	<p>Sec. 806. If funds become available, up to FROM THE FUNDS APPROPRIATED IN PART 1, \$100,000.00 may SHALL be allocated for the purchase of childhood recommended vaccines for the underinsured population ages birth through 18 years of age.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p><u>EPIDEMIOLOGY</u></p> <p><i>Directs Department to report annually on the expenditures and activities of the lead abatement program.</i></p> <p>Sec. 851. 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.</p>	<p>Sec. 851. No changes from current law.</p>	<p>Sec. 851. No changes from current law.</p>	<p>Sec. 851. No changes from current law.</p>	<p>Sec. 851. No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
	<p>Sec. 852. Moved from Sec. 351 (1) with no changes from current law:</p> <p>(1) 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 the 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>	<p>Sec. 852. Moved from Sec. 351 (1) with no changes from current law:</p> <p>(1) 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 the 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>	<p>Sec. 852. Moved from Sec. 351 (1) with no changes from current law:</p> <p>(1) 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 the 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>	<p>Sec. 852. Moved from Sec. 351 (1) with no changes from current law:</p> <p>(1) 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 the 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>
	<p>Moved from Sec. 351 (2) with no changes from current law:</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>Moved from Sec. 351 (2) with no changes from current law:</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>Moved from Sec. 351 (2) with no changes from current law:</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>Moved from Sec. 351 (2) with no changes from current law:</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>

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

**FY 2007-08
CURRENT LAW**

FY 2008-2009

EXECUTIVE

SENATE

HOUSE

CONFERENCE/ENACTED

LOCAL HEALTH ADMINISTRATION AND GRANTS

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

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.

Sec. 901. No changes from current law.

Sec. 901. No changes from current law, except:
" The amount appropriated in part 1 for implementation of the 1993 **ADDITIONS OF OR** amendments to ..."

Sec. 901. No changes from current law, except:
" The amount appropriated in part 1 for implementation of the 1993 **ADDITIONS OF OR** amendments to ..."

Sec. 901. No changes from current law, except:
" The amount appropriated in part 1 for implementation of the 1993 **ADDITIONS OF OR** amendments to ..."

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

Sec. 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, 2007, the department shall have the authority to assess a penalty from the local health department's operational accounts in an amount equal to no more than 6.25% of the local health department's local public health operations funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.

Sec. 902. No changes from current law.

Sec. 902. No changes from current law, except:
"... after October 1, ~~2007~~ **2008**, ..."

Sec. 902. No changes from current law, except:
"... after October 1, ~~2007~~ **2008**, ..."

Sec. 902. No changes from current law, except:
"... after October 1, ~~2007~~ **2008**, ..."

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Directs that local public health operations line item funds shall be prospectively allocated to local public health departments to support costs for nine state and local cost-shared services. Certain of these services shall be provided in consultation with Michigan Departments of Agriculture, and Environmental Quality. Local public health departments will be held to contractual standards for these services. Local eligibility is contingent upon local spending of at least the amount expended in FY 1992-93 for these services. Requires that a report on planned allocations be made available by April 1, 2008.</i></p> <p>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.</p>	<p>Sec. 904. (1) No changes from current law.</p>	<p>Sec. 904. (1) No changes from current law.</p>	<p>Sec. 904. (1) No changes from current law.</p>	<p>Sec. 904. (1) No changes from current law.</p>
<p>(2) Local public health departments will be held to contractual standards for the services in subsection (1).</p>	<p>(2) No changes from current law.</p>	<p>(2) Local public health departments will SHALL be held to contractual standards for the services in subsection (1).</p>	<p>(2) Local public health departments will SHALL be held to contractual standards for the services in subsection (1).</p>	<p>(2) Local public health departments will SHALL be held to contractual standards for the services in subsection (1).</p>
<p>(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in fiscal year 2007-2008 of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1).</p>	<p>(3) No changes from current law, except: "... local spending in fiscal year 2007-2008 2008-2009 ..."</p>	<p>(3) No changes from current law, except: "... local spending in fiscal year 2007-2008 2008-2009 ..."</p>	<p>(3) No changes from current law, except: "... local spending in fiscal year 2007-2008 2008-2009 ..."</p>	<p>(3) No changes from current law, except: "... local spending in fiscal year 2007-2008 2008-2009 ..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(4) By April 1, 2008, the department shall make available a 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 planned allocation of the funds appropriated for local public health operations.</p>	<p>(4) No changes from current law, except: "By April 1, 2008 OF THE CURRENT FISCAL YEAR, the department ..."</p>	<p>(4) No changes from current law, except: "By April 1, 2008 OF THE CURRENT FISCAL YEAR, the department ..."</p>	<p>(4) No changes from current law, except: "By April 1, 2008 OF THE CURRENT FISCAL YEAR, the department ..."</p>	<p>(4) No changes from current law, except: "By April 1, 2008 OF THE CURRENT FISCAL YEAR, the department ..."</p>
<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.</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.</p>	<p>Sec. 905. No changes from current law.</p>	<p>Sec. 905. No changes from current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></p> <p><i>Allocates funds to regional networks to provide information and referral services for persons with Alzheimer's disease or related disorders, their families, and health care providers.</i></p> <p>Sec. 1003. Funds appropriated in part 1 for the Alzheimer's information network shall be used to provide information and referral services through regional networks for persons with Alzheimer's disease or related disorders, their families, and health care providers.</p>	<p>Sec. 1003. No changes from current law.</p>	Sec. 1003. No changes from current law.	Sec. 1003. No changes from current law.	Sec. 1003. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>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. Allocates \$900,000 of smoking prevention funds for the Quit Kit program that includes the nicotine patch or nicotine gum, for purposes of complying with 2004 PA 164.</i></p> <p>Sec. 1006. (1) In spending the funds appropriated in part 1 for the smoking prevention program, priority shall be given to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents.</p>	<p>Sec. 1006. (1) No changes from current law.</p>	<p>Sec. 1006. (1) No changes from current law.</p>	<p>Sec. 1006. (1) No changes from current law.</p>	<p>Sec. 1006. (1) No changes from current law.</p>
<p>(2) For purposes of complying with 2004 PA 164, \$900,000.00 of the funds appropriated in part 1 for the smoking prevention program shall be used for the quit kit program that includes the nicotine patch or nicotine gum.</p>	<p>(2) No changes from current law.</p>			
<p><i>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.</i></p> <p>Sec. 1007. (1) The funds appropriated in part 1 for violence prevention shall be used for, but not be limited to, the following: (a) Programs aimed at the prevention of spouse, partner, or child abuse and rape. (b) Programs aimed at the prevention of workplace violence.</p>	<p>Sec. 1007. (1) No changes from current law.</p>	<p>Sec. 1007. (1) No changes from current law.</p>	<p>Sec. 1007. (1) No changes from current law.</p>	<p>Sec. 1007. (1) No changes from current law.</p>
<p>(2) In awarding grants from the amounts appropriated in part 1 for violence prevention, the department shall give equal consideration to public and private nonprofit applicants.</p>	<p>(2) No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(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.	(3) No changes from current law.	(3) No changes from current law.
		SEC. 1008. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE DIABETES AND KIDNEY PROGRAM, THE DEPARTMENT MAY ALLOCATE UP TO \$25,000.00 FOR A DIABETES MANAGEMENT PILOT PROJECT IN MUSKEGON COUNTY.	Does not include Senate Sec. 1008.	SEC. 1008. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE DIABETES AND KIDNEY PROGRAM, THE DEPARTMENT MAY ALLOCATE UP TO \$25,000.00 FOR A DIABETES MANAGEMENT PILOT PROJECT IN MUSKEGON COUNTY.
<i>Permits allocation of funds from the diabetes and kidney program line item to the National Kidney Foundation of Michigan for kidney disease prevention programs.</i> 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.	Sec. 1009. No changes from current law.	Sec. 1009. No changes from current law.
<i>Allocates \$200,000 of chronic disease prevention line item funds for osteoporosis prevention and treatment education programming.</i> 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.	Sec. 1010. No changes from current law.	Sec. 1010. From the funds appropriated in part 1 for chronic disease prevention, UP TO \$200,000.00 shall be allocated for osteoporosis prevention and treatment education.	Sec. 1010. No changes from current law.	Sec. 1010. No changes from current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allows Department to allocate \$50,000 of chronic disease prevention line item funds for stroke prevention, education, and outreach.</i></p> <p>Sec. 1019. From the funds appropriated in part 1 for chronic disease prevention, \$50,000.00 may be allocated for stroke prevention, education, and outreach. The objectives of the program shall include education to assist persons in identifying risk factors, and education to assist persons in the early identification of the occurrence of a stroke in order to minimize stroke damage.</p>	<p>Sec. 1019. No changes from current law.</p>	<p>Sec. 1019. No changes from current law.</p>	<p>Sec. 1019. No changes from current law.</p>	<p>Sec. 1019. No changes from current law.</p>
<p><i>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.</i></p> <p>Sec. 1028. Contingent on the availability of state restricted healthy Michigan fund money or federal preventive health and health services block grant fund money, funds may be appropriated for the African-American male health initiative.</p>	<p>Sec. 1028. No changes from current law.</p>	<p>Sec. 1028. No changes from current law.</p>	<p>Sec. 1028. No changes from current law.</p>	<p>Sec. 1028. No changes from current law.</p>
<p><i>Appropriates \$100 of injury control intervention project line item funds to establish an incentive-based pilot program for level I and level II trauma hospitals to encourage utilization of an interactive, evidence-based treatment guideline model for traumatic brain injury, in a county with population of 175,000 - 200,000 persons.</i></p> <p>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.</p>	<p>Delete current law.</p>	<p>Sec. 1031. (1) No changes from current law, except: "... \$100.00 \$300,000.00 shall be used to establish a- 2 incentive-based pilot programS for ..."</p>	<p>Delete current law.</p>	<p>Sec. 1031. (1) No changes from current law, except: "... \$100.00 \$300,000.00 shall be used to establish a- 2 incentive-based pilot programS for ..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(2) This pilot program shall be placed in a county with a population between 175,000 and 200,000.	Delete current law.	(2) This ONE pilot program shall be placed in a county with a population between 175,000 and 200,000 OF LESS THAN 225,000. THE OTHER PILOT PROGRAM SHALL BE PLACED IN A COUNTY WITH A POPULATION OVER 1,000,000.	Delete current law.	(2) This ONE pilot program shall be placed in a county with a population between 175,000 and 200,000 OF LESS THAN 225,000. THE OTHER PILOT PROGRAM SHALL BE PLACED IN A COUNTY WITH A POPULATION OVER 1,000,000.
		SEC. 1032. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE CANCER PREVENTION AND CONTROL PROGRAM, \$100.00 SHALL BE ALLOCATED TO THE VAN ANDEL INSTITUTE FOR PHASE II OF THE PREDICTIVE MOLECULAR THERAPEUTICS PROGRAM FOR THE LATE STAGE TREATMENT OF MEDICAID ELIGIBLE PEDIATRIC AND ADULT CANCER PATIENTS.	Does not include Senate Sec. 1032.	SEC. 1032. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE CANCER PREVENTION AND CONTROL PROGRAM, UP TO \$100.00 MAY BE ALLOCATED TO THE VAN ANDEL INSTITUTE FOR PHASE II OF THE PREDICTIVE MOLECULAR THERAPEUTICS PROGRAM FOR THE LATE STAGE TREATMENT OF MEDICAID ELIGIBLE PEDIATRIC AND ADULT CANCER PATIENTS.
		SEC. 1033. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE CANCER PREVENTION AND CONTROL PROGRAM, \$100.00 SHALL BE ALLOCATED TO THE KIDS KICKING CANCER PROGRAM.	Does not include Senate Sec. 1033.	SEC. 1033. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE CANCER PREVENTION AND CONTROL PROGRAM, UP TO \$100.00 MAY BE ALLOCATED TO THE KIDS KICKING CANCER PROGRAM.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</u></p> <p><i>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.</i></p> <p>Sec. 1101. The department shall review the basis for the distribution of funds to local health departments and other public and private agencies for the women, infants, and children food supplement program; family planning; and prenatal care outreach and service delivery support program and indicate the basis upon which any projected underexpenditures by local public and private agencies shall be reallocated to other local agencies that demonstrate need.</p>	<p>Sec. 1101. No changes from current law.</p>	<p>Sec. 1101. No changes from current law.</p>	<p>SEC. 1034. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PHYSICAL FITNESS, NUTRITION, AND HEALTH, \$100.00 SHALL BE ALLOCATED TO THE MICHIGAN SNOWSPORTS INDUSTRIES ASSOCIATION FOR THE COLD IS COOL PROGRAM TO EXPOSE MICHIGAN SCHOOLCHILDREN TO OUTDOOR WINTER ACTIVITIES AND DOWNHILL SKIING.</p>	<p>SEC. 1034. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PHYSICAL FITNESS, NUTRITION, AND HEALTH, UP TO \$100.00 MAY BE ALLOCATED TO THE MICHIGAN SNOWSPORTS INDUSTRIES ASSOCIATION FOR THE COLD IS COOL PROGRAM TO EXPOSE MICHIGAN SCHOOLCHILDREN TO OUTDOOR WINTER ACTIVITIES AND DOWNHILL SKIING.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires Department to: report by April 1, 2008 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; collect data to show distribution of funds between urban and rural and urban communities for future reporting; ensure that needs of rural communities are considered in distribution of funds for these programs; and defines "rural" as having population under 30,000.</i></p> <p>Sec. 1104. (1) Before April 1, 2008, 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 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>	<p>Sec. 1104. (1) No changes from current law, except:</p> <p>"Before April 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall ..."</p> <p>and "(b) ... for the PRIOR fiscal year 2006-2007."</p> <p>and "(c) Beginning with the report due in fiscal year 2008-2009, a 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>	<p>Sec. 1104. (1) No changes from current law, except:</p> <p>"Before April 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall ..."</p> <p>and "(b) ... each group for the IMMEDIATELY PRECEDING fiscal year 2006-2007."</p> <p>and "(c) Beginning with the report due in fiscal year 2008-2009, a 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>	<p>Sec. 1104. (1) No changes from current law, except:</p> <p>"Before April 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall ..."</p> <p>and "(b) ... each group for the IMMEDIATELY PRECEDING fiscal year 2006-2007."</p> <p>and "(c) Beginning with the report due in fiscal year 2008-2009, a 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>	<p>Sec. 1104. (1) No changes from current law, except:</p> <p>"Before April 1, 2008 OF THE CURRENT FISCAL YEAR, the department shall ..."</p> <p>and "(b) ... each group for the IMMEDIATELY PRECEDING fiscal year 2006-2007."</p> <p>and "(c) Beginning with the report due in fiscal year 2008-2009, a 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>
<p>(2) The department shall ensure that the distribution of funds through the programs described in subsection (1) takes into account the needs of rural communities.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(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>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law, except: "... with a population of not more than 30,000 OR LESS, ..."</p>	<p>(3) No changes from current law, except: "... with a population of not more than 30,000 OR LESS, ..."</p>	<p>(3) No changes from current law, except: "... with a population of not more than 30,000 OR LESS, ..."</p>
<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; ability to provide access in rural communities is a new factor.</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 provide access to individuals in need of services in rural communities; 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, except: "Factors to be used by the department in evaluating agencies under this section shall include THE ability ..."</p>	<p>Sec. 1105. No changes from current law, except: "Factors to be used by the department in evaluating agencies under this section shall include THE ability ..."</p>	<p>Sec. 1105. No changes from current law, except: "Factors to be used by the department in evaluating agencies under this section shall include THE ability ..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires that family planning programs receiving federal Title X funds be in compliance with federal performance and quality assurance indicators, and that those agencies not in compliance shall not receive supplemental or reallocated funds.</i></p> <p>Sec. 1106. Each family planning program receiving federal title X family planning funds shall be in compliance with all performance and quality assurance indicators that the United States bureau of community health services specifies in the family planning annual report. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.</p>	<p>Sec. 1106. No changes from current law.</p>	<p>Sec. 1106. No changes from current law, except:</p> <p>" ... title X family planning funds UNDER 42 USC 300 TO 300A-8 shall be in compliance with all performance and quality assurance indicators that the United States bureau of community health services OFFICE OF FAMILY PLANNING WITHIN THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES specifies ..."</p>	<p>Sec. 1106. No changes from current law, except:</p> <p>" ... title X family planning funds UNDER 42 USC 300 TO 300A-8 shall be in compliance with all performance and quality assurance indicators that the United States bureau of community health services OFFICE OF FAMILY PLANNING WITHIN THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES specifies ..."</p>	<p>Sec. 1106. No changes from current law, except:</p> <p>" ... title X family planning funds UNDER 42 USC 300 TO 300A-8 shall be in compliance with all performance and quality assurance indicators that the United States bureau of community health services OFFICE OF FAMILY PLANNING WITHIN THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES specifies ..."</p>
<p><i>Restricts local administrative, data processing, and evaluation costs to not more than 9% of the amount appropriated for prenatal care outreach and service delivery support.</i></p> <p>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.</p>	<p>Sec. 1107. No changes from current law.</p>	<p>Sec. 1107. No changes from current law.</p>	<p>Sec. 1107. No changes from current law.</p>	<p>Sec. 1107. No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Prohibits pregnancy prevention program appropriation line item funds from being used for abortion counseling, referrals, or services.</i></p> <p>Sec. 1108. The funds appropriated in part 1 for pregnancy prevention programs shall not be used to provide abortion counseling, referrals, or services.</p>	<p>Sec. 1108. No changes from current law.</p>	<p>Sec. 1108. No changes from current law.</p>	<p>Sec. 1108. No changes from current law.</p>	<p>Sec. 1108. No changes from current law.</p>
<p><i>Allocates funds from dental program line item to the Michigan Dental Association to administer a volunteer program of dental services to the uninsured; and requires a report by DCH to be made available upon request not later than December 1, 2007.</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 shall 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>Sec. 1109. (1) No changes from current law.</p>	<p>Sec. 1109. (1) No changes from current law, except: " ... a volunteer dental program that shall provideS dental services ..."</p>	<p>Sec. 1109. (1) No changes from current law, except: " ... a volunteer dental program that shall provideS dental services ..."</p>	<p>Sec. 1109. (1) No changes from current law, except: " ... a volunteer dental program that shall provideS 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, 2007.</p>	<p>(2) No changes from current law, except: "... value of those procedures through September 30, 2007 FROM THE PRIOR FISCAL YEAR."</p>	<p>(2) No changes from current law, except: "... value of those procedures through September 30, 2007 FROM THE IMMEDIATELY PRECEDING FISCAL YEAR."</p>	<p>(2) No changes from current law, except: "... value of those procedures through September 30, 2007 FROM THE IMMEDIATELY PRECEDING FISCAL YEAR."</p>	<p>(2) No changes from current law, except: "... value of those procedures through September 30, 2007 FROM THE IMMEDIATELY PRECEDING FISCAL YEAR."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Provides that agencies currently receiving pregnancy prevention and family planning line item funds shall have the option of receiving those funds directly from DCH and be designated as delegate agencies.</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, except: " ... directly from the department of community health and be ..."</p>	<p>Sec. 1110. No changes from current law, except: " ... directly from the department of community health and be ..."</p>	<p>Sec. 1110. No changes from current law, except: " ... directly from the department of community health and be ..."</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, except: " ... no less than 88% 91% of the funds appropriated... "</p>	<p>Sec. 1111. No changes from current law.</p>	<p>Sec. 1111. No changes from current law.</p>
<p><i>Requires the Department to allocate at least \$1,000,000 to communities with high infant mortality rates from the prenatal care outreach and service delivery support line item funds.</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>Sec. 1112. No changes from current law.</p>	<p>Sec. 1112. No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>SEC. 1115. (1) THE DEPARTMENT SHALL COLLABORATE WITH THE STATE BOARD OF EDUCATION, THE DEPARTMENT OF HUMAN SERVICES, THE DEPARTMENT OF LABOR AND ECONOMIC GROWTH, AND THE DEPARTMENT OF HISTORY, ARTS AND LIBRARIES TO EXTEND THE DURATION OF THE MICHIGAN AFTER-SCHOOL PARTNERSHIP AND OVERSEE ITS EFFORTS TO IMPLEMENT THE POLICY RECOMMENDATIONS AND STRATEGIC NEXT STEPS IDENTIFIED IN THE MICHIGAN AFTER-SCHOOL INITIATIVE'S REPORT OF DECEMBER 15, 2003.</p>	<p>Does not include House Sec. 1115 (1).</p>
			<p>(2) FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, \$25,000.00 SHALL BE ALLOCATED FOR THE PARTNERSHIP DESCRIBED IN SUBSECTION (1).</p>	<p>Does not include House Sec. 1115 (2).</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>SEC. 1116. THE DEPARTMENT SHALL CONVENE APPROPRIATE STAKEHOLDERS TO DETERMINE THE EFFICACY AND IMPACT OF RESTORING A COORDINATED REGIONAL PERINATAL SYSTEM IN MICHIGAN. A REPORT SHALL BE PRODUCED THAT REFLECTS BEST PRACTICES, EXPECTED POTENTIAL IMPACT ON INFANT MORTALITY, AND RECOMMENDATIONS FOR POLICY AND FUNDING OF SUCH A SYSTEM IN MICHIGAN. THE REPORT SHALL BE PROVIDED TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND STANDING COMMITTEES ON HEALTH POLICY, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR BY APRIL 1, 2009.</p>	<p>SEC. 1116. THE DEPARTMENT SHALL CONVENE APPROPRIATE STAKEHOLDERS TO DETERMINE THE EFFICACY AND IMPACT OF RESTORING A STATEWIDE COORDINATED REGIONAL PERINATAL SYSTEM IN MICHIGAN. A REPORT SHALL BE PRODUCED THAT REFLECTS BEST PRACTICES, EXPECTED POTENTIAL IMPACT ON INFANT MORTALITY, AND RECOMMENDATIONS FOR POLICY AND FUNDING OF SUCH A SYSTEM IN MICHIGAN. THE REPORT SHALL BE PROVIDED TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND STANDING COMMITTEES ON HEALTH POLICY, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR BY APRIL 1, 2009.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>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.</i></p> <p>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.</p>	<p>Sec. 1129. No changes from current law.</p>	<p>Sec. 1129. No changes from current law.</p>	<p>Sec. 1129. No changes from current law.</p>	<p>Sec. 1129. No changes from current law.</p>
<p><i>Allocates \$400,000 to the Nurse Family Partnership Program from the special projects appropriation line item.</i></p> <p>Sec. 1132. From the funds appropriated in part 1 for special projects, \$400,000.00 shall be allocated to the nurse family partnership program.</p>	<p>Sec. 1132. No changes from current law.</p>	<p>Sec. 1132. From the funds appropriated in part 1 for special projects, UP TO \$400,000.00 shall be allocated to the nurse family partnership program.</p>	<p>Sec. 1132. No changes from current law.</p>	<p>Sec. 1132. No changes from current law.</p>
<p><i>Requires Department to release infant mortality rate data to all local public health departments 72 hours or more prior to releasing infant mortality rate data to the public.</i></p> <p>Sec. 1133. The department shall release infant mortality rate data to all local public health departments 72 hours or more before releasing infant mortality rate data to the public.</p>	<p>Sec. 1133. No changes from current law.</p>	<p>Sec. 1133. No changes from current law.</p>	<p>Sec. 1133. No changes from current law.</p>	<p>Sec. 1133. No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>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.</i></p> <p>Sec. 1135. (1) Provision of the school health education curriculum, such as the Michigan model or another comprehensive school health education curriculum, shall be in accordance with the health education goals established by the Michigan model for the comprehensive school health education state steering committee. The state steering committee shall be comprised of a representative from each of the following offices and departments: (a) The department of education. (b) The department of community health. (c) The health administration in the department of community health. (d) The bureau of mental health and substance abuse services in the department of community health. (e) The department of human services. (f) The department of state police.</p>	<p>Sec. 1135. (1) No changes from current law.</p>	<p>Sec. 1135. (1) No changes from current law, except: "... health education goals established by the Michigan model for the comprehensive school health education state steering committee. ..."</p>	<p>Sec. 1135. (1) No changes from current law, except: "... health education goals established by the Michigan model for the comprehensive school health education state steering committee. ..."</p>	<p>Sec. 1135. (1) No changes from current law, except: "... health education goals established by the Michigan model for the comprehensive school health education state steering committee. ..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(2) Upon written or oral request, a pupil not less than 18 years of age or a parent or legal guardian of a pupil less than 18 years of age, within a reasonable period of time after the request is made, shall be informed of the content of a course in the health education curriculum and may examine textbooks and other classroom materials that are provided to the pupil or materials that are presented to the pupil in the classroom. This subsection does not require a school board to permit pupil or parental examination of test questions and answers, scoring keys, or other examination instruments or data used to administer an academic examination.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
		Sec. 1136. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, \$200,000.00 SHALL BE ALLOCATED TO THE KALAMAZOO NURSE FAMILY PARTNERSHIP PROGRAM.	Does not include Senate Sec. 1136.	Does not include Senate Sec. 1136.
		SEC. 1137. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, \$100.00 SHALL BE ALLOCATED TO SUPPORT AN ALZHEIMER'S DISEASE PATIENT CARE TRAINING PROGRAM INVOLVING A COMMUNITY COLLEGE AND A RETIREMENT COMMUNITY.	SEC. 1137. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, \$200.00 SHALL BE ALLOCATED TO SUPPORT AN ALZHEIMER'S DISEASE PATIENT CARE TRAINING PROGRAM INVOLVING A COMMUNITY COLLEGE AND A RETIREMENT COMMUNITY.	SEC. 1137. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, UP TO \$100.00 MAY BE ALLOCATED TO SUPPORT AN ALZHEIMER'S DISEASE PATIENT CARE TRAINING PROGRAM INVOLVING A COMMUNITY COLLEGE AND A RETIREMENT COMMUNITY.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM</u></p> <p><i>Allows Department to work with local participating agencies to define local annual contributions for the Farmer's Market Nutrition Program, to enable DCH to request federal matching funds based on local commitment of funds.</i></p> <p>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.</p>	<p>Sec. 1151. No changes from current law.</p>	<p>Sec. 1151. No changes from current law.</p>	<p>Sec. 1151. No changes from current law.</p>	<p>Sec. 1151. No changes from current law.</p>
<p><i>Department shall require that all Medicaid children participating in the Special Supplemental Food Program for Women, Infants, and Children receive lead screening testing.</i></p> <p>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.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p><i>Requires the Department to ensure that individuals residing in rural communities have sufficient access to the services offered through the Women, Infants, and Children Food and Nutrition Program.</i></p> <p>Sec. 1153. The department shall ensure that individuals residing in rural communities have sufficient access to the services offered through the WIC program.</p>	<p>Sec. 1153. No changes from current law.</p>	<p>Sec. 1153. No changes from current law, except add "(1)".</p>	<p>Sec. 1153. No changes from current law.</p>	<p>Sec. 1153. No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>(2) THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES ON THE DEPARTMENT'S EFFORTS TO ENSURE RURAL ACCESS TO WIC SERVICES.</p>	<p>Does not include Senate (2).</p>	<p>Does not include Senate (2).</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>CHILDREN'S SPECIAL HEALTH CARE SERVICES</p> <p><i>Requires payments for medical care and treatment be made consistent with reimbursement policies of the Michigan medical services program.</i></p> <p>Sec. 1201. Funds appropriated in part 1 for medical care and treatment of children with special health care needs shall be paid according to reimbursement policies determined by the Michigan medical services program. Exceptions to these policies may be taken with the prior approval of the state budget director.</p>	<p>Sec. 1201. No changes from current law.</p>	<p>Sec. 1201. No changes from current law, except:</p> <p>.... with the prior approval of the state budget director. THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCY THE NUMBER OF EXCEPTIONS GRANTED UNDER THIS SECTION.</p>	<p>Sec. 1201. No changes from current law.</p>	<p>Sec. 1201. No changes from current law, except:</p> <p>.... with the prior approval of the state budget director. THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCY agencies THE NUMBER OF EXCEPTIONS GRANTED UNDER THIS SECTION.</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 as hemophilia, who are 21 years of age or older.</p>	<p>Sec. 1202. No changes from current law.</p>	<p>Sec. 1202. No changes from current law.</p>	<p>Sec. 1202. No changes from current law.</p>	<p>Sec. 1202. No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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. No changes from current law.</p>	Sec. 1203. No changes from current law.	Sec. 1203. No changes from current law.	Sec. 1203. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ ENACTED
<p><u>OFFICE OF DRUG CONTROL POLICY</u></p> <p><i>Requires the Department to provide \$1.8 million of federal Byrne 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>Sec. 1250. No changes from current law, except: "... Byrne formula JUSTICE ASSISTANCE grant ..."</p>	<p>Sec. 1250. The department shall provide UP TO \$1,800,000.00 in Byrne formula JUSTICE ASSISTANCE grant program funding to the judiciary by interdepartmental grant.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>CRIME VICTIM SERVICES COMMISSION</u></p> <p><i>Allocates up to \$50,000 of justice assistance grants line item funds for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Unexpended funds shall be carried forward.</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, except: "... up to \$50,000.00 \$200,000.00 ..."
<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, except: "... the Michigan HEALTH AND hospital association, ..."	Sec. 1304 No changes from current law, except: "... the Michigan HEALTH AND hospital association, ..."	Sec. 1304 No changes from current law, except: "... the Michigan HEALTH AND hospital association, ..."

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><u>OFFICE OF SERVICES TO THE AGING</u></p> <p><i>Provides that funding for community, nutrition, and home services be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under 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><i>Requires area agency on aging 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 including initially determined to be program eligible.</i></p> <p>Sec. 1403. (1) 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: (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. (1) No changes from current law.</p>	<p>Sec. 1403. (1) No changes from current law.</p>	<p>Sec. 1403. (1) No changes from current law.</p>	<p>Sec. 1403. (1) No changes from current law, except:</p> <p>In the galley review process, hyphens were added in all cases of the phrase "home-delivered" pursuant to the suggestion of the Senate Enrolling Clerk.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law, except: In the galley review process, hyphens were added in all cases of the phrase "home-delivered" pursuant to the suggestion of the Senate Enrolling Clerk.
<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> 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.	Sec. 1404. No changes from current law.			
<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 a long-term care plan. Not more than 9% of the allocation shall be expended for administrative purposes.</i> 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.	Sec. 1406. No changes from current law.	Sec. 1406. No changes from current law.	Sec. 1406. No changes from current law.	Sec. 1406. No changes from current law.

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

**FY 2007-08
CURRENT LAW**

FY 2008-2009

EXECUTIVE

SENATE

HOUSE

CONFERENCE/ENACTED

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

~~Sec. 1413. The legislature affirms the commitment to locally-based services. The legislature supports THE OFFICE OF SERVICES TO THE AGING SHALL SUPPORT~~ the role of local county board of commissioners in the approval of area agency on aging plans. 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 OFFICE OF SERVICES TO THE AGING shall adjust allocations to area agencies on aging to account for any changes in county membership. The department OFFICE OF SERVICES TO THE AGING 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 ARE PROHIBITED from providing direct services, other than access services, unless the agencies receive a waiver from the 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.~~

Sec. 1413. No changes to current law, except:
" ... The department **OFFICE OF SERVICES TO THE AGING** shall adjust allocations to area agencies on aging to account for any changes in county membership. The ~~department~~ **OFFICE OF SERVICES TO THE AGING** shall ensure annually that county boards of commissioners ... "

Sec. 1413. No changes to current law, except:
" ... The department **OFFICE OF SERVICES TO THE AGING** shall adjust allocations to area agencies on aging to account for any changes in county membership. The ~~department~~ **OFFICE OF SERVICES TO THE AGING** shall ensure annually that county boards of commissioners ... "

Sec. 1413. No changes to current law, except:
" ... The department **OFFICE OF SERVICES TO THE AGING** shall adjust allocations to area agencies on aging to account for any changes in county membership. The ~~department~~ **OFFICE OF SERVICES TO THE AGING** shall ensure annually that county boards of commissioners ... "

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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 strongly affirms its 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 strongly affirms its commitment to OFFICE OF SERVICES TO THE AGING SHALL 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 VERY strongly affirms its 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 strongly affirms its commitment to OFFICE OF SERVICES TO THE AGING SHALL 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 VERY strongly affirms its 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><i>Requires the Department to report by March 30, 2008 on allocations of state resources by administration and program to each area agency on aging, and detail of expenditures by each area agency on aging of all state and local funds by program and administration.</i></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: (a) The total allocation of state resources made to each area agency on aging by individual program and administration. (b) Detail expenditure by each area agency on aging by individual program and administration including both state funded resources and locally funded resources.</p>	<p>Sec. 1417. No changes from current law, except: " ... by March 30, 2008 OF THE CURRENT FISCAL YEAR that contains ..."</p>	<p>Sec. 1417. No changes from current law, except: " ... by March 30, 2008 OF THE CURRENT FISCAL YEAR that contains ..."</p>	<p>Sec. 1417. No changes from current law, except: " ... by March 30, 2008 OF THE CURRENT FISCAL YEAR that contains ..."</p>	<p>Sec. 1417. No changes from current law, except: " ... by March 30, 2008 OF THE CURRENT FISCAL YEAR that contains ..."</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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 and in addition to those funds appropriated in part 1 up to \$300.0 million additional federal authorization shall be appropriated contingent upon approval of a waiver from the federal government.</i></p> <p>Sec. 1501. (1) 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) No changes from current law.</p>	<p>Sec. 1501. (1) No changes from current law.</p>	<p>Sec. 1501. (1) No changes from current law.</p>	<p>Sec. 1501. (1) No changes from current law.</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>(2) No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><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>Sec. 1502. No changes from current law.</p>	Sec. 1502. No changes from current law.	Sec. 1502. No changes from current law.	Sec. 1502. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to provide a copy of the federally approved Michigan First Healthcare Plan or similar proposal at least 60 days before implementing any portion of the plan, or proposal.</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 60 days before implementing any portion of the Michigan first healthcare plan or other similar proposal.</p>	<p>Sec. 1503. No changes from current law.</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><i>Provides Medicaid eligibility to low income elderly and disabled persons up to 100% of the poverty level.</i></p> <p>Sec. 1602. Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty level, pursuant to the state's option to elect such coverage set out at section 1902(a)(10)(A)(ii) and(m) of title XIX, 42 USC 1396a.</p>	<p>Sec. 1602. No changes from current law.</p>	Sec. 1602. No changes from current law.	Sec. 1602. No changes from current law.	Sec. 1602. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allows Department to establish a statewide program for persons to purchase medical coverage at a rate determined by DCH.</i></p> <p>Sec. 1603. (1) The department may establish a program for persons to purchase medical coverage at a rate determined by the department.</p>	<p>Sec. 1603. (1) No changes from current law.</p>	<p>Sec. 1603. (1) No changes from current law.</p>	<p>Sec. 1603. (1) No changes from current law.</p>	<p>Sec. 1603. (1) No changes from current law.</p>
<p>(2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1.</p>	<p>(2) No changes from current law.</p>			
<p>(3) The premiums described in this section shall be classified as private funds.</p>	<p>(3) No changes from current law.</p>			
<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>Delete current law.</p>	<p>Sec. 1604. No changes from current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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. (1) No changes from current law.</p>	<p>Sec. 1605. (1) No changes from current law.</p>	<p>Sec. 1605. (1) No changes from current law.</p>	<p>Sec. 1605. (1) 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><i>Limits the allowable deduction for guardian and conservator charges to \$60 per month when determining Medicaid eligibility and patient pay amounts.</i></p> <p>Sec. 1606. For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>	<p>Sec. 1606. No changes from current law.</p>	Sec. 1606. No changes from current law.	Sec. 1606. No changes from current law.	Sec. 1606. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Stipulates that Medicaid applicants whose qualifying condition is pregnancy shall be presumed to be eligible unless the preponderance of 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. (1) No changes from current law.</p>	<p>Sec. 1607. (1) No changes from current law.</p>	<p>Sec. 1607. (1) No changes from current law.</p>	<p>Sec. 1607. (1) No changes from current law.</p>
<p>(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.</p>	<p>(2) No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(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.	(3) No changes from 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.	(4) No changes from current law.	(4) No changes from current law.
(5) The department shall develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application.	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.
		NEW SUBSECTION (6) EFFECTIVE OCTOBER 1, 2008, THE DEPARTMENT SHALL MANDATE ENROLLMENT OF WOMEN, WHOSE QUALIFYING CONDITION IS PREGNANCY, INTO MEDICAID MANAGED CARE PLANS.	NEW SUBSECTION (6) EFFECTIVE OCTOBER 1, 2008, THE DEPARTMENT SHALL MANDATE ENROLLMENT OF WOMEN, WHOSE QUALIFYING CONDITION IS PREGNANCY, INTO MEDICAID MANAGED CARE PLANS. THE DEPARTMENT SHALL NOT MANDATE ENROLLMENT INTO A MEDICAID MANAGED CARE PLAN IF THE WOMAN HAS AN ESTABLISHED RELATIONSHIP WITH HER MEDICAID PARTICIPATING PHYSICIAN AND THE PHYSICIAN IS NOT ASSOCIATED WITH A MEDICAID HEALTH PLAN.	NEW SUBSECTION (6) EFFECTIVE OCTOBER 1, 2008, THE DEPARTMENT SHALL MANDATE ENROLLMENT OF WOMEN, WHOSE QUALIFYING CONDITION IS PREGNANCY, INTO MEDICAID MANAGED CARE PLANS.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SUBSECTION</p> <p>(7) THE DEPARTMENT SHALL REQUIRE PHYSICIANS TO PROVIDE WOMEN, WHOSE QUALIFYING CONDITION FOR MEDICAID IS PREGNANCY, WITH A REFERRAL TO A MEDICAID PARTICIPATING DENTIST AT THE FIRST PREGNANCY-RELATED APPOINTMENT.</p>	Does not include.	<p>NEW SUBSECTION</p> <p>(7) THE DEPARTMENT SHALL REQUIRE <i>ENCOURAGE</i> PHYSICIANS TO PROVIDE WOMEN, WHOSE QUALIFYING CONDITION FOR MEDICAID IS PREGNANCY, WITH A REFERRAL TO A MEDICAID PARTICIPATING DENTIST AT THE FIRST PREGNANCY-RELATED APPOINTMENT.</p>
<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>	Delete current law.	<p>Sec. 1610. No changes from current law, except:</p> <p>The department of community health shall provide an administrative procedure ...</p>	<p>Sec. 1610. No changes from current law, except:</p> <p>The department of community health shall provide an administrative procedure ...</p>	<p>Sec. 1610. No changes from current law, except:</p> <p>The department of community health shall provide an administrative procedure ...</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires Medicaid payment rate to be accepted as payment in full, including payments from other third-party sources. Hospital services payments for persons dually eligible for Medicare and Medicaid are to include capital payments in determining Medicaid reimbursement amount.</i></p> <p>Sec. 1611. (1) For care provided to medical services recipients with other third-party sources of payment, medical services reimbursement shall not exceed, in combination with such other resources, including Medicare, those amounts established for medical services-only patients. The medical services payment rate shall be accepted as payment in full. Other than an approved medical services copayment, no portion of a provider's charge shall be billed to the recipient or any person acting on behalf of the recipient. Nothing in this section shall be considered to affect the level of payment from a third-party source other than the medical services program. The department shall require a nonenrolled provider to accept medical services payments as payment in full.</p>	<p>Sec. 1611. (1) No changes from current law.</p>	<p>Sec. 1611. (1) No changes from current law.</p>	<p>Sec. 1611. (1) No changes from current law.</p>	<p>Sec. 1611. (1) No changes from current law.</p>
<p>(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/medical services recipients with Medicare part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments.</p>	<p>(2) No changes from current law.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Establishes the pharmacy dispensing fee at \$2.50 (\$2.75 for nursing home pharmacies) or the pharmacy's usual and customary charge, whichever is less. Specifies prescription copayments for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug except as prohibited by federal or state law or regulation. Includes intent language that if the department realizes savings resulting from the way in which the Medicaid program pays pharmacists for prescriptions from average wholesale price to average manufacturer price the savings shall be returned to pharmacies as an increase in the dispensing fee. The fee increase can be no greater than \$2.</i></p> <p>Sec. 1620. (1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be \$2.50 or the pharmacy's usual or customary cash charge, whichever is less.</p> <p>For nursing home residents, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less.</p>	<p>Sec. 1620. (1) No changes from current law.</p>	<p>Sec. 1620. (1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be \$2.50 \$3.25 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, the pharmaceutical dispensing fee shall be \$2.75 \$3.50 or the pharmacy's usual or customary cash charge, whichever is less.</p>	<p>Sec. 1620. (1) No changes from current law.</p>	<p>Sec. 1620. (1) No changes from current law.</p>
				<p>NEW SUBSECTION</p> <p>(2) FOR FEE-FOR-SERVICE RECIPIENTS WHO DO NOT RESIDE IN NURSING HOMES, EFFECTIVE APRIL 1 OF THE CURRENT FISCAL YEAR, THE PHARMACEUTICAL DISPENSING FEE SHALL BE \$2.75 OR THE PHARMACY'S USUAL OR CUSTOMARY CASH CHARGE, WHICHEVER IS LESS. FOR NURSING HOME RESIDENTS, EFFECTIVE APRIL 1 OF THE CURRENT FISCAL YEAR, THE PHARMACEUTICAL DISPENSING FEE SHALL BE \$3.00 OR THE PHARMACY'S USUAL OR CUSTOMARY CASH CHARGE, WHICHEVER IS LESS.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(2) The department shall require a prescription copayment for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug, except as prohibited by federal or state law or regulation.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) (3) 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.
(3) It is the intent of the legislature that if the department realizes savings as a 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 \$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.	Delete current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law, except: (3) (4) It is the intent of the legislature that if the department realizes savings as a result of the implementation of average manufacturer's price ...
<i>Authorizes drug utilization review and disease management systems with physician oversight and consultation with various medical provider groups.</i> Sec. 1621. The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review and disease management systems authorized by this section 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.	Sec. 1621. No changes from current law.	Sec. 1621. The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review, A PHARMACIST-APPROVED MEDICATION THERAPY PROGRAM , and disease management systems authorized by this section 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 OSTEOPATHIC association of osteopathic physicians, Michigan pharmacists association, Michigan health and hospital association, and Michigan nurses' NURSES association.	Sec. 1621. The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review, A PHARMACIST-APPROVED MEDICATION THERAPY PROGRAM , and disease management systems authorized by this section 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 OSTEOPATHIC association of osteopathic physicians, Michigan pharmacists association, Michigan health and hospital association, and Michigan nurses' NURSES association.	Sec. 1621. The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review, A PHARMACIST-APPROVED MEDICATION THERAPY PROGRAM , and disease management systems authorized by this section 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 OSTEOPATHIC association of osteopathic physicians, Michigan pharmacists association, Michigan health and hospital association, and Michigan nurses' NURSES association.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Continues 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>Sec. 1623. (1) No changes from 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>(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.</p>	<p>(3) No changes from current law.</p>	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
<p><i>Directs Department to continue placing all atypical antipsychotic medications on the Medicaid preferred drug list.</i></p> <p>Sec. 1625. The department shall continue its practice of placing all atypical antipsychotic medications on the Medicaid preferred drug list.</p>	<p>Sec. 1625. No changes from current law.</p>	Sec. 1625. No changes from current law.	Sec. 1625. No changes from current law.	Sec. 1625. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Authorizes Department to secure manufacturer drug rebates for participants in MICHild, MOMS, State Medical, Children's Special Health Care Services, and Adult Benefit Waiver programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.</i></p> <p>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.</p>	<p>Sec. 1627. (1) No changes from current law.</p>	<p>Sec. 1627. (1) No changes from current law.</p>	<p>Sec. 1627. (1) No changes from current law.</p>	<p>Sec. 1627. (1) No changes from current law.</p>
<p>(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization.</p>	<p>(2) No changes from current law.</p>			
<p><i>Requires DCH to base its MAC prices for generic drugs on pricing available from at least two wholesalers who deliver in Michigan.</i></p> <p>Sec. 1629. The department shall utilize maximum allowable cost pricing for generic drugs that is based on wholesaler pricing to providers that is available from at least 2 wholesalers who deliver in the state of Michigan.</p>	<p>Sec. 1629. No changes from current law.</p>			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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 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>Sec. 1630. (1) No changes from 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><i>Requires copayments on dental, podiatric, chiropractic, vision, and hearing aid services unless prohibited by law or regulation. Specifies copayments of \$2 for a physician office visit, \$3 for a hospital emergency room visit, \$50 for the first day of an in-patient hospital stay and \$1 for an out-patient hospital visit.</i></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>Sec. 1631. (1) No changes from current law.</p>	<p>Sec. 1631. (1) No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay the following copayments:</p> <p>(a) Two dollars for a physician office visit. (b) Three dollars for a hospital emergency room visit. (c) Fifty dollars for the first day of an inpatient hospital stay. (d) One dollar for an outpatient hospital visit.</p>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Requires DCH to expand Healthy Kids Dental program to Genesee County and Saginaw County with an additional \$2,625,300 in funding.</i></p> <p>Sec. 1633. From the funds appropriated in part 1 for dental services, the department shall allocate \$2,625,300.00 to expand the healthy kids dental program to Genesee County and Saginaw County.</p>	Delete current law.	<p>Sec. 1633. (1) From the funds appropriated in part 1 for dental services, the department shall allocate \$2,625,300.00 \$251,700.00 to expand the healthy kids dental program to Montcalm Genesee County and Saginaw County AND \$125,800.00 TO EXPAND THE HEALTHY KIDS DENTAL PROGRAM TO THE CITY OF ROSEVILLE EFFECTIVE JULY 1, 2009.</p>	<p>Sec. 1633. From the funds appropriated in part 1 for dental services, the department shall allocate \$2,625,300.00 \$582,900.00 to expand the healthy kids dental program to Genesee County and Saginaw MUSKEGON County EFFECTIVE JULY 1, 2009.</p>	Delete current law.
		<p>NEW SUBSECTION</p> <p>(2) FROM THE FUNDS APPROPRIATED IN PART 1 FOR DENTAL SERVICES, THE DEPARTMENT SHALL CONTINUE TO FUND THE HEALTHY KIDS DENTAL PROGRAM IN GENESSEE COUNTY AND SAGINAW COUNTY.</p>	Does not include.	Does not include.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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>	Delete current law.	Sec. 1634. No changes from current law.	Sec. 1634. No changes from current law.	Sec. 1634. No changes from current law.
<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>	Sec. 1635. No changes from current law.			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires continuation of FY 2006-07 allocation of \$23,874,800 between Physician Services and Health Plan Services appropriation lines for an increase in Medicaid reimbursement rates for physician well child procedure codes and primary care procedure codes.</i></p> <p>Sec. 1636. 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 physician well child procedure codes and primary care procedure codes implemented in fiscal year 2006-2007. The increased reimbursement rates in this section shall not exceed the comparable Medicare payment rate for the same services.</p>	<p>Sec. 1636. No changes from current law.</p>			
<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, and lists the provisions the agreement would include.</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>Sec. 1637. (1) No changes from 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. (b) That the recipient shall attend all scheduled medical appointments. (c) That the recipient shall exercise regularly. (d) That if the recipient has children, those children shall be up to date on their immunizations. (e) That the recipient shall abstain from abusing controlled substances and narcotics.</p>	<p>(2) No changes from current law.</p>			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires institutional providers to submit their cost reports within five months of the end of the fiscal year.</i></p> <p>Sec. 1641. An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year.</p>	<p>Sec. 1641. No changes from current law.</p>			
<p><i>Allocates \$10,359,600 from Graduate Medical Education funds for a psychiatric residency training program if the universities involved provide the necessary allowable Medicaid matching funds.</i></p> <p>Sec. 1643. Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line-item appropriation, not less than \$10,359,000.00 shall be allocated for the psychiatric residency training program that establishes and maintains collaborative relations with the schools of medicine at Michigan State University and Wayne State University if the necessary allowable Medicaid matching funds are provided by the universities.</p>	<p>Sec. 1643. No changes from current law.</p>			
<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>	<p>Delete current law.</p>	<p>Sec. 1647. No changes from current law.</p>	<p>Sec. 1647. No changes from current law.</p>	<p>Sec. 1647. No changes from current law.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires Department to maintain automated toll-free phone line and make available an online resource for medical providers to obtain enrollment and benefit information of Medicaid recipients.</i></p> <p>Sec. 1648. The department shall maintain an automated toll-free telephone line and make available an online resource to enable medical providers to obtain enrollment and benefit information of Medicaid recipients. There shall be no charge to providers for the use of the toll-free telephone line or online resource.</p>	<p>Sec. 1648. No changes from current law.</p>	<p>Sec. 1648. No changes from current law.</p>	<p>Sec. 1648. No changes from current law.</p>	<p>Sec. 1648. No changes from current law.</p>
<p><i>Directs 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. 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. 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. 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>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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) 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. ASSIGNMENT OF ANY PERSON NOT EXPRESSING A PREFERENCE SHALL BE MADE TO THE MANAGED CARE PLAN IN THE PERSON'S COUNTY, WHICH PLAN RATED THE HIGHEST ON QUALITY MEASURES.</p>	<p>Sec. 1650. (1) No changes from current law.</p>	<p>Sec. 1650. (1) No changes from current law.</p>
<p>(2) Persons to be assigned a managed care provider shall be informed in writing of the criteria for exceptions to capitated managed care enrollment, their right to change HMOs for any reason within the initial 90 days of enrollment, the toll-free telephone number for problems and complaints, and information regarding grievance and appeals rights.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p>(3) The criteria for medical exceptions to HMO enrollment shall be based on submitted documentation that indicates a recipient has a serious medical condition, and is undergoing active treatment for that condition with a physician who does not participate in 1 of the HMOs. If the person meets the criteria established by this subsection, the department shall grant an exception to mandatory enrollment at least through the current prescribed course of treatment, subject to periodic review of continued eligibility.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allows access to hospice services for Medicaid patients enrolled in health maintenance organizations.</i></p> <p>Sec. 1651. (1) Medical services patients who are enrolled in HMOs have the choice to elect hospice services or other services for the terminally ill that are offered by the HMOs. If the patient elects hospice services, those services shall be provided in accordance with part 214 of the public health code, 1978 PA 368, MCL 333.21401 to 333.21420.</p>	<p>Sec. 1651. (1) No changes from current law.</p>	<p>Sec. 1651. (1) No changes from current law.</p>	<p>Sec. 1651. (1) No changes from current law.</p>	<p>Sec. 1651. (1) No changes from current law.</p>
<p>(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 CFR 418.</p>	<p>(2) No changes from current law.</p>	<p>(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 CFR PART 418.</p>	<p>(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 CFR PART 418.</p>	<p>(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 CFR PART 418.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>If the Department implements changes allowing HMOs to request service area expansions, the HMOs must agree to: (1) not sell or transfer any portion of the HMO's assets or business for a period of three years, and (2) the HMO that expands into a county with a population of at least 1,500,000 shall also expand its coverage to a county with a population of less than 100,000 which has one or fewer HMOs participating in the Medicaid program.</i></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 3 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 expand its coverage to a county with a population of less than 100,000 which has 1 or fewer HMOs participating in the Medicaid program.</p>	<p>Delete current law.</p>	<p>Sec. 1652. No changes from current law, except:</p> <p>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>ANY NEW CONTRACTS WITH MEDICAID HEALTH PLANS NEGOTIATED OR SIGNED, OR BOTH, DURING THE CURRENT FISCAL YEAR SHALL INCLUDE THE FOLLOWING PROVISIONS REGARDING EXPANSION OF SERVICES BY MEDICAID HMOs TO COUNTIES NOT PREVIOUSLY SERVED BY THAT MEDICAID HMO:</p>	<p>Sec. 1652. No changes from current law.</p>	<p>Sec. 1652. No changes from current law, except:</p> <p>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>ANY NEW CONTRACTS WITH MEDICAID HEALTH PLANS NEGOTIATED OR SIGNED, OR BOTH, DURING THE CURRENT FISCAL YEAR SHALL INCLUDE THE FOLLOWING PROVISIONS REGARDING EXPANSION OF SERVICES BY MEDICAID HMOs TO COUNTIES NOT PREVIOUSLY SERVED BY THAT MEDICAID HMO:</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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>(c) Mandatory enrollment of Medicaid beneficiaries living in counties defined as rural by the federal government, which is any nonurban standard metropolitan statistical area, is allowed if there is only 1 HMO serving the Medicaid population, as long as each Medicaid beneficiary is assured of having a choice of at least 2 physicians by the HMO.</p> <p>(d) Enrollment of recipients of children's special health care services in HMOs shall be voluntary during the fiscal year.</p> <p>(e) The department shall develop a case adjustment to its rate methodology that considers the costs of persons with HIV/AIDS, end stage renal disease, organ transplants, and other high-cost diseases or conditions and shall implement the case adjustment when it is proven to be actuarially and fiscally sound. Implementation of the case adjustment must be budget neutral.</p>	<p>Sec. 1653. No changes from current law, except:</p> <p>{Transferred from Sec. 1657(4)} (4) (f) 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.</p>	<p>Sec. 1653. No changes from current law, except:</p> <p>(d) Enrollment of recipients of children's special health care services in HMOs shall be voluntary during the fiscal year. CHILDREN'S SPECIAL HEALTH CARE SERVICES RECIPIENTS SHALL BE INFORMED OF THE OPPORTUNITY TO ENROLL IN HMOS. THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES ON WAYS TO IMPROVE CHILDREN'S SPECIAL HEALTH CARE SERVICES CASE MANAGEMENT.</p> <p>{Transferred from Sec. 1657(4)} (4) (f) 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.</p>	<p>Sec. 1653. No changes from current law, except:</p> <p>{Transferred from Sec. 1657(4)} (4) (f) 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.</p>	<p>Sec. 1653. No changes from current law, except:</p> <p>(d) Enrollment of recipients of children's special health care services in HMOs shall be voluntary during the fiscal year. CHILDREN'S SPECIAL HEALTH CARE SERVICES RECIPIENTS SHALL BE INFORMED OF THE OPPORTUNITY TO ENROLL IN HMOS. THE DEPARTMENT SHALL REPORT TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES ON WAYS TO IMPROVE CHILDREN'S SPECIAL HEALTH CARE SERVICES CASE MANAGEMENT.</p> <p>{Transferred from Sec. 1657(4)} (4) (f) 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.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires Medicaid HMOs to pay for services by non-HMO providers if medically necessary, approved by the HMO, immediately required, and 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><i>Allows for a 12-month lock-in to HMOs with good cause exceptions and allows recipients to change plans for any reason within the first 90 days.</i></p> <p>Sec. 1655. (1) The department may require a 12-month lock-in to the HMO selected by the recipient during the initial and subsequent open enrollment periods, but allow for good cause exceptions during the lock-in period.</p>	<p>Sec. 1655. (1) No changes from current law.</p>	<p>Sec. 1655. (1) No changes from current law.</p>	<p>Sec. 1655. (1) No changes from current law.</p>	<p>Sec. 1655. (1) No changes from current law.</p>
<p>(2) Medicaid recipients shall be allowed to change HMOs for any reason within the initial 90 days of enrollment.</p>	<p>(2) No changes from current law.</p>			
<p><i>Requires expedited grievance procedure for Medicaid recipients enrolled in qualified health plans and a toll free phone number to help resolve problems and complaints.</i></p> <p>Sec. 1656. (1) The department shall provide an expedited complaint review procedure for Medicaid eligible persons enrolled in HMOs for situations in which failure to receive any health care service would result in significant harm to the enrollee.</p>	<p>Sec. 1656. (1) No changes from current law.</p>	<p>Sec. 1656. (1) No changes from current law.</p>	<p>Sec. 1656. (1) No changes from current law.</p>	<p>Sec. 1656. (1) No changes from current law.</p>

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(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.			
<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. Requires a report by September 30, 2008 on how payment policies in the current Medicaid program create financial incentives for health facilities to admit recipients from the emergency room.</i>				
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.	Sec. 1657. (1) No changes from current law.	Sec. 1657. (1) No changes from current law.	Sec. 1657. (1) No changes from current law.	Sec. 1657. (1) No changes from current law.
(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.	(2) No changes from current law.			

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(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) No changes from current law.	(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.	Moved to Sec. 1653 (f.)	Moved to Sec. 1653 (f.)	Moved to Sec. 1653 (f.)	Moved to Sec. 1653 (f.)
(5) The department shall provide a report by September 30, 2008 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.	Delete current law.	No changes from current law, except: (5) (4) The department shall provide a report by September 30, 2008 OF THE CURRENT FISCAL YEAR to the senate and house appropriations subcommittees ...	No changes from current law, except: (5) (4) The department shall provide a report by September 30, 2008 OF THE CURRENT FISCAL YEAR to the senate and house appropriations subcommittees ...	No changes from current law, except: (5) (4) The department shall provide a report by September 30, 2008 OF THE CURRENT FISCAL YEAR to the senate and house appropriations subcommittees ...
<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> Sec. 1658. (1) HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO in its service area, that hospital shall enter into a hospital access agreement as specified in the MSA bulletin Hospital 01-19.	Sec. 1658. (1) No changes from current law.	Sec. 1658. (1) No changes from current law.	Sec. 1658. (1) No changes from current law.	Sec. 1658. (1) No changes from current law, except: hospital shall enter into a hospital access agreement as specified in the MSA Bulletin Hospital 01-19.
(2) A hospital access agreement specified in subsection (1) shall be considered an affiliated provider contract pursuant to the requirements contained in chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs.</i></p> <p>Sec. 1659. The following sections of this act are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 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.</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, 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, AND 1711, 1749, and 1752.</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, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 401, 402, 404, 411, 414, 418, 424, 428, 430, 456, 481, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1666, 1699, 1711, 1749, and 1752. 1783, 1787, AND 1791.</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, 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, 481, 1607, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1666, 1699, 1711, 1749, and 1752, AND 1783.</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, 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, 1607, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1666, 1699, 1711, 1749, and 1752, 1783, 1787 AND 1791.</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>Sec. 1660. (1) No changes from current law.</p>	<p>Sec. 1660. (1) No changes from current law.</p>

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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.	(2) No changes from 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.	{moved from Sec. 1661(2)} (3) The department shall PROHIBIT HMOs FROM REQUIRING PRIOR AUTHORIZATION OF THEIR CONTRACTED PROVIDERS FOR ANY EPSDT SCREENING AND DIAGNOSIS SERVICES. {moved to Sec. 1662(2)} 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.	{moved from Sec. 1661(2)} (3) The department shall PROHIBIT HMOs FROM REQUIRING PRIOR AUTHORIZATION OF THEIR CONTRACTED PROVIDERS FOR ANY EPSDT SCREENING AND DIAGNOSIS SERVICES. {moved to Sec. 1662(2)} 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.	{moved from Sec. 1661(2)} (3) The department shall PROHIBIT HMOs FROM REQUIRING PRIOR AUTHORIZATION OF THEIR CONTRACTED PROVIDERS FOR ANY EPSDT SCREENING AND DIAGNOSIS SERVICES. {moved to Sec. 1662(2)} 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.
(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) 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) 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) 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.
(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) 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) 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) 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.

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<p><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></p> <p>Sec. 1661. (1) The department shall assure that all Medicaid eligible children and pregnant women have timely access to MSS/ISS services. Medicaid HMOs shall assure that maternal support service screening is available to their pregnant members and that those women found to meet the maternal support service high-risk criteria are offered maternal support services. Local health departments shall assure that maternal support service screening is available for Medicaid pregnant women not enrolled in an HMO and that those women found to meet the maternal support service high-risk criteria are offered maternal support services or are referred to a certified maternal support service provider.</p>	<p>Sec. 1661. (1) No changes from current law.</p>	<p>Sec. 1661. (1) No changes from current law.</p>	<p>Sec. 1661. (1) No changes from current law.</p>	<p>Sec. 1661. (1) No changes from current law.</p>
<p>(2) The department shall prohibit HMOs from requiring prior authorization of their contracted providers for any EPSDT screening and diagnosis service, for any MSS/ISS screening referral, or for up to 3 MSS/ISS service visits.</p>	<p>(2) 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. {deleted lines found in Sec. 1660(3)}</p>	<p>(2) No changes from current law.</p>	<p>(2) The department shall prohibit HMOs from requiring prior authorization of their contracted providers for any EPSDT screening and diagnosis service, for any MSS/ISS screening referral, or for up to 3 MSS/ISS service visits. {deleted lines found in Sec. 1660(3)}</p>	<p>(2) The department shall prohibit HMOs from requiring prior authorization of their contracted providers for any EPSDT screening and diagnosis service, for any MSS/ISS screening referral, or for up to 3 MSS/ISS service visits. {deleted lines found in Sec. 1660(3)}</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
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	<p>NEW SUBSECTION</p> <p>(3) THE DEPARTMENT SHALL REQUIRE HMOS TO BE RESPONSIBLE FOR 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.</p>	<p>Not included.</p>	<p>NEW SUBSECTION</p> <p>(3) THE DEPARTMENT SHALL REQUIRE HMOS TO BE RESPONSIBLE FOR 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.</p>	<p>NEW SUBSECTION</p> <p>(3) THE DEPARTMENT SHALL REQUIRE HMOS TO BE RESPONSIBLE FOR 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.</p>
<p>(3) The department shall assure the coordination of MSS/ISS services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the department of human services, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect.</p>	<p>{3} (4) The department shall assure the coordination of MSS/ISS services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the department of human services, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect.</p>	<p>(3) No changes from current law.</p>	<p>{3} (4) The department shall assure the coordination of MSS/ISS services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the department of human services, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect.</p>	<p>{3} (4) The department shall assure the coordination of MSS/ISS services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the department of human services, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect.</p>
	<p>NEW SUBSECTION</p> <p>(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 PREGNANT WOMEN.</p>	<p>Does not include.</p>	<p>NEW SUBSECTION</p> <p>(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 PREGNANT WOMEN.</p>	<p>NEW SUBSECTION</p> <p>(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 PREGNANT WOMEN.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
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<p><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></p> <p>Sec. 1662. (1) The department shall assure that an external quality review of each contracting HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services that the HMO or its contractors furnish to Medicaid beneficiaries.</p>	<p>Sec. 1662. (1) No changes from current law.</p>	<p>Sec. 1662. (1) No changes from current law.</p>	<p>Sec. 1662. (1) No changes from current law.</p>	<p>Sec. 1662. (1) No changes from current law.</p>
	<p>{struck language from Sec. 1660(3)}</p> <p>(2) 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.</p>	<p>Does not include.</p>	<p>{struck language from Sec. 1660(3)}</p> <p>(2) 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.</p>	<p>{struck language from Sec. 1660(3)}</p> <p>(2) 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.</p>

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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) (3) 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) (3) 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) (3) 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.
(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) (4) 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) (4) 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) (4) 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.
(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) (5) 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) (5) 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) (5) 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.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
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<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>	<p>Delete current law.</p>	<p>Sec. 1666. No changes from current law.</p>	<p>Sec. 1666. No changes from current law.</p>	<p>Sec. 1666. No changes from current law.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Specifies that funds appropriated for MICHild Program are to be used to provide health care to children under age 19 in families with income below 200% of federal poverty level who have not had health insurance within six months of making application for MICHild benefits. Allows DCH to provide up to one year of continuous eligibility for MICHild program unless family members no longer meet eligibility criteria or family fails to pay the monthly premium. Assures continuity of care for persons whose category of MICHild eligibility changes due to family income. Specifies income level and verification requirements to 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 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) Same as current law with "act" changed to "BILL".</p>	<p>Sec. 1670. No changes from current law.</p>	<p>Sec. 1670. No changes from current law.</p>	<p>Sec. 1670. No changes from current law.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
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(2) The department may provide up to 1 year of continuous eligibility to children eligible for the MIChild program unless the family fails to pay the monthly premium, a child reaches age 19, or the status of the children's family changes and its members no longer meet the eligibility criteria as specified in the federally approved MIChild state plan.	(2) No changes from current law.			
(3) Children whose category of eligibility changes between the Medicaid and MIChild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.	(3) No changes from current law.			
(4) To be eligible for the MIChild program, a child must be residing in a family with an adjusted gross income of less than or equal to 200% of the federal poverty level. The department's verification policy shall be used to determine eligibility.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
(5) The department shall enter into a contract to obtain MIChild services from any HMO, dental care corporation, or any other entity that offers to provide the managed health care benefits for MIChild services at the MIChild capitated rate. As used in this subsection: (a) "Dental care corporation", "health care corporation", "insurer", and "prudent purchaser agreement" mean those terms as defined in section 2 of the prudent purchaser act, 1984 PA 233, MCL 550.52. (b) "Entity" means a health care corporation or insurer operating in accordance with a prudent purchaser agreement.	(5) No changes from current law.			
(6) The department may enter into contracts to obtain certain MIChild services from community mental health service programs.	(6) No changes from current law.			

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(7) The department may make payments on behalf of children enrolled in the MICHild program from the line-item appropriation associated with the program as described in the MICHild state plan approved by the United States department of health and human services, or from other medical services.	(7) No changes from current law.	(7) No changes from current law.	(7) No changes from current law.	(7) No changes from current law.
			<p>NEW SUBSECTION</p> <p>(8) THE DEPARTMENT SHALL ASSURE THAT AN EXTERNAL QUALITY REVIEW OF EACH MICHILD CONTRACTOR, AS DESCRIBED IN SUBSECTION (5), IS PERFORMED, WHICH ANALYZES AND EVALUATES THE AGGREGATED INFORMATION ON QUALITY, TIMELINESS, AND ACCESS TO HEALTH CARE SERVICES THAT THE CONTRACTOR FURNISHED TO MICHILD BENEFICIARIES.</p>	<p>NEW SUBSECTION</p> <p>(8) THE DEPARTMENT SHALL ASSURE THAT AN EXTERNAL QUALITY REVIEW OF EACH MICHILD CONTRACTOR, AS DESCRIBED IN SUBSECTION (5), IS PERFORMED, WHICH ANALYZES AND EVALUATES THE AGGREGATED INFORMATION ON QUALITY, TIMELINESS, AND ACCESS TO HEALTH CARE SERVICES THAT THE CONTRACTOR FURNISHED TO MICHILD BENEFICIARIES.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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>	Delete current law.	Sec. 1671. No changes from current law.	Sec. 1671. No changes from current law.	Sec. 1671. No changes from current law.
<p><i>Allows Department to establish premiums for eligible persons above 150% of poverty level from \$10 to \$15 per month for a family.</i></p> <p>Sec. 1673. 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>	Sec. 1673. No changes from current law.			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Specifies the benefits to be covered by the MICHild program based on the state employee insurance plan.</i></p> <p>Sec. 1677. The MICHild program shall provide all benefits available under the state employee insurance plan that are delivered through contracted providers and consistent with federal law, including, but not limited to, the following medically necessary services:</p> <p>(a) Inpatient mental health services, other than substance abuse treatment services, including services furnished in a state-operated mental hospital and residential or other 24-hour therapeutically planned structured services.</p> <p>(b) Outpatient mental health services, other than substance abuse services, including services furnished in a state-operated mental hospital and community-based services.</p> <p>(c) Durable medical equipment and prosthetic and orthotic devices.</p> <p>(d) Dental services as outlined in the approved MICHild state plan.</p> <p>(e) Substance abuse treatment services that may include inpatient, outpatient, and residential substance abuse treatment services.</p> <p>(f) Care management services for mental health diagnoses.</p> <p>(g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.</p> <p>(h) Emergency ambulance services.</p>	<p>Sec. 1677. No changes from current law.</p>			

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires that previous payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through Medicaid nursing home wage pass-through program be continued.</i></p> <p>Sec. 1680. 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.</p>	<p>Sec. 1680. No changes from current law.</p>	<p>NEW SECTION</p> <p>SEC. 1680. (1) IT IS THE INTENT OF THE LEGISLATURE THAT PAYMENT INCREASES FOR ENHANCED WAGES AND NEW OR ENHANCED EMPLOYEE BENEFITS SHALL BE PROVIDED TO THOSE NURSING HOMES THAT MAKE APPLICATION FOR IT TO FUND THE MEDICAID PROGRAM SHARE OF WAGE AND EMPLOYEE BENEFIT INCREASES UP TO THE EQUIVALENT OF 50 CENTS PER EMPLOYEE HOUR. EMPLOYEE BENEFITS INCLUDE, BUT ARE NOT LIMITED TO, HEALTH BENEFITS, RETIREMENT BENEFITS, AND QUALITY OF LIFE BENEFITS SUCH AS DAY CARE SERVICES. THE DEPARTMENT SHALL REQUIRE NURSING HOMES TO DOCUMENT THAT THESE WAGE AND BENEFIT INCREASES WERE ACTUALLY PROVIDED.</p>	<p>NEW SECTION</p> <p>SEC. 1680. (1) IT IS THE INTENT OF THE LEGISLATURE THAT PAYMENT INCREASES FOR ENHANCED WAGES AND NEW OR ENHANCED EMPLOYEE BENEFITS SHALL BE PROVIDED TO THOSE NURSING HOMES THAT MAKE APPLICATION FOR IT TO FUND THE MEDICAID PROGRAM SHARE OF WAGE AND EMPLOYEE BENEFIT INCREASES UP TO THE EQUIVALENT OF 50 CENTS PER EMPLOYEE HOUR. EMPLOYEE BENEFITS INCLUDE, BUT ARE NOT LIMITED TO, HEALTH BENEFITS, RETIREMENT BENEFITS, AND QUALITY OF LIFE BENEFITS SUCH AS DAY CARE SERVICES.</p>	<p>Sec. 1680. No changes from current law.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		more following	<p>(2) THE ENHANCED WAGES AND NEW ENHANCED EMPLOYEE BENEFIT INCREASES SHALL BE FOR THOSE NURSING HOMES WHICH HAVE A LEGALLY BINDING, WRITTEN COMMITMENT TO INCREASE EMPLOYEE WAGES AND BENEFITS. TO BE ELIGIBLE FOR WAGE AND BENEFIT INCREASES, THE NURSING HOME MUST SUBMIT THE FOLLOWING TO THE DEPARTMENT:</p> <p>(A) PROOF OF A LEGALLY BINDING WRITTEN COMMITMENT OF THE ENHANCED WAGES AND NEW OR ENHANCED EMPLOYEE BENEFITS.</p> <p>(B) PROOF OF THE EXISTENCE OF A METHOD OF ENFORCEMENT OF THE COMMITMENT INCLUDING, BUT NOT LIMITED TO, ARBITRATION, THAT IS AVAILABLE TO THE EMPLOYEES OR THEIR REPRESENTATIVE, AND ALL OF THE FOLLOWING APPLY:</p> <p>(I) IT IS EXPEDITIOUS</p> <p>(II) IT USES A NEUTRAL DECISION MAKER</p> <p>(III) IT IS ECONOMICAL FOR THE EMPLOYEES</p> <p>(C) PROOF THAT THE SPECIFIC FACILITY HAS PROVIDED WRITTEN NOTICE OF THE TERMS OF THE COMMITMENT AND THE AVAILABILITY OF THE ENFORCEMENT MECHANISM TO THE RELEVANT EMPLOYEES OR THEIR RECOGNIZED REPRESENTATIVES.</p>	Does not include.

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		more following	(3) THE DEPARTMENT MAY INSPECT RELEVANT PAYROLL AND PERSONNEL RECORDS OF NURSING HOMES RECEIVING THE WAGE PASS-THROUGH PURSUANT TO THIS SECTION IN ORDER TO ENSURE THAT THE EMPLOYEE WAGE AND BENEFIT INCREASES PROVIDED FOR IN THIS SECTION HAVE BEEN IMPLEMENTED.	Does not include.
		more following	(4) A NURSING HOME EMPLOYEE'S ENFORCEMENT OR ATTEMPTED ENFORCEMENT OF THE WRITTEN COMMITMENT PURSUANT TO SUBSECTION 2(A) SHALL NOT CONSTITUTE A BASIS FOR ADVERSE ACTION AGAINST THAT EMPLOYEE.	Does not include.
		(2) THE COST OF THE WAGE AND BENEFIT INCREASES SHALL BE PAID FROM THE INCREASE APPROPRIATED IN PART 1 FOR LONG-TERM CARE SERVICES.	(5) THE COST OF THE WAGE AND BENEFIT INCREASES SHALL BE PAID FROM THE INCREASE APPROPRIATED IN PART 1 FOR LONG-TERM CARE SERVICES.	Does not include.
		(3) THE WAGE PASS-THROUGH SHALL NOT BE USED FOR PREVIOUSLY AGREED-TO WAGE OR BENEFIT INCREASES AS A RESULT OF COLLECTIVE BARGAINING OR FOR STANDARD STEP INCREASES.	(6) THE WAGE PASS-THROUGH SHALL NOT BE USED FOR PREVIOUSLY AGREED-TO WAGE OR BENEFIT INCREASES AS A RESULT OF COLLECTIVE BARGAINING OR FOR STANDARD STEP INCREASES.	Does not include.
		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.	Sec. 1680. (7) 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.	Does not include.

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department and local waiver agents to encourage the use of family members, friends, and neighbors to provide non-medical home and community-based services, where appropriate.</i></p> <p>Sec. 1681. From the funds appropriated in part 1 for home- and community-based services, the department and local waiver agents shall encourage the use of family members, friends, and neighbors of home- and community-based services participants, where appropriate, to provide homemaker services, meal preparation, transportation, chore services, and other nonmedical covered services to participants in the Medicaid home- and community-based services program. This section shall not be construed as allowing for the payment of family members, friends, or neighbors for these services unless explicitly provided for in federal or state law.</p>	<p>Sec. 1681. No changes from current law.</p>	<p>Sec. 1681. No changes from current law.</p>	<p>Sec. 1681. No changes from current law.</p>	<p>Sec. 1681. No changes from current law.</p>
<p><i>Authorizes DCH to implement federal nursing home enforcement provisions and receive/expend noncompliance penalty money, and is authorized to provide 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 homes; conduct a survey of residents, their families and employees, evaluating nursing home consumer satisfaction and quality of care by.</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>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
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(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.	(2) No changes from current law.	(2) No changes from current law.
(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.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(4) The department is authorized to use civil monetary penalty funds to conduct a survey evaluating consumer satisfaction and the quality of care at nursing homes. Factors can include, but are not limited to, the level of satisfaction of nursing home residents, their families, and employees. The department may use an independent contractor to conduct the survey.	Delete current law.	(4) The department is authorized to SHALL use civil monetary penalty funds to conduct a survey evaluating consumer satisfaction and the quality of care at nursing homes. Factors can include, but are not limited to, the level of satisfaction of nursing home residents, their families, and employees. The department may use an independent contractor to conduct the survey. THE DEPARTMENT SHALL WORK IN CONSULTATION WITH THE HEALTH CARE ASSOCIATION OF MICHIGAN AND THE MICHIGAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING IN CONDUCTING THE SURVEY.	(4) No changes from current law.	(4) No changes from current law.
(5) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.	(5) (4) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
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<p><i>Requires Department to promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals, including hospice care, pain management, and suicide prevention.</i></p> <p>Sec. 1683. The department shall promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals. Priority shall be given to programs, such as hospice, that focus on individual dignity and quality of care provided persons with terminal illness and programs serving persons with chronic illnesses that reduce the rate of suicide through the advancement of the knowledge and use of improved, appropriate pain management for these persons; and initiatives that train health care practitioners and faculty in managing pain, providing palliative care, and suicide prevention.</p>	<p>Sec. 1683. No changes from current law.</p>	<p>Sec. 1683. No changes from current law.</p>	<p>Sec. 1683. No changes from current law.</p>	<p>Sec. 1683. No changes from current law.</p>
<p><i>Requires the continuation of the FY 2005-06 HCBS waiver program payment rate for administrative expenses are reduced by \$2.00 per person per day, and savings be reallocated to increase enrollment in waiver program.</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 2007-2008 shall continue at the rate implemented in fiscal year 2005-2006 after the \$2.00 per person per day mandated reduction.</p>	<p>Delete current law.</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 2007-2008 2008-2009 shall continue at the rate implemented in fiscal year 2005-2006 after the \$2.00 per person per day mandated reduction.</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 2007-2008 2008-2009 shall continue at the rate implemented in fiscal year 2005-2006 after the \$2.00 per person per day mandated reduction.</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 2007-2008 2008-2009 shall continue at the rate implemented in fiscal year 2005-2006 after the \$2.00 per person per day mandated reduction.</p>
<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>	<p>Delete current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
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<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>Sec. 1685. No changes from current law.</p>	<p>Sec. 1685. No changes from current law.</p>
<p><i>Requires Department to report by April 30, 2008, 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, 2009.</i></p> <p>Sec. 1686. (1) The department shall submit a report by April 30, 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>Delete current law.</p>	<p>Sec. 1686. (1) No changes from current law, except:</p> <p>The department shall submit a report by April 30, 2008 OF THE CURRENT FISCAL YEAR to the house of representatives and senate appropriations subcommittees on community health and the house and senate ...</p>	<p>Sec. 1686. (1) No changes from current law, except:</p> <p>The department shall submit a report by April 30, 2008 OF THE CURRENT FISCAL YEAR to the house of representatives and senate appropriations subcommittees on community health and the house and senate ...</p>	<p>Sec. 1686. (1) No changes from current law, except:</p> <p>The department shall submit a report by April 30, 2008 OF THE CURRENT FISCAL YEAR to the house of representatives and senate appropriations subcommittees on community health and the house and senate ...</p>

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<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, 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) 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>Delete current law.</p>	<p>(2) No changes from current law, except:</p> <p>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, 2008 OF THE CURRENT FISCAL YEAR:</p> <p>.....</p>	<p>(2) No changes from current law, except:</p> <p>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, 2008 OF THE CURRENT FISCAL YEAR:</p> <p>.....</p>	<p>(2) No changes from current law, except:</p> <p>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, 2008 OF THE CURRENT FISCAL YEAR:</p> <p>.....</p>
<p>(3) It is the intent of the legislature that funding for the single point of entry for long-term care ends on September 30, 2009.</p>	<p>Delete current law.</p>	<p>(3) No changes from current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<p>(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.</p>	<p>Delete current law.</p>	<p>(4) No changes from current law.</p>	<p>(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.</p>	<p>(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.</p>

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PA 113 of 2008 Sec. 406. (1) Subject to subsection (2), from the funds appropriated in part 1 for long-term care services, the department of community health 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.		SEC. 1687. (1) Sec. 406. (1) Subject to subsection (2), From the funds appropriated in part 1 for long term care services, the department of community health 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.	Does not include.	Does not include.
(2) The department of community health shall ensure that funds under this section are only used to provide services to individuals served in fiscal year 2006-2007.		Does not include.	Does not include.	Does not include.
(3) 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.		No changes from current law, except: (3) (2) The department shall report to the senate and house appropriations ...	Does not include.	Does not include.
<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> 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.	Sec. 1688. No changes from current law.	Sec. 1688. No changes from current law.	Sec. 1688. No changes from current law.	Sec. 1688. No changes from current law.

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<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. Requires a quarterly report on HCBS allocations and expenditures by regions, net cost savings by moving individuals from nursing home to the HCBS program, number of individuals transitioned, number of individuals on the waiting list by region, the amount of funds transferred during the quarter, number of individuals served and the number of days of care for the HCBS program and in nursing homes.</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 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.</p>	<p>Sec. 1689. (1) No changes from current law.</p>	<p>Sec. 1689. (1) No changes from current law.</p>	<p>Sec. 1689. (1) No changes from current law.</p>	<p>Sec. 1689. (1) No changes from current law.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(2) Within 30 days of the end of each fiscal quarter, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home- and community-based services waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home- and community-based services waiver program, 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 60 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.</p>	<p>(2) Within 30 60 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.</p>	<p>(2) Within 30 60 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.</p>	<p>(2) Within 30 60 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.</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>(3) The department shall CONTINUE TO 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 OF THE CURRENT FISCAL YEAR</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 OF THE CURRENT FISCAL YEAR</p>	<p>(3) The department shall CONTINUE TO 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 OF THE CURRENT FISCAL YEAR</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 OF THE CURRENT FISCAL YEAR</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1690. (1) 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 DIRECTOR BY APRIL 1 OF THE CURRENT FISCAL YEAR, TO INCLUDE ALL DATA COLLECTED ON THE QUALITY ASSURANCE INDICATORS IN THE PRECEDING FISCAL YEAR FOR THE HOME-AND COMMUNITY-BASED SERVICES WAIVER PROGRAM, AS WELL AS QUALITY IMPROVEMENT PLANS AND DATA COLLECTED ON CRITICAL INCIDENTS IN THE WAIVER PROGRAM AND THEIR RESOLUTIONS.</p>	<p>NEW SECTION</p> <p>SEC. 1690. (1) 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 DIRECTOR BY APRIL 1 OF THE CURRENT FISCAL YEAR, TO INCLUDE ALL DATA COLLECTED ON THE QUALITY ASSURANCE INDICATORS IN THE PRECEDING FISCAL YEAR FOR THE HOME-AND COMMUNITY-BASED SERVICES WAIVER PROGRAM, AS WELL AS QUALITY IMPROVEMENT PLANS AND DATA COLLECTED ON CRITICAL INCIDENTS IN THE WAIVER PROGRAM AND THEIR RESOLUTIONS.</p>
			<p>(2) 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 DIRECTOR BY APRIL 1 OF THE CURRENT FISCAL YEAR, TO INCLUDE ALL DATA COLLECTED ON THE QUALITY ASSURANCE INDICATORS IN THE PRECEDING FISCAL YEAR FOR THE ADULT HOME HELP PROGRAM, AS WELL AS QUALITY IMPROVEMENT PLANS AND DATA COLLECTED ON CRITICAL INCIDENTS IN THE ADULT HOME HELP PROGRAM AND THEIR RESOLUTIONS.</p>	<p>(2) 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 DIRECTOR BY APRIL 1 OF THE CURRENT FISCAL YEAR, TO INCLUDE ALL DATA COLLECTED ON THE QUALITY ASSURANCE INDICATORS IN THE PRECEDING FISCAL YEAR FOR THE ADULT HOME HELP PROGRAM, AS WELL AS QUALITY IMPROVEMENT PLANS AND DATA COLLECTED ON CRITICAL INCIDENTS IN THE ADULT HOME HELP PROGRAM AND THEIR RESOLUTIONS.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Provides that all adult home help workers receive a wage of at least \$7.50 per hour effective April 1, 2008.</i></p> <p>Sec. 1691. The funding increase provided in 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 \$7.50 per hour in all counties, effective April 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>Delete current law.</p>	<p>Sec. 1691. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 1691. No changes from current law.</p>
<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, except:</p> <p>The department of community health is authorized to pursue reimbursement for eligible services ...</p>	<p>Sec. 1692. (1) No changes from current law, except:</p> <p>The department of community health is authorized to pursue reimbursement for eligible services ...</p>	<p>Sec. 1692. (1) No changes from current law, except:</p> <p>The department of community health is authorized to pursue reimbursement for eligible services ...</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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>	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
<p><i>Allows for an increase in Special Medicaid Reimbursement payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.</i></p> <p>Sec. 1693. The special Medicaid reimbursement appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.</p>	Sec. 1693. No changes from current law.	Sec. 1693. No changes from current law.	Sec. 1693. No changes from current law.	Sec. 1693. No changes from current law.
<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>	Sec. 1694. No changes from current law.	<p>Sec. 1694. No changes from current law, except:</p> <p>The department of community health shall distribute \$695,000.00 to children's hospitals that have a ...</p>	<p>Sec. 1694. No changes from current law, except:</p> <p>The department of community health shall distribute \$695,000.00 to children's hospitals that have a ...</p>	<p>Sec. 1694. No changes from current law, except:</p> <p>The department of community health shall distribute \$695,000.00 to children's hospitals that have a ...</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to evaluate the impact of implementing a case mix reimbursement system for nursing facilities. The Department is to consult with the Health Care Association of Michigan, the Michigan County Medical Care Facilities Council and the Association of Homes and Services for the Aging, with a progress report due by August 1, 2008.</i></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>Delete current law.</p>	<p>Sec. 1695. (1) No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 1695. (1) No changes from current law.</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>	<p>Delete current law.</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 OF THE CURRENT FISCAL YEAR.</p>	<p>Delete current law.</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 OF THE CURRENT FISCAL YEAR.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allows Department to utilize school district funds received from a health system as state match for federal Medicaid or State Children's Health Insurance Program funds to be used for new school-based or school-linked services.</i></p> <p>Sec. 1697. (1) As may be allowed by federal law or regulation, the department may use funds provided by a local or intermediate school district, which have been obtained from a qualifying health system, as the state match required for receiving federal Medicaid or children health insurance program funds. Any such funds received shall be used only to support new school-based or school-linked health services.</p>	<p>Sec. 1697. (1) No changes from current law.</p>	<p>Sec. 1697. (1) No changes from current law.</p>	<p>Sec. 1697. (1) No changes from current law.</p>	<p>Sec. 1697. (1) No changes from current law.</p>
<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>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>
<p><i>Authorizes separate payments for hospitals serving a disproportionate share of indigent patients in the amount of \$50.0 million and those hospitals providing GME training programs.</i></p> <p>Sec. 1699. The department may make separate payments directly to qualifying hospitals serving a disproportionate share of indigent patients in the amount of \$50,000,000.00, and to hospitals providing graduate medical education training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to Medicaid clients, hospitals will not include GME costs or DSH payments in their contracts with HMOs.</p>	<p>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 \$45,000,000,000.00 and to hospitals providing graduate medical education training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to Medicaid clients, hospitals will not include GME costs or DSH payments in their contracts with HMOs.</p>	<p>Sec. 1699. No changes from current law.</p>	<p>Sec. 1699. No changes from current law.</p>	<p>Sec. 1699. No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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 Health 30 days 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 30 days prior to implementation of the proposed changes.</p>	Delete current law.	Sec. 1710. No changes from current law.	Sec. 1710. No changes from current law.	Sec. 1710. No changes from current law.
<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.</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>	Sec. 1711. (1) No changes from current law.	Sec. 1711. (1) No changes from current law.	Sec. 1711. (1) No changes from current law.	Sec. 1711. (1) No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p>(2) To ensure that total expenditures stay within the spending constraints of subsection (1)(b), the department shall develop a utilization adjustor for the basic 2-tier payment methodology. The adjustor shall be based on a good faith estimate by the department as to what the expected utilization of emergency room services will be during fiscal year 2007-2008, given changes in the number and category of Medicaid recipients. If expenditure and utilization data indicate that the amount and/or type of emergency physician professional services are exceeding the department's estimate, the utilization adjustor shall be applied to the 2-tier reimbursement methodology in such a manner as to reduce aggregate expenditures to the fiscal year 2001-2002 adjusted expenditure target.</p>	<p>(2) No changes from current law, except: 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 2007-2008 2008-2009, given changes in the number ...</p>	<p>(2) No changes from current law, except: 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 2007-2008 2008-2009, given changes in the number ...</p>	<p>(2) No changes from current law, except: 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 2007-2008 2008-2009, given changes in the number ...</p>	<p>(2) No changes from current law, except: 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 2007-2008 2008-2009, given changes in the number ...</p>
<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>	<p>Delete current law.</p>	<p>Sec. 1712. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 1712. No changes from current law.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(2) Except as otherwise specified in this section, "rural" means a county, city, village, or township with a population of not more than 30,000, including those entities if located within a metropolitan statistical area.	Delete current law.	(2) No changes from current law.	Delete current law.	(2) No changes from current law.
		<p>NEW SECTION</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>	Does not include.	Does not include.
		<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>	Does not include.	Does not include.
		<p>(3) THE DEPARTMENT SHALL PROVIDE THE RESULTS OF THIS STUDY TO THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES NO LATER THAN APRIL 1 OF THE CURRENT YEAR.</p>	Does not include.	Does not include.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires Department to seek to maintain a constant enrollment level within the Medicaid Adult Benefits Waiver program through FY 2007-08.</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 2007-2008.</p>	<p>Delete current law.</p>	<p>Sec. 1716. The department shall seek to maintain a constant enrollment level within the Medicaid adult benefits waiver program throughout fiscal year 2007-2008 2008-2009.</p>	<p>Sec. 1716. The department shall seek to maintain a constant enrollment level within the Medicaid adult benefits waiver program throughout fiscal year 2007-2008 2008-2009.</p>	<p>Sec. 1716. The department shall seek to maintain a constant enrollment level within the Medicaid adult benefits waiver program throughout fiscal year 2007-2008 2008-2009.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to create two pools for the distribution of DSH funds; first pool would distribute \$45.0 million based on methodology in FY 2003-04; remaining \$5.0 million would be allocated to nonpublic unaffiliated hospitals that received less than \$900,000 in DSH payments in FY 2003-04 based on each hospital's Medicaid revenue and utilization, with no payments being made less than \$1,000. A distribution report is due by September 30, 2008.</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 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 \$1,000.00 shall be made.</p> <p>NOTE: Line-out reflects PA 113 of 2008 supplemental action.</p>	<p>Delete 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 2007-2008 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 \$1,000.00 shall be made.</p>	<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 2007-2008 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 \$1,000.00 shall be made.</p>
<p>(2) By September 30, 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>	<p>Delete current law.</p>	<p>(2) By September 30, 2008, OF THE CURRENT FISCAL YEAR, the department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the new distribution of funding to each eligible hospital from the 2 pools.</p>	<p>(2) By September 30, 2008, OF THE CURRENT FISCAL YEAR, the department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the new distribution of funding to each eligible hospital from the 2 pools.</p>	<p>(2) By September 30, 2008, OF THE CURRENT FISCAL YEAR, the department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the new distribution of funding to each eligible hospital from the 2 pools.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Authorizes Medicaid adult home help beneficiaries to request a departmental review of any decisions that may adversely affect their access to home help services.</i></p> <p>Sec. 1718. The department shall provide each Medicaid adult home help beneficiary or applicant with the right to a fair hearing when the department or its agent reduces, suspends, terminates, or denies adult home help services. If the department takes action to reduce, suspend, terminate, or deny adult home help services, it shall provide the beneficiary or applicant with a written notice that states what action the department proposes to take, the reasons for the intended action, the specific regulations that support the action, and an explanation of the beneficiary's or applicant's right to an evidentiary hearing and the circumstances under which those services will be continued if a hearing is requested.</p>	<p>Sec. 1718. No changes from current law.</p>	Sec. 1718. No changes from current law.	Sec. 1718. No changes from current law.	Sec. 1718. No changes from current law.
<p><i>Directs Department to continue its Medicare recovery program.</i></p> <p>Sec. 1720. The department shall continue its Medicare recovery program.</p>	<p>Delete current law.</p>	<p>Sec. 1720. No changes from current law.</p>	<p>Delete current law.</p>	<p>Sec. 1720. No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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, 2008. Included in its report shall be recommendations for policy and procedure changes regarding whether any funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual, after the date of Medicaid eligibility and patient pay amount determination, shall be considered as a countable asset and recommendations for a mechanism for departmental monitoring of those funds.</p>	<p>Delete current law.</p>	<p>Sec. 1721. No changes from current law, except:</p> <p>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, 2008 OF THE CURRENT FISCAL YEAR. Included in its report shall be recommendations for policy and procedure changes ...</p>	<p>Sec. 1721. No changes from current law, except.</p> <p>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, 2008 OF THE CURRENT FISCAL YEAR. Included in its report shall be recommendations for policy and procedure changes ...</p>	<p>Sec. 1721. No changes from current law, except.</p> <p>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, 2008 OF THE CURRENT FISCAL YEAR. Included in its report shall be recommendations for policy and procedure changes ...</p>
<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>Sec. 1722. (1) No changes from 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>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Directs DCH to allow pharmacies to purchase injectable drugs for treatment of respiratory syncytial virus for shipment to physician's offices; allows Medicaid reimbursement for dispensing and administration if patients are eligible.</i></p> <p>Sec. 1724. The department shall allow licensed pharmacies to purchase injectable drugs for the treatment of respiratory syncytial virus for shipment to physicians' offices to be administered to specific patients. If the affected patients are Medicaid eligible, the department shall reimburse pharmacies for the dispensing of the injectable drugs and reimburse physicians for the administration of the injectable drugs.</p>	Delete current law.	Sec. 1724. No changes from current law.	Delete current law.	Sec. 1724. No changes from current law.
<p><i>Requires Department to continue to work with the Department of Human Services to 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>	Delete current law.	Sec. 1725. The department shall continue to work with the department of human services AND THE DEPARTMENT OF STATE POLICE to reduce Medicaid eligibility errors related to basic eligibility requirements, RESIDENCY ISSUES, FELONY STATUS ISSUES, and income requirements.	Delete current law.	Sec. 1725. The department shall continue to work with the department of human services AND THE DEPARTMENT OF STATE POLICE to reduce Medicaid eligibility errors related to basic eligibility requirements, RESIDENCY ISSUES, FELONY STATUS ISSUES, and income requirements.
<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 electrical lifting and transferring devices.</p>	Delete current law.	Sec. 1728. (1) The department shall make available to qualifying Medicaid recipients, not based on Medicare guidelines, freestanding electrical lifting and transferring devices.	Sec. 1728. No changes from current law.	Sec. 1728. No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SUBSECTION</p> <p>(2) ANY VIOLATION OF THIS SECTION SHALL RESULT IN A \$625.00 REDUCTION TO THE DEPARTMENTAL ADMINISTRATION AND MANAGEMENT LINE.</p>	Does not include.	Does not include.
<p><i>Requires Department to continue Medicaid eligibility asset test for optional parents/caretaker relatives and 19 and 20 year olds. Pending federal approval, coverage is excluded 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>	<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>	<p>Sec. 1731. No changes from current law.</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>	<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>
<p>(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 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>	Delete current law.	(2) No changes from current law.	Delete current law.	Delete current law.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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>	Delete current law.	Sec. 1732. No changes from current law.	Delete 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>	Delete current law.	Sec. 1733. (1) The department shall seek additional federal funds to permit the state to provide financial support for electronic prescribing and other health information technology initiatives.	Sec. 1733. No changes from current law.	Sec. 1733. (1) 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>NEW SUBSECTION</p> <p>(2) THE DEPARTMENT SHALL IMPLEMENT ELECTRONIC PRESCRIBING FOR THE MEDICAID PROGRAM BY SEPTEMBER 30, 2009.</p>	Does not include.	<p>NEW SUBSECTION</p> <p>(2) THE DEPARTMENT SHALL DEVELOP A 3-YEAR STRATEGIC PLAN FOR THE IMPLEMENTATION OF ELECTRONIC PRESCRIBING FOR THE MEDICAID PROGRAM.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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>	<p>Sec. 1734. No changes from current law.</p>	<p>Sec. 1734. The department shall seek federal funds MONEY FOR A DEMONSTRATION PROGRAM that will permit the THIS 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 SHALL INCORPORATE CONSUMER-DRIVEN STRATEGIES THAT ENABLE MEDICAID RECIPIENTS TO CHOOSE COVERAGE THAT MEETS THEIR INDIVIDUAL NEEDS AND THAT AUTHORIZE MONETARY REWARDS FOR DEMONSTRATING POSITIVE HEALTH BEHAVIOR CHANGES AND OTHER MONEY TO BE DEPOSITED INTO AN ACCOUNT TO PAY FOR OUT-OF-POCKET MEDICAL EXPENSES.</p>	<p>Sec. 1734. No changes from current law.</p>	<p>Sec. 1734. The department shall seek federal funds MONEY FOR DEMONSTRATION PROGRAMS that will permit the THIS state to provide financial incentives for positive health behavior practiced by Medicaid recipients, INCLUDING, BUT NOT LIMITED TO, CONSUMER DRIVEN STRATEGIES THAT ENABLE MEDICAID RECIPIENTS TO CHOOSE COVERAGE THAT MEETS THEIR INDIVIDUAL NEEDS AND The structure of this incentive program may be similar to programs in other states that authorize monetary OR OTHER rewards to be deposited in individual accounts for Medicaid recipients who FOR demonstrating positive changes in health behavior CHANGES.</p>

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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; 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 or the Accreditation Commission for Health Care, Inc.; identifies organizations which will have representation on the committee; requires a report on anticipated savings from contracting opportunities; and requires notification within 30 days of implementation of any proposed Medicaid policy changes for durable medical equipment.</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.</p>	Delete current law.	<p>Sec. 1735. (1) PURSUANT TO SECTION 105B OF THE SOCIAL WELFARE ACT, 1939 PA 230, MCL 400.105B, 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 PREFERRED PRODUCT AND SERVICE FORMULARY PROGRAM FOR DURABLE MEDICAL EQUIPMENT.</p>	Delete current law.	Delete current law.
<p>(2) To assure quality and access, the preferred provider program shall involve providers who can offer a broad statewide network of services and who are accredited by the joint commission on accreditation of health care organizations or the accreditation commission for health care, inc.</p>	Delete current law.	<p>(2) To assure quality and access, the preferred provider program PRODUCT AND SERVICE FORMULARY PROGRAM FOR DURABLE MEDICAL EQUIPMENT 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.</p>	Delete current law.	Delete current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SUBSECTION</p> <p>(3) A PREFERRED PRODUCT AND SERVICE FORMULARY PROGRAM FOR DURABLE MEDICAL EQUIPMENT SHALL INCORPORATE POLICIES PERTAINING TO WHEELCHAIRS THAT ENSURE A SELECTION OF MANUAL AND POWER-OPERATED WHEELCHAIRS, THAT REIMBURSE PROVIDERS AT A LEVEL THAT ENSURES RECIPIENT ACCESS TO WHEELCHAIRS THAT MEET THEIR NEEDS, THAT REIMBURSE PROVIDERS FOR COST-EFFECTIVE MAINTENANCE AND REPAIR THAT PROLONGS THE LIVES OF THE WHEELCHAIRS, AND THAT ALLOW FOR THE APPROPRIATE CUSTOMIZATION OF THE WHEELCHAIRS.</p>	<p>Does not include.</p>	<p>Does not include.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
(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.	Delete current law.	(3) This committee shall include, at minimum, (4) IN ESTABLISHING A PREFERRED PRODUCT AND SERVICE FORMULARY PROGRAM FOR DURABLE MEDICAL EQUIPMENT, THE DEPARTMENT SHALL MINIMALLY CONSULT WITH 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.	Delete current law.	Delete current law.
(4) By October 1, 2007, the department shall report to the senate and house of representatives subcommittees on community health and the state budget director on possible durable medical equipment contracting opportunities and anticipated Medicaid program savings.	Delete current law.	(4) (5) By October 1, 2007, December 1, 2008, the department shall report to the senate and house of representatives subcommittees on community health, THE SENATE AND HOUSE FISCAL AGENCIES, and the state budget director on possible THE STATUS OF THE PREFERRED PRODUCT AND SERVICE FORMULARY PROGRAM FOR durable medical equipment contracting opportunities and anticipated Medicaid program savings.	Delete current law.	Delete current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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.	Delete current law.	(5) (6) 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 BEFORE THE CHANGES ARE IMPLEMENTED.	Delete current law.	Delete current law.
<i>Requires the Department to continue to establish medical outcome targets for the 10 most prevalent and costly ailments affecting Medicaid recipients, making bonus payments available to Medicaid HMOs that meet these outcome targets independent of HMO rate adjustments utilized in FY 2005-06.</i> Sec. 1739. The department shall continue to establish medical outcome targets for the 10 most prevalent and costly ailments affecting Medicaid recipients. 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 target 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.	Delete current law.	Sec. 1739. No changes from current law.	Sec. 1739. No changes from current law.	Sec. 1739. No changes from current law.

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

FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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 and mandates the representation of the advisory group.</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 DURING FY 2007. The advisory group shall include representatives of the Michigan health and hospital association and Michigan association of health plans.</p>	<p>Sec. 1740. From the funds appropriated in part 1 for health plan services, the department shall assure that all GME funds are CONTINUE TO BE promptly distributed to qualifying hospitals using a methodology developed in consultation with the graduate medical education advisory group DURING FY 2007. The advisory group shall include representatives of the Michigan health and hospital association and Michigan association of health plans.</p>	<p>Sec. 1740. From the funds appropriated in part 1 for health plan services, the department shall assure that all GME funds are CONTINUE TO BE promptly distributed to qualifying hospitals using a methodology developed in consultation with the graduate medical education advisory group DURING FISCAL YEAR 2006-2007. The advisory group shall include representatives of the Michigan health and hospital association and Michigan association of health plans.</p>	<p>Sec. 1740. From the funds appropriated in part 1 for health plan services, the department shall assure that all GME funds are CONTINUE TO BE promptly distributed to qualifying hospitals using a methodology developed in consultation with the graduate medical education advisory group DURING FISCAL YEAR 2006-2007. The advisory group shall include representatives of the Michigan health and hospital association and Michigan association of health plans.</p>	<p>Sec. 1740. From the funds appropriated in part 1 for health plan services, the department shall assure that all GME funds are CONTINUE TO BE promptly distributed to qualifying hospitals using a methodology developed in consultation with the graduate medical education advisory group DURING FISCAL YEAR 2006-2007. The advisory group shall include representatives of the Michigan health and hospital association and Michigan association of health plans.</p>
<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>	<p>Delete current law.</p>	<p>Sec. 1741. No changes from current law.</p>	<p>Sec. 1741. No changes from current law.</p>	<p>Sec. 1741. No changes from current law.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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>	<p>Sec. 1742. No changes from current law.</p>	<p>Sec. 1742. No changes from current law.</p>	<p>Sec. 1742. No changes from current law.</p>	<p>Sec. 1742. No changes from current law.</p>
<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 offices.</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>	<p>Delete current law.</p>	<p>Sec. 1747. No changes from current law.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>
<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>	<p>Delete current law.</p>	<p>Sec. 1749. Effective September 30, 2007 2008, the department shall require all Medicaid health plans to use the same standard billing formats.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<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>	Delete current law.	Sec. 1752. No changes from current law.	Sec. 1752. No changes from current law.	Sec. 1752. No changes from current law.
		<p>NEW SECTION</p> <p>SEC. 1753. THE DEPARTMENT SHALL COLLECT FROM AUTO INSURERS IN THIS STATE ON A MONTHLY BASIS INFORMATION NECESSARY TO ENABLE THE DEPARTMENT TO DETERMINE WHETHER AN INDIVIDUAL WHO IS RECEIVING PAYMENTS OF MEDICAL EXPENSES FROM THE AUTO INSURER IS ALSO A MEDICAID RECIPIENT. FOR EACH INDIVIDUAL THAT THE DEPARTMENT IDENTIFIES UNDER THIS SECTION, THE DEPARTMENT SHALL SUBMIT A CLAIM FOR PAYMENT TO THE AUTO INSURER IF A MEDICAID PAYMENT HAS BEEN MADE ON BEHALF OF THE MEDICAID RECIPIENT. THE DEPARTMENT SHALL CONSULT WITH AUTO INSURERS IN THIS STATE TO ESTABLISH A SYSTEM BY WHICH INFORMATION AND CLAIMS SHALL BE PROCESSED.</p>	<p>NEW SECTION</p> <p>SEC. 1753. UPON PASSAGE OF LEGISLATION, THE DEPARTMENT SHALL COLLECT FROM AUTO INSURERS IN THIS STATE ON A MONTHLY BASIS INFORMATION NECESSARY TO ENABLE THE DEPARTMENT TO DETERMINE WHETHER AN INDIVIDUAL WHO IS RECEIVING PAYMENTS OF MEDICAL EXPENSES FROM THE AUTO INSURER IS ALSO A MEDICAID RECIPIENT. FOR EACH INDIVIDUAL THAT THE DEPARTMENT IDENTIFIES UNDER THIS SECTION, THE DEPARTMENT SHALL SUBMIT A CLAIM FOR PAYMENT TO THE AUTO INSURER IF A MEDICAID PAYMENT HAS BEEN MADE ON BEHALF OF THE MEDICAID RECIPIENT. THE DEPARTMENT SHALL CONSULT WITH AUTO INSURERS IN THIS STATE TO ESTABLISH A SYSTEM BY WHICH INFORMATION AND CLAIMS SHALL BE PROCESSED.</p>	<p>NEW SECTION</p> <p>SEC. 1753. UPON PASSAGE OF LEGISLATION, THE DEPARTMENT SHALL COLLECT FROM AUTO INSURERS IN THIS STATE ON A MONTHLY BASIS INFORMATION NECESSARY TO ENABLE THE DEPARTMENT TO DETERMINE WHETHER AN INDIVIDUAL WHO IS RECEIVING PAYMENTS OF MEDICAL EXPENSES FROM THE AUTO INSURER IS ALSO A MEDICAID RECIPIENT. FOR EACH INDIVIDUAL THAT THE DEPARTMENT IDENTIFIES UNDER THIS SECTION, THE DEPARTMENT SHALL SUBMIT A CLAIM FOR PAYMENT TO THE AUTO INSURER IF A MEDICAID PAYMENT HAS BEEN MADE ON BEHALF OF THE MEDICAID RECIPIENT. THE DEPARTMENT SHALL CONSULT WITH AUTO INSURERS IN THIS STATE TO ESTABLISH A SYSTEM BY WHICH INFORMATION AND CLAIMS SHALL BE PROCESSED.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to establish and implement a specialized case and care management program to serve the most costly Medicaid beneficiaries who are not enrolled in a health plan and are noncompliant with medical management. The case and care 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. 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>	Delete current law.	Sec. 1756. No changes from current law.	Delete current law.	Delete current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to direct the Department of Human Services 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>	Delete current law.	<p>Sec. 1757. The department shall direct the department of human services to obtain proof from all Medicaid recipients that they are legal United States citizens or otherwise legally residing in this country AND THAT THEY ARE RESIDENTS OF THIS STATE before approving Medicaid eligibility.</p>	Delete current law.	<p>Sec. 1757. The department shall direct the department of human services to obtain proof from all Medicaid recipients that they are legal United States citizens or otherwise legally residing in this country AND THAT THEY ARE RESIDENTS OF THIS STATE before approving Medicaid eligibility.</p>
<p><i>Requires the Department to provide a report by April 1, 2008, 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, 2008.</p>	Delete current law.	<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 1-2008 OF THE CURRENT FISCAL YEAR.</p>	Delete current law.	Delete current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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>	<p>Delete current law.</p>	<p>Sec. 1759. No changes from current law.</p>	<p>Sec. 1759. No changes from current law.</p>	<p>Sec. 1759. No changes from current law, except:</p> <p>(a) Lengthening the look-back policy for asset transfers from 3 to 5 years.</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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 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 in a county with a population with not more than 70,000 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>	Delete current law.	Sec. 1761. No changes from current law.	Sec. 1761. No changes from current law.	Sec. 1761. No changes from current law.
<p>(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.</p>	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Medicaid health plans in Southeast Michigan to participate in a medication history information exchange pilot project.</i></p> <p>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>	Delete current law.	Sec. 1763. No changes from current law.	Delete current law.	Delete current law.
<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 shall annually certify rates paid to Medicaid health plans as being actuarially sound in accordance with federal requirements and shall provide a copy of the rate certification and approval immediately to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies.</p>	Delete current law.	Sec. 1764. No changes from current law.	Sec. 1764. No changes from current law.	Sec. 1764. No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	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, 2008, 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>	<p>Delete current law.</p>	<p>Sec. 1767. No changes from current law, except:</p> <p>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, 2008 OF THE CURRENT FISCAL YEAR, the department shall submit a report ...</p>	<p>Sec. 1767. No changes from current law, except:</p> <p>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, 2008 OF THE CURRENT FISCAL YEAR, the department shall submit a report, UPON RELEASE OF THE DATA FROM THE CENTER FOR MEDICARE AND MEDICAID SERVICES, of its study to the senate and house ...</p>	<p>Sec. 1767. No changes from current law, except:</p> <p>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, 2008 OF THE CURRENT FISCAL YEAR, the department shall submit a report, UPON RELEASE OF THE DATA FROM THE CENTER FOR MEDICARE AND MEDICAID SERVICES, of its study to the senate and house ...</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Specifies that DCH shall attempt to make adjustments to the Medicaid provider manual and effective dates for proposed Medicaid policy bulletins on October 1, January 1, April 1, or July 1 after the end of the consultation period.</i></p> <p>Sec. 1770. In conjunction with the consultation requirements of the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, and except as otherwise provided in this section, the department shall attempt to make the effective date for a proposed Medicaid policy bulletin or adjustment to the Medicaid provider manual on October 1, January 1, April 1, or July 1 after the end of the consultation period. The department may provide an effective date for a proposed Medicaid policy bulletin or adjustment to the Medicaid provider manual other than provided for in this section if necessary to be in compliance with federal or state law, regulations, or rules or with an executive order of the governor.</p>	Delete current law.	Sec. 1770. No changes from current law.	Sec. 1770. No changes from current law.	Sec. 1770. No changes from current law.
<p><i>Requires the Department to establish a program on or before July 1, 2008 which would enroll all foster care children in Michigan into a Medicaid HMO.</i></p> <p>Sec. 1772. From the funds appropriated in part 1, the department shall establish a program on or before 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>	Delete current law.	Sec. 1772. From the funds appropriated in part 1, the department shall establish CONTINUE a program on or before July 1, 2008 , the primary goal of which is to enroll all children in foster care in Michigan in a Medicaid health maintenance organization.	Sec. 1772. From the funds appropriated in part 1, the department shall establish CONTINUE a program on or before July 1, 2008 , the primary goal of which is to enroll all children in foster care in Michigan in a Medicaid health maintenance organization.	Sec. 1772. From the funds appropriated in part 1, the department shall establish CONTINUE a program on or before July 1, 2008 , the primary goal of which is to enroll all children in foster care in Michigan in a Medicaid health maintenance organization.

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Directs the Department to establish and implement a bid process to identify a single private contractor to provide Medicaid covered nonemergency transportation services in each county with a population over 750,000.</i></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 750,000 individuals.</p>	<p>Delete current law.</p>	<p>Sec. 1773. (1) 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 750,000 individuals.</p>	<p>Sec. 1773. No changes from current law.</p>	<p>Sec. 1773. (1) 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 750,000 individuals.</p>
		<p>NEW SUBSECTION</p> <p>(2) THE DEPARTMENT SHALL REIMBURSE MILEAGE FOR NONEMERGENCY TRANSPORTATION THAT ENCOURAGES CONTRACTORS TO PARTICIPATE.</p>	<p>Does not include.</p>	<p>NEW SUBSECTION</p> <p>(2) THE DEPARTMENT SHALL REIMBURSE MILEAGE FOR NONEMERGENCY TRANSPORTATION THAT ENCOURAGES CONTRACTORS TO PARTICIPATE.</p>
<p><i>Requires the Department to provide a report on expenditures, estimated general fund savings and numbers of people receiving services supported by federal Money Follows the Person revenue.</i></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. (b) Estimated general fund savings generated through use of money follows the person. (c) Total number of individuals receiving services through the money follows the person grant.</p>	<p>Delete current law.</p>	<p>Sec. 1774. No changes from current law, except:</p> <p>The department shall provide the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by March 1, 2008 OF THE CURRENT FISCAL YEAR a report that details all of the following:</p> <p>....</p>	<p>Delete current law.</p>	<p>Sec. 1774. No changes from current law, except:</p> <p>The department shall provide the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by March 1, 2008 OF THE CURRENT FISCAL YEAR a report that details all of the following:</p> <p>....</p>

**DEPARTMENT OF COMMUNITY HEALTH –
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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department to conduct a study and publish a report regarding the feasibility of providing long-term care services through managed care.</i></p> <p>Sec. 1775. (1) The department shall study the feasibility of using managed care to deliver Medicaid long-term care services. The study shall focus upon the following:</p> <p>(a) If there is a sufficient number of organizations interested in providing these services.</p> <p>(b) The extent of services provided through Medicaid managed long-term care.</p> <p>(c) Estimated changes in Medicaid long-term care expenditure associated with implementing managed care for these services.</p>	Delete current law.	Sec. 1775. (1) No changes from current law.	Sec. 1775. (1) No changes from current law.	Sec. 1775. (1) No changes from current law.
(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.	Delete current law.	(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 OF THE CURRENT FISCAL YEAR.	(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 OF THE CURRENT FISCAL YEAR.	(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 OF THE CURRENT FISCAL YEAR.
		<p>NEW SUBSECTION</p> <p>(3) THE DEPARTMENT SHALL IMPLEMENT 2 LONG-TERM CARE MANAGED CARE PILOT PROGRAMS, 1 IN A COUNTY WITH A POPULATION OVER 750,000 AND THE OTHER IN A COUNTY WITH A POPULATION UNDER 250,000.</p>	Does not include.	<p>NEW SUBSECTION</p> <p>(3) THE DEPARTMENT SHALL IMPLEMENT 2 LONG-TERM CARE MANAGED CARE PILOT PROGRAMS, 1 IN A COUNTY WITH A POPULATION OVER 750,000 AND THE OTHER IN A COUNTY WITH A POPULATION UNDER 250,000.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>If the OPPS reimbursement methodology is continued, the applied Medicaid reduction factor must be revenue neutral and actuarially sound.</i></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>	Delete current law.	Sec. 1776. No changes from current law.	Sec. 1776. No changes from current law.	Sec. 1776. No changes from current law.
<p><i>Requires the Department to permit nursing homes to use dining assistants to feed eligible residents, in accordance with federal and state law. The Department will not be responsible for training costs.</i></p> <p>Sec. 1777. From the funds appropriated in part 1 for long-term care services, the department shall permit, in accordance with applicable federal and state law, nursing homes to use dining assistants to feed eligible residents if legislation to permit the use of dining assistants is enacted into law. The department shall not be responsible for costs associated with training dining assistants.</p>	Delete current law.	Sec. 1777. No changes from current law.	Delete current law.	Sec. 1777. No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Requires the Department, with the Michigan Health and Hospital Association, to implement \$50.0 million of DSH payments that focuses on small and rural hospitals and \$10.0 million to hospital facilities with neonatal intensive care units and pediatric intensive care units. The payment methodology will be shared 30 days prior to submission of the plan to the federal government.</i></p> <p>Sec. 1778. The department, in cooperation with the Michigan health and hospital association, shall implement a disproportionate share hospital payment that allocates a total of \$50,000,000.00 to small and rural hospitals and a total of \$10,000,000.00 to hospital facilities with neonatal intensive care units and pediatric intensive care units. The department shall share the payment methodology with the state budget director, members of the house and senate appropriations subcommittees on community health, and the house and senate fiscal agencies 30 days prior to submission of the plan to the federal government.</p>	Delete current law.	Sec. 1778. No changes from current law.	Delete current law.	Delete current law.
<p><i>Contingent on an increase in FY 2007-08 of Michigan's federal medical assistance percentage (FMAP) it is the intent of the Legislature that a portion of the increase be used to augment physician primary care code fee screens, and hospital neonatal and pediatric intensive care unit payments.</i></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 codes fee screens and hospital neonatal and pediatric intensive care unit payments.</p>	Delete current law.	Sec. 1780. If congressional action results in an increase in Michigan's federal medical assistance percentage in fiscal year 2008 2008-2009 , it is the intent of the legislature that a portion of this new funding be used to augment physician primary care codes fee screens and hospital neonatal and pediatric intensive care unit payments.	Sec. 1780. If congressional action results in an increase in Michigan's federal medical assistance percentage in fiscal year 2008 2008-2009 , it is the intent of the legislature that a portion of this new funding be used to augment physician primary care codes fee screens and hospital neonatal and pediatric intensive care unit payments.	Sec. 1780. If congressional action results in an increase in Michigan's federal medical assistance percentage in fiscal year 2008 2008-2009 , it is the intent of the legislature that a portion of this new funding be used to augment physician primary care codes fee screens and hospital neonatal and pediatric intensive care unit payments.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
<p><i>Allows the Department to conduct pilot projects to demonstrate improvements in efficiency and effectiveness of identified programs. Allows direct access to DHS eligibility, budget and registration systems to accomplish pilot project objectives.</i></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>	Delete current law.	Sec. 1781. No changes from current law.	Delete current law.	Sec. 1781. No changes from current law.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1782. THE DEPARTMENT SHALL REQUEST A WAIVER FROM THE FEDERAL GOVERNMENT ALLOWING COVERAGE FOR DENTAL ROOT PLANING AND SCALING IN A LIMITED NUMBER OF COUNTIES IN THE STATE.</p>	Does not include.	<p>NEW SECTION</p> <p>SEC. 1782. THE DEPARTMENT SHALL REQUEST A WAIVER FROM THE FEDERAL GOVERNMENT ALLOWING COVERAGE FOR DENTAL ROOT PLANING AND SCALING IN A LIMITED NUMBER OF COUNTIES IN THE STATE.</p>
		<p>NEW SECTION</p> <p>SEC. 1783. EFFECTIVE OCTOBER 1, 2008, THE DEPARTMENT SHALL PERMIT THE ENROLLMENT OF INDIVIDUALS DUALY ELIGIBLE FOR MEDICARE AND MEDICAID INTO MEDICAID HEALTH PLANS IF THOSE HEALTH PLANS ALSO MAINTAIN A MEDICARE ADVANTAGE SPECIAL NEEDS PLAN CERTIFIED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.</p>	<p>NEW SECTION</p> <p>SEC. 1783. EFFECTIVE OCTOBER 1, 2008, THE DEPARTMENT SHALL PERMIT THE ENROLLMENT OF INDIVIDUALS DUALY ELIGIBLE FOR MEDICARE AND MEDICAID INTO MEDICAID HEALTH PLANS IF THOSE HEALTH PLANS ALSO MAINTAIN A MEDICARE ADVANTAGE SPECIAL NEEDS PLAN CERTIFIED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.</p>	<p>NEW SECTION</p> <p>SEC. 1783. EFFECTIVE OCTOBER 1, 2008, THE DEPARTMENT SHALL PERMIT THE ENROLLMENT OF INDIVIDUALS DUALY ELIGIBLE FOR MEDICARE AND MEDICAID INTO MEDICAID HEALTH PLANS IF THOSE HEALTH PLANS ALSO MAINTAIN A MEDICARE ADVANTAGE SPECIAL NEEDS PLAN CERTIFIED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.</p>
		<p>NEW SECTION</p> <p>SEC. 1785. (1) THE DEPARTMENT SHALL CONVENE A WORKGROUP TO DEVELOP AND MAINTAIN A LIST OF EMERGENCY DEPARTMENT DIAGNOSIS CODES TO BE USED TO DETERMINE PAYMENT TO HOSPITAL FACILITIES FOR EMERGENCY DEPARTMENT SERVICES PROVIDED TO MEDICAID RECIPIENTS AT A DEFINED TRIAGE OR STABILIZATION RATE.</p>	Does not include.	<p>NEW SECTION</p> <p>SEC. 1785. (1) THE DEPARTMENT SHALL CONVENE A WORKGROUP TO DEVELOP AND MAINTAIN A LIST OF EMERGENCY DEPARTMENT DIAGNOSIS CODES TO BE USED TO DETERMINE PAYMENT TO HOSPITAL FACILITIES FOR EMERGENCY DEPARTMENT SERVICES PROVIDED TO MEDICAID RECIPIENTS AT A DEFINED TRIAGE OR STABILIZATION RATE.</p>
		<p>(2) THE REIMBURSEMENT RATE FOR TRIAGE OR STABILIZATION SHALL BE EQUAL TO THE TRIAGE RATE ALREADY IN PLACE PRIOR TO THE IMPLEMENTATION OF THE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM.</p>	Does not include.	<p>(2) THE REIMBURSEMENT RATE FOR TRIAGE OR STABILIZATION SHALL BE EQUAL TO THE TRIAGE RATE ALREADY IN PLACE PRIOR TO THE IMPLEMENTATION OF THE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM.</p>

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	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		(3) THE WORKGROUP SHALL INCLUDE REPRESENTATIVES FROM THE DEPARTMENT, THE MEDICAID HEALTH PLANS, AND MICHIGAN HOSPITALS THAT PARTICIPATE IN THE MEDICAID PROGRAM.	Does not include.	(3) THE WORKGROUP SHALL INCLUDE REPRESENTATIVES FROM THE DEPARTMENT, THE MEDICAID HEALTH PLANS, AND MICHIGAN HOSPITALS THAT PARTICIPATE IN THE MEDICAID PROGRAM.
		(4) THE DEPARTMENT SHALL IMPLEMENT THIS PAYMENT MECHANISM FOR EMERGENCY DEPARTMENT SERVICES IN THE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM BY JANUARY 1, 2009.	Does not include.	(4) THE DEPARTMENT SHALL IMPLEMENT THIS PAYMENT MECHANISM FOR EMERGENCY DEPARTMENT SERVICES IN THE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM BY JANUARY 1, 2009.
		NEW SECTION SEC. 1786. (1) FOR SERVICES WHERE THE ACTUAL LENGTH OF STAY IS LESS THAN THE PUBLISHED LOW-DAY THRESHOLD, REIMBURSEMENT FOR INPATIENT ADMISSIONS SHALL BE THE ACTUAL CHARGE MULTIPLIED BY THE INDIVIDUAL HOSPITAL'S COST TO CHARGE RATIO NET OF INDIRECT MEDICAL EDUCATION, NOT TO EXCEED THE FULL DIAGNOSIS RELATED GROUP PAYMENT RATE.	Does not include.	NEW SECTION SEC. 1786. (1) FOR SERVICES WHERE THE ACTUAL LENGTH OF STAY IS LESS THAN THE PUBLISHED LOW-DAY THRESHOLD, REIMBURSEMENT FOR INPATIENT ADMISSIONS SHALL BE THE ACTUAL CHARGE MULTIPLIED BY THE INDIVIDUAL HOSPITAL'S COST-TO-CHARGE RATIO NET OF INDIRECT MEDICAL EDUCATION, NOT TO EXCEED THE FULL DIAGNOSIS - RELATED GROUP PAYMENT RATE.
				(2) THE REIMBURSEMENT CHANGES SPECIFIED IN SUBSECTION (1) SHALL NOT BE IMPLEMENTED UNLESS THE CHANGES ARE BUDGET NEUTRAL.
		(2) THE DEPARTMENT SHALL DEFINE A LOW-DAY THRESHOLD OF 1 AS AN INPATIENT STAY OF LESS THAN 24 HOURS.	Does not include.	(2) (3) THE DEPARTMENT SHALL DEFINE A LOW-DAY THRESHOLD OF 1 AS AN INPATIENT STAY OF LESS THAN 24 HOURS.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1787. THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF HUMAN SERVICES TO OBTAIN THE TELEPHONE NUMBER OF MEDICAID BENEFICIARIES AND SHALL PROVIDE EACH MEDICAID HEALTH PLAN WITH THE TELEPHONE NUMBER OF THAT HEALTH PLAN'S ENROLLEES ON A MONTHLY BASIS.</p>	<p>Does not include.</p>	<p>NEW SECTION</p> <p>SEC. 1787. THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF HUMAN SERVICES TO OBTAIN THE TELEPHONE NUMBER OF MEDICAID BENEFICIARIES AND SHALL PROVIDE EACH MEDICAID HEALTH PLAN WITH THE TELEPHONE NUMBER OF THAT HEALTH PLAN'S ENROLLEES ON A MONTHLY BASIS.</p>
		<p>NEW SECTION</p> <p>SEC. 1788. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR ADULT HOME HELP SERVICES, \$2,517,000.00 IS ALLOCATED TO ESTABLISH A HOME HELP HEALTH CARE TRUST.</p>	<p>NEW SECTION</p> <p>SEC. 1788. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR ADULT HOME HELP SERVICES, \$2,517,000.00 \$2,768,700.00 IS ALLOCATED TO ESTABLISH A HOME HELP HEALTH CARE TRUST.</p>	<p>Does not include.</p>
		<p>(2) FUNDS FROM THE TRUST SHALL BE USED TO PROVIDE HEALTH CARE BENEFITS TO HOME HELP WORKERS IN COOPERATION WITH THE MICHIGAN QUALITY COMMUNITY CARE COUNCIL.</p>	<p>(2) FUNDS FROM THE TRUST SHALL BE USED TO PROVIDE HEALTH CARE BENEFITS TO HOME HELP WORKERS IN COOPERATION WITH THE MICHIGAN QUALITY COMMUNITY CARE COUNCIL.</p>	<p>Does not include.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1789. THE DEPARTMENT SHALL STUDY WHETHER THE CURRENT NURSING HOME OCCUPANCY CEILING IS ADEQUATE AND SHALL RECOMMEND WHETHER TO RETAIN THE CEILING AT 85% OR TO LOWER IT. THE DEPARTMENT SHALL REPORT ITS FINDINGS AND RECOMMENDATIONS TO THE STATE BUDGET DIRECTOR, SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, AND SENATE AND HOUSE FISCAL AGENCIES BY APRIL 1, 2009.</p>	<p>Does not include.</p>	<p>NEW SECTION</p> <p>SEC. 1789. THE DEPARTMENT SHALL STUDY WHETHER THE CURRENT NURSING HOME OCCUPANCY CEILING IS ADEQUATE AND SHALL RECOMMEND WHETHER TO RETAIN THE CEILING AT 85% OR TO LOWER IT. THE DEPARTMENT SHALL REPORT ITS FINDINGS AND RECOMMENDATIONS TO THE STATE BUDGET DIRECTOR, SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, AND SENATE AND HOUSE FISCAL AGENCIES BY APRIL 1, 2009.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1790. THE DEPARTMENT SHALL WORK IN COOPERATION WITH THE MICHIGAN HEALTH AND HOSPITAL ASSOCIATION ON A STUDY OF THE POTENTIAL OF CREATING A SINGLE HOSPITAL DSH POOL. THE DEPARTMENT SHALL REPORT TO THE LEGISLATURE ON THE RESULTS OF THESE EFFORTS BY APRIL 1, 2009.</p>	<p>Does not include.</p>	<p>Does not include.</p>
		<p>NEW SECTION</p> <p>SEC. 1791. (1) FROM THE MONEY APPROPRIATED IN PART 1 FOR PHYSICIAN SERVICES AND HEALTH PLAN SERVICES, \$17,618,900.00, OF WHICH \$7,000,000.00 IS GENERAL FUND/GENERAL PURPOSE MONEY, SHALL BE ALLOCATED TO INCREASE MEDICAID REIMBURSEMENT RATES FOR PRIMARY CARE AND WELL CHILD VISIT PROCEDURE CODES. THE INCREASED REIMBURSEMENT RATES IN THIS SECTION SHALL BE IMPLEMENTED OCTOBER 1, 2008 AND SHALL NOT EXCEED THE COMPARABLE MEDICARE PAYMENT RATE FOR THE SAME SERVICES.</p>	<p>NEW SECTION</p> <p>SEC. 1791. (1) FROM THE MONEY APPROPRIATED IN PART 1 FOR PHYSICIAN SERVICES AND HEALTH PLAN SERVICES, \$17,618,900.00 \$100.00 OF WHICH \$7,000,000.00 IS GENERAL FUND/GENERAL PURPOSE MONEY, SHALL BE ALLOCATED TO INCREASE MEDICAID REIMBURSEMENT RATES FOR PRIMARY CARE AND WELL CHILD VISIT PROCEDURE CODES. THE INCREASED REIMBURSEMENT RATES IN THIS SECTION SHALL BE IMPLEMENTED OCTOBER 1, 2008 AND SHALL NOT EXCEED THE COMPARABLE MEDICARE PAYMENT RATE FOR THE SAME SERVICES.</p>	<p>NEW SECTION</p> <p>SEC. 1791. (1) FROM THE MONEY APPROPRIATED IN PART 1 FOR PHYSICIAN SERVICES AND HEALTH PLAN SERVICES, \$17,618,900.00 \$5,285,700.00, OF WHICH \$7,000,000.00 \$2,100,000.00 IS GENERAL FUND/GENERAL PURPOSE MONEY, SHALL BE ALLOCATED TO INCREASE MEDICAID REIMBURSEMENT RATES FOR PRIMARY CARE AND WELL CHILD VISIT PROCEDURE CODES. THE INCREASED REIMBURSEMENT RATES IN THIS SECTION SHALL BE IMPLEMENTED OCTOBER 1, 2008 AND SHALL NOT EXCEED THE COMPARABLE MEDICARE PAYMENT RATE FOR THE SAME SERVICES.</p>
		<p>(2) THE MONEY ALLOCATED UNDER SUBSECTION (1) SHALL BE DISTRIBUTED AS A FEE FOR SERVICE RATE INCREASE FOR PRIMARY CARE PROCEDURE CODES AND AS AN ADJUSTMENT PAID EXCLUSIVELY TO MEDICAID MANAGED CARE ORGANIZATIONS FOR WELL CHILD VISIT PROCEDURE CODES.</p>	<p>(2) THE MONEY ALLOCATED UNDER SUBSECTION (1) SHALL BE DISTRIBUTED AS A FEE FOR SERVICE RATE INCREASE FOR PRIMARY CARE PROCEDURE CODES AND AS AN ADJUSTMENT PAID EXCLUSIVELY TO MEDICAID MANAGED CARE ORGANIZATIONS AND FOR WELL CHILD VISIT PROCEDURE CODES.</p>	<p>(2) THE MONEY ALLOCATED UNDER SUBSECTION (1) SHALL BE DISTRIBUTED AS A FEE-FOR-SERVICE RATE INCREASE FOR PRIMARY CARE PROCEDURE CODES AND AS AN ADJUSTMENT PAID EXCLUSIVELY TO MEDICAID MANAGED CARE ORGANIZATIONS FOR WELL CHILD VISIT PROCEDURE CODES.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		(3) BY OCTOBER 1, 2008, THE DEPARTMENT SHALL PROVIDE A REPORT TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES THAT IDENTIFIES THE SPECIFIC PROCEDURE CODES AFFECTED BY THIS SECTION AND THE AMOUNT AND PERCENTAGE INCREASE PROVIDED FOR EACH PROCEDURE CODE.	(3) BY OCTOBER 1, 2008, THE DEPARTMENT SHALL PROVIDE A REPORT TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES THAT IDENTIFIES THE SPECIFIC PROCEDURE CODES AFFECTED BY THIS SECTION AND THE AMOUNT AND PERCENTAGE INCREASE PROVIDED FOR EACH PROCEDURE CODE.	(3) BY OCTOBER 1, 2008, THE DEPARTMENT SHALL PROVIDE A REPORT TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES THAT IDENTIFIES THE SPECIFIC PROCEDURE CODES AFFECTED BY THIS SECTION AND THE AMOUNT AND PERCENTAGE INCREASE PROVIDED FOR EACH PROCEDURE CODE.
		NEW SECTION SEC. 1792. THE DEPARTMENT SHALL MEET WITH THE MICHIGAN STATE MEDICAL SOCIETY AND THE MICHIGAN OSTEOPATHIC ASSOCIATION TO DISCUSS THE POSSIBLE STRUCTURE OF A PHYSICIAN QUALITY ASSURANCE ASSESSMENT PROGRAM.	Does not include.	NEW SECTION SEC. 1792. THE DEPARTMENT SHALL MEET WITH THE MICHIGAN STATE MEDICAL SOCIETY AND THE MICHIGAN OSTEOPATHIC ASSOCIATION TO DISCUSS THE POSSIBLE STRUCTURE OF A PHYSICIAN QUALITY ASSURANCE ASSESSMENT PROGRAM.
		NEW SECTION SEC. 1793. THE DEPARTMENT SHALL CONSIDER THE DEVELOPMENT OF A PILOT PROJECT THAT FOCUSES ON THE PREVENTION OF PREVENTABLE HOSPITALIZATIONS FROM NURSING HOMES.	Does not include.	NEW SECTION SEC. 1793. THE DEPARTMENT SHALL CONSIDER THE DEVELOPMENT OF A PILOT PROJECT THAT FOCUSES ON THE PREVENTION OF PREVENTABLE HOSPITALIZATIONS FROM NURSING HOMES.
		NEW SECTION SEC. 1794. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HOSPITAL SERVICES AND THERAPY, \$100.00 SHALL BE ALLOCATED FOR A PROGRAM TO PROVIDE A PER-PERSON PER-DAY REIMBURSEMENT FOR A HOSPITAL LOCATED IN A CITY WITH A POPULATION OVER 500,000.	Does not include.	NEW SECTION SEC. 1794. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HOSPITAL SERVICES AND THERAPY, UP TO \$100.00 SHALL MAY BE ALLOCATED FOR A PROGRAM TO PROVIDE A PER-PERSON PER-DAY REIMBURSEMENT FOR A HOSPITAL LOCATED IN A CITY WITH A POPULATION OVER 500,000.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1796. THE DEPARTMENT SHALL DIRECT THE HEALTH INFORMATION TECHNOLOGY COMMISSION TO EXAMINE STRATEGIES THAT PROMOTE THE ABILITY TO SHARE MEDICAL RECORDS. THE DEPARTMENT SHALL REPORT THE COMMISSION'S FINDINGS BY JULY 1, 2009.</p>	<p>NEW SECTION</p> <p>SEC. 1796. THE DEPARTMENT SHALL DIRECT THE HEALTH INFORMATION TECHNOLOGY COMMISSION TO EXAMINE STRATEGIES THAT PROMOTE THE ABILITY TO SHARE MEDICAL RECORDS. THE DEPARTMENT SHALL REPORT THE COMMISSION'S FINDINGS BY JULY 1, 2009.</p>	<p>NEW SECTION</p> <p>SEC. 1796. THE DEPARTMENT SHALL DIRECT THE HEALTH INFORMATION TECHNOLOGY COMMISSION TO EXAMINE STRATEGIES THAT PROMOTE THE ABILITY TO SHARE MEDICAL RECORDS. THE DEPARTMENT SHALL REPORT THE COMMISSION'S FINDINGS BY JULY 1, 2009.</p>
		<p>NEW SECTION</p> <p>SEC. 1797. THE DEPARTMENT SHALL CREATE A PILOT PROGRAM TO PROVIDE INTENSIVE CASE MANAGEMENT FOR FEE-FOR-SERVICE CLIENTS WITH HIGH MENTAL HEALTH COSTS.</p>	<p>Does not include.</p>	<p>Does not include.</p>
		<p>NEW SECTION</p> <p>SEC. 1800. THE DEPARTMENT SHALL DEVELOP APPROPRIATE PROTOCOL TO ENSURE THAT NO INTERCHANGE OF AN IMMUNOSUPPRESSANT DRUG OR FORMULATION OF AN IMMUNOSUPPRESSANT DRUG, BRAND OR GENERIC, FOR THE TREATMENT OF A MEDICAID PATIENT FOLLOWING A TRANSPLANT OCCURS WITHOUT PRIOR NOTIFICATION AND CONSENT TO THE INTERCHANGE FROM BOTH THE PRESCRIBING PRACTITIONER AND THE MEDICAID PATIENT.</p>	<p>NEW SECTION</p> <p>SEC. 1800. THE DEPARTMENT SHALL <i>may</i> DEVELOP APPROPRIATE PROTOCOL TO ENSURE THAT NO INTERCHANGE OF AN IMMUNOSUPPRESSANT DRUG OR FORMULATION OF AN IMMUNOSUPPRESSANT DRUG, BRAND OR GENERIC, FOR THE TREATMENT OF A MEDICAID PATIENT FOLLOWING A TRANSPLANT OCCURS WITHOUT PRIOR NOTIFICATION AND CONSENT TO THE INTERCHANGE FROM BOTH THE PRESCRIBING PRACTITIONER AND THE MEDICAID PATIENT.</p>	<p>Does not include.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1801. THE DEPARTMENT SHALL USE FUNDS ALLOCATED FOR HEALTH INFORMATION TECHNOLOGY PROJECTS TO SUPPORT 2 PILOT ELECTRONIC MEDICAL RECORDS PROJECTS IN AN URBAN SETTING AND A RURAL SETTING. THESE PROJECTS SHALL BE DONE IN COOPERATION WITH THE MICHIGAN STATE MEDICAL SOCIETY AND THE MICHIGAN OSTEOPATHIC ASSOCIATION FOR THE PURPOSE OF EXPANDING THE USE OF ELECTRONIC MEDICAL RECORDS. THESE PILOT PROJECTS SHALL INCLUDE STANDARDS INCLUDING, BUT NOT LIMITED TO, THE ABILITY TO STORE DATA WITH VARIOUS PROVIDERS, TRANSFER OF PATIENT DATA IN COMPATIBLE FORMAT, STORAGE OF DATA IN A DISCRETE, NUMERICALLY CODIFIED WAY, BASING DATA ON A STANDARD POINT-OF-CARE VOCABULARY, AND STORAGE OF DATA IN A HIERARCHICALLY ORGANIZED MANNER.</p>	Does not include.	Does not include.

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
		<p>NEW SECTION</p> <p>SEC. 1802. THE DEPARTMENT SHALL SPEND UP TO \$100,000.00 ON A PILOT PROGRAM TARGETING MEDICAID RECIPIENTS WITH CERTAIN HIGH-COST OR COMPLEX HEALTH CONDITIONS. THIS PILOT SHALL PROVIDE FINANCIAL INCENTIVES TO PRIMARY CARE PHYSICIANS TO HANDLE DISEASE MANAGEMENT RESPONSIBILITIES FOR THESE MEDICAID RECIPIENTS.</p>	Does not include.	Does not include.
		<p>NEW SECTION</p> <p>SEC. 1803. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE MEDICAL SERVICES ADMINISTRATION, THE DEPARTMENT SHALL ALLOCATE \$100,000.00 FOR AN INDEPENDENT REVIEW OF THE REPORT ON THE SINGLE POINT OF ENTRY PILOT PROJECTS REQUIRED UNDER SECTION 109I(13) OF THE SOCIAL WELFARE ACT, 1939 PA 280, MCL 400.109I.</p>	Does not include.	Does not include.
		<p>NEW SECTION</p> <p>SEC. 1804. THE DEPARTMENT, IN COOPERATION WITH THE DEPARTMENT OF HUMAN SERVICES, SHALL WORK WITH THE FEDERAL GOVERNMENT'S PUBLIC ASSISTANCE REPORTING INFORMATION SYSTEM TO IDENTIFY MEDICAID RECIPIENTS WHO ARE VETERANS WHO MAY BE ELIGIBLE FOR FEDERAL VETERANS HEALTH CARE BENEFITS OR OTHER BENEFITS.</p>	Does not include.	<p>NEW SECTION</p> <p>SEC. 1804. THE DEPARTMENT, IN COOPERATION WITH THE DEPARTMENT OF HUMAN SERVICES, SHALL WORK WITH THE FEDERAL GOVERNMENT'S PUBLIC ASSISTANCE REPORTING INFORMATION SYSTEM TO IDENTIFY MEDICAID RECIPIENTS WHO ARE VETERANS WHO MAY BE ELIGIBLE FOR FEDERAL VETERANS HEALTH CARE BENEFITS OR OTHER BENEFITS.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1805. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PERSONAL CARE SERVICES, BEGINNING OCTOBER 1, 2008, THE DEPARTMENT SHALL INCREASE THE MONTHLY MEDICAID PERSONAL CARE SUPPLEMENT PAID TO ADULT FOSTER CARE FACILITIES AND HOMES FOR THE AGED THAT PROVIDE PERSONAL CARE SERVICES TO MEDICAID BENEFICIARIES BY \$8.00.</p>	<p>NEW SECTION</p> <p>SEC. 1805. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PERSONAL CARE SERVICES, BEGINNING OCTOBER 1, 2008, THE DEPARTMENT SHALL INCREASE THE MONTHLY MEDICAID PERSONAL CARE SUPPLEMENT PAID TO ADULT FOSTER CARE FACILITIES AND HOMES FOR THE AGED THAT PROVIDE PERSONAL CARE SERVICES TO MEDICAID BENEFICIARIES BY \$8.00.</p>
			<p>NEW SECTION</p> <p>SEC. 1806. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE COUNTY INDIGENT CARE AND THIRD SHARE PLANS \$100.00 SHALL BE ALLOCATED FOR THE EXPANSION OF COUNTY HEALTH PLANS.</p>	<p>NEW SECTION</p> <p>SEC. 1806. FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE COUNTY INDIGENT CARE AND THIRD SHARE PLANS UP TO \$100.00 SHALL MAY BE ALLOCATED FOR THE EXPANSION OF COUNTY HEALTH PLANS.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
			<p>NEW SECTION</p> <p>SEC. 1807. (1) THE DEPARTMENT MAY CONVENE A WORKGROUP TO EVALUATE AND REPORT ON THE FEASIBILITY OF ESTABLISHING A MEDICAID PAYMENT MECHANISM FOR THE REIMBURSEMENT OF MENTAL HEALTH SERVICES BY PRIMARY CARE PHYSICIANS.</p> <p>(2) THE DEPARTMENT MAY REPORT THE FINDINGS OF THIS WORKGROUP TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES BY APRIL 1, 2009.</p>	<p>NEW SECTION</p> <p>SEC. 1807. (1) THE DEPARTMENT MAY CONVENE A WORKGROUP TO EVALUATE AND REPORT ON THE FEASIBILITY OF ESTABLISHING A MEDICAID PAYMENT MECHANISM FOR THE REIMBURSEMENT OF MENTAL HEALTH SERVICES BY PRIMARY CARE PHYSICIANS.</p> <p>(2) THE DEPARTMENT MAY REPORT THE FINDINGS OF THIS WORKGROUP TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES BY APRIL 1, 2009.</p>
			<p>NEW SECTION</p> <p>SEC. 1808. FROM THE FUNDS APPROPRIATED IN PART 1 FOR AMBULANCE SERVICES, \$100.00 SHALL BE ALLOCATED FOR AN AMBULANCE QUALITY ASSESSMENT PROGRAM.</p>	<p>NEW SECTION</p> <p>SEC. 1808. IF LEGISLATION IS ENACTED INTO LAW, THE DEPARTMENT SHALL IMPLEMENT AN AMBULANCE QUALITY ASSURANCE ASSESSMENT PROGRAM. A PORTION OF THE ASSESSMENT SHALL BE RETAINED BY THE STATE.</p>

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FY 2007-08 CURRENT LAW	FY 2008-2009			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE/ENACTED
				<p>NEW SECTION</p> <p>SEC. 1809. THE DEPARTMENT IS AUTHORIZED TO SPEND AND DISTRIBUTE QUALITY ASSURANCE ASSESSMENT FUNDS AS APPROPRIATED IN THIS ACT. THE DEPARTMENT IS AUTHORIZED TO RETAIN FUNDS FROM THE HOSPITAL QUALITY ASSURANCE ASSESSMENT PROGRAM AND THE LONG-TERM CARE QUALITY ASSURANCE ASSESSMENT PROGRAM AS FOLLOWS:</p> <p>(A) HOSPITAL QUALITY ASSURANCE ASSESSMENT PROGRAM RETAINER OF \$117,500,000.00.</p> <p>(B) LONG-TERM CARE QUALITY ASSURANCE ASSESSMENT PROGRAM RETANER OF \$53,893,700.00.</p>