



Mitchell Bean, Director



---

# DEPARTMENT OF COMMUNITY HEALTH FY 2009-10 DECISION DOCUMENT March 25, 2009

## PART 2 - BOILERPLATE

---

Representative Gary McDowell, Chair  
Representative Shanelle Jackson, Maj. VC  
Representative Alma Smith  
Representative John Espinoza  
Representative Vincent Gregory  
Representative Fred Miller

Representative Kevin Green, Min. VC  
Representative Matt Lori  
Representative Hugh Crawford

House Fiscal Analysts  
Margaret Alston  
Sue Frey  
Steve Stauff



## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<b><u>GENERAL SECTIONS</u></b>			
<i>Total FY 2008-09 state spending from state resources under Part 1 and state spending from state resources to be paid to local units of government.</i>			
<p><b>Sec. 201.</b> Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2008-2009 is \$4,958,007,300.00 and state spending from state resources to be paid to local units of government for fiscal year 2008-2009 is \$1,275,247,400.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p>	<p><b>Sec. 201.</b> No changes from current law, except: "fiscal year <del>2008-2009</del> <b>2009-2010</b> is <del>\$4,958,007,300.00</del> <b>\$4,294,999,500.00</b> and state spending from state resources to be paid to local units of government for fiscal year <del>2008-2009</del> is <del>\$1,275,247,400.00</del> <b>\$1,330,708,300.00.</b>"</p>	<p><b>Sec. 201.</b> No changes from current law, except: "fiscal year <del>2008-2009</del> <b>2009-2010</b> is <del>\$4,958,007,300.00</del> <b>\$4,136,228,800.00</b> and state spending from state resources to be paid to local units of government for fiscal year <del>2008-2009</del> is <del>\$1,275,247,400.00</del> <b>\$1,313,834,600.00.</b>"</p>	
<b>DEPARTMENT OF COMMUNITY HEALTH MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS</b>			
Community residential and support services .....	\$ 387,300	\$ 344,600	\$ 344,600
Housing and support services .....	695,500	599,800	599,800
Mental health initiatives for older persons.....	1,049,200	Delete	1,049,200
<b>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS</b>			
State disability assistance program substance abuse services .....	\$ 2,509,800	\$ 2,509,800	\$ 6,509,800
Community substance abuse prevention, education, and treatment programs.....	12,473,900	11,583,100	42,990,600
Medicaid mental health services .....	674,240,800	587,466,400	502,494,200
Community mental health non-Medicaid services .....	322,027,700	319,908,700	337,111,900
Medicaid adult benefits waiver .....	11,124,000	10,308,000	10,308,000
Multicultural services .....	6,823,800	Delete	6,823,800



## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
Medicaid substance abuse services ..... 14,390,800	13,041,800	13,041,800	
Respite services ..... 1,000,000	Delete	Delete	
Children's waiver home care program ..... 5,437,000	5,952,800	5,225,700	
Nursing home PASARR ..... 2,731,800	2,738,400	2,738,400	
 <b>STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES</b>			
Center for forensic psychiatry ..... \$ 290,300	\$ 290,300	\$ 290,300	
 <b>PUBLIC HEALTH ADMINISTRATION</b>			
Minority health grants and contracts ..... \$ 100,000	\$ 241,000	\$ 241,000	
Public health administration ..... 12,000	61,500	61,500	
 <b>HEALTH POLICY, REGULATION, AND PROFESSIONS</b>			
Primary care services ..... \$ 88,900	Nurse scholarship, education, and research programs ..... \$ 72,600 115,600	Nurse scholarship, education, and research programs ..... \$ 72,600 115,600	
 <b>INFECTIOUS DISEASE CONTROL</b>			
AIDS prevention, testing, and care programs ..... \$ 824,400	\$ 865,700	\$ 865,700	
Immunization local agreements ..... 375,700	2,158,100	2,158,100	
	<b>Immunization program management and field support</b> ..... 30,300	<b>Immunization program management and field support</b> ..... 30,300	
Sexually transmitted disease control local agreements ..... 421,800	191,200	421,800	
 <b>LABORATORY SERVICES</b>			
Laboratory services ..... \$ 3,300	\$ 3,300	\$ 3,300	
	Delete	\$100,000	
Methamphetamine cleanup fund ..... \$ 100,000	<b>Epidemiology administration</b> ..... \$ 125,000	<b>Epidemiology administration</b> ..... \$ 125,000	



## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<b>LOCAL HEALTH ADMINISTRATION AND GRANTS</b>			
Implementation of 1993 PA 133 .....	\$ 5,300	\$ 5,300	\$ 5,300
Local public health operations .....	35,468,400	40,468,400	
 <b>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</b>			
Cancer prevention and control program .....	\$ 350,300	\$ 397,300	\$ 397,300
Diabetes and kidney program .....	313,100	357,700	357,700
Smoking prevention program .....	906,200	959,900	959,900
 <b>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</b>			
Childhood lead program .....	\$ 240,300	\$ 244,000	\$ 244,000
Dental programs .....	25,000	Delete	Delete
Family planning local agreements .....	111,300	Delete	111,300
Local MCH services .....	184,600	Family, maternal, and children's health administration .....	87,100
Pregnancy prevention program .....	602,100	246,100	246,100
Prenatal care outreach and service delivery support .....	697,800	1,558,800	1,558,800
Special projects .....	657,500	697,800	697,800
		School health and education programs .....	297,000
		819,800	819,800
 <b>CHILDREN'S SPECIAL HEALTH CARE SERVICES</b>			
Medical care and treatment .....	\$ 618,000	\$ 451,100	\$ 451,100
Outreach and advocacy .....	1,283,200	3,077,500	3,077,500



## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<b>MEDICAL SERVICES</b>			
Dental services .....\$ 2,035,500	\$ 2,348,100	\$ 2,348,100	
Long-term care services .....111,978,200	262,002,000	262,002,000	
Transportation .....2,799,600	5,736,900	5,736,900	
Medicaid adult benefits waiver ..... 9,664,700	9,443,300	9,443,300	
Hospital services and therapy ..... 6,278,600	6,113,400	6,113,400	
Physician services .....5,556,100	3,717,400	3,717,400	
 <b>OFFICE OF SERVICES TO THE AGING</b>			
Community services .....\$ 15,044,000	\$ 13,599,200	\$ 14,554,300	
Nutrition services .....11,405,600	10,750,100	11,447,300	
Foster grandparent volunteer program ..... 496,700	565,000	738,900	
Retired and senior volunteer program ..... 188,000	154,700	203,600	
Senior companion volunteer program ..... 96,600	99,600	224,500	
Respite care program .....4,336,000	5,841,200	5,841,200	
 <b>CRIME VICTIM SERVICES COMMISSION</b>			
Crime victim rights services grants .....\$ 6,800,000	\$ 6,800,000	\$ 6,800,000	
 <b>TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT..... \$ 1,275,247,400</b>	 <b>\$ 1,330,708,300</b>	 <b>\$ 1,313,834,600</b>	
 <i>Provides that appropriations authorized under this act are subject to the Management and Budget Act. Provides that funds in which the state acts as a custodian or agent are not subject to an annual appropriation.</i>			
<b>Sec. 202.</b> (1) The appropriations authorized under this act are subject to the management and budget act, 1984 PA431, MCL 18.1101 to 18.1594.	<b>Sec. 202.</b> (1) No changes from current law, except:  "...under this act <del>act</del> <b>BILL</b> are subject..."	<b>Sec. 202.</b> (1) No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) Funds for which the state is acting as the custodian or agent are not subject to annual appropriation.	(2) No changes from current law.	(2) No changes from current law.	
<p><b><i>Provides definitions for terms and acronyms used in this act.</i></b></p> <p><b>Sec. 203.</b> As used in this act:</p> <p>(a) "AIDS" means acquired immunodeficiency syndrome.</p> <p>(b) "CMHSP" means a community mental health services program as that term is defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a.</p> <p>(c) "Department" means the Michigan department of community health.</p> <p>(d) "Director" means the director of the department.</p> <p>(e) "DSH" means disproportionate share hospital.</p> <p>(f) "EPSDT" means early and periodic screening, diagnosis, and treatment.</p>	<p><b>Sec. 203.</b> No changes from current law, except : "As used in this act <del>act</del> <b>BILL</b>:"</p>	<p><b>Sec. 203.</b> No changes from current law, except:</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(g) "Federal poverty level" means the poverty guidelines published annually in the federal register by the United States department of health and human services under its authority to revise the poverty line under 42 USC 9902.	<b>(h) "FMAP" MEANS FEDERAL MEDICAL ASSISTANCE PERCENTAGE.</b>	<b>(h) "FMAP" MEANS FEDERAL MEDICAL ASSISTANCE PERCENTAGES.</b>	
(h) "FTE" means full-time equated.	<del>(h)</del> (i)	<del>(h)</del> (i)	
(i) "GME" means graduate medical education.	<del>(i)</del> (j)	<del>(i)</del> (j)	
(j) "Health plan" means, at a minimum, an organization that meets the criteria for delivering the comprehensive package of services under the department's comprehensive health plan.	<del>(j)</del> (k)	<del>(j)</del> (k)	
(k) "HIV/AIDS" means human immunodeficiency virus/acquired immunodeficiency syndrome.	<del>(k)</del> (l)	<del>(k)</del> (l)	
(l) "HMO" means health maintenance organization.	<del>(l)</del> (m)	<del>(l)</del> (m)	
(m) "IDEA" means the individuals with disabilities education act, 20 USC 1400 to 1482.	<del>(m)</del> (n)	<del>(m)</del> (n)	
(n) "IDG" means interdepartmental grant.	<del>(n)</del> (o)	<del>(n)</del> (o)	
(o) "MCH" means maternal and child health.	<del>(o)</del> (p)	<del>(o)</del> (p)	
(p) "MIChild" means the program described in section 1670.	<del>(p)</del> (q)	<del>(p)</del> (q)	
(q) "MSS/ISS" means maternal and infant support services.	Delete <b>(r) "MIHP" MEANS MATERNAL INFANT HEALTH PROGRAM.</b>	Delete <b>(r) "MIHP" MEANS MATERNAL INFANT HEALTH PROGRAM.</b>	
(r) "PASARR" means the preadmission screening and annual resident review required under the omnibus budget reconciliation act of 1987, section 1919(e)(7) of the social security act, 42 USC 1396r.	<del>(r)</del> (s)	<del>(r)</del> (s)	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(s) "PIHP" means a specialty prepaid inpatient health plan for Medicaid mental health services, services to persons with developmental disabilities, and substance abuse services as described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.	<del>(s)</del> (t)	<del>(s)</del> (t)	
(t) "Title XVIII" means title XVIII of the social security act, 42 USC 1395 to 1395hhh.	<del>(t)</del> (u)	<del>(t)</del> (u) "Title XVIII" means title XVIII of the social security act, 42 USC 1395 to <del>1395iii</del> <b>1395iii</b>	
(u) "Title XIX" means title XIX of the social security act, 42 USC 1396 to 1396v.	<del>(u)</del> (v)	<del>(u)</del> (v) "Title XIX" means title XIX of the social security act, 42 USC 1395 to <del>1396v</del> <b>1396w-1</b>	
(v) "Title XX" means title XX of the social security act, 42 USC 1397 to 1397f.	<del>(v)</del> (w)	<del>(v)</del> (w)	
(w) "WIC" means women, infants, and children supplemental nutrition program.	<del>(w)</del> (x)	<del>(w)</del> (x)	
<b><i>Requires Civil Service Commission to bill DCH at the end of the first fiscal quarter for the 1% charge authorized by the State Constitution of 1963. Requires DCH to pay the total billing by end of the second fiscal quarter.</i></b>			
<b>Sec. 204.</b> The civil service commission shall bill the department at the end of the first fiscal quarter for the 1% charge authorized by section 5 of article XI of the state constitution of 1963. The department shall pay the total amount of the billing by the end of the second fiscal quarter.	<b>Sec. 204.</b> No changes from current law.	<b>Sec. 204.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
<p><i>Imposes hiring freeze on full-time state classified civil service employees, except internal transfers of classified employees from one position to another within a department or when freeze will render the Department 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 quarterly report to Chairpersons of House and Senate Appropriations Committees on number of exceptions to hiring freeze.</i></p> <p><b>Sec. 205.</b> (1) A hiring freeze is imposed on the state classified civil service. State departments and agencies are prohibited from hiring any new full-time state classified civil service employees and prohibited from filling any vacant state classified civil service positions. This hiring freeze does not apply to internal transfers of classified employees from 1 position to another within a department.</p>	EXECUTIVE	HOUSE	SENATE
	Delete current law.	<b>Sec. 205.</b> (1) No changes from current law.	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) The state budget director may grant exceptions to this hiring freeze when the state budget director believes that the hiring freeze will render a state department or agency unable to deliver basic services, will cause loss of revenue to the state, will result in the inability of the state to receive federal funds, or will necessitate additional expenditures that exceed any savings from maintaining a vacancy. The state budget director shall report quarterly to the chairpersons of the senate and house of representatives standing committees on appropriations the number of exceptions to the hiring freeze approved during the previous quarter and the reasons to justify the exception.</p>	<p>Delete current law.</p>	<p>(2) No changes from current law, except:  "...shall report <del>quarterly</del> <b>annually</b> to the chairpersons of the senate and house of <del>representatives</del> standing committees..."</p>	
<p><b>Appropriates up to \$100.0 million federal contingency funds, up to \$20.0 million state restricted contingency funds, up to \$20.0 million local contingency funds, and up to \$10.0 million private contingency funds; specifies that contingency funds are not available for expenditure until transferred according to Section 393(2) of the Management and Budget Act.</b></p> <p><b>Sec. 206.</b> (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$100,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL18.1393.</p>	<p><b>Sec. 206.</b> (1) No changes from current law, except:  "...transferred to another line item in this <del>act</del> <b>BILL</b>..."</p>	<p><b>Sec. 206.</b> (1) No changes from current law.</p>	
<p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(2) No changes from current law, except:  "...transferred to another line item in this <del>act</del> <b>BILL</b>..."</p>	<p>(2) No changes from current law.</p>	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.	(3) No changes from current law, except:  "...transferred to another line item in this <del>act</del> <b>BILL</b> ..."	(3) No changes from current law.	
(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$10,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this act under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.	(4) No changes from current law, except:  "...transferred to another line item in this <del>act</del> <b>BILL</b> ..."	(4) No changes from current law.	
<b><i>Requires Department to use the Internet to fulfill the reporting requirements of this act.</i></b>  <b>Sec. 208.</b> The department shall use the Internet to fulfill the reporting requirements of this act. This requirement may include transmission of reports via electronic mail to the recipients identified for each reporting requirement, or it may include placement of reports on the Internet or Intranet site.	<b>Sec. 208.</b> No changes from current law, except:  "...fulfill the reporting requirements of this <del>act</del> <b>BILL</b> ..."	<b>Sec. 208.</b> No changes from current law.	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available; 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.</i></p> <p><b>Sec. 209.</b> Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available. Preference shall be given to goods or services, or both, manufactured or provided by Michigan businesses if they are competitively priced and of comparable quality. In addition, preference shall be given to goods or services, or both, that are manufactured or provided by Michigan businesses owned and operated by veterans if they are competitively priced and of comparable quality.</p>	<p><b>Sec. 209.</b> No changes from current law.</p>	<p><b>Sec. 209.</b> No changes from current law.</p>	
<p><i>Requires DCH to take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both.</i></p> <p><b>Sec. 210.</b> The director shall take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. The director shall strongly encourage firms with which the department contracts to subcontract with certified businesses in depressed and deprived communities for services, supplies, or both.</p>	<p><b>Sec. 210.</b> No changes from current law.</p>	<p><b>Sec. 210.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows fee revenue to be carried forward, with approval of State Budget Director, into the next fiscal year and to be used as the first source of funding in that fiscal year; requires report on balances of restricted funds administered by the department.</i></p> <p><b>Sec. 211.</b> (1) If the revenue collected by the department from fees and collections exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section shall be used as the first source of funds in the subsequent fiscal year.</p>	<p><b>Sec. 211.</b> (1) No changes from current law.</p>	<p><b>Sec. 211.</b> (1) No changes from current law.</p>	
<p>(2) The department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the balance of each of the restricted funds administered by the department as of September 30 of the current fiscal year.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Caps funds expended from federal maternal and child health block grant, federal preventive health and health services block grant, federal substance abuse block grant, healthy Michigan fund, and Michigan health initiative fund. Requires report by February 1, 2009, on FY 2008-09 appropriation fund sources by line item; requires report on amount and source of funds to support FY 2009-10 Executive Budget Recommendation upon budget release. Requires all revenue source detail for consolidated revenue line item detail to be provided upon request to DCH.</i></p> <p><b>Sec. 212.</b> (1) From the amounts appropriated in part 1, no greater than the following amounts are supported with federal maternal and child health block grant, preventive health and health services block grant, substance abuse block grant, healthy Michigan fund, and Michigan health initiative funds:</p> <p>(a) Maternal and child health block grant ..... \$ 19,953,100</p> <p>(b) Preventive health and health services block grant ..... 4,028,700</p> <p>(c) Substance abuse block grant ..... 60,627,400</p> <p>(d) Healthy Michigan fund ..... 41,827,600</p> <p>(e) Michigan health initiative ..... 9,100,000</p> <p>(2) On or before February 1 of the current fiscal year, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1 of this act.</p>	<p><b>Sec. 212.</b> (1) No changes from current law, except:</p> <p>..... \$ <b>19,030,900</b></p> <p>..... <b>3,589,800</b></p> <p>..... <b>60,632,200</b></p> <p>..... <b>37,428,200</b></p> <p>..... 9,100,000</p> <p>(2) No changes from current law, except:</p> <p>"...that support the appropriations in each of the line items in part 1 of this act <b>BILL.</b>"</p>	<p><b>Sec. 212.</b> (1) No changes from current law, except:</p> <p>..... \$ <b>19,030,900</b></p> <p>..... <b>3,589,800</b></p> <p>..... <b>60,632,200</b></p> <p>..... <b>37,428,200</b></p> <p>..... 9,100,000</p> <p>(2) No changes from current law, except:</p> <p>"...report to the house of representatives and senate appropriations subcommittees on community health,..."</p>	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(3) Upon the release of the fiscal year 2009-2010 executive budget recommendation, the department shall report to the same parties in subsection (2) on the amounts and detailed sources of federal, restricted, private, and local revenue proposed to support the total funds appropriated in each of the line items in part 1 of the fiscal year 2009-2010 executive budget proposal.	(3) No changes from current law, except:  "Upon the release of the <b>NEXT</b> fiscal year <del>2009-2010</del> executive budget recommendation, the department shall report ...of the line items in part 1 of the <b>NEXT</b> fiscal year <del>2009-2010</del> executive budget proposal."	(3) No changes from current law, except:  "Upon the release of the <b>NEXT</b> fiscal year <del>2009-2010</del> executive budget recommendation, the department shall report ...of the line items in part 1 of the <b>NEXT</b> fiscal year <del>2009-2010</del> executive budget proposal."	
(4) The department shall provide to the same parties in subsection (2) all revenue source detail for consolidated revenue line item detail upon request to the department.	Delete current law.	(4) No changes from current law.	
<p><b><i>Requires state departments, agencies, and commissions receiving tobacco tax and healthy Michigan funds to report on programs utilizing these funds by April 1, 2009, to House and Senate Appropriations Committees, House and Senate Fiscal Agencies, and State Budget Director.</i></b></p> <p><b>Sec. 213.</b> The state departments, agencies, and commissions receiving tobacco tax funds and healthy Michigan funds from part 1 shall report by April 1 of the current fiscal year to the senate and house of representatives appropriations committees, the senate and house fiscal agencies, and the state budget director on the following:</p> <p>(a) Detailed spending plan by appropriation line item including description of programs and a summary of organizations receiving these funds.</p> <p>(b) Description of allocations or bid processes including need or demand indicators used to determine allocations.</p>	<p><b>Sec. 213.</b> (a) and (b) No changes from current law.</p>	<p><b>Sec. 213.</b> (a) and (b) No changes from current law, except:</p> <p>"...to the senate and house of <del>representatives</del>..."</p>	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(c) Eligibility criteria for program participation and maximum benefit levels where applicable.</p> <p>(d) Outcome measures used to evaluate programs, including measures of the effectiveness of these programs in improving the health of Michigan residents.</p> <p>(e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.</p>	(c) through (e) No changes from current law.	(c) through (e) No changes from current law.	
<p><b><i>Prohibits using tobacco tax revenue deposited in healthy Michigan fund for lobbying as defined in 1978 PA 472.</i></b></p> <p><b>Sec. 214.</b> The use of state-restricted tobacco tax revenue received for the purpose of tobacco prevention, education, and reduction efforts and deposited in the healthy Michigan fund shall not be used for lobbying as defined in section 5 of 1978 PA 472, MCL 4.415, and shall not be used in attempting to influence the decisions of the legislature, the governor, or any state agency.</p>	<b>Sec. 214.</b> No changes from current law.	<b>Sec. 214.</b> No changes from current law.	
<p><b><i>Requires a report on each policy change made to implement a public act affecting the department which took effect during the preceding calendar year. Prohibits the use of appropriated funds by the department on adopting a rule that will apply and have a disproportionate economic impact on small businesses.</i></b></p> <p><b>Sec. 215.</b> (1) The department shall report to the house and senate appropriations subcommittees on the budget for the department, the joint committee on administrative rules, and the senate and house fiscal agencies by no later than April 1, 2009 on each specific policy change made by the department to implement a public act affecting that department that took effect during the preceding calendar year.</p>	Delete current law.	Delete current law.	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) Funds appropriated in part 1 shall not be used by the department to adopt a rule that will apply to a small business and that will have a disproportionate economic impact on small businesses because of the size of those businesses if the department fails to reduce the disproportionate economic impact of the rule on small businesses as provided under section 40 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.240.	Delete current law.	Delete current law.	
(3) As used in this section:  (a) "Rule" means that term as defined under section 7 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.207.  (b) "Small business" means that term as defined under section 7a of the administrative procedures act of 1969, 1969 PA 306, MCL 24.207a.	Delete current law.	Delete current law.	
<b><i>Allows use of prior-year revenue for write-offs of accounts receivables, deferrals, and prior-year obligations. Does not limit Department's ability to satisfy appropriation deductions in Part 1 to collections and accruals provided in the current fiscal year. Requires Department to report by March 15, 2009, on all reimbursements, refunds, adjustments, and settlements from prior years to House and Senate Appropriations Subcommittees on Community Health.</i></b>  <b>Sec. 216.</b> (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues.	<b>Sec. 216.</b> (1) No changes from current law.	<b>Sec. 216.</b> (1) No changes from current law.	
(2) The department's ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in the current fiscal year, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.	(2) No changes from current law.	(2) No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(3) The department shall report by March 15 of the current fiscal year to the house of representatives and senate appropriations subcommittees on community health on all reimbursements, refunds, adjustments, and settlements from prior years.	Delete current law.	Delete current law.	
<p><b><i>Lists basic health services embodied in Part 23 of the Public Health Code that are to be available and accessible throughout the state.</i></b></p> <p><b>Sec. 218.</b> The department shall include the following in its annual list of proposed basic health services as required in part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321:</p> <p>(a) Immunizations.</p> <p>(b) Communicable disease control.</p> <p>(c) Sexually transmitted disease control.</p> <p>(d) Tuberculosis control.</p> <p>(e) Prevention of gonorrhoea eye infection in newborns.</p> <p>(f) Screening newborns for the conditions listed in section 5431 of the public health code, 1978 PA 368, MCL 333.5431, or recommended by the newborn screening quality assurance advisory committee created under section 5430 of the public health code, 1978 PA 368, MCL 333.5430.</p> <p>(g) Community health annex of the Michigan emergency management plan.</p> <p>(h) Prenatal care.</p>	<b>Sec. 218.</b> No changes from current law.	<b>Sec. 218.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows Department to contract with Michigan Public Health Institute for design and implementation of projects and other public health related activities. Requires Department to report on each funded project by November 1, 2008, and May 1, 2009, to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director. Requires Department to provide copies of all reports, studies, and publications produced by the Institute by September 30, 2009.</i></p> <p><b>Sec. 219.</b> (1) The department may contract with the Michigan public health institute for the design and implementation of projects and for other public health-related activities prescribed in section 2611 of the public health code, 1978 PA368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before November 1 and May 1 of the current fiscal year all of the following:</p> <p>(a) A detailed description of each funded project.</p> <p>(b) The amount allocated for each project, the appropriation line item from which the allocation is funded, and the source of financing for each project.</p> <p>(c) The expected project duration.</p> <p>(d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to each subgrantee.</p>	<p><b>Sec. 219.</b> (1) No changes from current law.</p>	<p><b>Sec. 219.</b> (1) No changes from current law, except:</p> <p>"...report to the house of representatives..."</p>	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) On or before September 30 of the current fiscal year, the department shall provide to the same parties listed in subsection (1) a copy of all reports, studies, and publications produced by the Michigan public health institute, its subcontractors, or the department with the funds appropriated in part 1 and allocated to the Michigan public health institute.</p>	(2) No changes from current law.	(2) No changes from current law.	
<p><b><i>Requires all contracts with Michigan Public Health Institute that are funded with Part 1 appropriations to include a provision requiring financial and performance audits by the State Auditor General of funded project with state appropriations.</i></b></p> <p><b>Sec. 220.</b> All contracts with the Michigan public health institute funded with appropriations in part 1 shall include a requirement that the Michigan public health institute submit to financial and performance audits by the state auditor general of projects funded with state appropriations.</p>	<b>Sec. 220.</b> No changes from current law.	<b>Sec. 220.</b> No changes from current law.	
<p><b><i>Allows Department to establish and collect fees for publications, videos and related materials, conferences, and workshops. Requires collected fees to be used to offset expenditures for printing and mailing costs of publications, videos and related materials, and costs of conferences and workshops. Prohibits DCH from collecting fees that exceed expenditures.</i></b></p> <p><b>Sec. 223.</b> The department may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The department shall not collect fees under this section that exceed the cost of the expenditures.</p>	<p><b>Sec. 223.</b> No changes from current law, except:</p> <p><b>"IN ADDITION TO THE APPROPRIATIONS IN PART 1, the department may establish and collect fees for publications, videos and related materials, conferences, and workshops."</b></p>	<b>Sec. 223.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to continue to allow ambulatory surgery centers in the state to fully participate in the Medicaid program when hospitals are reimbursed for Medicaid services through the Michigan Medicaid information system. Requires the reimbursement schedule for ambulatory surgery centers that was developed and implemented continue to be used in FY 2008-09.</i></p> <p><b>Sec. 248.</b> The department shall continue to allow ambulatory surgery centers in this state to fully participate in the Medicaid program when hospitals are reimbursed for Medicaid services through the new Michigan Medicaid information system. Ambulatory surgery centers that provide services to Medicaid eligible patients shall be reimbursed in the same manner as hospitals. The reimbursement schedule for ambulatory surgery centers that was developed and implemented in consultation with the industry in fiscal year 2007-2008 shall continue to be used in fiscal year 2008-2009.</p>	<p><b>Sec. 1642.</b> No changes from current law, except:</p> <p>"...in consultation with the industry in fiscal year 2007-2008 shall continue to be used in <del>fiscal year 2008-2009</del> <b>SUBSEQUENT FISCAL YEARS.</b>"</p>	<p><b>Sec. 1642.</b> No changes from current law, except:</p> <p>"...in consultation with the industry in fiscal year 2007-2008 shall continue to be used in <del>fiscal year 2008-2009</del> <b>SUBSEQUENT FISCAL YEARS.</b>"</p>	
<p><i>Requires the department to pay user fees to Department of Information Technology (DIT) for technology-related services and projects from Part 1 appropriated funds for IT. Subjects user fees to provisions of an interagency agreement between the department and DIT.</i></p> <p><b>Sec. 259.</b> From the funds appropriated in part 1 for information technology, the department shall pay user fees to the department of information technology for technology-related services and projects. Such user fees shall be subject to provisions of an interagency agreement between the department and the department of information technology.</p>	<p><b>Sec. 259.</b> No changes from current law.</p>	<p><b>Sec. 259.</b> No changes from current law.</p>	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows designation of Part 1 appropriated funds for IT as work projects and carried forward. Provides that funds designated for work projects are not available for expenditure until approved as work projects under Section 451a of the Management and Budget Act.</i></p> <p><b>Sec. 260.</b> Amounts appropriated in part 1 for information technology may be designated as work projects and carried forward to support technology projects under the direction of the department of information technology. Funds designated in this manner are not available for expenditure until approved as work projects under section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a.</p>	Delete current law.	<b>Sec. 260.</b> No changes from current law.	
<p><i>Provides that Part 1 appropriated funds for Medicaid management information system upgrade are contingent upon approval of an advanced planning document from Centers for Medicare and Medicaid Services. Permits the appropriation to be designated as work project and carried forward to support completion of the project.</i></p> <p><b>Sec. 261.</b> Funds appropriated in part 1 for the Medicaid management information system upgrade are contingent upon approval of an advanced planning document from the centers for Medicare and Medicaid services. If the necessary matching funds are identified and legislatively transferred to this line item, the corresponding federal Medicaid revenue shall be appropriated at a 90/10 federal/state match rate. This appropriation may be designated as a work project and carried forward to support completion of this project.</p>	<b>Sec. 261.</b> No changes from current law.	<b>Sec. 261.</b> No changes from current law.	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to notify House and Senate Appropriations Subcommittees on Community Health and House and Senate Fiscal Agencies upon the submission of a Medicaid waiver, a Medicaid state plan amendment, or similar proposal to the Centers for Medicare and Medicaid Services. Requires quarterly reports on status of discussions with federal agencies on potential or future Medicaid waiver applications.</i></p> <p><b>Sec. 264.</b> (1) Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies of the submission.</p>	Delete current law.	<p><b>Sec. 264.</b> (1) No changes from current law, except:</p> <p>"shall notify the house of representatives..."</p>	
<p>(2) The department shall provide written or verbal quarterly reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies summarizing the status of any new or ongoing discussions with the centers for Medicare and Medicaid services or the federal department of health and human services regarding potential or future Medicaid waiver applications.</p>	Delete current law.	(2) No changes from current law.	
<p><i>Requires departments and agencies receiving Part 1 appropriations to receive and retain copies of all reports funded from Part 1 appropriations.</i></p> <p><b>Sec. 265.</b> The departments and agencies receiving appropriations in part 1 shall receive and retain copies of all reports funded from appropriations in part 1. Federal and state guidelines for short-term and long-term retention of records shall be followed.</p>	Delete current law.	<p><b>Sec. 265.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Limits out-of-state travel to when it is required by legal mandate, necessary to protect the health or safety of Michigan citizens, necessary to produce budgetary savings or increase state revenue, necessary to comply with federal requirements, necessary to secure specialized training for staff, or financed entirely by federal or nonstate funds, except if travel is granted an exception by the State Budget Director. Requires Department to prepare an out-of-state travel report for the preceding fiscal year by January 1, 2009.</i></p> <p><b>Sec. 266.</b> (1) Due to the current budgetary problems in this state, out-of-state travel shall be limited to situations in which 1 or more of the following conditions apply:</p> <p>(a) The travel is required by legal mandate or court order or for law enforcement purposes.</p> <p>(b) The travel is necessary to protect the health or safety of Michigan citizens or visitors or to assist other states in similar circumstances.</p> <p>(c) The travel is necessary to produce budgetary savings or to increase state revenues, including protecting existing federal funds or securing additional federal funds.</p> <p>(d) The travel is necessary to comply with federal requirements.</p> <p>(e) The travel is necessary to secure specialized training for staff that is not available within this state.</p> <p>(f) The travel is financed entirely by federal or nonstate funds.</p>	<p><b>Sec. 266.</b> (1) No changes from current law.</p>	<p><b>Sec. 266.</b> (1) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) If out-of-state travel is necessary but does not meet 1 or more of the conditions in subsection (1), the state budget director may grant an exception to allow the travel. Any exceptions granted by the state budget director shall be reported on a monthly basis to the house of representatives and senate standing committees on appropriations.	Delete current law.	(2) No changes from current law.	
<p>(3) Not later than January 1 of each year, each department shall prepare a travel report listing all travel by classified and unclassified employees outside this state in the immediately preceding fiscal year that was funded in whole or in part with funds appropriated in the department's budget. The report shall be submitted to the chairs and members of the house of representatives and senate standing committees on appropriations, the fiscal agencies, and the state budget director. The report shall include the following information:</p> <p>(a) The name of each person receiving reimbursement for travel outside this state or whose travel costs were paid by this state.</p> <p>(b) The destination of each travel occurrence.</p> <p>(c) The dates of each travel occurrence.</p> <p>(d) A brief statement of the reason for each travel occurrence.</p> <p>(e) The transportation and related costs of each travel occurrence, including the proportion funded with state general fund/general purpose revenues, the proportion funded with state-restricted revenues, the proportion funded with federal revenues, and the proportion funded with other revenues.</p> <p>(f) A total of all out-of-state travel funded for the immediately preceding fiscal year</p>	<p><del>(3)</del> (2) No changes from current law, except:</p> <p>"The report shall be submitted to the <del>chairs and members of the house of representatives and senate</del> <b>AND HOUSE OF REPRESENTATIVES</b> standing committees on appropriations, the <b>SENATE AND HOUSE</b> fiscal agencies, and the state budget director."</p>	<p>(3) No changes from current law, except:</p> <p>"The report shall be submitted to the <del>chairs and members of the house of representatives and senate</del> <b>AND HOUSE OF REPRESENTATIVES</b> standing committees on appropriations, the <b>SENATE AND HOUSE</b> fiscal agencies, and the state budget director."</p>	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits Department from taking disciplinary action against an employee for communicating with a member of the Legislature or his/her staff.</i></p> <p><b>Sec. 267.</b> A department or state agency shall not take disciplinary action against an employee for communicating with a member of the legislature or his or her staff.</p>	Delete current law.	<b>Sec. 267.</b> No changes from current law.	
<p><i>Specifies that the funds appropriated for pharmaceutical services include funds for the reimbursement of mental health medications under the Medicaid program.</i></p> <p><b>Sec. 269.</b> The amount appropriated in part 1 for medical services pharmaceutical services includes funds to cover reimbursement of mental health medications under the Medicaid program. Reimbursement procedures for mental health medications shall be the same as those that were followed in fiscal year 2005-2006, and utilization procedures for such medications shall adhere to section 1625, the department's fiscal year 2006-2007 contract with Medicaid health plans, and section 109h of the social welfare act, 1939 PA 280, MCL 400.109h.</p>	<p><b>Sec. 269.</b> No changes from current law, except:</p> <p>"...under the Medicaid program. <del>Reimbursement procedures for mental health medications shall be same as those that were followed in fiscal year 2005-2006, and utilization procedures for such medications shall adhere to section 1625, the department's fiscal year 2006-2007 contract with Medicaid health plans, and section 109h of the social welfare act, 1939 PA 280, MCL 400.109h.</del>"</p>	<b>Sec. 269.</b> No changes from current law.	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to provide written report on total amounts recovered from legal actions, programs or services for which monies were originally expended, details on the disposition of funds recovered from legal actions, and descriptions of facts involved in legal actions within 30 days after receipt of notice from the Attorney General of legal actions in which expenses have been recovered.</i></p> <p><b>Sec. 270.</b> Within 30 days after receipt of the notification from the attorney general's office of a legal action in which expenses had been recovered pursuant to section 106(4) of the social welfare act, 1939 PA 280, MCL 400.106, or any other statute under which the department has the right to recover expenses, the department shall submit a written report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office which includes, at a minimum, all of the following:</p> <p>(a) The total amount recovered from the legal action.</p> <p>(b) The program or service for which the money was originally expended.</p> <p>(c) Details on the disposition of the funds recovered such as the appropriation or revenue account in which the money was deposited.</p> <p>(d) A description of the facts involved in the legal action.</p>	<p>Delete current law.</p>	<p><b>Sec. 270.</b> No changes from current law, except:</p> <p>"Within <del>30</del> <b>90</b> days after receipt of the notification from the attorney general's office...shall submit a written report to the house of <del>representatives</del>..."</p>	

## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows a PIHP, Medicaid HMO, and federally qualified health center to establish and implement a mental health services intervention pilot project. Requires the project to provide care coordination, disease management, and pharmacy management to eligible recipients suffering from chronic disease including, but not limited to, diabetes, asthma, substance addiction, or stroke. 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.</i></p> <p><b>Sec. 271.</b> (1) A PIHP, Medicaid HMO, and federally qualified health center may establish and implement an early mental health services intervention pilot project. This project shall provide care coordination, disease management, and pharmacy management to eligible recipients suffering from chronic disease, including, but not limited to, diabetes, asthma, substance addiction, or stroke. Participating organizations may make use of data sharing, joint information technology efforts, and financial incentives to health providers and recipients in this project. The department shall encourage that each CMHSP and Medicaid health plan act in a coordinated manner in the establishment of their respective electronic medical record systems.</p>	Delete current law.	Delete current law.	
<p>(2) The pilot project shall make use of preestablished objectives and outcome measures to determine the cost effectiveness of the project. Participating organizations shall collect data to study and monitor the correlation between early mental health treatment services to program participants and improvement in the management of their chronic disease.</p>	Delete current law.	Delete current law.	
<p>(3) The department shall request any necessary Medicaid state plan amendments or waivers to ensure participation in this project by eligible Medicaid recipients.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(4) A progress report on the pilot project shall be provided to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director no later than May 1 of the current fiscal year.	Delete current law.	Delete current law.	
<p><i>Requires Department to make efforts to implement the results of the study on administrative efficiencies, shared services, and consolidations for local health departments, CMHSPs, coordinating agencies on substance abuse, and area agencies on aging.</i></p> <p><b>Sec. 272.</b> (1) The department shall make efforts to implement the results of the study of current policies and allocation methodologies specified in section 272 of 2007 PA 123. These efforts to encourage administrative efficiencies shall apply to the following entities:</p> <p>(a) Local public health departments.</p> <p>(b) CMHSPs.</p> <p>(c) Substance abuse coordinating agencies.</p> <p>(d) Area agencies on aging.</p>	Delete current law.	Delete current law.	
(2) The department shall consult with at least the following applicable organizations in implementing the results of the study:	Delete current law.	Delete current law.	
<p>(a) The Michigan association of community mental health boards.</p> <p>(b) The Michigan association for local public health.</p> <p>(c) The Michigan association of substance abuse coordinating agencies.</p> <p>(d) The area agencies on aging association of Michigan.</p>			

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(3) The department shall submit a report on its efforts to implement the results of the study to the senate and house appropriations subcommittees on community health, the senate and house committees on health policy, the senate and house fiscal agencies, and the state budget director by April 1, 2009.	Delete current law.	Delete current law.	
<i>Prohibits the use of appropriated funds by the department to hire a person to provide legal services that are the responsibility of the Attorney General. Provides that the prohibition does not apply to legal services for bonding activities and those activities authorized by the Attorney General.</i>  <b>Sec. 276.</b> Funds appropriated in part 1 shall not be used by a principal executive department, state agency, or authority to hire a person to provide legal services that are the responsibility of the attorney general. This prohibition does not apply to legal services for bonding activities and for those activities that the attorney general authorizes.	<b>Sec. 276.</b> No changes from current law.	<b>Sec. 276.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities: coordinating agencies on substance abuse, Salvation Army Harbor Light program, and their subcontractors; and area agencies on aging and local providers, and their subcontractors. Requires DCH to provide a written draft of its proposed definitions, standards, and instructions by May 15, 2009.</i></p> <p><b>Sec. 282.</b> (1) The department, through its organizational units responsible for departmental administration, operation, and finance, shall establish uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by the following entities:</p> <p>(a) Coordinating agencies on substance abuse, Salvation Army harbor light program, and their subcontractors that receive payment or reimbursement from funds appropriated under section 104.</p> <p>(b) Area agencies on aging and local providers, and their subcontractors that receive payment or reimbursement from funds appropriated under section 118.</p>	Delete current law.	Delete current law.	
<p>(2) By May 15 of the current fiscal year, the department shall provide a written draft of its proposed definitions, standards, and instructions to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits DCH from approving the travel of more than 1 departmental employee to a professional development conference or training seminar outside of this state unless funded by federal or private funding sources.</i></p> <p><b>Sec. 284.</b> The department shall not approve the travel of more than 1 departmental employee to a specific professional development conference or training seminar that is located outside of this state unless the professional development conference or training seminar is funded by a federal or private funding source and requires more than 1 person from a department to attend, or the conference or training seminar includes multiple issues in which 1 employee from the department does not have expertise.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to determine the cost of expanding its prescription drug website that provides 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.</i></p> <p><b>Sec. 285.</b> (1) The department shall determine the cost to expand its current prescription drug website to provide all of the following information:</p> <p>(a) The 150 most commonly prescribed brand name drug products under the Medicaid program and, if available, their generic equivalents.</p> <p>(b) The most commonly prescribed brand name drug products used for the treatment of all major illnesses and diseases, if not already included under subdivision (a), and, if available, their generic equivalents.</p> <p>(c) The usual and customary price of each brand name and generic prescription drug listed.</p> <p>(d) The dosage, including the number of doses and dosage strength, on which the price is based.</p> <p>(e) Names and addresses for the pharmacies associated with the listed prescription drugs.</p> <p>(f) A minimum of 5 links to other useful websites that can provide assistance to consumers.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(g) The department's toll-free telephone number that residents of this state may call to determine which prescription drug programs they may be eligible for, including free and discounted prescription drug programs.</p> <p>(h) An advisory statement alerting consumers of the need to tell their health professionals and pharmacists about all the medications they are taking so that they know how to avoid harmful interactions between medications.</p> <p>(i) An advisory statement alerting consumers that the price posted for a listed drug product is only for the strength and quantity posted.</p> <p>(j) A date stamp indicating the most recent date the usual and customary price of each brand name and generic prescription drug listed was updated.</p> <p>(k) A notation indicating a prescription drug price was corrected.</p>	Delete current law.	Delete current law.	
<p>(2) The department shall provide the results of the cost study to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by May 1 of the current fiscal year.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>DEPARTMENTWIDE ADMINISTRATION</u></b></p> <p><i>Allows Department to make payment from funds appropriated for worker's compensation for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.</i></p> <p><b>Sec. 301.</b> From funds appropriated for worker's compensation, the department may make payments in lieu of worker's compensation payments for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.</p>	<p><b>Sec. 301.</b> No changes from current law.</p>	<p><b>Sec. 301.</b> No changes from current law.</p>	
<p><i>Prohibits DCH from requiring first-party payments from individuals or families with taxable income of \$10,000 or less for mental health services for determinations made in accordance with Section 818 of Mental Health Code.</i></p> <p><b>Sec. 303.</b> The department shall not require first-party payment from individuals or families with a taxable income of \$10,000.00 or less for mental health services for determinations made under section 818 of the mental health code, 1974 PA 258, MCL 330.1818.</p>	<p><b>Sec. 303.</b> No changes from current law.</p>	<p><b>Sec. 303.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS</u></b></p> <p><i>Allows Department 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.</i></p> <p><b>Sec. 350.</b> The department may enter into a contract with the protection and advocacy agency, authorized under section 931 of the mental health code, 1974 PA 258, MCL 330.1931, or a similar organization to provide legal services for purposes of gaining and maintaining occupancy in a community living arrangement that is under lease or contract with the department or a community mental health services program to provide services to persons with mental illness or developmental disability.</p>	<p><b>Sec. 350.</b> No changes from current law.</p>	<p><b>Sec. 350.</b> No changes from current law.</p>	
<p><b><u>OFFICE OF DRUG CONTROL POLICY</u></b></p> <p><i>Requires DCH to provide up to \$1.8 million of federal Byrne justice assistance grant funds to the Judicial Branch as an interdepartmental grant, for local drug treatment courts.</i></p> <p><b>Sec. 1250.</b> The department shall provide up to \$1,800,000.00 in Byrne justice assistance grant program funding to the judiciary by interdepartmental grant.</p>	<p><b><u>OFFICE OF DRUG CONTROL POLICY</u></b></p> <p><b>Sec. 351.</b> No changes from current law, except:</p> <p>"The department shall provide up to \$1,800,000.00 in Byrne justice assistance grant..."</p>	<p><b><u>OFFICE OF DRUG CONTROL POLICY</u></b></p> <p><b>Sec. 351.</b> No changes from current law, except:</p> <p>"The department shall provide up to \$1,800,000.00 in Byrne justice assistance grant..."</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS</u></b></p> <p><i>Provides that Part 1 appropriated funds are to support a comprehensive system of CMH services under full authority and responsibility of local CMHSPs or prepaid inpatient health plans (PIHPs). Requires Department to ensure that each CMHSP or PIHP provides a complete array of mental health services, coordination of inpatient and outpatient hospital services, individualized plans of services, a case or care management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code.</i></p> <p><b>Sec. 401.</b> Funds appropriated in part 1 are intended to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs or PIHPs. The department shall ensure that each CMHSP or PIHP provides all of the following:</p> <p>(a) A system of single entry and single exit.</p> <p>(b) A complete array of mental health services that includes, but is not limited to, all of the following services: residential and other individualized living arrangements, outpatient services, acute inpatient services, and long-term, 24-hour inpatient care in a structured, secure environment.</p> <p>(c) The coordination of inpatient and outpatient hospital services through agreements with state-operated psychiatric hospitals, units, and centers in facilities owned or leased by the state, and privately-owned hospitals, units, and centers licensed by the state pursuant to sections 134 through 149b of the mental health code, 1974 PA 258, MCL330.1134 to 330.1149b.</p>	<p><b>Sec. 401.</b> (a) through (c) No changes from current law.</p>	<p><b>Sec. 401.</b> (a) through (c) No changes from current law.</p>	

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

<b>FY 2008-09 CURRENT LAW</b>	<b>FY 2009-2010</b>		
	<b>EXECUTIVE</b>	<b>HOUSE</b>	<b>SENATE</b>
<p>(d) Individualized plans of service that are sufficient to meet the needs of individuals, including those discharged from psychiatric hospitals or centers, and that ensure the full range of recipient needs is addressed through the CMHSP's or PIHP's program or through assistance with locating and obtaining services to meet these needs.</p> <p>(e) A system of case management or care management to monitor and ensure the provision of services consistent with the individualized plan of services or supports.</p> <p>(f) A system of continuous quality improvement.</p> <p>(g) A system to monitor and evaluate the mental health services provided.</p> <p>(h) A system that serves at-risk and delinquent youth as required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.</p>	<p>(d) through (h) No changes from current law.</p>	<p>(d) through (h) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires final authorizations to CMHSPs or PIHPs be made upon execution of contracts between DCH and CMHSPs or PIHPs. Requires each contract with a CMHSP or PIHP to include provision that it is not valid unless total dollar obligation of all contracts entered into between DCH and CMHSPs or PIHPs for FY 2008-09 does not exceed Part 1 appropriations. Requires DCH to report immediately to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director if there are new contracts or amendments to contracts with CMHSPs or PIHPs that would affect enacted rates or expenditures.</i></p> <p><b>Sec. 402.</b> (1) From funds appropriated in part 1, final authorizations to CMHSPs or PIHPs shall be made upon the execution of contracts between the department and CMHSPs or PIHPs. The contracts shall contain an approved plan and budget as well as policies and procedures governing the obligations and responsibilities of both parties to the contracts. Each contract with a CMHSP or PIHP that the department is authorized to enter into under this subsection shall include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs or PIHPs entered into under this subsection for fiscal year 2008-2009 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.</p>	<p><b>Sec. 402.</b> (1) No changes from current law.</p>	<p><b>Sec. 402.</b> (1) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) The department shall immediately report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director if either of the following occurs:</p> <p>(a) Any new contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p> <p>(b) Any amendments to contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p>	(2) No changes from current law.	<p>(2) No changes from current law, except:</p> <p>"...report to the senate and house of representatives..."</p>	
<p>(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.</p>	(3) No changes from current law.	(3) No changes from current law.	
<p><b><i>Requires DCH to ensure CMHSPs or PIHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement. Prohibits appropriations for multicultural services from being utilized for services to illegal immigrants and people who are not residents of the state. Requires annual report from independent organizations receiving multicultural services funding.</i></b></p> <p><b>Sec. 403.</b> (1) From the funds appropriated in part 1 for multicultural services, the department shall ensure that CMHSPs or PIHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement.</p>	Delete current law.	<b>Sec. 403.</b> (1) No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) Funds appropriated in part 1 for multicultural services shall not be utilized for services provided to illegal immigrants and people who are not residents of this state. The department shall modify contracts with recipients of multicultural services grants to mandate that grantees establish that recipients of services are legally residing in the United States. An exception to the contractual provision will be allowed to address persons presenting with emergent mental health conditions.	Delete current law.	(2) No changes from current law.	
(3) The department shall require an annual report from the independent organizations that receive multicultural services funding. The annual report shall include specific information on services and programs provided, the client base to which the services and programs were provided, and the expenditures for those services. The department shall provide the annual reports to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies.	Delete current law.	(3) No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to provide a report by May 31, 2009, on the following for CMHSPs or PIHPs: expenditures and services data; information about access to CMHSPs; lapses and carry-forwards during FY 2007-08; information on the CMH Medicaid managed care program; performance indicator information required to be submitted to DCH in contracts with CMHSPs or PIHPs, and an estimate of the number of mental health direct care workers.</i></p> <p><b>Sec. 404.</b> (1) Not later than May 31 of the current fiscal year, the department shall provide a report on the community mental health services programs to the members of the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section.</p>	<p><b>Sec. 404.</b> (1) No changes from current law.</p>	<p><b>Sec. 404.</b> (1) No changes from current law, except:</p> <p>"...the members of the house of representatives..."</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) The report shall contain information for each CMHSP or PIHP and a statewide summary, each of which shall include at least the following information:</p> <p>(a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis.</p> <p>(b) Per capita expenditures by client population group.</p> <p>(c) Financial information that, minimally, includes a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration. Service category includes all department-approved services.</p> <p>(d) Data describing service outcomes that includes, but is not limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment.</p> <p>(e) Information about access to community mental health services programs that includes, but is not limited to, the following:</p> <p>(i) The number of people receiving requested services.</p> <p>(ii) The number of people who requested services but did not receive services.</p> <p>(f) The number of second opinions requested under the code and the determination of any appeals.</p>	<p>(2) (a) through (f) No changes from current law.</p>	<p>(2) (a) through (f) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP or PIHP.	(3) No changes from current law.	(3) No changes from current law.	
(4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs or PIHPs.	(4) No changes from current law.	(4) No changes from current law.	
<p><b><i>States legislative intent that the wage increase funded in previous years, including the 1% wage increase effective February 1, 2009, for direct care workers in local residential settings, and settings where skill building, community living supports and training, and personal care services are provided be paid.</i></b></p> <p><b>Sec. 405.</b> (1) It is the intent of the legislature that the employee wage pass-through funded in previous years to the community mental health services programs for direct care workers in local residential settings and for paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal care services are provided shall continue to be paid to direct care workers.</p>	<p><b>Sec. 405.</b> <del>(1)</del> " It is the intent of the legislature that <del>the</del> The employee wage pass-through funded in ...to direct care workers."</p>	<p><b>Sec. 405.</b> (1) No changes from current law.</p>	
(2) It is the intent of the legislature that a 1% wage increase, effective February 1, 2009, be provided to direct care workers in local residential settings and for paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal care services are provided.	Delete current law.	(2) No changes from current law, except:  "...that a 4% <b>50-CENT PER HOUR</b> wage increase, effective February OCTOBER 1, 2009, be provided..."	
(3) Each CMHSP awarded wage pass-through money from the funds established under subsections (1) and (2) shall report on the actual expenditures of the money in the format determined by the department.	Delete current law.	(3) No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires funds appropriated for state disability assistance substance abuse services program be used to support per diem and board payments in substance abuse residential facilities. Requires DCH to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by DHS to adult foster care providers.</i></p> <p><b>Sec. 406.</b> (1) The funds appropriated in part 1 for the state disability assistance substance abuse services program shall be used to support per diem room and board payments in substance abuse residential facilities. Eligibility of clients for the state disability assistance substance abuse services program shall include needy persons 18 years of age or older, or emancipated minors, who reside in a substance abuse treatment center.</p>	<p><b>Sec. 406.</b> (1) No changes from current law.</p>	<p><b>Sec. 406.</b> (1) No changes from current law.</p>	
<p>(2) The department shall reimburse all licensed substance abuse programs eligible to participate in the program at a rate equivalent to that paid by the department of human services to adult foster care providers. Programs accredited by department-approved accrediting organizations shall be reimbursed at the personal care rate, while all other eligible programs shall be reimbursed at the domiciliary care rate.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
		<p><b>(3) FROM THE FUNDS APPROPRIATED IN PART 1 FOR THE STATE DISABILITY ASSISTANCE SUBSTANCE ABUSE SERVICES PROGRAM, \$4,000,000.00 SHALL BE DISTRIBUTED BASED ON LOCAL NEEDS AS DETERMINED BY THE DEPARTMENT, IN CONSULTATION WITH COORDINATING AGENCIES.</b></p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies. Requires coordinating agencies work with CMHSPs or PIHPs to coordinate services provided to individuals with both mental illness and substance abuse diagnoses. Requires Department to approve a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay. Requires DCH to develop a feasibility study on a payment methodology that increases allotments to coordinating agencies that are CMH providers.</i></p> <p><b>Sec. 407.</b> (1) The amount appropriated in part 1 for substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies. Coordinating agencies shall work with the CMHSPs or PIHPs to coordinate the care and services provided to individuals with both mental illness and substance abuse diagnoses.</p>	<p><b>Sec. 407.</b> (1) No changes from current law.</p>	<p><b>Sec. 407.</b> (1) No changes from current law.</p>	
<p>(2) The department shall approve a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) The department shall develop a feasibility study on a payment methodology that increases allotments to coordinating agencies that are also community mental health providers. The department shall report on this feasibility study on a payment methodology to the senate and house subcommittees on community health and the senate and house fiscal agencies by April 1 of the current fiscal year.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
		(3) FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY SUBSTANCE ABUSE PREVENTION, EDUCATION, AND TREATMENT PROGRAMS, \$100.00 SHALL BE USED TO FUND MEDICALLY NECESSARY MEDICATIONS PRESCRIBED BY A PHYSICIAN FOR THE TREATMENT OF ALCOHOLISM AND OTHER SUBSTANCE ABUSE DISORDERS.	
		(4) FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY SUBSTANCE ABUSE PREVENTION, EDUCATION, AND TREATMENT PROGRAMS, \$300,000.00 SHALL BE USED TO ESTABLISH A METHANDONE/BUPRENORPHINE CLINIC IN A COUNTY WITH A POPULATION LESS THAN 35,000. THE DEPARTMENT SHALL WORK WITH A LOCAL SUBSTANCE ABUSE COORDINATING AGENCY TO DEVELOP THE CLINIC. THE COORDINATING AGENCY SHALL SERVE AT LEAST 25 COUNTIES.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to report by April 15, 2009, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2007-08.</i></p> <p><b>Sec. 408.</b> (1) By April 15 of the current fiscal year, the department shall report the following data from fiscal year 2007-2008 on substance abuse prevention, education, and treatment programs to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office:</p> <p>(a) Expenditures stratified by coordinating agency, by central diagnosis and referral agency, by fund source, by subcontractor, by population served, and by service type. Additionally, data on administrative expenditures by coordinating agency and by subcontractor shall be reported.</p> <p>(b) Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.</p> <p>(c) Number of services provided by central diagnosis and referral agency, by subcontractor, and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.</p> <p>(d) Collections from other first- or third-party payers, private donations, or other state or local programs, by coordinating agency, by subcontractor, by population served, and by service type.</p> <p>(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all coordinating agencies.</p>	<p><b>Sec. 408.</b> (1) No changes from current law, except the following:</p> <p>"...shall report the following data from <b>THE PRIOR</b> fiscal year <del>2007-2008</del> on substance abuse prevention, education, and treatment programs..."</p> <p>(a) "...data on administrative expenditures by coordinating agency <del>and by subcontractor</del> shall be reported."</p>	<p><b>Sec. 408.</b> (1) No changes from current law, except the following:</p> <p>"...shall report the following data from <b>THE PRIOR</b> fiscal year <del>2007-2008</del> on substance abuse prevention, education, and treatment programs to the senate and house of representatives..."</p> <p>(a) "...data on administrative expenditures by coordinating agency <del>and by subcontractor</del> shall be reported."</p>	
	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires funds for substance abuse services to be distributed in a manner to provide priority to service providers that furnish child care services to clients with children.</i></p> <p><b>Sec. 409.</b> The funding in part 1 for substance abuse services shall be distributed in a manner that provides priority to service providers that furnish child care services to clients with children.</p>	<b>Sec. 409.</b> No changes from current law.	<b>Sec. 409.</b> No changes from current law.	
<p><i>Requires Department to assure that substance abuse treatment is provided to applicants and recipients of public assistance through DHS who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</i></p> <p><b>Sec. 410.</b> The department shall assure that substance abuse treatment is provided to applicants and recipients of public assistance through the department of human services who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.</p>	<b>Sec. 410.</b> No changes from current law.	<b>Sec. 410.</b> No changes from current law.	
<p><i>Requires Department to ensure that each contract with a CMHSP or PIHP require the CMHSP or PIHP to implement programs to encourage diversions for persons with mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP or PIHP to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement agencies.</i></p> <p><b>Sec. 411.</b> (1) The department shall ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to implement programs to encourage diversion of persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate.</p>	<b>Sec. 411.</b> (1) No changes from current law.	<b>Sec. 411.</b> (1) No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) Each CMHSP or PIHP shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p><b><i>Requires Department to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance abuse services at not less than the amount contracted for in FY 2007-08.</i></b></p> <p><b>Sec. 412.</b> The department shall contract directly with the Salvation Army harbor light program to provide non-Medicaid substance abuse services at not less than the amount contracted for in fiscal year 2007-2008.</p>	<p>Delete current law.</p>	<p><b>Sec. 412.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Medicaid substance abuse services to be managed by selected 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 selected PIHPs to receive a capitated payment on a per eligible per month basis to assure the provision of medically necessary substance abuse services. Requires selected PIHPs to be responsible for reimbursement of claims for specialized substance abuse services. Allows PIHPs that are not coordinating agencies to continue to contract with a coordinating agency provided that the alternative arrangement is based on client service needs and has prior approval from DCH.</i></p> <p><b>Sec. 414.</b> Medicaid substance abuse treatment services shall be managed by selected PIHPs pursuant to the centers for Medicare and Medicaid services' approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. The selected PIHPs shall receive a capitated payment on a per eligible per month basis to assure provision of medically necessary substance abuse services to all beneficiaries who require those services. The selected PIHPs shall be responsible for the reimbursement of claims for specialized substance abuse services. The PIHPs that are not coordinating agencies may continue to contract with a coordinating agency. Any alternative arrangement must be based on client service needs and have prior approval from the department.</p>	<p><b>Sec. 414.</b> No changes from current law.</p>	<p><b>Sec. 414.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to report on the amount of funding paid to PIHPs to support the Medicaid managed mental health program in the preceding month.</i></p> <p><b>Sec. 418.</b> On or before the tenth of each month, the department shall report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in the preceding month. The information shall include the total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, and number of cases in each eligibility group for each PIHP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.</p>	<p><b>Sec. 418.</b> No changes from current law.</p>	<p><b>Sec. 418.</b> No changes from current law, except:</p> <p>"...report to the senate and house of representatives..."</p>	
<p><i>Requires Department to work cooperatively with the Departments of Human Services, Corrections, Education, State Police, and Military and Veterans Affairs, within existing appropriations, to coordinate and improve the delivery of substance abuse prevention, education, and treatment programs. Requires Department to establish a Work Group examining and reviewing the source and expenditure of public and private funds for substance abuse programs and services. Requires Work Group to develop and recommend cost-effective measures for expenditure of funds and delivery of substance abuse programs and services.</i></p> <p><b>Sec. 423.</b> (1) The department shall work cooperatively with the departments of human services, corrections, education, state police, and military and veterans affairs to coordinate and improve the delivery of substance abuse prevention, education, and treatment programs within existing appropriations.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) The department shall establish a work group composed of representatives of the department, the departments of human services, corrections, education, state police, and military and veterans affairs, coordinating agencies, CMHSPs, and any other persons considered appropriate to examine and review the source and expenditure of all public and private funds made available for substance abuse programs and services. The work group shall develop and recommend cost-effective measures for the expenditure of funds and delivery of substance abuse programs and services. The department shall submit the findings of the work group to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by May 31 of the current fiscal year.	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires PIHPs that contract with DCH to provide services to the Medicaid population to adhere to the timely claims processing and payments procedure to claims submitted by health professionals and facilities as described in 2000 PA 187.</i></p> <p><b>Sec. 424.</b> Each PIHP that contracts with the department to provide services to the Medicaid population shall adhere to the following timely claims processing and payment procedure for claims submitted by health professionals and facilities:</p> <p>(a) A "clean claim" as described in section 111i of the social welfare act, 1939 PA 280, MCL 400.111i, shall be paid within 45 days after receipt of the claim by the PIHP. A clean claim that is not paid within this time frame shall bear simple interest at a rate of 12% per annum.</p> <p>(b) A PIHP must state in writing to the health professional or facility any defect in the claim within 30 days after receipt of the claim.</p> <p>(c) A health professional and a health facility have 30 days after receipt of a notice that a claim or a portion of a claim is defective within which to correct the defect. The PIHP shall pay the claim within 30 days after the defect is corrected.</p>	<p><b>Sec. 424.</b> No changes from current law.</p>	<p><b>Sec. 424.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires PIHPs to provide local funds from internal resources that can be used as a bona fide source for the state match required under the Medicaid program in order to increase capitation rates for PIHPs.</i></p> <p><b>Sec. 428.</b> Each PIHP shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.</p>	<p><b>Sec. 428.</b> No changes from current law.</p>	<p><b>Sec. 428.</b> No changes from current law.</p>	
<p><i>Directs counties required under provisions of the Mental Health Code to provide matching funds to CMHSPs for mental health services rendered to residents in its jurisdiction to pay these funds in equal installments on a quarterly basis throughout the fiscal year.</i></p> <p><b>Sec. 435.</b> A county required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, to provide matching funds to a CMHSP for mental health services rendered to residents in its jurisdiction shall pay the matching funds in equal installments on not less than a quarterly basis throughout the fiscal year, with the first payment being made by October 1 of the current fiscal year.</p>	<p><b>Sec. 435.</b> No changes from current law.</p>	<p><b>Sec. 435.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Expresses legislative intent that the \$40 million transferred from CMH Non-Medicaid Services to support Medicaid Adult Benefits Waiver program be used to provide state match for increases in federal funding for primary care and specialty services provided to Medicaid Adult Benefits waiver enrollees and economic increases for Medicaid Specialty Services and Supports program. Requires general fund match be transferred back to CMH Non-Medicaid Services if enrollment in Medicaid Adult Benefits Waiver program does not achieve expectations and funding for the program is not expended. Requires Department to report quarterly on a summary of eligible expenditures for the Medicaid Adult Benefits Waiver program to House and Senate Appropriations Subcommittees on Community Health.</i></p> <p><b>Sec. 442.</b> (1) It is the intent of the legislature that the \$40,000,000.00 in funding transferred from the community mental health non-Medicaid services line to support the Medicaid adult benefits waiver program be used to provide state match for increases in federal funding for primary care and specialty services provided to Medicaid adult benefits waiver enrollees and for economic increases for the Medicaid specialty services and supports program.</p>	<p><b>Sec. 442.</b> (1) No changes from current law, except:</p> <p><del>"It is the intent of the legislature that-</del> The \$40,000,000.00 in funding transferred from the community mental health non-Medicaid services line to support the Medicaid adult benefits waiver program <b>SHALL</b> be used to..."</p>	<p><b>Sec. 442.</b> (1) No changes from current law.</p>	
<p>(2) The department shall assure that persons enrolled in the Medicaid adult benefits waiver program shall receive mental health services as approved in the state plan amendment.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) Capitation payments to CMHSPs for persons who become enrolled in the Medicaid adult benefits waiver program shall be made using the same rate methodology as payments for the current Medicaid beneficiaries.</p>	<p>(3) No changes from the current law.</p>	<p>(3) No changes from the current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(4) If enrollment in the Medicaid adult benefits waiver program does not achieve expectations and the funding appropriated for the Medicaid adult benefits waiver program for specialty services is not expended, the general fund balance shall be transferred back to the community mental health non-Medicaid services line. The department shall report quarterly to the senate and house of representatives appropriations subcommittees on community health a summary of eligible expenditures for the Medicaid adult benefits waiver program by CMHSPs.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>	
<p><b><i>Prohibits retroactive implementation of any policy that results in negative financial impact on CMHSPs or PIHPs.</i></b></p> <p><b>Sec. 452.</b> Unless otherwise authorized by law, the department shall not implement retroactively any policy that would lead to a negative financial impact on CMHSPs or PIHPs.</p>	<p>Delete current law.</p>	<p><b>Sec. 452.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires CMHSPs and PIHPs to honor consumer choices for skill-building assistance, rehabilitative and habilitative services, supported and integrated employment services program services, and work preparatory services provided in the community or by accredited community-based rehabilitation organizations. Requires CMHSPs and PIHPs take all necessary steps to ensure that individuals with mental illness, developmental disabilities, or substance abuse issues are placed in the least restrictive settings if that is their choice.</i></p> <p><b>Sec. 456.</b> (1) CMHSPs and PIHPs shall honor consumer choice to the fullest extent possible when providing services and support programs for individuals with mental illness, developmental disabilities, or substance abuse issues. Consumer choices shall include skill-building assistance, rehabilitative and habilitative services, supported and integrated employment services program settings, and other work preparatory services provided in the community or by accredited community-based rehabilitation organizations. CMHSPs and PIHPs shall not arbitrarily eliminate or restrict any choices from the array of services and program settings available to consumers without reasonable justification that those services are not in the consumer's best interest.</p>	<p><b>Sec. 456.</b> (1) No changes from current law.</p>	<p><b>Sec. 456.</b> (1) No changes from current law.</p>	
<p>(2) CMHSPs and PIHPs shall take all necessary steps to ensure that individuals with mental illness, developmental disabilities, or substance abuse issues be placed in the least restrictive setting in the quickest amount of time possible if it is the individual's choice.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to report by April 15, 2009, on the following: an updated plan for implementing each of the recommendations of the Michigan Mental Health Commission report on October 15, 2004; a cost-benefit analysis of establishing secure residential facilities of fewer than 17 beds for adults with serious mental illness including residential facilities' potential impact on the state's need for adult mental health facilities; and a cost-benefit analysis of establishing specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.</i></p> <p><b>Sec. 458.</b> By April 15 of the current fiscal year, the department shall provide each of the following to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director:</p> <p>(a) An updated plan for implementing each of the recommendations of the Michigan mental health commission made in the commission's report dated October 15, 2004.</p> <p>(b) A report that evaluates the cost-benefit of establishing secure residential facilities of fewer than 17 beds for adults with serious mental illness, modeled after such programming in Oregon or other states. This report shall examine the potential impact that utilization of secure residential facilities would have upon the state's need for adult mental health facilities.</p> <p>(c) In conjunction with the state court administrator's office, a report that evaluates the cost-benefit of establishing a specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.</p>	<p><b>Sec. 458.</b> No changes from current law, except:</p> <p>"By April 15 of the current fiscal year, the department shall provide each of the following- <b>AN UPDATED PLAN FOR IMPLEMENTING RECOMMENDATIONS OF THE MICHIGAN MENTAL HEALTH COMMISSION MADE IN THE COMMISSION'S REPORT DATED OCTOBER 15, 2004</b> to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director."</p> <p><del>(a) An updated plan for implementing each of the recommendations of the Michigan mental health commission made in the commission's report dated October 15, 2004.</del></p> <p><del>(b) A report that evaluates the cost-benefit of establishing secure residential facilities of fewer than 17 beds for adults with serious mental illness, modeled after such programming in Oregon or other states. This report shall examine the potential impact that utilization of secure residential facilities would have upon the state's need for adult mental health facilities.</del></p> <p><del>(c) In conjunction with the state court administrator's office, a report that evaluates the cost-benefit of establishing a specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.</del></p>	<p><b>Sec. 458.</b> No changes from current law, except:</p> <p>"...to the house of representatives..."</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to work with Judiciary to develop guidelines for the operation and evaluation of pilot mental health courts. Requires CMHSPs and trial courts interested in becoming mental health court pilot sites to submit a joint application for funding in accordance with established guidelines.</i></p> <p><b>Sec. 459.</b> From the funds appropriated in part 1 for mental health court pilot programs, the department shall work with the judiciary, including the state court administrative office, to develop guidelines for the operation and evaluation of pilot mental health courts. Local CMHSPs and trial courts interested in becoming mental health court pilot sites shall submit a joint application for funding prepared in accordance with guidelines established by the department and judiciary. The applications shall include documentation of community needs and a commitment to the program by key stakeholders, including the local courts, law enforcement, prosecutor, defense counsel, and treatment providers.</p>	Delete current law.	Delete current law.	
<p><i>Requires DCH to fully implement the uniform definitions, standards, and reporting of administrative costs by subcontractors of PIHPs, CMHSPs, and contracted organized provider systems that receive payment or reimbursements from PIHPs and CMHSPs in FY 2008-09.</i></p> <p><b>Sec. 460.</b> (1) The uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by PIHPs, CMHSPs, and contracted organized provider systems that receive payment or reimbursement from funds appropriated under section 104 that were implemented in fiscal year 2006-2007 by the department shall also be implemented for their subcontractors in fiscal year 2008-2009.</p>	Delete current law.	<p><b>Sec. 460.</b> (1) No changes from current law, except:</p> <p>"...subcontractors in fiscal year <del>2008-2009</del> 2009-2010."</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) The department shall provide the house of representatives and senate appropriations subcommittees on community health, the house of representatives and senate fiscal agencies, and the state budget director with a progress report on the implementation required under subsection (1). The progress report is due on July 1 of the current fiscal year.</p>	Delete current law.	<p>(2) No changes from current law, except:</p> <p>"...shall provide the house of <del>representatives</del> and senate appropriations subcommittees on community health, the house of <del>representatives</del> and senate fiscal agencies..."</p>	
<p><b><i>Requires DCH to develop a funding equity plan for all CMHSPs receiving funds appropriated under CMH Non-Medicaid Services line. Requires the funding plan to reflect a more equitable distribution methodology based on proxy measures of need and recognition of varying expenditure needs of CMHSPs. Requires report regarding implementation feasibility of the funding equity plan.</i></b></p> <p><b>Sec. 462.</b> The department shall develop a funding equity plan for all CMHSPs that receive funds appropriated under the community mental health non-Medicaid services line. The funding plan should reflect a more equitable distribution methodology based on proxy measures of need and the recognition of varying expenditure needs of CMHSPs. The department shall submit the written equity funding plan and a report regarding implementation feasibility of the equity funding plan including an impact statement to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director by March 1 of the current fiscal year.</p>	Delete current law.	<p><b>Sec. 462.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs Department to establish standard program evaluation measures to assess effectiveness of programs provided through coordinating agencies and service providers in reducing and preventing incidence of substance abuse.</i></p> <p><b>Sec. 463.</b> The department shall use standard program evaluation measures to assess the overall effectiveness of programs provided through coordinating agencies and service providers in reducing and preventing the incidence of substance abuse. The measures established by the department shall be modeled after the program outcome measures and best practice guidelines for the treatment of substance abuse as proposed by the federal substance abuse and mental health services administration.</p>	<p><b>Sec. 463.</b> No changes from current law.</p>	<p><b>Sec. 463.</b> No changes from current law.</p>	
<p><i>Expresses legislative intent that revenue received by DCH from liquor license fees is to be expended at not less than the amount provided in FY 2006-07 for prevention, rehabilitation, care, and treatment of alcoholics pursuant to Liquor Control Code provisions.</i></p> <p><b>Sec. 464.</b> It is the intent of the legislature that revenue received by the department from liquor license fees be expended at not less than the amount provided in fiscal year 2006-2007, to fund programs for the prevention, rehabilitation, care, and treatment of alcoholics pursuant to sections 543(1) and 1115(2) of the Michigan liquor control code of 1998, 1998 PA 58, MCL 436.1543 and 436.2115.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires that funds appropriated for respite services be used for direct respite care services for children with serious emotional disturbances and their families. Specifies that no more than 1% of the funds allocated for respite services be expended by CMHSPs for administration and administrative purposes.</i></p> <p><b>Sec. 465.</b> Funds appropriated in part 1 for respite services shall be used for direct respite care services for children with serious emotional disturbances and their families. Not more than 1% of the funds allocated for respite services shall be expended by CMHSPs for administration and administrative purposes.</p>	<p><b>Sec. 465.</b> No changes from current law.</p> <p><b>Technical Note:</b> If part 1 funds are eliminated, then this section should also be eliminated.</p>	<p><b>Sec. 465.</b> No changes from current law.</p>	
<p><i>Requires DCH to increase funding paid from the Community Substance Abuse Prevention, Education, and Treatment Programs line item to coordinating agencies to the level provided in FY 2002-03, if funds become available.</i></p> <p><b>Sec. 467.</b> If funds become available, the department shall increase funding paid from the community substance abuse prevention, education, and treatment programs line item to the substance abuse coordinating agencies to the level of funding provided in fiscal year 2002-2003.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to maintain criteria for the incorporation of a city, county, or regional substance abuse coordinating agency into a local CMH authority. Permits Department to make accommodations or adjustments in formula distribution to coordinating agencies provided all of the following: funding not exceeding \$75,000 is provided to any coordinating agency for administrative costs incurred by incorporating into a CMH authority; accommodations or adjustments do not favor coordinating agencies who voluntarily elect to integrate with CMH authorities; and accommodations or adjustments do not negatively affect other coordinating agencies.</i></p> <p><b>Sec. 468.</b> To foster a more efficient administration of and to integrate care in publicly funded mental health and substance abuse services, the department shall maintain criteria for the incorporation of a city, county, or regional substance abuse coordinating agency into a local community mental health authority that will encourage those city, county, or regional coordinating agencies to incorporate as local community mental health authorities. If necessary, the department may make accommodations or adjustments in formula distribution to address administrative costs related to the maintenance of the criteria under this section and to the incorporation of the additional coordinating agencies into local community mental health authorities provided that all of the following are satisfied:</p> <p>(a) The department provides funding for the administrative costs incurred by coordinating agencies incorporating into community mental health authorities. The department shall not provide more than \$75,000.00 to any coordinating agency for administrative costs.</p> <p>(b) The accommodations or adjustments do not favor coordinating agencies who voluntarily elect to integrate with local community mental health authorities.</p> <p>(c) The accommodations or adjustments do not negatively affect other coordinating agencies.</p>	<p><b>Sec. 468.</b> No changes from current law.</p>	<p><b>Sec. 468.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Specifies that DCH establish written expectations, such as coordination and consolidation of administrative functions, for CMHSPs, PIHPs, coordinating agencies, and counties on the integration of mental health and substance abuse services for those coordinating agencies that have voluntarily incorporated into CMH authorities and accepted funding from DCH for administrative costs incurred when incorporating into authorities.</i></p> <p><b>Sec. 470.</b> (1) For those substance abuse coordinating agencies that have voluntarily incorporated into community mental health authorities and accepted funding from the department for administrative costs incurred pursuant to section 468, the department shall establish written expectations for those CMHSPs, PIHPs, and substance abuse coordinating agencies and counties with respect to the integration of mental health and substance abuse services. At a minimum, the written expectations shall provide for the integration of those services as follows:</p> <p>(a) Coordination and consolidation of administrative functions and redirection of efficiencies into service enhancements.</p> <p>(b) Consolidation of points of 24-hour access for mental health and substance abuse services in every community.</p> <p>(c) Alignment of coordinating agencies and PIHPs boundaries to maximize opportunities for collaboration and integration of administrative functions and clinical activities.</p>	<p><b>Sec. 470.</b> (1) No changes from current law.</p>	<p><b>Sec. 470.</b> (1) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) By May 1 of the current fiscal year, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the impact and effectiveness of this section and the status of the integration of mental health and substance abuse services.	(2) No changes from current law.	(2) No changes from current law, except:  "...report to the house of representatives..."	
<p><b><i>Requires Department to ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to provide each recipient and his/her family with information regarding the different types of guardianship. 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 causes.</i></b></p> <p><b>Sec. 474.</b> The department shall ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to provide each recipient and his or her family with information regarding the different types of guardianship and the alternatives to guardianship. A CMHSP or PIHP shall not, in any manner, attempt to reduce or restrict the ability of a recipient or his or her family from seeking to obtain any form of legal guardianship without just cause.</p>	<b>Sec. 474.</b> No changes from current law.	<b>Sec. 474.</b> No changes from current law.	
<p><b><i>Requires a report on the number and reimbursement cost of atypical antipsychotic prescriptions by each PIHP for Medicaid beneficiaries by March 30, 2009.</i></b></p> <p><b>Sec. 480.</b> The department shall provide to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by March 30 of the current fiscal year a report on the number and reimbursement cost of atypical antipsychotic prescriptions by each PIHP for Medicaid beneficiaries.</p>	<b>Sec. 480.</b> No changes from current law.	<b>Sec. 480.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires DCH to continue funding for Odyssey House at the FY 2007-08 level.</i></p> <p><b>Sec. 482.</b> From the funds appropriated in part 1, the department shall continue funding for programs provided by Odyssey house at the levels in effect during fiscal year 2007-2008.</p>	Delete current law.	Delete current law.	
<p><i>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.</i></p> <p><b>Sec. 483.</b> (1) A Medicaid recipient shall remain eligible and a qualifying applicant shall be determined eligible for medical assistance during a period of incarceration or detention. Medicaid coverage is limited during such a period to off-site inpatient hospitalization only.</p>	<b>Sec. 483.</b> (1) No changes from current law.	<b>Sec. 483.</b> (1) No changes from current law.	
<p>(2) A Medicaid recipient is considered incarcerated or detained until released on bail, released as not guilty, released on parole, released on probation, released on pardon, released upon completing a sentence, or released under home detention or tether.</p>	(2) No changes from current law.	(2) No changes from current law.	
<p><i>Permits an allocation up to \$100 for mental health prevention initiatives.</i></p> <p><b>Sec. 486.</b> From the funds appropriated in part 1, up to \$100.00 may be allocated for mental health prevention initiatives.</p>	Delete current law.	Delete current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
		<p><b>Sec. 487. FROM THE FUNDS APPROPRIATED IN PART 1 FOR COMMUNITY SUBSTANCE ABUSE PREVENTION, EDUCATION, AND TREATMENT PROGRAMS, \$9,000,000.00 SHALL BE ALLOCATED TO COORDINATING AGENCIES TO PROVIDE 90-DAY INTENSIVE SUBSTANCE ABUSE TREATMENT SERVICES INCLUDING, BUT NOT LIMITED TO, RESIDENTIAL SERVICES WHEN APPROPRIATE FOR CERTAIN OFFENDERS WHO ARE REFERRED TO TREATMENT BY A DRUG TREATMENT COURT, BY ORDER OF ANOTHER COURT, OR A CONDITION OF PROBATION OR PAROLE.</b></p>	
<p><b><u>STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES</u></b></p> <p><i>Requires that priority be given to obtaining third-party payments for services in the funding of staff in the financial support division, reimbursement, billing, and collection services. Requires the collections from individual recipients of services to be handled in a sensitive and nonharassing manner. Requires Department to continue a revenue recapture project to generate additional third party revenue from cases that are closed or inactive.</i></p> <p><b>Sec. 601.</b> (1) In funding of staff in the financial support division, reimbursement, and billing and collection sections, priority shall be given to obtaining third-party payments for services. Collection from individual recipients of services and their families shall be handled in a sensitive and nonharassing manner.</p>	<p><b>Sec. 601.</b> (1) No changes from current law.</p>	<p><b>Sec. 601.</b> (1) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. Revenues collected through project efforts are appropriated to the department for departmental costs and contractual fees associated with these retroactive collections and to improve ongoing departmental reimbursement management functions.	(2) No changes from current law.	(2) No changes from current law.	
<p><b><i>Authorizes carry forward of unexpended and unencumbered funds up to \$1,000,000 from gifts and bequests for patient living and treatment environments for one fiscal year.</i></b></p> <p><b>Sec. 602.</b> Unexpended and unencumbered amounts and accompanying expenditure authorizations up to \$1,000,000.00 remaining on September 30 of the current fiscal year from the amounts appropriated in part 1 for gifts and bequests for patient living and treatment environments shall be carried forward for 1 fiscal year. The purpose of gifts and bequests for patient living and treatment environments is to use additional private funds to provide specific enhancements for individuals residing at state-operated facilities. Use of the gifts and bequests shall be consistent with the stipulation of the donor. The expected completion date for the use of gifts and bequests donations is within 3 years unless otherwise stipulated by the donor.</p>	<b>Sec. 602.</b> No changes from current law.	<b>Sec. 602.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Specifies that funds appropriated in Part 1 for Forensic Mental Health Services provided to DOC are in accordance with the interdepartmental plan developed in cooperation with DOC. Authorizes Department to receive and expend funds from DOC to fulfill obligations outlined in the interdepartmental agreement.</i></p> <p><b>Sec. 603.</b> The funds appropriated in part 1 for forensic mental health services provided to the department of corrections are in accordance with the interdepartmental plan developed in cooperation with the department of corrections. The department is authorized to receive and expend funds from the department of corrections in addition to the appropriations in part 1 to fulfill the obligations outlined in the interdepartmental agreements.</p>	<p><b>Sec. 603.</b> No changes from current law.</p>	<p><b>Sec. 603.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires CMHSPs or PIHPs to provide annual reports to DCH on the following: the number of days of care purchased from state hospitals, state centers, and private hospitals; the number and type of alternative placements to state hospitals and centers other than private hospitals; and waiting lists for placements in state hospitals and centers. Requires DCH to annually report the information to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director.</i></p> <p><b>Sec. 604.</b> (1) The CMHSPs or PIHPs shall provide annual reports to the department on the following information:</p> <p>(a) The number of days of care purchased from state hospitals and centers.</p> <p>(b) The number of days of care purchased from private hospitals in lieu of purchasing days of care from state hospitals and centers.</p> <p>(c) The number and type of alternative placements to state hospitals and centers other than private hospitals.</p> <p>(d) Waiting lists for placements in state hospitals and centers.</p>	<p><b>Sec. 604.</b> (1) No changes from current law.</p>	<p><b>Sec. 604.</b> (1) No changes from current law.</p>	
<p>(2) The department shall annually report the information in subsection (1) to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law, except: "...to the house of representatives..."</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits Department from implementing closures or consolidations of state hospitals, centers, and agencies until CMHSPs or PIHPs have programs and services in place for those persons currently in the facilities. Requires DCH to provide a closure plan four months after closure certification to House and Senate Appropriations Subcommittees on Community Health and State Budget Director. Requires transfer of remaining operational funds from closed state hospitals, centers, and agencies to CMHSPs or PIHPs responsible for providing services to these clients.</i></p> <p><b>Sec. 605.</b> (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs or PIHPs have programs and services in place for those persons currently in those facilities and a plan for service provision for those persons who would have been admitted to those facilities.</p>	<p><b>Sec. 605.</b> (1) No changes from current law.</p>	<p><b>Sec. 605.</b> (1) No changes from current law.</p>	
<p>(2) All closures or consolidations are dependent upon adequate department-approved CMHSP and PIHP plans that include a discharge and aftercare plan for each person currently in the facility. A discharge and aftercare plan shall address the person's housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the person's housing needs.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) Four months after the certification of closure required in section 19(6) of the state employees' retirement act, 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the house of representatives and senate appropriations subcommittees on community health and the state budget director.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law, except:  "...closure plan to the house of representatives.."</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs or PIHPs responsible for providing services for persons previously served by the operations.	(4) No changes from current law.	(4) No changes from current law.	
<p><b><i>Allows Department to collect revenue for patient reimbursement from first/third party payers, including Medicaid and local county CMHSP payers, to cover cost of placement in state hospitals and centers. Authorizes DCH to adjust financing sources for patient reimbursement based on actual revenue earned. Permits carry forward of revenue collected that exceeds current year expenditures if approved by State Budget Director.</i></b></p> <p><b>Sec. 606.</b> The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid and local county CMHSP payers, to cover the cost of placement in state hospitals and centers. The department is authorized to adjust financing sources for patient reimbursement based on actual revenues earned. If the revenue collected exceeds current year expenditures, the revenue may be carried forward with approval of the state budget director. The revenue carried forward shall be used as a first source of funds in the subsequent year.</p>	<b>Sec. 606.</b> No changes from current law.	<b>Sec. 606.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to ensure that mandated changes in the operation of state hospitals and centers are completed in a timely and efficient manner if Senate Bill 369 of the 94th Legislature, a bill amending the Mental Health Code as it relates to an individual's incompetence to stand trial and disposition of persons found not guilty by reason of insanity, is enacted into law.</i></p> <p><b>Sec. 607.</b> If Senate Bill No. 369 of the 94th Legislature is enacted into law, the department shall provide all necessary support to state hospitals to ensure that mandated changes in the operation of state hospitals and centers are completed in a timely and efficient manner.</p>	Delete current law.	Delete current law.	
<p><i>Requires the Department to evaluate the privatization of food and custodial services at state hospitals and centers and submit a copy of the evaluation by May 1, 2009 to the House and Senate Appropriations Subcommittees on Community Health, and House and Senate Fiscal Agencies.</i></p> <p><b>Sec. 608.</b> By January 1 of the current fiscal year, the department shall evaluate the privatization of food and custodial services at all of the state hospitals and centers and submit a copy of the evaluation to the house and senate appropriations subcommittees on community health and to the house and senate fiscal agencies. The evaluation shall include a detailed cost-benefit analysis utilizing accurate, reliable, and objective data that compares state costs versus the contractual costs over the life of a contract. If the evaluation identifies privatization savings of at least 10%, the department, in consultation with the department of management and budget, shall establish and implement a bid process to identify 1 or more private or public contractors to provide food service and custodial services at each state hospital and center.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Prohibits the use of all tobacco products in and on the grounds of state psychiatric facilities.</i></p> <p><b>Sec. 609.</b> Effective October 1, 2008, the department shall ban the use of all tobacco products in and on the grounds of state psychiatric facilities. As used in this section, "tobacco product" means a product that contains tobacco and is intended for human consumption, including, but not limited to, cigarettes, noncigarette smoking tobacco, or smokeless tobacco, as those terms are defined in section 2 of the tobacco products tax act, 1993 PA 327, MCL 205.422, and cigars.</p>	<p><b>Sec. 609.</b> No changes from current law, except:  "Effective October 1, 2008, the department shall <b>CONTINUE TO</b> ban the use of all tobacco products in and on the grounds of state psychiatric facilities."</p>	<p><b>Sec. 609.</b> No changes from current law, except:  "Effective October 1, 2008, the department shall <b>CONTINUE TO</b> ban the use of all tobacco products in and on the grounds of state psychiatric facilities."</p>	
		<p><b>Sec. 610 (1) THE DEPARTMENT SHALL MAKE EVERY EFFORT TO MINIMIZE JOB LOSSES DUE TO ANY REDUCTIONS IN FORCE OR CLOSING OF FACILITIES BY PLACING THOSE EMPLOYEES DISPLACED BY THE REDUCTION OR CLOSING WITHIN OTHER POSITIONS IN ANOTHER STATE DEPARTMENT AND BY ENCOURAGING CMHSPS TO HIRE THOSE EMPLOYEES DISPLACED THE REDUCTION OR CLOSING.</b></p>	
		<p><b>(2) IT IS THE INTENT OF THE LEGISLATURE THAT EMPLOYEES DISPLACED BY ANY REDUCTIONS IN FORCE OR CLOSING OF FACILITIES WHO ARE NOT PLACED WITHIN OTHER POSITIONS IN THE DEPARTMENT OR HIRED BY A CMHSP BE GIVEN PRIORITY IN STATE PROGRAMS FOR JOB RETRAINING OR EDUCATION, SUCH AS THE NO WORKER LEFT BEHIND PROGRAM.</b></p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>PUBLIC HEALTH ADMINISTRATION</u></b></p> <p><i>Requires the Department to communicate the annual public health consumption advisory for sport fish, at minimum to post the advisory on the Internet and provide it to participants of the Women, Infants, and Children special supplemental nutrition program.</i></p> <p><b>Sec. 650.</b> The department shall communicate the annual public health consumption advisory for sportfish. The department shall, at a minimum, post the advisory on the Internet and make the information in the advisory available to the clients of the women, infants, and children special supplemental nutrition program.</p>	<p><b>Sec. 650.</b> No changes from current law.</p>	<p><b>Sec. 650.</b> No changes from current law.</p>	
<p><i>Requires a report by April 30, 2009 on activities and efforts of the Department to improve the health status of the citizens of the state pursuant to the goals and objectives stated in the "Healthy Michigan 2010" report, and to indicate measurable progress made.</i></p> <p><b>Sec. 651.</b> By April 30 of the current fiscal year, the department shall submit a report to the house and senate fiscal agencies and the state budget director on the activities and efforts of the department to improve the health status of the citizens of this state with regard to the goals and objectives stated in the "Healthy Michigan 2010" report, and the measurable progress made toward those goals and objectives.</p>	<p><b>Sec. 651.</b> No changes from current law.</p>	<p><b>Sec. 651.</b> No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>HEALTH POLICY, REGULATION, AND PROFESSIONS</u></b></p> <p><i>Requires Department to continue to contract with EMS grantees funded from Part 1 appropriations to ensure that a sufficient number of qualified EMS personnel exist to serve rural areas of the state.</i></p> <p><b>Sec. 704.</b> The department shall continue to contract with grantees supported through the appropriation in part 1 for the emergency medical services grants and contracts to ensure that a sufficient number of qualified emergency medical services personnel exist to serve rural areas of the state.</p>	<p><b>Sec. 704.</b> No changes from current law.</p>	<p><b>Sec. 704.</b> No changes from current law.</p>	
<p><i>Requires DCH make every effort to hire qualified nursing home inspectors with past experience in long-term care industry.</i></p> <p><b>Sec. 706.</b> When hiring any new nursing home inspectors funded through appropriations in part 1, the department shall make every effort to hire qualified individuals with past experience in the long-term care industry.</p>	<p><b>Sec. 706.</b> No changes from current law.</p>	<p><b>Sec. 706.</b> No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Require funds appropriated for Nursing Scholarship Program be used to increase nurses practicing in Michigan. Requires Department and Board of Nursing work cooperatively with Michigan Higher Education Assistance Authority to coordinate scholarship assistance. Encourages Board of Nursing to structure scholarships in which recipients who intend to practice nursing in this state are rewarded.</i></p> <p><b>Sec. 707.</b> The funds appropriated in part 1 for the nursing scholarship program, established in section 16315 of the public health code, 1978 PA 368, MCL 333.16315, shall be used to increase the number of nurses practicing in Michigan. The board of nursing is encouraged to structure scholarships funded under this act in a manner that rewards recipients who intend to practice nursing in Michigan. In addition, the department and the board of nursing shall work cooperatively with the Michigan higher education assistance authority to coordinate scholarship assistance with scholarships provided pursuant to the Michigan nursing scholarship act, 2002 PA 591, MCL 390.1181 to 390.1189.</p>	<p><b>Sec. 707.</b> No changes from current law, except:</p> <p>"...is encouraged to structure scholarships funded under this <del>act</del> <b>BILL</b> in a manner that rewards recipients who intend to practice nursing in Michigan."</p>	<p><b>Sec. 707.</b> No changes from current law.</p>	
<p><i>Requires nursing facilities in their quarterly reports to DCH to report on the total patient care hours provided each month and the percentage of pool staff used each month during the preceding quarter. Requires DCH to make the quarterly staff report available to the public.</i></p> <p><b>Sec. 708.</b> Nursing facilities shall report in the quarterly staff report to the department, the total patient care hours provided each month, by state licensure and certification classification, and the percentage of pool staff, by state licensure and certification classification, used each month during the preceding quarter. The department shall make available to the public, the quarterly staff report compiled for all facilities including the total patient care hours and the percentage of pool staff used, by classification.</p>	<p><b>Sec. 708.</b> No changes from current law.</p>	<p><b>Sec. 708.</b> No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows funds appropriated for Michigan Essential Health Care Provider Program to be used to provide loan repayment for dentists that meet the criteria established in Part 27 of the Public Health Code.</i></p> <p><b>Sec. 709.</b> The funds appropriated in part 1 for the Michigan essential health care provider program may also provide loan repayment for dentists that fit the criteria established by part 27 of the public health code, 1978 PA 368, MCL333.2701 to 333.2727.</p>	Delete current law.	<b>Sec. 709.</b> No changes from current law.	
<p><i>Allocates up to \$2,172,700 to enhance the service capacity of federally qualified health centers and similar health clinics providing primary care services.</i></p> <p><b>Sec. 710.</b> From the funds appropriated in part 1 for primary care services, an amount not to exceed \$2,172,700.00 is appropriated to enhance the service capacity of the federally qualified health centers and other health centers that are similar to federally qualified health centers.</p>	<b>Sec. 710.</b> No changes from current law.	<b>Sec. 710.</b> No changes from current law.	
<p><i>Allows Department to make customized listings of nonconfidential information in its possession, such as names and addresses of licensees, available to interested entities. Allows Department to establish and collect a reasonable charge for providing this service. Requires revenue received from this service be used to offset expenses for providing the service. Requires unexpended revenue balances to revert to the appropriate restricted fund.</i></p> <p><b>Sec. 711.</b> The department may make available to interested entities customized listings of nonconfidential information in its possession, such as names and addresses of licensees. The department may establish and collect a reasonable charge to provide this service. The revenue received from this service shall be used to offset expenses to provide the service. Any balance of this revenue collected and unexpended at the end of the fiscal year shall revert to the appropriate restricted fund.</p>	<p><b>Sec. 711.</b> No changes from current law, except:</p> <p><b>"IN ADDITION TO THE APPROPRIATIONS IN PART 1, ¶the</b> department may establish and collect a reasonable charge to provide this service."</p>	<b>Sec. 711.</b> No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allocates \$250,000 to free health clinics, nonprofit organizations that use volunteer health professions to provide care to uninsured individuals, from funds appropriated for primary care services. Requires DCH to distribute funds equally to each free health clinic.</i></p> <p><b>Sec. 712.</b> From the funds appropriated in part 1 for primary care services, \$250,000.00 shall be allocated to free health clinics operating in the state. The department shall distribute the funds equally to each free health clinic. For the purpose of this appropriation, free health clinics are nonprofit organizations that use volunteer health professionals to provide care to uninsured individuals.</p>	<p><b>Sec. 712.</b> No changes from current law.</p>	<p><b>Sec. 712.</b> No changes from current law, except:</p> <p>"...for primary care services, <del>\$250,000.00</del> <b>\$500,000.00</b> shall be allocated to free health clinics..."</p>	
<p><i>Directs Department to continue to fund multicultural agencies that provide primary care services.</i></p> <p><b>Sec. 713.</b> The department is directed to continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.</p>	<p>Delete current law.</p>	<p><b>Sec. 713.</b> No changes from current law.</p>	
<p><i>Requires DCH to report to the Legislature on the timeliness of nursing facility complaint investigations and the number of allegations that are substantiated on an annual basis. Requires DCH to make every effort to contact complainants during investigations.</i></p> <p><b>Sec. 714.</b> The department shall report to the legislature on the timeliness of nursing facility complaint investigations and the number of allegations that are substantiated on an annual basis. The report</p>	<p><b>Sec. 714.</b> No changes from current law.</p>	<p><b>Sec. 714.</b> No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
shall consist of the number of allegations filed by consumers and the number of facility-reported incidents. The department shall make every effort to contact every complainant and the subject of a complaint during an investigation.			



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Permits an appropriation up to \$100 to the establishment of a pilot program in Detroit for a nonurgent medical response service.</i></p> <p><b>Sec. 715.</b> From the funds appropriated in part 1 for primary care services, up to \$100.00 is appropriated for the department to establish a pilot program in the city of Detroit for a nonurgent medical response service.</p>	Delete current law.	Delete current law.	
<p><i>Requires DCH to give priority in investigations of alleged wrongdoing by licensed health care professionals that are alleged to have occurred within 2 years of the initial complaint.</i></p> <p><b>Sec. 716.</b> The department shall give priority in investigations of alleged wrongdoing by licensed health care professionals to instances that are alleged to have occurred within 2 years of the initial complaint.</p>	<b>Sec. 716.</b> No changes from current law.	<b>Sec. 716.</b> No changes from current law.	
<p><i>Permits an allocation up to \$100 for the HealthKey Program for the uninsured.</i></p> <p><b>Sec. 717.</b> From the funds appropriated in part 1 for primary care services, up to \$100.00 may be allocated for the HealthKey program for the uninsured.</p>	Delete current law.	Delete current law.	
<p><i>Requires study on frequently cited complaint deficiencies for nursing homes during the prior 3 fiscal years.</i></p> <p><b>Sec. 718.</b> The department shall gather information on its most frequently cited complaint deficiencies for the prior 3 fiscal years. The department shall determine whether there is an increase in the number of citations from 1 year to the next and assess the cause of the increase, if any, and whether education and training of nursing facility staff or department staff is needed. The department will implement any training indicated by the study. The department shall provide the results of the study to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by May 1 of the current fiscal year.</p>	Delete current law.	Delete current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allocates \$75,000 for the Helen M. Nickless Volunteer Clinic in Bay City.</i></p> <p><b>Sec. 720.</b> From the funds appropriated in part 1 for primary care services, \$75,000.00 shall be allocated to the Helen M. Nickless volunteer clinic in Bay City.</p>	Delete current law.	Delete current law.	
<p><i>Specifies that a newly accepted professional into the Michigan Essential Health Provider Program is eligible for 4 years of loan repayments.</i></p> <p><b>Sec. 722.</b> A medical professional who is newly accepted into the Michigan essential health provider program in fiscal year 2008-2009 is eligible for 4 years of loan repayments.</p>	Delete current law.	<b>Sec. 722.</b> No changes from current law.	
<p><i>Permits allocation up to \$100 for the development of a coordinated statewide trauma care system.</i></p> <p><b>Sec. 724.</b> From the funds appropriated in part 1 for emergency medical services program state staff, up to \$100.00 may be allocated for the development of a coordinated statewide trauma care system.</p>	Delete current law.	<b>Sec. 724.</b> No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>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".</i></p> <p><b>Sec. 725.</b> From the funds appropriated in part 1 for rural health services, up to \$100.00 may be allocated to support rural health improvement as identified in "Michigan Strategic Opportunities for Rural Health Improvement, A State Rural Health Plan 2008-2012". The department shall make these funds available to rural and micropolitan communities under a competitive bid process. The department shall not allocate more than \$5,000.00 to each rural or micropolitan community under this section. The department shall not allocate funds appropriated under this section unless a 50/50state and local match rate has occurred. The department shall submit a report to the house and senate appropriations subcommittees on community health, house and senate fiscal agencies, and state budget director by April 1 of the current fiscal year on the projects supported by this allocation.</p>	Delete current law.	<b>Sec. 725.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>INFECTIOUS DISEASE CONTROL</u></b></p> <p><i>Requires Department and its subcontractors to ensure that high-risk children ages 9 through 18 receive priority for AIDS prevention, education, and outreach services.</i></p> <p><b>Sec. 801.</b> In the expenditure of funds appropriated in part 1 for AIDS programs, the department and its subcontractors shall ensure that high-risk individuals ages 9 through 18 receive priority for prevention, education, and outreach services.</p>	<p><b>Sec. 801.</b> No changes from current law.</p>	<p><b>Sec. 801.</b> No changes from current law.</p>	
<p><i>Directs Department to continue AIDS Drug Assistance Program maintaining prior year eligibility criteria and drug formulary, without prohibiting Department from providing assistance for improved AIDS treatment medications. Allows Department to revise criteria and formulary, consistent with federal program guidelines, if appropriation is insufficient to maintain the prior year criteria and formulary.</i></p> <p><b>Sec. 803.</b> The department shall continue the AIDS drug assistance program maintaining the prior year eligibility criteria and drug formulary. This section is not intended to prohibit the department from providing assistance for improved AIDS treatment medications. If the appropriation in part 1 or actual revenue is not sufficient to maintain the prior year eligibility criteria and drug formulary, the department may revise the eligibility criteria and drug formulary in a manner that is consistent with federal program guidelines.</p>	<p><b>Sec. 803.</b> No changes from current law, except:</p> <p>"...This section is <del>is</del> <b>DOES</b> not intended to prohibit the department ..."</p>	<p><b>Sec. 803.</b> No changes from current law, except:</p> <p>"...This section is <del>is</del> <b>DOES</b> not intended to prohibit the department ..."</p>	

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

<p><b>FY 2008-09 CURRENT LAW</b></p>	<p><b>FY 2009-2010</b></p>		
	<p><b>EXECUTIVE</b></p>	<p><b>HOUSE</b></p>	<p><b>SENATE</b></p>
<p><i>Directs Department to cooperate with Department of Corrections to share data and information regarding prisoners being released who have HIV or Hepatitis C, related to the Michigan prisoner reentry initiative; and requires a report by April 1, 2009.</i></p> <p><b>Sec. 804.</b> The department, in conjunction with efforts to implement the Michigan prisoner reentry initiative, shall cooperate with the department of corrections to share data and information as they relate to prisoners being released who are HIV positive or positive for the hepatitis C antibody. By April 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the progress and results of its work as permitted under federal law and the potential outcomes from its work with the department of corrections under this section.</p>	<p><b>Sec. 804.</b> The department, in conjunction with efforts to implement the Michigan prisoner reentry initiative, shall cooperate with the department of corrections to share data and information as they relate to prisoners being released who are HIV positive or positive for the hepatitis C antibody. <del>By April 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the progress and results of its work as permitted under federal law and the potential outcomes from its work with the department of corrections under this section.</del></p>	<p><b>Sec. 804.</b> The department, in conjunction with efforts to implement the Michigan prisoner reentry initiative, shall cooperate with the department of corrections to share data and information as they relate to prisoners being released who are HIV positive or positive for the hepatitis C antibody. <del>By April 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the progress and results of its work as permitted under federal law and the potential outcomes from its work with the department of corrections under this section.</del></p>	
<p><b><u>EPIDEMIOLOGY</u></b></p> <p><i>Directs Department to report annually on the expenditures and activities of the lead abatement program.</i></p> <p><b>Sec. 851.</b> The department shall provide a report annually to the house of representatives and senate appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the expenditures and activities undertaken by the lead abatement program. The report shall include, but is not limited to, a funding allocation schedule, expenditures by category of expenditure and by subcontractor, revenues received, description of program elements, and description of program accomplishments and progress.</p>	<p><b>Sec. 851.</b> No changes from current law.</p>	<p><b>Sec. 851.</b> No changes from current law, except:</p> <p>"The department shall provide a report annually to the house of representatives and senate ..."</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to allow local governments to apply for reimbursement of administrative costs associated with methamphetamine cleanup efforts, at a maximum of \$800 per property. Requires Department to work with the Michigan Association of Counties to ensure counties are aware of availability of these funds.</i></p> <p><b>Sec. 852.</b> (1) From the funds appropriated in part 1 for the methamphetamine cleanup fund, the department shall allow local governments to apply for money to cover their administrative costs associated with the methamphetamine cleanup efforts. The funds allocated to local governments for the administrative costs associated with methamphetamine cleanup efforts shall not exceed \$800.00 per property.</p>	Delete current law.	<b>Sec. 852.</b> (1) No changes from current law.	
<p>(2) The department shall work with the Michigan association of counties to ensure that counties are aware that the funds appropriated in part 1 for methamphetamine cleanup activities are available.</p>	Delete current law.	(2) No changes from current law.	
<p><b><u>LOCAL HEALTH ADMINISTRATION AND GRANTS</u></b></p> <p><i>Directs DCH to reimburse local health departments for costs incurred for services provided in accordance with the Informed Consent Law.</i></p> <p><b>Sec. 901.</b> The amount appropriated in part 1 for implementation of the 1993 additions of or amendments to sections 9161, 16221, 16226, 17014, 17015, and 17515 of the public health code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515, shall reimburse local health departments for costs incurred related to implementation of section 17015(18) of the public health code, 1978 PA 368, MCL 333.17015.</p>	<b>Sec. 901.</b> No changes from current law.	<b>Sec. 901.</b> No changes from current law.	

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

<b>FY 2008-09 CURRENT LAW</b>	<b>FY 2009-2010</b>		
	<b>EXECUTIVE</b>	<b>HOUSE</b>	<b>SENATE</b>
<p><i>Provides authority for Department to assess a penalty on a county of up to 6.25% of the county health department's local public health operations funding if that county ceases to be part of a district health department or an associated arrangement with other local health departments.</i></p> <p><b>Sec. 902.</b> If a county that has participated in a district health department or an associated arrangement with other local health departments takes action to cease to participate in such an arrangement after October 1, 2008, the department shall have the authority to assess a penalty from the local health department's operational accounts in an amount equal to no more than 6.25% of the local health department's local public health operations funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.</p>	<p><b>Sec. 902.</b> No changes from current law, except:</p> <p>" ... after October 1, <del>2008</del>, <b>OF THE CURRENT FISCAL YEAR, ...</b>"</p>	<p><b>Sec. 902.</b> No changes from current law, except:</p> <p>" ... after October 1, <del>2008</del>, <b>OF THE CURRENT FISCAL YEAR, ...</b>"</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs that local public health operations line item funds shall be prospectively allocated to local public health departments to support costs for nine state and local cost-shared services. Certain of these services shall be provided in consultation with Michigan Departments of Agriculture, and Environmental Quality. Local public health departments 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 that a report on planned allocations be made available by April 1, 2009.</i></p> <p><b>Sec. 904.</b> (1) Funds appropriated in part 1 for local public health operations shall be prospectively allocated to local health departments to support immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management. Food protection shall be provided in consultation with the Michigan department of agriculture. Public water supply, private groundwater supply, and on-site sewage management shall be provided in consultation with the Michigan department of environmental quality.</p>	<p><b>Sec. 904.</b> (1) No changes from current law.</p>	<p><b>Sec. 904.</b> (1) No changes from current law.</p>	
<p>(2) Local public health departments shall be held to contractual standards for the services in subsection (1).</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in fiscal year 2008-2009 of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1).</p>	<p>(3) No changes from current law, except: " ...maintain local spending in <b>THE CURRENT</b> fiscal year <del>2008-2009</del> of at least ..."</p>	<p>(3) No changes from current law, except: " ...maintain local spending in <b>THE CURRENT</b> fiscal year <del>2008-2009</del> of at least ..."</p>	
<p>(4) By April 1 of the current fiscal year, the department shall make available a report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the planned allocation of the funds appropriated for local public health operations.</p>	<p>(4) No changes from current law.</p>	<p>(4) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></b></p> <p><i>Allocates funds to regional networks to provide information and referral services for persons with Alzheimer's disease or related disorders, their families, and health care providers.</i></p> <p><b>Sec. 1003.</b> Funds appropriated in part 1 for the Alzheimer's information network shall be used to provide information and referral services through regional networks for persons with Alzheimer's disease or related disorders, their families, and health care providers.</p>	<p><b>Sec. 1003.</b> No changes from current law.</p>	<p><b>Sec. 1003.</b> No changes from current law.</p>	
<p><i>Requires Department to give priority to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents in spending smoking prevention program line item funds. Allocates \$900,000 of smoking prevention funds for the Quit Kit program that includes the nicotine patch or nicotine gum, for purposes of complying with Act 164 of 2004.</i></p> <p><b>Sec. 1006.</b> (1) In spending the funds appropriated in part 1 for the smoking prevention program, priority shall be given to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents.</p>	<p><b>Sec. 1006.</b> (1) No changes from current law.</p>	<p><b>Sec. 1006.</b> (1) No changes from current law.</p>	
<p>(2) For purposes of complying with 2004 PA 164, \$900,000.00 of the funds appropriated in part 1 for the smoking prevention program shall be used for the quit kit program that includes the nicotine patch or nicotine gum.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs that violence prevention line item funds be used for, but not limited to, programs aimed at preventing spouse, partner or child abuse and rape, and workplace violence; directs DCH to give equal consideration to public and private nonprofit grant applicants; allows DCH to provide funds to local school districts.</i></p> <p><b>Sec. 1007.</b> (1) The funds appropriated in part 1 for violence prevention shall be used for, but not be limited to, the following: (a) Programs aimed at the prevention of spouse, partner, or child abuse and rape. (b) Programs aimed at the prevention of workplace violence.</p>	<p><b>Sec. 1007.</b> (1) No changes from current law.</p>	<p><b>Sec. 1007.</b> (1) No changes from current law.</p>	
<p>(2) In awarding grants from the amounts appropriated in part 1 for violence prevention, the department shall give equal consideration to public and private nonprofit applicants.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) From the funds appropriated in part 1 for violence prevention, the department may include local school districts as recipients of the funds for family violence prevention programs.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	
<p><i>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.</i></p> <p><b>Sec. 1008.</b> From the funds appropriated in part 1 for the diabetes and kidney program, the department may allocate up to \$25,000.00 for a diabetes management pilot project in Muskegon County.</p>	<p>Delete current law.</p>	<p><b>Sec. 1008.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Permits allocation of funds from the diabetes and kidney program line item to the National Kidney Foundation of Michigan for kidney disease prevention programs.</i></p> <p><b>Sec. 1009.</b> From the funds appropriated in part 1 for the diabetes and kidney program, a portion of the funds may be allocated to the National Kidney Foundation of Michigan for kidney disease prevention programming including early identification and education programs and kidney disease prevention demonstration projects.</p>	<p><b>Sec. 1009.</b> No changes from current law.</p>	<p><b>Sec. 1009.</b> No changes from current law.</p>	
<p><i>Allocates \$200,000 of chronic disease prevention line item funds for osteoporosis prevention and treatment education programming.</i></p> <p><b>Sec. 1010.</b> From the funds appropriated in part 1 for chronic disease prevention, \$200,000.00 shall be allocated for osteoporosis prevention and treatment education.</p>	<p>Delete current law.</p>	<p><b>Sec. 1010.</b> No changes from current law.</p>	
<p><i>Allows Department to allocate \$50,000 of chronic disease prevention line item funds for stroke prevention, education, and outreach. Program education objectives are outlined.</i></p> <p><b>Sec. 1019.</b> From the funds appropriated in part 1 for chronic disease prevention, \$50,000.00 may be allocated for stroke prevention, education, and outreach. The objectives of the program shall include education to assist persons in identifying risk factors, and education to assist persons in the early identification of the occurrence of a stroke in order to minimize stroke damage.</p>	<p><b>Sec. 1019.</b> No changes from current law.</p>	<p><b>Sec. 1019.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows Department to appropriate funds for the African-American Male Health Initiative if Healthy Michigan Funds or federal Preventive Health and Health Services Block Grant funds are available.</i></p> <p><b>Sec. 1028.</b> Contingent on the availability of state restricted healthy Michigan fund money or federal preventive health and health services block grant money, funds may be appropriated for the African-American male health initiative.</p>	Delete current law.	<b>Sec. 1028.</b> No changes from current law.	
<p><i>Appropriates \$300,000 of injury control intervention project line item funds to establish 2 incentive-based pilot programs for level I and level II 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.</i></p> <p><b>Sec. 1031.</b> (1) From the funds appropriated in part 1 for the injury control intervention project, \$300,000.00 shall be used to establish 2 incentive-based pilot programs for level I and level II trauma hospitals to ensure greater state utilization of an interactive, evidence-based treatment guideline model for traumatic brain injury.</p>	Delete current law.	<p><b>Sec. 1031.</b> (1) No changes from current law, except:</p> <p>"From the funds appropriated in part 1 for the injury control intervention project, <del>\$300,000.00</del> <b>\$100.00</b> shall be used to establish <b>CONTINUE</b> 2 incentive-based ..."</p>	
<p>(2) One pilot program shall be placed in a county of less than 225,000. The other pilot program shall be placed in a county with a population over 1,000,000.</p>	Delete current law.	(2) No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows Department to allocate up to \$100 of cancer prevention and control program line item funds to the Van Andel Institute for late stage cancer therapeutics program of treatment for eligible Medicaid patients.</i></p> <p><b>Sec. 1032.</b> From the funds appropriated in part 1 for the cancer prevention and control program, up to \$100.00 may be allocated to the Van Andel Institute for phase II of the predictive molecular therapeutics program for the late stage treatment of Medicaid eligible pediatric and adult cancer patients.</p>	Delete current law.	Delete current law.	
<p><i>Allows Department to allocate up to \$100 of cancer prevention and control program line item funds for Kids Kicking Cancer program.</i></p> <p><b>Sec. 1033.</b> From the funds appropriated in part 1 for the cancer prevention and control program, up to \$100.00 may be allocated to the kids kicking cancer program.</p>	Delete current law.	Delete current law.	
<p><i>Allows Department to allocate up to \$100 of physical fitness, nutrition, and health line item funds for Cold is Cool program to expose schoolchildren to outdoor winter activities and downhill skiing.</i></p> <p><b>Sec. 1034.</b> From the funds appropriated in part 1 for physical fitness, nutrition, and health, up to \$100.00 may be allocated to the Michigan snowsports industries association for the cold is cool program to expose Michigan schoolchildren to outdoor winter activities and downhill skiing.</p>	Delete current law.	<b>Sec. 1034.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</u></b></p> <p><i>Requires Department 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 to indicate the basis on which any projected underexpended funds are to be reallocated to other local agencies that demonstrate need.</i></p> <p><b>Sec. 1101.</b> The department shall review the basis for the distribution of funds to local health departments and other public and private agencies for the women, infants, and children food supplement program; family planning; and prenatal care outreach and service delivery support program and indicate the basis upon which any projected underexpenditures by local public and private agencies shall be reallocated to other local agencies that demonstrate need.</p>	<p><b>Sec. 1101.</b> No changes from current law.</p>	<p><b>Sec. 1101.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to: report by April 1, 2009 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; and ensure that needs of rural communities are considered in distribution of funds for these programs. Defines "rural" as having a population of 30,000 or less.</i></p> <p><b>Sec. 1104.</b> (1) Before April 1 of the current fiscal year, the department shall submit a report to the house and senate fiscal agencies and the state budget director on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following:            (a) Funding allocations.            (b) Actual number of women, children, and/or adolescents served and amounts expended for each group for the immediately preceding fiscal year.            (c) A breakdown of the expenditure of these funds between urban and rural communities.</p>	<p><b>Sec. 1104.</b> (1) No changes from current law.</p>	<p><b>Sec. 1104.</b> (1) No changes from current law.</p>	
<p>(2) The department shall ensure that the distribution of funds through the programs described in subsection (1) takes into account the needs of rural communities.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) For the purposes of this section, "rural" means a county, city, village, or township with a population of 30,000 or less, including those entities if located within a metropolitan statistical area.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to contract for services to be provided through the Family, Maternal, and Children's Health Services appropriation unit with local agencies best able to serve clients. Factors upon which to evaluate an agency's ability to serve clients are described.</i></p> <p><b>Sec. 1105.</b> For all programs for which an appropriation is made in part 1, the department shall contract with those local agencies best able to serve clients. Factors to be used by the department in evaluating agencies under this section include the ability to serve high-risk population groups; ability to provide access to individuals in need of services in rural communities; ability to serve low-income clients, where applicable; availability of, and access to, service sites; management efficiency; and ability to meet federal standards, when applicable.</p>	<p><b>Sec. 1105.</b> No changes from current law, except:</p> <p>"For all <b>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</b> programs ..."</p>	<p><b>Sec. 1105.</b> No changes from current law, except:</p> <p>"For all <b>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</b> programs ..."</p>	
<p><i>Requires that family planning programs receiving federal Title X funds be in compliance with federal performance and quality assurance indicators; agencies not in compliance shall not receive supplemental or reallocated funds.</i></p> <p><b>Sec. 1106.</b> Each family planning program receiving federal title X family planning funds under 42 USC 300 to 300a-8 shall be in compliance with all performance and quality assurance indicators that the office of family planning within the United States department of health and human services specifies in the family planning annual report. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.</p>	<p><b>Sec. 1106.</b> No changes from current law.</p>	<p><b>Sec. 1106.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Expenditures for local administration, data processing, and evaluation cannot exceed 9% of the amount appropriated for prenatal care outreach and service delivery support.</i></p> <p><b>Sec. 1107.</b> Of the amount appropriated in part 1 for prenatal care outreach and service delivery support, not more than 9% shall be expended for local administration, data processing, and evaluation.</p>	<p><b>Sec. 1107.</b> No changes from current law.</p>	<p><b>Sec. 1107.</b> No changes from current law.</p>	
<p><i>Prohibits pregnancy prevention program appropriation line item funds from being used for abortion counseling, referrals, or services.</i></p> <p><b>Sec. 1108.</b> The funds appropriated in part 1 for pregnancy prevention programs shall not be used to provide abortion counseling, referrals, or services.</p>	<p><b>Sec. 1108.</b> No changes from current law.</p>	<p><b>Sec. 1108.</b> No changes from current law.</p>	
<p><i>Allocates funds from dental program line item to the Michigan Dental Association to administer a volunteer program of dental services to the uninsured; and requires a report by DCH to be made available upon request not later than December 1, 2008.</i></p> <p><b>Sec. 1109.</b> (1) From the amounts appropriated in part 1 for dental programs, funds shall be allocated to the Michigan dental association for the administration of a volunteer dental program that provides dental services to the uninsured in an amount that is no less than the amount allocated to that program in fiscal year 1996-1997.</p>	<p><b>Sec. 1109.</b> (1) No changes from current law.</p>	<p><b>Sec. 1109.</b> (1) No changes from current law.</p>	
<p>(2) Not later than December 1 of the current fiscal year, the department shall make available upon request a report to the senate or house of representatives appropriations subcommittee on community health or the senate or house of representatives standing committee on health policy the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures from the immediately preceding fiscal year.</p>	<p>(2) No changes from current law, except: "... the department shall <del>make available upon request a report</del> ..."</p>	<p>(2) No changes from current law, except: "... the department shall <del>make available upon request a report to the senate or</del> <b>AND</b> <del>house of representatives</del> appropriations subcommitteeS on community health <del>or</del> <b>AND</b> the senate <del>or</del> <b>AND</b> <del>house of representatives</del> standing committeeS on health policy ... "</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Provides that agencies currently receiving pregnancy prevention and family planning line item funds shall have the option of receiving those funds directly from DCH and be designated as delegate agencies.</i></p> <p><b>Sec. 1110.</b> Agencies that currently receive pregnancy prevention funds and either receive or are eligible for other family planning funds shall have the option of receiving all of their family planning funds directly from the department and be designated as delegate agencies.</p>	<p><b>Sec. 1110.</b> No changes from current law.</p>	<p><b>Sec. 1110.</b> No changes from current law.</p>	
<p><i>Directs Department to allocate no less than 88% of family planning and pregnancy prevention line item funds for the direct provision of services.</i></p> <p><b>Sec. 1111.</b> The department shall allocate no less than 88% of the funds appropriated in part 1 for family planning local agreements and the pregnancy prevention program for the direct provision of family planning/pregnancy prevention services.</p>	<p><b>Sec. 1111.</b> No changes from current law.</p>	<p><b>Sec. 1111.</b> No changes from current law.</p>	
<p><i>Requires the Department to allocate at least \$1,000,000 to communities with high infant mortality rates from the prenatal care outreach and service delivery support line item funds.</i></p> <p><b>Sec. 1112.</b> From the funds appropriated in part 1 for prenatal care outreach and service delivery support, the department shall allocate at least \$1,000,000.00 to communities with high infant mortality rates.</p>	<p><b>Sec. 1112.</b> No changes from current law.</p>	<p><b>Sec. 1112.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><i>Requires Department to convene a discussion regarding a statewide coordinated regional perinatal system. A report of policy and funding recommendations including best practices and expected potential impact on infant mortality is required by April 1, 2009.</i></b></p> <p><b>Sec. 1116.</b> The department shall convene appropriate stakeholders to determine the efficacy and impact of restoring a statewide coordinated regional perinatal system in Michigan. A report shall be produced that reflects best practices, expected potential impact on infant mortality, and recommendations for policy and funding of such a system in Michigan. The report shall be provided to the house and senate appropriations subcommittees on community health and standing committees on health policy, the house and senate fiscal agencies, and the state budget director by April 1, 2009.</p>	Delete current law.	Delete current law.	
<p><b><i>Requires Department 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.</i></b></p> <p><b>Sec. 1129.</b> The department shall provide a report annually to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the number of children with elevated blood lead levels from information available to the department. The report shall provide the information by county, shall include the level of blood lead reported, and shall indicate the sources of the information.</p>	<b>Sec. 1129.</b> No changes from current law.	<p><b>Sec. 1129.</b> No changes from current law, except:</p> <p>" The department shall provide a report annually to the house of representatives and senate ..."</p>	
<p><b><i>Allocates \$400,000 to the Nurse Family Partnership Program from the special projects appropriation line item.</i></b></p> <p><b>Sec. 1132.</b> From the funds appropriated in part 1 for special projects, \$400,000.00 shall be allocated to the nurse family partnership program.</p>	Delete current law.	<b>Sec. 1132.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to release infant mortality rate data to all local public health departments 72 hours or more prior to releasing infant mortality rate data to the public.</i></p> <p><b>Sec. 1133.</b> The department shall release infant mortality rate data to all local public health departments 72 hours or more before releasing infant mortality rate data to the public.</p>	<p><b>Sec. 1133.</b> No changes from current law.</p>	<p><b>Sec. 1133.</b> No changes from current law.</p>	
<p><i>Establishes that provision of a school health education curriculum shall be in accordance with health education goals of the Michigan Model for Comprehensive School Health Education State Steering Committee; establishes steering committee membership; and requires curriculum materials be made available upon request.</i></p> <p><b>Sec. 1135.</b> (1) Provision of the school health education curriculum, such as the Michigan model or another comprehensive school health education curriculum, shall be in accordance with the health education goals established by the Michigan model for comprehensive school health education state steering committee. The state steering committee shall be comprised of a representative from each of the following offices and departments:</p> <p>(a) The department of education.            (b) The department of community health.            (c) The health administration in the department of community health.            (d) The bureau of mental health and substance abuse services in the department of community health.            (e) The department of human services.            (f) The department of state police.</p>	<p><b>Sec. 1135.</b> (1) No changes from current law.</p>	<p><b>Sec. 1135.</b> (1) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) Upon written or oral request, a pupil not less than 18 years of age or a parent or legal guardian of a pupil less than 18 years of age, within a reasonable period of time after the request is made, shall be informed of the content of a course in the health education curriculum and may examine textbooks and other classroom materials that are provided to the pupil or materials that are presented to the pupil in the classroom. This subsection does not require a school board to permit pupil or parental examination of test questions and answers, scoring keys, or other examination instruments or data used to administer an academic examination.</p>	(2) No changes from current law.	(2) No changes from current law.	
<p><i>Allows Department to allocate up to \$100 of special projects appropriation line item funds for an Alzheimer's disease patient care training program involving a community college and a retirement community.</i></p> <p><b>Sec. 1137.</b> From the funds appropriated in part 1 for special projects, up to \$100.00 may be allocated to support an Alzheimer's disease patient care training program involving a community college and a retirement community.</p>	Delete current law.	Delete current law.	
<p><b><u>WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM</u></b></p> <p><i>Allows Department to work with local participating agencies to define local annual contributions for the Farmer's Market Nutrition Program, to enable DCH to determine local commitment of funds for federal match request.</i></p> <p><b>Sec. 1151.</b> The department may work with local participating agencies to define local annual contributions for the farmer's market nutrition program, project FRESH, to enable the department to request federal matching funds based on local commitment of funds.</p>	<b>Sec. 1151.</b> No changes from current law.	<b>Sec. 1151.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to ensure that individuals residing in rural communities have sufficient access to the services offered through the Women, Infants, and Children Food and Nutrition Program.</i></p> <p><b>Sec. 1153.</b> The department shall ensure that individuals residing in rural communities have sufficient access to the services offered through the WIC program.</p>	<p><b>Sec. 1153.</b> No changes from current law.</p>	<p><b>Sec. 1153.</b> No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b>CHILDREN'S SPECIAL HEALTH CARE SERVICES</b></p> <p><i>Requires payments for medical care and treatment be made consistent with reimbursement policies of Michigan medical services program and that the Department will produce an exception report to these policies.</i></p> <p><b>Sec. 1201.</b> Funds appropriated in part 1 for medical care and treatment of children with special health care needs shall be paid according to reimbursement policies determined by the Michigan medical services program. Exceptions to these policies may be taken with the prior approval of the state budget director. The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies the number of exceptions granted under this section.</p>	<p><b>Sec. 1201.</b> Funds appropriated in part 1 for medical care and treatment of children with special health care needs shall be paid according to reimbursement policies determined <b>AND PUBLISHED</b> by the Michigan medical services program. <del>Exceptions to these policies may be taken with the prior approval of the state budget director. The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies the number of exceptions granted under this section.</del></p>	<p><b>Sec. 1201.</b> Funds appropriated in part 1 for medical care and treatment of children with special health care needs shall be paid according to reimbursement policies determined <b>AND PUBLISHED</b> by the Michigan medical services program. <del>Exceptions to these policies may be taken with the prior approval of the state budget director. The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies the number of exceptions granted under this section.</del></p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows the Children's Special Health Care Services program to provide special formula for persons with certain metabolic and allergic disorders, treatment to persons age 21 or older with cystic fibrosis, genetic diagnostic and counseling services, and services to persons age 21 or older with hemophilia.</i></p> <p><b>Sec. 1202.</b> The department may do 1 or more of the following:</p> <p>(a) Provide special formula for eligible clients with specified metabolic and allergic disorders.</p> <p>(b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older.</p> <p>(c) Provide genetic diagnostic and counseling services for eligible families.</p> <p>(d) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older.</p>	<p><b>Sec. 1202.</b> No changes from current law.</p>	<p><b>Sec. 1202.</b> No changes from current law.</p>	
<p><i>Requires that Department refer clients of the program to the locally-based services program in their community.</i></p> <p><b>Sec. 1203.</b> All children who are determined medically eligible for the children's special health care services program shall be referred to the appropriate locally based services program in their community.</p>	<p><b>Sec. 1203.</b> No changes from current law.</p>	<p><b>Sec. 1203.</b> No changes from current law.</p>	





## DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Crime Victim Services Component

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>CRIME VICTIM SERVICES COMMISSION</u></b></p> <p><i>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. Unexpended funds shall be carried forward.</i></p> <p><b>Sec. 1302.</b> From the funds appropriated in part 1 for justice assistance grants, up to \$200,000.00 shall be allocated for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. The funds shall be used for program coordination, training, and counseling. Unexpended funds shall be carried forward.</p>	<p><b>Sec. 1302.</b> No changes from current law, except:</p> <p>" ... The funds shall be used for program coordination, <del>AND training, and counseling.</del> Unexpended funds shall be carried forward.</p>	<p><b>Sec. 1302.</b> No changes from current law, except:</p> <p>" ... The funds shall be used for program coordination, <del>AND training, and counseling.</del> Unexpended funds shall be carried forward.</p>	
<p><b><i>Requires Department to work with Department of State Police and certain statewide organizations to ensure that recommended standard procedures for emergency treatment of sexual assault victims are followed in the collection of evidence in cases of sexual assault.</i></b></p> <p><b>Sec. 1304.</b> The department shall work with the department of state police, the Michigan health and hospital association, the Michigan state medical society, and the Michigan nurses association to ensure that the recommendations included in the "Standard Recommended Procedures for the Emergency Treatment of Sexual Assault Victims" are followed in the collection of evidence.</p>	<p>Delete current law.</p>	<p><b>Sec. 1304.</b> No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><u>OFFICE OF SERVICES TO THE AGING</u></b></p> <p><i>Provides that funding for community, nutrition, and home services be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under Titles XVIII, XIX, or XX of the Social Security Act.</i></p> <p><b>Sec. 1401.</b> The appropriation in part 1 to the office of services to the aging, for community and nutrition services and home services, shall be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under title XVIII, XIX, or XX.</p>	<p><b>Sec. 1401.</b> No changes from current law, except:</p> <p>"The appropriation in part 1 to the office of services to the aging, for community <b>SERVICES</b> and nutrition services and <del>home services</del>, shall..."</p>	<p><b>Sec. 1401.</b> No changes from current law, except:</p> <p>"The appropriation in part 1 to the office of services to the aging, for community <b>SERVICES</b> and nutrition services and <del>home services</del>, shall..."</p>	
<p><i>Requires area agency on aging regions to report home-delivered meals waiting lists to the Office of Services to the Aging, and establishes standard criteria for persons to be included on the waiting list including an initial determination of likely eligibility.</i></p> <p><b>Sec. 1403.</b> (1) The office of services to the aging shall require each region to report to the office of services to the aging home-delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following:</p> <p>(a) The recipient's degree of frailty.            (b) The recipient's inability to prepare his or her own meals safely.            (c) Whether the recipient has another care provider available.            (d) Any other qualifications normally necessary for the recipient to receive home-delivered meals.</p>	<p><b>Sec. 1403.</b> (1) No changes from current law.</p>	<p><b>Sec. 1403.</b> (1) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) Data required in subsection (1) shall be recorded only for individuals who have applied for participation in the home-delivered meals program and who are initially determined as likely to be eligible for home-delivered meals.	(2) No changes from current law.	(2) No changes from current law.	
<p><b><i>Allows area agencies on aging and local providers to receive and expend fees for the provision of day care, care management, respite care, and certain eligible home- and community-based services. Fees shall be based on a sliding scale, taking client income into consideration, and shall be used to expand services.</i></b></p> <p><b>Sec. 1404.</b> The area agencies and local providers may receive and expend fees for the provision of day care, care management, respite care, and certain eligible home- and community-based services. The fees shall be based on a sliding scale, taking client income into consideration. The fees shall be used to expand services.</p>	<b>Sec. 1404.</b> No changes from current law.	<b>Sec. 1404.</b> No changes from current law.	
<p><b><i>Requires that the \$5.0 million respite care appropriation of Merit Award Trust Fund monies be used only for direct respite care or adult respite care center services, and be allocated according to a long-term care plan. Not more than 9% of the allocation shall be expended for administrative purposes.</i></b></p> <p><b>Sec. 1406.</b> The appropriation of \$5,000,000.00 of merit award trust funds to the office of services to the aging for the respite care program shall be allocated in accordance with a long-term care plan developed by the long-term care working group established in section 1657 of 1998 PA 336 upon implementation of the plan. The use of the funds shall be for direct respite care or adult respite care center services. Not more than 9% of the amount allocated under this section shall be expended for administration and administrative purposes.</p>	<b>Sec. 1406.</b> No changes from current law.	<b>Sec. 1406.</b> No changes from current law.	

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

<b>FY 2008-09 CURRENT LAW</b>	<b>FY 2009-2010</b>		
	<b>EXECUTIVE</b>	<b>HOUSE</b>	<b>SENATE</b>
<p><i>Establishes legislative support of locally-based services, support of local counties in their approval of area agency on aging plans, notice and conditions for local change of membership of area agencies on aging in a region, and legislative intent to prohibit area agencies on aging from providing direct services, other than access services, unless a waiver has been received from Office of Services to the Aging.</i></p> <p><b>Sec. 1413.</b> The legislature affirms the commitment to locally based services. The legislature supports the role of local county board of commissioners in the approval of area agency on aging plans. Local counties may request to change membership in the area agencies on aging if the change is to an area agency on aging that is contiguous to that county pursuant to office of services to the aging policies and procedures for area agency on aging designation. The office of services to the aging shall adjust allocations to area agencies on aging to account for any changes in county membership. The office of services to the aging shall ensure annually that county boards of commissioners are aware that county membership in area agencies on aging can be changed subject to office of services to the aging policies and procedures for area agency on aging designation. The legislature supports the office of services to the aging working with others to provide training to commissioners to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, other than access services, unless the agencies receive a waiver from the commission on services to the aging. The legislature's intent in this section is conditioned on compliance with federal and state laws, rules, and policies.</p>	<p><del>Sec. 1413.</del> The legislature affirms the commitment to locally based services. The legislature supports the role of local county board of commissioners in the approval of area agency on aging plans. Local counties may request to change membership in the area agencies on aging if the change is to an area agency on aging that is contiguous to that county pursuant to office of services to the aging policies and procedures for area agency on aging designation. The office of services to the aging shall adjust allocations to area agencies on aging to account for any changes in county membership. The office of services to the aging shall ensure annually that county boards of commissioners are aware that county membership in area agencies on aging can be changed subject to office of services to the aging policies and procedures for area agency on aging designation. The legislature supports the office of services to the aging working with others to provide training to commissioners to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, other than access services, unless the agencies receive a waiver from the commission on services to the aging. The legislature's intent in this section is conditioned on compliance with federal and state laws, rules, and policies.</p>	<p><b>Sec. 1413.</b> The legislature affirms the commitment to locally based services. The legislature supports the role of local county board of commissioners in the approval of area agency on aging plans. Local counties may request to change membership in the area agencies on aging if the change is to an area agency on aging that is contiguous to that county pursuant to office of services to the aging policies and procedures for area agency on aging designation. The office of services to the aging shall adjust allocations to area agencies on aging to account for any changes in county membership. The office of services to the aging shall ensure annually that county boards of commissioners are aware that county membership in area agencies on aging can be changed subject to office of services to the aging policies and procedures for area agency on aging designation. The legislature supports the office of services to the aging working with others to provide training to commissioners to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, other than access services, unless the agencies receive a waiver from the commission on services to the aging. The legislature's intent in this section is conditioned on compliance with federal and state laws, rules, and policies.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Establishes legislative commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home- and community-based services waiver program.</i></p> <p><b>Sec. 1416.</b> The legislature very strongly affirms its commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home- and community-based services waiver program.</p>	Delete current law.	Delete current law.	
<p><i>Requires the Department to report by March 30, 2009 on allocations of state resources by administration and program to each area agency on aging, and detail of expenditures by each area agency on aging of all state and local funds by program and administration.</i></p> <p><b>Sec. 1417.</b> The department shall provide to the senate and house of representatives appropriations subcommittees on community health, senate and house fiscal agencies, and state budget director a report by March 30 of the current fiscal year that contains all of the following:</p> <p>(a) The total allocation of state resources made to each area agency on aging by individual program and administration.</p> <p>(b) Detail expenditure by each area agency on aging by individual program and administration including both state funded resources and locally funded resources.</p>	<b>Sec. 1417.</b> No changes from current law.	<b>Sec. 1417.</b> No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b>MICHIGAN FIRST HEALTHCARE PLAN</b></p> <p><i>Requires that funding for the Michigan First Healthcare Plan is contingent on approval of a waiver from the federal government and in addition to those funds appropriated in part 1 up to \$300.0 million of additional federal authorization shall be appropriated contingent upon approval of a waiver from the federal government.</i></p> <p><b>Sec. 1501.</b> (1) Funds appropriated in part 1 for the Michigan first healthcare plan are contingent upon approval of a waiver from the federal government.</p>	Delete current law.	Delete current law.	
<p>(2) In addition to the funds appropriated in part 1 for the Michigan first healthcare plan, up to \$300,000,000.00 in federal funds shall be appropriated upon approval of a waiver from the federal government.</p>	Delete current law.	Delete current law.	
<p><i>Requires the Department to provide a report detailing the process used to determine which insurance entities will be selected for participation in the Michigan First Healthcare Plan and that a single source contract shall not be awarded to a health plan through the Michigan First Healthcare Plan.</i></p> <p><b>Sec. 1502.</b> Upon approval of a waiver from the federal government for the Michigan first healthcare plan, the department shall provide the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director with a report detailing the process that will be utilized to determine which insurance entities will be selected for participation in the Michigan first healthcare plan. The department shall not award a single-source contract to a health plan through the Michigan first healthcare plan.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to provide a copy of the federally approved Michigan First Healthcare Plan or similar proposal at least 60 days before implementing any portion of the plan, or proposal.</i></p> <p><b>Sec. 1503.</b> The department shall provide a copy of the federally approved Michigan first healthcare plan or similar proposal to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director at least 60 days before implementing any portion of the Michigan first healthcare plan or other similar proposal.</p>	Delete current law.	Delete current law.	
<p><b>MEDICAL SERVICES</b></p> <p><i>Requires remedial service costs to be used in determining medically-needy eligibility for those in adult foster care and homes for the aged.</i></p> <p><b>Sec. 1601.</b> The cost of remedial services incurred by residents of licensed adult foster care homes and licensed homes for the aged shall be used in determining financial eligibility for the medically needy. Remedial services include basic self-care and rehabilitation training for a resident.</p>	<b>Sec. 1601.</b> No changes from current law.	<b>Sec. 1601.</b> No changes from current law.	
<p><i>Provides Medicaid eligibility to low income elderly and disabled persons up to 100% of the poverty level.</i></p> <p><b>Sec. 1602.</b> Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty level, pursuant to the state's option to elect such coverage set out at section 1902(a)(10)(A)(ii) and(m) of title XIX, 42 USC 1396a.</p>	<b>Sec. 1602.</b> No changes from current law.	<b>Sec. 1602.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows Department to establish a statewide program for persons to purchase medical coverage at a rate determined by DCH.</i></p> <p><b>Sec. 1603.</b> (1) The department may establish a program for persons to purchase medical coverage at a rate determined by the department.</p>	<p><b>Sec. 1603.</b> (1) No changes from current law.</p>	<p><b>Sec. 1603.</b> (1) No changes from current law.</p>	
<p>(2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) The premiums described in this section shall be classified as private funds.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	
<p><i>Establishes the Medicaid protected income level at 100% of the public assistance standard and requires 90-day notice prior to implementation of changes in the protected income level.</i></p> <p><b>Sec. 1605.</b> (1) The protected income level for Medicaid coverage determined pursuant to section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, shall be 100% of the related public assistance standard.</p>	<p><b>Sec. 1605.</b> (1) No changes from current law.</p>	<p><b>Sec. 1605.</b> (1) No changes from current law.</p>	
<p>(2) The department shall notify the senate and house of representatives appropriations subcommittees on community health and the state budget director of any proposed revisions to the protected income level for Medicaid coverage related to the public assistance standard 90 days prior to implementation.</p>	<p>(2) No changes from current law.</p>	<p>(2) The department shall notify the senate and house of <del>representatives</del> appropriations subcommittees on community health and the state budget director of any proposed revisions to the protected income level for Medicaid coverage related to the public assistance standard 90 days prior to implementation.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Limits the allowable deduction for guardian and conservator charges to \$60 per month when determining Medicaid eligibility and patient pay amounts.</i></p> <p><b>Sec. 1606.</b> For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>	<p><b>Sec. 1606.</b> No changes from current law.</p>	<p><b>Sec. 1606.</b> No changes from current law.</p>	
<p><i>Stipulates that Medicaid applicants whose qualifying condition is pregnancy shall be presumed to be eligible unless the preponderance of evidence in the application indicates otherwise. Sets procedures to facilitate access to health care for pregnant women including provision of an authorization letter, a listing of Medicaid physicians and health plans, referral to public health clinics for ineligible persons, and allowing qualified applicants to select or remain with the participating obstetrician of her choice. Specifies that obstetrical and prenatal care claims are to be paid at Medicaid fee-for-service rates if there is no contract between provider and managed care plan. Mandates enrollment of Medicaid eligible pregnant women into Medicaid HMOs and requires the Department to encourage physicians to provide these women a referral to a Medicaid participating dentist at the first pregnancy-related appointment.</i></p> <p><b>Sec. 1607.</b> (1) An applicant for Medicaid, whose qualifying condition is pregnancy, shall immediately be presumed to be eligible for Medicaid coverage unless the preponderance of evidence in her application indicates otherwise. The applicant who is qualified as described in this subsection shall be allowed to select or remain with the Medicaid participating obstetrician of her choice.</p>	<p><b>Sec. 1607.</b> (1) No changes from current law.</p>	<p><b>Sec. 1607.</b> (1) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) An applicant qualified as described in subsection (1) shall be given a letter of authorization to receive Medicaid covered services related to her pregnancy. All qualifying applicants shall be entitled to receive all medically necessary obstetrical and prenatal care without preauthorization from a health plan. All claims submitted for payment for obstetrical and prenatal care shall be paid at the Medicaid fee-for-service rate in the event a contract does not exist between the Medicaid participating obstetrical or prenatal care provider and the managed care plan. The applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence.	(2) No changes from current law.	(2) No changes from current law.	
(3) In the event that an applicant, presumed to be eligible pursuant to subsection (1), is subsequently found to be ineligible, a Medicaid physician or managed care plan that has been providing pregnancy services to an applicant under this section is entitled to reimbursement for those services until such time as they are notified by the department that the applicant was found to be ineligible for Medicaid.	(3) No changes from current law.	(3) No changes from current law.	
(4) If the preponderance of evidence in an application indicates that the applicant is not eligible for Medicaid, the department shall refer that applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy-related services.	(4) No changes from current law.	(4) No changes from current law.	
(5) The department shall develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application.	(5) No changes from current law.	(5) No changes from current law.	
(6) Effective October 1, 2008, the department shall mandate enrollment of women, whose qualifying condition is pregnancy, into Medicaid managed care plans.	(6) <del>Effective October 1, 2008,</del> †The department shall mandate enrollment of women, whose qualifying condition is pregnancy, into Medicaid managed care plans.	(6) <del>Effective October 1, 2008,</del> †The department shall mandate enrollment of women, whose qualifying condition is pregnancy, into Medicaid managed care plans.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(7) The department shall encourage physicians to provide women, whose qualifying condition for Medicaid is pregnancy, with a referral to a Medicaid participating dentist at the first pregnancy-related appointment.	(7) No changes from current law.	(7) No changes from current law.	
<p><b><i>Requires Department to provide a cost report grievance process for medical providers and payment within nine months following submission of cost reports.</i></b></p> <p><b>Sec. 1610.</b> The department shall provide an administrative procedure for the review of cost report grievances by medical services providers with regard to reimbursement under the medical services program. Settlements of properly submitted cost reports shall be paid not later than 9 months from receipt of the final report.</p>	Delete current law.	<b>Sec. 1610.</b> No changes from current law.	
<p><b><i>Requires Medicaid payment rate to be accepted as payment in full, including payments from other third-party sources. Hospital services payments for persons dually eligible for Medicare and Medicaid are to include capital payments in determining Medicaid reimbursement amount.</i></b></p> <p><b>Sec. 1611.</b> (1) For care provided to medical services recipients with other third-party sources of payment, medical services reimbursement shall not exceed, in combination with such other resources, including Medicare, those amounts established for medical services-only patients. The medical services payment rate shall be accepted as payment in full. Other than an approved medical services copayment, no portion of a provider's charge shall be billed to the recipient or any person acting on behalf of the recipient. Nothing in this section shall be considered to affect the level of payment from a third-party source other than the medical services program. The department shall require a nonenrolled provider to accept medical services payments as payment in full.</p>	<b>Sec. 1611.</b> (1) No changes from current law.	<b>Sec. 1611.</b> (1) No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/ medical services recipients with Medicare part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p><b><i>Establishes the pharmacy dispensing fee at \$2.50 (\$2.75 for nursing home pharmacies) increasing to \$2.75 (\$3.00 for nursing homes) effective April 1, 2009, or the pharmacy's usual and customary charge, whichever is less. Specifies prescription copayments for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug except as prohibited by federal or state law or regulation. Includes intent language that if the department realizes savings resulting from the way in which the Medicaid program pays pharmacists for prescriptions from average wholesale price to average manufacturer price the savings shall be returned to pharmacies as an increase in the dispensing fee. The fee increase can be no greater than \$2.</i></b></p> <p><b>Sec. 1620.</b> (1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be \$2.50 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less.</p>	<p><b>Sec. 1620.</b> (1) No changes from current law.</p>	<p><b>Sec. 1620.</b> (1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be <del>\$2.50</del> <b>\$2.75</b> or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, the pharmaceutical dispensing fee shall be <del>\$2.75</del> <b>\$3.00</b> or the pharmacy's usual or customary cash charge, whichever is less.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) For fee-for-service recipients who do not reside in nursing homes, effective April 1 of the current fiscal year, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, effective April 1 of the current fiscal year, the pharmaceutical dispensing fee shall be \$3.00 or the pharmacy's usual or customary cash charge, whichever is less.	Delete current law.	<del>(2) For fee-for-service recipients who do not reside in nursing homes, effective April 1 of the current fiscal year, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, effective April 1 of the current fiscal year, the pharmaceutical dispensing fee shall be \$3.00 or the pharmacy's usual or customary cash charge, whichever is less.</del> <b>IN ADDITION TO THE DISPENSING FEE CHARGED PURSUANT TO SUBSECTION (1), AN ADDITIONAL FEE OF 30 CENTS SHALL BE IMPOSED FOR EACH PRESCRIPTION THAT IS TRANSMITTED VIA E-PRESCRIBING.</b>	
(3) The department shall require a prescription copayment for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug, except as prohibited by federal or state law or regulation.	<del>(3)</del> <b>(2)</b> The department shall require a prescription copayment for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug, except as prohibited by federal or state law or regulation.	No changes from current law.	
(4) It is the intent of the legislature that if the department realizes savings as a result of the implementation of average manufacturer's price for reimbursement of multiple source generic medication dispensing as imposed pursuant to the federal deficit reduction act of 2005, Public Law 109-171, the savings shall be returned to pharmacies in the form of an increased dispensing fee for medications not to exceed \$2.00. The savings shall be calculated as the difference in state expenditure between the current methodology of payment, which is maximum allowable cost, and the proposed new reimbursement method of average manufacturer's price.	Delete current law.	No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><b><i>Authorizes drug utilization review and disease management systems with physician oversight and consultation with various medical provider groups.</i></b></p> <p><b>Sec. 1621.</b> The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review, a pharmacist-approved medication therapy program, and disease management systems authorized by this section shall have physician oversight, shall focus on patient, physician, and pharmacist education, and shall be developed in consultation with the national pharmaceutical council, Michigan state medical society, Michigan osteopathic association, Michigan pharmacists association, Michigan health and hospital association, and Michigan nurses association.</p>	<p><b>Sec. 1621.</b> No changes from current law.</p>	<p><b>Sec. 1621.</b> No changes from current law.</p>	
<p><b><i>Continues current Medicaid policy that allows for the dispensing of a 100-day supply for maintenance drugs and notice to medical providers regarding this policy. Requires dispensing medication in the quantity prescribed unless subsequent consultation with the physician indicates otherwise.</i></b></p> <p><b>Sec. 1623.</b> (1) The department shall continue the Medicaid policy that allows for the dispensing of a 100-day supply for maintenance drugs.</p>	<p><b>Sec. 1623.</b> (1) No changes from current law.</p>	<p><b>Sec. 1623.</b> (1) No changes from current law.</p>	
<p>(2) The department shall notify all HMOs, physicians, pharmacies, and other medical providers that are enrolled in the Medicaid program that Medicaid policy allows for the dispensing of a 100-day supply for maintenance drugs.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) The notice in subsection (2) shall also clarify that a pharmacy shall fill a prescription written for maintenance drugs in the quantity specified by the physician, but not more than the maximum allowed under Medicaid, unless subsequent consultation with the prescribing physician indicates otherwise.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs Department to continue placing all atypical antipsychotic medications on the Medicaid preferred drug list.</i></p> <p><b>Sec. 1625.</b> The department shall continue its practice of placing all atypical antipsychotic medications on the Medicaid preferred drug list.</p>	Delete current law.	<b>Sec. 1625.</b> No changes from current law.	
<p><i>Authorizes Department to secure manufacturer drug rebates for participants in MICHild, MOMS, State Medical, Children’s Special Health Care Services, and Adult Benefit Waiver programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.</i></p> <p><b>Sec. 1627.</b> (1) The department shall use procedures and rebates amounts specified under section 1927 of title XIX, 42 USC 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in the MICHild program, maternal outpatient medical services program, children's special health care services, and adult benefit waiver program.</p>	<b>Sec. 1627.</b> (1) No changes from current law.	<b>Sec. 1627.</b> (1) No changes from current law.	
<p>(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization.</p>	(2) No changes from current law.	(2) No changes from current law.	
<p><i>Requires DCH to base its MAC prices for generic drugs on pricing available from at least two wholesalers who deliver in Michigan.</i></p> <p><b>Sec. 1629.</b> The department shall utilize maximum allowable cost pricing for generic drugs that is based on wholesaler pricing to providers that is available from at least 2 wholesalers who deliver in the state of Michigan.</p>	<b>Sec. 1629.</b> No changes from current law.	<b>Sec. 1629.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Continues podiatric, adult dental and chiropractic services at not less than the level in effect on October 1, 2002. Prohibits restrictions on chiropractic services unless the recipient exceeds 18 visits within a year. Authorizes Department to implement bulk order purchasing of hearing aids, imposes limits on binaural hearing aid benefits and limits replacement of hearing aids to once every three years.</i></p> <p><b>Sec. 1630.</b> (1) Medicaid coverage for podiatric services, adult dental services, and chiropractic services shall continue at not less than the level in effect on October 1, 2002, except that reasonable utilization limitations may be adopted in order to prevent excess utilization. The department shall not impose utilization restrictions on chiropractic services unless a recipient has exceeded 18 office visits within 1 year.</p>	<p><b>Sec. 1630.</b> (1) No changes from current law.</p>	<p><b>Sec. 1630.</b> (1) No changes from current law.</p>	
<p>(2) The department may implement the bulk purchase of hearing aids, impose limitations on binaural hearing aid benefits, and limit the replacement of hearing aids to once every 3 years.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p><i>Requires copayments on dental, podiatric, chiropractic, vision, and hearing aid services unless prohibited by law or regulation. Specifies copayments of \$2 for a physician office visit, \$3 for a hospital emergency room visit, \$50 for the first day of an in-patient hospital stay and \$1 for an out-patient hospital visit.</i></p> <p><b>Sec. 1631.</b> (1) The department shall require copayments on dental, podiatric, chiropractic, vision, and hearing aid services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.</p>	<p><b>Sec. 1631.</b> (1) No changes from current law.</p>	<p><b>Sec. 1631.</b> (1) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay the following copayments:</p> <p>(a) Two dollars for a physician office visit.            (b) Three dollars for a hospital emergency room visit.            (c) Fifty dollars for the first day of an inpatient hospital stay.            (d) One dollar for an outpatient hospital visit.</p>	(2) No changes from current law.	(2) No changes from current law.	
<p><b><i>Requires continuation of FY 2000-01 5% increase in ambulance service payment rates and continuation of the FY 2005-06 ambulance mileage reimbursement rate increase of \$4.25 per mile.</i></b></p> <p><b>Sec. 1634.</b> From the funds appropriated in part 1 for ambulance services, the department shall continue the 5% increase in payment rates for ambulance services implemented in fiscal year 2000-2001 and continue the ground mileage reimbursement rate per statute mile at \$4.25.</p>	Delete current law.	<b>Sec. 1634.</b> No changes from current law.	
<p><b><i>Requires continuation of FY 2005-06 allocation of \$6,910,800 between Physician Services and Health Plan Services appropriation lines for the increase of Medicaid reimbursement rates for obstetrical services.</i></b></p> <p><b>Sec. 1635.</b> From the funds appropriated in part 1 for physician services and health plan services, the department shall continue the increase in Medicaid reimbursement rates for obstetrical services implemented in fiscal year 2005-2006.</p>	<b>Sec. 1635.</b> No changes from current law.	<b>Sec. 1635.</b> No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires continuation of FY 2006-07 allocation of \$23,874,800 between Physician Services and Health Plan Services appropriation lines for an increase in Medicaid reimbursement rates for physician well child procedure codes and primary care procedure codes.</i></p> <p><b>Sec. 1636.</b> From the funds appropriated in part 1 for physician services and health plan services, the department shall continue the increase in Medicaid reimbursement rates for physician well child procedure codes and primary care procedure codes implemented in fiscal year 2006-2007. The increased reimbursement rates in this section shall not exceed the comparable Medicare payment rate for the same services.</p>	<p><b>Sec. 1636.</b> From the funds appropriated in part 1 for physician services and health plan services, the department shall continue the increase in Medicaid reimbursement rates for physician well child procedure codes and primary care procedure codes implemented in fiscal year 2006-2007 <b>AND FISCAL YEAR 2008-2009.</b> The increased reimbursement rates in this section shall not exceed the comparable Medicare payment rate for the same services.</p>	<p><b>Sec. 1636.</b> From the funds appropriated in part 1 for physician services and health plan services, the department shall continue the increase in Medicaid reimbursement rates for physician well child procedure codes and primary care procedure codes implemented in fiscal year 2006-2007 <b>AND FISCAL YEAR 2008-2009.</b> The increased reimbursement rates in this section shall not exceed the comparable Medicare payment rate for the same services.</p>	
<p><i>Requires that all Medicaid recipients be offered the opportunity to sign a Medicaid personal responsibility agreement which contains various provisions regarding healthy behaviors.</i></p> <p><b>Sec. 1637.</b> (1) All adult Medicaid recipients shall be offered the opportunity to sign a Medicaid personal responsibility agreement.</p>	<p><b>Sec. 1637.</b> (1) No changes from current law.</p>	<p><b>Sec. 1637.</b> (1) No changes from current law.</p>	
<p>(2) The personal responsibility agreement shall include at minimum the following provisions:</p> <p>(a) That the recipient shall not smoke.            (b) That the recipient shall attend all scheduled medical appointments.            (c) That the recipient shall exercise regularly.            (d) That if the recipient has children, those children shall be up to date on their immunizations.            (e) That the recipient shall abstain from abusing controlled substances and narcotics.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires institutional providers to submit their cost reports within five months of the end of the fiscal year.</i></p> <p><b>Sec. 1641.</b> An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year.</p>	<p><b>Sec. 1641.</b> No changes from current law.</p>	<p><b>Sec. 1641.</b> No changes from current law.</p>	
	<p><b>LANGUAGE MOVED FROM SEC. 248:</b></p> <p><b>SEC. 1642.</b> THE DEPARTMENT SHALL CONTINUE TO ALLOW AMBULATORY SURGERY CENTERS IN THIS STATE TO FULLY PARTICIPATE IN THE MEDICAID PROGRAM WHEN HOSPITALS ARE REIMBURSED FOR MEDICAID SERVICES THROUGH THE NEW MICHIGAN MEDICAID INFORMATION SYSTEM. AMBULATORY SURGERY CENTERS THAT PROVIDE SERVICES TO MEDICAID ELIGIBLE PATIENTS SHALL BE REIMBURSED IN THE SAME MANNER AS HOSPITALS. THE REIMBURSEMENT SCHEDULE FOR AMBULATORY SURGERY CENTERS THAT WAS DEVELOPED AND IMPLEMENTED IN CONSULTATION WITH THE INDUSTRY IN FISCAL YEAR 2007-2008 SHALL CONTINUE TO BE USED IN SUBSEQUENT FISCAL YEARS.</p>	<p><b>LANGUAGE MOVED FROM SEC. 248:</b></p> <p><b>SEC. 1642.</b> THE DEPARTMENT SHALL CONTINUE TO ALLOW AMBULATORY SURGERY CENTERS IN THIS STATE TO FULLY PARTICIPATE IN THE MEDICAID PROGRAM WHEN HOSPITALS ARE REIMBURSED FOR MEDICAID SERVICES THROUGH THE NEW MICHIGAN MEDICAID INFORMATION SYSTEM. AMBULATORY SURGERY CENTERS THAT PROVIDE SERVICES TO MEDICAID ELIGIBLE PATIENTS SHALL BE REIMBURSED IN THE SAME MANNER AS HOSPITALS. THE REIMBURSEMENT SCHEDULE FOR AMBULATORY SURGERY CENTERS THAT WAS DEVELOPED AND IMPLEMENTED IN CONSULTATION WITH THE INDUSTRY IN FISCAL YEAR 2007-2008 SHALL CONTINUE TO BE USED IN SUBSEQUENT FISCAL YEARS.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allocates \$10,359,600 from Graduate Medical Education funds for a psychiatric residency training program if the universities involved provide the necessary allowable Medicaid matching funds.</i></p> <p><b>Sec. 1643.</b> Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line-item appropriation, not less than \$10,359,000.00 shall be allocated for the psychiatric residency training program that establishes and maintains collaborative relations with the schools of medicine at Michigan State University and Wayne State University if the necessary allowable Medicaid matching funds are provided by the universities.</p>	<p><b>Sec. 1643.</b> Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line-item appropriation, not less than <del>\$10,359,000.00</del> <b>\$10,947,400.00</b> shall be allocated for the psychiatric residency training program that establishes and maintains collaborative relations with the schools of medicine at Michigan State University and Wayne State University if the necessary allowable Medicaid matching funds are provided by the universities.</p>	<p><b>Sec. 1643.</b> Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line-item appropriation, not less than <del>\$10,359,000.00</del> <b>\$10,947,400.00</b> shall be allocated for the psychiatric residency training program that establishes and maintains collaborative relations with the schools of medicine at Michigan State University and Wayne State University if the necessary allowable Medicaid matching funds are provided by the universities.</p>	
<p><i>Requires graduate medical education payments to hospitals at no less than the level of rates and payments in effect on April 1, 2005.</i></p> <p><b>Sec. 1647.</b> From the funds appropriated in part 1 for medical services, the department shall allocate for graduate medical education not less than the level of rates and payments in effect on April 1, 2005.</p>	Delete current law.	<p><b>Sec. 1647.</b> From the funds appropriated in part 1 for medical services, the department shall allocate for graduate medical education not less than the level of rates and payments in effect on April 1, 2005. <b>THE GENERAL FUND/ GENERAL PURPOSE SUPPORT FOR GRADUATE MEDICAL EDUCATION SHALL NOT BE REDUCED FROM THE FISCAL YEAR 2008-2009 LEVEL.</b></p>	
<p><i>Requires Department to maintain automated toll-free phone line and make available an online resource for medical providers to obtain enrollment and benefit information of Medicaid recipients.</i></p> <p><b>Sec. 1648.</b> The department shall maintain an automated toll-free telephone line and make available an online resource to enable medical providers to obtain enrollment and benefit information of Medicaid recipients. There shall be no charge to providers for the use of the toll-free telephone line or online resource.</p>	<p><b>Sec. 1648.</b> The department shall maintain <del>an automated toll-free telephone line</del> and make available an online resource to enable medical providers to obtain enrollment and benefit information of Medicaid recipients. There shall be no charge to providers for the use of the toll-free telephone line or online resource.</p>	<p><b>Sec. 1648.</b> The department shall maintain <del>an automated toll-free telephone line</del> and make available an online resource to enable medical providers to obtain enrollment and benefit information of Medicaid recipients. There shall be no charge to providers for the use of the toll-free telephone line or online resource.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs Department to establish breast and cervical cancer treatment coverage for uninsured women under age 65 and with incomes below 250% of the poverty level, pursuant to federal legislation.</i></p> <p><b>Sec. 1649.</b> From the funds appropriated in part 1 for medical services, the department shall continue breast and cervical cancer treatment coverage for women up to 250% of the federal poverty level, who are under age 65, and who are not otherwise covered by insurance. This coverage shall be provided to women who have been screened through the centers for disease control breast and cervical cancer early detection program, and are found to have breast or cervical cancer, pursuant to the breast and cervical cancer prevention and treatment act of 2000, Public Law 106-354.</p>	<p><b>Sec. 1649.</b> No changes from current law.</p>	<p><b>Sec. 1649.</b> No changes from current law.</p>	
<p><i>Authorizes continuation of Medicaid managed care and assignment of recipients who do not select a provider. Requires notice of exception criteria to enrollment, the right to change plans, and complaint/grievance procedures. Specifies criteria for medical exceptions to mandatory managed care enrollment.</i></p> <p><b>Sec. 1650.</b> (1) The department may require medical services recipients residing in counties offering managed care options to choose the particular managed care plan in which they wish to be enrolled. Persons not expressing a preference may be assigned to a managed care provider.</p>	<p><b>Sec. 1650.</b> (1). No changes from current law.</p>	<p><b>Sec. 1650.</b> (1). No changes from current law.</p>	
<p>(2) Persons to be assigned a managed care provider shall be informed in writing of the criteria for exceptions to capitated managed care enrollment, their right to change HMOs for any reason within the initial 90 days of enrollment, the toll-free telephone number for problems and complaints, and information regarding grievance and appeals rights.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(3) The criteria for medical exceptions to HMO enrollment shall be based on submitted documentation that indicates a recipient has a serious medical condition, and is undergoing active treatment for that condition with a physician who does not participate in 1 of the HMOs. If the person meets the criteria established by this subsection, the department shall grant an exception to mandatory enrollment at least through the current prescribed course of treatment, subject to periodic review of continued eligibility.	(3) No changes from current law.	(3) No changes from current law.	
<b><i>Allows access to hospice services for Medicaid patients enrolled in health maintenance organizations.</i></b>  <b>Sec. 1651.</b> (1) Medical services patients who are enrolled in HMOs have the choice to elect hospice services or other services for the terminally ill that are offered by the HMOs. If the patient elects hospice services, those services shall be provided in accordance with part 214 of the public health code, 1978 PA 368, MCL 333.21401 to 333.21420.	<b>Sec. 1651.</b> (1) No changes from current law.	<b>Sec. 1651.</b> (1) No changes from current law.	
(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 CFR part 418.	(2) No changes from current law.	(2) No changes from current law.	

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

<b>FY 2008-09 CURRENT LAW</b>	<b>FY 2009-2010</b>		
	<b>EXECUTIVE</b>	<b>HOUSE</b>	<b>SENATE</b>
<p><i>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.</i></p> <p><b>Sec. 1652.</b> Any new contracts with Medicaid health plans negotiated or signed, or both, during the current fiscal year shall include the following provisions regarding expansion of services by the Medicaid HMOs to counties not previously served by that Medicaid HMO:</p> <p>(a) The Medicaid HMO shall not sell, transfer, or otherwise convey to any person all or any portion of the HMO's assets or business, whether in the form of equity, debt or otherwise, for a period of 3 years from the date the Medicaid HMO commences operations in a new service area.</p> <p>(b) That any Medicaid HMOs that expand into a county with a population of at least 1,500,000 shall also expand its coverage to a county with a population of less than 100,000 which has 1 or fewer HMOs participating in the Medicaid program.</p>	<p>Delete current law.</p>	<p><b>Sec. 1652.</b> No changes from current law.</p>	

# DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Establishes conditions for implementing Medicaid managed care plans related to continuity of care, submitting HMO data for evaluation, health plan advisory council, and choice of plans and prohibits mandatory enrollment in non-metropolitan areas with only one HMO unless there is a choice of two or more physicians. Maintains voluntary enrollment in Children's Special Health Care Plan, being informed of the opportunity for HMO enrollment, and requires a budget neutral case rate adjustment for persons with AIDS and other high-cost conditions. Requires DCH to receive assurances from Office of Financial and Insurance Services that new Medicaid HMOS meet net worth and solvency standards prior to contracting with them.</i></p> <p><b>Sec. 1653.</b> Implementation and contracting for managed care by the department through HMOs shall be subject to the following conditions:</p> <p>(a) Continuity of care is assured by allowing enrollees to continue receiving required medically necessary services from their current providers for a period not to exceed 1 year if enrollees meet the managed care medical exception criteria.</p> <p>(b) The department shall require contracted HMOs to submit data determined necessary for evaluation on a timely basis.</p> <p>(c) Mandatory enrollment of Medicaid beneficiaries living in counties defined as rural by the federal government, which is any nonurban standard metropolitan statistical area, is allowed if there is only 1 HMO serving the Medicaid population, as long as each Medicaid beneficiary is assured of having a choice of at least 2 physicians by the HMO.</p> <p>(d) Enrollment of recipients of children's special health care services in HMOs shall be voluntary during the fiscal year. Children's special health care services recipients shall be informed of the opportunity to enroll in HMOs.</p>	<p><b>Sec. 1653.</b> No changes from current law.</p>	<p><b>Sec. 1653.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(e) The department shall develop a case adjustment to its rate methodology that considers the costs of persons with HIV/AIDS, end stage renal disease, organ transplants, and other high-cost diseases or conditions and shall implement the case adjustment when it is proven to be actuarially and fiscally sound. Implementation of the case adjustment must be budget neutral.</p> <p>(f) Prior to contracting with an HMO for managed care services that did not have a contract with the department before October 1, 2002, the department shall receive assurances from the office of financial and insurance regulation that the HMO meets the net worth and financial solvency requirements contained in chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580.</p>	No changes from current law.	No changes from current law.	
<p><b><i>Requires Medicaid HMOs to pay for services by non-HMO providers if medically necessary, approved by the HMO, immediately required, and cannot be obtained through HMO providers on a timely basis. Services are considered approved if the authorization request is not responded to within 24 hours.</i></b></p> <p><b>Sec. 1654.</b> Medicaid HMOs shall provide for reimbursement of HMO covered services delivered other than through the HMO's providers if medically necessary and approved by the HMO, immediately required, and that could not be reasonably obtained through the HMO's providers on a timely basis. Such services shall be considered approved if the HMO does not respond to a request for authorization within 24 hours of the request. Reimbursement shall not exceed the Medicaid fee-for-service payment for those services.</p>	<p><b>Sec. 1654.</b> No changes from current law.</p>	<p><b>Sec. 1654.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows for a 12-month lock-in to HMOs with good cause exceptions and allows recipients to change plans for any reason within the first 90 days.</i></p> <p><b>Sec. 1655.</b> (1) The department may require a 12-month lock-in to the HMO selected by the recipient during the initial and subsequent open enrollment periods, but allow for good cause exceptions during the lock-in period.</p>	<p><b>Sec. 1655.</b> (1) No changes from current law.</p>	<p><b>Sec. 1655.</b> (1) No changes from current law.</p>	
<p>(2) Medicaid recipients shall be allowed to change HMOs for any reason within the initial 90 days of enrollment.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p><i>Requires expedited grievance procedure for Medicaid recipients enrolled in qualified health plans and a toll free phone number to help resolve problems and complaints.</i></p> <p><b>Sec. 1656.</b> (1) The department shall provide an expedited complaint review procedure for Medicaid eligible persons enrolled in HMOs for situations in which failure to receive any health care service would result in significant harm to the enrollee.</p>	<p><b>Sec. 1656.</b> (1) No changes from current law.</p>	<p><b>Sec. 1656.</b> (1) No changes from current law.</p>	
<p>(2) The department shall provide for a toll-free telephone number for Medicaid recipients enrolled in managed care to assist with resolving problems and complaints. If warranted, the department shall immediately disenroll persons from managed care and approve fee-for-service coverage.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires reimbursement for emergency room services to screen and stabilize a patient without prior authorization by an HMO, and notice to the HMO regarding a patient's diagnosis and treatment within 24 hours of discharge; prior authorization by the HMO is required for further services beyond stabilization. Requires a report by September 30 of the current fiscal year on how payment policies in the current Medicaid program create financial incentives for health facilities to admit recipients from the emergency room.</i></p> <p><b>Sec. 1657.</b> (1) Reimbursement for medical services to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room shall not be made contingent on obtaining prior authorization from the recipient's HMO. If the recipient is discharged from the emergency room, the hospital shall notify the recipient's HMO within 24 hours of the diagnosis and treatment received.</p>	<p><b>Sec. 1657.</b> (1) No changes from current law.</p>	<p><b>Sec. 1657.</b> (1) No changes from current law.</p>	
<p>(2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital must receive authorization from the recipient's HMO prior to admitting the recipient.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) Subsections (1) and (2) shall not be construed as a requirement to alter an existing agreement between an HMO and their contracting hospitals nor as a requirement that an HMO must reimburse for services that are not considered to be medically necessary.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	
<p>(4) The department shall provide a report by September 30 of the current fiscal year to the senate and house appropriations subcommittees on community health and senate and house fiscal agencies examining how payment policies in the current Medicaid program create financial incentives for health facilities to admit recipients from the emergency room.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires that HMOs shall have contracts with local hospitals; requires reimbursement to non-contracted hospitals at Medicaid fee-for-service rates; requires hospitals that do not contract with HMOs in their service area enter into a hospital access agreement as specified in a MSA policy bulletin.</i></p> <p><b>Sec. 1658.</b> (1) HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO in its service area, that hospital shall enter into a hospital access agreement as specified in the MSA Bulletin Hospital 01-19.</p>	<p><b>Sec. 1658.</b> (1) HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO in its service area, that hospital shall enter into a hospital access agreement as specified in the MSA <b>MEDICAL SERVICES ADMINISTRATION</b> Bulletin Hospital 01-19.</p>	<p><b>Sec. 1658.</b> (1) HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO in its service area, that hospital shall enter into a hospital access agreement as specified in the MSA <b>MEDICAL SERVICES ADMINISTRATION</b> Bulletin Hospital 01-19.</p>	
<p>(2) A hospital access agreement specified in subsection (1) shall be considered an affiliated provider contract pursuant to the requirements contained in chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p><i>Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs.</i></p> <p><b>Sec. 1659.</b> The following sections of this act are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 401, 402, 404, 411, 414, 418, 424, 428, 456, 1607, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, 1666, 1699, 1711, 1752, 1783, 1787, and 1791.</p>	<p><b>Sec. 1659.</b> The following sections of this <del>act</del> <b>BILL</b> are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 401, 402, 404, 411, 414, 418, 424, 428, 456, 1607, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, <del>4666</del>, 1699, 1711, <del>4752</del>, 1783, <del>1787</del>, and <del>1791</del>.</p>	<p><b>Sec. 1659.</b> The following sections of this <del>act</del> <b>BILL</b> are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 401, 402, 404, 411, 414, 418, 424, 428, 456, 1607, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662, <del>4666</del>, 1699, 1711, 1752, 1783, 1787, and 1791.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires timely access to EPSDT services for children enrolled in Medicaid managed care programs; specifies primary care provider's responsibility to assure child's vision/hearing screening; requires local health departments provide preschool vision/hearing screenings and accept referrals; 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.</i></p> <p><b>Sec. 1660.</b> (1) The department shall assure that all Medicaid children have timely access to EPSDT services as required by federal law. Medicaid HMOs shall provide EPSDT services to their child members in accordance with Medicaid EPSDT policy.</p>	<p><b>Sec. 1660.</b> (1) No changes from current law.</p>	<p><b>Sec. 1660.</b> (1) No changes from current law.</p>	
<p>(2) The primary responsibility of assuring a child's hearing and vision screening is with the child's primary care provider. The primary care provider shall provide age-appropriate screening or arrange for these tests through referrals to local health departments. Local health departments shall provide preschool hearing and vision screening services and accept referrals for these tests from physicians or from Head Start programs in order to assure all preschool children have appropriate access to hearing and vision screening. Local health departments shall be reimbursed for the cost of providing these tests for Medicaid eligible children by the Medicaid program.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) The department shall prohibit HMOs from requiring prior authorization of their contracted providers for any EPSDT screening and diagnosis services.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(4) The department shall require HMOs to be responsible for well child visits as described in Medicaid policy. These responsibilities shall be specified in the information distributed by the HMOs to their members.	(4) No changes from current law.	(4) No changes from current law.	
(5) The department shall provide, on an annual basis, budget-neutral incentives to Medicaid HMOs and local health departments to improve performance on measures related to the care of children.	(5) No changes from current law.	(5) No changes from current law.	
<p><i>Requires timely access to Maternal/Infant Support services (MSS/ISS) and coordination with other state or local programs; prohibits prior authorization for MSS/ISS screening referrals and up to three MSS/ISS service visits; requires HMOs to be responsible for MSS/ISS as described in Medicaid policy; coordination of MSS/ISS 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 on performance measures related to the care of pregnant women.</i></p> <p><b>Sec. 1661.</b> (1) The department shall assure that all Medicaid eligible children and pregnant women have timely access to MSS/ISS services. Medicaid HMOs shall assure that maternal support service MIHP screening is available to their pregnant members and that those women found to meet the maternal support service high-risk criteria are offered maternal support services. Local health departments shall assure that maternal support service screening is available for Medicaid pregnant women not enrolled in an HMO and that those women found to meet the maternal support service MIHP high-risk criteria are offered maternal support services or are referred to a certified maternal support service provider.</p>	<p><b>Sec. 1661.</b> (1) The department shall assure that all Medicaid eligible children and pregnant women have timely access to MSS/ISS MIHP services. Medicaid HMOs shall assure that maternal support service MIHP screening is available to their pregnant members and that those women found to meet the maternal support service MIHP service high-risk criteria are offered maternal support services. Local health departments shall assure that maternal support service MIHP screening is available for Medicaid pregnant women not enrolled in an HMO and that those women found to meet the maternal support service MIHP high-risk criteria are offered maternal MIHP support services or are referred to a certified maternal support service MIHP provider.</p>	<p><b>Sec. 1661.</b> (1) The department shall assure that all Medicaid eligible children and pregnant women have timely access to MSS/ISS MIHP services. Medicaid HMOs shall assure that maternal support service MIHP screening is available to their pregnant members and that those women found to meet the maternal support service MIHP service high-risk criteria are offered maternal support services. Local health departments shall assure that maternal support service MIHP screening is available for Medicaid pregnant women not enrolled in an HMO and that those women found to meet the maternal support service MIHP high-risk criteria are offered maternal MIHP support services or are referred to a certified maternal support service MIHP provider.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(2) The department shall prohibit HMOs from requiring prior authorization of their contracted providers for any MSS/ISS screening referral, or for up to 3 MSS/ISS service visits.	Delete current law.	Delete current law.	
(3) The department shall require HMOs to be responsible for maternal and infant support services as described in Medicaid policy. These responsibilities shall be specified in the information distributed by the HMOs to their members.	<del>(3)</del> (2) The department shall require HMOs to be responsible for <b>THE COORDINATION OF MIHP</b> maternal and infant support services as described in Medicaid policy. These responsibilities shall be specified in the information distributed by the HMOs to their members.	<del>(3)</del> (2) The department shall require HMOs to be responsible for <b>THE COORDINATION OF MIHP</b> maternal and infant support services as described in Medicaid policy. These responsibilities shall be specified in the information distributed by the HMOs to their members.	
(4) The department shall assure the coordination of MSS/ISS services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the department of human services, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect.	<del>(4)</del> (3) The department shall assure the coordination of <b>MSS/ISS MIHP</b> services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the department of human services, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect.	<del>(4)</del> (3) The department shall assure the coordination of <b>MSS/ISS MIHP</b> services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the department of human services, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect.	
(5) The department shall provide, on an annual basis, budget-neutral incentives to Medicaid HMOs and local health departments to improve performance on measures related to the care of pregnant women.	<del>(5)</del> (4) The department shall provide, on an annual basis, budget-neutral incentives to Medicaid HMOs and local health departments to improve performance on measures related to the care of pregnant women.	<del>(5)</del> (4) The department shall provide, on an annual basis, budget-neutral incentives to Medicaid HMOs and local health departments to improve performance on measures related to the care of pregnant women.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs Department to assure that an external quality review of each HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services either contracted or directly provided to Medicaid beneficiaries; require Medicaid HMOs to provide EPSDT utilization data and well child health measures; directs DCH to submit copies of the analysis of HMO HEDIS reports and annual external quality review report within 30 days; requires DCH to work with Michigan Association of Health Plans and Michigan Association for Local Public Health to improve EPSDT and MSS/ISS services, and assure that training and technical assistance are available for EPSDT and MSS/ISS.</i></p> <p><b>Sec. 1662.</b> (1) The department shall assure that an external quality review of each contracting HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services that the HMO or its contractors furnish to Medicaid beneficiaries.</p>	<p><b>Sec. 1662.</b> (1) No changes from current law.</p>	<p><b>Sec. 1662.</b> (1) No changes from current law.</p>	
<p>(2) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and health employer data and information set well child health measures in accordance with the National Committee on Quality Assurance prescribed methodology.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) The department shall provide a copy of the analysis of the Medicaid HMO annual audited health employer data and information set reports and the annual external quality review report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(4) The department shall work with the Michigan association of health plans and the Michigan association for local public health to improve service delivery and coordination in the MSS/ISS and EPSDT programs.	(4) The department shall work with the Michigan association of health plans and the Michigan association for local public health to improve service delivery and coordination in the <del>MSS/ISS</del> MIHP and EPSDT programs.	(4) The department shall work with the Michigan association of health plans and the Michigan association for local public health to improve service delivery and coordination in the <del>MSS/ISS</del> MIHP and EPSDT programs.	
(5) The department shall assure that training and technical assistance are available for EPSDT and MSS/ISS for Medicaid health plans, local health departments, and MSS/ISS contractors.	(5) The department shall assure that training and technical assistance are available for EPSDT and <del>MSS/ISS</del> MIHP for Medicaid health plans, local health departments, and <del>MSS/ISS</del> MIHP contractors.	(5) The department shall assure that training and technical assistance are available for EPSDT and <del>MSS/ISS</del> MIHP for Medicaid health plans, local health departments, and <del>MSS/ISS</del> MIHP contractors.	
<p><b><i>Directs Department to implement system changes to assure that within 30 days of birth newborns of health plan covered Medicaid mothers are included in Medicaid eligibility file and enrolled in the same health plan as the mother.</i></b></p> <p><b>Sec. 1666.</b> To increase timely repayment of the maternity case rate to health plans and reduce the need to recover revenue from hospitals, the department shall implement system changes to assure that children who are born to mothers who are Medicaid eligible and enrolled in health plans are within 30 days after birth included in the Medicaid eligibility file and enrolled in the same health plan as the mother or any other health plan designated by the mother.</p>	Delete current law.	Delete current law.	

# DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Specifies that funds appropriated for MICHild Program are to be used to provide health care to children under age 19 in families with income below 200% of federal poverty level who have not had health insurance within six months of making application for MICHild benefits. Allows DCH to provide up to one year of continuous eligibility for MICHild program unless family members no longer meet eligibility criteria or family fails to pay the monthly premium. Assures continuity of care for persons whose category of MICHild eligibility changes due to family income. Specifies income level and verification requirements to be used to determine eligibility for MICHild program. Requires DCH to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide MICHild health care benefit at the capitated rate. Allows DCH to obtain certain MICHild services contractually through community mental health agencies. Requires the Department 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.</i></p> <p><b>Sec. 1670.</b> (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 200% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this act. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program. .</p>	<p><b>Sec. 1670.</b> (1) Same as current law with "act" changed to "<b>BILL</b>".</p>	<p><b>Sec. 1670.</b> (1) Same as current law with "act" changed to "<b>BILL</b>".</p>	
<p>(2) The department may provide up to 1 year of continuous eligibility to children eligible for the MICHild program unless the family fails to pay the monthly premium, a child reaches age 19, or the status of the children's family changes and its members no longer meet the eligibility criteria as specified in the federally approved MICHild state plan.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(3) Children whose category of eligibility changes between the Medicaid and MICHild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.	(3) No changes from current law.	(3) No changes from current law.	
(4) To be eligible for the MICHild program, a child must be residing in a family with an adjusted gross income of less than or equal to 200% of the federal poverty level. The department's verification policy shall be used to determine eligibility.	(4) No changes from current law.	(4) No changes from current law.	
(5) The department shall enter into a contract to obtain MICHild services from any HMO, dental care corporation, or any other entity that offers to provide the managed health care benefits for MICHild services at the MICHild capitated rate. As used in this subsection:  (a) "Dental care corporation", "health care corporation", "insurer", and "prudent purchaser agreement" mean those terms as defined in section 2 of the prudent purchaser act, 1984 PA 233, MCL 550.52.  (b) "Entity" means a health care corporation or insurer operating in accordance with a prudent purchaser agreement.	(5) No changes from current law.	(5) No changes from current law.	
(6) The department may enter into contracts to obtain certain MICHild services from community mental health service programs.	(6) No changes from current law.	(6) No changes from current law.	
(7) The department may make payments on behalf of children enrolled in the MICHild program from the line-item appropriation associated with the program as described in the MICHild state plan approved by the United States department of health and human services, or from other medical services.	(7) No changes from current law.	(7) No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(8) The department shall assure that an external quality review of each MICHild contractor, as described in subsection (5), is performed, which analyzes and evaluates the aggregated information on quality, timeliness, and access to health care services that the contractor furnished to MICHild beneficiaries.</p>	(8) No changes from current law.	(8) No changes from current law.	
<p><b><i>Requires Department to continue a comprehensive approach to marketing and outreach of the MICHild program, and to coordinate such efforts with Department's existing outreach and marketing activities.</i></b></p> <p><b>Sec. 1671.</b> From the funds appropriated in part 1, the department shall continue a comprehensive approach to the marketing and outreach of the MICHild program. The marketing and outreach required under this section shall be coordinated with current outreach, information dissemination, and marketing efforts and activities conducted by the department.</p>	Delete current law.	Delete current law.	
<p><b><i>Allows Department to establish premiums for eligible persons above 150% of poverty level from \$10 to \$15 per month for a family.</i></b></p> <p><b>Sec. 1673.</b> The department may establish premiums for MICHild eligible persons in families with income above 150% of the federal poverty level. The monthly premiums shall not be less than \$10.00 or exceed \$15.00 for a family.</p>	<b>Sec. 1673.</b> No changes from current law.	<b>Sec. 1673.</b> No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Specifies the benefits to be covered by the MIChild program based on the state employee insurance plan.</i></p> <p><b>Sec. 1677.</b> The MIChild program shall provide all benefits available under the state employee insurance plan that are delivered through contracted providers and consistent with federal law, including, but not limited to, the following medically necessary services:</p> <p>(a) Inpatient mental health services, other than substance abuse treatment services, including services furnished in a state-operated mental hospital and residential or other 24-hour therapeutically planned structured services.</p> <p>(b) Outpatient mental health services, other than substance abuse services, including services furnished in a state-operated mental hospital and community-based services.</p> <p>(c) Durable medical equipment and prosthetic and orthotic devices.</p> <p>(d) Dental services as outlined in the approved MIChild state plan.</p> <p>(e) Substance abuse treatment services that may include inpatient, outpatient, and residential substance abuse treatment services.</p> <p>(f) Care management services for mental health diagnoses.</p> <p>(g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.</p> <p>(h) Emergency ambulance services.</p>	<p><b>Sec. 1677.</b> No changes from current law.</p>	<p><b>Sec. 1677.</b> No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
		<p><b>NEW LANGUAGE</b></p> <p><b>SEC. 1678.</b> IF A CHILD MEETS THE INCOME ELIGIBILITY CRITERIA FOR FREE BREAKFAST, LUNCH, OR MILK AS DETERMINED UNDER THE RICHARD B. RUSSELL NATIONAL SCHOOL LUNCH ACT, PA 79-396, THE DEPARTMENT SHALL AUTOMATICALLY ENROLL THE CHILD IN MICHILD.</p>	
<p><i>Requires that previous payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through Medicaid nursing home wage pass-through program be continued.</i></p> <p><b>Sec. 1680.</b> Payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through the Medicaid nursing home wage pass-through program shall be continued.</p>	<p><b>Sec. 1680.</b> No changes from current law.</p>	<p><b>Sec. 1680.</b> No changes from current law.</p>	
<p><i>Requires Department and local waiver agents to encourage the use of family members, friends, and neighbors to provide non-medical home and community-based services, where appropriate.</i></p> <p><b>Sec. 1681.</b> From the funds appropriated in part 1 for home- and community-based services, the department and local waiver agents shall encourage the use of family members, friends, and neighbors of home- and community-based services participants, where appropriate, to provide homemaker services, meal preparation, transportation, chore services, and other nonmedical covered services to participants in the Medicaid home- and community-based services program. This section shall not be construed as allowing for the payment of family members, friends, or neighbors for these services unless explicitly provided for in federal or state law.</p>	<p><b>Sec. 1681.</b> No changes from current law.</p>	<p><b>Sec. 1681.</b> No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Authorizes Department to implement federal nursing home enforcement provisions and receive/expend noncompliance penalty money, and is authorized to provide funds to; the Disability Network of Michigan to be distributed to the 15 Centers for Independent Living for the purpose of assisting individuals with disabilities who reside in nursing homes to return to their homes; conduct a survey of residents, their families and employees, evaluating nursing home consumer satisfaction and quality of care.</i></p> <p><b>Sec. 1682.</b> (1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, 42 USC 1396r.</p>	<p><b>Sec. 1682.</b> (1) No changes from current law.</p>	<p><b>Sec. 1682.</b> (1) No changes from current law.</p>	
<p>(2) The department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p>	<p><b>(2) IN ADDITION TO THE APPROPRIATIONS IN PART 1,</b> <del>t</del>The department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p>	<p><b>(2) IN ADDITION TO THE APPROPRIATIONS IN PART 1,</b> <del>t</del>The department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p>	
<p>(3) The department is authorized to provide civil monetary penalty funds to the disability network of Michigan to be distributed to the 15 centers for independent living for the purpose of assisting individuals with disabilities who reside in nursing homes to return to their own homes.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	
<p>(4) The department is authorized to use civil monetary penalty funds to conduct a survey evaluating consumer satisfaction and the quality of care at nursing homes. Factors can include, but are not limited to, the level of satisfaction of nursing home residents, their families, and employees. The department may use an independent contractor to conduct the survey.</p>	<p>Delete current law.</p>	<p>(4) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
(5) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.	<del>(5).</del> (4) Any unexpended penalty money, at the end of the year, shall carry forward to the following year	(5) No changes from current law.	
<p><b><i>Requires Department to promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals, including hospice care, pain management, and suicide prevention.</i></b></p> <p><b>Sec. 1683.</b> The department shall promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals. Priority shall be given to programs, such as hospice, that focus on individual dignity and quality of care provided persons with terminal illness and programs serving persons with chronic illnesses that reduce the rate of suicide through the advancement of the knowledge and use of improved, appropriate pain management for these persons; and initiatives that train health care practitioners and faculty in managing pain, providing palliative care, and suicide prevention.</p>	<p><b>Sec. 1683.</b> No changes from current law.</p>	<p><b>Sec. 1683.</b> No changes from current law.</p>	
<p><b><i>Requires the continuation of the FY 2005-06 HCBS waiver program payment rate for administrative expenses are reduced by \$2.00 per person per day, and savings be reallocated to increase enrollment in waiver program.</i></b></p> <p><b>Sec. 1684.</b> (1) Of the funds appropriated in part 1 for the Medicaid home- and community-based services waiver program, the payment rate allocated for administrative expenses for fiscal year 2008-2009 shall continue at the rate implemented in fiscal year 2005-2006 after the \$2.00 per person per day mandated reduction.</p>	Delete current law.	Delete current law.	
(2) The savings realized from continuing the reduced administrative rate shall be reallocated to increase enrollment in the waiver program and to provide direct services to eligible program participants.	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Medicaid nursing home payment rates to be set 30 days in advance of the facility's fiscal year, and to be based on the most recent cost report submitted.</i></p> <p><b>Sec. 1685.</b> All nursing home rates, class I and class III, must have their respective fiscal year rate set 30 days prior to the beginning of their rate year. Rates may take into account the most recent cost report prepared and certified by the preparer, provider corporate owner or representative as being true and accurate, and filed timely, within 5 months of the fiscal year end in accordance with Medicaid policy. If the audited version of the last report is available, it shall be used. Any rate factors based on the filed cost report may be retroactively adjusted upon completion of the audit of that cost report.</p>	<p><b>Sec. 1685.</b> No changes from current law.</p>	<p><b>Sec. 1685.</b> No changes from current law.</p>	
<p><i>Requires Department to report by April 30 of the current fiscal year on the progress of four Medicaid long-term care single point of entry services pilot projects and expresses legislative intent that funding end for the single point of entry program on September 30 of the current fiscal year.</i></p> <p><b>Sec. 1686.</b> (1) The department shall submit a report by April 30 of the current fiscal year to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies on the progress of 4 Medicaid long-term care single point of entry services pilot projects. The department shall also submit a final plan to the house of representatives and senate subcommittees on community health and the house and senate fiscal agencies 60 days prior to any expansion of the program.</p>	<p>Delete current law.</p>	<p><b>Sec. 1686.</b> (1) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) In addition to the report required under subsection (1), the department shall report all of the following to the house of representatives and senate appropriations subcommittees on community health and the house of representatives and senate fiscal agencies by September 30 of the current fiscal year:</p> <p>(a) The total cost of the single point of entry program.</p> <p>(b) The total cost of each designated single point of entry.</p> <p>(c) The total amount of Medicaid dollars saved because of the program.</p> <p>(d) The total number of emergent single point of entry cases handled and the average length of time for placement in long-term care for those cases.</p> <p>(e) The total number of single point of entry cases involving transfer from hospital settings to long-term care settings and the average length of time for placement of those cases in long-term care settings.</p>	Delete current law.	(2) No changes from current law.	
<p>(3) As used in this section, "single point of entry" means a system that enables consumers to access Medicaid long-term care services and supports through 1 agency or organization and that promotes consumer education and choice of long-term care options.</p>	Delete current law.	(3) No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
		<p>NEW LANGUAGE</p> <p>SEC. 1687. THE DEPARTMENT SHALL STUDY THE FEASIBILITY, IMPACT, AND COST OF SUPPORTING A MEDICAID RATE ENHANCEMENT TO BE USED EXCLUSIVELY TO FUND AFFORDABLE, ACCESSIBLE, AND HEALTH INSURANCE FOR NURSING HOME, ASSISTED LIVING, AND ADULT HOME HELP DIRECT-CARE WORKERS THAT RECEIVE REVENUE FROM PROVIDING MEDICAID AND OTHER STATE-FUNDED LONG-TERM CARE SERVICES. THE DEPARTMENT SHALL REPORT ITS FINDINGS AND RECOMMENDATIONS TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, AND THE HOUSE AND SENATE FISCAL AGENCIES BY APRIL 1, 2010.</p>	
<p><i>Prohibits a limit on personal care services reimbursement under Medicaid Home and Community-Based Services program, but allows DCH to maintain aggregate per day client reimbursement cap for all services provided under the waiver program.</i></p> <p><b>Sec. 1688.</b> The department shall not impose a limit on per unit reimbursements to service providers that provide personal care or other services under the Medicaid home- and community-based services waiver program for the elderly and disabled. The department's per day per client reimbursement cap calculated in the aggregate for all services provided under the Medicaid home- and community-based services waiver is not a violation of this section.</p>	<p><b>Sec. 1688.</b> No changes from current law.</p>	<p><b>Sec. 1688.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>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 a quarterly report on HCBS allocations and expenditures by regions, net cost savings by moving individuals from nursing home to the HCBS program, number of individuals transitioned, number of individuals on the waiting list by region, the amount of funds transferred during the quarter, number of individuals served and the number of days of care for the HCBS program and in nursing homes.</i></p> <p><b>Sec. 1689.</b> (1) Priority in enrolling additional persons in the Medicaid home- and community-based services waiver program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided home- and community-based services. The department shall use screening and assessment procedures to assure that no additional Medicaid eligible persons are admitted to nursing homes who would be more appropriately served by the Medicaid home- and community-based services waiver program.</p>	<p><b>Sec. 1689.</b> (1) No changes from current law.</p>	<p><b>Sec. 1689.</b> (1) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) Within 60 days of the end of each fiscal quarter, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home- and community-based services waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home- and community-based services waiver program, the number of individuals transitioned from nursing homes to the home- and community-based services waiver program, the number of individuals on waiting lists by region for the program, and the amount of funds transferred during the fiscal quarter. The report shall also include the number of Medicaid individuals served and the number of days of care for the home- and community-based services waiver program and in nursing homes.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) The department shall develop a system to collect and analyze information regarding individuals on the home- and community-based services waiver waiting list to identify the community supports they receive, including, but not limited to, adult home help, food stamps, and housing assistance services and to determine the extent to which these community supports help individuals remain in their home and avoid entry into a nursing home. The department shall provide a progress report on implementation to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1 of the current fiscal year.</p>	<p>(3) The department shall develop a system to collect and analyze information regarding individuals on the home- and community-based services waiver waiting list to identify the community supports they receive, including, but not limited to, adult home help, food stamps <b>ASSISTANCE</b>, and housing assistance services and to determine the ...</p>	<p>(3) The department shall develop a system to collect and analyze information regarding individuals on the home- and community-based services waiver waiting list to identify the community supports they receive, including, but not limited to, adult home help, food stamps <b>ASSISTANCE</b>, and housing assistance services and to determine the ...</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to submit a report on the adult home help and MIChoice program quality assurance indicators, quality improvement plans, critical incidents and their resolutions.</i></p> <p><b>Sec. 1690.</b> (1) The department shall submit a report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by April 1 of the current fiscal year, to include all data collected on the quality assurance indicators in the preceding fiscal year for the home- and community-based services waiver program, as well as quality improvement plans and data collected on critical incidents in the waiver program and their resolutions.</p>	/	/	
<p>(2) The department shall submit a report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by April 1 of the current fiscal year, to include all data collected on the quality assurance indicators in the preceding fiscal year for the adult home help program, as well as quality improvement plans and data collected on critical incidents in the adult home help program and their resolutions.</p>	(2) No changes from current law.	(2) No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Provides that all adult home help workers receive a wage of at least \$7.50 per hour effective April 1, 2008.</i></p> <p><b>Sec. 1691.</b> The funding increase provided in fiscal year 2006-2007 for the adult home help program shall be passed through to adult home help workers subject to the following conditions:</p> <p>(a) Adult home help workers providing care under the adult home help program shall receive a wage of at least \$7.50 per hour in all counties, effective April 1, 2008.</p> <p>(b) The department, in conjunction with the department of human services, shall revise any policies, rules, procedures, or regulations that may be an administrative barrier to the implementation of the wage adjustments described in this section.</p>	<p><b>NEW LANGUAGE:</b></p> <p><b>SEC. 1691. PAYMENT INCREASES PROVIDED IN PREVIOUS YEARS TO ADULT HOME HELP WORKERS SHALL BE CONTINUED. WAGES MAY INCREASE AS FUNDS BECOME AVAILABLE.</b></p>	<p><del>Sec. 1691. The funding increase provided in fiscal year 2006-2007 for the adult home help program shall be passed through to adult home help workers subject to the following conditions:</del></p> <p><del>(a) Adult home help workers providing care under the adult home help program shall receive a wage of at least \$7.50 per hour in all counties, effective April 1, 2008.</del></p> <p><b>(1) PAYMENT INCREASES PROVIDED IN PREVIOUS YEARS TO ADULT HOME HELP WORKERS SHALL BE CONTINUED. FROM THE FUNDS APPROPRIATED IN PART 1 FOR ADULT HOME HELP SERVICES, \$16,584,000.00 IS APPROPRIATED TO INCREASE THE WAGES OF ADULT HOME HELP WORKERS BY 50 CENTS PER HOUR IN ALL COUNTIES EFFECTIVE OCTOBER 1, 2009.</b></p> <p><del>(b) (2) The department, in conjunction with the department of human services, shall revise any policies, rules, procedures, or regulations that may be an administrative barrier to the implementation of the wage adjustments described in this section.</del></p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Provides authorization for Medicaid reimbursement of school-based services.</i></p> <p><b>Sec. 1692.</b> (1) The department is authorized to pursue reimbursement for eligible services provided in Michigan schools from the federal Medicaid program. The department and the state budget director are authorized to negotiate and enter into agreements, together with the department of education, with local and intermediate school districts regarding the sharing of federal Medicaid services funds received for these services. The department is authorized to receive and disburse funds to participating school districts pursuant to such agreements and state and federal law.</p>	<p><b>Sec. 1692.</b> (1) No changes from current law.</p>	<p><b>Sec. 1692.</b> (1) No changes from current law.</p>	
<p>(2) From the funds appropriated in part 1 for medical services school services payments, the department is authorized to do all of the following:</p> <p>(a) Finance activities within the medical services administration related to this project.</p> <p>(b) Reimburse participating school districts pursuant to the fund-sharing ratios negotiated in the state-local agreements authorized in subsection (1).</p> <p>(c) Offset general fund costs associated with the medical services program.</p>	<p>(2) From the funds appropriated in part 1 for medical services school <b>BASED</b> services payments, the department is authorized to do all of the following:</p> <p>....</p>	<p>(2) From the funds appropriated in part 1 for medical services school <b>BASED</b> services payments, the department is authorized to do all of the following:</p> <p>....</p>	
<p><i>Allows for an increase in Special Medicaid Reimbursement payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.</i></p> <p><b>Sec. 1693.</b> The special Medicaid reimbursement appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.</p>	<p><b>Sec. 1693.</b> No changes from current law.</p>	<p><b>Sec. 1693.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Authorizes distribution of funds to children’s hospitals with high indigent care volume for poison control services.</i></p> <p><b>Sec. 1694.</b> The department shall distribute \$695,000.00 to children’s hospitals that have a high indigent care volume. The amount to be distributed to any given hospital shall be based on a formula determined by the department of community health.</p>	Delete current law.	<p><b>NEW LANGUAGE</b></p> <p><b>SEC. 1694.</b> THE DEPARTMENT SHALL DISTRIBUTE \$1,500,000.00 TO AN ACADEMIC HEALTH CARE SYSTEM THAT INCLUDES A CHILDREN’S HOSPITAL THAT HAS A HIGH INDIGENT CARE VOLUME.</p>	
<p><i>Requires Department to evaluate the impact of implementing a case mix reimbursement system for nursing facilities. Department is to consult with the Health Care Association of Michigan, the Michigan County Medical Care Facilities Council and the Association of Homes and Services for the Aging, with a progress report due by August 1 of the current fiscal year.</i></p> <p><b>Sec. 1695.</b> (1) The department shall evaluate the impact of implementing a case mix reimbursement system for nursing facilities. The department shall consult with representatives from the department, the health care association of Michigan, the Michigan county medical care facilities council, and the Michigan association of homes and services for the aging.</p>	Delete current law.	<p><b>Sec. 1695.</b> (1) No changes from current law.</p>	
<p>(2) The department shall provide a progress report to the senate and house appropriations subcommittees on community health and to the senate and house fiscal agencies by August 1 of the current fiscal year.</p>	Delete current law.	(2) No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows Department to utilize school district funds received from a health system as state match for federal Medicaid or State Children’s Health Insurance Program funds to be used for new school-based or school-linked services.</i></p> <p><b>Sec. 1697.</b> (1) As may be allowed by federal law or regulation, the department may use funds provided by a local or intermediate school district, which have been obtained from a qualifying health system, as the state match required for receiving federal Medicaid or children health insurance program funds. Any such funds received shall be used only to support new school-based or school-linked health services.</p>	<p><b>Sec. 1697.</b> (1) No changes from current law.</p>	<p><b>Sec. 1697.</b> (1) No changes from current law.</p>	
<p>(2) A qualifying health system is defined as any health care entity licensed to provide health care services in the state of Michigan, that has entered into a contractual relationship with a local or intermediate school district to provide or manage school-based or school-linked health services.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p><i>Authorizes separate payments for hospitals serving a disproportionate share of indigent patients in the amount of \$50.0 million and those hospitals providing GME training programs.</i></p> <p><b>Sec. 1699.</b> The department may make separate payments directly to qualifying hospitals serving a disproportionate share of indigent patients in the amount of \$50,000,000.00, and to hospitals providing graduate medical education training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to Medicaid clients, hospitals will not include GME costs or DSH payments in their contracts with HMOs.</p>	<p><b>Sec. 1698.</b> No changes from current law.</p>	<p><b>Sec. 1698.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to report proposed changes in MIChoice home and community-based services waiver program screening process to House and Senate Appropriations Subcommittees on Community Health 30 days prior to implementation.</i></p> <p><b>Sec. 1710.</b> Any proposed changes by the department to the MIChoice home- and community-based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health 30 days prior to implementation of the proposed changes.</p>	Delete current law.	Delete current law.	
<p><i>Requires continuation of a two-tier Medicaid case rate for emergency physician charges, and that payments by case and aggregate not exceed 70% of Medicare rates.</i></p> <p><b>Sec. 1711.</b> (1) The department shall maintain the 2-tier reimbursement methodology for Medicaid emergency physicians professional services that was in effect on September 30, 2002, subject to the following conditions:</p> <p>(a) Payments by case and in the aggregate shall not exceed 70% of Medicare payment rates.</p> <p>(b) Total expenditures for these services shall not exceed the level of total payments made during fiscal year 2001-2002, after adjusting for Medicare copayments and deductibles and for changes in utilization.</p>	<b>Sec. 1711.</b> (1). No changes from current law.	<b>Sec. 1711.</b> (1). No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(2) To ensure that total expenditures stay within the spending constraints of subsection (1)(b), the department shall develop a utilization adjustor for the basic 2-tier payment methodology. The adjustor shall be based on a good faith estimate by the department as to what the expected utilization of emergency room services will be during fiscal year 2008-2009, given changes in the number and category of Medicaid recipients. If expenditure and utilization data indicate that the amount and/or type of emergency physician professional services are exceeding the department's estimate, the utilization adjustor shall be applied to the 2-tier reimbursement methodology in such a manner as to reduce aggregate expenditures to the fiscal year 2001-2002 adjusted expenditure target.</p>	<p>(2) To ensure that total expenditures stay within the spending constraints of subsection (1)(b), the department shall develop a utilization adjustor for the basic 2-tier payment methodology. The adjustor shall be based on a good faith estimate by the department as to what the expected utilization of emergency room services will be during <b>THE CURRENT</b> fiscal year <del>2008-2009</del>, given changes in the number and category of Medicaid recipients....</p>	<p>(2) To ensure that total expenditures stay within the spending constraints of subsection (1)(b), the department shall develop a utilization adjustor for the basic 2-tier payment methodology. The adjustor shall be based on a good faith estimate by the department as to what the expected utilization of emergency room services will be during <b>THE CURRENT</b> fiscal year <del>2008-2009</del>, given changes in the number and category of Medicaid recipients....</p>	
<p><b>Subject to availability of funds, requires Department to implement a rural health initiative with funds to be first allocated to a rural outpatient hospital adjustor, and secondly, for defibrillator grants, EMT training, or other similar programs.</b></p> <p><b>Sec. 1712.</b> (1) Subject to the availability of funds, the department shall implement a rural health initiative. Available funds shall first be allocated as an outpatient adjustor payment to be paid directly to hospitals in rural counties in proportion to each hospital's Medicaid and indigent patient population. Additional funds, if available, shall be allocated for defibrillator grants, EMT training and support, or other similar programs.</p>	Delete current law.	Delete current law.	
<p>(2) Except as otherwise specified in this section, "rural" means a county, city, village, or township with a population of not more than 30,000, including those entities if located within a metropolitan statistical area.</p>	Delete current law.	Delete current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to seek to maintain a constant enrollment level within the Medicaid Adult Benefits Waiver program through FY 2008-09.</i></p> <p><b>Sec. 1716.</b> The department shall seek to maintain a constant enrollment level within the Medicaid adult benefits waiver program throughout fiscal year 2008-2009.</p>	<p><b>Sec. 1716.</b> Same as current law with year changed to "2009-2010".</p>	<p><b>Sec. 1716.</b> Same as current law with year changed to "2009-2010".</p>	
<p><i>Requires Department to create two pools for the distribution of DSH funds; first pool would distribute \$45.0 million based on methodology in FY 2003-04; remaining \$5.0 million would be allocated to 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.</i></p> <p><b>Sec. 1717.</b> (1) The department shall create 2 pools for distribution of disproportionate share hospital funding. The first pool, totaling \$45,000,000.00, shall be distributed using the distribution methodology used in fiscal year 2003-2004. The second pool, totaling \$5,000,000.00, shall be distributed to unaffiliated hospitals and hospital systems that received less than \$900,000.00 in disproportionate share hospital payments in fiscal year 2007-2008 based on a formula that is weighted proportional to the product of each eligible system's Medicaid revenue and each eligible system's Medicaid utilization, except that no payment of less than \$1,000.00 shall be made.</p>	<p><b>Sec. 1717.</b> (1) No changes from current law.</p>	<p><b>Sec. 1717.</b> (1) The department shall create 2 pools for distribution of disproportionate share hospital funding. The first pool, totaling <del>\$45,000,000.00</del> <b>\$45,900,000.00</b>, shall be distributed using the distribution methodology used in fiscal year 2003-2004. The second pool, totaling <del>\$5,000,000.00</del> <b>\$5,100,000.00</b>, shall be distributed to unaffiliated hospitals and hospital systems that received less than \$900,000.00 in disproportionate share hospital ...</p>	
<p>(2) By September 30 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies on the new distribution of funding to each eligible hospital from the 2 pools.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Authorizes Medicaid adult home help beneficiaries to request a departmental review of any decisions that may adversely affect their access to home help services.</i></p> <p><b>Sec. 1718.</b> The department shall provide each Medicaid adult home help beneficiary or applicant with the right to a fair hearing when the department or its agent reduces, suspends, terminates, or denies adult home help services. If the department takes action to reduce, suspend, terminate, or deny adult home help services, it shall provide the beneficiary or applicant with a written notice that states what action the department proposes to take, the reasons for the intended action, the specific regulations that support the action, and an explanation of the beneficiary's or applicant's right to an evidentiary hearing and the circumstances under which those services will be continued if a hearing is requested.</p>	<p><b>Sec. 1718.</b> No changes from current law.</p>	<p><b>Sec. 1718.</b> No changes from current law.</p>	
<p><i>Directs Department to continue its Medicare recovery program.</i></p> <p><b>Sec. 1720.</b> The department shall continue its Medicare recovery program.</p>	<p>Delete current law.</p>	<p>Delete current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires review of Medicaid eligibility requirements for long-term care patients related to prepaid funds that are subsequently returned to individuals who qualify for Medicaid.</i></p> <p><b>Sec. 1721.</b> The department shall conduct a review of Medicaid eligibility pertaining to funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual who becomes Medicaid eligible and shall report its findings to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies not later than May 15 of the current fiscal year. Included in its report shall be recommendations for policy and procedure changes regarding whether any funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual, after the date of Medicaid eligibility and patient pay amount determination, shall be considered as a countable asset and recommendations for a mechanism for departmental monitoring of those funds.</p>	Delete current law.	<b>Sec. 1721.</b> No changes from current law.	
<p><i>Specifies DSH payment amount to be paid to Hutzel Hospital.</i></p> <p><b>Sec. 1722.</b> (1) From the funds appropriated in part 1 for special Medicaid reimbursement payments, the department is authorized to make a disproportionate share payment of \$33,167,700.00 for health services provided by Hutzel Hospital.</p>	Delete current law.	Delete current law.	
<p>(2) The funding authorized under subsection (1) shall only be expended if the necessary Medicaid matching funds are provided by, or on behalf of, the hospital as allowable state match.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs Department to allow pharmacies to purchase injectable drugs for treatment of respiratory syncytial virus for shipment to physician's offices; allows Medicaid reimbursement for dispensing and administration if patients are eligible.</i></p> <p><b>Sec. 1724.</b> The department shall allow licensed pharmacies to purchase injectable drugs for the treatment of respiratory syncytial virus for shipment to physicians' offices to be administered to specific patients. If the affected patients are Medicaid eligible, the department shall reimburse pharmacies for the dispensing of the injectable drugs and reimburse physicians for the administration of the injectable drugs.</p>	Delete current law.	<p><b>Sec. 1724.</b> No changes from current law.</p>	
<p><i>Requires Department to continue to work with the Department of Human Services and the Department of State Police to reduce Medicaid eligibility errors related to basic eligibility requirements, residency status issues, felony status issues, and income requirements.</i></p> <p><b>Sec. 1725.</b> The department shall continue to work with the department of human services and the department of state police to reduce Medicaid eligibility errors related to basic eligibility requirements, residency issues, felony status issues, and income requirements.</p>	Delete current law.	<p><b>Sec. 1725.</b> The department shall continue to work with the department of human services <del>and the department of state police</del> to reduce Medicaid eligibility errors related to basic eligibility requirements, residency issues, <del>felony status issues</del>, and income requirements.</p>	
<p><i>Requires Department to make available to Medicaid recipients, not based on Medicare guidelines, freestanding, electric, lifting and transferring devices.</i></p> <p><b>Sec. 1728.</b> The department shall make available to qualifying Medicaid recipients, not based on Medicare guidelines, freestanding electrical lifting and transferring devices.</p>	<p><b>Sec. 1728.</b> No changes from current law.</p>	<p><b>Sec. 1728.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to continue Medicaid eligibility asset test for optional Medicaid groups, parents/caretaker relatives and 19 and 20 year olds.</i></p> <p><b>Sec. 1731.</b> The department shall continue an asset test to determine Medicaid eligibility for individuals who are parents, caretaker relatives, or individuals between the ages of 18 and 21 and who are not required to be covered under federal Medicaid requirements.</p>	<p><b>Sec. 1731.</b> No changes from current law.</p>	<p><b>Sec. 1731.</b> No changes from current law.</p>	
<p><i>Assures that nursing home reimbursement rates will not be reduced to achieve GF/GP savings if proposed modifications to the quality assurance assessment program for nursing homes are not implemented.</i></p> <p><b>Sec. 1732.</b> The department shall assure that, if proposed modifications to the quality assurance assessment program for nursing homes are not implemented, the projected general fund/general purpose savings shall not be achieved through reductions in nursing home reimbursement rates.</p>	<p>Delete current law.</p>	<p><b>Sec. 1732.</b> No changes from current law.</p>	
<p><i>Requires Department to seek federal funds to provide financial support for electronic prescribing and other health information technology initiatives; and, develop a 3 year strategic plan for the implementation of e-prescribing in the Medicaid program.</i></p> <p><b>Sec. 1733.</b> (1) The department shall seek additional federal funds to permit the state to provide financial support for electronic prescribing and other health information technology initiatives.</p>	<p><b>Sec. 1733.</b> (1) No changes from current law.</p>	<p><b>Sec. 1733.</b> (1) No changes from current law.</p>	
<p>(2) The department shall develop a 3-year strategic plan for the implementation of electronic prescribing for the Medicaid program.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to seek federal funds for demonstration programs that will permit Michigan to provide financial incentives for positive health behavior practiced by Medicaid recipients.</i></p> <p><b>Sec. 1734.</b> The department shall seek federal money for demonstration programs that will permit this state to provide financial incentives for positive health behavior practiced by Medicaid recipients, including, but not limited to, consumer-driven strategies that enable Medicaid recipients to choose coverage that meets their individual needs and that authorize monetary or other rewards for demonstrating positive health behavior changes.</p>	<p><b>Sec. 1734.</b> No changes from current law.</p>	<p><b>Sec. 1734.</b> No changes from current law.</p>	
<p><i>Requires Department to continue to establish medical outcome targets for the 10 most prevalent and costly ailments affecting Medicaid recipients, making bonus payments available to Medicaid HMOs that meet these outcome targets independent of HMO rate adjustments utilized in FY 2005-06.</i></p> <p><b>Sec. 1739.</b> The department shall continue to establish medical outcome targets for the 10 most prevalent and costly ailments affecting Medicaid recipients. The department may use indicators that recipients are successfully managing chronic disease, measures of recipient compliance with treatment plans, and studies of the proportion of Medicaid providers who follow established best practices in treating chronic disease as possible medical outcome target measures. The department shall make bonus payments, independent of HMO rate adjustments utilized in fiscal year 2005-2006, available to Medicaid HMOs that meet these outcome targets.</p>	<p>Delete current law.</p>	<p><b>NEW LANGUAGE</b></p> <p><b>Sec. 1739. THE DEPARTMENT SHALL CONTINUE THE CONTRACTOR PERFORMANCE BONUS PROGRAM FOR MEDICAID HEALTH PLANS. THE CONTRACTOR PERFORMANCE BONUS PROGRAM MAY INCLUDE INDICATORS BASED ON THE PREVALENT AND CHRONIC CONDITIONS AFFECTING THE MEDICAID POPULATION AND INDICATORS OF PREVENTIVE HEALTH STATUS FOR ADULTS AND CHILDREN.</b></p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires assurance from Department 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.</i></p> <p><b>Sec. 1740.</b> From the funds appropriated in part 1 for health plan services, the department shall assure that all GME funds continue to be promptly distributed to qualifying hospitals using the methodology developed in consultation with the graduate medical education advisory group during fiscal year 2006-2007.</p>	<p><b>Sec. 1740.</b> No changes from current law.</p>	<p><b>Sec. 1740.</b> No changes from current law.</p>	
<p><i>Requires Department to continue to provide nursing homes the opportunity to receive interim payments upon their request and that that these payments are as similar to expected cost-settled payments as possible.</i></p> <p><b>Sec. 1741.</b> The department shall continue to provide nursing homes the opportunity to receive interim payments upon their request. The department shall make efforts to ensure that the interim payments are as similar to expected cost-settled payments as possible.</p>	<p>Delete current law.</p>	<p><b>Sec. 1741.</b> No changes from current law.</p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to allow the retention of \$1,000,000.00 in special Medicaid reimbursement funding by any public hospital that meets certain criteria. Only Hurley Medical Center meets the criteria.</i></p> <p><b>Sec. 1742.</b> The department shall allow the retention of \$1,000,000.00 in special Medicaid reimbursement funding by any public hospital that meets each of the following criteria:</p> <p>(a) The hospital participates in the intergovernmental transfers.</p> <p>(b) The hospital is not affiliated with a university.</p> <p>(c) The hospital provides surgical services.</p> <p>(d) The hospital has at least 10,000 Medicaid bed days.</p>	Delete current law.	<p><b>Sec. 1742.</b> The department shall allow the retention of <del>\$1,000,000.00</del> <b>\$100.00</b> in special Medicaid reimbursement funding by any public hospital that meets each of the following criteria:</p> <p>(a) The hospital participates in the intergovernmental transfers.</p> <p>(b) The hospital is not affiliated with a university.</p> <p>(c) The hospital provides surgical services.</p> <p>(d) The hospital has at least 10,000 Medicaid bed days.</p>	
<p><i>Requires Department to provide Medicaid health plans with any information that may assist the health plan in determining whether another party may be responsible for the payment of health care benefits.</i></p> <p><b>Sec. 1752.</b> The department shall provide a Medicaid health plan with any information that may assist the Medicaid health plan in determining whether another party may be responsible, in whole or in part, for the payment of health benefits.</p>	Delete current law.	<p><b>Sec. 1652.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department, upon passage of legislation, to collect medical expense information from auto insurers to allow the State to make third party liability claims for Medicaid recipients.</i></p> <p><b>Sec. 1753.</b> Upon passage of legislation, the department shall collect from auto insurers in this state on a monthly basis information necessary to enable the department to determine whether an individual who is receiving payments of medical expenses from the auto insurer is also a Medicaid recipient. For each individual that the department identifies under this section, the department shall submit a claim for payment to the auto insurer if a Medicaid payment has been made on behalf of the Medicaid recipient. The department shall consult with auto insurers in this state to establish a system by which information and claims shall be processed.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires the Department to establish and implement a specialized case and care management program to serve the most costly Medicaid beneficiaries who are not enrolled in a health plan and are noncompliant with medical management. The case and care management program shall provide a performance payment incentive for physicians, it may include contractual arrangements with Medicaid HMOs for the provision of specialized case management services, and the contracts may require collection of data related to Medicaid recipient compliance.</i></p> <p><b>Sec. 1756.</b> The department shall establish and implement a specialized case and care management program to serve the most costly Medicaid beneficiaries who are noncompliant with medical management, including persons with chronic diseases and mental health diagnoses, high prescription drug utilizers, members demonstrating noncompliance with previous medical management, and neonates. The case and care management program shall, at a minimum, provide a performance payment incentive for physicians who manage the recipient's care and health costs in the most effective way. The department may also develop additional contractual arrangements with 1 or more Medicaid HMOs for the provision of specialized case management services. Contracts with Medicaid HMOs may include provisions requiring collection of data related to Medicaid recipient compliance. Measures of patient compliance may include the proportion of clients who fill their prescriptions, the rate of clients who do not show for scheduled medical appointments, and the proportion of clients who use their medication.</p>	<p>Delete current law.</p>	<p><b>Sec. 1756.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to direct the 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.</i></p> <p><b>Sec. 1757.</b> The department shall direct the department of human services to obtain proof from all Medicaid recipients that they are legal United States citizens or otherwise legally residing in this country and that they are residents of this state before approving Medicaid eligibility.</p>	Delete current law.	<b>Sec. 1757.</b> No changes from current law.	
<p><i>Requires Department to implement certain policy changes included in the Federal Deficit Reduction Act of 2005. They are: lengthening the look back policy for asset transfers, changing the penalty period to begin the day an individual applies for Medicaid, including a home equity threshold for Medicaid eligibility, to utilize Michigan's Medicaid False Claims Act to collect fraudulent Medicaid claims.</i></p> <p><b>Sec. 1759.</b> The department shall implement the following policy changes included in the federal deficit reduction act of 2005, Public Law 109-171:</p> <p>(a) Lengthening the look-back policy for asset transfers from 3 to 5 years.            (b) Changing the penalty period to begin the day an individual applies for Medicaid.            (c) Individuals with more than \$500,000.00 in home equity do not qualify for Medicaid.            (d) Utilize the Medicaid false claim act, 1977 PA 72, MCL 400.601 to 400.613, to collect an enhanced state share of damages collected from entities that have been successfully prosecuted for filing a fraudulent Medicaid claim.</p>	Delete current law.	<b>Sec. 1759.</b> No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to distribute Medicaid access to care initiative payments (MACI) that exceed hospitals upper payment limits to hospitals that meet certain conditions, most likely rural hospitals.</i></p> <p><b>Sec. 1761.</b> (1) The department shall distribute all funds recovered by the medical services administration from prior and future Medicaid access to care initiative payments exceeding the hospital upper payment limit for inpatient and outpatient services to a hospital that meets any of the following characteristics:</p> <p>(a) Is located in a rural county as determined by the most recent United States census or is located in a city or a village or township with a population of not more than 12,000 in a county with a population with not more than 70,000 as of the official federal 2000 decennial census.</p> <p>(b) Is a Medicare sole community hospital.</p> <p>(c) Is a Medicare dependent hospital and rural referral center hospital.</p>	Delete current law.	Delete current law.	
<p>(2) The distribution under subsection (1) shall be based upon each hospital's Medicaid fee-for-service and HMO payments as developed in consultation with rural hospitals and the Michigan health and hospital association.</p>	Delete current law.	Delete current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to annually certify that rates paid to Medicaid health plans are actuarially sound and to notify the House of Representatives, the Senate, and the fiscal agencies immediately upon rate certification and approval.</i></p> <p><b>Sec. 1764.</b> The department shall annually certify rates paid to Medicaid health plans as being actuarially sound in accordance with federal requirements and shall provide a copy of the rate certification and approval immediately to the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies.</p>	Delete current law.	<p><b>Sec. 1764.</b> The department shall annually certify rates paid to Medicaid health plans as being actuarially sound in accordance with federal requirements and shall provide a copy of the rate certification and approval immediately to the house of <del>representatives</del> and senate appropriations subcommittees on community health and the house and senate fiscal agencies.</p>	
<p><i>Requires Department to evaluate and produce a report on the impact of the change in which the Medicaid program pays pharmacists for prescriptions from average wholesale price to average manufacturer price, contingent upon the release of relevant data from the Center for Medicare and Medicaid Services.</i></p> <p><b>Sec. 1767.</b> The department shall study and evaluate the impact of the change in the way in which the Medicaid program pays pharmacists for prescriptions from average wholesale price to average manufacturer price as required by the federal deficit reduction act of 2005, Public Law 109-171. Upon release of the data by the centers for Medicare and Medicaid services, the department shall submit a report of its study to the senate and house of representatives appropriations subcommittees on community health and the senate and house fiscal agencies. If the department finds that there is a negative impact on the pharmacists, the department shall reexamine the current pharmaceutical dispensing fee structure established under section 1620 and include in the report recommendations and proposals to counter the negative impact of that federal legislation.</p>	Delete current law.	<p><b>Sec. 1767.</b> The department shall study and evaluate the impact of the change in the way in which the Medicaid program pays pharmacists for prescriptions from average wholesale price to average manufacturer price as required by the federal deficit reduction act of 2005, Public Law 109-171. Upon release of the data by the centers for Medicare and Medicaid services, the department shall submit a report of its study to the senate and house of <del>representatives</del> appropriations subcommittees on community health and the senate and house fiscal agencies. If the department finds that there is a negative impact on the pharmacists, the department shall reexamine the current pharmaceutical dispensing fee structure established under section 1620 and include in the report recommendations and proposals to counter the negative impact of that federal legislation.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Specifies that Department shall attempt to make adjustments to the Medicaid provider manual and effective dates for proposed Medicaid policy bulletins on October 1, January 1, April 1, or July 1 after the end of the consultation period.</i></p> <p><b>Sec. 1770.</b> In conjunction with the consultation requirements of the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, and except as otherwise provided in this section, the department shall attempt to make the effective date for a proposed Medicaid policy bulletin or adjustment to the Medicaid provider manual on October 1, January 1, April 1, or July 1 after the end of the consultation period. The department may provide an effective date for a proposed Medicaid policy bulletin or adjustment to the Medicaid provider manual other than provided for in this section if necessary to be in compliance with federal or state law, regulations, or rules or with an executive order of the governor.</p>	Delete current law.	<b>Sec. 1770.</b> No changes from current law.	
<p><i>Requires Department to continue a program which would enroll all foster care children in Michigan into a Medicaid HMO.</i></p> <p><b>Sec. 1772.</b> From the funds appropriated in part 1, the department shall continue a program, the primary goal of which is to enroll all children in foster care in Michigan in a Medicaid health maintenance organization.</p>	Delete current law.	<b>Sec. 1772.</b> No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Directs Department to establish and implement a bid process to identify a single private contractor to provide Medicaid covered nonemergency transportation services in each county with a population over 750,000 and provide a mileage reimbursement that encourages contractors to participate.</i></p> <p><b>Sec. 1773.</b> (1) The department shall establish and implement a bid process to identify a single private contractor to provide Medicaid covered nonemergency transportation services in each county with a population over 750,000 individuals.</p>	Delete current law.	<b>Sec. 1773.</b> (1) No changes from current law.	
<p>(2) The department shall reimburse mileage for nonemergency transportation that encourages contractors to participate.</p>	Delete current law.	(2) No changes from current law.	
<p><i>Requires Department to provide a report on expenditures, estimated general fund savings and numbers of people receiving services supported by federal Money Follows the Person revenue.</i></p> <p><b>Sec. 1774.</b> The department shall provide the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by March 1 of the current fiscal year a report that details all of the following:</p> <p>(a) Expenditure of money follows the person funds to date.</p> <p>(b) Estimated general fund savings generated through use of money follows the person.</p> <p>(c) Total number of individuals receiving services through the money follows the person grant.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to conduct a study and publish a report regarding the feasibility of providing long-term care services through managed care and to implement two long-term care pilots, one in a county with a population over 750,000 and the other in a county with a population under 250,000.</i></p> <p><b>Sec. 1775.</b> (1) The department shall study the feasibility of using managed care to deliver Medicaid long-term care services. The study shall focus upon the following:</p> <p>(a) If there is a sufficient number of organizations interested in providing these services.</p> <p>(b) The extent of services provided through Medicaid managed long-term care.</p> <p>(c) Estimated changes in Medicaid long-term care expenditure associated with implementing managed care for these services.</p>	Delete current law.	Delete current law.	
<p>(2) The department shall report the results of this study to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1 of the current fiscal year.</p>	Delete current law.	Delete current law.	
<p>(3) The department shall also provide a progress report on ongoing efforts to implement long-term managed care pilot programs to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1 of the current fiscal year.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>If the OPPS reimbursement methodology is continued, the applied Medicaid reduction factor must be revenue neutral and actuarially sound.</i></p> <p><b>Sec. 1776.</b> If the department continues to utilize the Medicare outpatient prospective payment system methodology to reimburse hospitals for Medicaid clients seen in the outpatient setting including the emergency room, then the Medicaid reduction factor utilized by the department to compute the amount of payment made by Medicaid health plans to hospitals must be revenue neutral and actuarially sound.</p>	Delete current law.	Delete current law.	
<p><i>Requires Department to permit nursing homes to use dining assistants to feed eligible residents, in accordance with federal and state law. Department will not be responsible for training costs.</i></p> <p><b>Sec. 1777.</b> From the funds appropriated in part 1 for long-term care services, the department shall permit, in accordance with applicable federal and state law, nursing homes to use dining assistants to feed eligible residents if legislation to permit the use of dining assistants is enacted into law. The department shall not be responsible for costs associated with training dining assistants.</p>	Delete current law.	Delete current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Contingent on an increase in FY 2008-09 of Michigan's federal medical assistance percentage (FMAP) it is the intent of the Legislature that a portion of the increase be used to augment physician primary care code fee screens, and hospital neo-natal and pediatric intensive care unit payments.</i></p> <p><b>Sec. 1780.</b> If congressional action results in an increase in Michigan's federal medical assistance percentage in fiscal year 2008-2009, it is the intent of the legislature that a portion of this new funding be used to augment physician primary care codes fee screens and hospital neonatal and pediatric intensive care unit payments.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows Department to conduct pilot projects to demonstrate improvements in efficiency and effectiveness of identified programs. Allows direct access to DHS eligibility, budget and registration systems to accomplish pilot project objectives.</i></p> <p><b>Sec. 1781.</b> The department may conduct a pilot project to demonstrate improvements in the efficiency and effectiveness of the plan first program, long-term care programs, and other programs as identified by the department. In conducting the pilot project, the department shall consult with other affected programs and agencies. In conducting the pilot, the department or its designee shall have direct access to the department of human services eligibility, budget, and registration systems for purposes of initial processing, including taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete processing of the application, and assuring the information contained on the application form is complete. To the extent practical and desirable, trusted third-party data sources may be accessed to verify income and asset information during the financial eligibility determination process. The department shall issue a report to the legislature summarizing the results of the pilot project and recommendations for the future.</p>	Delete current law.	Delete current law.	
<p><i>Requires Department to request a Medicaid waiver from the federal government allowing coverage for dental root planing and scaling in a limited number of counties in Michigan.</i></p> <p><b>Sec. 1782.</b> The department shall request a waiver from the federal government allowing coverage for dental root planing and scaling in a limited number of counties in the state.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
<p><i>Requires Department to permit the enrollment of dual eligibles into Medicaid health plans if those health plans also maintain a Medicare Advantage special needs plan certified by CMS.</i></p> <p><b>Sec. 1783.</b> Effective October 1, 2008, the department shall permit the enrollment of individuals dually eligible for Medicare and Medicaid into Medicaid health plans if those health plans also maintain a Medicare advantage special needs plan certified by the centers for Medicare and Medicaid services.</p>	EXECUTIVE	HOUSE	SENATE
	<p><del><b>Sec. 1783.</b> Effective October 1, 2008, the</del> The department shall permit the enrollment of individuals dually eligible for Medicare and Medicaid into Medicaid health plans if those health plans also maintain a Medicare advantage special needs plan certified by the centers for Medicare and Medicaid services.</p>	<p><b>NEW LANGUAGE</b></p> <p><b>SEC. 1783. (1) THE DEPARTMENT SHALL DEVELOP RATES BY JANUARY 1, 2010 FOR THE ENROLLMENT OF INDIVIDUALS DUALLY ELIGIBLE FOR MEDICARE AND MEDICAID INTO MEDICAID HEALTH PLANS IF THOSE HEALTH PLANS ALSO MAINTAIN A MEDICARE ADVANTAGE SPECIAL NEEDS PLAN CERTIFIED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.</b></p> <p><b>(2) THE DEPARTMENT SHALL REPORT QUARTERLY TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, AND THE HOUSE AND SENATE FISCAL AGENCIES, THE STATUS OF THE RATE DEVELOPMENT DESCRIBED IN SUBSECTION (1) AND THE NUMBER OF DUAL ELIGIBLES ENROLLED BY MONTH IN MEDICAID HEALTH PLANS WITH MEDICARE ADVANTAGE SPECIAL NEEDS PLAN CERTIFICATION FOR FY 2009-2010.</b></p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to convene a workgroup to develop and maintain a list of hospital reimbursement emergency department diagnosis codes for services provided to Medicaid recipients at a defined triage or stabilization rate; the rate shall be equal to the triage rate in place prior to the implementation of the outpatient prospective payment system; defines the workgroup representation; and that implementation of this policy will occur by January 1, 2009.</i></p> <p><b>Sec. 1785.</b> (1) The department shall convene a workgroup to develop and maintain a list of emergency department diagnosis codes to be used to determine payment to hospital facilities for emergency department services provided to Medicaid recipients at a defined triage or stabilization rate.</p>	Delete current law.	Delete current law.	
(2) The reimbursement rate for triage or stabilization shall be equal to the triage rate already in place prior to the implementation of the outpatient prospective payment system.	Delete current law.	Delete current law.	
(3) The workgroup shall include representatives from the department, the Medicaid health plans, and Michigan hospitals that participate in the Medicaid program.	Delete current law.	Delete current law.	
(4) If consensus is reached on a budget-neutral proposal, the department shall implement this payment mechanism for emergency department services in the outpatient prospective payment system by January 1, 2009.	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Defines the reimbursement rate for inpatient admission services when the actual length of stay is less than the published low-day threshold. The reimbursement change shall not be implemented unless budget neutral. Requires the Department to define a low-day threshold of 1 as an inpatient stay of less than 24 hours.</i></p> <p><b>Sec. 1786.</b> (1) For services where the actual length of stay is less than the published low-day threshold, reimbursement for inpatient admissions shall be the actual charge multiplied by the individual hospital's cost-to-charge ratio net of indirect medical education, not to exceed the full diagnosis-related group payment rate.</p>	<p><b>Sec. 1786.</b> (1) No changes from current law.</p>	<p><b>Sec. 1786.</b> (1) No changes from current law.</p>	
<p>(2) The reimbursement changes specified in subsection (1) shall not be implemented unless the changes are budget-neutral.</p>	<p>(2) No changes from current law.</p>	<p>(2) No changes from current law.</p>	
<p>(3) The department shall define a low-day threshold of 1 as an inpatient stay of less than 24 hours.</p>	<p>(3) No changes from current law.</p>	<p>(3) No changes from current law.</p>	
<p><i>Requires Department, in coordination with the Department of Human Services, to obtain the telephone numbers of Medicaid beneficiaries and to provide Medicaid health plans the telephone numbers of that health plan's enrollees on a monthly basis.</i></p> <p><b>Sec. 1787.</b> The department shall work with the department of human services to obtain the telephone number of Medicaid beneficiaries and shall provide each Medicaid health plan with the telephone number of that health plan's enrollees on a monthly basis.</p>	<p>Delete current law.</p>	<p><b>Sec. 1787.</b> No changes from current law.</p>	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to study whether the current nursing home ceiling of 85% is adequate and to report its findings by April 1, 2009.</i></p> <p><b>Sec. 1789.</b> The department shall study whether the current nursing home occupancy ceiling is adequate and shall recommend whether to retain the ceiling at 85% or to lower it. The department shall report its findings and recommendations to the state budget director, senate and house appropriations subcommittees on community health, and senate and house fiscal agencies by April 1, 2009.</p>	Delete current law.	Delete current law.	
<p><i>Provides an increase of \$5,285,700 within the Physician Services line and Health Plan Services line providing for a Medicaid payment rate increase for certain physician primary care and well child visit procedure codes</i></p> <p><b>Sec. 1791.</b> (1) From the money appropriated in part 1 for physician services and health plan services, \$5,285,700.00, of which \$2,100,000.00 is general fund/general purpose money, shall be allocated to increase Medicaid reimbursement rates for primary care and well child visit procedure codes. The increased reimbursement rates in this section shall be implemented October 1, 2008 and shall not exceed the comparable Medicare payment rate for the same services.</p>	Delete current law.	<b>Sec. 1791.</b> (1) No changes from current law.	
<p>(2) The money allocated under subsection (1) shall be distributed as a fee-for-service rate increase for primary care procedure codes and as an adjustment paid exclusively to Medicaid managed care organizations for well child visit procedure codes.</p>	Delete current law.	(2) No changes from current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p>(3) By October 1, 2008, the department shall provide a report to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies that identifies the specific procedure codes affected by this section and the amount and percentage increase provided for each procedure code.</p>	Delete current law.	(3) No changes from current law.	
<p><b><i>Requires Department to meet with the Michigan State Medical Society and the Michigan Osteopathic Association to discuss the possible structure of a physician quality assurance assessment program.</i></b></p> <p><b>Sec. 1792.</b> The department shall meet with the Michigan state medical society and the Michigan osteopathic association to discuss the possible structure of a physician quality assurance assessment program.</p>	Delete current law.	Delete current law.	
<p><b><i>Department shall consider the development of a pilot project that focuses on preventable hospitalizations from nursing homes.</i></b></p> <p><b>Sec. 1793.</b> The department shall consider the development of a pilot project that focuses on the prevention of preventable hospitalizations from nursing homes.</p>	Delete current law.	Delete current law.	
<p><b><i>Includes a \$100 placeholder to allow Department to provide a per-person per-day reimbursement for a hospital located in a city with a population greater than 500,000.</i></b></p> <p><b>Sec. 1794.</b> From the funds appropriated in part 1 for hospital services and therapy, up to \$100.00 may be allocated for a program to provide a per-person per-day reimbursement for a hospital located in a city with a population over 500,000.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Requires Department to direct the Health Information Technology Commission to examine strategies that promote the ability to share medical records and report on these findings.</i></p> <p><b>Sec. 1796.</b> The department shall direct the health information technology commission to examine strategies that promote the ability to share medical records. The department shall report the commission's findings by July 1, 2009.</p>	Delete current law.	<b>Sec. 1796.</b> No changes from current law.	
<p><i>Allows the Department to spend up to \$100,000 on a pilot program which would target Medicaid recipients with certain high-cost or complex health conditions. The pilot would include financial incentives to primary care physicians who handle the disease management responsibilities.</i></p> <p><b>Sec. 1802.</b> The department may spend up to \$100,000.00 on a pilot program targeting Medicaid recipients with certain high-cost or complex health conditions. This pilot shall provide financial incentives to primary care physicians to handle disease management responsibilities for these Medicaid recipients.</p>	Delete current law.	<b>Sec. 1802.</b> No changes from current law.	
<p><i>Requires Department, in cooperation with the 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.</i></p> <p><b>Sec. 1804.</b> The department, in cooperation with the department of human services, shall work with the federal government's public assistance reporting information system to identify Medicaid recipients who are veterans who may be eligible for federal veterans health care benefits or other benefits.</p>	<b>Sec. 1804.</b> No changes from current law.	<b>Sec. 1804.</b> No changes from current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Increases the Personal Care Services line by \$1.3 million to provide for an \$8.00 increase to the monthly personal care supplement payment provided for Medicaid eligible residents in adult foster care homes and homes for the aged.</i></p> <p><b>Sec. 1805.</b> From the funds appropriated in part 1 for personal care services, beginning October 1, 2008, the department shall increase the monthly Medicaid personal care supplement paid to adult foster care facilities and homes for the aged that provide personal care services to Medicaid beneficiaries by \$8.00.</p>	Delete current law.	Delete current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows up to \$100 in the County Indigent Care and Third Share Plans appropriation line for the expansion of county health plans.</i></p> <p><b>Sec. 1806.</b> From the funds appropriated in part 1 for the county indigent care and third share plans, up to \$100.00 may be allocated for the expansion of county health plans.</p>	Delete current law.	<p><b>NEW LANGUAGE</b></p> <p><b>SEC. 1806. FROM THE FUNDS APPROPRIATED IN PART 1 FOR COUNTY INDIGENT CARE AND THIRD SHARE PLANS, \$98,165,400.00 OF GENERAL FUND/GENERAL PURPOSE IS APPROPRIATED TO PROVIDE PREVENTIVE AND AMBULATORY HEALTH CARE SERVICES THROUGH COUNTY HEALTH PLANS TO UNINSURED PERSONS WITH INCOME BELOW 150% OF THE FEDERAL POVERTY LEVEL, AND WHO DO NOT QUALIFY FOR MEDICAID, MEDICARE, MICHILD, OR THE ADULT BENEFITS WAIVER PROGRAM. THE SERVICES COVERED SHALL BE COMPARABLE TO THE BENEFITS PROVIDED THROUGH THE PLAN B COVERAGE CURRENTLY AVAILABLE THROUGH THE COUNTY HEALTH PLANS. THE DEPARTMENT AND COUNTY HEALTH PLANS SHALL MAKE AN EFFORT TO INFORM RECIPIENTS THAT THESE FUNDS MAY BE CONTINGENT UPON THE AVAILABILITY OF FEDERAL STIMULUS FUNDS UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009.</b></p>	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Allows Department to convene a workgroup and provide a report evaluating the feasibility of establishing a Medicaid payment mechanism for the reimbursement of mental health services by primary care physicians.</i></p> <p><b>Sec. 1807.</b> (1) The department may convene a workgroup to evaluate and report on the feasibility of establishing a Medicaid payment mechanism for the reimbursement of mental health services by primary care physicians.</p>	Delete current law.	Delete current law.	
<p>(2) The department may report the findings of this workgroup to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies by April 1, 2009.</p>	Delete current law.	Delete current law.	
<p><i>Requires the Department to implement an ambulance quality assurance assessment program with the State to retain a portion of the assessment, if legislation is enacted allowing the ambulance QAAP.</i></p> <p><b>Sec. 1808.</b> If legislation is enacted into law, the department shall implement an ambulance quality assurance assessment program. A portion of the assessment shall be retained by the state.</p>	Delete current law.	Delete current law.	



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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
<p><i>Authorizes the expenditure of quality assurance assessment program (QAAP) funds and specifies the state retained amounts of \$117.5 million hospital QAAP and \$53,893,700 of long-term care QAAP.</i></p> <p><b>Sec. 1809.</b> The department is authorized to spend and distribute quality assurance assessment funds as appropriated in this act. The department is authorized to retain funds from the hospital quality assurance assessment program and the long-term care quality assurance assessment program as follows:</p> <p>(a) Hospital quality assurance assessment program retainer of \$117,500,000.00.</p> <p>(b) Long-term care quality assurance assessment program retainer of \$53,893,700.00.</p>	Delete current law.	Delete current law.	

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

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
		<p>NEW LANGUAGE</p> <p>SEC. 1810. FROM THE MONEY APPROPRIATED IN PART 1 FOR COUNTY INDIGENT CARE AND THIRD SHARE PLANS, \$5,000,000.00 IS APPROPRIATED TO SUBSIDIZE THE COSTS OF COBRA CONTINUATION COVERAGE FOR WORKERS WHO WERE INVOLUNTARILY TERMINATED FROM THEIR EMPLOYMENT ON OR AFTER SEPTEMBER 1, 2008, AND WHO ARE ELIGIBLE FOR THE 65% SUBSIDY OF HEALTH COVERAGE AUTHORIZED BY THE AMERICAN RECOVERY AND REINVESTMENT ACT. THE FUNDING SHALL BE ALLOCATED TO COUNTY HEALTH PLANS FOR PAYMENT OF ONE HALF OF THE REMAINING MONTHLY PREMIUM COST OF THOSE WORKERS WHO QUALIFY FOR THE 65% SUBSIDY OF HEALTH COVERAGE AUTHORIZED BY THE AMERICAN RECOVERY AND REINVESTMENT ACT.</p>	
		<p>NEW LANGUAGE</p> <p>SEC. 1811. IF MCL 600.2946 IS AMENDED TO ALLOW MICHIGAN CITIZENS TO FILE PRODUCT LIABILITY SUITS AGAINST PHARMACEUTICAL MANUFACTURERS FOR DAMAGES RELATED TO DEFECTIVE DRUGS, THE DEPARTMENT SHALL MAKE ALL EFFORTS TO RECOVER MEDICAID FUNDS THAT IT PAID FOR TREATMENT OF INJURIES RESULTING FROM USE OF THESE DRUGS BY MEDICAID ENROLLEES.</p>	



# DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2008-09 CURRENT LAW	FY 2009-2010		
	EXECUTIVE	HOUSE	SENATE
		SEC. 1812. FROM THE FUNDS APPROPRIATED IN PART 1 IN THE MEDICAL SERVICES ADMINISTRATION, \$100.00 MAY BE ALLOCATED TO SUPPORT A PILOT PROJECT TO DEVELOP A REGIONAL HEALTHCARE RESOURCE SHARING NETWORK. BY ENCOURAGING COLLABORATION AND PARTNERSHIPS BETWEEN LOCAL HOSPITALS, THIS NETWORK IS EXPECTED TO ENABLE EACH HOSPITAL TO MAINTAIN INDEPENDENCE AND COMMUNITY CONTROL WHILE SHARING BEST PRACTICES AND RESOURCES. THE PILOT SHALL BE DESIGNED TO IMPROVE ACCESS, IMPROVE PATIENT OUTCOMES, AND LOWER COSTS IN A MEDICAL HOME MODEL. THE REGION FOR THE PILOT SHALL ENCOMPASS 22 COUNTIES AND HAVE 10 HOSPITALS.	