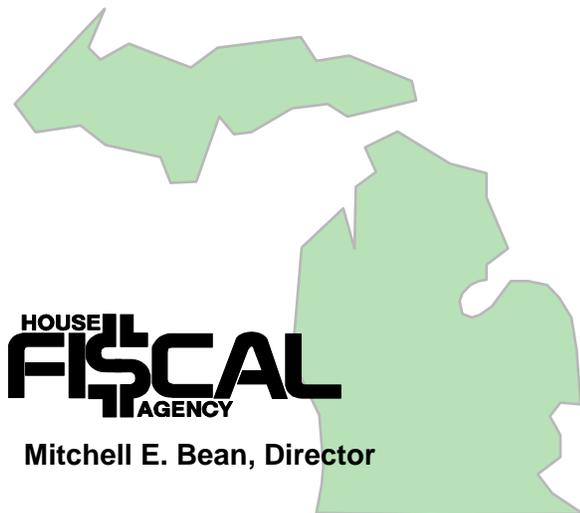


LINE ITEM AND BOILERPLATE SUMMARY

COMMUNITY HEALTH

Fiscal Year 2010-11
Public Act 187 of 2010
Senate Bill 1152

As Enacted



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January 2011

STATE OF MICHIGAN
HOUSE OF REPRESENTATIVES



HOUSE FISCAL AGENCY

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January 2011

TO: Members of the Michigan House of Representatives

The House Fiscal Agency has prepared a **Line Item Summary** for each of the FY 2010-11 appropriation acts. Each **Summary** contains line-by-line appropriation and revenue source detail, and a brief explanation of each boilerplate section in the appropriation bill.

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), or from Kathryn Bateson, Administrative Assistant (373-8080 or kbateson@house.mi.gov).

A handwritten signature in black ink that reads "Mitchell E. Bean". The signature is written in a cursive, flowing style.

Mitchell E. Bean, Director

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GLOSSARY

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 DCH from the former Family Independence Agency (now the Department of Human Services). The Office of Services to the Aging and the Crime Victim Services Commission were transferred from the former Department of Management and Budget (now the Department of Technology, Management, and Budget) to DCH in 1997. The Bureaus of Health Services and Health Systems were transferred from the former Department of Consumer and Industry Services (now the Department of Energy, Labor and Economic Growth) in 2003. The Office of Drug Control Policy whose mission was to reduce the abuse of alcohol, drugs, and other substances and related criminal activity and violence was abolished on October 1, 2009.

The vision of the Mental Health and Substance Abuse Administration is that all people in Michigan will have access to a public mental health and substance services system that supports individuals with mental illness, emotional disturbance, developmental disabilities, and substance use disorders. The mission of this Administration is to provide leadership by establishing, articulating, and implementing policies, standards, and practices that assure high quality, effective, and efficient services and supports.

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 Bureau of Health Systems seeks to protect and improve the health status of Michigan's population through development, maintenance, and assurance of safe, efficient, and accessible health care services delivered through health care facilities, organizations, systems and personnel; and to promote development of appropriate regulatory practices to achieve a safe, efficient, and effective health care system.

The Bureau of Health Professions seeks to protect and preserve the health, safety, and welfare of Michigan's citizens by supporting a qualified healthcare workforce through the licensing, professional development, 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, and indigent care programs.

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 supportive programs, services, policies and advocacy.

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	4,393.8 4,392.8	Full-time equated (FTE) positions in the state classified service
Average population	893.0	Average number of patients at four state-operated psychiatric hospitals, and the Forensic Center
GROSS APPROPRIATION	\$14,124,179,800 \$14,124,104,600	Total of all applicable line item appropriations
Total interdepartmental grants/intradepartmental transfers	54,020,800	Total of all funds received from other departments and transfer of funds

ADJUSTED GROSS APPROPRIATION	\$14,070,159,000 \$14,070,083,800	Total net amount of all line item gross appropriations less (or minus) interdepartmental grants (IDGs) and intradepartmental transfers (IDTs)
Total other federal revenue	8,823,755,700 8,823,718,200	Total federal grant or matchable revenue
Total federal revenue (ARRA)	650,327,000	Temporary funds received under federal American Recovery and Reinvestment Act, P.L. 111-5 and the step-down enhanced FMAP extension in P.L. 111-226
Total local revenue	235,104,200	Total revenue from local units of government
Total private revenue	88,103,600	Total private grant revenue
Merit award trust fund	86,457,600	Total Merit Award Trust Fund revenue from the 1998 master settlement agreement with tobacco companies
Total state restricted revenue	1,764,889,500	State revenue dedicated to a specific fund (other than the General Fund); or revenue earmarked for a specific purpose
GENERAL FUND/ GENERAL PURPOSE	\$2,421,521,400 \$2,421,483,700	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 102: DEPARTMENTWIDE ADMINISTRATION

This appropriation unit contains funding for the centralized administrative functions of DCH, Michigan Developmental Disabilities Council, and departmentwide ARRA health projects.

Full-time equated unclassified positions	6.0	Full-time equated (FTE) positions not in the state classified service
Full-time equated classified positions	175.2	Full-time equated (FTE) positions in the state classified service
Director and other unclassified – 6.0 FTE positions	\$583,900	Salaries of Director and five other unclassified positions; does not include fringe benefits Funding Source(s): GF/GP 583,900 <i>Related Boilerplate Section(s): None</i>
Departmental administration and management – 165.2 FTE positions	22,421,800	Funds administrative staff carrying out powers and duties of DCH; include FTEs in the Director's Office, Bureau of Budget and Audit which includes Accounting Division, Medicaid, Mental Health and MAIN Support Division, Office of Audit, and Grants and Purchasing Division, and Bureau of Organizational Support and Services which includes Workforce Transformation, Human Resources, and Division of Infrastructure Services; funds various contracts and fringe benefits for unclassified FTE positions Funding Source(s): Federal 8,265,200 Restricted 1,483,400 GF/GP 12,673,200 <i>Related Boilerplate Section(s): None</i>
Departmentwide health projects (ARRA)	5,000,000	Contingency funding authorization for grants that may be available under the American Recovery and Recovery Act for departmentwide health projects Funding Source(s): ARRA 5,000,000 <i>Related Boilerplate Section(s): None</i>
Worker's compensation program	8,855,200	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 17,800 GF/GP 8,837,400 <i>Related Boilerplate Section(s): 301</i>
Rent and building occupancy	10,862,500	Payments for rental space in privately-owned buildings statewide (Chandler Building, Mercantile Building, Capital Commons, Washington Square, and Capitol View Building); payments to DMB for rent, security, and operating costs of state-owned buildings Funding Source(s): Federal 2,656,400 Private 35,900 Restricted 1,006,200 GF/GP 7,164,000 <i>Related Boilerplate Section(s): None</i>

Developmental disabilities council and projects – 10.0 FTE positions	2,825,400	21-member Council recreated within DCH pursuant to EO 2006-12 and required by federal law, Developmental Disabilities and Assistance Bill of Rights Act of 2000 (P.L. 106-402); funded with federal funds and 25% match at local level; Council charged with advocating and conducting projects on behalf of persons with developmental disabilities, and developing and implementing the State Developmental Disabilities Plan
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Funding Source(s): Federal 2,825,400

Related Boilerplate Section(s): None

GROSS APPROPRIATION	\$50,548,800	Total of all applicable line item appropriations
Total federal revenue	13,747,000	Includes Title XIX Medicaid funds, Title XIX Medicaid random moment sampling cost revenue, Title XIX Medicaid facility survey certification revenue, Title XXI State’s Children Health Insurance Program funds, Title XVIII Medicare, random moment sampling cost revenue, substance abuse block grant, developmental disability grant, and Women, Infants, and Children (WIC) revenue
Federal revenues (ARRA)	5,000,000	Grant funds anticipated to be received under the federal American Recovery and Reinvestment Act for departmentwide health projects
Total private revenue	35,900	Parking fees
Total state restricted revenue	2,507,400	Includes Michigan Health Initiative Fund revenue, newborn screening fees, Health Professions Regulatory Fund revenue, health system fees and collections, and certificate of need (CON) fees
GENERAL FUND/ GENERAL PURPOSE	\$29,258,500	The state’s primary operating fund; the portion of the state’s General Fund that does not include restricted revenue

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

This appropriation unit contains funding for the administration of mental health and substance abuse services, several mental health and substance abuse programs, and Michigan Protection and Advocacy Service, Inc., an agency designated by the Governor, to protect the rights of individuals with mental illness and developmental disabilities.

Full-time equated classified positions	107.5	Full-time equated (FTE) positions in the state classified service
Mental health/substance abuse program administration – 106.5 FTE positions	\$13,669,800	<p>Funds staff administering mental health and substance abuse programs for DCH such as Deputy Director for Mental Health/Substance Abuse Administration, Bureau of Administration, Bureau of Substance Abuse and Addiction Services (formerly the Office of Drug Control Policy), Bureau of Hospital, Center and Forensic Mental Health Services, Office of Recipient Rights, and Bureau of Community Mental Health Services; finances mental health and substance abuse program administration contracts; private funds to evaluate Assertive Community Treatment (ACT) services and outcomes for persons with serious mental illness and assess relationship of ACT program practices to consumer outcomes; federal funds promote community-based systems of care and substance abuse data development, strengthen the substance abuse delivery system, and coordinate mental health, public health, and children's special health care services</p> <p>Funding Source(s): Federal 3,618,900 Private 190,000 GF/GP 9,860,900</p> <p align="center"><i>Related Boilerplate Section(s): None</i></p>
Gambling addiction – 1.0 FTE position	3,000,000	<p>Education, prevention, research, treatment, and evaluation services related to pathological gambling addictions; toll-free compulsive gambler help-line number; funds FTE who is liaison to the Lottery Bureau</p> <p>Funding Source(s): Restricted 3,000,000</p> <p align="center"><i>Related Boilerplate Section(s): None</i></p>
Protection and advocacy services support	194,400	<p>Agency, designated by the Governor, with authority to pursue legal, administrative, and other appropriate remedies to protect the rights of persons with mental illness and developmental disabilities, and investigate allegations of abuse or neglect of persons with mental illness and developmental disabilities</p> <p>Funding Source(s): GF/GP 194,400</p> <p align="center"><i>Related Boilerplate Section(s): 350</i></p>
Community residential and support services	1,893,500	<p>Finances community residential leases under DCH responsibility; expired lease arrangements transferred to the financial responsibility of CMHSPs</p> <p>Funding Source(s): Federal 700,000 GF/GP 1,193,500</p> <p align="center"><i>Related Boilerplate Section(s): None</i></p>

Highway safety projects	400,000	Combined with funds from Department of State Police's Office of Highway Safety Planning to develop and distribute pamphlets, brochures, videos, and public service announcements promoting substance abuse prevention and highway safety Funding Source(s): Federal 400,000 <i>Related Boilerplate Section(s): None</i>
Federal and other special projects	2,497,200	Contingency funding authorization for federal grants if they become available and grants to: improve the delivery and coordination of services related to traumatic brain injury; improve competitive employment opportunities for individuals with developmental disabilities; develop and implement an integrated approach to parent leadership on human services policies; and decrease the incidence of fetal alcohol syndrome disease for women of child-bearing age or pregnant women in substance abuse treatment programs Funding Source(s): Federal 2,497,200 <i>Related Boilerplate Section(s): None</i>
Family support subsidy	19,470,500	Provides \$222.11 monthly payment to an average of 7,000 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 19,470,500 <i>Related Boilerplate Section(s): None</i>
Housing and support services	9,306,800	Costs and contracts for housing and rental assistance programs for persons with mental illness and disabilities who are homeless or at risk of homelessness, and housing assistance for persons living with AIDS; 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 8,601,200 GF/GP 705,600 <i>Related Boilerplate Section(s): None</i>
GROSS APPROPRIATION	\$50,432,200	Total of all applicable line item appropriations
Total federal revenue	35,287,800	Includes oil and gas royalties, Title XIX Medicaid, substance abuse block grant, federal Department of Transportation safety highway funds, projects in assistance for transition from homelessness (PATH), and temporary assistance for needy families (TANF), and the following grants: housing opportunities for persons with AIDS (HOPWA), Medicaid infrastructure grant, synectics annual award, federal Department of Education Early On, shelter plus care, Supportive Housing Program (SHP-PATH), state mental health infrastructure, fetal alcohol syndrome disease prevention, and new freedom initiative
Total private revenue	190,000	Private funds from the Flinn Family Foundation
Total state restricted revenue	3,000,000	Includes lottery funds, horse racing revenue, and casino licensing fees that are deposited in the Compulsive Gaming Prevention Fund that was created in accordance with 1997 PA 70
GENERAL FUND/ GENERAL PURPOSE	\$11,954,400	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 104: COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS

This appropriation unit contains Medicaid and non-Medicaid funding for: 46 community mental health services programs (CMHSPs) which have been established pursuant to the Mental Health Code to provide community-based services and supports for persons who have a serious mental illness, developmental disability, serious emotional disturbance, or addictive disorder, and 18 prepaid inpatient health plans (PIHPs) established pursuant to the Mental Health Code and federal waiver provisions. The unit also includes funding for mental health services for special populations, federal mental health block grant programs, children's waiver home care program, nursing home PAS/ARR - OBRA, civil service charges, children with serious emotional disturbance waiver program, and for 16 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	\$2,019,515,600	<p>Medicaid managed care capitated funds for CMHSPs or PIHPs serving state residents; mental health services provided by CMHSP or PIHP, or 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;">1,328,735,600</td> </tr> <tr> <td>ARRA</td> <td style="text-align: right;">110,122,300</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">19,229,500</td> </tr> <tr> <td>Local</td> <td style="text-align: right;">25,228,900</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">536,199,300</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 271, 401, 402, 404, 405, 411, 414, 418, 428, 442, 452, 456, 470, 474, 480, 490, 491</i></p>	Federal	1,328,735,600	ARRA	110,122,300	Restricted	19,229,500	Local	25,228,900	GF/GP	536,199,300
Federal	1,328,735,600											
ARRA	110,122,300											
Restricted	19,229,500											
Local	25,228,900											
GF/GP	536,199,300											
Community mental health non-Medicaid services	282,275,100	<p>Non-Medicaid funds to CMHSPs or PIHPs serving residents of the state's 83 counties who are not covered by Medicaid or who require services that are not benefits under the state Medicaid plan; mental health services provided directly by CMHSP or PIHP, 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;">282,275,100</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 401, 402, 404, 405, 411, 428, 442, 452, 456, 462, 470, 474, 489, 490, 492</i></p>	GF/GP	282,275,100								
GF/GP	282,275,100											
Medicaid adult benefits waiver	41,386,000	<p>Funds to CMHSPs or PIHPs to provide limited mental health and substance abuse services to 60,294 low-income childless eligible adults; beneficiaries are paid under a prepaid capitation basis with CMHSPs and coordinating 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;">27,227,800</td> </tr> <tr> <td>ARRA</td> <td style="text-align: right;">2,312,400</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">11,845,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 442, 452</i></p>	Federal	27,227,800	ARRA	2,312,400	GF/GP	11,845,800				
Federal	27,227,800											
ARRA	2,312,400											
GF/GP	11,845,800											
Mental health services for special populations	6,873,800	<p>Funds to CMHSPs to contract with providers that serve multicultural populations and groups such as Chinese American, Asian American, Hispanics, Arab/Chaldean, and ACCESS; funds to Michigan Inter-Tribal Council, Jewish Federation, Chaldean Community Foundation, 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;">6,873,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 403</i></p>	GF/GP	6,873,800								
GF/GP	6,873,800											

Medicaid substance abuse services	41,174,800	<p>Capitated funds for Medicaid substance abuse services managed by PIHPs pursuant to the federal Health Care Financing Administration approval of Michigan's 1915(b) waiver request submitted under 42 USC 1396n; PIHPs that are not coordinating agencies for substance abuse services may contract with coordinating agencies for services</p> <p>Funding Source(s): Federal 27,099,400 ARRA 2,245,900 GF/GP 11,829,500</p> <p><i>Related Boilerplate Section(s): 402, 404, 409, 410, 414, 418, 428, 456, 463, 470, 490</i></p>
CMHSP, purchase of state services contracts	127,730,800	<p>Used by CMHSPs or PIHPs to purchase state services for clients in their catchment areas or develop their own community alternatives to utilization of state hospitals</p> <p>Funding Source(s): GF/GP 127,730,800</p> <p><i>Related Boilerplate Section(s): None</i></p>
Civil service charges	1,499,300	<p>Pays civil service charges authorized by the State Constitution</p> <p>Funding Source(s): GF/GP 1,499,300</p> <p><i>Related Boilerplate Section(s): 204</i></p>
Federal mental health block grant – 2.5 FTE positions	15,384,700	<p>Awards to primarily CMHSPs or PIHPs 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; approximately 2/3 of grant funds for adults with mental illness and 1/3 of grant funds for children with serious emotional disturbance; funds FTEs, contractual services, supplies, travel, and other costs related to administering the federal block grant</p> <p>Funding Source(s): Federal 15,384,700</p> <p><i>Related Boilerplate Section(s): None</i></p>
State disability assistance program substance abuse services	2,243,100	<p>Supports 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, and persons who do not qualify for SSI</p> <p>Funding Source(s): GF/GP 2,243,100</p> <p><i>Related Boilerplate Section(s): 282, 406, 408, 409, 410, 463, 468, 470, 490</i></p>
Community substance abuse prevention, education, and treatment programs	83,515,200	<p>Funds 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; funds Salvation Army Harbor Light program and Self-Help Addiction Rehabilitation, Inc. (SHAR); federal block grants used to educate and counsel persons on abuse of substances</p> <p>Funding Source(s): Federal 65,893,900 ARRA 277,700 Restricted 3,051,100 GF/GP 14,292,500</p> <p><i>Related Boilerplate Section(s): 282, 407, 408, 409, 410, 412, 463, 468, 470, 482, 490, 493</i></p>

Children's waiver home care program	21,049,800	Home and community-based services for 464 eligible children with developmental disabilities that enables them to reside at home with their birth or adoptive families, and who would otherwise require institutional care	Funding Source(s):	Federal	14,361,800
				ARRA	1,066,000
				GF/GP	5,622,000
<i>Related Boilerplate Section(s): None</i>					
Nursing home PAS/ARR – OBRA – 7.0 FTE positions	12,144,700	Staff, supplies, related costs, and contracts for implementing the federal mandate addressing inappropriate placement in nursing homes of persons who are mentally ill or developmentally 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)	Funding Source(s):	Federal	9,442,300
				GF/GP	2,702,400
<i>Related Boilerplate Section(s): None</i>					
Children with serious emotional disturbance waiver	7,188,000	Implements federally-approved waiver in eighteen counties that provides home and community-based mental health services to up to 357 eligible children with serious emotional disturbance, including a pilot with the DHS that provides services for abused and neglected children	Funding Source(s):	IDG	1,769,000
				Federal	5,419,000
<i>Related Boilerplate Section(s): None</i>					
GROSS APPROPRIATION	\$2,661,980,900	Total of all applicable line item appropriations			
Interdepartmental grant from the department of human services	1,769,000	Federal funds from the Department of Human Services for the children with serious emotional disturbance waiver			
Total other federal revenue	1,493,564,500	Includes Title XIX Medicaid, mental health block grant, and substance abuse block grant			
Federal FMAP stimulus (ARRA)	116,024,300	Temporary Title XIX Medicaid funds received under federal American Recovery and Reinvestment Act, P.L. 111-5 and the step-down enhanced FMAP extension in P.L. 111-226			
Total local revenue	25,228,900	Received from CMHSPs or PIHPs			
Total state restricted revenue	22,280,600	Includes substance abuse licensing fees and fines, and quality assurance assessment program (QAAP) revenue			
GENERAL FUND/ GENERAL PURPOSE	\$1,003,113,600	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue			

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

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

Total average population 893.0 Average number of patients at state-operated psychiatric hospitals for adults, children, and adolescents with mental illness and persons with developmental disabilities, and the Forensic Center

Total full-time equated classified positions	2,590.5	Full-time equated (FTE) positions in the state classified service
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Caro regional mental health center-psychiatric hospital – adult – 468.3 FTE positions <i>185.0 average population</i>	\$55,012,200	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel, and other costs for state-operated psychiatric hospital in Caro, Michigan, for adults with mental illness and persons with developmental disabilities
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Funding Source(s):	Federal	7,088,800
	ARRA	145,100
	Local	3,553,700
	CMHSP	40,536,300
	Restricted	3,688,300

Related Boilerplate Section(s): 604, 605, 606, 608, 609

Kalamazoo psychiatric hospital – adult – 483.1 FTE positions <i>189.0 average population</i>	53,272,000	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel, and other costs for state-operated psychiatric hospital in Kalamazoo, Michigan, for adults with mental illness and persons with developmental disabilities
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Funding Source(s):	Federal	1,922,100
	ARRA	76,700
	Local	3,331,200
	CMHSP	42,011,800
	Restricted	5,930,200

Related Boilerplate Section(s): 604, 605, 606, 608, 609

Walter P. Reuther psychiatric hospital – adult – 433.3 FTE positions <i>234.0 average population</i>	49,818,900	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel and other costs for state-operated psychiatric hospital in Westland, Michigan, for adults with mental illness
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Funding Source(s):	Federal	1,738,000
	ARRA	73,700
	Local	4,106,400
	CMHSP	40,158,300
	Restricted	3,742,500

Related Boilerplate Section(s): 604, 605, 606, 608, 609

Hawthorn center – psychiatric hospital – children and adolescents – 230.9 FTE positions 75.0 average population	25,809,600	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel and other costs for state-operated psychiatric hospital in Northville, Michigan, for children and adolescents with mental illness Funding Source(s): Federal 17,331,500 ARRA 1,285,000 Local 1,373,100 CMHSP 5,024,400 Restricted 795,600
<i>Related Boilerplate Section(s): 604, 605, 606, 608, 609</i>		
Center for forensic psychiatry – 578.6 FTE positions 210.0 average population	64,206,000	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel and 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 7,400 Local 4,460,300 Restricted 791,800 GF/GP 58,946,500
<i>Related Boilerplate Section(s): 604, 605, 606, 608, 609</i>		
Forensic mental health services provided to the department of corrections – 396.3 FTE positions	50,527,800	DCH assumes responsibility for providing mental health services to prisoners under jurisdiction of DOC; DOC is responsible for custodial and administrative functions for Huron Valley Correctional Complex in Ypsilanti, Michigan; Mental Health Code allows DOC to contract with DCH or third-party providers to operate the mental health program Funding Source(s): IDG 50,527,800
<i>Related Boilerplate Section(s): 603</i>		
Revenue recapture	750,000	Project generates revenue (from third parties related to closed or inactive cases) for DCH costs and contractual fees associated with retroactive collections and improving ongoing DCH 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	Supplements state psychiatric hospital special education programs for persons with mental illness; funds directed toward upgrading computer skills, daily living skills, and academics; allocations based on annual counts of students aged 5 through 26 Funding Source(s): Federal 120,000
<i>Related Boilerplate Section(s): None</i>		
Special maintenance	332,500	Maintenance projects at state hospitals and centers; client-related, administrative, housekeeping, and maintenance equipment needs; maintenance and operation of leased properties Funding Source(s): Restricted 332,500
<i>Related Boilerplate Section(s): None</i>		
Purchase of medical services for residents of hospitals and centers	445,600	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 445,600
<i>Related Boilerplate Section(s): None</i>		

Gifts and bequests for patient living and treatment environment	1,000,000	Authority for DCH to accept gifts and 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>			

GROSS APPROPRIATION	\$301,294,600	Total of all applicable line item appropriations	
Interdepartmental grant from the department of corrections	50,527,800	From DOC for costs related to providing forensic mental health services	
Total other federal revenue	28,582,800	Includes Title XIX Medicaid funds, national school lunch program revenue, and Title I Individuals with Disabilities Education Act (IDEA) funds	
Federal FMAP stimulus (ARRA)	1,580,500	Temporary Title XIX Medicaid funds received under federal American Recovery and Reinvestment Act, P.L. 111-5 and the step-down enhanced FMAP extension in P.L. 111-226	
CMHSP, purchase of state services contracts	127,730,800	Funds from CMHSPs and PIHPs, as part of authorization process, to offset line item in Community Mental Health/Substance Abuse Services Programs appropriation unit	
Other local revenue	16,824,700	County match revenue and local school aid funds	
Total private revenue	1,000,000	Patient gifts and bequests	
Total state restricted revenue	15,655,900	Includes miscellaneous, first and third party reimbursement, and lease and rental revenue	
GENERAL FUND/ GENERAL PURPOSE	\$59,392,100	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue	

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, address health disparities of minority populations, record the state's vital events, and promote healthy behaviors.

Full-time equated classified positions	91.7	Full-time equated (FTE) positions in the state classified service						
Public health administration – 7.3 FTE positions	\$1,475,800	<p>FTEs, contractual services, and other related costs for administration of community public health</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-left: 20px;">Federal</td> <td style="text-align: right;">91,200</td> </tr> <tr> <td style="padding-left: 20px;">Restricted</td> <td style="text-align: right;">210,600</td> </tr> <tr> <td style="padding-left: 20px;">GF/GP</td> <td style="text-align: right;">1,174,000</td> </tr> </table> <p style="text-align: center;"><i>Related Boilerplate Section(s): 218, 650, 653</i></p>	Federal	91,200	Restricted	210,600	GF/GP	1,174,000
Federal	91,200							
Restricted	210,600							
GF/GP	1,174,000							
Minority health grants and contracts – 3.0 FTE positions	1,111,000	<p>FTEs, related costs, and contracts to improve health status of minority populations and reduce health disparities through prevention, health promotion, screening, and dental programs for African-Americans, Hispanic/Latinos, Arab/Chaldeans, American Indians, and Asian/Pacific Islanders</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-left: 20px;">Federal</td> <td style="text-align: right;">611,000</td> </tr> <tr> <td style="padding-left: 20px;">Restricted</td> <td style="text-align: right;">500,000</td> </tr> </table> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>	Federal	611,000	Restricted	500,000		
Federal	611,000							
Restricted	500,000							
Promotion of healthy behaviors	975,900	<p>Extended final year of funding for the four-year Generation With Promise project of middle-school student-led programs in underserved communities to improve health related behaviors and address health disparities; and nutrition education for food stamp recipients in collaboration with Department of Human Services and Michigan State University Extension</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-left: 20px;">Federal</td> <td style="text-align: right;">675,900</td> </tr> <tr> <td style="padding-left: 20px;">Private</td> <td style="text-align: right;">300,000</td> </tr> </table> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>	Federal	675,900	Private	300,000		
Federal	675,900							
Private	300,000							
Public health projects (ARRA)	5,000,000	<p>New line item to recognize federal American Recovery and Reinvestment Act grants for public health laboratory infrastructure, electronic medical record and immunization registry information sharing, and other public health prevention and education services projects</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-left: 20px;">ARRA</td> <td style="text-align: right;">5,000,000</td> </tr> </table> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>	ARRA	5,000,000				
ARRA	5,000,000							
Vital records and health statistics – 81.4 FTE positions	9,238,900	<p>FTEs, related costs, and contracts to administer state's vital records and statistics system: register all vital events; maintain repository of vital record documents; maintain data and electronic transferal systems; issue certified copies of records; amend vital records; conduct surveillance of vital events; conduct fraud detection; report on mortality, morbidity, and certain conditions including cancer and birth defects; maintain birth verification system for Medicaid program and paternity registry for Department of Human Services, Friend of the Court, and prosecutors' offices; and data services agreements with Michigan State University</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-left: 20px;">IDG</td> <td style="text-align: right;">1,148,200</td> </tr> <tr> <td style="padding-left: 20px;">Federal</td> <td style="text-align: right;">3,568,800</td> </tr> <tr> <td style="padding-left: 20px;">Restricted</td> <td style="text-align: right;">4,521,900</td> </tr> </table> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>	IDG	1,148,200	Federal	3,568,800	Restricted	4,521,900
IDG	1,148,200							
Federal	3,568,800							
Restricted	4,521,900							

GROSS APPROPRIATION	\$17,801,600	Total of all applicable line item appropriations
Interdepartmental grant from the department of human services	1,148,200	Federal funds granted from Department of Human Services for vital records and central paternity registry access related to Medicaid eligibility determination, paternity, child support cases, and protective services
Total other federal revenue	4,946,900	Social Security Act Title XIX Medicaid funds, preventive health and health services block grant, vital statistics grants, cancer registry grant, social security birth and death enumeration grants, minority health state partnership grant, Michigan nutrition network food stamp nutrition education grant, and surveillance, epidemiology and end results (SEER) grant funds through Wayne State University
Federal revenues (ARRA)	5,000,000	Grants under the federal American Recovery and Reinvestment Act for public health laboratory infrastructure, for sharing of electronic medical records for the immunization registry, and other public health prevention and education services projects
Total private revenue	300,000	Private grant from the W. K. Kellogg Foundation for promotion of healthy behaviors
Total state restricted revenue	5,232,500	Vital records fee and data services agreement revenue, Michigan Health Initiative Fund revenue from software tax (1987 PA 258), and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$1,174,000	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 107: HEALTH POLICY, REGULATION, AND PROFESSIONS

This appropriation unit provides funding for Health Policy and Regulation which oversees the Office of the Chief Nurse Executive, Bureau of Health Systems, Bureau of Health Professions, and Bureau of Legal and Policy Affairs. The bureaus and office 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 unit also provides funding for the Background Check Program, Certificate of Need (CON) Program Administration, Rural Health Services, Michigan Essential Health Care Provider Program, and Primary Care Services.

Full-time equated classified positions	441.6	Full-time equated (FTE) positions in the state classified service												
Health systems administration – 199.6 FTE positions	\$21,322,200	<p>Bureau of Health Systems includes the following Divisions:</p> <p><u>Nursing Home Monitoring</u>: survey, investigate, assess, and evaluate long-term care facility compliance with Medicare and Medicaid certification and licensure requirements</p> <p><u>Licensing and Certification</u>: license and recommend Medicare and Medicaid certification for health facilities, except long-term care facilities; license substance abuse prevention and treatment programs statewide and investigate complaints of licensed substance abuse programs</p> <p><u>Operations</u>: investigate nursing home residents' complaints and facility-reported incidents; process and coordinate enforcement against facilities</p> <p><u>Health Facilities and Services</u>: conduct physical plant evaluations for construction and 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>15,010,700</td> </tr> <tr> <td></td> <td>Restricted</td> <td>1,699,900</td> </tr> <tr> <td></td> <td>Private</td> <td>200,000</td> </tr> <tr> <td></td> <td>GF/GP</td> <td>4,411,600</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 706, 708, 714, 718</i></p>	Funding Source(s):	Federal	15,010,700		Restricted	1,699,900		Private	200,000		GF/GP	4,411,600
Funding Source(s):	Federal	15,010,700												
	Restricted	1,699,900												
	Private	200,000												
	GF/GP	4,411,600												
Emergency medical services program state staff – 8.5 FTE positions	1,308,300	<p>Emergency Medical Services (EMS) and Trauma Section license and re-licenses approximately 829 medical first responder and life support agencies and 3,283 life support vehicles and 30,125 EMS personnel; 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>213,100</td> </tr> <tr> <td></td> <td>Restricted</td> <td>724,800</td> </tr> <tr> <td></td> <td>GF/GP</td> <td>370,400</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 724</i></p>	Funding Source(s):	Federal	213,100		Restricted	724,800		GF/GP	370,400			
Funding Source(s):	Federal	213,100												
	Restricted	724,800												
	GF/GP	370,400												
Radiological health administration – 21.4 FTE positions	3,060,800	<p>Radiation Safety Section annually registers over 29,000 X-ray machines used in approximately 10,000 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>684,300</td> </tr> <tr> <td></td> <td>Restricted</td> <td>2,376,500</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	684,300		Restricted	2,376,500						
Funding Source(s):	Federal	684,300												
	Restricted	2,376,500												
Emergency medical services grants and services	660,000	<p>Contracts administered by EMS Section for continuing education, agency and vehicle inspections; administers licensure examinations</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td>660,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 704</i></p>	Funding Source(s):	Federal	660,000									
Funding Source(s):	Federal	660,000												

Michigan essential health provider	872,700	Assist primary care physicians, psychiatrists, dentists, nurse practitioners, nurse midwives, and physician assistants who practice in designated medically underserved and health professional shortage areas in the repayment of health education loans	
		Funding Source(s):	
		Federal	436,300
		Local	100,000
		Private	255,000
		GF/GP	81,400
<i>Related Boilerplate Section(s): 709, 722</i>			
Primary care services – 1.4 FTE positions	4,349,300	Grants to community health centers for primary health care, outreach, and health education services in medically underserved and health professional shortage areas; funds equally distributed to free health clinics; funds for rural health services; funds for Helen M. Nickless Volunteer Clinic in Bay City, and Beaver, Drummond, and Mackinac Island health clinics	
		Funding Source(s):	
		Federal	3,036,900
		GF/GP	1,312,400
<i>Related Boilerplate Section(s): 271, 710, 712, 713, 720</i>			
Primary care services (ARRA)	5,000,000	Contingency funding authorization for grants that may become available through the American Recovery and Reinvestment Act for primary care services	
		Funding Source(s):	
		ARRA	5,000,000
<i>Related Boilerplate Section(s): None</i>			
GROSS APPROPRIATION	\$74,128,700	Total of all applicable line item appropriations	
Interdepartmental grant from the department of treasury, Michigan state hospital finance authority	116,300	From Department of Treasury's Michigan State Hospital Finance Authority for part of costs related to certificate of need program	
Total other federal revenue	26,298,800	Includes Title XIX Medicaid funds, Title XIX Medicaid facility certification survey revenue, Title XVIII Medicare funds, random moment sampling cost revenue, and the following grants: preventive health and health services block, clinical laboratory improvement, EMS for children partnership, rural health flexibility program, Center for Medicare and Medicaid Services (CMS) transformation, mammography quality standards, state Office of Rural Health, small rural hospital improvement program, state loan repayment program, primary care, prescription drug monitoring, and alternate emergency room services	
Federal revenues (ARRA)	5,000,000	Grant funds anticipated to be received under the federal American Recovery and Reinvestment Act for primary care services	
Total local revenue	100,000	Local match provided by CMHSPs for federal state loan repayment program revenue	
Total private revenue	455,000	Realized from loan repayments on behalf of primary care providers in underserved areas and civil monetary penalties	
Total state restricted revenue	31,772,400	Includes Health Professions Regulatory Fund revenue, health systems fees and collections, Nurse Professional Fund revenue, Pain Management Education and Controlled Substances Electronic Monitoring and Antidiversion Fund revenue, CON fee revenue, emergency medical service fees, and radiological health fees	
GENERAL FUND/ GENERAL PURPOSE	\$10,386,200	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue	

SECTION 108: INFECTIOUS DISEASE CONTROL

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

Full-time equated classified positions	50.7	Full-time equated (FTE) positions in the state classified service									
AIDS prevention, testing, and care programs – 12.7 FTE positions	\$54,441,000	<p>FTEs, related costs, laboratory services, and grants to local health departments and other agencies for: HIV counseling, testing, referral, and partner notification; HIV/AIDS education and outreach; HIV/AIDS risk reduction program focusing on at-risk populations through prevention, care, and laboratory testing; HIV/AIDS continuum of care program of health care and support services to families and individuals living with HIV/AIDS, including drug assistance and dental programs; minority AIDS initiative; and expanded HIV testing programs in healthcare settings</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">27,095,400</td> </tr> <tr> <td></td> <td>Private</td> <td style="text-align: right;">22,707,700</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">4,637,900</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 218, 801, 803, 804</i></p>	Funding Source(s):	Federal	27,095,400		Private	22,707,700		Restricted	4,637,900
Funding Source(s):	Federal	27,095,400									
	Private	22,707,700									
	Restricted	4,637,900									
Immunization local agreements	13,725,200	<p>Funds to local public health departments, community health centers, and other agencies for immunization clinics, free vaccinations for eligible children, vaccine handling and distribution, statewide Michigan Care Improvement Registry (MCIR) of individual immunization history, outreach and education, perinatal hepatitis B prevention, provider quality assurance, field staff training and technical support, and other projects</p> <table style="margin-left: auto; margin-right: 0;"> <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;">2,600,000</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">1,697,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 218</i></p>	Funding Source(s):	Federal	9,428,200		Restricted	2,600,000		GF/GP	1,697,000
Funding Source(s):	Federal	9,428,200									
	Restricted	2,600,000									
	GF/GP	1,697,000									
Immunization program management and field support – 15.0 FTE positions	2,094,900	<p>FTEs and related costs to administer state immunization program including disease surveillance and disease outbreak control</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">1,396,400</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">354,900</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">343,600</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 218</i></p>	Funding Source(s):	Federal	1,396,400		Restricted	354,900		GF/GP	343,600
Funding Source(s):	Federal	1,396,400									
	Restricted	354,900									
	GF/GP	343,600									
Pediatric AIDS prevention and control – 1.0 FTE position	1,231,300	<p>FTE and contract costs to coordinate comprehensive medical care and social support services for HIV-infected infants, children, and their families, including outreach, primary and specialty medical care, psychological services, case management, HIV risk reduction and prevention education, recreation activities, and logistical support for coordination of services</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">1,231,300</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 218</i></p>	Funding Source(s):	Federal	1,231,300						
Funding Source(s):	Federal	1,231,300									

Sexually transmitted disease control local agreements	3,360,700	Funds to local public health departments to monitor and control the occurrence of sexually transmitted diseases in the state, especially in the 15 highest incidence areas representing over 90% of all cases: for surveillance, investigation, diagnosis, primary treatment, screening, casefinding, prevention, laboratory services, and special projects
		Funding Source(s): Federal 3,125,500 GF/GP 235,200

Related Boilerplate Section(s): 218

Sexually transmitted disease control management and field support – 22.0 FTE positions	3,735,700	FTEs and related costs for state administration to monitor the occurrence of sexually transmitted diseases, promote prevention and education, and provide support for state, local and national STD control goals; and funding for primary STD treatment drugs and laboratory costs
		Funding Source(s): Federal 1,156,400 Restricted 1,982,700 GF/GP 596,600

Related Boilerplate Section(s): 218

GROSS APPROPRIATION \$78,588,800 Total of all applicable line item appropriations

Total other federal revenue	43,433,200	Preventive health and health services block grant, maternal and child health services block grant, immunization grant, HIV prevention grant, expanded and integrated HIV testing grant, Ryan White Part B HIV care grant, sexually transmitted disease control grant, Ryan White Part D pediatric AIDS prevention grant, minority AIDS initiative Part B grant, and Social Security Act Title XIX Medicaid funds
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Total private revenue	22,707,700	Private funds from pharmaceutical manufacturer rebates for AIDS drug assistance program
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Total state restricted revenue	9,575,500	Michigan Health Initiative Fund revenue from the software tax (1987 PA 258), Healthy Michigan Fund revenue from the cigarette tax (3.75% of gross collections), and Pharmaceutical Products Fund interest income from revenue related to the 1999 sale of Michigan Biologic Products Institute
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**GENERAL FUND/
GENERAL PURPOSE \$2,872,400 The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue**

SECTION 109: LABORATORY SERVICES

This appropriation unit provides funding for laboratory diagnostic testing, analytical services, and related functions to detect disease or the source of disease.

Full-time equated classified positions	109.0	Full-time equated (FTE) positions in the state classified service								
Laboratory services – 109.0 FTE positions	\$16,839,300	<p>FTEs, supplies, travel, equipment, computer, and contracts for laboratory services: tests to identify and monitor infectious disease agents; collect epidemiological and analytical laboratory data to assess human health risks; tests of blood samples of children screened for lead and newborn infants screened for genetic handicapping conditions; tests for environmental risks such as lead in soil and toxins in fish that may be consumed; tests to detect biologic and chemical terrorist agents; funds for regional and local laboratory services; and test, monitor and evaluate occurrence of drug-resistant staph infections in collaboration with epidemiology staff</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">IDG</td> <td style="text-align: right;">459,500</td> </tr> <tr> <td>Federal</td> <td style="text-align: right;">1,818,100</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">7,949,500</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">6,612,200</td> </tr> </table>	IDG	459,500	Federal	1,818,100	Restricted	7,949,500	GF/GP	6,612,200
IDG	459,500									
Federal	1,818,100									
Restricted	7,949,500									
GF/GP	6,612,200									
<i>Related Boilerplate Section(s): 840</i>										
GROSS APPROPRIATION	\$16,839,300	Total of all applicable line item appropriations								
Interdepartmental grant from the department of natural resources and environment	459,500	Grant from the Department of Natural Resources and Environment for costs related to laboratory testing and analysis of Michigan fish for chemical contaminants								
Total federal revenue	1,818,100	Preventive health and health services block grant, tuberculosis control grant, immunization grant, epidemiology and laboratory capacity grant, tuberculosis genotyping and surveillance grant, MSU anti-microbial resistance grant funds, and enterics research investigational network cooperative research centers grant								
Total state restricted revenue	7,949,500	Fee revenue collected for laboratory services and newborn screening services, and Michigan Health Initiative Fund revenue from the software tax (1987 PA 258)								
GENERAL FUND/ GENERAL PURPOSE	\$6,612,200	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue								

SECTION 110: EPIDEMIOLOGY

This appropriation unit funds surveillance, assessment, and monitoring of the status of infectious and chronic disease, environmental health, and injury in Michigan as well as conditions that adversely affect maternal and child health. This unit is also responsible for the following: Michigan Fish Advisory, lead abatement, asthma prevention, tuberculosis control, newborn screening, genomics programs, and preparedness for pandemic influenza and for chemical events that threaten human health including bioterrorism.

Full-time equated classified positions	127.7	Full-time equated (FTE) positions in the state classified service
AIDS surveillance and prevention program	\$2,254,100	Contractual services for integrated surveillance of statewide HIV and AIDS cases to measure incidence and prevalence of disease, and to develop targeted HIV prevention and intervention programs <div style="text-align: right;">Funding Source(s): Federal 2,254,100</div> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>
Asthma prevention and control – 2.6 FTE positions	857,100	FTEs and contracts for statewide and community-based asthma programs for surveillance, elimination of disparities, patient and provider education, public awareness, school-based programs, environmental quality programs, and Michigan Asthma Communication Network <div style="text-align: right;">Funding Source(s): Federal 857,100</div> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>
Bioterrorism preparedness – 68.6 FTE positions	49,169,900	FTEs, related costs, and contracts for preparedness and response by the public health system and hospitals to bioterrorism, pandemic influenza, and other public health threats and emergencies. Public health system preparedness priorities include: medical and pharmaceutical supply stockpile planning, disease and epidemiology surveillance, training, biological and chemical laboratory capacity, communications, Health Alert Network, education, and dissemination of risk and health information. Hospital preparedness priorities include: pharmaceutical and vaccine supply, quarantine and decontamination facilities, regional capacity, and communications; hospital preparedness funds are administered through eight regional medical care authorities. <div style="text-align: right;">Funding Source(s): Federal 49,169,900</div> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>
Epidemiology administration – 39.0 FTE positions	8,043,300	FTEs and related costs to: monitor disease activity, toxins, and environmental conditions in order to detect, prevent, and control risk and spread of communicable and non-communicable disease; coordinate epidemiological investigation, behavioral risk factor survey, environmental health risk assessment, and pregnancy risk assessment monitoring and surveillance; maintain Michigan Disease Surveillance System, polybrominated biphenyl (PBB) registry, and birth defects registry; develop lupus registry; evaluate occurrence of drug-resistant staph infections; viral hepatitis prevention initiative; Detroit asthma morbidity study; human papillomavirus (HPV) study; national children's study; surveillance data file preparation for university research; precancerous lesion registry and study; and licensing of body art facilities <div style="text-align: right;">Funding Source(s): Federal 5,903,800 <div style="text-align: right;">Private 25,000 <div style="text-align: right;">Restricted 342,800 <div style="text-align: right;">GF/GP 1,771,700</div> </div> </div> </div> <p style="text-align: center;"><i>Related Boilerplate Section(s): None</i></p>

Lead abatement program – 7.0 FTE positions	2,436,000	FTEs, related costs, and contracts for: safe removal of lead hazards from older homes in areas of the state with high incidence of lead-poisoned children, and local oversight; certification of individuals to perform lead abatement and lead hazard remediation and training; compliance assistance and enforcement; education and outreach; local coalition building and grant writing; and Healthy Homes indoor environmental asthma and injury demonstration project in Ingham County
		Funding Source(s): Federal 1,950,300 Restricted 485,700
<i>Related Boilerplate Section(s): 851</i>		
Newborn screening follow-up and treatment services – 10.5 FTE positions	4,730,600	FTEs, related costs, and contracts to screen all newborn infants for hearing impairment and 49 genetic disorders (as of 10/1/10), and provide follow-up services such as education, diagnosis, counseling, treatment and medical management when a newborn child tests positive; early hearing screening and detection program; and genetic disease program for adults and children
		Funding Source(s): Restricted 4,730,600
<i>Related Boilerplate Section(s): 218</i>		
Tuberculosis control and prevention	867,000	Funding to local health departments and contractors for prevention and control of tuberculosis, including directly-observed therapy, medication administration, surveillance, and care for certain patients with tuberculosis
		Funding Source(s): Federal 867,000
<i>Related Boilerplate Section(s): 218</i>		
GROSS APPROPRIATION	\$68,358,000	Total of all applicable line item appropriations
Total federal revenue	61,002,200	Federal grants for health risk assessment, HIV/AIDS surveillance, HIV/AIDS morbidity and risk behavior surveillance, tuberculosis control, epidemiology and laboratory capacity, core occupational safety and health research, public health preparedness and response for bioterrorism, bioterrorism hospital preparedness, behavioral risk factor surveillance, asthma, arthritis/lupus, birth defects surveillance, genomics and chronic disease prevention, Housing and Urban Development (HUD) lead-based paint hazard control, Environmental Protection Agency (EPA) lead grant for certification of lead-based paint professionals, HUD healthy homes demonstration program, pregnancy risk assessment monitoring system (PRAMS), adult viral hepatitis prevention coordinator, EPA Detroit asthma morbidity and air quality and traffic study, Battelle HPV, Battelle cancer registry, and national children's study
Total private revenue	25,000	Grant from March of Dimes for work related to birth defects and folic acid projects
Total state restricted revenue	5,559,100	Fee revenue collected from newborn screening program, lead abatement professional worker certification, body art facility licenses, and surveillance data file fees; and Michigan Health Initiative Fund revenue from software tax (1987 PA 258)
GENERAL FUND/ GENERAL PURPOSE	\$1,771,700	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 111: LOCAL HEALTH ADMINISTRATION AND GRANTS

This appropriation unit provides funding to improve the health status of Michigan residents through accessible health care services delivered by local public health departments and other health care organizations.

Essential local public health services	\$39,082,800	Prospective payments to local health departments toward the state share of the 50% state and local cost sharing for projected allowable expenditures for the following required local public health services: immunizations, infectious disease control, sexually transmitted disease control, hearing and vision screening for children, food protection in cooperation with Department of Agriculture, and the following in cooperation with Department of Natural Resources and Environment: public water and private groundwater supplies, and on-site sewage management. This line item is renamed from Local Public Health Operations.						
		<table border="0" style="margin-left: auto;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Local</td> <td style="text-align: right;">5,150,000</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">33,932,800</td> </tr> </table>	Funding Source(s):	Local	5,150,000		GF/GP	33,932,800
Funding Source(s):	Local	5,150,000						
	GF/GP	33,932,800						

Related Boilerplate Section(s): 218, 902, 904

Implementation of 1993 PA 133, MCL 333.17015	20,000	Reimbursement to local health departments for costs incurred for informational materials provided in accordance with the Informed Consent Law, Public Act 133 of 1993, to a woman seeking an abortion			
		<table border="0" style="margin-left: auto;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">20,000</td> </tr> </table>	Funding Source(s):	GF/GP	20,000
Funding Source(s):	GF/GP	20,000			

Related Boilerplate Section(s): 901

Local health services	600,000	Contractual services to support the implementation of uniform local public health service delivery and reporting standards, and to support local health department evaluation, review, and accreditation to promote standards compliance; new federal funds to strengthen the public health infrastructure to improve health outcomes including capacity, training, best practices and cooperation						
		<table border="0" style="margin-left: auto;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">500,000</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">100,000</td> </tr> </table>	Funding Source(s):	Federal	500,000		Restricted	100,000
Funding Source(s):	Federal	500,000						
	Restricted	100,000						

Related Boilerplate Section(s): None

Medicaid outreach cost reimbursement to local health departments	9,000,000	Partial reimbursement to local health departments for costs incurred for outreach to Medicaid clients. Funding is available from federal Medicaid reimbursement match grants as eligible costs are incurred by local public health departments.			
		<table border="0" style="margin-left: auto;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">9,000,000</td> </tr> </table>	Funding Source(s):	Federal	9,000,000
Funding Source(s):	Federal	9,000,000			

Related Boilerplate Section(s): None

GROSS APPROPRIATION	\$48,702,800	Total of all applicable line item appropriations
Total federal revenue	9,500,000	Social Security Act Title XIX Medicaid funds; and Patient Protection and Affordable Care Act public health infrastructure grant
Total local revenue	5,150,000	Local school district funds originated from the state School Aid Fund, to support hearing and vision screening of school children provided by local public health departments
Total state restricted revenue	100,000	Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$33,952,800	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 112: CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION

This appropriation unit provides funding for programs to promote healthy lifestyles, prevent chronic diseases, and reduce injuries and violent behavior statewide and for vulnerable and high-risk populations, to improve the length and quality of life for Michigan residents.

Full-time equated classified positions	75.5	Full-time equated (FTE) positions in the state classified service
Alzheimer's information network	\$99,500	Funding to support information and referral services for prevention, education, and support for persons with dementia <div style="text-align: right;">Funding Source(s): Federal 99,500</div>
<i>Related Boilerplate Section(s): None</i>		
Cancer prevention and control program – 12.0 FTE positions	14,555,100	FTEs, related costs, and contracts for cancer prevention and control including prevention activities, screening and follow-up services for breast, cervical, and colorectal cancer, public and provider education, early detection awareness, Michigan Cancer Consortium support, and heart and chronic disease screening and referrals <div style="text-align: right;">Funding Source(s): Federal 12,464,400 Restricted 826,200 GF/GP 1,264,500</div>
<i>Related Boilerplate Section(s): None</i>		
Chronic disease control and health promotion administration – 33.4 FTE positions	6,664,800	FTEs, related costs, and contracts for the following: division administration and infrastructure for health promotion and chronic disease prevention; chronic disease surveillance activities; community, school and worksite-based chronic disease prevention programs regarding obesity, cardiovascular health, physical fitness, nutrition, arthritis, heart disease and stroke prevention, and health promotion for persons with disabilities; establishment of statewide stroke registry for acute care hospitals; childhood obesity prevention project with Michigan State University; safe routes to schools program; and Michigan nutrition network projects in schools and communities. The Health Education, Promotion, and Research Programs line item has been rolled up into this line, and the line item name is changed from Chronic Disease Prevention. <div style="text-align: right;">Funding Source(s): Federal 4,757,500 Private 61,600 Restricted 1,393,400 GF/GP 452,300</div>
<i>Related Boilerplate Section(s): 1019</i>		
Diabetes and kidney program – 12.2 FTE positions	2,570,100	FTEs, related costs, and contracts for diabetes prevention, education, control, and outreach projects; grants to regions and communities with a high incidence of diabetes; and funds for kidney disease prevention programs and implementation of the State Chronic Kidney Disease Strategic Plan <div style="text-align: right;">Funding Source(s): Federal 1,583,200 Restricted 986,900</div>
<i>Related Boilerplate Section(s): 1008, 1009</i>		

Injury control intervention project	200,000	Funding to support pilot programs to encourage trauma hospital use of traumatic brain injury treatment models	Funding Source(s):	Federal	100,000
				GF/GP	100,000
<i>Related Boilerplate Section(s): 1031</i>					
Public health traffic safety coordination – 1.0 FTE position	287,500	FTE, costs and contracts for projects to prevent motor vehicle-related injuries to children, primarily child passenger safety education and car booster seat safety for children, and to promote parent involvement with children learning to drive	Funding Source(s):	Federal	287,500
<i>Related Boilerplate Section(s): None</i>					
Smoking prevention program – 14.0 FTE positions	4,643,600	FTEs, related costs, and contracts for smoking prevention and cessation programs including: smoking cessation hotline; free nicotine Quit Kits and nicotine replacement therapy; local projects of schools, communities, and local health departments; smoke-free initiatives for hospitals, apartments and other environments; enforcement of Clean Indoor Air Act; and anti-tobacco media campaign	Funding Source(s):	Federal	2,045,200
				Restricted	2,598,400
<i>Related Boilerplate Section(s): 1006</i>					
Violence prevention – 2.9 FTE positions	1,676,700	FTEs, related costs and contractual services for: sexual violence prevention including rape and sexual assault primary prevention and education programs; youth suicide primary prevention and early intervention programs, training, infrastructure, and awareness; and violent death statewide surveillance and reporting system	Funding Source(s):	Federal	1,676,700
<i>Related Boilerplate Section(s): 1007</i>					
GROSS APPROPRIATION	\$30,697,300	Total of all applicable line item appropriations			
Total federal revenue	23,014,000	Includes the following grants: preventive health and health services block, breast and cervical cancer early detection program, comprehensive cancer control, Social Security Act Title XIX Medicaid, diabetes control, state and community highway safety - child passenger safety training and education, arthritis, lupus, tobacco use prevention, well integrated screening and evaluation for women across the nation (WISEWOMAN), rape prevention and education, obesity, Great Lakes stroke network, youth suicide prevention and early intervention, health promotion for persons with disabilities, stroke registry and quality improvement, heart disease and stroke prevention, Michigan nutrition network - shaping positive lifestyles and attitudes through school health, Michigan nutrition network - nutrition and physical activity education, translating the checkpoints (traffic safety), healthy communities, violent death reporting system, and safe routes to schools via Michigan Department of Transportation and Michigan Fitness Foundation			
Total private revenue	61,600	Private Robert Wood Johnson Foundation grant through Michigan State University for building evidence to prevent childhood obesity			
Total state restricted revenue	5,804,900	Michigan Health Initiative Fund revenue from software tax (1987 PA 258) and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)			
GENERAL FUND/ GENERAL PURPOSE	\$1,816,800	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue			

Family planning local agreements	9,085,700	Grants to local health departments and agencies for the following family planning services: reproductive health assessment, comprehensive contraceptive services, health education, counseling, referral; and funding for special projects including training, and sexually transmitted disease testing and education	Funding Source(s):	Federal GF/GP	8,805,900 279,800
<i>Related Boilerplate Section(s): 1101, 1104, 1106, 1110, 1111</i>					
Local MCH services	7,018,100	Maternal and child health grants to local health departments on a per capita basis for locally-identified needs including prenatal care, immunizations, and well-child services; and grants to agencies for programs to address high infant mortality	Funding Source(s):	Federal	7,018,100
<i>Related Boilerplate Section(s): 1104</i>					
Pregnancy prevention program	1,707,300	Grants to local health departments and other agencies for family planning and primary pregnancy prevention programs, services, and special projects, including expanded programming beyond the federal Title X family planning program	Funding Source(s):	Federal Restricted	602,100 1,105,200
<i>Related Boilerplate Section(s): 1104, 1108, 1110, 1111</i>					
Prenatal care outreach and service delivery support PARTIAL VETO	50,100 50,000	Grants for efforts to reduce the incidence of stillbirth, including a counting fetal kicks awareness program and materials for expectant parents and maternal health care providers; and \$100 placeholder funding for nurse family partnership program for communities with high infant mortality rates (latter was vetoed)	Funding Source(s):	GF/GP	50,000
<i>Related Boilerplate Section(s): 218, 1101, 1104, 1112, 1117, 1139</i>					
School health and education programs – 1.0 FTE position	405,500	Funds to intermediate school districts for kindergarten through grade 12 school health education, the Michigan Model for Comprehensive School Health Education curriculum, and related curriculum materials; administered in partnership with Department of Education	Funding Source(s):	Restricted GF/GP	400,000 5,500
<i>Related Boilerplate Section(s): 1135</i>					
Special projects	4,665,200	Grants and contracts for maternal and child health special projects: public health and mental health early on program, maternal mortality study, safe delivery of newborns hotline, comprehensive early childhood system planning and local collaborative development, fetal alcohol spectrum disorders program, prenatal care and infant mortality programs, prenatal smoking cessation, evidence-based maternal, infant, and early childhood home visiting program for families in at-risk communities, birth through age 8 child wellness Project LAUNCH program, Special Needs Vision Clinic, colon disease prevention project of Henry Ford Health System and Chaldean Chamber Foundation, federal Medicaid matching funds available for local nurse family partnership programs, and other projects	Funding Source(s):	Federal GF/GP	4,272,300 392,900
<i>Related Boilerplate Section(s): 1137, 1138</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; risk reduction education for the public and for health care and child care providers; and reporting and surveillance
		Funding Source(s): Federal 321,300
		Related Boilerplate Section(s): None

GROSS APPROPRIATION	\$34,842,000 \$31,841,800	Total of all applicable line item appropriations
Total federal revenue	26,533,600	Includes the following federal grants: preventive health and health services block, maternal and child health services block, childhood lead poisoning prevention and surveillance, Social Security Act Title XIX Medicaid, Public Health Service Act Title X family planning, early-on for infants and families with disabilities Part C, oral disease prevention, universal newborn hearing screening, early hearing detection and intervention, special projects of regional and national significance (SPRANS) - state systems development initiative (SSDI), comprehensive school health education, early childhood comprehensive systems, children's oral healthcare access, project LAUNCH - linking actions for unmet needs in children's health, and Patient Protection and Affordable Care Act maternal, infant, and early childhood home visiting program grant
Total local revenue	75,000	Local school district funds originated from the state School Aid Fund, to support teen health centers; here used for related local administrative services
Total state restricted revenue	1,505,200	Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$3,728,200 \$3,728,000	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

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

This appropriation unit provides funding for supplemental nutritious foods, nutrition education, breast feeding education and support, 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	45.0	Full-time equated (FTE) positions in the state classified service
Women, infants, and children program administration and special projects – 45.0 FTE positions	\$13,597,400	FTEs, contractual services, supplies, and other related costs to administer federal Women, Infants, and Children (WIC) Special Supplemental Food and Nutrition Programs and special projects: WIC Project FRESH farmer's market nutrition program, WIC breastfeeding peer counseling, and annual WIC infrastructure projects including: expansion of electronic benefit card system, breastfeeding support services, local agency infrastructure support, and independent validation and verification consulting Funding Source(s): Federal 13,301,300 Private 296,100 <i>Related Boilerplate Section(s): 650, 1101, 1151, 1153</i>
Women, infants, and children program local agreements and food costs	253,825,500	Federal program of funding for grants to local public health departments and other agencies to provide nutritious food, infant formula, and counseling and education on nutrition, health, and breast-feeding to at-risk pregnant women and new mothers, infants, and children up to age five; referrals to health care and other services, local program administration, and local enrollment of participants. Rebate funds from infant formula manufacturers support food costs per federal program regulations. Participation in FY 2009-10 averaged 256,100, an increase from 243,300 in FY 2008-09. Funding Source(s): Federal 195,511,400 Private 58,314,100 <i>Related Boilerplate Section(s): 1101, 1153</i>
GROSS APPROPRIATION	\$267,422,900	Total of all applicable line item appropriations
Total federal revenue	208,812,700	Includes the following grants: WIC special supplemental nutrition program, WIC farmer's market nutrition program, and WIC infrastructure grants for electronic benefit transfer system, breastfeeding peer counseling, and other projects
Total private revenue	58,610,200	Rebates from infant formula manufacturers for WIC program, and revenue from private companies and foundations related to WIC farmer's market nutrition programs
GENERAL FUND/ GENERAL PURPOSE	\$0	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 115: CHILDREN'S SPECIAL HEALTH CARE SERVICES

This appropriation unit funds medical care provided through the Children's Special Health Care Services program (CSHCS) and for related administrative functions. The program pays for health services primarily to children under 21 years of age with certain chronic medical conditions that require specialty care.

Full-time equated classified positions	47.8	Full-time equated (FTE) positions in the state classified service	
Children's special health care services administration – 45.0 FTE positions	\$5,081,000	Staffing, contractual services, supplies, and other administrative costs for the Children's Special Health Care Services Division. The division includes three sections: Policy and Program Development, Quality and Program Services, and Customer Support. The division also oversees the Family Center for Children and Youth with Special Health Care Needs, a parent-directed initiative which helps advise CSHCS policies and procedures, and provides staff to administer the Children with Special Needs Fund	
		Funding Source(s):	Federal 2,376,500 Restricted 89,500 GF/GP 2,615,000
		<i>Related Boilerplate Section(s): None</i>	
Bequests for care and services – 2.8 FTE positions	1,511,400	Payment for services not covered by Medicaid or CSHCS such as wheelchair ramps and van lifts; supports Parent Participation Program with monies from Trust Fund for Children with Special Health Care Needs	
		Funding Source(s):	Federal 104,600 Private 996,800 Restricted 410,000
		<i>Related Boilerplate Section(s): None</i>	
Outreach and advocacy	3,773,500	Grants to local health departments to identify and enroll children in the program; and case management and care coordination services	
		Funding Source(s):	Federal 2,490,300 GF/GP 1,283,200
		<i>Related Boilerplate Section(s): 1203</i>	
Nonemergency medical transportation	2,679,300	Transportation costs for CSHCS eligible families eligible who also have Medicaid coverage (below 200% of poverty level) in need of assistance to access health care services	
		Funding Source(s):	Federal 686,700 GF/GP 1,992,600
		<i>Related Boilerplate Section(s): 1773</i>	
Medical care and treatment	241,368,200	Reimburses hospitals, physicians, pharmacies, and other health care professionals providing medical services to CSHCS eligible persons	
		Funding Source(s):	Federal 136,674,600 ARRA 9,686,700 Restricted 3,340,100 GF/GP 91,666,800
		<i>Related Boilerplate Section(s): 1201, 1202, 1204, 1205, 1653</i>	
GROSS APPROPRIATION	\$254,413,400	Total of all applicable line item appropriations	
Total other federal revenues	142,332,700	Maternal and child health block grant, and non-ARRA Title XIX Medicaid funds	

Federal FMAP stimulus (ARRA)	9,686,700	Temporary Title XIX Medicaid funds received under federal American Recovery and Reinvestment Act, P.L. 111-5 and the step-down enhanced FMAP extension in P.L. 111-226
Total private revenue	996,800	Individual and corporate donations, and interest on those donations
Total state restricted revenue	3,839,600	Funds from parent pay agreements and fees associated with CSHCS programs
GENERAL FUND/ GENERAL PURPOSE	\$97,557,600	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 116: 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. The five-member Commission is appointed by the Governor.

Full-time equated classified positions	11.0	Full-time equated (FTE) positions in the state classified service
Grants administration services – 11.0 FTE positions	\$1,539,800	FTEs, related costs, and contracts to manage crime victim service programs and grants, provide publications for crime victims, and administer statewide automated Michigan Crime Victim Notification Network <div style="text-align: right; margin-right: 20px;"> Funding Source(s): Federal 363,700 Restricted 1,176,100 </div> <p style="text-align: right; margin-right: 20px;"><i>Related Boilerplate Section(s): 1304</i></p>
Justice assistance grants	13,000,000	Grants to public and private agencies for direct services to crime victims including crisis counseling, personal and legal advocacy, therapy, shelter, and referral, with priority to victims of sexual assault, spousal abuse, child abuse, and underserved victims <div style="text-align: right; margin-right: 20px;"> Funding Source(s): Federal 13,000,000 </div> <p style="text-align: right; margin-right: 20px;"><i>Related Boilerplate Section(s): 1302</i></p>
Crime victim rights services grants	12,500,000	Funding for: compensation as payor of last resort to crime victims who suffer bodily injury for medical expenses, counseling, burial assistance, and loss of earnings caused by the injury; reimbursement to health care providers for victim forensic exams related to sexual assault; training for local prosecutors, law enforcement, sheriffs, courts, jails, and other agencies to notify, inform, consult, and protect victims of crime as required by statute; and the Crime Victim Notification Network connecting prosecutors' offices with jails to inform crime victims of perpetrator status changes and court dates <div style="text-align: right; margin-right: 20px;"> Funding Source(s): Federal 3,200,000 Restricted 9,300,000 </div> <p style="text-align: right; margin-right: 20px;"><i>Related Boilerplate Section(s): None</i></p>
GROSS APPROPRIATION	\$27,039,800	Total of all applicable line item appropriations
Total federal revenue	16,563,700	Victims of Crime Act justice assistance grant and Victims of Crime Act victim compensation grant
Total state restricted revenue	10,476,100	Crime Victim's Rights Fund revenue from fees assessed against convicted criminal defendants
GENERAL FUND/ GENERAL PURPOSE	\$0	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 117: OFFICE OF SERVICES TO THE AGING

This appropriation unit provides funding for the Office of Services to the Aging to provide supportive community-based and in-home programs, services, policies and advocacy for Michigan's older persons and their families. The fifteen-member Commission on Services to the Aging is appointed by the Governor. The Office of Services to the Aging is a Type I agency, as defined in Act 380 of the Public Acts of 1965.

Full-time equated classified positions	43.5	Full-time (FTE) equated positions in the state classified service									
Office of services to aging administration – 43.5 FTE positions	\$7,073,600	<p>FTEs, related costs, and contracts to develop and administer services for Michigan's older citizens pursuant to State Plan, and to federal and state law; also funding for Kinship Care Center, state long term care ombudsman, state planning for long-term care supports and services, quality assurance reviews of publicly funded long-term care programs, and development of Aging and Disability Resource Center partnerships</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">4,856,200</td> </tr> <tr> <td></td> <td>Private</td> <td style="text-align: right;">177,500</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">2,039,900</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 272, 282, 1413, 1417</i></p>	Funding Source(s):	Federal	4,856,200		Private	177,500		GF/GP	2,039,900
Funding Source(s):	Federal	4,856,200									
	Private	177,500									
	GF/GP	2,039,900									
Community services	34,269,400	<p>Includes grant to Inter-Tribal Council of Michigan for tribal elders programs of 12 Michigan tribes, and grants to regional Area Agencies on Aging for all of the following programs:</p> <p><u>Access to Local Services</u>: information assistance, outreach, case coordination, transportation</p> <p><u>Alternative Care Services</u>: in-home services, adult day care</p> <p><u>Care Management Services</u>: plan and manage various services to allow frail elderly to live independently at home</p> <p><u>Community Services</u>: health education and wellness, health screening, counseling, senior citizen center support, and home repair</p> <p><u>Legal Assistance</u>: includes CLAIMS program of coordinated low-cost legal services for needy at-risk seniors who wish to remain independent</p> <p><u>Elder Abuse Prevention and Treatment</u>: education and training coordination in collaboration with local and statewide organizations</p> <p><u>In-Home Services</u>: personal care, and homemaker, chore, and home health aide services for frail elderly who have no support network</p> <p><u>Long Term Care Ombudsman</u>: local advocacy and education services for long-term care facility residents and their family members</p> <p><u>Medicare/Medicaid Assistance and Medicare Improvement Programs</u>: outreach, health benefits counseling and assistance for seniors with Medicare and Medicaid; and improvements in outreach to low-income seniors who are Medicare beneficiaries</p> <p><u>National Family Caregiver Support Program</u>: information, assistance, counseling and support, caregiver training, respite care, and supplemental services for informal caregivers</p> <p><u>Preventive Health Services</u>: health promotion and disease prevention services, disease self-management programs, and nutrition education</p> <p><u>Nursing Home Diversion</u>: pilot program targets community and caregiver services to help persons avoid nursing home placement and Medicaid spend-down</p> <p style="text-align: right;">(Community services continued on next page)</p>									

(Community services)

(Continued from previous page)

Evidence-Based Prevention Program: pilot program for balance, fitness and chronic disease self-management programs for seniors
Alzheimer's and Dementia Programs for caregivers, and for caregivers of veterans

Funding Source(s):	Federal	21,715,900
	Private	200,000
	GF/GP	12,353,500

Related Boilerplate Section(s): 1401, 1404

Nutrition services	35,360,200	Grants to regional Area Agencies on Aging for food and nutrition services for vulnerable elderly adults including at least one hot or other appropriate meal per day in a congregate setting or as a home-delivered meal, and nutrition education services; federal per-meal reimbursement supports congregate and home-delivered meals; and funding for Senior Project FRESH Farmer's Market Nutrition Program
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Funding Source(s):	Federal	26,343,200
	Private	230,000
	GF/GP	8,787,000

Related Boilerplate Section(s): 1401, 1403, 1404, 1418

Foster grandparent volunteer program	2,233,600	Grants to local agencies for the Foster Grandparent Program: low-income seniors volunteer 20 hours per week to assist children and youth who need personal attention and special help; a stipend is paid to volunteers. Established under federal Corporation for National and Community Service
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Funding Source(s):	GF/GP	2,233,600
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Related Boilerplate Section(s): None

Retired and senior volunteer program	627,300	Grants to local agencies for the Retired and Senior Volunteer Program to support community senior citizen volunteers. Established under federal Corporation for National and Community Service
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Funding Source(s):	GF/GP	627,300
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Related Boilerplate Section(s): None

Senior companion volunteer program	1,604,400	Grants to local agencies for the Senior Companion Program: 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. Established under federal Corporation for National and Community Service
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Funding Source(s):	GF/GP	1,604,400
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Related Boilerplate Section(s): None

Employment assistance	3,792,500	Grants to regional Area Agencies on Aging to administer federal Senior Community Service Employment Program to provide subsidized part-time community service interim employment opportunities for low-income seniors
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Funding Source(s):	Federal	3,792,500
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Related Boilerplate Section(s): None

Respite care program	5,868,700	Grants 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 may be provided in the home or in an adult day care setting
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Funding Source(s):	Merit Award	4,468,700
	Other Restricted	1,400,000

Related Boilerplate Section(s): 1404, 1406

GROSS APPROPRIATION	\$90,829,700	Total of all applicable line item appropriations
Total federal revenue	56,707,800	Federal revenue includes Older Americans Act Title III grants for supportive services (Part B), disease prevention (D), nutrition services (C-1 and C-2), and national family caregiver support (E), Title V senior community service employment grants, Title VII grants for prevention of elder abuse (G) and long-term care ombudsman (A), Health and Human Services nutrition services incentive program grant (formerly U.S. Department of Agriculture commodity supplement funds), USDA senior farmers market nutrition program grant, Social Security Act Title XIX Medicaid funds, Centers for Medicare and Medicaid Services (CMS) research demonstration and evaluation grant, Medicaid/Medicare assistance program grant, model approaches to statewide legal assistance systems for seniors grant, nursing home diversion grant, evidence-based prevention grant, Alzheimer's and dementia grant, Alzheimer's disease innovation grant, CMS state profile grant, long term care system transformation grant, Medicare Improvements for Patients and Providers Act enrollment assistance grant, and aging and disability resource center grant
Total private revenue	607,500	Private contributions collected by county cooperative extension agencies to support administration of Senior Project FRESH Farmer's Market Nutrition programs; private Relatives as Parents Program grant from the Brookdale Foundation used to support Michigan State University Kinship Care Resource Center; and civil monetary penalty funds from nursing home noncompliance with medical services certification regulations
Merit award trust fund	4,468,700	State revenue from 1998 master settlement agreement with tobacco companies
Total other state restricted revenue	1,400,000	Senior Care Respite Fund revenue from escheats to the state from uncashed benefits paid by the nonprofit health care corporation Blue Cross and Blue Shield of Michigan
GENERAL FUND/ GENERAL PURPOSE	\$27,645,700	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 118: MEDICAL SERVICES ADMINISTRATION

This appropriation unit contains funding for staffing, contracts, and other administrative functions related to the Medicaid, MICHild, and indigent care programs. The functions carried out by the Medical Services Administration include the approval and payment of medical services claims, program and policy development, provider enrollment, collection of third-party resources, payment recovery, efforts to maximize the use of federal matching funds, and the development of health information technology initiatives.

Full-time equated classified positions	444.0 413.0	Full-time equated (FTE) positions in the state classified service																
Medical services administration – 444.0 FTE positions PARTIAL VETO	\$65,703,000 \$65,628,000	Salary, other personnel costs, office supplies, contracts, travel, and non-computer-related equipment expenditures related to the Medical Services Administration, which administers the Medicaid program. The Administration is made up of the following bureaus: <u>Medicaid Policy and Actuarial Services</u> : Program eligibility and benefit policy development, actuarial and financial analysis for reimbursement rate setting <u>Medicaid Financial Management</u> : Medicaid claims processing and provider relations, reimbursement policy and rate setting/review, home and community-based waiver services, third party liability recovery, and Medicaid integrity program teams <u>Medicaid Program Operations and Quality Assurance</u> : Customer enrollment and eligibility quality assurance, managed care plan management and policy, and data management and analysis, Office of Medical Affairs and Pharmacy	<table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">43,786,300</td> </tr> <tr> <td></td> <td>Local</td> <td style="text-align: right;">105,900</td> </tr> <tr> <td></td> <td>Private</td> <td style="text-align: right;">100,000</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">105,200</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">21,530,500</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 285, 1687, 1693(2), 1812, 1838</i></p>	Funding Source(s):	Federal	43,786,300		Local	105,900		Private	100,000		Restricted	105,200		GF/GP	21,530,500
Funding Source(s):	Federal	43,786,300																
	Local	105,900																
	Private	100,000																
	Restricted	105,200																
	GF/GP	21,530,500																
Facility inspection contract	132,800	Funds for Medicaid's share of fire safety inspections of medical care facilities conducted by the Department of Labor and Economic Growth	<table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">132,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	GF/GP	132,800												
Funding Source(s):	GF/GP	132,800																
MICHild administration	4,327,800	Administrative services, eligibility determination, and contract monitoring costs related to MICHild program	<table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">4,327,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	4,327,800												
Funding Source(s):	Federal	4,327,800																
State health information exchange (ARRA)	8,000,000	Funds capacity building within the health care system to develop increased connectivity enabling patient-centric information flow to improve the quality and efficiency of care	<table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">ARRA</td> <td style="text-align: right;">8,000,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 1844</i></p>	Funding Source(s):	ARRA	8,000,000												
Funding Source(s):	ARRA	8,000,000																
GROSS APPROPRIATION	\$78,163,600 \$78,088,600	Total of all applicable line item appropriations																
Total federal revenue	48,151,600 48,114,100	Federal Title XIX Medicaid funds and Title XXI State Children's Health Insurance Program (SCHIP) funds																
Federal revenues (ARRA)	8,000,000	Grant funding under the federal American Recovery and Reinvestment Act (ARRA) to fund efforts to build capacity for exchanging health information across the health care system both within and across states																
Total local revenue	105,900	Funds from public hospitals																

Total private revenue	100,000	Private funds from foundations.
Total state restricted revenue	105,300	Funds from public university and college hospitals
GENERAL FUND/ GENERAL PURPOSE	\$21,700,800 \$21,663,300	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 119: MEDICAL SERVICES

This appropriation unit contains funding for payment of health care services to low-income persons eligible for Medicaid, MICHild, Medicare Part D, and indigent care programs. Also included are special Medicaid financing payments which increase federal earnings, thereby reducing state GF/GP costs.

Hospital services and therapy	\$1,308,254,500	Inpatient/outpatient hospital, mental hospital, and psychiatric unit services for Medicaid eligible patients	
		Funding Source(s):	Federal 863,744,200
			ARRA 69,096,700
			Restricted 314,727,200
			GF/GP 60,686,400

Related Boilerplate Section(s): 1604, 1611, 1631, 1641 1642, 1643, 1647, 1649, 1657, 1658, 1699, 1711, 1712, 1740, 1786, 1819, 1828, 1842

Hospital disproportionate share payments	52,500,000	Special payments to hospitals that serve a high percentage of low-income patients that are either uninsured or are covered by Medicaid, State Medical Program, or Children's Special Health Care Services	
		Funding Source(s):	Federal 34,344,700
			Restricted 8,875,700
			GF/GP 9,279,600

Related Boilerplate Section(s): 1699

Physician services	301,252,900	Medicaid covered office/home visits provided by physicians, nurse midwives, and nurse practitioners; immunizations, EPSDT, prenatal care, podiatric care, family planning, and medical clinics	
		Funding Source(s):	Federal 198,166,600
			ARRA 16,424,100
			GF/GP 86,662,200

Related Boilerplate Section(s): 1630, 1631, 1635, 1636, 1828

Medicare premium payments	399,490,400	Medicare premiums/co-payments/deductibles for Medicaid-eligible persons who also qualify for Medicare, and certain other low-income Medicare beneficiaries; insurance premiums for persons with AIDS	
		Funding Source(s):	Federal 322,717,000
			ARRA 19,422,700
			GF/GP 57,350,700

Related Boilerplate Section(s): None

Pharmaceutical services	401,414,600	Prescription drugs, laboratory, orthotics, prosthetics, medical and oxygen supplies provided under Medicaid program	
		Funding Source(s):	Federal 262,930,300
			ARRA 21,788,500
			GF/GP 116,695,800

Related Boilerplate Section(s): 1620, 1621, 1623, 1627, 1629, 1724, 1728, 1767, 1822, 1828

Home health services	6,109,200	Inpatient/outpatient hospital, mental hospital, and psychiatric unit services for Medicaid eligible patients	
		Funding Source(s):	Federal 4,019,200
			ARRA 333,000
			GF/GP 1,757,000

Related Boilerplate Section(s): 1611, 1631, 1641, 1643, 1647, 1649, 1657, 1658, 1699, 1711, 1712, 1740, 1786, 1794, 1819, 1828

Hospice services	115,000,000	Health services to terminally ill Medicaid eligible individuals with life expectancy of six months or less: physician services, nursing care, social work, and counseling which may be provided at home or in an adult foster care facility, boarding home, home for the aged, or assisted living facility	Funding Source(s):	Federal	75,658,400
				ARRA	6,270,400
				GF/GP	33,071,200
			<i>Related Boilerplate Section(s): 1683</i>		
Transportation	15,481,300	Non-emergency transportation costs paid most often through local DHS offices for Medicaid recipients to obtain regular medical care	Funding Source(s):	Federal	8,908,800
				ARRA	402,000
				GF/GP	6,170,500
			<i>Related Boilerplate Section(s): 1773</i>		
Auxiliary medical services	5,487,500	Hearing, speech, and vision services covered by Medicaid	Funding Source(s):	Federal	3,569,800
				ARRA	295,800
				GF/GP	1,621,900
			<i>Related Boilerplate Section(s): 1631, 1828, 1836</i>		
Dental services	145,313,300	Dental services covered by Medicaid program	Funding Source(s):	Federal	94,947,800
				ARRA	7,868,600
				Restricted	589,000
				GF/GP	41,907,900
			<i>Related Boilerplate Section(s): 1630, 1631, 1633</i>		
Ambulance services	11,335,700	Medicaid covered emergency medical transportation and medically necessary non-emergency transportation services	Funding Source(s):	Federal	7,405,900
				ARRA	613,800
				GF/GP	3,316,000
			<i>Related Boilerplate Section(s): None</i>		
Long-term care services	1,687,362,700	Long-term care services to Medicaid eligible persons in nursing home settings, county medical care facilities, and hospital critical care units	Funding Source(s):	Federal	1,128,268,000
				ARRA	94,017,700
				Local	6,618,800
				Merit Award	81,988,900
				Restricted	246,374,800
				GF/GP	130,094,500
			<i>Related Boilerplate Section(s): 1606, 1641, 1680, 1682, 1683, 1685, 1687, 1689, 1695, 1732, 1741, 1775, 1777, 1789, 1828, 1838</i>		
Medicaid home- and community-based services waiver	183,723,300	Non-institutional services including case management, personal care, homemaker services, home delivered meals, transportation, respite care, adult day care, medical supplies and equipment, and private duty nursing provided to the elderly and disabled to enable them to remain in their home	Funding Source(s):	Federal	116,145,900
				ARRA	7,635,300
				Local	265,000
				Private	2,100,000
				GF/GP	57,577,100
			<i>Related Boilerplate Section(s): 1681, 1684, 1687, 1689, 1690, 1824, 1834</i>		

Adult home help services	304,928,900	Adult home help services to Medicaid eligible aged, blind, and disabled persons to enable them to remain in independent living arrangements; includes assistance with eating, toileting, bathing, dressing, taking medication, shopping, housecleaning, meal preparation, and laundry services
		Funding Source(s): Federal 202,644,500 ARRA 16,794,600 GF/GP 85,489,800
		<i>Related Boilerplate Section(s): 1690, 1691, 1718</i>
Personal care services	24,409,600	Payment made directly to an adult foster care home or home for the aged to support personal care service needs of Medicaid eligibles
		Funding Source(s): Federal 16,059,200 ARRA 1,330,700 GF/GP 7,019,700
		<i>Related Boilerplate Section(s): 1601, 1688</i>
Program of all-inclusive care for the elderly	23,600,000	Social and medical services for frail, elderly individuals that meet Medicaid's criteria for nursing facility level of care. This capitated benefit authorized by the Balanced Budget Act of 1997 (BBA) provides a comprehensive service delivery system and integrated Medicare and Medicaid financing permitting participants to continue living at home while receiving services rather than being institutionalized. A single PACE organization becomes the sole source of services for Medicare and Medicaid beneficiaries who choose to enroll
		Funding Source(s): Federal 15,526,500 ARRA 1,286,600 GF/GP 6,786,900
		<i>Related Boilerplate Section(s): 1813</i>
Health plan services	4,028,012,700	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 2,648,380,300 ARRA 215,663,600 Local 9,659,000 Restricted 952,489,000 GF/GP 201,820,800
		<i>Related Boilerplate Section(s): 1204, 1635, 1636, 1647, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1659, 1660, 1661, 1662, 1679, 1681, 1684, 1688, 1689, 1690, 1699, 1711, 1739, 1740, 1752, 1756, 1764, 1772, 1775, 1783, 1786, 1787, 1815, 1816, 1819, 1820, 1821, 1822, 1824, 1826, 1835</i>
MiChild program	52,709,100	Comprehensive health care services to non-Medicaid eligible low-income children in households with income up to 200% of poverty
		Funding Source(s): Federal 40,085,200 GF/GP 12,623,900
		<i>Related Boilerplate Section(s): 1670, 1671, 1673, 1677, 1678, 1679</i>
Plan first family planning waiver	11,269,900	Family planning services benefit for non-pregnant women ages 19 through 44, at or below 185% of poverty level and who meet Medicaid eligibility. Plan First! Medicaid family planning waiver program began July 2007 to provide preventative health care for women with intent to reduce infant mortality, child abuse and neglect, and unintended pregnancy. Program does not include coverage for abortions or treatment of infertility
		Funding Source(s): Federal 10,142,900 GF/GP 1,127,000
		<i>Related Boilerplate Section(s): None</i>

Medicaid adult benefits waiver	124,208,300	Limited health care coverage for low income (at or below 35% of federal poverty level) adults between 19 and 64 years of age with no minor or dependent children living in their home, who are not covered by health care insurance. Services covered include pharmacy, emergency room and physician Funding Source(s): Federal 81,716,700 ARRA 6,940,000 Local 6,653,800 Restricted 6,100,000 GF/GP 22,797,800
<i>Related Boilerplate Section(s): 1716, 1839</i>		
Special indigent care payments	88,518,500	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 58,236,300 Local 30,282,200
<i>Related Boilerplate Section(s): None</i>		
Federal Medicare pharmaceutical program	152,119,200	Phased-down state contribution (clawback provision) as required by Medicare Part D drug program Funding Source(s): GF/GP 159,119,200
<i>Related Boilerplate Section(s): None</i>		
Promotion of healthy behavior waiver	10,000,000	Federal funds that will allow the state to provide financial incentives for positive health behavior practiced by Medicaid recipients Funding Source(s): Federal 10,000,000
<i>Related Boilerplate Section(s): 1734</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 the difference between actual costs and Medicaid payment rates Funding Source(s): Federal 20,279,500
<i>Related Boilerplate Section(s): None</i>		
Subtotal basic medical services program	9,472,781,100	Total authorization for regular Medicaid, MICHild and other medical services programs
School-based services	91,296,500	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 91,296,500
<i>Related Boilerplate Section(s): 1692, 1697</i>		
Special Medicaid reimbursement	359,191,500	Special payments to various health providers which allow the state to earn additional federal Medicaid funds Funding Source(s): Federal 231,825,500 ARRA 13,851,400 Local 6,410,100 Private 913,900 Restricted 105,777,500 GF/GP 413,100
<i>Related Boilerplate Section(s): 1693, 1694, 1699, 1742, 1846</i>		
Subtotal special medical services payments	450,488,000	Total authorization for Medicaid school based services and special Medicaid reimbursement

GROSS APPROPRIATION	\$9,923,269,100	Total of all applicable line item appropriations
Total other federal revenues	6,547,019,700	Federal Title XIX Medicaid funds, Title XXI State Children's Health Insurance Program (SCHIP) funds and Money Follows the Person funds
Federal FMAP stimulus (ARRA)	500,035,500	Temporary Title XIX Medicaid funds received under federal American Recovery and Reinvestment Act, P.L. 111-5 and the step-down enhanced FMAP extension in P.L. 111-226
Total local revenue	59,888,900	From county indigent care programs, county maintenance of effort payments for medical care facilities, Medicaid special adjustor payments, and public school district funds for teen health centers
Total private revenue	3,013,900	Private funds from Federally Qualified Health Centers
Merit award trust fund	81,988,900	State revenue from 1998 master settlement agreement with tobacco companies
Total state restricted revenue	1,634,933,200	Health and Safety Fund, Healthy Michigan Fund, Medicaid Benefits Trust Fund, provider assessments, intergovernmental transfers, special financing and legal settlements
GENERAL FUND/ GENERAL PURPOSE	\$1,096,389,000	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 120: INFORMATION TECHNOLOGY

This appropriation unit contains funds for information technology services and projects administered by the Department of Technology, Management and Budget and Michigan Medicaid information system.

Information technology services and projects	\$35,025,200	Information technology services and projects administered by the Department of Technology, Management and Budget, and user fees for these projects and services
		Funding Source(s):
		Federal
		Restricted
		GF/GP
		21,317,600
		3,192,300
		10,515,300

Related Boilerplate Section(s): 259

Michigan Medicaid information system	16,801,100	Funds used for the Community Health Automated Medicaid System (CHAMPS)
		Funding Source(s):
		Federal
		GF/GP
		15,121,000
		1,680,100

Related Boilerplate Section(s): None

GROSS APPROPRIATION	\$51,826,300	Total of all applicable line item appropriations
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Total federal revenue	36,438,600	Includes Title XIX Medicaid, WIC revenue, substance abuse block grant, Victim of Crime Act grant, and Social Security Administration electronic death registry grant
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Total state restricted revenue	3,192,300	Includes vital records fees, health systems fees and collections, fees assessed against convicted defendants deposited in Crime Victim's Rights Services Fund, newborn screening fees, first and third party revenue from hospitals and centers, Health Professions Regulatory Fund revenue, radiological fees, Pain, Management, Education and Controlled Substances, Electronic Monitoring and Antidiversion Fund revenue, Emergency Medical Services fees, and certificate of need fees
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GENERAL FUND/ GENERAL PURPOSE	\$12,195,400	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue
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BOILERPLATE SECTION INFORMATION

GENERAL SECTIONS

Sec. 201. State Spending

Total FY 2010-11 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 act are subject to the Management and Budget Act. Provides that funds in which the state acts as a custodian or agent are not subject to an annual appropriation.

Sec. 203. Terms and Acronyms

Provides definitions for terms and acronyms used in this act.

Sec. 204. Civil Service Charges

Requires Civil Service Commission to bill DCH at the end of the first fiscal quarter for the charges authorized by the State Constitution of 1963. Requires DCH to pay the total billing by end of the second fiscal quarter.

Sec. 205. Hiring Freeze

Imposes hiring freeze on full-time state classified civil service employees, except internal transfers of classified employees from one position to another in a department or when the freeze will render DCH unable to deliver basic services, cause loss of revenue to the state, result in inability of the state to receive federal funds, and necessitate additional expenditures that exceed vacancy savings. Requires annual report on the number of exceptions to hiring freeze and the reasons to justify those exceptions.

Sec. 206. Contingency Funds

Appropriates up to \$100 million federal contingency funds, up to \$20 million state restricted contingency funds, up to \$20 million local contingency funds, and up to \$10 million private contingency funds. Specifies that contingency funds are not available for expenditure until transferred according to Section 393(2), pursuant to the Management and Budget Act.

Sec. 208. Internet Reporting Requirements

Requires that DCH use the Internet to fulfill the reporting requirements of this act, 2010 PA 187.

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. Requires that preference be given to goods or services, or both, manufactured by Michigan businesses if competitively priced and of comparable quality. Requires that preference be given to goods or services, or both, manufactured by Michigan businesses owned and operated by veterans if competitively priced and of comparable quality.

Sec. 210. Businesses in Deprived and Depressed Communities

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

Sec. 211. Fee Revenue and Restricted Fund Balances

Allows the carryforward of fee revenue, with approval of the State Budget Director, into the next fiscal year and to be used as the first source of funding in that fiscal year. Requires report on balances of restricted funds administered by DCH.

Sec. 212. Fund Sources Supporting Line Items

Requires report by February 1, 2011, on FY 2010-11 appropriation fund sources by line item. Requires report on amount and detailed source of funds to support FY 2011-12 Executive Budget Recommendation upon budget release.

Sec. 213. Report on Tobacco Tax and Healthy Michigan Funds

Requires state departments, agencies, and commissions receiving tobacco tax and Healthy Michigan funds to report on programs utilizing these funds by April 1, 2011, to the 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 the Healthy Michigan fund for lobbying as defined in 1978 PA 472.

BOILERPLATE SECTION INFORMATION

Sec. 215. Policy Changes Implementing Public Acts

Requires a report by April 1, 2011 on each policy change made to implement a public act affecting DCH which took effect during the preceding calendar year. Prohibits the use of appropriated funds by DCH on adopting a rule that will apply and have a disproportionate economic impact on small businesses.

Sec. 216. Use of Prior-Year Revenue

Allows the use of prior-year revenue for write-offs of accounts receivables, deferrals, and prior-year obligations. Does not limit DCH's ability to satisfy appropriation deductions in Part 1 to collections and accruals in the current fiscal year. Requires DCH to report by March 15, 2011, on all reimbursements, refunds, adjustments, and settlements from prior years to the 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 DCH to contract with the Michigan Public Health Institute for the design and implementation of projects and other public health related activities. Requires DCH to report on each funded project by November 1, 2010, and May 1, 2011. Requires DCH to provide, by September 30, 2010, copies of all reports, studies, and publications produced by the Institute.

Sec. 220. Audits of Michigan Public Health Institute Contracts

Requires all contracts with the Michigan Public Health Institute funded with Part 1 appropriations to include a provision requiring financial and performance audits by the state Auditor General of funded projects with state appropriations.

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

Allows DCH to establish and collect fees for publications, videos and related materials, conferences, and workshops. Requires collected fees to be used to offset expenditures for printing and mailing costs of publications, videos and related materials, and costs of conferences and workshops. Prohibits DCH from collecting fees that exceed expenditures.

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

Directs DCH to pay user fees to the Department of Technology, Management, and Budget (DTMB) for technology-related services and projects from Part 1 appropriated funds for IT. Subjects user fees to provisions of an interagency agreement between DCH and DTMB.

Sec. 264. Submission and Applications for Medicaid Waivers

Requires DCH to notify the House and Senate Appropriations Subcommittees on Community Health and House and Senate Fiscal Agencies upon the submission of a Medicaid waiver, a Medicaid state plan amendment, or similar proposal to the Centers for Medicare and Medicaid Services. Requires written and verbal biannual reports on the status of discussions with federal agencies on potential or future Medicaid waiver applications.

Sec. 265. Retention of Reports

Directs 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 or is necessary to protect the health or safety of Michigan citizens, produce budgetary savings or increase state revenue, comply with federal requirements, secure specialized training for staff financed entirely by federal or nonstate funds. Requires DCH to report on out-of-state travel for the preceding fiscal year by January 1, 2011.

Sec. 267. Disciplinary Action Against State Employee

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

Sec. 270. Notification from Attorney General on Legal Actions

Requires DCH to provide a written report on total amounts recovered from legal actions, programs, or services for which monies were originally expended; details on disposition of funds recovered from legal actions; and descriptions of facts involved in legal actions within 180 days after receipt of notice from the Attorney General of legal actions in which expenses have been recovered.

BOILERPLATE SECTION INFORMATION

Sec. 271. *Mental Health Services Intervention Pilot Project*

Requires DCH, in cooperation with a PIHP, Medicaid HMO, or federally qualified health center to establish and implement an early mental health services intervention pilot project. Requires the project to provide care coordination, disease management, and pharmacy management to eligible recipients suffering from chronic disease including, but not limited to, diabetes, asthma, substance addiction, or stroke. Requires DCH to encourage each CMHSP and Medicaid health plan act in a coordinated manner in the establishment of their respective electronic medical record systems. Requires a progress report on the pilot project by May 1, 2011.

Sec. 276. *Legal Services of Attorney General*

Prohibits use of appropriated funds by DCH to hire a person to provide legal services that are the responsibility of the Attorney General. Provides that the prohibition does not apply to legal services for bonding activities and those activities authorized by the Attorney General.

Sec. 282. *Administrative Costs for Coordinating Agencies and Area Agencies on Aging*

Requires DCH to establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities: coordinating agencies on substance abuse, Salvation Army Harbor Light program, and area agencies on aging and local providers. Requires DCH to provide a written draft of its proposed definitions, standards, and instructions by May 15, 2011.

Sec. 285. *Prescription Drug Website – VETOED*

Requires DCH to expand its prescription drug website, by July 1, 2011, to provide: the 150 most commonly prescribed brand name drug products under the Medicaid program, links to other websites that would be of assistance to consumers, and toll-free numbers that residents may call to determine eligibility for prescription drug programs including free and discounted prescription drug programs.

Sec. 287. *General Fund/General Purpose Lapses*

Requires DCH to report on the estimated general fund/general purpose appropriations lapses at the close of the previous fiscal year by no later than December 1, 2010.

Sec. 292. *Civil Service Classification Pay Status and Publicly Accessible Internet Website*

Requires the department to report on the number of full-time equated positions in pay status by civil service classification on a quarterly basis. Requires DCH to develop, post, and maintain on a publicly accessible Internet website all expenditures made by DCH within a fiscal year which includes the purpose for which expenditures are made. Prohibits DCH from providing financial information on the website that violates federal or state law, rule, regulation, or guideline that establishes applicable privacy or security standards.

Sec. 293. *Implementation of Publicly Accessible Internet Website*

Prohibits DCH from expending more than \$10,000 from Part 1 appropriations to implement publicly accessible Internet website.

DEPARTMENTWIDE ADMINISTRATION

Sec. 301. *Worker's Compensation Funds*

Allows DCH 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 (MCL 330.1818).

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS

Sec. 350. *Michigan Protection and Advocacy Agency*

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

BOILERPLATE SECTION INFORMATION

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 prepaid inpatient health plans (PIHPs). Requires that DCH ensure each CMHSP or PIHP provides a complete array of mental health services, coordination of inpatient and outpatient hospital services, individualized plans of services, a case or care management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code.

Sec. 402. Contracts Between DCH and CMHSPs/PIHPs

Requires final authorizations to CMHSPs or PIHPs be made upon execution of contracts between DCH and CMHSPs or PIHPs. Requires each contract with a CMHSP or PIHP to include a provision that it is not valid unless the total dollar obligation of all contracts entered into between DCH and CMHSPs or PIHPs for FY 2010-11 does not exceed Part 1 appropriations. Requires DCH to report immediately to the House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director if there are new contracts or amendments to contracts with CMHSPs or PIHPs that would affect enacted rates or expenditures.

Sec. 403. Mental Health Services for Special Populations

Requires DCH to ensure CMHSPs or PIHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement. Prohibits appropriations for mental health services for special populations from being utilized for services to illegal immigrants, fugitive felons, and people who are not residents of the state. Requires annual report from independent organizations receiving mental health services for special populations funding.

Sec. 404. Report on CMHSPs

Requires DCH to report by May 31, 2011, on the following for CMHSPs or PIHPs: expenditures and services data, information about access to CMHSPs, lapses and carry-forwards during FY 2009-10, information on the CMH Medicaid managed care program, performance indicator information required to be submitted to DCH in contracts with CMHSPs or PIHPs, and an estimate of the number of mental health direct care workers.

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 and settings where skill building, community living supports and training, and personal care services are provided to continue to be paid to direct care workers.

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

Requires funds appropriated for the state disability assistance substance abuse services program be used to support per diem and board payments in substance abuse residential facilities. Requires DCH to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by DHS to adult foster care providers.

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

Requires that appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies. Requires coordinating agencies work with CMHSPs or PIHPs to coordinate care and services provided to individuals with severe and persistent mental illness and substance abuse diagnoses. Requires DCH to approve a coordinating agency fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay. States legislative intent that coordinating agencies continue current efforts to collaborate on the delivery of services to those clients with severe and persistent mental illness and substance abuse diagnoses. Requires coordinating agencies that are located completely within the boundary of a PIHP to conduct a study on administrative costs and efficiencies associated with consolidation with that PIHP. Stipulates that a coordinating agency realizing an administrative cost savings of 5% or greater of their current costs initiate discussions regarding a potential merger in accordance with section 6226 of the Public Health Code (MCL 333.6226).

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

Requires DCH to report by April 15, 2011, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2009-10.

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.

BOILERPLATE SECTION INFORMATION

Sec. 410. Substance Abuse Treatment for DHS Recipients

Requires DCH to assure that substance abuse treatment is provided to applicants and recipients of public assistance DHS 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

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

Sec. 412. Non-Medicaid Substance Abuse Services

Requires DCH to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance abuse services.

Sec. 414. Medicaid Substance Abuse Services

Requires Medicaid substance abuse services to be managed by PIHPs 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 PIHPs to receive a capitated payment on a per eligible per month basis to assure the provision of medically necessary substance abuse services. Requires PIHPs to be responsible for the reimbursement of claims for specialized substance abuse services. Allows PIHPs that are not coordinating agencies to continue to contract with a coordinating agency provided that the alternative arrangement is based on client service needs and has prior approval from DCH.

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

Requires DCH to report on the amount of funding paid to PIHPs to support the Medicaid managed mental health program in the preceding month.

Sec. 424. Timely Claims Process for PIHPs

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

Sec. 428. Contingency Appropriation for PIHPs

Requires PIHPs to provide local funds from internal resources that can be used as a bona fide source for the state match required under the Medicaid program in order to increase capitation rates for PIHPs.

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. 442. Medicaid Adult Benefits Waiver Program

Expresses legislative intent that \$41,386,000 transferred from CMH Non-Medicaid Services to support Medicaid Adult Benefits Waiver program be used to provide state match for increases in federal funds for primary care and specialty services provided to Medicaid Adult Benefits waiver enrollees and economic increases for Medicaid Specialty Services and Supports program. Requires the general fund balance to 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 DCH to report to the House and Senate Appropriations Subcommittees on Community Health quarterly on a summary of eligible expenditures for the Medicaid Adult Benefits Waiver program by CMHSPs.

Sec. 452. Financial Impact on CMHSPs

Prohibits retroactive implementation of any policy that results in a negative financial impact on CMHSPs or PIHPs.

Sec. 456. Consumer Choices for Mental Health Services

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

BOILERPLATE SECTION INFORMATION

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

Requires DCH to report by April 15, 2011, on the following: an updated plan for implementing each recommendation of the Michigan Mental Health Commission report on October 15, 2004; a cost-benefit analysis of establishing secure residential facilities of fewer than 17 beds for adults with serious mental illness including residential facilities' potential impact on the state's need for adult mental health facilities; and a cost-benefit analysis of establishing specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.

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

Requires DCH to continue to utilize the FY 2009-10 funding formula for all CMHSPs that receive funds appropriated under the CMH non-Medicaid services line, with the exception of administrative costs. Requires DCH to convene a Workgroup, including CMHSPs, regarding the allocation of the current fiscal year administrative reduction of \$3,797,900.

Sec. 463. Program Evaluation Measures for Substance Abuse Services

Directs DCH to establish standard program evaluation measures to assess the effectiveness of programs provided through coordinating agencies and service providers in reducing and preventing the incidence of substance abuse.

Sec. 468. Incorporation of Coordinating Agencies into CMH Authorities

Requires DCH to maintain criteria for the incorporation of a city, county, or regional substance abuse coordinating agency into a local CMH authority. Allows DCH to make accommodations and adjustments in formula distribution to coordinating agencies if all of the following are met: funding not exceeding \$75,000 is provided to any coordinating agency for administrative costs incurred by incorporating into a CMH authority, accommodations and adjustments do not favor coordinating agencies who voluntarily elect to integrate with CMH authorities, and accommodations and adjustments do not negatively affect other coordinating agencies.

Sec. 470. Integration of Mental Health and Substance Abuse Services

Directs DCH to establish written expectations, such as coordination and consolidation of administrative functions, for CMHSPs, PIHPs, coordinating agencies, and counties on the integration of mental health and substance abuse services for those coordinating agencies that have voluntarily incorporated into CMH authorities and accepted funding from DCH for administrative costs incurred when incorporating into authorities. Requires May 1, 2011 status report on the integration of mental health and substance abuse services.

Sec. 474. Guardianship of Recipients

Directs DCH to ensure each contract with a CMHSP or PIHP requires the CMHSP or PIHP to provide each recipient and his/her family with information regarding the different types of guardianship. Prohibits a CMHSP or PIHP from attempting to reduce or restrict the ability of a recipient or his/her family from obtaining legal guardianship without just cause.

Sec. 480. Atypical Antipsychotic Prescriptions

Requires a report on the number and reimbursement cost of atypical antipsychotic prescriptions by each PIHP for Medicaid beneficiaries by March 30, 2011.

Sec. 482. Odyssey House

Requires DCH to continue funding for programs provided by Odyssey House.

Sec. 489. CMH Non-Medicaid Funding Reductions

Requires DCH to work with the Michigan Association of CMH Boards and individual CMHSPs to mitigate reductions to CMH non-Medicaid Services line by seeking alternative funding sources.

Sec. 490. Uniform Standards for Providers Contracting with PIHPs, CMHSPs, and Coordinating Agencies

Requires the Department to establish a Workgroup to develop a plan to maximize uniform and consistent standards required of providers contracting directly with PIHPs, CMHSPs, and substance abuse coordinating agencies. Requires the standards to apply to community living supports, personal care services, substance abuse services, skill-building services, and other similar supports and services. Requires the Workgroup to include representatives of DCH, PIHPs, CMHSPs, substance abuse coordinating agencies, and affected providers.

Sec. 491. Habilitation Supports Waiver for Persons with Developmental Disabilities

Requires the Department to explore changes in the Habilitation Supports Waiver for persons with developmental disabilities that would permit a slot to become available to a county that has demonstrated a greater need for the services.

BOILERPLATE SECTION INFORMATION

Sec. 492. Mental Health Services to County Jail Inmates

Does not allow the Department to prohibit the use of GF/GP dollars by CMHSPs to provide mental health services to inmates of a county jail if a CMHSP has entered into an agreement with a county or county sheriff.

Sec. 493. Self-Help Addiction Rehabilitation (SHAR), Inc.

Allocates \$1 million to enhance the community health outreach program provided by SHAR.

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 funding staff in the financial support division, reimbursement, billing, and collection services. Requires that collections from individual recipients of services be handled in a sensitive and nonharassing manner. Requires DCH 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 the carryforward of unexpended and unencumbered funds up to \$1,000,000 from gifts and bequests for patient living and treatment environments for one fiscal year. Specifies that gifts and bequests are to provide specific enhancements for individuals residing at state-operated facilities.

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 DCH to receive and expend funds from DOC to fulfill obligations outlined in the interdepartmental agreement. Requires DCH to provide a copy of the interdepartmental plan, which is to be updated every three years, to the House and Senate Appropriations Subcommittees on Community Health and House and Senate Fiscal Agencies by February 15, 2011.

Sec. 604. Annual Reports for CMHSPs

Requires CMHSPs or PIHPs to provide annual reports to DCH on the following: number of days of care purchased from state hospitals, state centers, and private hospitals; 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. Directs DCH to annually report to this information to the 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 DCH from implementing any closures or consolidations of state hospitals, centers, and agencies until CMHSPs or PIHPs have programs and services in place for those persons currently in the facilities. Requires DCH to provide a closure plan four months after closure certification to the House and Senate Appropriations Subcommittees on Community Health and State Budget Director. Requires the transfer of remaining operational funds from closed state hospitals, centers, and agencies to CMHSPs or PIHPs responsible for providing services to these clients.

Sec. 606. Patient Reimbursement

Allows DCH to collect revenue for patient reimbursement from first and third party payers, including Medicaid and local county CMHSP payers, to cover the cost of placement in state hospitals and centers. Authorizes DCH to adjust financing sources for patient reimbursement based on actual revenue earned. Allows the carryforward of revenue collected that exceeds current-year expenditures if approved by the State Budget Director.

Sec. 608. Privatization of Food and Custodial Services

Requires DCH, in consultation with the Department of Technology, Management and Budget, to implement a bid process to identify 1 or more private contractors to provide food and custodial services for the administrative areas at any state hospital identified by DCH as capable of generating 7.5% minimum savings through the outsourcing of those services.

Sec. 609. Tobacco Use in State Psychiatric Facilities

Continues the prohibition on use of all tobacco products in and on the grounds of state psychiatric facilities.

PUBLIC HEALTH ADMINISTRATION

Sec. 650. Fish Consumption Advisory

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

Sec. 653. Public Health Emergency Planning

Requires DCH to develop plans to address potential state public health emergencies.

BOILERPLATE SECTION INFORMATION

HEALTH POLICY, REGULATION, AND PROFESSIONS

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

Requires DCH 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. 706. Nursing Home Inspectors

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

Sec. 707. Nursing Scholarship Program

Require that funds appropriated for the Nursing Scholarship Program be used to increase nurses practicing in Michigan. Encourages the Board of Nursing to structure scholarships in which recipients who intend to practice nursing in this state are rewarded. Requires DCH and Board of Nursing to work cooperatively with Michigan Higher Education Assistance Authority to coordinate scholarship assistance.

Sec. 708. Quarterly Staff Reports from Nursing Facilities

Requires that nursing facilities' quarterly reports to DCH include the total patient care hours provided each month and the percentage of pool staff, by state licensure and certification classification, used each month during the preceding quarter. Requires DCH 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 \$2,172,700 to enhance the service capacity of federally qualified health centers and similar health centers providing primary care services.

Sec. 711. Customized Listings of Nonconfidential Information

Allows DCH to make customized listings of nonconfidential information in its possession, such as names and addresses of licensees, available to interested entities. Allows DCH to establish and collect a reasonable charge for providing the customized listings. Requires revenue received from this service to 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 the funds appropriated for primary care services. Requires that DCH distribute funds equally to each free health clinic.

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

Directs DCH to continue to support multicultural agencies that provide primary care services from Part 1 appropriated funds.

Sec. 714. Nursing Facility Complaint Investigations

Requires DCH to report to the Legislature by April 1, 2011 on the timeliness of nursing facility complaint investigations and the number of allegations that are substantiated on an annual basis. Requires DCH to make every effort to contact complainants during the investigations.

Sec. 716. Investigations of Health Care Professionals

Requires DCH to give priority in investigations of alleged wrongdoing by licensed health care professionals that are alleged to have occurred within two years of the initial complaint.

Sec. 718. Nursing Home Complaint Deficiencies

Requires study on frequently cited complaint deficiencies for nursing homes during the prior three fiscal years by May 1, 2011.

Sec. 720. Helen M. Nickless Volunteer Clinic

Allocates \$75,000 for the Helen M. Nickless Volunteer Clinic in Bay City.

Sec. 722. Medical Professional

Specifies that a newly-accepted professional into the Michigan Essential Health Provider Program in FY 2008-09 is eligible for four years of loan repayments.

BOILERPLATE SECTION INFORMATION

Sec. 724. Coordinated Statewide Trauma Care System

Permits allocation up to \$100 for the development of a coordinated statewide trauma care system.

Sec. 725. Rural Health Improvements

Permits allocation up to \$100 to support improvements as identified in "Michigan Strategic Opportunities for Rural Health Improvement, A State Rural Health Plan 2008-2012".

Sec. 726. Fees for Medical Marihuana Program

Requires DCH to submit an annual report on the amount collected from application and renewal fees for the Medical Marihuana Program, including the cost of administering the program.

Sec. 727. Outsourcing the Medical Marihuana Program

Requires DCH to establish and implement a bid process to identify a private or public contractor to provide management of the Medical Marihuana Program by October 1, 2010, if authorized by law. Requires DCH to transfer responsibility for management of the program to the contractor identified by the bid process by April 1, 2011, if authorized by law.

Sec. 729. Obstetrical and Gynecological Services Shortage

Requires the Department to identify counties in which there are an insufficient number of health professionals providing obstetrical and gynecological services and identify policy or fiscal, or both, measures considered necessary to address the shortage. Requires the Department to submit a report of its findings by December 1, 2010.

Sec. 730. Outpatient End-Stage Renal Disease Facility

Requires DCH to ensure that any Medicare certification survey authorized by the Center for Medicare and Medicaid Services for the expansion of, or the operation of, a new outpatient end-stage renal disease facility to be conducted within 120 days after that authorization as allowed by federal rules, regulations, and instructions.

INFECTIOUS DISEASE CONTROL

Sec. 801. Priority for Adolescents for AIDS Prevention Services

Requires DCH and its subcontractors to ensure that high-risk children ages 9 through 18 receive priority for AIDS prevention, education, and outreach services.

Sec. 803. AIDS Drug Assistance Program

Directs DCH to continue AIDS Drug Assistance Program maintaining prior year eligibility criteria and drug formulary, but does not prohibit DCH from providing assistance for improved AIDS treatment medications. Allows DCH to revise criteria and formulary, consistent with federal program guidelines, if appropriation is insufficient to maintain the prior year criteria and formulary.

Sec. 804. HIV and Hepatitis C Cooperative Program with Department of Corrections

Directs DCH to cooperate with Department of Corrections to share data and information regarding prisoners being released who test positive for HIV or Hepatitis C, related to the Michigan prisoner reentry initiative.

LABORATORY SERVICES

Sec. 840. Upper Peninsula Laboratory Services

Directs DCH to allocate \$250,000 for continuation of Upper Peninsula public health laboratory operations and services.

EPIDEMIOLOGY

Sec. 851. Lead Abatement Program Report

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

LOCAL HEALTH ADMINISTRATION AND GRANTS

Sec. 901. Reimbursement of Local Costs Related to Informed Consent Law

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

Sec. 902. Dissolution of Multi-County Local Health Department Penalty, and Consolidation Incentives Study

Provides authority for DCH to assess a penalty on a county of up to 6.25% of the county health department's essential local public health services funding if that county ceases to be part of a district health department or multi-county local health department. Directs DCH to explore enhanced funding to local public health departments that have consolidated.

BOILERPLATE SECTION INFORMATION

Sec. 904. Essential Local Public Health Services

Directs that essential local public health services line item funds shall be prospectively allocated to local public health departments to support costs for nine state and local cost-shared services. Certain of these services shall be provided in consultation with Department of Agriculture and Department of Natural Resources and Environment. Local public health departments shall be held to contractual standards for these services. Local eligibility is contingent upon local spending of at least the amount expended in FY 1992-93 for these services. Requires DCH to report on planned allocations of essential local public health services line item funds by April 1.

CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION

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

Requires DCH to give priority to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents in spending smoking prevention program line item funds. Allocates \$100,000 for the Quit Kit program that includes the nicotine patch or nicotine gum, for purposes of complying with Act 164 of 2004.

Sec. 1007. Violence Prevention Program

Allows violence prevention line item funds to be used for programs aimed at preventing spouse, partner, or child abuse and rape; directs DCH to give equal consideration to public and private nonprofit grant applicants.

Sec. 1008. Diabetes Management Pilot Project in Muskegon County

Permits allocation of up to \$25,000 for a diabetes management pilot project in Muskegon County from the diabetes and kidney program appropriation line item.

Sec. 1009. National Kidney Foundation of Michigan Funding

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. 1019. Stroke Prevention Funding

Allows DCH to allocate up to \$50,000 for stroke prevention, education, and outreach from the chronic disease control and health promotion administration line item. Program education objectives are outlined.

Sec. 1028. African-American Male Health Initiative Funding

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

Sec. 1031. Pilot Programs for Traumatic Brain Injury Treatment Guideline Model

Appropriates \$200,000 of injury control intervention project line item funds to continue two pilot programs for trauma hospitals to encourage utilization of an interactive, evidence-based treatment guideline model for traumatic brain injury, one in a county with a population of less than 225,000 persons and one in a county with a population over 1,000,000.

FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES

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

Requires DCH to review the basis for the distribution of funds to local health departments and other agencies from the family planning, prenatal care, and WIC programs, and indicate the basis on which any projected underexpended funds are to be reallocated to other local agencies that demonstrate need.

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

Requires DCH to report by April 1 on funding allocations, breakdown of expenditures by urban and rural, and prior fiscal year service and expenditure data for the local maternal and child health, prenatal care, family planning, and pregnancy prevention programs. DCH must ensure that needs of rural communities are considered in distribution of funds for these programs. Defines "rural" entity as having a population of 30,000 or less.

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

Requires DCH to contract for family, maternal, and children's health services with local agencies best able to serve clients. Describes factors to be used by DCH to evaluate a local agency's ability to serve clients.

Sec. 1106. Family Planning Federal Title X Funding Compliance

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

Sec. 1108. Restrictions on Use of Pregnancy Prevention Funding

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

BOILERPLATE SECTION INFORMATION

Sec. 1109. Volunteer Dental Services Program for the Uninsured

Allocates funds from dental program line item to the Michigan Dental Association to administer a volunteer program of dental services to the uninsured; and requires a report by December 1 on services provided in the prior fiscal year.

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

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

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

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

Sec. 1112. Allocation for Communities with High Infant Mortality Rates – VETOED

Requires that DCH allocate up to \$1,000,000 to communities with high infant mortality rates from the prenatal care outreach and service delivery support line item funds.

Sec. 1117. Stillbirth Awareness

DCH may pursue efforts to reduce the incidence of stillbirth if federal or state funds are available, including awareness, education, and standardization of data collection and definitions. Directs DCH to seek grant funds. Allocates \$50,000 to support a counting fetal kicks awareness program and materials for expectant parents and maternal health care providers.

Sec. 1129. Report of Elevated Blood Lead Levels in Children

Directs DCH to annually report to the Legislature on the number of children with elevated blood lead levels by county, including blood lead level and source of reported information.

Sec. 1133. Infant Mortality Data Release

Requires DCH to release infant mortality rate data to all local public health departments 72 hours or more prior to releasing infant mortality rate data to the public.

Sec. 1135. School Health Education Curriculum

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

Sec. 1137. Alzheimer's Disease Patient Care Training Funding

Allows DCH to allocate up to \$100 of special projects appropriation line item funds to support an Alzheimer's disease patient care training program involving a community college and a retirement community.

Sec. 1138. Ele's Place Funding

Requires DCH to allocate up to \$100 of special projects appropriation line item funds to the Ele's Place organization.

Sec. 1139. Nurse Family Partnership Funding – VETOED

Requires DCH to fund the nurse family partnership program from the prenatal care outreach and service delivery support appropriation line item.

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 enable DCH to determine local commitment of funds for federal match request.

Sec. 1153. WIC Program Access in Rural Communities

Requires DCH to ensure that individuals residing in rural communities have sufficient access to the services offered through the Women, Infants, and Children Food and Nutrition Program, and requires a report on efforts to increase access in rural areas.

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 administration.

BOILERPLATE SECTION INFORMATION

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, and services to persons age 21 or older with hemophilia.

Sec. 1203. Referrals to Locally-Based Services Programs

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

Sec. 1204. CSHCS and Medicaid HMOs

Requires the Department to work with the Michigan Association of Health Plans to identify and report on a Medicaid HMO reimbursement methodology for Children's Special Health Care Services (CSHCS) eligibles.

Sec. 1205. Conditional CSHCS Eligibility

Requires the Department to request that families complete a Healthy Kids application if the Department determines that a CSHCS enrollee is likely to qualify for Medicaid or MICHild coverage. If the application is not completed within 3 months of the Department's request the enrollee will be ineligible for participation in the CSHCS program.

CRIME VICTIM SERVICES COMMISSION

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

Allocates up to \$200,000 of justice assistance grants line item funds for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Funds shall be used for program coordination and training.

Sec. 1304. Sexual Assault Evidence Collection Procedures

Requires DCH to work with Department of State Police and certain statewide organizations to ensure that recommended standard procedures for emergency treatment of sexual assault victims are followed in the collection of evidence in cases of sexual assault.

OFFICE OF SERVICES TO THE AGING

Sec. 1401. Eligibility for Senior Community Services and Nutrition Services Programs

Eligibility for services funded by the community services and nutrition services appropriation line items shall be restricted to individuals at least 60 years of age who fail to qualify for home care services under Titles XVIII, XIX, or XX of the Social Security Act.

Sec. 1403. Home-Delivered Meals Waiting Lists

Requires area agency on aging regions to report home-delivered meals waiting lists to Office of Services to the Aging and to the Legislature; establishes standard criteria for persons included on the waiting list, including an initial determination of likely eligibility.

Sec. 1404. Authorization for Fees for Senior Care and Certain Services

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 maintain and/or expand services.

Sec. 1406. Use of Respite Care Tobacco Settlement Funds for Direct Care

Requires that the \$4,468,700 respite care appropriation of Merit Award Trust Fund monies be used only for direct respite care or adult respite care center services, and be allocated according to a long-term care plan. Not more than 9% of the allocation shall be expended for administrative purposes.

Sec. 1413. Area Agency on Aging Membership Change

Establishes notice and conditions for local change of membership of area agencies on aging in a region; and requires Office of Services to the Aging to adjust allocations for any changes in county membership.

Sec. 1417. Reporting of Area Agency on Aging Allocations and Expenditures

Requires DCH to report by March 30 on allocations of state resources to each area agency on aging by program and administration, and detail of expenditures by each area agency on aging of all state and local funds by program and administration.

Sec. 1418. Maximization of Funding for Home-Delivered Meals

DCH shall maximize funding for home-delivered meals to the extent allowable under federal law and regulation.

BOILERPLATE SECTION INFORMATION

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

Sec. 1604. Medicaid Eligibility During Incarceration or Detention

Requires a Medicaid recipient to remain eligible for medical assistance during a period of incarceration or detention and limits the Medicaid coverage to off-site inpatient hospitalization.

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. Mandates enrollment of Medicaid eligible pregnant women into Medicaid HMOs and requires DCH to encourage physicians to provide these women a referral to a Medicaid participating dentist at the first pregnancy-related appointment.

Sec. 1610. Provider Cost Report Grievance Procedure

Requires that DCH 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. 1620. Pharmacy Dispensing Fee and Prescription Drug Copayments

Establishes the pharmacy dispensing fee at \$2.75 for recipients not in nursing homes and \$3.00 for nursing home residents, or the pharmacy's usual and customary charge, whichever is less. Specifies prescription copayments for Medicaid recipients of \$1.00 for generic drugs and \$3.00 for brand-name drugs except as prohibited by federal or state law or regulation. States legislative intent that if DCH realizes savings resulting from the way Medicaid pays pharmacists for prescriptions from average wholesale price to average manufacturer price, the savings shall be returned to pharmacies as an increase in the dispensing fee of no more than \$2.00.

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.

Sec. 1623. Dispensing of Maintenance Drugs

Continues current Medicaid policy that allows for dispensing a 100-day supply for maintenance drugs, and notice to medical providers regarding this policy. Requires dispensing medication in quantity prescribed unless subsequent consultation with the physician indicates otherwise.

BOILERPLATE SECTION INFORMATION

Sec. 1627. Drug Rebates for the MICHild, MOMS and CSHCS Programs

Authorizes DCH to secure manufacturer drug rebates for participants in MICHild, MOMS, and Children's Special Health Care Services (CSHCS) programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.

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 and Dental Services

Continues podiatric and adult dental services at not less than the level in effect on October 1, 2002.

Sec. 1631. Medical Services Copayments

Requires copayments on dental, podiatric, and vision 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 Coverage

Requires DCH to report on the feasibility of providing Healthy Kids dental coverage in cities rather than entire counties.

Sec. 1635. Continuation of Medicaid Obstetrical Rate Increase

Requires continuation of the FY 2005-06 allocation between Physician Services and Health Plan Services appropriation lines for the increase of Medicaid reimbursement rates for obstetrical services.

Sec. 1636. Continuation of Medicaid Physician Well Child and Primary Care Procedures Rate Increase

Requires continuation of allocations provided in FY 2006-07 and FY 2008-09 between Physician Services and Health Plan Services appropriation lines for an increase in Medicaid reimbursement rates for physician well child procedure codes and primary care procedure codes.

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. 1642. Ambulatory Surgery Centers

Requires DCH to allow ambulatory surgery centers in the state to fully participate in the Medicaid program.

Sec. 1643. Psychiatric Residency Training Program

Allocates \$12,585,400 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 Phone Line and Online Eligibility Verification

Directs DCH to maintain and make available an online resource for medical providers to obtain enrollment and benefit information of Medicaid recipients.

Sec. 1649. Breast and Cervical Cancer Treatment Coverage

Directs DCH to establish breast and cervical cancer treatment coverage for uninsured women under age 65 and with incomes below 250% of the poverty level, pursuant to federal legislation.

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.

BOILERPLATE SECTION INFORMATION

Sec. 1652. Health Plan Service Area Expansion

Requires that any new or renegotiated Medicaid health plan contracts shall include the following conditions regarding service area expansion: 1) not sell or transfer any portion of the HMO's assets or business for a period of three years, and 2) the HMO that expands into a county with a population of at least 1,500,000 shall also expand its coverage to a county with a population of less than 100,000 which has one or fewer HMOs participating in the Medicaid program.

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 HMO enrollment for Children's Special Health Care Services and the requirement to inform of the opportunity for HMO enrollment, and requires a budget neutral case rate adjustment for persons with AIDS and other high-cost conditions. Requires that DCH 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. 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 HMOs 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.

Sec. 1657. HMO Reimbursement for Hospital ER Service, and Medicaid ER Financial Incentives

Requires reimbursement for emergency room (ER) services to screen and stabilize a patient without prior authorization by an HMO, and notice to the HMO regarding a patient's diagnosis and treatment within 24 hours of discharge; prior authorization by the HMO is required for further services beyond stabilization.

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 Early Periodic Screening, Diagnosis, and Treatment (EPSDT) 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; prohibits HMOs from requiring prior authorization of contracted providers for any EPSDT screening and diagnosis services; requires DCH to provide budget neutral incentives to improve performance related to care of children and pregnant women.

Sec. 1661. Access to Maternal Infant Health Program (MIHP) Services

Requires timely access to Maternal Infant Health Program (MIHP) services and coordination with other state or local programs; requires HMOs to be responsible for MIHP as described in Medicaid policy; coordination of MIHP services with other state services focusing on the prevention of adverse birth outcomes, child abuse and neglect; DCH to provide, annually, budget neutral incentives to Medicaid HMOs and local health departments to improve performance on measures related to the care of pregnant women.

BOILERPLATE SECTION INFORMATION

Sec. 1662. Review and Analysis of HMO Performance, EPSDT and MIHP Technical Assistance

Directs DCH to assure that an external quality review of each HMO is performed resulting in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services either contracted or directly provided to Medicaid beneficiaries; requires Medicaid HMOs to provide EPSDT utilization data and well child health measures; directs DCH to submit copies of analysis of HMO HEDIS reports and annual external quality review report within 30 days; requires DCH to work with Michigan Association of Health Plans and Michigan Association for Local Public Health to improve EPSDT and MIHP services and assure training/technical assistance are available for EPSDT and MIHP.

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. Allows DCH to provide up to one year of continuous eligibility for MICHild program unless family members no longer meet eligibility criteria or family fails to pay the monthly premium. Assures continuity of care for persons whose category of MICHild eligibility changes due to family income. Specifies income level and verification requirements to determine MICHild program eligibility. Requires DCH to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide MICHild health care benefit at the capitated rate. Allows DCH to obtain certain MICHild services contractually through community mental health agencies. Requires DCH to assure that an external quality review of each MICHild services contractor is performed, which analyzes quality, timeliness, and access to health care services provided by the contractor to MICHild beneficiaries. Requires DCH to develop automatic enrollment algorithm based on quality and performance factors.

Sec. 1671. MICHild Marketing and Outreach

Directs DCH to continue a comprehensive approach to marketing and outreach of the MICHild program, and to coordinate such efforts with existing DCH outreach and marketing activities.

Sec. 1673. MICHild Premiums and Prohibition on MICHild Copayments

Allows DCH to establish premiums for eligible persons above 150% of poverty level of \$10 to \$15 per month for a family.

Sec. 1677. MICHild Benefits

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

Sec. 1678. MICHild and National School Lunch Act Eligibility

Requires DCH to explore the cost to implement automatic enrollment of a child in the MICHild program if the child meets the income criteria for free breakfast, lunch or milk under the National School Lunch Act.

Sec. 1679. MICHild Mental Health Rate Redetermination

Requires the Department to redetermine MICHild program mental health rates based on the most recent encounter data and to pay the CMHSPs rates sufficient to cover costs of MICHild mental health service provision.

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.

Sec. 1681. Home and Community-Based Services

Requires that DCH and local waiver agents 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 noncompliance penalty money; to provide funds to the Disability Network of Michigan to be distributed to 15 Centers for Independent Living for the purpose of assisting individuals with disabilities who reside in nursing homes to return to their homes; and to conduct a survey of residents, their families and employees, evaluating nursing home consumer satisfaction and quality of care. Unexpended penalty money may be carried forward to the next fiscal year.

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

Directs DCH 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) Waiver Costs

Requires report that identifies by waiver agent Medicaid HCBS waiver costs by administration, case management, and direct services.

BOILERPLATE SECTION INFORMATION

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

Requires that Medicaid nursing home payment rates be set 30 days in advance of the facility's fiscal year, and be based on the most recent cost report submitted.

Sec. 1687. Health Insurance for Direct Care Workers

Requires DCH to study the feasibility, impact, and cost of supporting a Medicaid rate enhancement to be used exclusively to fund health care insurance for direct care workers in nursing homes, adult foster care homes, homes for the aged and home- and community-based services programs if the Patient Protection and Affordable Care Act (Health Care Reform) is repealed or overturned.

Sec. 1688. Personal Care Services Reimbursement Rate

Prohibits a limit on personal care services reimbursement under the 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 (HCBS) Waiver

Gives priority in HCBS enrollment to nursing home residents and those eligible for nursing homes, and requires screening to prevent unnecessary nursing home admissions. Requires an annual report on HCBS allocations and expenditures by region, net cost savings by moving individuals from nursing home to the HCBS program, number of individuals transitioned and on HCBS waiting lists by region, amount of funds transferred during the year, and number of persons served and days of care for the HCBS program and in nursing homes. Requires DCH to develop system to collect and analyze information on persons on HCBS waiting list to identify community support and assistance they receive and the extent to which these supports help individuals to avoid entry into a nursing home. Requires the maintaining of policies and regulations in order to limit the self-determination option within HCBS program to services furnished by approved home-based services providers meeting waiver qualifications.

Sec. 1690. MIChoice and Adult Home Help Quality Assurance Indicators, Improvement Plans, and Incidents

Directs DCH to submit a report on the adult home help and MIChoice program quality assurance indicators, quality improvement plans, and critical incidents and their resolutions.

Sec. 1691. Adult Home Help Worker Wage Increase

Provides that all adult home help workers receive the wage increase provided in previous years.

Sec. 1692. Medicaid School-Based Services

Provides authorization for Medicaid reimbursement of school-based services.

Sec. 1693. Special Medicaid Reimbursement Payments Increase

Allows for an increase in Special Medicaid Reimbursement payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted, and that DCH ensures that all public entities are aware of the existence of special Medicaid reimbursement programs.

Sec. 1694. Allocation to Children's Hospitals

Authorizes distribution of \$1,122,300 to an academic health care system that includes a children's hospital with high indigent care volume.

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

Allows DCH to utilize school district funds received from a health system as state match for federal Medicaid or State Children's Health Insurance Program funds to be used for new school-based or school-linked services.

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

Authorizes separate payments for hospitals serving a disproportionate share of indigent patients in the amount of \$52.5 million, and those hospitals providing GME training programs. Directs DCH to create two pools for distribution of DSH funds: first pool would distribute \$45.0 million based on methodology in FY 2003-04, remaining \$7.5 million would be allocated to unaffiliated hospitals that received less than \$900,000 in DSH payments in FY 2007-08 based on each hospital's Medicaid revenue and utilization, with no payments being made less than \$1,000. A distribution report is due by September 30 of the current fiscal year.

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 that was in effect on September 30, 2002.

BOILERPLATE SECTION INFORMATION

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 remaining funds for defibrillator grants, EMT training, or other similar programs.

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. 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. 1731. Medicaid Asset Test

Directs DCH to continue Medicaid eligibility asset test for parents, caretaker relatives, and 19 and 20 year olds who are not required to be covered under federal Medicaid requirements.

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.

Sec. 1734. Medicaid Recipients Healthy Behavior Incentive Program

Requires DCH to seek federal funds for demonstration programs that will permit Michigan to provide financial incentives for positive health behavior practiced by Medicaid recipients.

Sec. 1739. Health Plan Contractor Performance Bonus Program

Directs DCH to continue the contractor performance bonus program for Medicaid health plans. Program may include indicators based on prevalent and chronic conditions affecting the Medicaid population, and indicators of preventative health status for adults and children.

Sec. 1740. Graduate Medical Education Funds Distribution

Requires assurance from DCH that all GME funds continue to be promptly distributed to hospitals using a methodology developed in consultation with the graduate medical education advisory group during FY 2006-07.

Sec. 1741. Nursing Home Interim Payments

Directs DCH to continue to provide nursing homes the opportunity to receive interim payments upon their request and that these payments are as similar to expected cost-settled payments as possible.

Sec. 1752. Sharing of Third Party Liability Information With Health Plans

Requires DCH to provide Medicaid health plans with any information that may assist the health plan in determining whether another party may be responsible for the payment of health care benefits.

Sec. 1756. Medical Management of High Cost Medicaid Beneficiaries

Directs DCH to establish and implement a specialized case and care management program to serve the most costly Medicaid beneficiaries who are not enrolled in a health plan and are noncompliant with medical management. The program shall provide a performance payment incentive for physicians and may include contractual arrangements with Medicaid HMOs for the provision of specialized case management services. The contracts may require collection of data related to Medicaid recipient compliance.

Sec. 1757. Medicaid Applicants, Legal Residence, and Fugitive Felon Status

Requires DCH to direct Department of Human Services to require Medicaid applicants to prove that they are residing legally in the United States and that they are residents of Michigan. Establishes intent that DCH seek clarification from federal government on whether states can deny Medicaid eligibility to fugitive felons through a state plan amendment or waiver, and to report to the Legislature.

Sec. 1764. Actuarial Soundness Certification of Medicaid Health Plan Rates

Requires DCH to annually certify that rates paid to Medicaid health plans are actuarially sound and to notify the House, Senate, and fiscal agencies immediately upon rate certification and approval.

Sec. 1767. Pharmacist Payment Report

Requires DCH to evaluate and report on the impact of the change in which the Medicaid program pays pharmacists for prescriptions from average wholesale price to average manufacturer price, contingent upon the release of relevant data from the Center for Medicare and Medicaid Services.

BOILERPLATE SECTION INFORMATION

Sec. 1770. Quarterly Medicaid Policy Changes

Specifies that DCH shall attempt to make adjustments to the Medicaid provider manual and effective dates for proposed Medicaid policy bulletins on October 1, January 1, April 1, or July 1 after the end of the consultation period.

Sec. 1772. Enrollment of Foster Care Children in HMOs

Requires DCH to continue a program which would enroll all foster care children in Michigan into a Medicaid HMO.

Sec. 1773. Nonemergency Transportation Services

Directs DCH to establish and implement a bid process to identify a single private contractor to provide Medicaid covered nonemergency transportation services in each county with a population over 750,000, and provide a mileage reimbursement that encourages contractors to participate.

Sec. 1775. Long-Term Managed Care Pilot Programs

Requires DCH to provide progress report on ongoing efforts to implement long-term managed care initiatives.

Sec. 1777. Nursing Home Dining Assistants

Directs DCH to permit nursing homes to use dining assistants to feed eligible residents, in accordance with federal and state law. DCH will not be responsible for training costs.

Sec. 1783. Dual-Eligibles In Managed Care

Directs DCH to develop rates by April 1 for enrollment of dual eligibles into Medicaid health plans if those health plans also maintain a Medicare Advantage special needs plan certified by CMS. Requires quarterly reports on status of rate development and the number of dual eligibles enrolled by month in Medicaid health plans.

Sec. 1786. Low-Day Thresholds for Hospitals

Requires the Department to convene a workgroup to consider reimbursement changes for hospital admissions of less than 24 hours. Any changes adopted by the Department must be budget neutral.

Sec. 1787. Medicaid Beneficiary Telephone Numbers Provided to Health Plans

Requires DCH's managed care enrollment broker to maintain telephone numbers of Medicaid beneficiaries and provide Medicaid health plans the telephone numbers of that health plan's enrollees on a monthly basis.

Sec. 1802. Disease Management Pilot Project Targeting Medicaid Beneficiaries

Allows DCH to spend up to \$100,000 on a pilot program which would target Medicaid recipients who have certain high-cost or complex health conditions. The pilot would include financial incentives to primary care physicians who handle the disease management responsibilities.

Sec. 1804. Identification of Medicaid Beneficiaries Who Are War Veterans

Requires DCH, in cooperation with Department of Human Services, to work with the federal government's public assistance reporting information system to identify Medicaid recipients who are veterans and may be eligible for federal veteran's health care benefits.

Sec. 1812. Regional Healthcare Resource Sharing Network

Allocates up to \$100 to support a pilot project to develop a regional healthcare resource sharing network to encourage collaboration between local hospitals through sharing of best practices and resources. Pilot region to include 22 counties and 10 hospitals.

Sec. 1815. Cap on Health Plan Capitation Withhold

Prohibits DCH from implementing a capitation withhold as part of overall health plan capitation rate schedule that exceeds the 0.19% withhold administered during FY 2008-09.

Sec. 1816. Use of Information Technology in Claims Processing

Requires DCH to work with Michigan Association of Health Plans to develop and implement strategies for the use of information technology services for claims payment, claims status, and related functions.

Sec. 1817. Medicaid and Preventable Medical Errors

Directs DCH to report to the Legislature on implementation of a policy to prohibit billing for care made necessary by preventable medical errors or adverse health events.

Sec. 1819. Health Plan Encounter Data and Hospital DRG Pricing Policy

Requires DCH to use encounter data from health plans in the development and revision of hospital diagnosis related group (DRG) pricing policy.

BOILERPLATE SECTION INFORMATION

Sec. 1820. Accrediting Organizations for Medicaid Health Plans

Requires DCH to recognize accrediting organizations for Medicaid health plans and consider accreditation results when reviewing the performance of Medicaid health plans.

Sec. 1821. Performance Standards for Medicaid Health Plans

Requires DCH to establish appropriate performance standards for Medicaid health plans at least 6 months in advance of the application of those standards. Determination of performance shall include recognized concepts such as one-year continuous enrollment and HEDIS audited data.

Sec. 1822. Coverage for Mental Health Prescription Drugs

Directs DCH, the DCH contracted pharmacy benefits manager, and Medicaid health plans to implement coverage for a mental health prescription drug within 30 days of that drug's approval by the DCH Pharmacy and Therapeutics Committee.

Sec. 1824. Residents of Homes for the Aged and Adult Foster Care and HCBS Program

Provides that individuals living in homes for the aged or adult foster care facilities shall be eligible to apply for enrollment for services from the Home- and Community-Based Services (HCBS) waiver program.

Sec. 1826. Expansion and Improvement of Beneficiary Monitoring Program

Requires DCH to develop a plan to expand and improve the beneficiary monitoring program to reduce unnecessary health care services, improve coordination of services, and improve compliance with prescribed medical management.

Sec. 1829. Coverage for Emergency Services

Directs DCH to continue its policy of providing coverage for emergency services notwithstanding the elimination of coverage for certain optional Medicaid services for adults.

Sec. 1832. Form Standardization, E-Billing and Rejected Claims

Requires DCH to continue efforts to standardize forms, formats and documents, and the reporting of accepted and rejected encounter records received in the data warehouse. DCH shall convene a workgroup on making e-billing mandatory and a report will be provided to the Legislature by April 1. Also by April 1, DCH shall provide a report detailing the percentage of Medicaid reimbursement claims that were initially rejected in the first quarter of FY 2010-11.

Sec. 1834. Home- and Community-Based Services Waiver Eligibility for Managed Care Dual Eligibles

Requires that individuals eligible for both Medicaid and Medicare who are enrolled in a Medicare Advantage special needs plan shall be eligible for services provided through the home- and community-based services waiver program.

Sec. 1835. HMO Encounter Data

Requires DCH to develop and implement processes to report rejected and accepted encounters to Medicaid health plans and permit the health plans to report additional medical records data obtained during audits to the encounter warehouse.

Sec. 1836. Coverage for Certain Optical Services

Requires DCH to expand adult Medicaid optical coverage to medically necessary optical devices and other treatment services when conventional treatments do not provide functional vision correction.

Sec. 1837. Telemedicine Use in Underserved Areas

Requires that DCH explore the use of telemedicine as a means to increase Medicaid recipients who reside in underserved areas access to primary care services.

Sec. 1838. Reimbursement Changes for Long-Term Care Facilities

Requires that DCH work with relevant parties to convene a workgroup to identify possible budget-neutral changes in reimbursement for long-term care facilities. An update of the findings will be presented at respective Executive budget subcommittee presentations to the Legislature.

Sec. 1839. Expansion of Adult Benefits Waiver Coverage for Adults With Serious Mental Illness

Requires that DCH work with relevant parties to explore the feasibility of seeking a modification to the Adult Benefits Waiver to expand physical and mental health coverage to childless adults with serious mental illness. An update of the findings will be presented at respective Executive budget subcommittee presentations to the Legislature.

Sec. 1841. Health Care Reform Fiscal Impact

Requires the Department to report on the fiscal impact of federal health care reform legislation on the Department by April 1 of the current fiscal year.

BOILERPLATE SECTION INFORMATION

Sec. 1842. Hospital Outpatient Medicaid Rate Adjustment

Requires the Department, subject to the availability of funds and the hospital qualifying, to adjust outpatient Medicaid reimbursement rates to be the actual cost of delivering outpatient services to that hospital's Medicaid recipients. The term qualifying hospital is defined.

Sec. 1843. Wellness Therapies

Requires that DCH explore the possibility of Medicaid reimbursement for wellness therapies that would lower the State's costs for physical therapy. Defines wellness therapies.

Sec. 1844. Health Information Technology Contract Bidding

As permitted by law, requires that DCH give preference during the bid process for health information technology contracts supported by ARRA funds to vendors established in this state.

Sec. 1846. One-Time Disproportionate Share Hospital (DSH) Payment Pool

Contingent upon federal approval, requires that DCH create a one-time \$27.0 million DSH outpatient uncompensated care pool increase.



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Clean Michigan Initiative	Viola Bay Wild, Senior Fiscal Analyst
Community Colleges	Mark Wolf, Fiscal Analyst
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