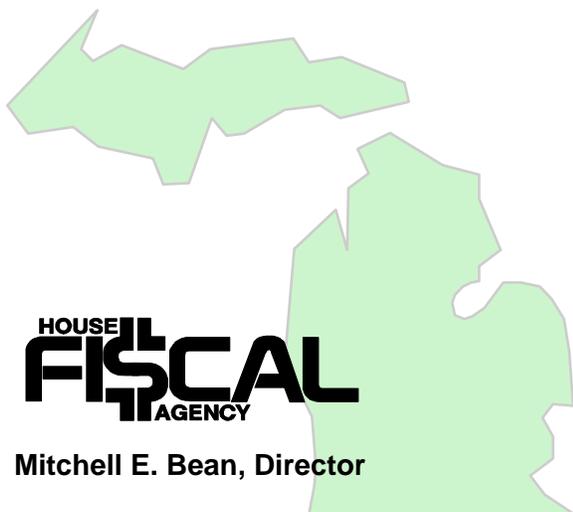


# LINE ITEM AND BOILERPLATE SUMMARY

## COMMUNITY HEALTH

Fiscal Year 2005-06  
Public Act 154 of 2005  
House Bill 4831

As Enacted



Mitchell E. Bean, Director

December 2005

Prepared and Compiled by:  
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STATE OF MICHIGAN  
HOUSE OF REPRESENTATIVES



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December 2005

TO: Members of the Michigan House of Representatives

The House Fiscal Agency has prepared a **Line Item Summary** for each of the FY 2005-06 appropriation acts. Each **Summary** contains line-by-line detail, including the amount and purpose of each appropriation line and information regarding related boilerplate sections, for a specific appropriation act. Following the line item detail, a brief explanation of each boilerplate section in the appropriations bill is provided.

In this report, line item vetoes are presented in the following manner: appropriation amounts shown in ~~strikeout~~ are those that appear in the enrolled bill; amounts shown directly below ~~strikeout~~ amounts reflect the effect of the veto.

Line Item Summaries are available on the HFA website ([www.house.mi.gov/hfa](http://www.house.mi.gov/hfa)), or from Jeanne Dee, Administrative Assistant (373-8080 or [jdee@house.mi.gov](mailto:jdee@house.mi.gov)).

A handwritten signature in black ink that reads "Mitchell E. Bean".

Mitchell E. Bean, Director



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# GLOSSARY: State Budget Terms

## STATE BUDGET TERMS

**Gross Appropriations (Gross):** The total of all applicable appropriations (statutory spending authorizations) in a budget bill.

**Adjusted Gross Appropriations (Adjusted Gross):** The net amount of all gross appropriations after subtracting interdepartmental grants (IDGs) and intradepartmental transfers (IDTs).

**Lapses:** Appropriation amounts that are unspent/unobligated at the end of a fiscal year.. Appropriations are automatically terminated at the end of a fiscal year unless otherwise provided by law.

**Work Project:** A statutorily-authorized account which allows a spending authorization to be carried over from one fiscal year to a succeeding fiscal year or years— i.e., allows funds to be spent over a period of years.

## APPROPRIATION BILL TERMS

**Line Item:** Specific funding amount in an appropriation bill which establishes spending authorization for a particular program or function (may be for a single purpose or for multiple purposes).

**Boilerplate:** Specific language sections in an appropriation bill which direct, limit or restrict line item expenditures, express legislative intent, and/or require reports.

## REVENUE SOURCES

**General Fund/General Purpose (GF/GP):** Unrestricted General Fund revenue available to fund any activity accounted for in the General Fund; unused GF/GP revenue lapses to the General Fund at the end of a fiscal year.

**State Restricted (Restricted):** State revenue restricted by state law or outside restriction that is available only for specified purposes; at year-end, unused restricted revenue remains in the restricted fund.

**Federal Revenue:** Federal grant or matchable revenue dedicated to specific programs.

**Local Revenue:** Revenue from local units of government.

**Private Revenue:** Revenue from non-government entities: rents, royalties or interest payments, payments from hospitals or individuals, and gifts and bequests.

**Interdepartmental Grant (IDG):** Revenue or funds received by one state department from another state department (usually for a service provided by the receiving department).

**Intradepartmental Transfer (IDT):** Transfers or funds being provided from one appropriation unit to another in the same department.

## MAJOR STATE FUNDS

**Budget Stabilization Fund (BSF):** The countercyclical economic and budget stabilization fund; also known as the "rainy day" fund.

**School Aid Fund (SAF):** A restricted fund; the primary funding source for K-12 schools and Intermediate School Districts (ISDs).

**General Fund:** The General Fund (funded from taxes and other general revenue) is used to account for the ordinary operations of a governmental unit that are not accounted for in another fund.



## DEPARTMENT OF COMMUNITY HEALTH

*The Department of Community Health (DCH) is responsible for the development of health policy and the management of Michigan's publicly-funded health care systems. The Department, established by Executive Order in 1996, consolidated the former Departments of Mental Health and Public Health with Medicaid and the Office of Drug Control Policy. In 1997, the Adult Home Help Program, and the Social Services to the Physically Disabled Program were brought into the Department from the Family Independence Agency. The Office of Services to the Aging and the Crime Victim Services Commission were transferred from the Department of Management and Budget to Community Health in 1997. The Bureaus of Health Services and Health Systems were transferred from the former Consumer and Industry Services (Labor and Economic Growth) in 2003.*

*The Department's mission for the public mental health system is to serve citizens by diminishing the impact and incidence of developmental disability, emotional disturbance, and mental illness.*

*With respect to substance abuse treatment and prevention activities, the Department's mission is to promote the health and welfare of individuals through the reduction of substance abuse, and to participate in efforts to address its social, personal, and economic consequences.*

*The mission of the Public Health Administration is to protect and promote the public health. The Department's commitment is to prevent and control infectious and chronic disease, injury, and environmental health hazards, and to reduce and eliminate health disparities in vulnerable populations.*

*The Bureaus of Health Systems and Health Professions seek to protect the health, safety, and welfare of Michigan's citizens through development of safe and accessible health care services through health care facilities, development of appropriate regulatory practices, and implementation and enforcement of laws involving licensing and regulation of health professionals.*

*The Department's Medical Services unit provides health care coverage for low income persons throughout the state who meet the eligibility requirements for Medicaid, MICHild, Elder Prescription Insurance Coverage, and indigent care programs.*

*The mission of the Office of Drug Control Policy is to reduce the abuse of alcohol, drugs, and other substances and related criminal activity and violence through collaborative prevention, education, treatment, and law enforcement programs and grants.*

*The mission of the Office of Services to the Aging is to promote independence and enhance the dignity of Michigan's older persons and their families through advocacy, leadership, and innovation of policies, programs, and services.*

*The Crime Victim Services Commission's mission is to protect and enhance the health, safety, dignity and rights of victims of crime through programs and grants for services, support and victim compensation.*

Full-time equated unclassified positions	6.0	Full-time equated (FTE) positions not in the state classified service
Full-time equated classified positions	4,668.6	Full-time equated (FTE) positions in the state classified service
Average population	1,135.0	Average number of patients at four state-operated psychiatric hospitals, one center for persons with developmental disabilities and severe mental illness, and the Forensic Center
<b>GROSS APPROPRIATION</b>	<b>\$10,326,194,000</b>	<b>Total of all applicable line item appropriations</b>
Total interdepartmental grants/intradepartmental transfers	34,090,000	Total of all funds received from other departments and transfer of funds.

<b>ADJUSTED GROSS APPROPRIATION</b>	<b>\$10,292,104,000</b>	<b>Total net amount of all line item gross appropriations less (or minus) interdepartmental grants (IDGs) and intradepartmental transfers (IDTs)</b>
Total federal revenue	5,533,597,400	Total federal grant or matchable revenue
Total local revenue	231,524,400	Total revenue from local units of government
Total private revenue	59,073,800	Total private grant revenue
Merit award trust fund	50,300,000	Total merit award trust fund revenue
Tobacco settlement trust fund	72,000,000	Trust fund revenue from 1998 master settlement agreement with tobacco companies
Total state restricted revenue	1,393,709,000	State revenue dedicated to a specific fund (other than the General Fund); or revenue earmarked for a specific purpose
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$2,951,899,400</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>

## SECTION 102: DEPARTMENTWIDE ADMINISTRATION

*This appropriation unit contains funding for the centralized administrative functions of the Department of Community Health and the Developmental Disabilities Council.*

Full-time equated unclassified positions	6.0	Full-time equated (FTE) positions not in the state classified service		
Full-time equated classified positions	207.0	Full-time equated (FTE) positions in the state classified service		
Director and other unclassified – 6.0 FTE positions	\$581,500	Salaries of Director and five other unclassified positions; salaries do not include fringe benefits	Funding Source(s):	GF/GP 581,500
				581,500
		<i>Related Boilerplate Section(s): None</i>		
Community health advisory council	7,000	Miscellaneous expenses associated with 15-member advisory council created pursuant to EO 1997-4 to advise Director of DCH on developing/implementing community health policies and services	Funding Source(s):	GF/GP 7,000
				7,000
		<i>Related Boilerplate Section(s): None</i>		
Departmental administration and management – 197.0 FTE positions	21,565,900	Administrative staff carrying out powers and duties of DCH; includes FTEs in Bureau of Budget and Audit, Bureau of Finance, Bureau of Human Resources, Administrative Tribunal and Appeals, and Bureau of Health Professions	Funding Source(s):	Federal 6,609,700 Restricted 2,440,000 GF/GP 12,516,200
				6,609,700 2,440,000 12,516,200
		<i>Related Boilerplate Section(s): None</i>		
Worker's compensation program	8,558,700	Central funding source for worker's compensation claims against DCH; funds wage/salary and related fringe benefits for employees who return to work under limited duty assignments	Funding Source(s):	Restricted 8,000 GF/GP 8,550,700
				8,000 8,550,700
		<i>Related Boilerplate Section(s): 301</i>		
Rent and building occupancy	8,700,400	Rental space in privately-owned buildings statewide (includes buildings formerly under jurisdiction of Department of Public Health and the Chandler Building); payments to DMB for rent, security, and operating costs of state-owned buildings	Funding Source(s):	Federal 2,229,300 Private 35,900 Restricted 971,300 GF/GP 5,463,900
				2,229,300 35,900 971,300 5,463,900
		<i>Related Boilerplate Section(s): None</i>		

Developmental disabilities council and projects – 10.0 FTE positions	2,679,800	Develop and implement state plan to improve capacity of service delivery network, establish local interagency coordinating committees, and advocacy for persons with developmental disabilities; the 21-member Council, required by federal and state law, is funded with federal dollars
		Funding Source(s): Federal 2,679,800

*Related Boilerplate Section(s): None*

<b>GROSS APPROPRIATION</b>	<b>\$42,093,300</b>	<b>Total of all applicable line item appropriations</b>
Total federal revenue	11,518,800	Includes Medicaid (Title XIX), random moment sampling cost, substance abuse block grant, maternal and child health block grant, developmental disability grant, immunization grant, WIC, and grant transferred from former Consumer and Industry Services (Department of Labor and Economic Growth) due to EO 2003-18
Total private revenue	35,900	Realized from parking fees
Total state restricted revenue	3,419,300	Includes Michigan Health Initiative, newborn screening fees, Health Professional Regulatory Fund, health system fees and collections, and certificate of need (CON) fees
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$27,119,300</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>

## SECTION 103: MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS

*This appropriation unit contains funding for administration of mental health and substance abuse services and several mental health and substance abuse programs. Protection and advocacy services, an agency designated by the Governor which is independent of the public mental health system, is also appropriated for in this unit.*

Full-time equated classified positions	112.0	Full-time equated (FTE) positions in the state classified service
Mental health/substance abuse program administration – 111.0 FTE positions	\$11,959,200	Administer mental health/substance abuse programs or DCH; finance contracts related to mental health/substance abuse program administration; evaluate Assertive Community Treatment (ACT) services/outcomes for persons with serious mental illness and access relationship of ACT program practices to consumer outcomes (private funds); federal funds support administrative costs related to federal state incentive program grant, promote community-based systems of care and substance abuse data development, assist state in preventing/reducing underage drinking; state restricted funds support Health Professional Recovery Program <div style="text-align: right; margin-right: 20px;"> Funding Source(s):    Federal            2,898,500     Private            190,000     Restricted        627,900     GF/GP            8,242,800 </div> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Consumer involvement program	189,100	Assist consumer participation/leadership in department policy/planning forums; provide assistance for consumer self-help groups through Justice in Mental Health Organization, and a phone hotline <div style="text-align: right; margin-right: 20px;"> Funding Source(s):    GF/GP            189,100 </div> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Gambling addiction – 1.0 FTE position	3,500,000	Education/prevention/research/treatment services related to pathological gambling addictions; toll-free compulsive gambler help-line number; funds staff acting as liaison to Lottery Bureau; develop policies for treatment of persons with gambling addictions <div style="text-align: right; margin-right: 20px;"> Funding Source(s):    Restricted        3,500,000 </div> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Protection and advocacy services support	777,400	Agency, designated by the Governor, with authority to pursue legal, administrative, and other appropriate remedies to protect rights of persons with mental illness and developmental disabilities, and investigate allegations of abuse or neglect of persons with mental illness and developmental disabilities <div style="text-align: right; margin-right: 20px;"> Funding Source(s):    GF/GP            777,400 </div> <p style="text-align: right;"><i>Related Boilerplate Section(s): 350</i></p>
Mental health initiatives for older persons	1,049,200	Program provides respite and day care services and training to home health care providers/caregivers in the nature/progression of Alzheimer's disease and related disorders <div style="text-align: right; margin-right: 20px;"> Funding Source(s):    GF/GP            1,049,200 </div> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>

Community residential and support services	2,971,200	Primarily used to finance community residential leases under responsibility of DCH Funding Source(s): Federal 300,000 GF/GP 2,671,200
<i>Related Boilerplate Section(s): None</i>		
Highway safety projects	750,000	Develop/distribute pamphlets, brochures, videos, and public service announcements promoting substance abuse prevention and highway safety; funds combined with Department of State Police/Office of Highway Safety Planning funds Funding Source(s): Federal 750,000
<i>Related Boilerplate Section(s): None</i>		
Federal and other special projects	3,895,400	Grants for mental health/substance abuse treatment programs and statewide needs assessment studies; to improve services for individuals with co-occurring mental health/substance abuse disorders, establish system-wide determination options for elderly and disabled, develop strategies to make long-term care services more responsive to consumer choices, and evaluate providing children respite care services through Medicaid waiver program; to conduct research study on effectiveness of evidence-based practices and treatments in public mental health systems, and remove systemic barriers to employment for individuals with disabilities Funding Source(s): Federal 3,895,400
<i>Related Boilerplate Section(s): None</i>		
Family support subsidy	17,935,000	Provide monthly payment of \$222.11 to over 6,000 income-eligible families with a child under age 18 living at home who is severely mentally impaired, severely multiply impaired, or autistic Funding Source(s): Federal 17,935,000
<i>Related Boilerplate Section(s): None</i>		
Housing and support services	7,237,200	Costs and contracts for housing/rental assistance programs for persons with mental illness or disabilities who are homeless or at risk of homelessness, and housing assistance for persons living with AIDS; new federal grant supports contracts for housing assistance to homeless persons who have co-existing disorders of a qualifying mental health disability and substance abuse Funding Source(s): Federal 6,531,600 GF/GP 705,600
<i>Related Boilerplate Section(s): None</i>		
<b>GROSS APPROPRIATION</b>	<b>\$50,263,700</b>	<b>Total of all applicable line item appropriations</b>
Total federal revenue	32,310,500	Includes oil/gas royalties, Medicaid (Title XIX), synectics annual award, Department of Transportation federal highway funds, projects in assistance for transition from homelessness (PATH), temporary assistance to needy families (TANF), housing opportunities for persons with AIDS (HOPWA); and grants (Medicaid infrastructure, building evidence base practices, substance abuse block, state mental health infrastructure, Michigan money follows the person, independent plus, treatment for co-occurring disorders, respite for children, federal state incentive, Housing and Urban Development (HUD), Department of Education federal Early On, shelter care, and health system development in child care)
Total private revenue	190,000	Private funds from the Flinn Family Foundation

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Total state restricted revenue	4,127,900	Includes lottery and horse racing revenue, casino licensing fees, and Health Professionals Recovery Fund
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$13,635,300</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>

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## SECTION 104: COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS

*This appropriation unit contains funding for community mental health services programs (CMHSPs) which have been established pursuant to the Mental Health Code to provide services for persons who have a serious mental illness, developmental disability, or serious emotional disturbance. The unit includes funding for specialty prepaid health plans (PHPs) established pursuant to the Mental Health Code and federal waiver provisions, respite services, multicultural services, federal mental health block grant, children's waiver home care program, omnibus reconciliation act implementation, civil service charges, and for coordinating agencies for a continuum of substance abuse prevention, education, and treatment programs.*

Full-time equated classified positions	9.5	Full-time equated (FTE) positions in the state classified service								
Medicaid mental health services	\$1,577,446,000	<p>Medicaid managed care capitated funds for CMHSPs or specialty PHPs that serve state residents; mental health services provided by CMHSP or PHP, or by contract with public or private agencies</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">892,676,600</td> </tr> <tr> <td style="padding-right: 20px;">Restricted</td> <td style="text-align: right;">94,692,400</td> </tr> <tr> <td style="padding-right: 20px;">Local</td> <td style="text-align: right;">26,072,100</td> </tr> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">564,004,900</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 401, 402, 404, 418, 428, 442, 450, 452, 456, 457</i></p>	Federal	892,676,600	Restricted	94,692,400	Local	26,072,100	GF/GP	564,004,900
Federal	892,676,600									
Restricted	94,692,400									
Local	26,072,100									
GF/GP	564,004,900									
Community mental health non-Medicaid services	312,598,300	<p>Funds CMHSPs or specialty PHPs serving residents of the state's 83 counties; mental health services provided directly by CMHSP or specialty PHP, or by contract with public or private agencies</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">312,598,300</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 401, 402, 404, 428, 442, 450, 452, 462</i></p>	GF/GP	312,598,300						
GF/GP	312,598,300									
Medicaid adult benefits waiver	40,000,000	<p>Funds to CMHSPs or specialty PHPs to provide mental health benefits to persons not previously Medicaid eligible until approval of a federal waiver on January 16, 2004</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">27,844,000</td> </tr> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">12,156,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 442, 452</i></p>	Federal	27,844,000	GF/GP	12,156,000				
Federal	27,844,000									
GF/GP	12,156,000									
<b>Multicultural services</b>	4,963,800	<p>Funds to CMHSPs or affiliates of CMHSPs to contract with providers that serve multicultural populations such as Chinese American, Asian American, Hispanics, and Arab/Chaldean; and funds to Michigan Inter-Tribal Council, Jewish Federation, and Vietnam Veterans</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">4,963,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 403</i></p>	GF/GP	4,963,800						
GF/GP	4,963,800									
Medicaid substance abuse services	33,486,700	<p>Capitated funds for Medicaid substance abuse services managed by selected CMHSPs or specialty PHPs pursuant to federal Health Care Financing Administration approval of Michigan's 1915(b) waiver request; CMHSPs or specialty PHPs that are not coordinating agencies for substance abuse services may contract with coordinating agencies for services</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">18,950,200</td> </tr> <tr> <td style="padding-right: 20px;">Restricted</td> <td style="text-align: right;">2,009,200</td> </tr> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">12,527,300</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 402, 404, 409, 414, 418, 428</i></p>	Federal	18,950,200	Restricted	2,009,200	GF/GP	12,527,300		
Federal	18,950,200									
Restricted	2,009,200									
GF/GP	12,527,300									

Respite services	1,000,000	Contracts with CMHSPs or specialty PHPs for respite care services primarily for children with serious emotional disturbance and their families; care provided in home and out of home in residential facilities Funding Source(s): GF/GP 1,000,000	
			<i>Related Boilerplate Section(s): 465</i>
CMHSP, purchase of state services contracts	125,727,300	Used by CMHSPs or specialty PHPs to purchase state services for clients in their catchment areas or develop their own community alternatives to utilization of state hospitals and centers Funding Source(s): GF/GP 125,727,300	
			<i>Related Boilerplate Section(s): None</i>
Civil service charges	1,765,500	Pays 1% civil service charges authorized by Michigan Constitution of 1963 Funding Source(s): GF/GP 1,765,500	
			<i>Related Boilerplate Section(s): 204</i>
Federal mental health block grant – 2.5 FTE positions	15,345,200	Funds available to primarily CMHSPs or specialty PHPs for community-based services for adults with serious mental illness and children with serious emotional disturbances such as wraparound services, adult dual diagnosis programs, psychosocial rehabilitation programs, and assertive community treatment teams; funds FTEs, contractual services, supplies, travel, and other costs related to administering the federal block grant Funding Source(s): Federal 15,345,200	
			<i>Related Boilerplate Section(s): None</i>
State disability assistance program substance abuse services	2,509,800	Per diem room and board payments for needy persons 18 years of age or older, or emancipated minors who reside in substance abuse residential facilities Funding Source(s): GF/GP 2,509,800	
			<i>Related Boilerplate Section(s): 406, 409</i>
Community substance abuse prevention, education, and treatment programs	85,219,100	Primarily distributed to 16 coordinating agencies for substance abuse services and authorized for services to chemically dependent pregnant women and injecting drug users, and children's access to tobacco; Salvation Army Harbor Light program; federal funds authorized to better identify, coordinate, and allocate resources to address substance abuse problems and assist state in preventing/educing underage drinking; federal block grants used to educate and counsel persons on abuse of substances Funding Source(s): Federal 66,428,600 Restricted 1,784,200 GF/GP 17,006,300	
			<i>Related Boilerplate Section(s): 407, 408, 409, 410, 412, 423</i>
Children's waiver home care program	19,549,800	Home and community-based services for over 380 eligible children with developmental disabilities who reside at home and who may otherwise require institutional care Funding Source(s): Federal 11,063,200 GF/GP 8,486,600	
			<i>Related Boilerplate Section(s): None</i>

Omnibus reconciliation act implementation – 7.0 FTE positions	12,475,700	Staff, supplies, related costs, and contracts for implementing federal mandate addressing inappropriate placement in nursing homes of persons who are mentally ill or developmental disabled (includes pre-admission screening, assessment of needs for individuals in nursing homes and for active treatment, and alternative services for persons found to be inappropriately placed); funds contract with Birchwood nursing home, Great Lakes CMH, and out-of-state nursing homes to provide specialized care to older adults who require nursing care and mental health services
		Funding Source(s):
		Federal
		GF/GP
		9,593,300
		2,882,400

*Related Boilerplate Section(s): None*

<b>GROSS APPROPRIATION</b>	<b>\$2,232,087,200</b>	<b>Total of all applicable line item appropriations</b>
Total federal revenue	1,041,901,100	Includes Medicaid (Title XIX), SCHIP (Title XXI), mental health block grant, substance abuse block grant, federal state incentive program grant, and strategic prevention framework grant
Total local revenue	26,072,100	Received from CMHSPs or specialty prepaid health plans
Total state restricted revenue	98,485,800	Includes substance abuse licensing fees and fines, and quality assurance assessment program (QAAP) revenue
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$1,065,628,200</b>	<b>The state's primary operating fund; the portion of the State's General Fund that does not include restricted revenue</b>

**SECTION 105: STATE PSYCHIATRIC HOSPITALS,  
CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES,  
AND FORENSIC AND PRISON MENTAL HEALTH SERVICES**

*This appropriation unit contains funding for: three state-operated psychiatric hospitals for adults with mental illness; one state-operated psychiatric hospital for children and adolescents with mental illness; one state-operated center for persons with developmental disabilities and severe mental illness; the Forensic Center created pursuant to the state's Mental Health Code; and prisoner mental health services in which the Department of Community Health assumes responsibility for mental health treatment services for prisoners under the jurisdiction of the Department of Corrections. This appropriation unit also finances costs associated with operation of state hospitals and centers such as purchase of medical services for residents of hospitals and centers, special maintenance and equipment, and closed facilities. Funding for federal and private projects is also included in this appropriation unit.*

Total average population	1,135.0	Average number of patients at state-operated psychiatric hospitals for adults, children, and adolescents with mental illness, a state center for persons with developmental disabilities and severe mental illness, and the Forensic Center
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Total full-time equated classified positions	2,976.2	Full-time equated (FTE) positions in the state classified service
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Caro regional mental health center-psychiatric hospital – adult –475.7 FTE positions and 205.0 average population	\$40,325,200	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated psychiatric hospital in Caro, Michigan, for adults with mental illness
		Funding Source(s):
		Federal
		Local
		CMHSP
		Restricted
		1,782,800
		3,030,500
		32,614,600
		2,897,300

*Related Boilerplate Section(s): 604, 605, 606*

Kalamazoo psychiatric hospital – adult – 518.1 FTE positions and 200.0 average population	41,040,900	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated psychiatric hospital in Kalamazoo, Michigan, for adults with mental illness
		Funding Source(s):
		Federal
		Local
		CMHSP
		Restricted
		1,439,600
		3,331,900
		32,074,200
		4,195,200

*Related Boilerplate Section(s): 604, 605, 606*

Walter P. Reuther psychiatric hospital – adult – 444.6 FTE positions and 240.0 average population	40,211,100	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated psychiatric hospital in Westland, Michigan, for adults with mental illness
		Funding Source(s):
		Federal
		Local
		CMHSP
		Restricted
		2,184,000
		2,891,000
		33,759,400
		1,376,700

*Related Boilerplate Section(s): 604, 605, 606*

Hawthorn center - psychiatric hospital – children and adolescents – 224.4 FTE positions and 66.0 average population	20,077,900	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated psychiatric hospital in Northville, Michigan, for children/adolescents with mental illness	Funding Source(s):	Federal	12,820,700
				Local	612,500
				CMHSP	6,506,600
				Restricted	138,100
<i>Related Boilerplate Section(s): 604, 605, 606</i>					
Mount Pleasant center – developmental disabilities – 496.0 FTE positions and 199.0 average population	38,780,500	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated center in Mt. Pleasant, Michigan, for persons with developmental disabilities and severe mental illness transferred from other state psychiatric hospitals	Funding Source(s):	Federal	15,342,700
				Local	1,956,700
				CMHSP	20,772,500
				Restricted	708,600
<i>Related Boilerplate Section(s): 604, 605, 606</i>					
Center for forensic psychiatry – 493.0 FTE positions and 225.0 average population	46,871,200	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for the Forensic Center in Ann Arbor, Michigan, which provides psychiatric treatment for criminal defendants ruled incompetent to stand trial and/or acquitted by reason of insanity, specialized mental health services for transferred prisoners, diagnostic services to the criminal justice system, and examinations conducted by multi-disciplinary teams on an outpatient basis at the Center and other sites	Funding Source(s):	Federal	5,700
				Local	3,323,600
				Restricted	133,700
				GF/GP	43,408,200
<i>Related Boilerplate Section(s): 604, 605, 606</i>					
Forensic mental health services provided to the department of corrections – 313.4 FTE positions	32,844,800	Through interdepartmental agreement, DCH assumes responsibility for providing mental health services to prisoners under jurisdiction of Department of Corrections (DOC); DOC responsible for custodial/administrative functions for Huron Valley Correctional Complex	Funding Source(s):	IDG	32,844,800
<i>Related Boilerplate Section(s): 603</i>					
Revenue recapture	750,000	Project generates revenue (from third parties related to closed or inactive cases) for departmental costs and contractual fees associated with these retroactive collections and improving ongoing departmental reimbursement management functions	Funding Source(s):	Federal	375,000
				Restricted	375,000
<i>Related Boilerplate Section(s): 601(2)</i>					
IDEA, federal special education	120,000	Supplement state psychiatric hospital special education programs for persons with mental illness; allocations based on annual counts of students aged 3 through 21	Funding Source(s):	Federal	120,000
<i>Related Boilerplate Section(s): None</i>					

Special maintenance and equipment	335,300	Maintenance projects at state hospitals and centers; client-related, administrative, and housekeeping/maintenance equipment needs; maintenance and operation of leased properties	Funding Source(s):	Restricted GF/GP	332,500 2,800
<i>Related Boilerplate Section(s): None</i>					
Purchase of medical services for residents of hospitals and centers	2,045,600	Special, emergency, and other medical-related services rendered off-site for residents of state hospitals and centers without insurance or ability to pay	Funding Source(s):	GF/GP	2,045,600
<i>Related Boilerplate Section(s): None</i>					
Closed site, transition, and related costs – 11.0 FTE positions	637,600	Unemployment compensation, terminal payouts (sick leave payments and grievance settlements), safety and power plant operations, and phase-out costs associated with final disposition of property for closed hospital sites	Funding Source(s):	GF/GP	637,600
<i>Related Boilerplate Section(s): 605</i>					
Severance pay	216,900	Payments to employees (with more than one year of service) laid off due to census reductions or closures of state hospitals and centers	Funding Source(s):	GF/GP	216,900
<i>Related Boilerplate Section(s): None</i>					
Gifts and bequests for patient living and treatment environment	1,000,000	Authority to accept gifts/bequests for specific enhancements (consistent with donor stipulation) for residents of state-operated facilities	Funding Source(s):	Private	1,000,000
<i>Related Boilerplate Section(s): 602</i>					
<b>GROSS APPROPRIATION</b>	<b>\$265,257,000</b>	<b>Total of all applicable line item appropriations</b>			
Interdepartmental grant from the department of corrections	32,844,800	For costs related to providing forensic mental health services			
Total federal revenue	34,070,500	Includes Medicaid (Title XIX), national school lunch program, and IDEA (federal special education)			
CMHSP, purchase of state services contracts	125,727,300	Funds from CMHSPs and specialty PHPs, as part of authorization process, to offset line item in Community Mental Health/Substance Abuse Services Programs appropriation unit			
Other local revenue	15,146,200	County match revenue and local school aid funds			
Total private revenue	1,000,000	Gifts and bequests			
Total state restricted revenue	10,157,100	Includes miscellaneous, sheltered workshop, first/third party, and lease/rental revenue			
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$46,311,100</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>			

## SECTION 106: PUBLIC HEALTH ADMINISTRATION

*This appropriation unit provides funding for the administrative, policy, and leadership functions necessary to ensure the implementation of the public health mission.*

Full-time equated classified positions	83.4	Full-time equated (FTE) positions in the state classified service
Public health administration – 11.0 FTE positions	\$1,685,100	FTEs, contractual services, and other related costs to administer community public health Funding Source(s):      Federal                      97,200 Restricted                      189,800 GF/GP                              1,398,100
<i>Related Boilerplate Section(s): None</i>		
Minority health grants and contracts	1,550,000	Staff and grants and contracts to improve health status of minorities and address health disparities through health promotion/screening programs for African-Americans, Hispanic/Latinos, Arab/Chaldeans, American Indians, and Asian/Pacific Islanders Funding Source(s):      Federal                      650,000 Restricted                      900,000
<i>Related Boilerplate Section(s): None</i>		
Vital records and health statistics – 72.4 FTE positions	7,458,800	FTEs and related costs/contracts to administer state's vital records and statistics system (register all vital events, maintain repository of vital record documents and data/electronic transferal systems, issue certified copies of records, amend vital records; and survey/report on vital events, mortality, morbidity, and certain medical conditions including cancer and birth defects Funding Source(s):      IDG                              710,500 Federal                              2,017,900 Restricted                              4,730,400
<i>Related Boilerplate Section(s): None</i>		
<b>GROSS APPROPRIATION</b>	<b>\$10,693,900</b>	<b>Total of all applicable line item appropriations</b>
Interdepartmental grant from department of human services	710,500	For vital records and central paternity registry access related to paternity and child support cases
Total federal revenue	2,765,100	Includes Title XIX Medicaid funds, grants (preventive health and health services block, vital statistics, cancer registry, social security birth enumeration), and surveillance, epidemiology and end results (SEER) funds through Wayne State University
Total state restricted revenue	5,820,200	Includes vital records fees, Michigan Health Initiative Fund revenue from software tax (1987 PA 258), and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections),
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$1,398,100</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>

## SECTION 107: HEALTH POLICY, REGULATION, AND PROFESSIONS

*This appropriation unit provides funding for the Office of the Chief Nurse Executive, Bureaus of Health Systems, Health Profession, Health Policy, Planning, and Access which administers programs involved in the licensing, regulation, and registration of various health care facilities, substance abuse programs, emergency medical services authorities, radiation machines, clinical laboratories, and various health professions. This appropriation unit also provides funding for the Certificate of Need (CON) Program Administration, Rural Health Services, Michigan Essential Health Care Provider Program, and Primary Care Services due to the recent reorganization of the Department.*

Full-time equated classified positions	396.2	Full-time equated (FTE) positions in the state classified service									
Health systems administration – 193.6 FTE positions	\$20,463,000	<p>Bureau of Health Systems includes the following:</p> <p><u>Nursing Home Monitoring</u>: survey/investigate/assess/evaluate long-term care facility compliance with Medicare/Medicaid certification and licensure requirements</p> <p><u>Licensing and Certification</u>: license/recommend Medicare/Medicaid certification for health facilities, except long-term care facilities</p> <p><u>Operations</u>: investigate nursing home residents' complaints and facility-reported incidents; process/coordinate enforcement against facilities</p> <p><u>Health Facilities and Services</u>: conduct physical plant evaluations for construction/modernization projects for health facilities and licensing and certification surveys of licensed health care facilities</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td style="text-align: right;">13,123,200</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">3,437,700</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">3,902,100</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 705,706, 708</i></p>	Funding Source(s):	Federal	13,123,200		Restricted	3,437,700		GF/GP	3,902,100
Funding Source(s):	Federal	13,123,200									
	Restricted	3,437,700									
	GF/GP	3,902,100									
Emergency medical services program state staff – 8.5 FTE positions	1,336,200	<p>Emergency Medical Services (EMS) Section to license/re-license approximately 750 medical first responder/life support agencies and 1,600 life support vehicles; approve medical control authorities which provide community based pre-hospital emergency care oversight</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td style="text-align: right;">403,600</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">629,600</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">303,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	403,600		Restricted	629,600		GF/GP	303,000
Funding Source(s):	Federal	403,600									
	Restricted	629,600									
	GF/GP	303,000									
Radiological health administration – 25.0 FTE positions	2,372,100	<p>Radiation Safety Section annually registers over 22,000 x-ray machines used in approximately 9,000 medical and non-medical radiation facilities statewide; conducts periodic radiation safety inspections for compliance with federal and state requirements</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td style="text-align: right;">591,700</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">1,780,400</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	591,700		Restricted	1,780,400			
Funding Source(s):	Federal	591,700									
	Restricted	1,780,400									
Substance abuse program administration – 4.0 FTE positions	430,200	<p>Substance Abuse Licensing Section to license 1,050 substance abuse prevention/treatment programs statewide and investigate complaints by recipients of licensed substance abuse programs</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td style="text-align: right;">5,600</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">424,600</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	5,600		GF/GP	424,600			
Funding Source(s):	Federal	5,600									
	GF/GP	424,600									

Emergency medical services grants and services	702,900	Contracts administered by EMS Section for continuing education, agency/vehicle inspections; also administers licensure examinations	Funding Source(s):	Federal	635,000
				GF/GP	67,900
<i>Related Boilerplate Section(s): 704</i>					
Health professions – 120.0 FTE positions	13,030,400	Administration of Bureau of Health Professions; includes: <u>Regulatory</u> : conduct investigations on alleged violations involving health care professionals; inspect and audit pharmacies, drug manufacturers, and drug wholesalers <u>Complaint and Allegation</u> : review allegations, investigative reports, and administrative complaints filed against health care professionals <u>Licensing</u> : process licensure/registration applications for 31 health occupations, maintain official records for over 375,000 licensees and registrants; conduct continuing education audits on licensees <u>Administration</u> : executive direction/administrative support for health professional boards/task forces established by Public Health Code	Funding Source(s):	Federal	371,400
				Restricted	12,659,000
<i>Related Boilerplate Section(s): None</i>					
Health policy, regulation, and professions administration – 25.7 FTE positions	2,571,700	Staff to oversee Bureau of Health Policy, Planning, and Access, Bureau of Health Professions, and Bureau of Health Systems; line item appropriation is new	Funding Source(s):	Federal	631,700
				Restricted	682,600
				GF/GP	1,257,400
<i>Related Boilerplate Section(s): None</i>					
Nurse scholarship, education, and research program – 3.0 FTE positions	823,100	Establish and operate a nurse continuing education program, nursing scholarship program, and research/development studies promoting and advancing the nursing profession; includes funds for Chief Nurse Executive; line item appropriation is new	Funding Source(s):	Restricted	823,100
<i>Related Boilerplate Section(s): 707</i>					
Certificate of need program administration – 14.0 FTE positions	1,683,400	FTEs, contractual services, supplies/travel/equipment/other costs to carry out Certificate of Need (CON) program (state regulatory program to balance cost, quality, and access issues, and ensure that only needed health services and facilities are developed in Michigan; line item transferred from Departmentwide Administration unit due to Department reorganization	Funding Source(s):	IDG	113,900
				Restricted	1,569,500
<i>Related Boilerplate Section(s): None</i>					
Rural health services – 1.0 FTE position	1,377,900	Contract to Michigan Center for Rural Health to coordinate, plan, and advocate for improved health and health care for residents in rural areas, assist small rural hospitals to comply with federal privacy and prospective pay system guidelines, and provide technical assistance to DCH on rural health issues and programs; line item transferred from Departmentwide Administration unit due to Department reorganization	Funding Source(s):	Federal	1,251,900
				GF/GP	126,000
<i>Related Boilerplate Section(s): None</i>					

Michigan essential health provider	1,391,700	Assist primary care physicians, psychiatrists, dentists, nurse practitioners, nurse midwives, and physician assistants who practice in designated medically underserved areas in repayment of health education loans; line item transferred from Departmentwide Administration unit due to Department reorganization	
		Funding Source(s):	
		Federal	696,300
		Private	150,000
		GF/GP	545,400

*Related Boilerplate Section(s): 709*

Primary care services – 1.4 FTE positions	2,546,000	Grants to community health centers for primary health care, outreach, and health education services in medically underserved areas; funds free health clinics that are equally distributed; line item transferred from Departmentwide Administration unit due to Department reorganization	
		Funding Source(s):	
		Federal	1,904,000
		GF/GP	642,000

*Related Boilerplate Section(s): 710, 712, 713*

<b>GROSS APPROPRIATION</b>	<b>\$48,728,600</b>	<b>Total of all applicable line item appropriations</b>
Interdepartmental grant from treasury	113,900	From Department of Treasury for part of costs related to certificate of need program
Total federal revenue	19,614,400	Includes the following grants: preventive block–EMS, rural EMS trauma care, EMS for children partnership, laboratory improvement, Medicare (Title XVIII) facility certification, Medicaid (Title XIX) Medicaid facility certification, maternal and child health block, state loan repayment, primary care, small rural hospitals, Office of Rural Health, and mammography quality standard
Total private revenue	150,000	Realized from loan repayments on behalf of primary care providers in underserved areas
Total state restricted revenue	21,581,900	Includes Health Professional Regulatory Fund, health systems fees and collections, Nurse Professional Fund, Pain Management Fund, and CON fee revenue
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$7,268,400</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>

## SECTION 108: INFECTIOUS DISEASE CONTROL

*This appropriation unit provides funding to prevent and control the morbidity, disability, and death associated with communicable diseases through assessment, surveillance, intervention, and evaluation.*

Full-time equated classified positions	49.0	Full-time equated (FTE) positions in the state classified service									
AIDS prevention, testing, and care programs – 12.0 FTE positions	\$31,502,000	<p>FTEs and related costs and contracts for the following:  <u>HIV counseling, testing and referral</u> grants to local health departments, including partner notification and counseling  <u>HIV/AIDS education and outreach</u> grants to local health departments and community groups  <u>HIV/AIDS risk reduction program</u> focusing on at-risk populations through prevention, care, and laboratory testing  <u>HIV/AIDS continuum of care</u> grants to local health departments for health care/support services to families/individuals living with HIV/AIDS; supports AIDS drug assistance (ADAP) and dental programs</p> <table style="margin-left: 40px;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">23,756,600</td> </tr> <tr> <td></td> <td>Private</td> <td style="text-align: right;">3,250,500</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">4,494,900</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 801, 802, 803</i></p>	Funding Source(s):	Federal	23,756,600		Private	3,250,500		Restricted	4,494,900
Funding Source(s):	Federal	23,756,600									
	Private	3,250,500									
	Restricted	4,494,900									
Immunization local agreements	13,990,300	<p>Funds local health department and community health center immunization clinics, free vaccinations for eligible children, vaccine handling and distribution, statewide immunization registry, outreach and education, perinatal hepatitis B prevention, and other immunization projects, training and technical support</p> <table style="margin-left: 40px;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">9,428,200</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">2,250,000</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">2,312,100</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	9,428,200		Restricted	2,250,000		GF/GP	2,312,100
Funding Source(s):	Federal	9,428,200									
	Restricted	2,250,000									
	GF/GP	2,312,100									
Immunization program management and field support – 15.0 FTE positions	1,860,700	<p>Administrative and staff FTEs and related costs to administer state immunization program</p> <table style="margin-left: 40px;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">1,212,100</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">336,800</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">311,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	1,212,100		Restricted	336,800		GF/GP	311,800
Funding Source(s):	Federal	1,212,100									
	Restricted	336,800									
	GF/GP	311,800									
Sexually transmitted disease control local agreements	3,494,900	<p>Funds to local public health departments to monitor/control occurrence of sexually transmitted diseases in all areas of the state (with emphasis on the 15 highest incidence areas representing over 90% of all cases) for the following: STD surveillance, investigation, diagnosis, primary treatment, screening, casefinding, prevention, and laboratory services</p> <table style="margin-left: 40px;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">3,073,100</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">421,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	3,073,100		GF/GP	421,800			
Funding Source(s):	Federal	3,073,100									
	GF/GP	421,800									

Sexually transmitted disease control management and field support – 22.0 FTE positions	3,555,200	State administration and staff FTEs and related costs, to monitor occurrence of sexually transmitted diseases, promote prevention and education, and provide support for state, local and national STD control goals; funds for primary STD treatment drugs and laboratory costs
		Funding Source(s):
		Federal
		Restricted
		GF/GP
		1,153,300
		1,359,700
		1,042,200

*Related Boilerplate Section(s): None*

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<b>GROSS APPROPRIATION</b>	<b>\$54,403,100</b>	<b>Total of all applicable line item appropriations</b>
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Total federal revenue	38,623,300	Includes Title XIX Medicaid funds and the following grants: preventive health and health services block, maternal and child health services block, immunization, HIV prevention, Ryan White Title II HIV care, and sexually transmitted disease control
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Total private revenue	3,250,500	Private funds from pharmaceutical manufacturer rebates for AIDS drug assistance program
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Total state restricted revenue	8,441,400	Includes Michigan Health Initiative Fund revenue from software tax (1987 PA 258), Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections), and Pharmaceutical Products Fund interest income from revenue related to 1999 sale of Michigan Biologic Products Institute
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<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$4,087,900</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>
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## SECTION 110: EPIDEMIOLOGY

*This appropriation unit funds surveillance, assessment, and monitoring of the status of disease, environmental health, and injury in Michigan as well as conditions that adversely affect maternal and child health in Michigan.*

Full-time equated classified positions	127.5	Full-time equated (FTE) positions in the state classified service		
AIDS surveillance and prevention program	\$2,513,200	Costs to conduct/evaluate statewide HIV infection and AIDS case reporting through integrated surveillance, measure incidence and prevalence of disease, and target and implement HIV prevention programs; new federal grant funds included in this line for hazardous substances emergency events surveillance with goal to reduce injury and death from releases of hazardous substances	Funding Source(s):	Federal 2,513,200
<i>Related Boilerplate Section(s): None</i>				
Asthma prevention and control – 2.3 FTE positions	1,045,600	FTEs, related expenses and contractual services for statewide and community-based asthma programs/services including surveillance, patient and provider education, public awareness, school-based programs, environmental quality programs, and Michigan Asthma Communications Network	Funding Source(s):	Federal 842,200 GF/GP 203,400
<i>Related Boilerplate Section(s): None</i>				
Bioterrorism preparedness – 76.1 FTE positions	50,357,000	FTE, related expenses, and contractual services to develop bioterrorism preparedness and response of public health (planning and assessment, surveillance, national pharmaceutical stockpile planning, epidemiology and laboratory capacity, communications and Health Alert Network, information technology, education/training, and disseminating risk and health information, and hospitals through eight regional medical care authorities (MCAs) (pharmaceutical/vaccine supply, quarantine/decontamination facilities, regional capacity, and communications	Funding Source(s):	Federal 50,357,000
<i>Related Boilerplate Section(s): None</i>				
Epidemiology administration – 41.1 FTE positions	6,575,700	FTEs and costs to survey and analyze disease activity, environmental conditions, and toxins to detect, prevent, and control risk/spread of disease (especially communicable diseases); coordinate behavioral risk factor surveillance, epidemiological investigation, environmental health risk assessment, Michigan Disease Surveillance System, PBB registry, birth defects, and various timely and other special projects	Funding Source(s):	Federal 4,501,800 Private 25,000 Restricted 188,500 GF/GP 1,860,400
<i>Related Boilerplate Section(s): None</i>				

Newborn screening follow-up and treatment services – 8.0 FTE positions	3,836,200	FTEs, related expenses, and contractual services to screen all newborn infants for eleven genetic disorders and provide follow-up services such as education, diagnosis, counseling, and treatment after a newborn child tests positive; funds informational adult-onset genetic disease program, and early hearing screening/detection program Funding Source(s): Restricted 3,836,200
<i>Related Boilerplate Section(s): None</i>		
Tuberculosis control and recalcitrant AIDS program	867,000	Support local health departments and other contracts to prevent and control tuberculosis; includes directly-observed therapy, medication administration, surveillance, and care for certain patients with tuberculosis Funding Source(s): Federal 867,000
<i>Related Boilerplate Section(s): None</i>		
<b>GROSS APPROPRIATION</b>	<b>\$65,194,700</b>	<b>Total of all applicable line item appropriations</b>
Total federal revenue	59,081,200	Includes categorical grants for health risk assessment, HIV/AIDS surveillance, HIV/AIDS morbidity and risk behavior surveillance, tuberculosis control, epidemiology and laboratory capacity, PBB investigations, core occupational safety and health research, public health preparedness and response for bioterrorism, bioterrorism hospital preparedness, behavioral risk factor surveillance, asthma, outcomes assessment through systems of integrated surveillance (OASIS), genetics, human health studies of ambient air and birth outcomes, birth defects surveillance, EPA endocrine disruptors study project funds through State of Wisconsin, genomics and chronic disease prevention, federal grant from Emory University for work related to polybrominated biphenyls (PBBs) and endocrine disruptors, hazardous substances emergency events surveillance (HSEES), and impact of exposure to urban air toxics on asthma
Total private revenue	25,000	Private grant from March of Dimes for work related to birth defects and folic acid projects
Total state restricted revenue	4,024,700	Includes fees collected from newborn screening program, Michigan Health Initiative Fund revenue from software tax (1987 PA 258), and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$2,063,800</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>



## SECTION 112: CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION

*This appropriation unit provides funding for programs to promote healthy lifestyles for communities, individuals, and vulnerable populations to improve the length and quality of life for Michigan residents.*

Full-time equated classified positions	51.5	Full-time equated (FTE) positions in the state classified service		
African-American male health initiative	\$106,700	Programs to improve the health of African-American men in Michigan with community-based screening for chronic diseases, follow-up counseling, education, and referrals	Funding Source(s):	GF/GP 106,700
<i>Related Boilerplate Section(s): 1028</i>				
AIDS and risk reduction clearinghouse and media campaign	1,576,000	Contracts to develop, produce, and air television, radio, and billboard health promotion messages; funds information clearinghouse which collects and distributes various health promotion materials	Funding Source(s):	Restricted 1,576,000
<i>Related Boilerplate Section(s): None</i>				
Alzheimer's information network	440,000	Statewide coalition and education and support through regional information and referral centers for persons with Alzheimer's disease, Huntington's disease, and Parkinson's disease, and their families and caregivers	Funding Source(s):	Federal Restricted 150,000 290,000
<i>Related Boilerplate Section(s): 1003</i>				
Cancer prevention and control program – 14.3 FTE positions	14,236,200	FTEs and related expenses/grants/contracts for cancer prevention and control program, including prevention activities; screening and follow-up services for breast, cervical, prostate, and colorectal cancer; cancer education, awareness, and early detection; and heart and chronic disease screening and referrals	Funding Source(s):	Federal Restricted GF/GP 11,245,700 2,571,200 419,300
<i>Related Boilerplate Section(s): None</i>				
Chronic disease prevention – 1.0 FTE position	4,575,700	FTE, related costs/grants/contracts for chronic disease surveillance activities, and community-based chronic disease prevention programs; includes cardiovascular health, fitness/nutrition, stroke prevention, adult/children's arthritis, and osteoporosis prevention	Funding Source(s):	Federal Restricted GF/GP 2,382,000 2,088,700 105,000
<i>Related Boilerplate Section(s): 1010, 1019</i>				

Diabetes and kidney program – 9.1 FTE positions	3,678,000	FTEs and related expenses/contracts for diabetes prevention, education, control, and outreach projects; grants to regional diabetes outreach network entities and communities with a high incidence of diabetes; kidney disease prevention programs, and implementing the State Renal Plan	Funding Source(s):	Federal	1,201,100
				Restricted	2,476,900
<i>Related Boilerplate Section(s): 1009</i>					
Health education, promotion, and research programs – 9.3 FTE positions	728,600	FTEs and related costs and contracts for health promotion and education, and osteoporosis prevention and treatment education	Funding Source(s):	Restricted	356,900
				GF/GP	371,700
<i>Related Boilerplate Section(s): None</i>					
Injury control intervention project – 1.0 FTE position	527,900	Statewide and community-based unintended injury prevention programs; includes preventing childhood injuries, geriatric injuries from falls, Safe Kids programs, and data collection	Funding Source(s):	Federal	426,800
				GF/GP	101,100
<i>Related Boilerplate Section(s): None</i>					
Morris Hood Wayne State University diabetes outreach	400,000	Statewide and community outreach programs of the Morris Hood Comprehensive Diabetes Center at Wayne State University	Funding Source(s):	Restricted	400,000
<i>Related Boilerplate Section(s): None</i>					
Physical fitness, nutrition, and health	700,000	Costs/contracts to support statewide network of local physical fitness, health, and sports councils, develop a physical fitness curriculum, and distribute sports injury prevention education materials	Funding Source(s):	Restricted	700,000
<i>Related Boilerplate Section(s): None</i>					
Public health traffic safety coordination – 1.7 FTE positions	584,900	Costs/contracts for projects to reduce motor vehicle-related and bicycle-related injuries; includes child safety education, car booster seat and seat belt safety for children, promoting bike helmet use, and collecting emergency room data on injuries and deaths	Funding Source(s):	Federal	584,900
<i>Related Boilerplate Section(s): None</i>					
Smoking prevention program – 13.1 FTE positions	5,477,500	FTEs and related expenses/contracts for smoking prevention programs (smoking cessation hotline, free nicotine Quit Kits and nicotine replacement therapy; projects of schools, community-based coalitions, and local health departments; enforcing Clean Indoor Air Act; anti-tobacco media campaign; Michigan Model clearinghouse which collects/develops/distributes health curriculum materials to school districts	Funding Source(s):	Federal	1,773,000
				Private	85,000
				Restricted	3,619,500
<i>Related Boilerplate Section(s): 1006</i>					
Tobacco tax collection and enforcement	610,000	Grant to Department of State Police for tobacco tax collection and enforcement activities	Funding Source(s):	Restricted	610,000
<i>Related Boilerplate Section(s): None</i>					

Violence prevention – 2.0 FTE positions	1,892,300	FTEs, related costs and contractual services for violence prevention, rape and sexual assault primary prevention and education programs, and surveillance of intimate partner violence	Funding Source(s):	Federal	1,892,300
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*Related Boilerplate Section(s): 1007*

<b>GROSS APPROPRIATION</b>	<b>\$35,533,800</b>	<b>Total of all applicable line item appropriations</b>
Total federal revenue	19,655,800	Includes the following grants: preventive health and health services block, breast and cervical cancer early detection program, comprehensive cancer control, Title XIX Medicaid, diabetes control, state and community highway safety, arthritis, core and targeted injury prevention and control, community-based interventions to reduce motor vehicle-related injuries, tobacco use prevention, well integrated screening and evaluation for women across the nation (WISEWOMAN), rape prevention and education, surveillance of intimate partner violence, physical fitness and nutrition, great lakes stroke network, and enhancing state capacity to address child and adolescent health through violence prevention (ESCAPE)
Total private revenue	85,000	Private grant from American Legacy Foundation to support the statewide smoking cessation hotline
Total state restricted revenue	14,689,200	Includes Michigan Health Initiative Fund revenue from software tax (1987 PA 258) and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$1,103,800</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>



Local MCH services	7,264,200	Maternal and child health grants to local health departments on per capita basis for local needs (prenatal care, immunizations, and well-child services) and to local health departments in high infant mortality rate areas and other contractual agencies for a variety of services related to infant mortality	Funding Source(s):	Federal	7,018,100
				Restricted	246,100
<i>Related Boilerplate Section(s): 1104</i>					
Migrant health care	272,200	Grants to health care agencies in areas with high migrant populations for outreach, health education, and immunization services	Funding Source(s):	Federal	136,100
				GF/GP	136,100
<i>Related Boilerplate Section(s): None</i>					
Pediatric AIDS prevention and control	1,176,800	Program and contracts to coordinate comprehensive medical care and social support services for HIV-infected infants, children, and their families; includes outreach, primary and specialty medical care, psychological services, case management, recreation activities, and HIV risk reduction/prevention education	Funding Source(s):	Federal	1,176,800
<i>Related Boilerplate Section(s): None</i>					
Pregnancy prevention program	5,846,100	Grants to local health departments/other local agencies for family planning and primary pregnancy prevention programs/services, long term contraceptive bulk purchasing program, and special projects	Funding Source(s):	Federal	812,800
				Restricted	5,033,300
<i>Related Boilerplate Section(s): 1104, 1108, 1110, 1111</i>					
Prenatal care outreach and service delivery support	3,049,300	Nurse Family Partnership programs serving first-time, low-income pregnant women and teenagers in 4 communities with high infant mortality rates; Building Strong Families program through MSU and county Extension in 20 counties; funds to local health departments and agencies for prenatal care outreach and enrollment services and support for low income and uninsured women	Funding Source(s):	Federal	2,020,400
				GF/GP	1,028,900
<i>Related Boilerplate Section(s): 1101, 1104, 1107, 1112</i>					
School health and education programs	500,000	Funds to intermediate school districts for school health education, the Michigan Model for Comprehensive School Health Education, and materials	Funding Source(s):	Restricted	500,000
<i>Related Boilerplate Section(s): 1135</i>					
Special projects	5,784,900	Public health and mental health early on program; sexual abstinence education programs; fetal and infant mortality projects; fetal alcohol syndrome prevention and education; self-determination initiative for persons with developmental disabilities; pregnancy risk assessment monitoring/surveillance; oral disease prevention/education; universal newborn hearing screening; maternal mortality study; safe delivery hotline; early hearing detection/intervention, comprehensive early childhood system planning	Funding Source(s):	Federal	4,884,900
				Restricted	900,000
<i>Related Boilerplate Section(s): 1106a</i>					

Sudden infant death syndrome program	321,300	Autopsies, grief counseling, follow-up and referral services for parents who have lost a child to sudden infant death syndrome, and for risk reduction education, reporting, and surveillance
		Funding Source(s): Federal 321,300

*Related Boilerplate Section(s): None*

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**GROSS APPROPRIATION    \$44,586,900    Total of all applicable line item appropriations**

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Total federal revenue	31,305,600	Includes the following grants: preventive health and health services block, maternal and child health services block, childhood lead poisoning prevention and surveillance, Title XIX Medicaid, Title X family planning, early-on for infants and families with disabilities, Ryan White Title IV pediatric AIDS prevention, oral disease prevention, pregnancy risk assessment monitoring system (PRAMS), universal newborn hearing screening, early hearing detection and intervention, fetal alcohol syndrome prevention, Michigan abstinence partnership abstinence education, special projects of regional and national significance (SPRANS) state systems development initiative (SSDI), comprehensive school health education, and closing the health gap on infant mortality: African-American-focused risk reduction
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Total state restricted revenue	8,464,000	Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
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**GENERAL FUND/  
GENERAL PURPOSE                    \$4,817,300    The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue**

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## SECTION 114: WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM

*This appropriation unit provides funding for supplemental nutritious foods, nutrition education, and referrals for health care to low-income pregnant, breastfeeding and postpartum women, and infants and children to age five determined to be at nutritional risk.*

Full-time equated classified positions	41.0	Full-time equated (FTE) positions in the state classified service
Women, infants, and children program administration and special projects – 41.0 FTE positions	\$6,498,800	FTEs, contractual services, supplies, and other related costs to administer Women, Infants, and Children (WIC) Food and Nutrition Programs; WIC farmers market nutrition program (Project FRESH), annual WIC infrastructure; and other federally funded special projects (implement electronic benefit system, review counseling methods to improve consumption of fruits and vegetables among WIC participants  Funding Source(s):      Federal      6,220,600 Private      278,200
<i>Related Boilerplate Section(s): 1101, 1151</i>		
Women, infants, and children program local agreements and food costs	179,272,000	Federal funds to local public health departments and other agencies to provide nutritional food, infant formula, and counseling/education on nutrition, health, and breast-feeding to at-risk pregnant women and new mothers, infants, and children up to age five; referral to health care and other services, local program administration and participant enrollment. Rebate funds from infant formula manufacturers support food costs per federal program regulations  Funding Source(s):      Federal      126,317,800 Private      52,954,200
<i>Related Boilerplate Section(s): 1101</i>		
<b>GROSS APPROPRIATION</b>	<b>\$185,770,800</b>	<b>Total of all applicable line item appropriations</b>
Total federal revenue	132,538,400	Includes grants: special supplemental nutrition program for women, infants, and children, farmers market nutrition grants for WIC, WIC infrastructure, WIC special project revitalizing quality nutrition services
Total private revenue	53,232,400	Includes rebates from infant formula manufacturers for WIC program, and revenue from private companies related to farmers market nutrition programs
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$0</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>



Total private revenue	1,000,000	Individual and corporate donations; payments from health plans for mailing directory of plans
Total state restricted revenue	2,450,000	Includes funds from repayment agreements and fees associated with CSHCS programs
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$94,263,400</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>

## SECTION 116: OFFICE OF DRUG CONTROL POLICY

*This appropriation unit provides funding for the Office of Drug Control Policy for the purpose of reducing and preventing the use of illegal drugs and strengthening enforcement, prosecution, and drug testing systems through grants and contracts with law enforcement agencies, educational providers, and other agencies.*

Full-time equated classified positions	16.0	Full-time equated (FTE) positions in the state classified service
Drug control policy – 16.0 FTE positions	\$2,104,200	FTEs and related costs/contractual services to administer policies and programs related to drug law enforcement, prosecution, treatment, education and prevention; and distribute federal funds for drug law enforcement, treatment, and education/prevention programs <div style="text-align: right; margin-left: 200px;">                     Funding Source(s):    Federal            1,745,900                         GF/GP                358,300                 </div>
<i>Related Boilerplate Section(s): None</i>		
Anti-drug abuse grants	24,970,300	Provided to improve state/local efforts to reduce supply of/demand for illegal drugs, and support state/local criminal justice efforts; projects include multi-jurisdictional task force drug teams, drug treatment courts, residential substance abuse treatment in prisons and jails, community policing strategies, juvenile intervention strategies, family and domestic violence strategies, state/local forensic laboratories and forensic science improvement, criminal history records improvement, drug abuse and violence prevention programs, school resource strategies, media partnership strategies, preventing methamphetamine abuse, and local computer technology system improvements, correctional resources, and law enforcement <div style="text-align: right; margin-left: 200px;">                     Funding Source(s):    Federal            24,970,300                 </div>
<i>Related Boilerplate Section(s): 1250</i>		
Interdepartmental grant to Judiciary for drug treatment courts	1,800,000	Federal Byrne grant funds to Judicial Branch, State Court Administrative Office for drug treatment courts designed to divert felony offenders from prison beds and enable offenders to receive substance abuse treatment and other support services <div style="text-align: right; margin-left: 200px;">                     Funding Source(s):    Federal            1,800,000                 </div>
<i>Related Boilerplate Section(s): 1250</i>		
<b>GROSS APPROPRIATION</b>	<b>\$28,874,500</b>	<b>Total of all applicable line item appropriations</b>
Total federal revenue	28,516,200	Includes grants: Byrne memorial formula, local law enforcement block, residential substance abuse treatment for state prisoners (RSAT), safe and drug free schools and communities, Governor's discretionary, prevention of methamphetamine abuse
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$358,300</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>

## SECTION 117: CRIME VICTIM SERVICES COMMISSION

*This appropriation unit provides funding for the Crime Victim Services Commission. The Commission oversees grants, services, support, and compensation for victims of crime to protect and enhance victim health, safety, dignity and rights. Five members appointed by the Governor comprise the Commission.*

Full-time equated classified positions	10.0	Full-time equated (FTE) positions in the state classified service
Grants administration services – 10.0 FTE positions	\$1,044,900	FTEs and related costs/contractual services to administer/manage grants programs for Crime Victim Services Commission, publications provided to crime victims, and 1-800 computerized Michigan Crime Victim Notification Network for use by the public <div style="text-align: right; margin-left: 100px;">                     Funding Source(s):    Federal            252,200                         Restricted            792,700                 </div>
<i>Related Boilerplate Section(s): None</i>		
Justice assistance grants	13,000,000	To public and private nonprofit programs that provide assistance services to crime victims (crisis counseling, therapy, shelter, referral, and personal/legal advocacy); priority to victims of sexual assault, spousal abuse, child abuse, and underserved victims of crime <div style="text-align: right; margin-left: 100px;">                     Funding Source(s):    Federal            13,000,000                 </div>
<i>Related Boilerplate Section(s): 1302</i>		
Crime victim rights services grants	9,655,300	Financial compensation as payor of last resort provided to crime victims who suffer bodily injury and may be paid for medical expenses, counseling, burial assistance, and loss of earnings/loss of support caused by the injury; grants/training to local prosecutors, local law enforcement, sheriffs, courts, jails, and other agencies to notify, inform, consult, and protect victims of crime (statutorily required); and VINE information system connecting prosecutors' offices with jails to provide information to crime victims regarding perpetrator status changes and court dates <div style="text-align: right; margin-left: 100px;">                     Funding Source(s):    Federal            1,370,000                         Restricted            8,285,300                 </div>
<i>Related Boilerplate Section(s): None</i>		
<b>GROSS APPROPRIATION</b>	<b>\$23,700,200</b>	<b>Total of all applicable line item appropriations</b>
Total federal revenue	14,622,200	Includes Victims of Crime Act grants for justice assistance and victim compensation
Total state restricted revenue	9,078,000	Includes fees assessed against convicted criminal defendants that are deposited to Crime Victim's Rights Fund
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$0</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>

## SECTION 118: OFFICE OF SERVICES TO THE AGING

*This appropriation unit provides funding for the Office of Services to the Aging to promote independence and enhance the dignity of Michigan's older persons and their families through advocacy, leadership, and innovation of policies, programs, and services. Fifteen members appointed by the Governor comprise the Commission on Services to the Aging.*

Full-time equated classified positions	36.5	Full-time (FTE) equated positions in the state classified service	
Commission (per diem \$50.00)	\$10,500	Per diem for commissioners attending monthly meetings and mandated state plan hearings. Commission advises Governor, Legislature, and Office of Services to the Aging on matters relating to policies/programs for older persons in Michigan, and approves funds for services administered under federal Older Americans Act of 1965, as amended, and Older Michiganians Act of 1981	
		Funding Source(s):	GF/GP 10,500
		<i>Related Boilerplate Section(s): None</i>	
Office of services to aging administration – 36.5 FTE positions	5,181,700	FTEs and related costs/contractual services to develop, implement, and administer state plan providing supportive services for seniors in accordance with federal and state statutory requirements; state long term care ombudsman	
		Funding Source(s):	Federal 3,151,300 Private 105,000 GF/GP 1,925,400
		<i>Related Boilerplate Section(s): None</i>	
Community services	35,204,200	To regional Area Agencies on Aging for the following: <u>Access to Local Services:</u> information, outreach, case coordination, transportation <u>Alternative Care Services:</u> in-home services, adult day care <u>Care Management Services:</u> plan/manage various services to allow frail elderly to live independently at home <u>Community Services:</u> health education and wellness, health screening, counseling, home repair, and legal assistance <u>Elder Abuse Prevention:</u> education and training coordination in collaboration with local and statewide organizations <u>In-Home Services:</u> for frail elderly including homemaker services, personal care, chore services, and home health aide services <u>Long Term Care Ombudsman:</u> local advocacy services to protect rights, health, safety, and welfare of residents of long-term care facilities and family members <u>Medicare Medicaid Assistance Program:</u> benefits information, counseling, and assistance for seniors with Medicare and Medicaid, long term care insurance, supplemental policies, and filing claims <u>National Family Caregiver Support Program:</u> information, assistance, access, counseling and support, caregiver training, respite care, and supplemental services for informal caregivers <u>Preventive Health Services:</u> disease prevention and health promotion information and services	
		Funding Source(s):	Federal 20,349,900 GF/GP 14,854,300
		<i>Related Boilerplate Section(s): 1401, 1404, 1416</i>	

Nutrition services	37,290,500	To regional Area Agencies on Aging; nutrition services for vulnerable elderly adults provide at least one hot, or other appropriate, meal per day in congregate setting or as home-delivered meal, per-meal reimbursement from federal Department of Agriculture to provide congregate/home-delivered meals; nutrition education services	Funding Source(s):	Federal	25,843,200
				Restricted	167,000
				GF/GP	11,280,300
<i>Related Boilerplate Section(s): 1401, 1403</i>					
Senior volunteer services	5,624,900	To local agencies for the following: <u>Senior Companion Program</u> : low-income seniors provide 20 hours per week of individualized care and assistance to frail and at-risk adults; a stipend is paid to volunteers <u>Foster Grandparent Program</u> : low-income seniors provide 20 hours per week to assist children and youth who need personal attention and special help; a stipend is paid to volunteers <u>Retired and Senior Volunteer Program</u> : community senior citizen volunteers	Funding Source(s):	GF/GP	5,624,900
<i>Related Boilerplate Section(s): None</i>					
Employment assistance	2,818,300	To regional Area Agencies on Aging to administer Senior Community Service Employment Program to provide subsidized part-time community service employment opportunities for low-income seniors	Funding Source(s):	Federal	2,818,300
<i>Related Boilerplate Section(s): None</i>					
Respite care program	7,600,000	To regional Area Agencies on Aging for respite care services to assist family caregivers providing care to an elderly person in need of constant supervision; respite care in home or adult day care setting	Funding Source(s):	Tobacco	5,000,000
				Restricted	2,600,000
<i>Related Boilerplate Section(s): 1404, 1406</i>					
<b>GROSS APPROPRIATION</b>	<b>\$93,730,100</b>	<b>Total of all applicable line item appropriations</b>			
Total federal revenue	52,162,700	Includes grants (Older Americans Act Title III for supportive services, disease prevention, nutrition services, and national family caregiver support, Title V senior community service employment, Title VII for prevention of elder abuse and long-term care ombudsman, demonstration and evaluation) and Social Security Act Title XIX Medicaid and U.S. Department of Agriculture commodity supplement funds, Centers for Medicare and Medicaid Services (CMS) research			
Total private revenue	105,000	Brookdale Foundation grant for Relatives As Parents Program with MSU Kinship Care Resource Center; donations to participate in White House Conference on Aging; funds collected by county cooperative extension agencies for local Senior Farmer's Market Nutrition programs			
Tobacco settlement trust fund	5,000,000	Revenue from 1998 master settlement agreement with tobacco companies			
Total state restricted revenue	2,767,000	From Senior Care Respite Fund (escheats to state from uncashed benefits paid by a nonprofit health care corporation) and Healthy Michigan Fund from cigarette tax (3.75% of gross collections)			
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$33,695,400</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>			





Transportation	8,738,300	Non-emergency transportation costs paid through local DHS offices for Medicaid recipients to obtain regular medical care	Funding Source(s):	Federal	4,369,200
				GF/GP	4,369,100
<i>Related Boilerplate Section(s): None</i>					
Auxiliary medical services	104,116,300	Dental, chiropractic, hearing, speech, and vision services covered by Medicaid program	Funding Source(s):	Federal	59,244,400
				GF/GP	44,871,900
<i>Related Boilerplate Section(s): 1630, 1631, 1633, 1713, 1728, 1730</i>					
Ambulance services	12,855,200	Medicaid covered emergency medical transportation and medically necessary non-emergency transportation services	Funding Source(s):	Federal	7,360,700
				GF/GP	5,494,500
<i>Related Boilerplate Section(s): 1634</i>					
Long-term care services	1,885,038,300	Long-term care services to Medicaid eligible persons in nursing home settings, county medical care facilities (MCFs), and hospital chronic care units (CCUs); includes Home and Community Based Services Waiver program, Adult Home Help program, and other personal care services for Medicaid population	Funding Source(s):	Federal	1,064,066,100
				Local	6,618,800
				Tobacco	30,500,000
				Restricted	605,698,800
				GF/GP	178,154,600
<i>Related Boilerplate Section(s): 1641, 1680, 1681, 1682, 1684, 1685, 1687, 1688, 1689, 1690, 1710, 1712, 1718, 1721, 1730, 1732</i>					
Elder prescription insurance coverage	3,900,000	Prescription drug costs for first quarter of fiscal year for low income senior citizens with incomes up to 200% of poverty level who are not eligible for Medicaid; prescription coverage may be available to seniors through Medicare Part D after December 31, 2005	Funding Source(s):	Tobacco	3,900,000
<i>Related Boilerplate Section(s): 1627</i>					
Health plan services	1,935,938,100	Comprehensive medical services provided by health maintenance organizations enrolled as Medicaid qualified health plans and reimbursed through a fixed capitation fee	Funding Source(s):	Federal	1,102,030,700
				Local	3,665,000
				Merit Award	50,300,000
				Restricted	248,316,200
				GF/GP	531,626,200
<i>Related Boilerplate Section(s): 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1659, 1660, 1661, 1662, 1666, 1699, 1700</i>					
MiChild program	47,875,600	Comprehensive health care services to non-Medicaid eligible low-income children in households with income up to 200% of poverty	Funding Source(s):	Federal	35,931,400
				GF/GP	11,944,200
<i>Related Boilerplate Section(s): 1627, 1670, 1671, 1673, 1677</i>					

Medicaid adult benefits waiver	95,696,400	Health care coverage for caretaker relatives and other non-disabled adults who qualify for Medicaid Funding Source(s): Federal 65,448,400 Local 6,653,800 Restricted 6,100,000 GF/GP 17,494,200
<i>Related Boilerplate Section(s): 1731</i>		
Maternal and child health	20,279,500	Payments to local health departments providing maternal and child health services under Title V of Social Security Act for difference between their actual costs and Medicaid payment rate Funding Source(s): Federal 20,279,500
<i>Related Boilerplate Section(s): None</i>		
Social services to the physically disabled	1,344,900	Assistance to physically disabled adults to establish independent living arrangements and other supportive services to enable them to become more self-sufficient Funding Source(s): GF/GP 1,344,900
<i>Related Boilerplate Section(s): None</i>		
Federal Medicare pharmaceutical program	174,855,500	Phased-down state contribution (clawback provision) as required by Medicare Part D drug program Funding Source(s): GF/GP 174,855,500
<i>Related Boilerplate Section(s): None</i>		
County indigent care and third share plans	89,167,400	Health care coverage through county indigent care agreements for former State Medical Program eligible persons, indigent care recipients, and other low income uninsured adults. Third Share Plans provide health care coverage through medical insurance for low-income working families not eligible for Medicaid; plans are funded by equal support from employees, employers and counties Funding Source(s): Federal 51,474,500 Local 37,692,900
<i>Related Boilerplate Section(s): None</i>		
Subtotal basic medical services program	6,486,960,500	Total authorization for regular Medicaid, MICHild, MIFamily, EPIC and other medical services programs
School-based services	68,621,100	Federal Medicaid funds paid to local school districts for language, speech, hearing, nursing services, counseling, physical and occupational therapy, and health screening services for Medicaid eligible students in school settings Funding Source(s): Federal 68,621,100
<i>Related Boilerplate Section(s): 1692, 1697</i>		
Special adjustor payments and special DSH payments	253,689,500	Special payments to various health providers which allow the state to earn additional federal Medicaid funds Funding Source(s): Federal 143,562,800 Local 9,948,300 Restricted 100,178,400
<i>Related Boilerplate Section(s): 1693, 1694, 1722</i>		
Subtotal special medical services payments	322,310,600	Total authorization for Medicaid school based services and special adjustor payments
<b>GROSS APPROPRIATION</b>	<b>\$6,809,271,100</b>	<b>Total of all applicable line item appropriations</b>

Total federal revenue	3,856,139,300	Federal Title XIX Medicaid funds, Title XXI Children's Health Insurance Program funds, and other federal revenue sources
Total local revenue	64,578,800	From county indigent care programs, county maintenance of effort payments for medical care facilities, and Medicaid special adjutor payments
Merit award trust fund	50,300,000	State revenue from 1998 master settlement agreement with tobacco companies
Tobacco settlement trust fund	67,000,000	State revenue from 1998 master settlement agreement with tobacco companies
Total state restricted revenue	1,191,463,900	From 1987 Cigarette Tax, Healthy Michigan Fund, provider assessments, intergovernmental transfers, and special financing
<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$1,579,789,100</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>

## SECTION 121: INFORMATION TECHNOLOGY

*This appropriation unit contains funds for information technology services and projects administered by the Department of Information Technology (DIT) that was created pursuant to Executive Order 2001-3.*

Information technology services and projects	\$30,468,700	Information technology services/projects administered by DIT and user fees for these projects and services	
		Funding Source(s):	
		Federal	18,603,800
		Restricted	3,014,700
		GF/GP	8,850,200

*Related Boilerplate Section(s): 259, 260*

Michigan Medicaid information system	100	Placeholder for funds to be used to upgrade medical services claims processing system which requires approval from Centers for Medicare and Medicaid Services	
		Funding Source(s):	
		Federal	100

*Related Boilerplate Section(s): 261*

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<b>GROSS APPROPRIATION</b>	<b>\$30,468,800</b>	<b>Total of all applicable line item appropriations</b>	
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Total federal revenue	18,603,900	Includes Medicaid (Title XIX), WIC, substance abuse block grant, and Victim of Crime Act grant	
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Total state restricted revenue	3,014,700	Includes vital record fees, health systems fees and collections, fees assessed against convicted defendants deposited in Crime Victim's Rights Services Fund, newborn screening fees, first/third party revenue, and Health Professional Regulatory Fund	
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<b>GENERAL FUND/ GENERAL PURPOSE</b>	<b>\$8,850,200</b>	<b>The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue</b>	
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## BOILERPLATE SECTION INFORMATION

### **GENERAL SECTIONS**

#### ***Sec. 201. State Spending***

Total FY 2005-06 state spending from state resources under Part 1 and state spending from state resources to be paid to local units of government.

#### ***Sec. 202. Authorized Appropriations***

Provides that appropriations authorized under this article are subject to Management and Budget Act. Provides that funds in which the state acts as a custodian or agent are not subject to an annual appropriation.

#### ***Sec. 203. Terms and Acronyms***

Provides definitions for terms and acronyms used in this article.

#### ***Sec. 204. Civil Service Charges***

Requires Department of Civil Service to bill DCH at the end of the first fiscal quarter for the 1% charge authorized by State Constitution of 1963. Requires payments for total billing be made by end of the second fiscal quarter.

#### ***Sec. 205. Hiring Freeze***

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.

#### ***Sec. 208. Internet Reporting Requirements***

Requires the Department to use the Internet to fulfill the reporting requirements of this article.

#### ***Sec. 209. American Goods or Services and Michigan Goods or Services***

Prohibits purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available; prohibits purchase of out-of-state goods or services, or both, if competitively priced and comparable quality Michigan goods or services, or both, are available.

#### ***Sec. 211. Fee Revenue***

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.

#### ***Sec. 212. Caps on Funds Expended***

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, 2006, on FY 2005-06 appropriation fund sources by line item; requires report on amount and source of funds to support FY 2006-07 Executive Budget Recommendation upon budget release. Requires all revenue source detail for consolidated revenue line item detail to be provided on request to DCH.

#### ***Sec. 213. Report on Tobacco Tax Funds***

Requires state departments, agencies, and commissions receiving tobacco tax funds to report on programs utilizing these funds by January 1, 2006, to House and Senate Appropriations Committees, House and Senate Fiscal Agencies, and State Budget Director.

#### ***Sec. 214. Use of Tobacco Tax Revenue***

Prohibits using tobacco tax revenue deposited in healthy Michigan fund for lobbying as defined in 1978 PA 472.

#### ***Sec. 216. Use of Prior-Year Revenue***

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 FY 2005-06. Requires Department to report by March 15, 2006, on all reimbursements, refunds, adjustments, and settlements from prior years to House and Senate Appropriations Subcommittees on Community Health.

#### ***Sec. 218. Basic Health Services***

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

**Sec. 219. DCH Contracts with the Michigan Public Health Institute**

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, 2005, and May 1, 2006, to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director. Provides that reports not received by specified dates will result in nondisbursement of funds to the Institute until overdue reports are received. Requires Department to provide copies of all reports, studies, and publications produced by the Institute by September 30, 2006.

**Sec. 220. Audits of Michigan Public Health Institute Contracts**

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.

**Sec. 223. Fees for Publications, Videos, Conferences, and Workshops**

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.

**Sec. 259. User Fees for Information Technology (IT) Services and Projects**

Requires 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 DCH and DIT.

**Sec. 260. Information Technology Work Projects**

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.

**Sec. 261. Medicaid Management Information System Upgrade**

Provides that Part 1 appropriated funds for Medicaid management information system upgrade are contingent upon approval of an advanced planning document from Centers for Medicare and Medicaid services. Permits the appropriation to be designated as work project and carried forward to support completion of the project.

**Sec. 264. Submission of Medicaid Waiver**

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.

**Sec. 265. Retention of Reports**

Requires departments and agencies receiving Part 1 appropriations to receive and retain copies of all reports funded from Part 1 appropriations.

**Sec. 266. Out-of-State Travel**

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, 2006.

**Sec. 267. Disciplinary Action Against State Employee**

Prohibits Department from taking disciplinary action against an employee for communicating with a member of the Legislature or his/her staff.

**DEPARTMENTWIDE ADMINISTRATION**

**Sec. 301. Worker's Compensation Funds**

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.

**Sec. 303. First-Party Payments for Mental Health Services**

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 Mental Health Code.

**MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS**

**Sec. 350. Michigan Protection and Advocacy Services**

Allows Department to enter into contract with Michigan Protection and Advocacy Services or similar organization to provide legal services to gain and maintain 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.

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

### ***Sec. 401. Comprehensive System of CMH Services***

Provides that Part 1 appropriated funds are to support a comprehensive system of CMH services under full authority and responsibility of local CMHSPs or specialty prepaid health plans (PHPs). Requires Department to ensure that each CMHSP or specialty PHP provides a complete array of mental health services, coordination of inpatient and outpatient hospital services, individualized plans of services, a case management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code.

### ***Sec. 402. Contracts Between the Department and CMHSPs***

Requires final authorizations to CMHSPs or specialty PHP be made upon execution of contracts between DCH and CMHSPs or specialty PHPs. Requires each contract with a CMHSP or specialty PHP to include provision that it is not valid unless total dollar obligation of all contracts entered into between DCH and CMHSPs or specialty PHPs for FY 2005-06 does not exceed Part 1 appropriations. Requires DCH to report immediately to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director if there are new contracts or amendments to contracts with CMHSPs or specialty PHPs that would affect enacted rates or expenditures.

### ***Sec. 403. Multicultural Service Providers***

Requires DCH to ensure CMHSPs or specialty PHPs continue contracts with multicultural service providers.

### ***Sec. 404. Report on CMHSPs***

Requires Department to provide a report by May 31, 2006, on the following for CMHSPs or specialty PHPs: expenditures and services data; information about access to CMHSPs; lapses and carry-forwards during FY 2004-05; information on the CMH Medicaid managed care program; and performance indicator information required to be submitted to DCH in contracts with CMHSPs or specialty PHPs.

### ***Sec. 405. Wage Increase to Direct Care Workers***

States legislative intent that the wage increase funded in previous years for direct care workers in local residential settings, day programs, supported employment, and other vocational programs continue to be paid.

### ***Sec. 406. Appropriations for State Disability Assistance Substance Abuse Services Program***

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.

### ***Sec. 407. Substance Abuse Prevention, Education, and Treatment Grants***

Requires appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies. Requires coordinating agencies work with CMHSPs or specialty PHPs to coordinate services provided to individuals with both mental illness and substance abuse diagnoses. Requires Department to approve a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay.

### ***Sec. 408. Report on Substance Abuse Prevention, Education, and Treatment Programs***

Requires Department to report by April 15, 2006, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2004-05.

### ***Sec. 409. Substance Abuse Services to Clients with Children***

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.

### ***Sec. 410. Substance Abuse Treatment for DHS Recipients***

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.

### ***Sec. 411. Jail Diversion Services for Persons with Mental Illness or Developmental Disability***

Requires Department to ensure that each contract with a CMHSP or specialty PHP require the CMHSP or specialty PHP to implement programs to encourage diversions for persons with mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP or specialty PHP to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement agencies.

### ***Sec. 412. Non-Medicaid Substance Abuse Services***

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 2004-05.

**Sec. 414. Medicaid Substance Abuse Services**

Requires Medicaid substance abuse services to be managed by selected CMHSPs or specialty PHPs pursuant to Centers for Medicare and Medicaid Services' approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. Authorizes selected CMHSPs or specialty PHPs to receive a capitated payment on a per eligible per month basis to assure the provision of medically necessary substance abuse services. Requires selected CMHSPs or specialty PHPs to be responsible for reimbursement of claims for specialized substance abuse services. Allows CMHSPs or specialty PHPs that are not coordinating agencies to continue to contract with a coordinating agency provided that the alternative arrangement is based on client service needs and has prior approval from DCH.

**Sec. 418. Monthly Report on Medicaid Managed Mental Health Program**

Requires Department to report monthly on the amount of funding paid to CMHSPs or specialty PHPs to support the Medicaid managed mental health program.

**Sec. 423. Delivery of Substance Abuse Prevention, Education, and Treatment Programs**

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.

**Sec. 424. Timely Claims Process for CMHSPs**

Requires CMHSPs or specialty PHPs that contract with DCH to provide services to the Medicaid population to adhere to the timely claims processing and payments procedure to claims submitted by health professionals and facilities as described in 2000 PA 187.

**Sec. 425. Report on Prisoners Receiving Mental Health and Substance Abuse Services**

Requires Department, in conjunction with Department of Corrections, to report by April 1, 2006, on the following FY 2004-05 data to House and Senate Appropriations Subcommittees on Community Health and Corrections, House and Senate Fiscal Agencies, and State Budget Office: the number of prisoners receiving substance abuse services; the number of prisoners with a primary diagnosis of mental illness and receiving mental health and substance abuse services; and data indicating if prisoners receiving mental health services for a primary diagnosis of mental illness and/or receiving substance abuse services were previously hospitalized in a state psychiatric hospital for persons with mental illness.

**Sec. 428. Contingency Appropriation for CMHSPs**

Requires CMHSPs or affiliations of CMHSPs to provide local funds from internal resources that can be used as a bona fide source for the state match required under the Medicaid program in order to increase capitation rates for CMHSPs and affiliations of CMHSPs. Requires the distribution of the rate increase to be based on a formula developed by a Committee established by the Department that includes representatives from CMHSPs or affiliations of CMHSPs and department staff.

**Sec. 435. County Matching Funds to CMHSP**

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.

**Sec. 439. Community Residential Settings Pilots**

Expresses legislative intent that Department, in conjunction with CMHSPs, support pilot projects that facilitate the movement of adults with mental illness from state psychiatric hospitals to community residential settings. Provides that the purpose of the voluntary pilot projects are to encourage the placement of persons with mental illness in community residential settings who, among other things, require a secured and supervised living environment and assistance in taking prescribed medications. Requires quarterly reports to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Office on activities undertaken by Department and CMHSPs for pilot projects implemented under this section.

**Sec. 442. Medicaid Adult Benefits Waiver Program**

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 House and Senate Appropriations Subcommittees on Community Health.

**Sec. 450. Audit and Reporting Requirements for CMHSPs**

Continues a Work Group on recommending strategies to streamline audit and reporting requirements for CMHSPs for CMHSPs or specialty PHPs. Requires Work Group to develop a set of standards and criteria to satisfy all of Department's audit requirements that are to be used by any contractor performing services for CMHSPs or specialty PHPs. By March 31, 2006, the proposed standards and criteria are to be provided to House and Senate Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director.

**Sec. 452. Financial Impact on CMHSPs**

Prohibits retroactive implementation of any policy that results in negative financial impact on CMHSPs or prepaid inpatient health plans (PIHPs).

**Sec. 456. Consumer Choices for Mental Health Services**

Requires PIHPs providing Medicaid mental health services to honor consumer choice for skill building assistance and work preparatory services provided in accredited community based rehabilitation organizations as well as supported and integrated employment services.

**Sec. 457. Quality Assurance Assessment Program for CMH Prepaid Inpatient Health Plans**

Requires Department to assure implementation of Quality Assurance Assessment Program (QAAP) for CMH PIHPs does not result in any net reduction in revenue for CMH services. If QAAP is not implemented, or implemented and does not generate anticipated revenue, or reduced or eliminated at a later date, DCH must submit a plan to House and Senate Appropriations Subcommittees on Community Health on how projected GF/GP savings will be achieved.

**Sec. 458. Report on Recommendations of Michigan Mental Health Commission and Cost-Benefit Analysis for Residential Facilities and Specialized Mental Health Court Program**

Requires Department to report by April 15, 2006, on the following: an updated plan for implementing recommendations of the Michigan Mental Health Commission report on October 15, 2004; a cost-benefit analysis of establishing secure residential facilities of fewer than 17 beds for adults with serious mental illness; and a cost-benefit analysis of establishing specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.

**Sec. 460. Uniform Standards for Reporting of Administrative Costs by CMHSPs**

Requires DCH to establish uniform definitions, standards, and administrative cost reporting by PIHPs, CMHSPs, and contracted organized provider systems receiving payment/reimbursement from appropriations for PIHPs and CMHSPs; requires draft of proposed definitions/standards/instructions to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director, by April 15, 2006.

**Sec. 462. Funding Equity Plan for CMH Non-Medicaid Services**

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

**Sec. 463. Program Evaluation Measures for Substance Abuse Services**

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.

**Sec. 464. Liquor License Fees**

Expresses legislative intent that revenue received by DCH from liquor license fees is to be expended only to fund programs for prevention, rehabilitation, care, and treatment of alcoholics pursuant to Liquor Control Code provisions.

**Sec. 465. Respite Services**

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.

**STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES**

**Sec. 601. Third-Party Payments and Revenue Recapture Project**

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.

**Sec. 602. Gifts and Bequests**

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.

**Sec. 603. Forensic Mental Health Services Provided to the Department of Corrections (DOC)**

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.

**Sec. 604. Semiannual Reports for CMHSPs**

Requires CMHSPs or specialty PHPs to provide semiannual 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 semiannually report the information to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director.

**Sec. 605. Closures or Consolidations of State Hospitals and Centers**

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

**Sec. 606. Patient Reimbursement**

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.

**PUBLIC HEALTH ADMINISTRATION**

**Sec. 650. Fish Consumption Advisory**

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

**Sec. 651. Activities of the Surgeon General**

Requires Department to report by April 30, 2006 on activities and efforts of Surgeon General to improve the health status of the citizens of the state pursuant to the goals and objectives stated in the "Healthy Michigan 2010" report, and to indicate measurable progress made.

**HEALTH POLICY, REGULATION AND PROFESSIONS**

**Sec. 704. Emergency Medical Services (EMS) Grantees and Contractors**

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.

**Sec. 705. Internet Posting of Inspections of Nursing Homes**

Requires DCH to post executive summary of latest inspection for each licensed nursing home on the Internet.

**Sec. 706. Nursing Home Inspectors**

Requires DCH make every effort to hire nursing home inspectors with past experience in long-term care industry.

**Sec. 707. Nurse Scholarship Program**

Require funds appropriated for Nurse 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.

**Sec. 708. Quarterly Staff Reports from Nursing Facilities**

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 Department to make the quarterly staff report available to the public.

**Sec. 709. Michigan Essential Health Care Provider Program**

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.

**Sec. 710. Primary Care Services Funding for Health Centers**

Allocates up to \$2,296,000 to enhance the service capacity of federally qualified health centers and similar health clinics providing primary care services.

**Sec. 711. Customized Listings of Nonconfidential Information**

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.

**Sec. 712. Free Health Clinics**

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.

**Sec. 713. Funding for Multicultural Agencies Providing Primary Care Services**

Directs Department to continue to fund multicultural agencies that provide primary care services.

**INFECTIOUS DISEASE CONTROL**

**Sec. 801. Priority for Adolescents for AIDS Prevention Services**

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

**Sec. 802. AIDS Provider Education**

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

**Sec. 803. AIDS Drug Assistance Program**

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.

**LOCAL HEALTH ADMINISTRATION AND GRANTS**

**Sec. 901. Informed Consent Law Reimbursement of Local Costs**

Directs DCH to reimburse local health departments for costs incurred for services under informed consent law.

**Sec. 902. Funding Penalty in Case of Dissolution of Multi-County Local Health Department**

Provides authority for Department to assess a penalty on a county of up to 5% of the local health department's local public health operations funding if that county ceases to be part of a district health department or an associated arrangement with other local health departments.

**Sec. 903. Lead Abatement Program Report**

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

**Sec. 904. Local Public Health Operations Allocations**

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

**Sec. 905. Reduced Hearing Screening and Vision Services**

Directs local health departments to offer hearing screening and vision services at levels reduced from services provided in Fiscal Year 2004-05 and target the services to preschool and early elementary aged school children.

**CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION**

**Sec. 1003. Alzheimer's Disease Information and Referral Services**

Allocates funds to provide Alzheimer's disease information and referral services through regional networks.

**Sec. 1006. Priority for Smoking Prevention Funding and Allocation for Quit Kits**

Requires Department to give priority to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents in spending funds allocated to smoking prevention programs. Establishes allocation of \$900,000 of smoking prevention funds for the Quit Kit program that includes the nicotine patch or nicotine gum, for purposes of complying with 2004 PA 164.

**Sec. 1007. Violence Prevention Program**

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

**Sec. 1009. Grant to National Kidney Foundation of Michigan**

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

**Sec. 1010. Osteoporosis Prevention and Education Funding**

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

**Sec. 1019. Stroke Prevention Funding**

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

**Sec. 1028. African-American Male Health Initiative Funding**

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.

**FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES**

**Sec. 1101. Reallocation of Funds for Certain Programs in Cases of Underexpenditures**

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

**Sec. 1104. Department Report Regarding Certain Pregnancy Planning and Prenatal Programs**

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

**Sec. 1105. Contract with Local Agencies Best Able to Serve Clients**

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.

**Sec. 1106. Family Planning Title X Funding Compliance**

Requires that family planning programs receiving federal Title X funds be in compliance with federal performance and quality assurance indicators, and that those agencies not in compliance shall not receive supplemental or reallocated funds.

**Sec. 1106a. Abstinence Education Program Requirements**

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

**Sec. 1107. Prenatal Care Outreach Administrative Cost Limit**

Restricts local administrative, data processing, and evaluation costs to not more than 9% of the amount appropriated for prenatal care outreach and service delivery support.

**Sec. 1108. Restrictions on Use of Pregnancy Prevention Funding**

Prohibits pregnancy prevention appropriation funds from being used for abortion counseling, referrals, or services.

**Sec. 1109. Volunteer Dental Services Program for the Uninsured**

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

**Sec. 1110. Designation of Delegate Agencies for Family Planning/Pregnancy Prevention Funds**

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

**Sec. 1111. Allocation of Funds for Services for Family Planning and Pregnancy Prevention**

Directs Department to allocate no less than 88% of family planning and pregnancy prevention funds for the direct provision of services.

**Sec. 1112. Allocation for Communities with High Infant Mortality Rates**

Allocates at least \$1,000,000 to communities with high infant mortality rates from prenatal care outreach and service delivery support line item funds.

**Sec. 1129. Report of Elevated Blood Lead Levels**

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

**Sec. 1133. Infant Mortality Data Release**

Requires Department to release infant mortality rate data to all local public health departments no later than 48 hours prior to releasing infant mortality rate data to the public.

**Sec. 1135. School Health Education Curriculum**

Requires funds be allocated to certain school districts to provide school health education curriculum in accord with health education goals established by Michigan Model for Comprehensive School Health Education State Steering Committee; establishes steering committee membership; requires curriculum materials be available on request.

**Sec. 1136. Child Advocacy Center Funding**

Requires Department to allocate funds for child advocacy centers contingent upon the availability of state funds.

**WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM**

**Sec. 1151. Farmer's Market Nutrition Program Local Contributions**

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

**CHILDREN'S SPECIAL HEALTH CARE SERVICES**

**Sec. 1201. Medical Care and Treatment Reimbursement Policies**

Requires payments for medical care and treatment be made consistent with reimbursement policies of Michigan medical services program.

**Sec. 1202. Children's Special Health Care Services Coverage**

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.

**Sec. 1203. Referrals to Locally-Based Services Programs**

Requires that Department refer clients of the program to the locally-based services program in their community.

**OFFICE OF DRUG CONTROL POLICY**

**Sec. 1250. Interdepartmental Grant to Judiciary for Drug Treatment Courts**

Provides that \$1.8 million of federal Byrne grant money be an IDG to Judicial Branch for local drug treatment courts, in addition to \$1.8 million that DCH currently distributes to local drug treatment courts from the Byrne grant.

**CRIME VICTIM SERVICES COMMISSION**

**Sec. 1302. Allocation of Funds for Forensic Nurse Examiner Programs**

Allocates up to \$50,000 for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Unexpended funds shall be carried forward.

**Sec. 1304. Sexual Assault Evidence Collection Procedures**

Requires Department to work with other named entities to ensure that certain recommended procedures are followed in the collection of evidence in cases of sexual assault.

**OFFICE OF SERVICES TO THE AGING**

**Sec. 1401. Persons Who Qualify for Certain Senior Program Funding**

Provides that funding for community, nutrition, and home services be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under certain federal provisions.

**Sec. 1403. Home-Delivered Meals Waiting Lists**

Requires regions to report home-delivered meals waiting lists to the Office of Services to the Aging and establishes standard criteria for persons to be included on the waiting list.

**Sec. 1404. Authorization for Spending for Senior Day Care, Care Management, Respite Care**

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.

**Sec. 1406. Allocation of Respite Care Tobacco Settlement Funds for Direct Care**

Requires that \$5.0 million respite care appropriation of tobacco settlement funds be used only for direct respite care or adult respite care center services, and be allocated according to long-term care plan. Not more than 9% of allocation shall be expended for administrative purposes.

**Sec. 1413. Support of Locally-Based Community Senior Services**

Establishes legislative support of locally-based services, support of local counties in their approval of area agency on aging plans and in changing membership of area agencies on aging in their region, and legislative intent to prohibit area agencies on aging from providing direct services unless a waiver has been received from DCH.

**Sec. 1416. Support for In-Home Services for Non-Medicaid Seniors**

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.

**MEDICAL SERVICES**

**Sec. 1601. Remedial Services Costs and Medicaid Eligibility**

Requires remedial service costs to be used in determining medically-needy eligibility for those in adult foster care and homes for the aged.

**Sec. 1602. Medicaid Eligibility for the Elderly and Disabled**

Provides Medicaid eligibility to low income elderly and disabled persons up to 100% of the poverty level.

**Sec. 1603. Medical Services Buy-In Program**

Allows Department to establish a statewide program for persons to purchase medical coverage at a rate determined by DCH.

**Sec. 1604. Medicaid Eligibility Application**

Specifies certain conditions of the Medicaid eligibility application process.

**Sec. 1605. Medicaid Protected Income Level**

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.

**Sec. 1606. Medicaid Eligibility Deduction for Guardian and Conservator Charges**

Limits the allowable deduction for guardian and conservator charges to \$60 per month when determining Medicaid eligibility and patient pay amounts.

**Sec. 1607. Medicaid Presumptive Eligibility for Pregnant Women**

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.

**Sec. 1610. Provider Cost Report Grievance Procedure**

Requires Department to provide a cost report grievance process for medical providers and payment within nine months following submission of cost reports.

**Sec. 1611. Medicaid Payment in Full Provisions**

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.

**Sec. 1615. Medicaid Electronic Billing**

Directs DCH to require enrolled Medicaid providers to submit billings electronically unless prohibited by law or regulation.

**Sec. 1616. Medicaid Audit Recoveries Contingency Authorization**

Authorizes up to \$8,753,700 of audit recovered Medicaid managed care and fee-for-service payments within the Hospital Services and Therapy appropriation line.

**Sec. 1620. Pharmacy Dispensing Fee, Copayments, and Mail Order Drugs**

Establishes the pharmacy dispensing fee at \$2.50 (\$2.75 for nursing home pharmacies) or the pharmacy's usual and customary charge, whichever is less. Specifies prescription copayments for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug except as prohibited by federal or state law or regulation. Requires availability of a voluntary mail order pharmacy program.

**Sec. 1621. Drug Utilization Review and Disease Management**

Authorizes drug utilization review and disease management systems with physician oversight and consultation with various medical provider groups. Prohibits therapeutic substitution.

**Sec. 1621a. Disease Management Pilot Projects**

Allows DCH to establish pilot projects to test the efficacy of disease/health management systems and use the savings in lieu of supplemental rebates to include the drug manufacturer's products on the preferred drug list.

**Sec. 1623. Dispensing of Maintenance Drugs**

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.

**Sec. 1625. Atypical Antipsychotic Medications**

Directs Department to continue placing all atypical antipsychotic medications on the Medicaid preferred drug list.

**Sec. 1627. Drug Rebates for the State Medical Program and CSHCS Program**

Authorizes Department to secure manufacturer drug rebates for participants in MIChild, MOMS, State Medical, Children's Special Health Care Services, and EPIC programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.

**Sec. 1628. Medicare Part D Psychotropic Pharmacy Administration Committee and Study**

Requires DCH to convene a committee to study implementation of psychotropic pharmacy administration under Medicare Part D for individuals dually enrolled in Medicare and Medicaid programs by April 2006; details committee representation; requires final report by September 30, 2006.

**Sec. 1629. Maximum Allowable Cost (MAC) Drug Pricing**

Requires DCH to base its MAC prices for generic drugs on pricing available from at least two wholesalers who deliver in Michigan.

**Sec. 1630. Medicaid Podiatric, Dental and Chiropractic Services**

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.

**Sec. 1631. Medical Services Copayments**

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.

**Sec. 1633. Healthy Kids Dental Program Expansion**

Requires DCH to expand Healthy Kids Dental program statewide if funds available specifically for this purpose.

**Sec. 1634. Continuation of Ambulance Services Payment Rate, Increase Mileage Reimbursement Rate**

Requires continuation of FY 2000-01 5% increase in ambulance service payment rates and increases ambulance mileage reimbursement rate to \$4.25 per mile.

**Sec. 1635. Medicaid Obstetrical Rate Increase**

Directs Department to allocate \$6,910,800 between Physician Services and Health Plan Services appropriation lines for the increase of Medicaid reimbursement rates for obstetrical services.

**Sec. 1637. Personal Health Responsibility Agreement**

Requires that all Medicaid recipients be offered the opportunity to sign a Medicaid personal responsibility agreement which contains various provisions regarding healthy behaviors.

**Sec. 1641. Institutional Provider Costs Reports**

Requires institutional providers to submit their cost reports within five months of the end of the fiscal year.

**Sec. 1643. Psychiatric Residency Training Program**

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.

**Sec. 1647. Continuation of Graduate Medical Education Payments**

Requires graduate medical education payments to hospitals at no less than the level of rates and payments in effect on April 1, 2005.

**Sec. 1648. Automated Toll-Free Eligibility Verification Phone Line**

Requires Department to maintain automated toll-free phone line for medical providers to verify Medicaid eligibility.

**Sec. 1649. Breast and Cervical Cancer Treatment Coverage**

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 new federal legislation.

**Sec. 1650. Mandatory Managed Care Enrollment Requirement**

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.

**Sec. 1651. Hospice Services Under Medicaid Managed Care**

Allows access to hospice services for Medicaid patients enrolled in health maintenance organizations.

**Sec. 1653. Conditions for Implementation of Medicaid Managed Care Plans**

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.

**Sec. 1654. Reimbursement for HMO Covered Services**

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.

**Sec. 1655. Twelve-Month Lock-In for HMO Enrollment**

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.

**Sec. 1656. HMO Expedited Complaint Review Procedures**

Requires expedited grievance procedure for Medicaid recipients enrolled in qualified health plans and a toll free phone number to help resolve problems and complaints; requires annual reports on complaints and resolution.

**Sec. 1657. HMO Reimbursement for Hospital ER Services and Solvency Standards**

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.

**Sec. 1658. HMO Contracts with Hospitals**

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.

**Sec. 1659. Applicable Boilerplate Sections for Medicaid Managed Care**

Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs.

**Sec. 1660. Access to EPSDT, Well Child, and Maternal and Infant Support Services**

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.

**Sec. 1661. Prohibition on Prior Authorization for EPSDT and MSS/ISS Services**

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.

**Sec. 1662. Review and Analysis of HMO Performance, EPSDT and MSS/ISS Technical Assistance**

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.

**Sec. 1666. System Changes Providing Timelier Inclusion of Newborns in Medicaid Eligibility File**

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.

**Sec. 1670. MICHild Program Eligibility**

Specifies that funds appropriated for MICHild Program are to be used to provide health care to children under age 19 in families with income below 200 % of federal poverty level who have not had health insurance within six months of making application for MICHild benefits; health care coverage is to be provided through expanded Medicaid eligibility for children in families up to 150% of poverty and through a state-based private health care program for children in families between 150% and 200% of poverty. Allows DCH to provide up to one year of continuous eligibility for MICHild Program unless family members no longer meet eligibility criteria or family fails to pay the monthly premium. Assures continuity of care for persons whose category of MICHild eligibility changes due to family income. Specifies income level and verification requirements to be used to determine eligibility for MICHild program. Requires DCH to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide MICHild health care benefit at the capitated rate. Allows DCH to obtain certain MICHild services contractually through community mental health agencies.

**Sec. 1671. MICHild Marketing and Outreach**

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.

**Sec. 1673. MICHild Premiums and Prohibition on MICHild Copayments**

Allows Department to establish premiums for eligible persons above 150% of poverty level not to exceed \$15 per month for a family and prohibits copayments under the MICHild Program.

**Sec. 1677. MICHild Benefits**

Specifies the benefits to be covered by the MICHild program based on the state employee insurance plan.

**Sec. 1680. Nursing Home Wage Pass-Through**

Requires that previous payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through Medicaid nursing home wage pass-through program be continued; requires that DCH not increase or decrease the Medicaid nursing home wage pass-through program in FY 2004-05.

**Sec. 1681. Home and Community Based Services**

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.

**Sec. 1682. OBRA Nursing Home Enforcement Provisions**

Authorizes DCH to implement federal nursing home enforcement provisions and receive/expend penalty money for noncompliance.

**Sec. 1683. Dignity and Rights of Terminally Ill and Chronically Ill Patients**

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.

**Sec. 1684. Home and Community-Based Services (HCBS) Administrative Expenses**

Requires payment rate for administrative expenses for HCBS waiver program be reduced by \$2.00 per person per day, and savings be reallocated to increase enrollment in waiver program; DCH will report on number of nursing home patients discharged who are subsequently enrolled in HCBS waiver program, and associated cost savings.

**Sec. 1685. Prospective Setting of Medicaid Nursing Home Payment Rates**

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.

**Sec. 1686. Long Term Care Single Point of Entry Pilot Project Report**

Requires Department to report by April 30, 2006, on the progress of three Medicaid long-term care single point of entry services pilot projects.

**Sec. 1687. Psychiatric Care for Alzheimer's Disease or Dementia**

Authorizes DCH to contract with a stand-alone psychiatric facility to provide access to Medicaid recipients who require specialized Alzheimer's disease or dementia care. Facility must provide at least 20% of its total care to Medicaid recipients. Requires report to both legislative subcommittees on Community Health and fiscal agencies on effectiveness of the facility contract in improving quality of services to Medicaid recipients.

**Sec. 1688. Personal Care Services Reimbursement Rate**

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.

**Sec. 1689. Home and Community Based Services**

Gives priority in HCBS enrollment to nursing homes residents and those eligible for nursing homes, and requires screening to prevent unnecessary nursing home admissions. Directs DCH to transfer funds to the HCBS program for successfully moving persons out of nursing homes if there is a net reduction in the number of Medicaid nursing home days of care and a net cost savings attributable to moving persons out of nursing homes. Requires a quarterly report on HCBS allocations and expenditures by regions and net cost savings.

**Sec. 1690. Estate Preservation Program Establishment**

Allows Department to work with the federal government to establish an estate preservation program as recommended by the Michigan Medicaid Long Term Task Force.

**Sec. 1692. Medicaid School-Based Services**

Provides authorization for Medicaid reimbursement of school-based services.

**Sec. 1693. Medicaid Special Adjustor Payments Increase**

Allows for an increase in Medicaid special adjustor payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.

**Sec. 1694. Allocation to Children's Hospitals**

Authorizes distribution of funds to children's hospitals with high indigent care volume for poison control services.

**Sec. 1697. Local Match Funds for School-Based or School-Linked Services**

Allows Department to utilize school district funds received from a health system as state match for federal Medicaid or children's health insurance program funds to be used for new school-based or school-linked services.

**Sec. 1699. Disproportionate Share and Graduate Medical Education (GME) Payments**

Authorizes separate payments for hospitals serving a disproportionate share of indigent payments and those hospitals providing GME in the amount of \$50.0 million.

**Sec. 1700. Actuarially Sound Capitation Rates**

Requires Department to consult with Michigan Association of Health Plans and develop a plan to assure that Medicaid payment rates to HMOs in FY 2005-06 meet federal requirements for actuarially sound rates; plan to be submitted by May 30, 2006.

**Sec. 1710. MIChoice Home and Community Based Services**

Requires DCH to report proposed changes in MIChoice home and community based services waiver program screening process to House and Senate Appropriations Subcommittees on Community prior to implementation.

**Sec. 1711. Medicaid Two-Tier Case Rate for Emergency Services and Emergency Room Observation Rate**

Requires continuation of a two-tier Medicaid case rate for emergency physician charges, and that payments by case and aggregate not exceed 70% of Medicare rates. Requires that Department establish an emergency room observation rate for Medicaid eligibles by April 1, 2006.

**Sec. 1712. Rural Health Initiative**

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.

**Sec. 1713. Study on Dentist Participation in Medicaid**

Requires Department to perform a study on the level of participation by licensed dentists in Medicaid program by April 1, 2006, that includes recommendations to reduce or eliminate barriers to participation.

**Sec. 1716. Adult Benefits Waiver Enrollment Level**

Requires Department to seek to maintain a constant enrollment level within the Medicaid Adult Benefits Waiver program through FY 2005-06.

**Sec. 1717. Disproportionate Share Payments to Hospitals (DSH)**

Increases DSH funding by \$5.0 million and requires distribution of DSH funds through two separate pools; first pool would distribute \$45.0 million based on methodology in FY 2003-04; remaining \$5.0 million would be allocated to hospitals that received less than \$900,000 in DSH payments in FY 2003-04 based on each hospital's Medicaid revenue and utilization.

**Sec. 1718. Adult Home Help Review Process**

Authorizes Medicaid adult home help beneficiaries to request a departmental review of any decisions that may adversely affect their access to home help services.

**Sec. 1720. Medicare Recovery Program**

Directs Department to continue its Medicare recovery program.

**Sec. 1721. Medicaid Financial Eligibility For Long-Term Care Patients**

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.

**Sec. 1722. Medicaid Disproportionate Share Payment**

Specifies DSH payment amount to be paid to Hutzel Hospital and the MSU Institute for Health Care Studies.

**Sec. 1724. Injectable Drugs for Respiratory Syncytial Virus**

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.

**Sec. 1725. Medicaid Eligibility Error Rate Reduction**

Requires Department to implement a plan, and detail the plan in a report, on how it will reduce Medicaid eligibility errors related to basic eligibility requirements.

**Sec. 1726. Creatinine Test Reporting by Clinical Laboratories**

Requires clinical laboratories performing a creatinine test to report the glomerular filtration rate (eGFR) as a percent of kidney function remaining for Medicaid beneficiaries.

**Sec. 1728. Lifting and Transferring Devices for Medicaid Recipients**

Requires Department to make available to Medicaid recipients, not based on Medicare guidelines, freestanding, electric, lifting and transferring devices.

**Sec. 1729. Bi-Partisan Joint Committee Identifying Medicaid Cost Reductions**

Establishes a bi-partisan joint committee that shall seek to identify at least \$40.0 million in Medicaid savings through cost reduction measures, such as fraud reduction, estate recovery, and enhanced information technology.

**Sec. 1730. Case Rate for Inpatient Hospital Services Contingency**

Authorizes Department to restore one-quarter of the 4% Medicaid provider rate if Department receives federal approval to establish a case rate for inpatient hospital services provided to Medicaid optional parents and caretaker relatives.

**Sec. 1731. Medicaid Asset Test**

Requires Department to establish Medicaid eligibility asset test for optional parents/caretaker relatives and 19 and 20 year olds. Excludes coverage for 19 and 20 year olds whose parent or legal guardian has health care coverage or access to health coverage.

**Sec. 1732. Nursing Home QAAP Modification Assurance**

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.





**Mitchell E. Bean, Director**  
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