DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
GENERAL SECTIONS ***Totals the state spending from state resources under Part 1 for Fiscal Year (FY) 2004-05 and state spending from state resources to be paid to local units of government for FY 2004-05.*** **Sec. 201.** Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2004-2005 is $4,021,911,100.00 and state spending from state resources to be paid to units of local government for fiscal year 2004-2005 is $1,054,030,900.00. The itemized statement below identifies appropriations from which spending to units of local government will occur:	**Sec. 201.** No changes from current law, except: "...total state spending from state resources under part 1 for fiscal year ~~2004-2005~~ **2005-2006** is ~~$4,021,911,100.00~~ **$4,444,000,100.00** and state spending from state resources to be paid to units of local government for fiscal year ~~2004-2005~~ **2005-2006** is ~~$1,054,030,900.00~~ **$1,022,374,900.00**.	**Sec. 201.** No changes from current law, except: "...total state spending from state resources under part 1 for fiscal year ~~2004-2005~~ **2005-2006** is ~~$4,021,911,100.00~~ **$4,271,677,600.00** and state spending from state resources to be paid to units of local government for fiscal year ~~2004-2005~~ **2005-2006** is ~~$1,054,030,900.00~~ **$1,104,751,500.00**.	**Sec. 201.** No changes from current law, except: "...total state spending from state resources under part 1 for fiscal year ~~2004-2005~~ **2005-2006** is ~~$4,021,911,100.00~~ **$4,372,175,900.00** and state spending from state resources to be paid to units of local government for fiscal year ~~2004-2005~~ **2005-2006** is ~~$1,054,030,900.00~~ **$1,000,784,900.00**.	**Sec. 201.** No changes from current law, except: "...total state spending from state resources under part 1 for fiscal year ~~2004-2005~~ **2005-2006** is ~~$4,021,911,100.00~~ **$4,467,908,400.00** and state spending from state resources to be paid to units of local government for fiscal year ~~2004-2005~~ **2005-2006** is ~~$1,054,030,900.00~~ **$1,136,195,800.00**.
DEPARTMENT OF COMMUNITY HEALTH	Delete	Delete	Delete	Delete
DEPARTMENTWIDE ADMINISTRATION				
Departmental administration and management $11,087,100	Delete	Delete	Delete	Delete
Rural health services 35,000	Delete	Delete	Delete	Delete
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS				
Mental health initiatives for older persons 1,049,200	 1,049,200	1,049,200	1,049,200	 1,049,200
COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS				
State disability assistance program substance abuse services 2,509,800	 2,509,800	2,259,800	2,509,800	 2,509,800
Community substance abuse prevention, education, and treatment programs..... 18,590,800	.... 18,790,700 568,411,300	....18,290,500 655,317,100	....18,790,700 568,411,400	.... 18,790,500 658,703,500
Medicaid mental health services .586,547,000	 312,598,300	312,098,300	292,598,200	 332,098,300
Community mental health non-Medicaid services 313,352,400	 12,156,000	12,156,000	12,156,000	 12,156,000
Medicaid adult benefits waiver.....12,120,000	 3,663,800	3,563,800	3,663,800	 4,963,800
Multicultural services 4,963,800	 12,620,900	14,464,800	12,620,900	 14,530,300
Medicaid substance abuse services 12,438,200	 1,000,000	1,000,000	1,000,000	 1,000,000
Respite services..... 1,000,000				
Omnibus budget reconciliation act implementation 3,859,500	 3,873,000	3,866,900	3,873,000	 2,882,500

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
	HEALTH POLICY, REGULATION AND PROFESSIONS	**HEALTH POLICY, REGULATION AND PROFESSIONS**	**HEALTH POLICY, REGULATION AND PROFESSSIONS**	**HEALTH POLICY, REGULATION AND PROFESSIONS**
	Health professions..... 275,000	**Health professions 275,000**	**Health professions 275,000**	**Health professions..... 275,000**
			Rural health 35,000	**Rural health..... 35,000**
INFECTIOUS DISEASE CONTROL				
AIDS prevention, testing and care programs 2,031,100	 1,400,000	1,400,000	 1,400,000	 1,400,000
Immunization local agreements..... 2,973,900	 2,200,000	 1,325,000	 2,200,000	 2,200,000
Sexually transmitted disease control local agreements 406,100	 421,800	421,800	 421,800	 421,800
	LABORATORY SERVICES	**LABORATORY SERVICES**	**LABORATORY SERVICES**	**LABORATORY SERVICES**
	Laboratory services..... 54,000	**Laboratory services 54,000**	**Laboratory services 54,000**	**Laboratory services..... 54,000**
LOCAL HEALTH ADMINISTRATION AND GRANTS				
	Implementation of 1993 PA 133, MCL 333.17015 7,700	**Implementation of 1993 PA 133 .....7,700**	**Implementation of 1993 PA 133, MCL 333.17015 .....7,700**	**Implementation of 1993 PA 133, MCL 333.17915 ..... 7,700**
Local public health operations.....40,618,400	 35,468,400	35,468,400	 38,243,400	 38,043,400
CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION	**Cancer prevention and control program 120,700**	**Cancer prevention and control program.....120,700**	**Cancer prevention and control program..... 120,700**	**Cancer prevention and control program 120,700**
	Diabetes and kidney program 295,800	**Diabetes and kidney program.....295,800**	**Diabetes and kidney program 295,800**	**Diabetes and kidney program 295,800**
Smoking prevention program 1,960,300	 1,660,300	452,100	 1,660,300	 860,300
FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES				
Childhood lead program 106,900	 50,000	50,000	 50,000	 50,000
	Dental programs..... 25,000		**Dental programs..... 25,000**	**Dental programs 25,000**
Family planning local agreements... 2,094,400	 360,000		 360,000	 360,000
Local MCH services..... 246,100	 246,100		 246,100	 246,100
	Pregnancy prevention program 2,300,000		**Pregnancy prevention program 2,300,000**	**Pregnancy prevention program..... 2,300,000**
Prenatal care outreach and service delivery support..... 610,000	 636,000	636,000	 636,000	 636,000
School health and education programs 500,000	 500,000	500,000	 500,000	 500,000
CHILDREN'S SPECIAL HEALTH CARE SERVICES				
Case management services 3,169,900	Delete	Delete	Delete	Delete
	Outreach and advocacy..... 1,283,200	**Outreach and advocacy 1,283,200**	**Outreach and advocacy..... .....1,283,200**	**Outreach and advocacy..... ..... 1,283,200**

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
CRIME VICTIM SERVICES COMMISSION Crime victim rights services grants.....6,381,300	 5,432,100	5,432,100	5,432,100	 5,432,100
OFFICE OF SERVICES TO THE AGING Community services..... 12,148,400 Nutrition services ..... 11,538,800 Senior volunteer services 517,500	.....14,689,800 .....11,447,300 .....1,153,400 **Respite care program 4,400,000**	.....14,854,300 .....11,280,300 .....1,153,400 **Respite care program..... 4,400,000**	.....14,689,800 .....11,447,300 1,153,400	.....14,854,300 .....11,280,300 ..... 1.153.400 **Respite care program 4,400,000**
MEDICAL SERVICES Transportation 1,175,300	 1,275,300	1,275,300	1,275,300	 1,275,300
TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT ..... $ 1,054,030,900	.....$1,022,374,900	.....$1,104,751,500	.....$1,000,784,900	.....$1,136,195,800
Provides that appropriations authorized under this act are subject to provisions of the Management and Budget Act. Provides that funds in which the state acts as a custodian or agent are not subject to an annual appropriation.				
Sec. 202. (1) The appropriations authorized under this act are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.	**Sec. 202.** (1) No changes from current law, except: "...this ~~act~~ **bill**..."	**Sec. 202.** (1) No changes from current law, except: "...this ~~act~~ **article**..."	**Sec. 202.** (1) No changes from current law.	**Sec. 202.** (1) No changes from current law, except: "...this ~~act~~ **article**..."
(2) Funds for which the state is acting as the custodian or agent are not subject to annual appropriation.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Provides definitions for terms and acronyms used in the appropriations act.				
Sec. 203. As used in this act:	**Sec. 203.** No changes from current law, except: "As used in this ~~act~~ **bill**:	**Sec. 203.** No changes from current law, except: "As used in this ~~act~~ **article**:	**Sec. 203.** No changes from current law, except:	**Sec. 203.** No changes from current law, except: "As used in this ~~act~~ **article**:
(a) "AIDS" means acquired immunodeficiency syndrome.				
(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.				
(c) "Disease management" means a comprehensive system that incorporates the patient, physician, and health plan into 1 system with the common goal of achieving desired outcomes for patients.	Delete	Delete	Delete	Delete
(d) "Department" means the Michigan department of community health.	Renumber subsection (c)	Renumber subsection (c)	Renumber subsection (c)	Renumber subsection (c)
(e) "DSH" means disproportionate share hospital.	Renumber subsection (d)	Renumber subsection (d)	Renumber subsection (d)	Renumber subsection (d)
(f) "EPIC" means elder prescription insurance coverage program.	Renumber subsection (e)	Renumber subsection (e)	Renumber subsection (e)	Renumber subsection (e)
(g) "EPSDT" means early and periodic screening, diagnosis, and treatment.	Renumber subsection (f)	Renumber subsection (f)	Renumber subsection (f)	Renumber subsection (f)
(h) "FTE" means full-time equated	Renumber subsection (g)	Renumber subsection (g)	Renumber subsection (g)	Renumber subsection (g)
(i) "GME" means graduate medical education.	Renumber subsection (h)	Renumber subsection (h)	Renumber subsection (h)	Renumber subsection (h)
(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.	Renumber subsection (i)	Renumber subsection (i)	Renumber subsection (i)	Renumber subsection (i)

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(k) "HIV/AIDS" means human immunodeficiency virus/acquired immune deficiency syndrome.	Renumber subsection (j)	Renumber subsection (j)	Renumber subsection (j)	Renumber subsection (j)
(*l*) "HMO" means health maintenance organization.	Renumber subsection (k)	Renumber subsection (k)	Renumber subsection (k)	Renumber subsection (k)
(m) "IDEA" means individual disability education act.	Renumber subsection (l) and defined as "individuals with disabilities education act". **Note: Decision document dated 5/31/2005 does not include new definition.**	Renumber subsection (l)	Renumber subsection (l) and defined as "individuals with disabilities education act".	Renumber subsection (l) and defined as "individuals with disabilities education act".
(n) "IDG" means interdepartmental grant.	Renumber subsection (m)	Renumber subsection (m)	Renumber subsection (m)	Renumber subsection (m)
(o) "MCH" means maternal and child health.	Renumber subsection (n)	Renumber subsection (n)	Renumber subsection (n)	Renumber subsection (n)
(p) "MIChild" means the program described in section 1670.	Renumber subsection (o)	Renumber subsection (o)	Renumber subsection (o)	Renumber subsection (o)
(q) "MSS/ISS" means maternal and infant support services.	Renumber subsection (p)	Renumber subsection (p)	Renumber subsection (p)	Renumber subsection (p)
(r) "Specialty prepaid health plan" means a program described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.	Renumber subsection (q)	Renumber subsection (q)	Renumber subsection (q)	Renumber subsection (q)
(s) "Title XVIII" means title XVIII of the social security act, 42 USC 1395 to 1395hhh.	Renumber subsection (r)	Renumber subsection (r)	Renumber subsection (r)	Renumber subsection (r)
(t) "Title XIX" means title XIX of the social security act, 42 USC 1396 to 1396v.	Renumber subsection (s)	Renumber subsection (s)	Renumber subsection (s)	Renumber subsection (s)
(u) "Title XX" means title XX of the social security act, 49 USC 1397 to 1397f.	Renumber subsection (t)	Renumber subsection (t)	Renumber subsection (t)	Renumber subsection (t)
(v) "WIC" means women, infants, and children supplemental nutrition program.	Renumber subsection (u)	Renumber subsection (u)	Renumber subsection (u)	Renumber subsection (u)

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department of Civil Service to bill the Department at the end of the first fiscal quarter for the 1% charge authorized by the State Constitution of 1963. Requires payments for the total billing be made by the end of the second fiscal quarter. **Sec. 204.** The department of civil service shall bill the department at the end of the first fiscal quarter for the 1% charge authorized by section 5 of article XI of the state constitution of 1963. Payments shall be made for the total amount of the billing by the end of the second fiscal quarter.	**Sec. 204.** No changes from current law.	**Sec. 204.** No changes from current law.	**Sec. 204.** No changes from current law.	**Sec. 204.** No changes from current law.
Imposes a hiring freeze on the state classified civil service employees, except for internal transfers of classified employees from one position to another within a department. Exceptions to the hiring freeze are also granted when they result in the Department being unable to deliver basic services, cause loss of revenue to the state, and result in the inability of the state to receive federal funds. Requires a quarterly report to the Chairpersons of the House of Representatives and Senate Appropriations Committees on the number of exceptions to the approved hiring freeze. **Sec. 205.** (1) A hiring freeze shall be imposed on the state classified civil service. State departments and agencies are prohibited from hiring any new state classified civil service employees and prohibited from filling any vacant state classified civil service positions. This hiring freeze does not apply to internal transfers of classified employees from 1 position to another within a department.	**Sec. 205.** (1) No changes from current law, except: "A hiring freeze ~~shall be~~ **is** imposed…"	**Sec. 205.** (1) No changes from current law, except: "A hiring freeze ~~shall be~~ **is** imposed…"	**Sec. 205.** (1) No changes from current law, except: "A hiring freeze ~~shall be~~ **is** imposed…"	**Sec. 205.** (1) No changes from current law, except: "A hiring freeze ~~shall be~~ **is** imposed…"

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(2) The state budget director shall grant exceptions to this hiring freeze when the state budget director believes that the hiring freeze will result in rendering a state department or agency unable to deliver basic services, cause loss of revenue to the state, result in the inability of the state to receive federal funds, or would necessitate additional expenditures that exceed any savings from maintaining the vacancy. The state budget director shall report quarterly to the chairpersons of the senate and house of representatives standing committees on appropriations the number of exceptions to the hiring freeze approved during the previous quarter and the reasons to justify the exception.	(2) No changes from current law, except: "The state budget director ~~shall~~ **may** grant exceptions…"	(2) No changes from current law, except: "The state budget director ~~shall~~ **may** grant exceptions…"	(2) No changes from current law, except: "The state budget director ~~shall~~ **may** grant exceptions…"	(2) No changes from current law, except: "The state budget director ~~shall~~ **may** grant exceptions…"
	Sec. 206. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed $100,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this bill under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.			
	(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed $20,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this bill under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.			

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
	(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed $20,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this bill under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.			
	(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed $10,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in this bill under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.			
Requires the Department to use the Internet to fulfill the reporting requirements of this act. **Sec. 208.** Unless otherwise specified, the department shall use the Internet to fulfill the reporting requirements of this act. This requirement may include transmission of reports via electronic mail to the recipients identified for each reporting requirement or it may include placement of reports on the Internet or Intranet site.	**Sec. 208.** No changes from current law, except: "…the reporting requirements of this ~~act~~ **bill**.	**Sec. 208.** No changes from current law, except: "…the reporting requirements of this ~~act~~ **article**.	**Sec. 208.** No changes from current law.	**Sec. 208.** No changes from current law, except: "…the reporting requirements of this ~~act~~ **article**.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Prohibits the use of appropriated funds for the purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available. Prohibits the use of appropriated funds for the purchase of out-of-state goods or services, or both, if competitively priced and comparable quality Michigan goods or services, or both, are available.				
Sec. 209. (1) Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available.	**Sec. 209.** No changes from current law, except: "...**Preference should be given to goods or services, or both, manufactured or provided by Michigan businesses if they are competitively priced and of comparable quality."**	**Sec. 209.** (1) No changes from current law.	**Sec. 209.** No changes from current law, except: "...**Preference should be given to goods or services, or both, that are manufactured or provided by Michigan businesses if they are competitively priced and of comparable quality."**	**Sec. 209.** (1) No changes from current law.
(2) Funds appropriated in part 1 shall not be used for the purchase of out-of-state goods or services, or both, if competitively priced and comparable quality Michigan goods or services, or both, are available.	Delete current law.	(2) No changes from current law.	Delete current law.	(2) No changes from current law.
	Sec. 210. The director shall take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. The director shall strongly encourage firms with which the department contracts to subcontract with certified businesses in depressed and deprived communities for services, supplies, or both.		**Sec. 210. 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.**	

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Allows fee revenue to be carried forward, with the approval of the State Budget Director, into the next fiscal year and to be used as the first source of funding in that fiscal year.				
Sec. 211. If the revenue collected by the department from fees and collections exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section shall be used as the first source of funds in the subsequent fiscal year.	**Sec. 211.** No changes from current law.	**Sec. 211.** No changes from current law.	**Sec. 211.** No changes from current law.	**Sec. 211.** No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Caps the funds expended from the federal maternal and child health block grant, federal preventive health and health services block grant, federal substance abuse block grant, healthy Michigan fund, and Michigan initiative fund. Requires a report by February 1, 2005, on the FY 2004-05 appropriations fund sources by line item appropriations. Requires a report on the amount and sources of funds proposed to support the FY 2005-06 Executive Budget Recommendation upon release of the budget. Requires all revenue source detail for consolidated revenue line item detail to be provided upon a request to the Department.				
Sec. 212. (1) From the amounts appropriated in part 1, no greater than the following amounts are supported with federal maternal and child health block grant, preventive health and health services block grant, substance abuse block grant, healthy Michigan fund, and Michigan health initiative funds:	Delete current law.	**Sec. 212.** (1) No changes from current law, except:	**Sec. 212.** (1) No changes from current law, except:	**Sec. 212.** (1) No changes from current law, except:
(a) Maternal and child health block grant.....$ 21,714,000		.....$21,162,400	.....$21,162,400	.....$21,162,400
(b) Preventive health and health services block grant.....5,081,300		5,617,500	5,617,500	5,617,500
(c) Substance abuse block grant.....60,269,400		60,399,600	60,509,900	60,509,900
(d) Healthy Michigan fund.....43,400,000		43,512,700	43,400,000	43,512,700
(e) Michigan health initiative 9,834,100		10,121,200	10,121,200	10,121,200

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
(2) On or before February 1, 2005, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1 of this act.	Delete current law.	(2) No changes from current law, except: "...February 1, ~~2005~~ **2006**...line items in part 1 of this ~~act~~ **article**."	(2) No changes from current law, except: "...February 1, ~~2005~~ **2006**..."	(2) No changes from current law, except: "...February 1, ~~2005~~ **2006**...line items in part 1 of this ~~act~~ **article**."
(3) Upon the release of the fiscal year 2005-2006 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 2005-2006 executive budget proposal.	Delete current law.	(3) No changes from current law, except: "...fiscal year ~~2005-2006~~ **2006-2007** executive budget recommendation...fiscal year ~~2005-2006~~ **2006-2007** executive budget proposal."	(3) No changes from current law.	(3) No changes from current law, except: "...fiscal year ~~2005-2006~~ **2006-2007** executive budget recommendation...fiscal year ~~2005-2006~~ **2006-2007** 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.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires state departments, agencies, and commissions receiving tobacco tax funds to report on programs utilizing these funds by January 1, 2005, to the House of Representatives and Senate Appropriations Committees, the House and Senate Fiscal Agencies, and the State Budget Director.				
Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds from part 1 shall report by January 1, 2005, to the senate and house of representatives appropriations committees, the senate and house fiscal agencies, and the state budget director on the following: (a) Detailed spending plan by appropriation line item including description of programs. (b) Description of allocations or bid processes including need or demand indicators used to determine allocations. (c) Eligibility criteria for program participation and maximum benefit levels where applicable. (d) Outcome measures to be used to evaluate programs. (e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.	Delete current law.	**Sec. 213.** No changes from current law, except: "...report by January 1, ~~2005~~ **2006**..."	**Sec. 213.** No changes from current law, except: "...report by January 1, ~~2005~~ **2006**..."	**Sec. 213.** No changes from current law, except: "...report by January 1, ~~2005~~ **2006**..."

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Prohibits the use of tobacco tax revenue deposited in the healthy Michigan fund for lobbying as defined in Public Act 472 of 1978. **Sec. 214.** The use of state-restricted tobacco tax revenue received for the purpose of tobacco prevention, education, and reduction efforts and deposited in the healthy Michigan fund shall not be used for lobbying as defined in 1978 PA 472, MCL 4.411 to 4.431, and shall not be used in attempting to influence the decisions of the legislature, the governor, or any state agency.	**Sec. 214.** No changes from current law.	**Sec. 214.** No changes from current law.	**Sec. 214.** No changes from current law.	**Sec. 214.** No changes from current law.
Allows the use of prior-year revenues for the write-offs of accounts receivables, deferrals, and prior-year obligations. Does not limit the Department's ability to satisfy appropriation deductions in Part 1 to collections and accruals provided in FY 2004-05. Requires the Department to report by March 15, 2005, on all reimbursements, refunds, adjustments, and settlements from prior years to the House of Representatives and Senate Appropriations Subcommittees on Community Health. **Sec. 216.** (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues.	**Sec. 216.** (1) No changes from current law.	**Sec. 216.** (1) No changes from current law.	**Sec. 216.** (1) No changes from current law.	**Sec. 216.** (1) No changes from current law.
(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 fiscal year 2004-2005, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.	(2) No changes from current law, except: "...services provided in ~~fiscal year 2004-2005~~ **the current fiscal year**, but..."	(2) No changes from current law, except: "...in fiscal year ~~2004-2005~~ **2005-2006**..."	(2) No changes from current law, except: "...services provided in ~~fiscal year 2004-2005~~ **the current fiscal year**, but..."	(2) No changes from current law, except: "...in fiscal year ~~2004-2005~~ **2005-2006**..."

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(3) The department shall report by March 15, 2005 to the house of representatives and senate appropriations subcommittees on community health on all reimbursements, refunds, adjustments, and settlements from prior years.	Delete current law.	(3) No changes from current law, except: "...report by March 15, ~~2005~~ **2006**..."	(3) No changes from current law, except: "...report by March 15, ~~2005~~ **2006**..."	(3) No changes from current law, except: "...report by March 15, ~~2005~~ **2006**..."
Lists the basic health services embodied in Part 23 of the Public Health Code that are to be available and accessible throughout the state. **Sec. 218.** Basic health services for the purpose of part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321, are: immunizations, communicable disease control, sexually transmitted disease control, tuberculosis control, prevention of gonorrhea eye infection in newborns, screening newborns for the 8 conditions listed in section 5431(1) (a) through (h) of the public health code, 1978 PA 368, MCL 333.5431, community health annex of the Michigan emergency management plan, and prenatal care.	**Sec. 218.** No changes from current law.	**Sec. 218.** No changes from current law.	**Sec. 218.** No changes from current law.	**Sec. 218.** No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Allows the Department to contract with the Michigan Public Health Institute for the design and implementation of projects and other public health related activities. Requires the Department to report on each funded project by November 1, 2004, and May 1, 2005, to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director. Provides that reports not received by the specified dates will result in the nondisbursement of funds to the Institute until the overdue reports are received. Requires the Department to provide copies of all reports, studies, and publications produced by the Institute by September 30, 2005.				
Sec. 219. (1) The department may contract with the Michigan public health institute for the design and implementation of projects and for other public health related activities prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before November 1, 2004 and May 1, 2005 all of the following: (a) A detailed description of each funded project. (b) The amount allocated for each project, the appropriation line item from which the allocation is funded, and the source of financing for each project. (c) The expected project duration. (d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to e[illegible]ubgrantee.	**Sec. 219.** (1) No changes from current law, except: "…the state budget director on or before November 1, ~~2004~~ **2005** and May 1, ~~2005~~ **2006**…"	**Sec. 219.** (1) No changes from current law, except: "…the state budget director on or before November 1, ~~2004~~ **2005** and May 1, ~~2005~~ **2006**…"	**Sec. 219.** (1) No changes from current law, except: "…the state budget director on or before November 1, ~~2004~~ **2005** and May 1, ~~2005~~ **2006**…"	**Sec. 219.** (1) No changes from current law, except: "…the state budget director on or before November 1, ~~2004~~ **2005** and May 1, ~~2005~~ **2006**…"

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(2) If a report required under subsection (1) is not received by the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before the date specified for that report, the disbursement of funds to the Michigan public health institute under this section shall stop. The disbursement of those funds shall recommence when the overdue report is received.	Delete current law.	(2) No changes from current law.	Delete current law.	(2) No changes from current law.
(3) On or before September 30, 2005, the department shall provide to the same parties listed in subsection (1) a copy of all reports, studies, and publications produced by the Michigan public health institute, its subcontractors, or the department with the funds appropriated in part 1 and allocated to the Michigan public health institute.	Delete current law.	(3) No changes from current law, except: "...before September 30, ~~2005~~ **2006**..."	Delete current law.	(3) No changes from current law, except: "...before September 30, ~~2005~~ **2006**..."
Requires all contracts with the Michigan Public Health Institute that are funded with Part 1 appropriations to include a provision requiring financial and performance audits by the State Auditor General. **Sec. 220.** All contracts with the Michigan public health institute funded with appropriations in part 1 shall include a requirement that the Michigan public health institute submit to financial and performance audits by the state auditor general of projects funded with state appropriations.	**Sec. 220.** No changes from current law.	**Sec. 220.** No changes from current law.	**Sec. 220.** No changes from current law.	**Sec. 220.** No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Allows the Department to establish and collect fees for publications, videos and related materials, conferences, and workshops. Requires collected fees to be used to offset expenditures for printing and mailing costs of publications, videos and related materials, and the costs of conferences and workshops. **Sec. 223.** The department of community health may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The costs shall not exceed fees collected.	**Sec. 223.** No changes from current law.	**Sec. 223.** No changes from current law.	**Sec. 223.** No changes from current law.	**Sec. 223.** No changes from current law.
Requires the Department to pay user fees to the Department of Information Technology for technology-related services and projects from the Part 1 appropriated funds for information technology. Subjects the user fees to provisions of an interagency agreement between the department and Department of Information Technology. **Sec. 259.** From the funds appropriated in part 1 for information technology, the department shall pay user fees to the department of information technology for technology-related services and projects. Such user fees shall be subject to provisions of an interagency agreement between the department and the department of information technology.	**Sec. 259.** No changes from current law.	**Sec. 259.** No changes from current law.	**Sec. 259.** No changes from current law.	**Sec. 259.** No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Permits the designation of Part 1 appropriated funds for information technology as work projects and carried forward. Provides that funds designated for work projects are not available for expenditure until approved as work projects under Section 451a of the Management and Budget Act. **Sec. 260.** Amounts appropriated in part 1 for information technology may be designated as work projects and carried forward to support technology projects under the direction of the department of information technology. Funds designated in this manner are not available for expenditure until approved as work projects under section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a.	**Sec. 260.** No changes from current law.	**Sec. 260.** No changes from current law.	**Sec. 260.** No changes from current law.	**Sec. 260.** No changes from current law.
	Sec. 261. Funds appropriated in part 1 for the Medicaid management information system upgrade are contingent upon approval of an advanced planning document from the centers for Medicare and Medicaid services. If the necessary matching funds are identified and legislatively transferred to this line item, the corresponding federal Medicaid revenue shall be appropriated at a 90/10 federal/state match rate. This appropriation may be designated as a work project and carried forward to support completion of this project.	**Sec. 261. Funds appropriated in part 1 for the Medicaid management information system upgrade are contingent upon approval of an advanced planning document from the centers for Medicare and Medicaid services. If the necessary matching funds are identified and legislatively transferred to this line item, the corresponding federal Medicaid revenue shall be appropriated at a 90/10 federal/state match rate. This appropriation may be designated as a work project and carried forward to support completion of this project.**	**Sec. 261. Funds appropriated in part 1 for the Medicaid management information system upgrade are contingent upon approval of an advanced planning document from the centers for Medicare and Medicaid services. If the necessary matching funds are identified and legislatively transferred to this line item, the corresponding federal Medicaid revenue shall be appropriated at a 90/10 federal/state match rate. This appropriation may be designated as a work project and carried forward to support completion of this project.**	**Sec. 261. Funds appropriated in part 1 for the Medicaid management information system upgrade are contingent upon approval of an advanced planning document from the centers for Medicare and Medicaid services. If the necessary matching funds are identified and legislatively transferred to this line item, the corresponding federal Medicaid revenue shall be appropriated at a 90/10 federal/state match rate. This appropriation may be designated as a work project and carried forward to support completion of this project.**

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires the Department to notify the House of Representatives and Senate Appropriations Subcommittees on Community Health and the House and Senate Fiscal Agencies upon the submission of a Medicaid waiver, a Medicaid state plan amendment, or similar proposal to the Centers for Medicare and Medicaid Services. **Sec. 264.** Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house of representatives and senate appropriations subcommittees on community health and the house and senate fiscal agencies of the submission.	Delete current law.	**Sec. 264.** No changes from current law.	**Sec. 264.** No changes from current law.	**Sec. 264.** No changes from current law.
Requires departments and agencies receiving Part 1 appropriations to receive and retain copies of all reports funded from Part 1 appropriations. **Sec. 265.** The departments and agencies receiving appropriations in part 1 shall receive and retain copies of all reports funded from appropriations in part 1. Federal and state guidelines for short-term and long-term retention of records shall be followed.	Delete current law.	**Sec. 265.** No changes from current law.	**Sec. 265.** No changes from current law.	**Sec. 265.** No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Limits out-of-state travel to when it is required by legal mandate, necessary to protect the health or safety of Michigan citizens, necessary to produce budgetary savings or increase state revenues, 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. Also requires the Department to prepare an out-of-state travel report for the preceding fiscal year by January 1, 2005. **Sec. 266.** (1) Due to the current budgetary problems in this state, out-of-state travel for the fiscal year ending September 30, 2005 shall be limited to situations in which 1 or more of the following conditions apply: (a) The travel is required by legal mandate or court order or for law enforcement purposes. (b) The travel is necessary to protect the health or safety of Michigan citizens or visitors or to assist other states in similar circumstances. (c) The travel is necessary to produce budgetary savings or to increase state revenues, including protecting existing federal funds or securing additional federal funds. (d) The travel is necessary to comply with federal requirements. (e) The travel is necessary to secure specialized training for staff that is not available within this state. (f) The travel is financed entirely by federal or nonstate funds.	**Sec. 266.** (1) No changes from current law, except: "...fiscal year ending September 30, ~~2005~~ **2006** ..."	**Sec. 266.** (1) No changes from current law, except: "...fiscal year ending September 30, ~~2005~~ **2006** ..."	**Sec. 266.** (1) No changes from current law, except: "...fiscal year ending September 30, ~~2005~~ **2006** ..."	**Sec. 266.** (1) No changes from current law, except: "...fiscal year ending September 30, ~~2005~~ **2006** ..."

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(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 and senate appropriations committees.	(2) No changes from current law, except: "...monthly basis to the ~~house and senate appropriations committees~~ **senate and house of representatives standing committees on appropriations**."	(2) No changes from current law, except: "...monthly basis to the house **of representatives** and senate appropriations committees **standing committees on appropriations**."	(2) No changes from current law, except: "...monthly basis to the ~~house and senate appropriations committees~~ **senate and house of representatives standing committees on appropriations**."	(2) No changes from current law, except: "...monthly basis to the house **of representatives** and senate appropriations committees **standing committees on appropriations**."
(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 and senate appropriations committees, the fiscal agencies, and the state budget director. The report shall include the following information: (a) The name of each person receiving reimbursement for travel outside this state or whose travel costs were paid by this state. (b) The destination of each travel occurrence. (c) The dates of each travel occurrence. (d) A brief statement of the reason for each travel occurrence. (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. (f) A total of all out-of-state travel funded for the immediately preceding fiscal year.	(3) No changes from current law, except: "...chairs and members of the ~~house and senate appropriations committees~~ **senate and house of representatives standing committees on appropriations**, the fiscal agencies, and the state budget director..."	(3) No changes from current law, except: "...chairs and members of the house **of representatives** and senate appropriations committees **standing committees on appropriations**, the fiscal agencies, and the state budget director..."	(3) No changes from current law, except: "...chairs and members of the ~~house and senate appropriations committees~~ **senate and house of representatives standing committees on appropriations**, the fiscal agencies, and the state budget director..."	(3) No changes from current law, except: "...chairs and members of the house **of representatives** and senate appropriations committees **standing committees on appropriations**, the fiscal agencies, and the state budget director..."

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for General Sections

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			Sec. 267. A department or state agency shall not take disciplinary action against an employee for communicating with a member of the legislature or his or her staff.	Sec. 267. A department or state agency shall not take disciplinary action against an employee for communicating with a member of the legislature or his or her staff.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Departmentwide Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
DEPARTMENTWIDE ADMINISTRATION ***Allows the Department to make payments from funds appropriated for worker's compensation for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.*** **Sec. 301.** From funds appropriated for worker's compensation, the department may make payments in lieu of worker's compensation payments for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.	**Sec. 301.** No changes from current law.	**Sec. 301.** No changes from current law.	**Sec. 301.** No changes from current law.	**Sec. 301.** No changes from current law.
Prohibits the Department from requiring first-party payments from individuals or families with a taxable income of $10,000 or less for mental health services for determinations made in accordance with Section 818 of the Mental Health Code. **Sec. 303.** The department is prohibited from requiring first-party payment from individuals or families with a taxable income of $10,000.00 or less for mental health services for determinations made in accordance with section 818 of the mental health code, 1974 PA 258, MCL 330.1818.	**Sec. 303.** No changes from current law.	**Sec. 303.** No changes from current law.	**Sec. 303.** No changes from current law.	**Sec. 303.** No changes from current law.
Allows funds appropriated for the Michigan Essential Health Care Provider Program to be used to provide loan repayment for dentists that meet the criteria established in Part 27 of the Public Health Code. **Sec. 304.** 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	**HEALTH POLICY, REGULATION AND PROFESSIONS** **Sec. 704.** No changes from current law.	**HEALTH POLICY, REGULATION AND PROFESSIONS** **Sec. 709.** No changes from current law.	**HEALTH REGULATORY SYSTEMS** **Sec. 710.** No changes from current law.	**HEALTH POLICY, REGULATION AND PROFESSIONS** **Sec. 709.** No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
27 of the public health code, 1978 PA 368, MCL 333.2701 to 333.2727.				
Directs the Department to continue to fund multicultural agencies that provide primary care services. **Sec. 305.** The department is directed to continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.	Delete current law.	Delete current law.	**Sec. 305.** No changes from current law.	**HEALTH POLICY, REGULATION AND PROFESSIONS** **Sec. 713.** No changes from current law.
Allocates up to $3,048,900 to enhance the service capacity of federally qualified health centers and similar health clinics providing primary care services. **Sec. 307.** From the funds appropriated in part 1 for primary care services, an amount not to exceed $3,048,900.00 is appropriated to enhance the service capacity of the federally qualified health centers and other health centers which are similar to federally qualified health centers.	**HEALTH POLICY, REGULATION AND PROFESSIONS** **Sec. 705.** No changes from current law, except: "...not to exceed ~~$3,048,900.00~~ **$2,296,000.00**..."	**HEALTH POLICY, REGULATION AND PROFESSIONS** **Sec. 710.** No changes from current law, except: "...not to exceed ~~$3,048,900.00~~ **$2,296,000.00**..." **Technical Note: Amount should have been $2,291,400.00.**	**HEALTH REGULATORY SYSTEMS** **Sec. 711.** No changes from current law, except: "...not to exceed ~~$3,048,900.00~~ **$2,296,000.00**..."	**HEALTH POLICY, REGULATION AND PROFESSIONS** **Sec. 710.** No changes from current law, except: "...not to exceed ~~$3,048,900.00~~ **$2,296,000.00**..."
Allocates $250,000 to a pilot project to support operation of a health center that serves the uninsured, underinsured, and Medicaid population of Barry County who are currently not being served. **Sec. 308.** From the funds appropriated in part 1 for primary care services, $250,000.00 shall be allocated to a pilot project to support operation of a health center that serves the uninsured, underinsured, and Medicaid population of Barry County who are not currently being served. Physicians shall provide services to the health center on a voluntary basis.	Delete current law.	Delete current law.	Delete current law.	Delete current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Departmentwide Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires a November 1, 2004, report to the House of Representatives and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director on activities undertaken by the Department to address compulsive gambling.				
Sec. 313. By November 1, 2004, 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 activities undertaken by the department to address compulsive gambling.	Delete current law.	**Sec. 313.** No changes from current law, except: "By November 1, ~~2004~~ **2005**, the department..."	Delete current law.	Delete current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS ***Allows the Department to enter into a contract with the Michigan Protection and Advocacy Services or a similar organization to provide legal services for the purposes of gaining and maintaining occupancy in a community living arrangement which is under lease or contract with the Department or CMHSPs to provide services to persons with mental illness or developmental disability.***				
Sec. 350. The department may enter into a contract with the protection and advocacy service, authorized under section 931 of the mental health code, 1974 PA 258, MCL 330.1931, or a similar organization to provide legal services for purposes of gaining and maintaining occupancy in a community living arrangement which is under lease or contract with the department or a community mental health services program to provide services to persons with mental illness or developmental disability.	Delete current law.	**Sec. 350.** No changes from current law.	Delete current law.	**Sec. 350.** No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS ***Provides that Part 1 appropriated funds are to support a comprehensive system of CMH services under the full authority and responsibility of local CMHSPs or specialty prepaid health plans. Requires the Department to ensure that each CMHSP or specialty prepaid health plan provides a complete array of mental health services, the coordination of inpatient and outpatient hospital services, individualized plans of services, a case management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code.***				
Sec. 401. Funds appropriated in part 1 are intended to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs or specialty prepaid health plans. The department shall ensure that each CMHSP or specialty prepaid health plan provides all of the following: (a) A system of single entry and single exit. (b) A complete array of mental health services which shall include, but shall not be limited to, all of the following services: residential and other individualized living arrangements, outpatient services, acute inpatient services, and long-term, 24-hour inpatient care in a structured, secure environment.	**Sec. 401.** (a) through (b) No changes from current law.	**Sec. 401.** (a) through (b) No changes from current law.	**Sec. 401.** (a) through (b) No changes from current law.	**Sec. 401.** (a) through (b) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
(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.	(c) No changes from current law.	(c) No changes from current law.	(c) No changes from current law.	(c) No changes from current law.
(d) Individualized plans of service that are sufficient to meet the needs of individuals, including those discharged from psychiatric hospitals or centers, and that ensure the full range of recipient needs is addressed through the CMHSP's or specialty prepaid health plan's program or through assistance with locating and obtaining services to meet these needs.	(d) No changes from current law.	(d) No changes from current law.	(d) No changes from current law.	(d) No changes from current law.
(e) A system of case management to monitor and ensure the provision of services consistent with the individualized plan of services or supports. (f) A system of continuous quality improvement. (g) A system to monitor and evaluate the mental health services provided. (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.	(e) through (h) No changes from current law.	(e) through (h) No changes from current law.	(e) through (h) No changes from current law.	(e) through (h) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires final authorizations to CMHSPs or specialty prepaid health plans be made upon the execution of contracts between the Department and CMHSPs or specialty prepaid health plans. Requires each contract with a CMHSP or specialty prepaid health plan to include a provision that it is not valid unless the total dollar obligation of all contracts entered into between the Department and CMHSPs or specialty prepaid health plans for FY 2004-05 does not exceed Part 1 appropriations. Requires the Department to report if there are new contracts or amendments to contracts with CMHSPs or specialty prepaid health plans that would affect enacted rates or expenditures.				
Sec. 402. (1) From funds appropriated in part 1, final authorizations to CMHSPs or specialty prepaid health plans shall be made upon the execution of contracts between the department and CMHSPs or specialty prepaid health plans. The contracts shall contain an approved plan and budget as well as policies and procedures governing the obligations and responsibilities of both parties to the contracts. Each contract with a CMHSP or specialty prepaid health plan that the department is authorized to enter into under this subsection shall include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs or specialty prepaid health plans entered into under this subsection for fiscal year 2004-2005 does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.	**Sec. 402.** (1) No changes from current law, except: "...for fiscal year ~~2004-2005~~ **2005-2006**..."	**Sec. 402.** (1) No changes from current law, except: "...for fiscal year ~~2004-2005~~ **2005-2006**..."	**Sec. 402.** (1) No changes from current law, except: "...for fiscal year ~~2004-2005~~ **2005-2006**..."	**Sec. 402.** (1) No changes from current law, except: "...for fiscal year ~~2004-2005~~ **2005-2006**..."

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(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: (a) Any new contracts with CMHSPs or specialty prepaid health plans that would affect rates or expenditures are enacted. (b) Any amendments to contracts with CMHSPs or specialty prepaid health plans that would affect rates or expenditures are enacted.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
Requires the Department to ensure that CMHSPs or specialty prepaid health plans continue contracts with multicultural service providers. **Sec. 403.** From the funds appropriated in part 1 for multicultural services, the department shall ensure that CMHSPs or specialty prepaid health plans continue contracts with multicultural services providers.	Delete current law.	**Sec. 403.** No changes from current law.	**Sec. 403.** No changes from current law.	**Sec. 403.** No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires the Department to provide a report by May 31, 2005, on the following for CMHSPs or specialty prepaid health plans: expenditures and services data; information about access to CMHSPs; an estimate of the number of FTEs employed by CMHSPs or specialty prepaid health plans as of September 30, 2004; lapses and carry-forwards during FY 2003-04; information on the CMH Medicaid managed care program; and performance indicator information required to be submitted to the Department in contracts with CMHSPs or specialty prepaid health plans.				
Sec. 404. (1) Not later than May 31 of each fiscal year, the department shall provide a report on the community mental health services programs to the members of the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section.	**Sec. 404.** (1) No changes from current law.	**Sec. 404.** (1) No changes from current law.	**Sec. 404.** (1) No changes from current law.	**Sec. 404.** (1) No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(2) The report shall contain information for each CMHSP or specialty prepaid health plan and a statewide summary, each of which shall include at least the following information:	(2) (a) through (e) No changes from current law.	(2) (a) through (e) No changes from current law, except the following:	(2) (a) through (e) No changes from current law.	(2) (a) through (e) No changes from current law.
(a) A demographic description of service recipients which, minimally, shall include reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis.				
(b) When the encounter data is available, a breakdown of clients served, by diagnosis. As used in this subdivision, "diagnosis" means a recipient's primary diagnosis, stated as a specifically named mental illness, emotional disorder, or developmental disability corresponding to terminology employed in the latest edition of the American psychiatric association's diagnostic and statistical manual.		Delete		
(c) Per capita expenditures by client population group.		Renumber subsection (b)		
(d) Financial information which, minimally, shall include a description of funding authorized; expenditures by client group and fund source; and cost information by service category, including administration. Service category shall include all department approved services.		Renumber subsection (c)		
(e) Data describing service outcomes which shall include, but not be limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment.		Renumber subsection (d)		

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
(f) Information about access to community mental health services programs which shall include, but not be limited to, the following: (*i*) The number of people receiving requested services. (*ii*) The number of people who requested services but did not receive services. (*iii*) The number of people requesting services who are on waiting lists for services. (*iv*) The average length of time that people remained on waiting lists for services. (g) The number of second opinions requested under the code and the determination of any appeals. (h) An analysis of information provided by community mental health service programs in response to the needs assessment requirements of the mental health code, including information about the number of persons in the service delivery system who have requested and are clinically appropriate for different services.	(f) through (h) No changes from current law, except: "...as of September 30, ~~2004~~ **2005**..."	Delete Renumber subsection (e) Renumber subsection (f)	(f) through (h) No changes from current law, except: "...as of September 30, ~~2004~~ **2005**..."	(f) through (h) No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(i) An estimate of the number of FTEs employed by the CMHSPs or specialty prepaid health plans or contracted with directly by the CMHSPs or specialty prepaid health plans as of September 30, 2004 and an estimate of the number of FTEs employed through contracts with provider organizations as of September 30, 2004.	(i) No changes from current law, except: "...September 30, ~~2004~~ **2005**."	Delete	(i) No changes from current law, except: "...September 30, ~~2004~~ **2005**."	Delete
(j) Lapses and carryforwards during fiscal year 2003-2004 for CMHSPs or specialty prepaid health plans. (k) Contracts for mental health services entered into by CMHSPs or specialty prepaid health plans with providers, including amount and rates, organized by type of service provided. (*l*) Information on the community mental health Medicaid managed care program, including, but not limited to, both of the following: (*i*) Expenditures by each CMHSP or specialty prepaid health plan organized by Medicaid eligibility group, including per eligible individual expenditure averages. (*ii*) Performance indicator information required to be submitted to the department in the contracts with CMHSPs or specialty prepaid health plans.	(j) through (l) No changes from current law, except: "...fiscal year ~~2003-2004~~ **2004-2005**..."	Renumber subsection (g) and "...fiscal year ~~2003-2004~~ **2004-2005**..." Renumber subsection (h) Renumber subsection (i)	(j) through (l) No changes from current law, except: "...fiscal year ~~2003-2004~~ **2004-2005**..."	Renumber subsection (h) and "...fiscal year ~~2003-2004~~ **2004-2005**..." Renumber subsection (i) Renumber subsection (j)
(3) The department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP or specialty prepaid health plan.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(4) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs or specialty prepaid health plans.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
Provides that it is the Legislature's intent that the wage increase funded in previous years for direct care workers in local residential settings, day programs, supported employment, and other vocational programs continue to be paid.				
Sec. 405. 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 day programs, supported employment, and other vocational programs shall continue to be paid to direct care workers.	**Sec. 405.** No changes from current law.	**Sec. 405.** No changes from current law.	Delete current law.	**Sec. 405.** No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires funds appropriated for the state disability assistance substance abuse services programs to be used to support per diem and board payments in substance abuse residential facilities. Requires the Department to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by the Family Independence Agency to adult foster care providers.				
Sec. 406. (1) The funds appropriated in part 1 for the state disability assistance substance abuse services program shall be used to support per diem room and board payments in substance abuse residential facilities. Eligibility of clients for the state disability assistance substance abuse services program shall include needy persons 18 years of age or older, or emancipated minors, who reside in a substance abuse treatment center.	**Sec. 406.** (1) No changes from current law.	**Sec. 406.** (1) No changes from current law.	**Sec. 406.** (1) No changes from current law.	**Sec. 406.** (1) No changes from current law.
(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 family independence agency 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.	(2) No changes from current law.	(2) No changes from current law, except: "...~~family independence agency~~ **department of human services**..."	(2) No changes from current law.	(2) No changes from current law, except: "...~~family independence agency~~ **department of human services**..."

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires that appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies or designated service providers. Provides that it is the Legislature's intent that coordinating agencies and designated service providers work with CMHSPs or specialty prepaid health plans to coordinate services provided to individuals with both mental illness and substance abuse diagnoses. Requires the Department to establish a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay.				
Sec. 407. (1) The amount appropriated in part 1 for substance abuse prevention, education, and treatment grants shall be expended for contracting with coordinating agencies or designated service providers. It is the intent of the legislature that the coordinating agencies and designated service providers work with the CMHSPs or specialty prepaid health plans to coordinate the care and services provided to individuals with both mental illness and substance abuse diagnoses.	**Sec. 407.** (1) No changes from current law, except: "…expended for contracting with coordinating agencies ~~or designated service providers~~. ~~It is the intent of the legislature that the coordinating~~ **Coordinating** agencies ~~and designated service providers~~ **shall** work with the CMHSPs…"	**Sec. 407.** (1) No changes from current law, except: "…expended for contracting with coordinating agencies ~~or designated services providers. It is the intent of the legislature that the coordinating~~ **Coordinating** agencies ~~and designated service providers~~ **shall** work with the CMHSPs…"	**Sec. 407.** (1) No changes from current law, except: "…expended for contracting with coordinating agencies ~~or designated services providers. It is the intent of the legislature that the coordinating~~ **Coordinating** agencies ~~and designated service providers~~ **shall** work with the CMHSPs…"	**Sec. 407.** (1) No changes from current law, except: "…expended for contracting with coordinating agencies ~~or designated services providers. It is the intent of the legislature that the coordinating~~ **Coordinating** agencies ~~and designated service providers~~ **shall** work with the CMHSPs…"

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
(2) The department shall establish a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay. Any changes in the fee schedule shall be developed by the department with input from substance abuse coordinating agencies.	(2) No changes from current law, except: "...~~establish~~ **approve** a fee schedule for **each substance abuse coordinating agency** providing substance abuse services...ability to pay. ~~Any changes in the fee schedule shall be developed by the department with input from substance abuse coordinating agencies.~~ **Note: Decision document dated 5/31/2005 does not include the deletion of "establish" and insertion of "approve".**	(2) No changes from current law, except: "... establish fee schedule for **coordinating agencies** ~~providing~~ **that provide** substance abuse services...ability to pay. ~~Any changes in the fee schedule shall be developed by the department with input from substance abuse coordinating agencies.~~	(2) No changes from current law, except: "...~~establish~~ **approve** a fee schedule for providing substance abuse services...ability to pay. ~~Any changes in the fee schedule shall be developed by the department with input from substance abuse coordinating agencies.~~	(2) No changes from current law, except: "...~~establish~~ **approve** a fee schedule for providing substance abuse services...ability to pay. ~~Any changes in the fee schedule shall be developed by the department with input from substance abuse coordinating agencies.~~

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	**HOUSE**	**SENATE**	**CONFERENCE/ ENACTED**
Requires the Department to report by April 15, 2005, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2003-04.				
Sec. 408. (1) By April 15, 2005, the department shall report the following data from fiscal year 2003-2004 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: (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. (b) Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach. (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. (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.	**Sec. 408.** (1) No changes from current law, except: "By April 15, ~~2005~~ **2006**, the department shall report the following data from fiscal year ~~2003-2004~~ **2004-2005** on substance abuse prevention, education, and treatment programs …"	**Sec. 408.** (1) No changes from current law, except: "By April 15, ~~2005~~ **2006**, the department shall report the following data from fiscal year ~~2003-2004~~ **2004-2005** on substance abuse prevention, education, and treatment programs …"	**Sec. 408.** (1) No changes from current law, except: "By April 15, ~~2005~~ **2006**, the department shall report the following data from fiscal year ~~2003-2004~~ **2004-2005** on substance abuse prevention, education, and treatment programs …"	**Sec. 408.** (1) No changes from current law, except: "By April 15, ~~2005~~ **2006**, the department shall report the following data from fiscal year ~~2003-2004~~ **2004-2005** on substance abuse prevention, education, and treatment programs …"

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all coordinating agencies.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
Requires funds for substance abuse services to be distributed in a manner to provide priority to service providers that furnish child care services to clients with children.				
Sec. 409. The funding in part 1 for substance abuse services shall be distributed in a manner that provides priority to service providers that furnish child care services to clients with children.	**Sec. 409.** No changes from current law.	**Sec. 409.** No changes from current law.	**Sec. 409.** No changes from current law.	**Sec. 409.** No changes from current law.
Requires the Department to assure that substance abuse treatment is provided to applicants and recipients of public assistance through the Family Independence Agency who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.				
Sec. 410. The department shall assure that substance abuse treatment is provided to applicants and recipients of public assistance through the family independence agency who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.	**Sec. 410.** No changes from current law.	**Sec. 410.** No changes from current law, except: "...~~family independence agency~~ **department of human services**..."	**Sec. 410.** No changes from current law.	**Sec. 410.** No changes from current law, except: "...~~family independence agency~~ **department of human services**..."

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department to ensure that each contract with a CMHSP or specialty prepaid health plan require the CMHSP or specialty prepaid health plan to implement programs to encourage diversions for persons with mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP or specialty prepaid health plan to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement agencies.				
Sec. 411. (1) The department shall ensure that each contract with a CMHSP or specialty prepaid health plan requires the CMHSP or specialty prepaid health plan to implement programs to encourage diversion of persons with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate.	**Sec. 411.** (1) No changes from current law.	**Sec. 411.** (1) No changes from current law.	**Sec. 411.** (1) No changes from current law.	**Sec. 411.** (1) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(2) Each CMHSP or specialty prepaid health plan shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
Requires the Department to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance abuse services at not less than the amount contracted for in FY 2003-04. **Sec. 412.** The department shall contract directly with the Salvation Army harbor light program to provide non-Medicaid substance abuse services at not less than the amount contracted for in fiscal year 2003-2004.	Delete current law.	**Sec. 412.** No changes from current law, except: "...fiscal year ~~2003-2004~~ **2004-2005**.	**Sec. 412.** No changes from current law, except: "...fiscal year ~~2003-2004~~ **2004-2005**.	**Sec. 412.** No changes from current law, except: "...fiscal year ~~2003-2004~~ **2004-2005**.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires Medicaid substance abuse services to be managed by selected CMHSPs pursuant to the Centers for Medicare and Medicaid Services' approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. Authorizes selected CMHSPs or specialty prepaid health plans to receive a capitated payment on a per eligible per month basis to assure the provision of medically necessary substance abuse services. Requires selected CMHSPs or specialty prepaid health plans to be responsible for the reimbursement of claims for specialized substance abuse services. Allows CMHSPs or specialty prepaid health plans 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 the Department.				
Sec. 414. Medicaid substance abuse treatment services shall be managed by selected CMHSPs or specialty prepaid health plans pursuant to the centers for Medicare and Medicaid services' approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. The selected CMHSPs or specialty prepaid health plans shall receive a capitated payment on a per eligible per month basis to assure provision of medically necessary substance abuse services to all beneficiaries who require those services. The selected CMHSPs or specialty prepaid health plans shall be responsible for the reimbursement of claims for specialized substance abuse services. The CMHSPs or specialty prepaid health plans that are not coordinating agencies may continue to contract with a coordinating agency. Any alternative arrangement must be based on client service needs and have prior approval from the department.	**Sec. 414.** No changes from current law.	**Sec. 414.** No changes from current law.	**Sec. 414.** No changes from current law.	**Sec. 414.** No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department to report monthly on the amount of funding paid to CMHSPs or specialty prepaid health plans to support the Medicaid managed mental health program. **Sec. 418.** On or before the tenth of each month, the department shall report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the amount of funding paid to the CMHSPs or specialty prepaid health plans to support the Medicaid-managed mental health care program in that month. The information shall include the total paid to each CMHSP or specialty prepaid health plan, per capita rate paid for each eligibility group for each CMHSP or specialty prepaid health plan, and number of cases in each eligibility group for each CMHSP or specialty prepaid health plan, and year-to-date summary of eligibles and expenditures for the Medicaid-managed mental health care program.	**Sec. 418.** No changes from current law.	**Sec. 418.** No changes from current law.	**Sec. 418.** No changes from current law.	**Sec. 418.** No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department to work cooperatively with the Family Independence Agency and the Departments of Corrections, Education, State Police, and Military and Veterans Affairs, within existing appropriations, to coordinate and improve the delivery of substance abuse prevention, education, and treatment programs. Requires the outcomes of the cooperative effort to be reported by March 15, 2005, to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director.				
Sec. 423. The department shall work cooperatively with the family independence agency and the departments of 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. The department shall report by March 15, 2005 on the outcomes of this cooperative effort to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.	Delete current law.	**Sec. 423.** No changes from current law, except: "...~~family independence agency~~ **departments of human services,** ~~and the departments of~~ corrections, ...within existing appropriations. ~~The department shall report by March 15, 2005 on the outcomes of this cooperative effort to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.~~"	Delete current law.	**Sec. 423.** No changes from current law, except: "...~~family independence agency~~ **departments of human services,** ~~and the departments of~~ corrections, ...within existing appropriations. ~~The department shall report by March 15, 2005 on the outcomes of this cooperative effort to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.~~"

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires CMHSPs or specialty prepaid health plans that contract with the Department 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 described in Public Act 187 of 2000.				
Sec. 424. Each community mental health services program or specialty prepaid health plan that contracts with the department to provide services to the Medicaid population shall adhere to the following timely claims processing and payment procedure for claims submitted by health professionals and facilities: (a) A "clean claim" as described in section 111i of the social welfare act, 1939 PA 280, MCL 400.111i, must be paid within 45 days after receipt of the claim by the community mental health services program or specialty prepaid health plan. A clean claim that is not paid within this time frame shall bear simple interest at a rate of 12% per annum. (b) A community mental health services program or specialty prepaid health plan must state in writing to the health professional or facility any defect in the claim within 30 days after receipt of the claim. (c) A health professional and a health facility have 30 days after receipt of a notice that a claim or a portion of a claim is defective within which to correct the defect. The community mental health services program or specialty prepaid health plan shall pay the claim within 30 days after the defect is corrected.	**Sec. 424.** No changes from current law.	**Sec. 424.** No changes from current law.	**Sec. 424.** No changes from current law.	**Sec. 424.** No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department, in conjunction with the Department of Corrections, to report by April 1, 2005, on the following FY 2003-04 data to the House of Representatives and Senate Appropriations Subcommittees on Community Health and Corrections, the House and Senate Fiscal Agencies, and the State Budget Office: the number of prisoners receiving substance abuse and mental health services; and data indicating if prisoners receiving mental health services were previously hospitalized in a state psychiatric hospital for persons with mental illness.				
Sec. 425. By April 1, 2005, the department, in conjunction with the department of corrections, shall report the following data from fiscal year 2003-2004 on mental health and substance abuse services to the house of representatives and senate appropriations subcommittees on community health and corrections, the house and senate fiscal agencies, and the state budget office:	Delete current law.	**Sec. 425.** No changes from current law, except: "By April 1, ~~2005~~ **2006**...from fiscal year ~~2003-2004~~ **2004-2005**..."	**Sec. 425.** No changes from current law, except: "By April 1, ~~2005~~ **2006**...from fiscal year ~~2003-2004~~ **2004-2005**..."	**Sec. 425.** No changes from current law, except: "By April 1, ~~2005~~ **2006**...from fiscal year ~~2003-2004~~ **2004-2005**..."
(a) The number of prisoners receiving substance abuse services, which shall include a description and breakdown of the type of substance abuse services provided to prisoners.		(a) No changes from current law.	(a) No changes from current law.	(a) No changes from current law.
(b) The number of prisoners receiving mental health services, which shall include a description and breakdown of the type of mental health services provided to prisoners.		(b) No changes from current law, except: "...prisoners **with a primary diagnosis of mental illness and the number of such prisoners**...breakdown, **minimally encompassing the categories of inpatient, residential and outpatient care** of the type..."	(b) No changes from current law, except: "...prisoners **with a primary diagnosis of mental illness and the number of such prisoners**...breakdown, **minimally encompassing the categories of inpatient, residential and outpatient care** of the type..."	(b) No changes from current law, except: "...prisoners **with a primary diagnosis of mental illness and the number of such prisoners**...breakdown, **minimally encompassing the categories of inpatient, residential and outpatient care** of the type..."

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
		(c) The number of prisoners with a primary diagnosis of mental illness and receiving substance abuse services, which shall include a description and breakdown, minimally encompassing the categories of inpatient, residential and outpatient care, of the type of treatment provided to prisoners.	(c) The number of prisoners with a diagnosis of co-occurring mental illness and substance abuse and the number of such prisoners receiving treatment for this dual disorder, which shall include a description and breakdown, minimally encompassing the categories of inpatient, residential, and outpatient care, of the type of treatment provided to those prisoners.	(c) The number of prisoners with a primary diagnosis of mental illness and receiving substance abuse services, which shall include a description and breakdown, minimally encompassing the categories of inpatient, residential and outpatient care, of the type of treatment provided to prisoners.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
(c) Data indicating if prisoners receiving mental health services were previously hospitalized in a state psychiatric hospital for persons with mental illness.	Delete current law.	(d) No changes from current law, except: "...mental health services **for a primary diagnosis of mental illness** were previously hospitalized in a state hospital for persons with mental illness. **(e) Data indicating if prisoners with a primary diagnosis of mental illness and receiving substance abuse services were previously hospitalized in a state psychiatric hospital for persons with mental illness.**	(d) No changes from current law, except: "...mental health services **for a primary diagnosis of mental illness or a diagnosis of co-occurring mental illness and substance abuse** were ..."	d) No changes from current law, except: "...mental health services **for a primary diagnosis of mental illness** were previously hospitalized in a state hospital for persons with mental illness. **(e) Data indicating if prisoners with a primary diagnosis of mental illness and receiving substance abuse services were previously hospitalized in a state psychiatric hospital for persons with mental illness.**

HOUSE FISCAL AGENCY

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires CMHSPs or affiliations of CMHSPs to provide local funds from internal resources that can be used as a bona fide source for the state match required under the Medicaid program in order to increase capitation rates for CMHSPs and affiliations of CMHSPs. Requires the distribution of the rate increase to be based on a formula developed by a Committee established by the Department that includes representatives from CMHSPs or affiliations of CMHSPs and department staff.				
Sec. 428. (1) Each CMHSP and affiliation of CMHSPs shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for CMHSPs and affiliations of CMHSPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a CMHSP or an affiliation of CMHSPs.	**Sec. 428.** (1) No changes from current law.	**Sec. 428.** (1) No changes from current law.	**Sec. 428.** (1) No changes from current law.	**Sec. 428.** (1) No changes from current law.
(2) The distribution of the aforementioned increases in the capitation payment rates, if any, shall be based on a formula developed by a committee established by the department, including representatives from CMHSPs or affiliations of CMHSPs and department staff.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

HOUSE FISCAL AGENCY

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Directs counties required under provisions of the Mental Health Code to provide matching funds to CMHSPs for mental health services rendered to residents in its jurisdiction to pay these funds in equal installments on a quarterly basis throughout the fiscal year.				
Sec. 435. A county required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, to provide matching funds to a CMHSP for mental health services rendered to residents in its jurisdiction shall pay the matching funds in equal installments on not less than a quarterly basis throughout the fiscal year, with the first payment being made by October 1, 2004.	**Sec. 435.** No changes from current law, except: "...by October 1, ~~2004~~ **2005**."	**Sec. 435.** No changes from current law, except: "...by October 1, ~~2004~~ **2005**."	**Sec. 435.** No changes from current law, except: "...by October 1, ~~2004~~ **2005**."	**Sec. 435.** No changes from current law, except: "...by October 1, ~~2004~~ **2005**."

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Expresses the Legislature's intent that the Department, in conjunction with CMHSPs, supports pilot projects that facilitate the movement of adults with mental illness from state psychiatric hospitals to community residential settings. Provides that the purpose of the voluntary pilot projects are to encourage the placement of persons with mental illness in community residential settings who, among other things, require a secured and supervised living environment and assistance in taking prescribed medications. Requires quarterly reports to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Office on activities undertaken by the Department and CMHSPs for pilot projects implemented under this section.				
Sec. 439. (1) It is the intent of the legislature that the department, in conjunction with CMHSPs, support pilot projects that facilitate the movement of adults with mental illness from state psychiatric hospitals to community residential settings.	**Sec. 439.** (1) No changes from current law, except: ~~It is the intent of the legislature that the~~ **The** department, in conjunction with CMHSPs, **may** support..."	**Sec. 439.** (1) No changes from current law.	**Sec. 439.** (1) No changes from current law.	**Sec. 439.** (1) No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(2) The purpose of the pilot projects is to encourage the placement of persons with mental illness in community residential settings who may require any of the following: (a) A secured and supervised living environment. (b) Assistance in taking prescribed medications. (c) Intensive case management services. (d) Assertive community treatment team services. (e) Alcohol or substance abuse treatment and counseling. (f) Individual or group therapy. (g) Day or partial day programming activities. (h) Vocational, educational, or self-help training or activities. (i) Other services prescribed to treat a person's mental illness to prevent the need for hospitalization.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The pilot projects described in this section shall be completely voluntary.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(4) The department shall provide semiannual reports to the house of representatives and senate appropriations subcommittees on community health, the state budget office, and the house and senate fiscal agencies as to any activities undertaken by the department and CMHSPs for pilot projects implemented under this section.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Expresses the Legislature's intent that the $40 million transferred from CMH Non-Medicaid Services 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 economic increases for the Medicaid Specialty Services and Supports program. Requires the general fund match be transferred back to CMH Non-Medicaid Services if enrollment in the Medicaid Adult Benefits Waiver program does not achieve expectations and the funding for the program is not expended. Also requires the Department to request in a Medicaid Specialty Services waiver renewal application that the amount of savings retained by a specialty prepaid health plan (PHP) be changed from 5% to 7.5% of aggregate capitation payments. If the Department is unable to secure federal approval for this change, the Department is then required to allow PHPs and their affiliate CMHSP members to retain 50% of the GF/GP portion of the funds allocated under the Medicaid Specialty Services waiver. Requires the Department to quarterly report on a summary of eligible expenditures for the Medicaid Adult Benefits Waiver program to the House and Senate Appropriations Subcommittees on Community Health.				
Sec. 442. (1) It is the intent of the legislature that the $40,000,000.00 in funding transferred from the community mental health non-Medicaid services line to support the Medicaid adult benefits waiver program be used to provide state match for increases in federal funding for primary care and specialty services provided to Medicaid adult benefits waiver enrollees and for economic increases for the Medicaid specialty services and supports program.	Delete current law.	Delete current law.	**Sec. 442.** (1) No changes from current law.	**Sec. 442.** (1) No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
(2) The department shall assure that persons eligible for mental health services under the priority population sections of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, will receive mandated services under this plan.	**Sec. 442.** No changes from current law, except: "...persons ~~eligible for~~ **enrolled in the adult benefit waiver shall** receive mental health services under the priority population sections of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106~~, will receive mandated services under this plan~~".	**Sec. 442.** (1) No changes from current law, except: "...persons ~~eligible for~~ **enrolled in the Medicaid adult benefits waiver shall** receive mental health services under the priority population sections of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106~~, will receive mandated services under this plan~~".	(2) No changes from current law.	(2) No changes from current law, except: "...persons ~~eligible for~~ **enrolled in the Medicaid adult benefits waiver shall** receive mental health services under the priority population sections of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106~~, will receive mandated services under this plan~~".
(3) Capitation payments to CMHSPs or specialty prepaid health plans for persons who become enrolled in the Medicaid adult benefits waiver program shall be made using the same rate methodology as payments for the current Medicaid beneficiaries.	Delete current law.	(2) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(4) If enrollment in the Medicaid adult benefits waiver program does not achieve expectations and the funding appropriated for the Medicaid adult benefits waiver program for specialty services is not expended, the general fund balance shall be transferred back to the community mental health non-Medicaid services line. The department shall report quarterly to the senate and house of representatives appropriations subcommittees on community health a summary of eligible expenditures for the Medicaid adult benefits waiver program by CMHSPs or specialty prepaid health plans.	Delete current law.	(3) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

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

	HOUSE	
Delete current law.	Delete current law.	Delete current law.

HOUSE FISCAL AGENCY

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires the Department to continue a Work Group comprised of CMHSPs or specialty prepaid health plans and department staff to recommend strategies to streamline audit and reporting requirements for CMHSPs or specialty prepaid health plans. Requires the Department to report the Work Group's recommendations by March 31, 2005, to the House and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director. **Sec. 450.** The department shall continue a work group comprised of CMHSPs or specialty prepaid health plans and departmental staff to recommend strategies to streamline audit and reporting requirements for CMHSPs or specialty prepaid health plans. The department shall report on the recommendations of the work group by March 31, 2005 to the house of representatives and senate appropriations subcommittees on community health, the house fiscal agency, the senate fiscal agency, and the state budget director.	Delete current law.	**Sec. 450.** No changes from current law, except: "...recommendations of the work group by March 31, ~~2005~~ **2006**..."	**Sec. 450.** No changes from current law, except: "...recommendations of the work group by March 31, ~~2005~~ **2006**..."	**Sec. 450.** No changes from current law, except: "...plans. **The charge to this work group shall include a requirement to develop a set of standards and criteria that satisfy all of the department's audit requirements that are to be used by any contractor performing services for CMHSPs or specialty prepaid health plans.** The department shall ~~report on the recommendations of the work group~~ by March 31, ~~2005~~ **2006 provide those proposed standards and criteria** ..."

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Prohibits the retroactive implementation of any policy that results in negative financial impact on CMHSPs or prepaid inpatient health plans. **Sec. 452.** Unless otherwise authorized by law, the department shall not implement retroactively any policy that would lead to a negative financial impact on community mental health services programs or prepaid inpatient health plans.	Delete current law.	**Sec. 452.** No changes from current law.	**Sec. 452.** No changes from current law.	**Sec. 452.** No changes from current law.
Requires the Department to share the findings of the federal Substance Abuse Block Grant Work Group with the Senate and House Appropriations Subcommittees on Community Health and House and Senate Fiscal Agencies by December 1, 2004. **Sec. 453.** By December 1, 2004, the department shall share with the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies the findings of their federal substance abuse block grant work group.	Delete current law.	Delete current law.	Delete current law.	Delete current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
(THIS FY 2004-05 SECTION WAS VETOED BY THE GOVERNOR) ***Appropriates $50,000 of the Mental Health/Substance Abuse Program Administration line item for a feasibility study for increased coordination and collaboration between community health and human services agencies. Results and recommendations from the study shall be reported by September 20, 2005 to the House and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director.***				
Sec. 454. (1) From the funds appropriated in part 1 for mental health/substance abuse program administration, $50,000.00 shall be used to conduct a study of the feasibility for increased coordination and collaboration among community health and human services agencies, including, but not limited to, any of the following: (a) Community mental health services programs. (b) Local public health departments. (c) Community health centers. (d) Other local community agencies that may be relevant to a study on the advantages of the collaborative endeavor.	Not Included	Not Included	Not Included	Not Included

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(2) The department shall report the results and recommendations from the feasibility study by September 20, 2005 to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.	Not Included	Not Included	Not Included	Not Included
		Sec. 455. From the funds appropriated in part 1 for community mental health non-Medicaid services, the department shall ensure that for any payments or spending authorizations made to a CMHSP established by a single charter county that has totally situated within that county a city having a population of at least 500,000, a total of no more than 3% of the aggregate payments or authorization shall be expended by the CMHSP or by the county, or both, for administrative costs or county central services costs allocated by the county to the CMHSP. The department shall specify, in its contract with the CMHSP, the definition of allowable administrative costs and the method for allocating those costs for reporting purposes.		

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
		Sec. 456. The prepaid inpatient health plans shall honor consumer choice to the fullest extent possible when providing Medicaid mental health services and support programs for individuals with mental illness, developmental disabilities, or substance abuse issues. Consumer choices shall include skill building assistance and work preparatory services provided in accredited community based rehabilitation organizations, as well as supported and integrated employment services. The prepaid inpatient health plans shall not arbitrarily eliminate any choices from the array of services available to consumers without reasonable justification that those services are not in the consumer's best interest.		Sec. 456. The prepaid inpatient health plans shall honor consumer choice to the fullest extent possible when providing Medicaid mental health services and support programs for individuals with mental illness, developmental disabilities, or substance abuse issues. Consumer choices shall include skill building assistance and work preparatory services provided in accredited community based rehabilitation organizations, as well as supported and integrated employment services. The prepaid inpatient health plans shall not arbitrarily eliminate any choices from the array of services available to consumers without reasonable justification that those services are not in the consumer's best interest.
			Sec. 457. (1) Any CMHSP located in a county with a population exceeding 1,500,000 that is not recognized as a community mental health authority created under section 205 of the mental health code, 1974 PA 258, MCL 330.1205, by July 1, 2005 shall have its fiscal year 2005-2006 community mental health non-Medicaid services allotment reduced by $20,000,000 from its fiscal year 2004-2005 allotment.	

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			(2) It is the intent of the legislature that if any CMHSP subject to the funding reduction outlined in subsection (1) becomes an authority by July 1, 2006, its allotment for community mental health non-Medicaid services in fiscal year 2006-2007 shall be increased by $10,000,000.00 above its fiscal year 2005-2006 allotment.	
			(3) If a CMHSP as described in subsection (1) does not become an authority by July 1, 2006, it is the intent of the legislature to pursue alternative means for its administration, including, but not limited, to behavioral health managed care organizations.	

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
		Sec. 457. The department shall assure that implementation of the quality assurance assessment program for community mental health prepaid inpatient health plans shall not result in any net reduction in revenue for community mental health services. If the quality assurance assessment program is not implemented, if it is implemented and does not generate the anticipated revenue, or if it is reduced or eliminated at a later date, the department shall present a plan on how the projected general fund/general purpose savings will be achieved to the house of representatives and senate appropriations subcommittees on community health.	Sec. 443. It is the intent of the legislature that the implementation of the quality assurance assessment program (QAAP) for community mental health prepaid inpatient health plans (PIHP) shall not result in any net reduction in revenue for community mental health services. If the QAAP is not implemented, generates revenue below the amount budgeted in fiscal year 2005-2006, or is eliminated at a later date, the department shall present a plan to the senate and house of representatives standing committees on appropriations assuring no net reduction in funding for community mental health services.	Sec. 457. The department shall assure that implementation of the quality assurance assessment program for community mental health prepaid inpatient health plans shall not result in any net reduction in revenue for community mental health services. If the quality assurance assessment program is not implemented, if it is implemented and does not generate the anticipated revenue, or if it is reduced or eliminated at a later date, the department shall present a plan on how the projected general fund/general purpose savings will be achieved to the house of representatives and senate appropriations subcommittees on community health.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
		Sec. 458. By April 15, 2006, 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: (a) An updated plan for implementing recommendations of the Michigan mental health commission made in the commission's report dated October 15, 2004. (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. (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.	Sec. 458. (1) The department shall produce a report detailing the steps necessary to implement a pilot program testing the effectiveness of a recovery-oriented secure residential facility for adults with serious mental illness. This facility would have less than 17 beds and have locking doors and windows or a secure perimeter that is designed and operated to prevent a resident from leaving without permission of the facility staff or appropriate officials. (2) This report shall include: (a) A 12-month projection of costs, staffing, operational procedures, eligibility criteria, admission processes, evaluation methods, and available sources of funding. (b) A description of necessary changes in state law, policy, or licensing procedures for a pilot project to be implemented.	Sec. 458. By April 15, 2006, 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: (a) An updated plan for implementing recommendations of the Michigan mental health commission made in the commission's report dated October 15, 2004. (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. (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.

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			(3) The report shall be completed by June 30, 2006 and shall be submitted to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director.	
			Sec. 459. The department and state court administrator shall produce a report that details the steps necessary to implement a pilot program testing the effectiveness of a specialized mental health court. This court would have the ability to divert into treatment, prior to the filing of charges, an adult with mental illness alleged to have committed a nonviolent offense. (2) The report shall include each of the following: (a) A 12-month projection of costs, staffing, operational procedures, identification of necessary local involvement, evaluation methods, and available sources of funding:	

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			(b) Identification of any necessary changes required in state law, rule, or policy to implement the pilot program. (c) A list of the offenses deemed nonviolent and eligible for intervention by the mental health court.	
			(3) The report shall be completed by June 30, 2006 and shall be submitted to the house and senate appropriations subcommittees on community health and judiciary, the house and senate fiscal agencies, and the state budget director.	

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
				Sec. 460. 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 prepaid inpatient health plans (PIHPs), CMHSPs, and contracted organized provider systems that receive payment or reimbursement from funds appropriated under section 104 of part 1. The department shall develop these definitions, standards, and instructions in consultation with representatives of CMHSPs. By April 15, 2006, the department shall provide a written draft of its proposed definitions, standards, and instructions to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
				Sec. 462. The department shall establish a work group comprised of representatives of the department, CMHSPs, legislature, and any other persons considered appropriate to develop a plan to achieve funding equity for all CMHSPs that receive funds appropriated under the community mental health non-Medicaid services line. The funding equity plan shall establish, at a minimum, a payment schedule or scale to ensure that each CMHSP is paid or reimbursed equally based on the recipient's diagnosis or individual plan of service sufficient to meet his or her needs, or both. The department shall submit the written plan to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by May 31, 2006.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
				Sec. 463. The department shall establish standard program evaluation measures to assess the overall effectiveness of programs provided through coordinating agencies and service providers in reducing and preventing the incidence of substance abuse. The measures established by the department shall be modeled after the program outcome measures and best practice guidelines for the treatment o substance abuse as proposed by the federal substance abused and mental health services administration. By March 1, 2006, 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 department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
				Sec. 464. It is the intent of the legislature that revenue received by the department from liquor license fees be expended exclusively to fund programs for the prevention, rehabilitation, care, and treatment of alcoholics pursuant to sections 543(1) and 1115(2) of the Michigan liquor control code of 1998, 1998 PA 58, MCL 436.1543 and 436.2115.
				Sec. 465. Funds appropriated in part 1 for respite services shall be used for direct respite care services for children with serious emotional disturbances and their families. Not more than 1% of the funds allocated for respite services shall be expended by CMHSPs for administration and administrative purposes.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTALDISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES ***Requires that priority be given to obtaining third-party payments for services in the funding of staff in the financial support division, reimbursement, billing, and collection services. Requires the collections from individual recipients of services to be handled in a sensitive and nonharassing manner. Requires the Department to continue a revenue recapture project to generate additional third party revenue from cases that are closed or inactive.***				
Sec. 601. (1) In funding of staff in the financial support division, reimbursement, and billing and collection sections, priority shall be given to obtaining third-party payments for services. Collection from individual recipients of services and their families shall be handled in a sensitive and nonharassing manner.	**Sec. 601.** (1) No changes from current law.	**Sec. 601.** (1) No changes from current law.	**Sec. 601.** (1) No changes from current law.	**Sec. 601.** (1) No changes from current law.
(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, except: "~~Revenues collected through project efforts are appropriated to the department~~ **Upon approval by the state budget director, such revenues may be allotted and spent** for departmental costs…"	(2) No changes from current law.	(2) No changes from current law, except: "~~Revenues collected through project efforts are appropriated to the department~~ **Upon approval by the state budget director, such revenues may be allotted and spent** for departmental costs…"	(2) No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Authorizes the carry forward of unexpended and unencumbered funds up to $1,000,000 from pay telephone revenues and gifts and bequests for patient living and treatment environments for one fiscal year. **Sec. 602.** Unexpended and unencumbered amounts and accompanying expenditure authorizations up to $1,000,000.00 remaining on September 30, 2005 from pay telephone revenues and 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.	**Sec. 602.** No changes from current law, except: "...on September 30, ~~2005~~ **2006** from ~~pay telephone revenues and~~ the amounts appropriated in part 1..." **Note: Decision document dated 5/31/2005 does not include deletion of "pay telephone revenues".**	**Sec. 602.** No changes from current law, except: "...on September 30, ~~2005~~ **2006**..."	**Sec. 602.** No changes from current law, except: "...on September 30, ~~2005~~ **2006** from ~~pay telephone revenues and~~ the amounts appropriated in part 1..."	**Sec. 602.** No changes from current law, except: "...on September 30, ~~2005~~ **2006** from ~~pay telephone revenues and~~ the amounts appropriated in part 1..."

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Specifies that 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. Authorizes the Department to receive and expend funds from the Department of Corrections to fulfill the obligations outlined in the interdepartmental agreement.				
Sec. 603. The funds appropriated in part 1 for forensic mental health services provided to the department of corrections are in accordance with the interdepartmental plan developed in cooperation with the department of corrections. The department is authorized to receive and expend funds from the department of corrections in addition to the appropriations in part 1 to fulfill the obligations outlined in the interdepartmental agreements.	**Sec. 603.** No changes from current law.	**Sec. 603.** No changes from current law.	**Sec. 603.** No changes from current law.	**Sec. 603.** No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires CMHSPs or specialty prepaid health plans to provide semiannual reports to the Department 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 the Department to semiannually report the information to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, and the State Budget Director. **Sec. 604.** (1) The CMHSPs or specialty prepaid health plans shall provide semiannual reports to the department on the following information: (a) The number of days of care purchased from state hospitals and centers. (b) The number of days of care purchased from private hospitals in lieu of purchasing days of care from state hospitals and centers. (c) The number and type of alternative placements to state hospitals and centers other than private hospitals. (d) Waiting lists for placements in state hospitals and centers.	**Sec. 604.** (1) No changes from current law.	**Sec. 604.** (1) No changes from current law.	**Sec. 604.** (1) No changes from current law.	**Sec. 604.** (1) No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(2) The department shall semiannually 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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
Prohibits the Department from implementing the closures or consolidations of state hospitals, centers, and agencies until CMHSPs or specialty prepaid health plans have programs and services in place for those persons currently in the facilities. Requires the Department to provide a closure plan four months after the closure certification to the House of Representatives and Senate Appropriations Subcommittees on Community Health. Requires the transfer of remaining operational funds from closed state hospitals, centers, and agencies to CMHSPs responsible for providing services to these clients.				
Sec. 605. (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs or specialty prepaid health plans have programs and services in place for those persons currently in those facilities and a plan for service provision for those persons who would have been admitted to those facilities.	**Sec. 605.** (1) No changes from current law.	**Sec. 605.** (1) No changes from current law.	**Sec. 605.** (1) No changes from current law.	**Sec. 605.** (1) No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(2) All closures or consolidations are dependent upon adequate department-approved CMHSP plans that include a discharge and aftercare plan for each person currently in the facility. A discharge and aftercare plan shall address the person's housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the person's housing needs.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) 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.	(3) No changes from current law, except: "…health **and the state budget director**.	(3) No changes from current law, except: "…health **and the state budget director**.	(3) No changes from current law, except: "…health **and the state budget director**.	(3) No changes from current law, except: "…health **and the state budget director**.
(4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs or specialty prepaid health plans responsible for providing services for persons previously served by the operations.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

HOUSE FISCAL AGENCY

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Allows the Department to collect revenue for patient reimbursement from first/third party payers, including Medicaid, to cover the cost of placement in state hospitals and centers. Authorizes the Department to adjust financing sources for patient reimbursement based on actual revenues earned. Permits the carry forward of revenue collected that exceeds current year expenditures if approved by the State Budget Director.				
Sec. 606. The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid, to cover the cost of placement in state hospitals and centers. The department is authorized to adjust financing sources for patient reimbursement based on actual revenues earned. If the revenue collected exceeds current year expenditures, the revenue may be carried forward with approval of the state budget director. The revenue carried forward shall be used as a first source of funds in the subsequent year.	**Sec. 606.** No changes from current law, except: "...including Medicaid~~,~~ **and local county CMHSP payers,** to cover the cost of placement in state hospitals and centers.	**Sec. 606.** No changes from current law, except: "...including Medicaid~~,~~ **and local county CMHSP payers,** to cover the cost of placement in state hospitals and centers.	**Sec. 606.** No changes from current law, except: "...including Medicaid~~,~~ **and local county and CMHSP payers,** to cover the cost of placement in state hospitals and centers.	**Sec. 606.** No changes from current law, except: "...including Medicaid~~,~~ **and local county CMHSP payers,** to cover the cost of placement in state hospitals and centers.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Public Act 360 of 2004 Supplemental Appropriations ***Requires the Department to monitor the progress of a CMHSP required by law to become a CMH authority. At a minimum, the monitoring activities would include a copy of the enabling resolution adopted by the Board of Commissioners creating the authority, and a detailed transition plan on activities necessary for the successful operation of an authority. Permits the Department to withhold appropriated funds if the CMHSP is not making sufficient progress in becoming a functional CMH authority by a specified date.***				
Sec. 206. (1) If a community mental health services program, currently established as a community health agency under MCL 330.1204, is required by statute to become a community mental health authority by a specified date in order to be eligible to continue to contract with the department of community health as a specified prepaid health plan, or to continue to receive state financial support as a community mental health services program, the department of community health shall monitor the progress of the community mental health services program to ensure that it is able to properly operate as a community mental health authority by the required specified date. In carrying out its monitoring activities, the department of community health may require such plans, reports, and other evidence from the community mental health services program that it deems necessary to properly monitor and evaluate the progress of the community mental health services program toward the establishment and operation of a community mental health authority. Such plans, reports, and evidence shall include, at the minimum, the following: (a) A copy of the enabling resolution adopted by the board of commissioners creating the authority, addressing the required provisions set forth in MCL 330.1205, and duly filed with the secretary of state and the county clerk of the county establishing the authority.	Delete current law.	**Sec. 459.** (1) (a) No changes from current law.	Delete current law.	Delete current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(b) A detailed transition plan, describing how the community mental health services program proposes to carry out administrative, personnel, finance, accounting, management information, data reporting, regulatory compliance, quality assurance, recipient rights, clinical services, and any other managerial tasks or activities necessary for the successful operation of a community mental health authority.	Delete current law	(b) No changes from current law.	Delete current law.	Delete current law.
(2) If the department of community health determines that, in its judgment, the community mental health services program is not making sufficient progress to ensure a functioning community mental health authority by the date specified in statute, the department of community health may withhold such current year appropriated funds as it deems appropriate from the community mental health services program to assure that the department of community health has sufficient capacity to directly operate necessary programs and services within the county should the community mental health authority fail to become fully operational on the required specified date.	Delete current law.	(2) No changes from current law.	Delete current law.	Delete current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
PUBLIC HEALTH ADMINISTRATION ***Requires the Department to communicate the annual public health consumption advisory for sportfish for calendar years 2004 and 2005, at minimum posting the advisory on the Internet and providing it to Women, Infants, and Children special supplemental nutrition program clients.*** **Sec. 650.** The department shall communicate the annual public health consumption advisory for sportfish for calendar years 2004 and 2005. The department shall, at a minimum, post the advisory for each calendar year on the Internet and make the information in the advisory available to the clients of the women, infants, and children special supplemental nutrition program.	**Sec. 650.** No changes from current law, except: "... ~~for calendar years 2004 and 2005~~. The department shall, at a minimum, post the advisory ~~for each calendar year~~ ..."	**Sec. 650.** No changes from current law, except: "... ~~for calendar years 2004 and 2005~~. The department shall, at a minimum, post the advisory ~~for each calendar year~~ ..."	**Sec. 650.** No changes from current law, except: "... ~~for calendar years 2004 and 2005~~. The department shall, at a minimum, post the advisory ~~for each calendar year~~ ..."	**Sec. 650.** No changes from current law, except: "... ~~for calendar years 2004 and 2005~~. The department shall, at a minimum, post the advisory ~~for each calendar year~~ ..."
		Sec. 651. THE FUNDS APPROPRIATED IN PART 1 SHALL NOT BE EXPENDED FOR A SURGEON GENERAL POSITION.		**SEC. 651. BY APRIL 30, 2006, THE DEPARTMENT SHALL SUBMIT A REPORT TO THE HOUSE AND SENATE FISCAL AGENCIES AND THE STATE BUDGET DIRECTOR ON THE ACTIVITIES AND EFFORTS OF THE SURGEON GENERAL TO IMPROVE THE HEALTH STATUS OF THE CITIZENS OF THIS STATE WITH REGARD TO THE GOALS AND OBJECTIVES STATED IN THE "HEALTHY MICHIGAN 2010" REPORT, AND THE MEASURABLE PROGRESS MADE TOWARD THOSE GOALS AND OBJECTIVES.**

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Bureau of Health Regulatory Systems

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
BUREAU OF HEALTH REGULATORY SYSTEMS ***Requires the Department to provide electronic notification on October 31, 2004 and April 30, 2005, to the State Budget Office, House and Senate Fiscal Agencies, and House and Senate Appropriations Subcommittees on the initial and follow-up surveys conducted on nursing homes. The report must include the following information: the number of surveys conducted; the number of nursing homes requiring follow-up surveys; the number of citations per nursing home; the number of complaints filed against a nursing home; the average length of time for the Department to respond to a complaint filed against a nursing home; and the number and percentage of citations appealed, overturned, and/or modified.***	**HEALTH POLICY, REGULATION AND PROFESSIONS**	**HEALTH POLICY, REGULATION AND PROFESSIONS**	**HEALTH REGULATORY SYSTEMS**	**HEALTH POLICY, REGULATION AND PROFESSIONS**
Sec. 701. The department shall provide electronic notification to the state budget office, the fiscal agencies, and the subcommittees on April 30 and October 31 on the initial and follow-up surveys conducted on all nursing homes in this state. The notification shall contain the location of the Internet site where the report is posted. The report shall include all of the following information: (a) The number of surveys conducted. (b) The number requiring follow-up surveys. (c) The number referred to the Michigan public health institute for remediation. (d) The number of citations per home. (e) The number of night and weekend complaints filed. (f) The number of night and weekend responses to complaints conducted by the department. (g) The average length of time for the department to respond to a complaint filed against a nursing home. (h) The number and percentage of citations appealed. (i) The number and percentage of citations overturned and/or modified.	Delete current law.	Delete current law.	Delete current law.	Delete current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Bureau of Health Regulatory Systems

As a condition of receiving GF/GP appropriations for health systems administration, the Department must do the following: assist persons in putting their oral complaints in writing, initiate investigations on all written nursing home complaints within 15 days of receipt of the complaint, and provide written responses to complaints within 30 days of receipt of complaints. **Sec. 703.** As a condition for receiving the general fund/general purpose appropriations in part 1 for health systems administration, the department shall provide assistance to any person making an oral request for a nursing home investigation in putting his or her request into writing, shall initiate investigations on all written nursing home complaints filed with the department within 15 days of receipt of the complaint, and shall provide a written response to the complainant within 30 days of receipt of the written complaint.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
Requires the Department to continue to work with emergency medical services (EMS) grantees funded from Part 1 appropriations to ensure that a sufficient number of qualified EMS personnel exist to serve rural areas of the state. **Sec. 704.** The department shall continue to work with grantees supported through the appropriation in part 1 for 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.	Delete current law.	**Sec. 704.** No changes from current law.	**Sec. 704.** No changes from current law.	**Sec. 704.** No changes from current law.
Requires the Department to post the executive summary of the latest inspection for each licensed nursing home on the Internet. **Sec. 705.** The department shall post on the Internet the executive summary of the latest inspection for each licensed nursing home.	Delete current law.	**Sec. 705.** No changes from current law.	**Sec. 705.** No changes from current law.	**Sec. 705.** No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Bureau of Health Regulatory Systems

DEPARTMENTWIDE ADMINISTRATION ***Allows funds appropriated for the Michigan Essential Health Care Provider Program to be used to provide loan repayment for dentists that meet the criteria established in Part 27 of the Public Health Code.*** **Sec. 304.** The funds appropriated in part 1 for the Michigan essential health care provider program may also provide loan repayment for dentists that fit the criteria established by part 27 of the public health code, 1978 PA 368, MCL 333.2701 to 333.2727.	**Sec. 704.** No changes from current law.	**Sec. 709.** No changes from current law.	**Sec. 710.** No changes from current law.	**Sec. 709.** No changes from current law.
DEPARTMENTWIDE ADMINISTRATION ***Allocates up to $3,048,900 to enhance the service capacity of federally qualified health centers and similar health clinics providing primary care services.*** **Sec. 307.** From the funds appropriated in part 1 for primary care services, an amount not to exceed $3,048,900.00 is appropriated to enhance the service capacity of the federally qualified health centers and other health centers which are similar to federally qualified health centers.	**Sec. 705.** No changes from current law, except: "...not to exceed ~~$3,048,900.00~~ **$2,296,000.00**..."	**Sec. 710.** No changes from current law, except: "...not to exceed ~~$3,048,900.00~~ **$2,296,000.00**..." **Technical Note: Amount should have been $2,291,400.00.**	**Sec. 711.** No changes from current law, except: "...not to exceed ~~$3,048,900.00~~ **$2,296,000.00**..."	**Sec. 710.** No changes from current law, except: "...not to exceed ~~$3,048,900.00~~ **$2,296,000.00**..."
Requires the Department to make every effort to hire nursing home inspectors with past experience in the long-term care industry. **Sec. 706.** When hiring any new nursing home inspectors funded through appropriations in part 1, the department shall make every effort to hire individuals with past experience in the long-term care industry.	**Sec. 706.** No changes from current law.	**Sec. 706.** No changes from current law.	**Sec. 706.** No changes from current law.	**Sec. 706.** No changes from current law.

Expresses Legislature's intent that funds appropriated for the Nurse Scholarship Program be used to increase nurses practicing in Michigan. Also expresses Legislature's intent that the Department and Board of Nursing work cooperatively with the Michigan Higher Education Assistance Authority to coordinate scholarship assistance. Encourages the Board of Nursing to structure scholarships in which recipients who intend to practice nursing in this state are rewarded.				
Sec. 707. It is the intent of the legislature that the funds appropriated in part 1 for the nurse scholarship program, established in section 16315 of the public health code, 1978 PA 368, MCL 333.16315, are 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, it is the intent of the legislature that the department and the board of nursing 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.	**Sec. 707.** No changes from current law, except: " ~~It is the intent of the legislature that the~~ **The** funds appropriated...~~are~~ **may be** used to increase the number of nurses practicing in Michigan. The board of nursing...under this ~~act~~ **bill** in a manner that rewards recipients who intend to practice in Michigan. In addition, ~~it is the intent of the legislature that~~ the department and the board of nursing **shall** work cooperatively..."	**Sec. 707.** No changes from current law, except: " ~~It is the intent of the legislature that the~~ **The** funds appropriated...~~are~~ **shall be** used to increase the number of nurses practicing in Michigan. The board of nursing...under this ~~act~~ **article** in a manner that rewards recipients who intend to practice in Michigan. In addition, ~~it is the intent of the legislature that~~ the department and the board of nursing **shall** work cooperatively..."	**Sec. 707.** No changes from current law.	**Sec. 707.** No changes from current law, except: " ~~It is the intent of the legislature that the~~ **The** funds appropriated...~~are~~ **shall be** used to increase the number of nurses practicing in Michigan. The board of nursing...under this ~~act~~ **article** in a manner that rewards recipients who intend to practice in Michigan. In addition, ~~it is the intent of the legislature that~~ the department and the board of nursing **shall** work cooperatively..."

Requires nursing facilities in their quarterly reports to the Department 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 the Department to make the quarterly staff report available to the public. **Sec. 708.** Nursing facilities shall report in the quarterly staff report to the department, the total patient care hours provided each month, by state licensure and certification classification, and the percentage of pool staff, by state licensure and certification classification, used each month during the preceding quarter. The department shall make available to the public, the quarterly staff report compiled for all facilities including the total patient care hours and the percentage of pool staff used, by classification.	**Sec. 708.** No changes from current law.	**Sec. 708.** No changes from current law.	**Sec. 708.** No changes from current law.	**Sec. 708.** No changes from current law.
	Sec. 709. 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.	**Sec. 711. The department may make available to interested entities customized listings of nonconfidential information in its possession, such as names and addresses of licensees. The department may establish and collect a reasonable charge to provide this service. The revenue received from this service shall be used to offset expenses to provide the service. Any balance of this revenue collected and unexpended at the end of the fiscal year shall revert to the appropriate restricted fund.**	**Sec. 709. The department 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.**	**Sec. 711. The department 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.**

				Sec. 712. From the funds appropriated in part 1 for primary care services, $250,000 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.
DEPARTMENTWIDE ADMINISTRATION ***Directs the Department to continue to fund multicultural agencies that provide primary care services.*** **Sec. 305.** The department is directed to continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.				**HEALTH POLICY, REGULATION AND PROFESSIONS** **Sec. 713.** No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
INFECTIOUS DISEASE CONTROL ***Requires the Department and its subcontractors to ensure that adolescents receive priority for AIDS prevention, education, and outreach services.*** **Sec. 801.** In the expenditure of funds appropriated in part 1 for AIDS programs, the department and its subcontractors shall ensure that adolescents receive priority for prevention, education, and outreach services.	**Sec. 801.** No changes from current law.	**Sec. 801.** No changes from current law.	**Sec. 801.** No changes from current law.	**Sec. 801.** No changes from current law.
Allows the Department to provide funding to the Michigan State Medical Society as the lead agency for continuing the development and implementation of AIDS provider education activities. **Sec. 802.** In developing and implementing AIDS provider education activities, the department may provide funding to the Michigan state medical society to serve as lead agency to convene a consortium of health care providers, to design needed educational efforts, to fund other statewide provider groups, and to assure implementation of these efforts, in accordance with a plan approved by the department.	**Sec. 802.** No changes from current law.	**Sec. 802.** No changes from current law.	**Sec. 802.** No changes from current law.	**Sec. 802.** No changes from current law.
Directs the Department to continue the AIDS drug assistance program maintaining the prior year eligibility criteria and drug formulary, without prohibiting the Department from providing assistance for improved AIDS treatment medications. **Sec. 803.** The department shall continue the AIDS drug assistance program maintaining the prior year eligibility criteria and drug formulary. This section is not intended to prohibit the department from providing assistance for improved AIDS treatment medications.	**Sec. 803.** No changes from current law.	**Sec. 803.** No changes from current law.	**Sec. 803.** No changes from current law.	**Sec. 803.** No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires that the tetanus and diphtheria immunization be offered annually at the same time that the influenza immunization is offered to patients 65 years of age or older who are residents of long-term care facilities. **Sec. 804.** The department shall require that the tetanus and diphtheria immunization be offered annually at the same time that the influenza immunization is offered to patients 65 years of age or older who are residents of long-term care facilities.	Delete current law.	Delete current law.	**Sec. 804.** No changes from current law.	Delete current law.
LOCAL HEALTH ADMINISTRATION AND GRANTS ***Directs the Department to reimburse local health departments for costs incurred for services under the informed consent law.*** **Sec. 901.** The amount appropriated in part 1 for implementation of the 1993 amendments to sections 9161, 16221, 16226, 17014, 17015, and 17515 of the public health code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515, shall reimburse local health departments for costs incurred related to implementation of section 17015(18) of the public health code, 1978 PA 368, MCL 333.17015.	**Sec. 901.** No changes from current law.	**Sec. 901.** No changes from current law.	**Sec. 901.** No changes from current law.	**Sec. 901.** No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Provides authority for the Department to assess a penalty on a county of up to 5% of the local health department's local public health operations funding if that county ceases to be part of a district health department or an associated arrangement with other local health departments. **Sec. 902.** If a county that has participated in a district health department or an associated arrangement with other local health departments takes action to cease to participate in such an arrangement after October 1, 2004, the department shall have the authority to assess a penalty from the local health department's operational accounts in an amount equal to no more than 5% of the local health department's local public health operations funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.	**Sec. 902.** No changes from current law, except: "... October 1, ~~2004~~ **2005**, ..."	**Sec. 902.** No changes from current law, except: "... October 1, ~~2004~~ **2005**, ..."	**Sec. 902.** No changes from current law, except: "... October 1, ~~2004~~ **2005**, ..."	**Sec. 902.** No changes from current law, except: "... October 1, ~~2004~~ **2005**, ..."
Directs the Department to report annually on the expenditures and activities of the lead abatement program. **Sec. 903.** The department shall provide a report annually to the house of representatives and senate appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director on the expenditures and activities undertaken by the lead abatement program. The report shall include, but is not limited to, a funding allocation schedule, expenditures by category of expenditure and by subcontractor, revenues received, description of program elements, and description of program accomplishments and progress.	**Sec. 903.** No changes from current law.	**Sec. 903.** No changes from current law.	**Sec. 903.** No changes from current law.	**Sec. 903.** No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Establishes that local public health operations funds shall be prospectively allocated to local public health departments to support costs for nine state/local cost-shared services. Local public health departments will be held to contractual standards for these services. Certain of these services shall be provided in consultation with the Michigan Departments of Agriculture, and Environmental Quality. Local eligibility for distributions is contingent upon local spending of at least the amount expended locally in FY 1992-93 for these services. Requires that a report on planned allocations be made available upon request by April 1, 2005. **Sec. 904.** (1) Funds appropriated in part 1 for local public health operations shall be prospectively allocated to local health departments to support immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management. Food protection shall be provided in consultation with the Michigan department of agriculture. Public water supply, private groundwater supply, and on-site sewage management shall be provided in consultation with the Michigan department of environmental quality.	**Sec. 904.** (1) No changes from current law, except: "... ~~hearing screening, vision services,~~ ..."	**Sec. 904.** (1) No changes from current law, except: "... ~~hearing screening, vision services,~~ ..."	**Sec. 904.** (1) No changes from current law.	**Sec. 904.** (1) No changes from current law.
(2) Local public health departments will be held to contractual standards for the services in subsection (1).	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in fiscal year 2004-2005 of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1).	(3) No changes from current law, except: "... ~~2004-2005~~ **2005-2006** ..."	(3) No changes from current law, except: "... ~~2004-2005~~ **2005-2006** ..."	(3) No changes from current law, except: "...~~2004-2005~~ **2005-2006** ..."	(3) No changes from current law, except: "...~~2004-2005~~ **2005-2006** ..."
(4) By April 1, 2005, the department shall make available upon request a report to the senate or house of representatives appropriations subcommittee on community health, the senate or house fiscal agency, or the state budget director on the planned allocation of the funds appropriated for local public health operations.	(4) No changes from current law, except: "By April 1, ~~2005~~ **2006**, ..."	(4) No changes from current law, except: "By April 1, ~~2005~~ **2006**, ..."	(4) No changes from current law, except: "By April 1, ~~2005~~ **2006**, ..."	(4) No changes from current law, except: "By April 1, ~~2005~~ **2006**, ..."
			Sec. 905. FROM THE FUNDS APPROPRIATED IN PART 1 FOR LOCAL PUBLIC HEALTH OPERATIONS, LOCAL HEALTH DEPARTMENTS SHALL OFFER HEARING SCREENING AND VISION SERVICES AT A REDUCED LEVEL THAN THAT PROVIDED IN FISCAL YEAR 2004-2005. LOCAL HEALTH DEPARTMENTS SHALL TARGET THESE SERVICES TO PRESCHOOL AND EARLY ELEMENTARY AGED SCHOOLCHILDREN.	**Sec. 905. FROM THE FUNDS APPROPRIATED IN PART 1 FOR LOCAL PUBLIC HEALTH OPERATIONS, LOCAL HEALTH DEPARTMENTS SHALL OFFER HEARING SCREENING AND VISION SERVICES AT A REDUCED LEVEL THAN THAT PROVIDED IN FISCAL YEAR 2004-2005. LOCAL HEALTH DEPARTMENTS SHALL TARGET THESE SERVICES TO PRESCHOOL AND EARLY ELEMENTARY AGED SCHOOLCHILDREN.**

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION ***Requires the Department to allocate funds to promote awareness, education and early detection of breast, cervical, prostate, and colorectal cancer and provide for other health promotion media activities.*** **Sec. 1001.** From the state funds appropriated in part 1, the department shall allocate funds to promote awareness, education, and early detection of breast, cervical, prostate, and colorectal cancer, and provide for other health promotion media activities.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
Allocates funds to provide Alzheimer's disease information and referral services through regional networks. **Sec. 1003.** Funds appropriated in part 1 for the Alzheimer's information network shall be used to provide information and referral services through regional networks for persons with Alzheimer's disease or related disorders, their families, and health care providers.	**Sec. 1003.** No changes from current law.	**Sec. 1003.** No changes from current law.	**Sec. 1003.** No changes from current law.	**Sec. 1003.** No changes from current law.
Requires the Department to give priority to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents, in spending funds allocated to smoking prevention programs. **Sec. 1006.** In spending the funds appropriated in part 1 for the smoking prevention program, priority shall be given to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents.	**Sec. 1006.** No changes from current law.	**Sec. 1006.** No changes from current law.	**Sec. 1006.** No changes from current law, except: "Sec. 1006. **(1)** In spending..."	**Sec. 1006.** No changes from current law, except: "Sec. 1006. **(1)** In spending..."

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
	(2) FOR PURPOSES OF COMPLYING WITH P.A. 164 OF 2004, $1,200,000.00 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.	Does not include Executive-proposed new subsection (2).	**(2) FOR PURPOSES OF COMPLYING WITH 2004 PA 164, $1,200,000.00 OF THE FUNDS APPROPRIATED IN PART 1 FOR THE SMOKING PREVENTION PROGRAM SHALL BE USED FOR THE QUIT KIT PROGRAM THAT INCLUDES THE NICOTINE PATCH OR NICOTINE GUM.**	**(2) 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.**
Directs that violence prevention funds be used for, but not limited to, programs aimed at the prevention of spouse, partner or child abuse and rape, and programs aimed at the prevention of workplace violence. Directs that the Department give equal consideration to public and private nonprofit grant applicants. The Department may provide funds to local school districts. **Sec. 1007.** (1) The funds appropriated in part 1 for violence prevention shall be used for, but not be limited to, the following: (a) Programs aimed at the prevention of spouse, partner, or child abuse and rape. (b) Programs aimed at the prevention of workplace violence.	**Sec. 1007.** (1) No changes from current law.	**Sec. 1007.** (1) No changes from current law.	**Sec. 1007.** (1) No changes from current law.	**Sec. 1007.** (1) No changes from current law.
(2) In awarding grants from the amounts appropriated in part 1 for violence prevention, the department shall give equal consideration to public and private nonprofit applicants.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) From the funds appropriated in part 1 for violence prevention, the department may include local school districts as recipients of the funds for family violence prevention programs.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Permits the allocation of funds from the diabetes and kidney program line item to the National Kidney Foundation of Michigan for kidney disease prevention programs. **Sec. 1009.** From the funds appropriated in part 1 for the diabetes and kidney program, a portion of the funds may be allocated to the National Kidney Foundation of Michigan for kidney disease prevention programming including early identification and education programs and kidney disease prevention demonstration projects.	**Sec. 1009.** No changes from current law.	**Sec. 1009.** No changes from current law.	**Sec. 1009.** No changes from current law.	**Sec. 1009.** No changes from current law.
Allocates $400,000 of chronic disease prevention line item funds for osteoporosis prevention and treatment education. **Sec. 1010.** From the funds appropriated in part 1 for chronic disease prevention, $400,000.00 shall be allocated for osteoporosis prevention and treatment education.	**Sec. 1010.** No changes from current law, except: "... $400,000.00 ~~shall~~ **MAY** be allocated ... "	Delete current law.	**Sec. 1010.** No changes from current law, except: "... $400,000.00 ~~shall~~ **MAY** be allocated ... "	**Sec. 1010.** No changes from current law, except: "... ~~$400,000.00~~ **$200,000.00** shall be allocated ... "
Allocates $50,000 of chronic disease prevention line item funds for stroke prevention, education, and outreach. **Sec. 1019.** From the funds appropriated in part 1 for chronic disease prevention, $50,000.00 shall 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.	**Sec. 1019.** No changes from current law, except: "... $50,000.00 ~~shall~~ **MAY** be allocated ..."	**Sec. 1019.** No changes from current law.	**Sec. 1019.** No changes from current law, except: "... $50,000.00 ~~shall~~ **MAY** be allocated ..."	**Sec. 1019.** No changes from current law, except: "... $50,000.00 ~~shall~~ **MAY** be allocated ..."

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Allocates $906,100 of chronic disease prevention line item funds for childhood and adult arthritis programming. **Sec. 1020.** From the funds appropriated in part 1 for chronic disease prevention, $906,100.00 shall be allocated for a childhood and adult arthritis program.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
Appropriates funds for the African-American male health initiative contingent on the availability of Healthy Michigan Funds or federal Preventive Health and Health Services Block Grant funds. **Sec. 1028.** Contingent on the availability of state restricted healthy Michigan fund money or federal preventive health and health services block grant fund money, funds shall be appropriated for the African-American male health initiative.	**Sec. 1028.** No changes from current law, except: "... funds ~~shall~~ **MAY** be appropriated ..."	Delete current law.	**Sec. 1028.** No changes from current law, except: "... funds ~~shall~~ **MAY** be appropriated ..."	**Sec. 1028.** No changes from current law, except: "... funds ~~shall~~ **MAY** be appropriated ..."
Appropriates $200,000 for programs related to Parkinson's disease. **Sec. 1029.** From the funds appropriated in part 1 for the Michigan Parkinson's foundation, $200,000.00 shall be appropriated for programs related to Parkinson's disease.	**Sec. 1029.** No changes from current law, except: "... ~~$200,000.00 shall~~ **$100,000.00 MAY** be appropriated ..."	Delete current law.	**Sec. 1029.** No changes from current law, except: "... ~~$200,000.00 shall~~ **$100,000.00 MAY** be appropriated ..."	Delete current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			Sec. 1030. (1) FROM THE FUNDS APPROPRIATED IN PART 1, THERE IS ALLOCATED AN AMOUNT NOT TO EXCEED $0.00 FOR A STATEWIDE BEFORE- OR AFTER-SCHOOL PROGRAM TO PROVIDE YOUTH WITH A SAFE, ENGAGING ENVIRONMENT TO MOTIVATE AND INSPIRE LEARNING OUTSIDE THE TRADITIONAL CLASSROOM SETTING. BEFORE-SCHOOL PROGRAMS ARE LIMITED TO ELEMENTARY SCHOOL-AGED CHILDREN. EFFECTIVE BEFORE- OR AFTER-SCHOOL PROGRAMS COMBINE ACADEMIC, ENRICHMENT, AND RECREATION ACTIVITIES TO GUIDE LEARNING AND INSPIRE CHILDREN AND YOUTH IN VARIOUS ACTIVITIES. THE BEFORE- OR AFTER-SCHOOL PROGRAMS CAN MEET THE NEEDS OF THE COMMUNITIES SERVED BY THE PROGRAMS.	Does not include Senate Sec. 1030.
			(2) THE DEPARTMENT SHALL WORK IN COLLABORATION WITH THE DEPARTMENT OF HUMAN SERVICES AND THE STATE BOARD OF EDUCATION.	Does not include Senate Sec. 1030.
			(3) THE DEPARTMENT SHALL, THROUGH A COMPETITIVE BID PROCESS, PROVIDE GRANTS OR CONTRACTS UP TO $0.00 IN FUNDS FOR THE PROGRAM BASED ON COMMUNITY NEEDS. A COUNTY SHALL RECEIVE NO MORE THAN 20% OF THE FUNDS ALLOCATED UNDER THIS SECTION FOR THIS PROGRAM. THE USE OF FUNDS UNDER THIS SECTION SHOULD NOT BE CONSIDERED AN ONGOING COMMITMENT OF FUNDING.	Does not include Senate Sec. 1030.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			(4) THE BEFORE- OR AFTER-SCHOOL PROGRAMS FUNDED UNDER THIS SECTION SHALL INCLUDE, AT A MINIMUM, AT LEAST 3 OF THE FOLLOWING TOPICS: (A) ABSTINENCE-BASED PREGNANCY PREVENTION. (B) CHEMICAL ABUSE AND DEPENDENCY INCLUDING NONMEDICAL SERVICES. (C) OBESITY PREVENTION. (D) GANG VIOLENCE PREVENTION. (E) ACADEMIC ASSISTANCE, INCLUDING ASSISTANCE WITH READING AND WRITING. (F) PREPARATION TOWARD FUTURE SELF-SUFFICIENCY. (G) LEADERSHIP DEVELOPMENT. (H) CASE MANAGEMENT OR MENTORING. (I) PARENTAL INVOLVEMENT. (J) ANGER MANAGEMENT.	Does not include Senate Sec. 1030.
			(5) THE DEPARTMENT MAY ENTER INTO GRANTS OR CONTRACTS WITH INDEPENDENT CONTRACTORS INCLUDING, BUT NOT LIMITED TO, FAITH-BASED ORGANIZATIONS, BOYS OR GIRLS CLUBS, SCHOOLS, OR NONPROFIT ORGANIZATIONS. THE DEPARTMENT SHALL GRANT PRIORITY IN FUNDING TO INDEPENDENT CONTRACTORS WHO SECURE AT LEAST 25% IN MATCHING FUNDS. THE MATCHING FUNDS MAY EITHER BE FULFILLED THROUGH LOCAL, STATE, OR FEDERAL FUNDS OR THROUGH IN-KIND OR OTHER DONATIONS.	Does not include Senate Sec. 1030.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

HOUSE FISCAL AGENCY

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			(6) A REFERRAL TO A PROGRAM MAY BE MADE BY, BUT IS NOT LIMITED TO, ANY OF THE FOLLOWING: (A) A TEACHER. (B) A COUNSELOR. (C) A PARENT. (D) A POLICE OFFICER. (E) A JUDGE. (F) A SOCIAL WORKER.	Does not include Senate Sec. 1030.
			(7) BY AUGUST 30, 2006, THE DEPARTMENT BEFORE- OR AFTER-SCHOOL EXPENDITURES SHALL BE AUDITED AND THE DEPARTMENT SHALL WORK IN COLLABORATION WITH INDEPENDENT CONTRACTORS TO PROVIDE A REPORT ON THE BEFORE- OR AFTER-SCHOOL PROGRAM TO THE SENATE AND HOUSE STANDING COMMITTEES DEALING WITH COMMUNITY HEALTH, HUMAN SERVICES, AND EDUCATION, THE SENATE AND HOUSE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE SENATE AND HOUSE FISCAL AGENCIES, AND THE SENATE AND HOUSE POLICY OFFICES. THE REPORT SHALL INCLUDE THE NUMBER OF PARTICIPANTS AND THE AVERAGE COST PER PARTICIPANT, AS WELL AS CHANGES NOTED IN PROGRAM PARTICIPANTS IN ANY OF THE FOLLOWING CATEGORIES: (A) JUVENILE CRIME. (B) AGGRESSIVE BEHAVIOR. (C) PHYSICAL HEALTH, NUTRITION, AND CONDITIONING. (D) DEVELOPMENT OF NEW SKILLS AND INTERESTS. (E) SCHOOL ATTENDANCE AND DROPOUT RATES. (F) BEHAVIORAL CHANGES IN SCHOOL.	Does not include Senate Sec. 1030.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			(8) PRIVATE FOUNDATIONS MAY CONTRIBUTE FUNDING TO THIS PROGRAM, AS DETERMINED BY THE DEPARTMENT.	Does not include Senate Sec. 1030.
			Sec. 1031. (1) THE DEPARTMENT SHALL COLLABORATE WITH THE STATE BOARD OF EDUCATION AND THE DEPARTMENT OF HUMAN SERVICES TO EXTEND THE DURATION OF THE MICHIGAN AFTER-SCHOOL PARTNERSHIP AND OVERSEE ITS EFFORTS TO IMPLEMENT THE POLICY RECOMMENDATIONS AND STRATEGIC NEXT STEPS IDENTIFIED IN THE MICHIGAN AFTER-SCHOOL INITIATIVE'S REPORT OF DECEMBER 15, 2003.	Does not include Senate Sec. 1031.
			(2) FUNDS SHALL BE USED TO LEVERAGE OTHER PRIVATE AND PUBLIC FUNDING TO ENGAGE THE PUBLIC AND PRIVATE SECTORS IN BUILDING AND SUSTAINING HIGH-QUALITY AND OUT-OF-SCHOOL-TIME PROGRAMS AND RESOURCES. THE COCHAIRS, REPRESENTING THE DEPARTMENT, THE STATE BOARD OF EDUCATION, AND THE DEPARTMENT OF HUMAN SERVICES, SHALL NAME A FIDUCIARY AGENT AND MAY AUTHORIZE THE FIDUCIARY AGENT TO EXPEND FUNDS AND HIRE PEOPLE TO ACCOMPLISH THE WORK OF THE MICHIGAN AFTER-SCHOOL PARTNERSHIP.	Does not include Senate Sec. 1031.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			(3) PARTICIPATION IN THE MICHIGAN AFTER-SCHOOL PARTNERSHIP SHALL BE EXPANDED BEYOND THE MEMBERSHIP OF THE INITIAL MICHIGAN AFTER-SCHOOL INITIATIVE TO INCREASE THE REPRESENTATION OF PARENTS, YOUTH, FOUNDATIONS, EMPLOYERS, AND OTHERS WITH EXPERIENCE IN EDUCATION, CHILD CARE, AFTER-SCHOOL AND YOUTH DEVELOPMENT SERVICES, AND CRIME AND VIOLENCE PREVENTION AND TO INCLUDE REPRESENTATION FROM THE MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH. EACH YEAR, ON OR BEFORE DECEMBER 31, THE MICHIGAN AFTER-SCHOOL PARTNERSHIP SHALL REPORT ITS PROGRESS IN REACHING THE RECOMMENDATIONS SET FORTH IN THE MICHIGAN AFTER-SCHOOL INITIATIVE'S REPORT TO THE LEGISLATURE AND THE GOVERNOR.	Does not include Senate Sec. 1031.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
<u>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</u> ***Requires the Department to review the basis for the distribution of funds to local health departments and other agencies from various programs in the Family, Maternal, and Children's Health Services appropriation unit and the WIC program and indicate the basis on which any projected underexpenditures are to be reallocated to other local agencies that demonstrate need.*** **Sec. 1101.** The department shall review the basis for the distribution of funds to local health departments and other public and private agencies for the women, infants, and children food supplement program; family planning; and prenatal care outreach and service delivery support program and indicate the basis upon which any projected underexpenditures by local public and private agencies shall be reallocated to other local agencies that demonstrate need.	**Sec. 1101.** No changes from current law.	**Sec. 1101.** No changes from current law.	**Sec. 1101.** No changes from current law.	**Sec. 1101.** No changes from current law.
Requires the Department to report by April 1, 2005 on planned allocations and prior fiscal year actual service and expenditure data for local maternal and child health services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. **Sec. 1104.** Before April 1, 2005, the department shall submit a report to the house and senate fiscal agencies and the state budget director on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following: (a) Funding allocations. (b) Actual number of women, children, and/or adolescents served and amounts expended for each group for the fiscal year 2003-2004.	**Sec. 1104.** No changes from current law, except: "Before April 1, ~~2005~~ **2006**, …" and "… for the fiscal year ~~2003-2004~~ **2004-2005**."	**Sec. 1104.** No changes from current law, except: "Before April 1, ~~2005~~ **2006**, …" and "… for the fiscal year ~~2003-2004~~ **2004-2005**."	**Sec. 1104.** No changes from current law, except: "Before April 1, ~~2005~~ **2006**, …" and "… for the fiscal year ~~2003-2004~~ **2004-2005**."	**Sec. 1104.** No changes from current law, except: "Before April 1, ~~2005~~ **2006**, …" and "… for the fiscal year ~~2003-2004~~ **2004-2005**."

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires the Department to contract for services to be provided through the Family, Maternal, and Children's Health Services appropriation unit with local agencies best able to serve clients. Factors upon which to evaluate an agency's ability to serve clients are described. **Sec. 1105.** For all programs for which an appropriation is made in part 1, the department shall contract with those local agencies best able to serve clients. Factors to be used by the department in evaluating agencies under this section shall include ability to serve high-risk population groups; ability to serve low-income clients, where applicable; availability of, and access to, service sites; management efficiency; and ability to meet federal standards, when applicable.	**Sec. 1105.** No changes from current law.	**Sec. 1105.** No changes from current law.	**Sec. 1105.** No changes from current law.	**Sec. 1105.** No changes from current law.
Requires that family planning programs receiving federal Title X funds be in compliance with federal performance and quality assurance indicators, and that those agencies not in compliance shall not receive supplemental or reallocated funds. **Sec. 1106.** Each family planning program receiving federal title X family planning funds shall be in compliance with all performance and quality assurance indicators that the United States bureau of community health services specifies in the family planning annual report. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.	**Sec. 1106.** No changes from current law.	**Sec. 1106.** No changes from current law.	**Sec. 1106.** No changes from current law.	**Sec. 1106.** No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Establishes specific items of instruction as requirements for abstinence education programs expending federal abstinence education funds. Directs that funded programs target teenagers most likely to engage in high-risk behavior. Gives priority in allocation of funds to programs that do not provide contraceptives to minors and that strive to include parental involvement. Qualifying programs may receive such funds directly from the Department.				
Sec. 1106a. (1) Federal abstinence money expended in part 1 for the purpose of promoting abstinence education shall provide abstinence education to teenagers most likely to engage in high-risk behavior as their primary focus, and may include programs that include 9- to 17-year-olds. Programs funded must meet all of the following guidelines: (a) Teaches the gains to be realized by abstaining from sexual activity. (b) Teaches abstinence from sexual activity outside of marriage as the expected standard for all school-age children. (c) Teaches that abstinence is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other health problems. (d) Teaches that a monogamous relationship in the context of marriage is the expected standard of human sexual activity. (e) Teaches that sexual activity outside of marriage is likely to have harmful effects. (f) Teaches that bearing children out of wedlock is likely to have harmful consequences. (g) Teaches young people how to avoid sexual advances and how alcohol and drug use increases vulnerability to sexual advances. (h) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.	**Sec. 1106a.** (1) No changes from current law.	**Sec. 1106a.** (1) No changes from current law.	**Sec. 1106a.** (1) No changes from current law.	**Sec. 1106a.** (1) No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
(2) Coalitions, organizations, and programs that do not provide contraceptives to minors and demonstrate efforts to include parental involvement as a means of reducing the risk of teens becoming pregnant shall be given priority in the allocations of funds.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) Programs and organizations that meet the guidelines of subsection (1) and criteria of subsection (2) shall have the option of receiving all or part of their funds directly from the department of community health.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
Restricts local administrative, data processing, and evaluation costs to 10% of the amount appropriated for prenatal care outreach and service delivery support. **Sec. 1107.** Of the amount appropriated in part 1 for prenatal care outreach and service delivery support, not more than 10% shall be expended for local administration, data processing, and evaluation.	**Sec. 1107.** No changes from current law.	**Sec. 1107.** No changes from current law, except: " … not more than ~~10%~~ **9%** shall be expended …"	**Sec. 1107.** No changes from current law.	**Sec. 1107.** No changes from current law, except: " … not more than ~~10%~~ **9%** shall be expended …"
Prohibits pregnancy prevention appropriation line item funds from being used for abortion counseling, referrals, or services. **Sec. 1108.** The funds appropriated in part 1 for pregnancy prevention programs shall not be used to provide abortion counseling, referrals, or services.	**Sec. 1108.** No changes from current law.	**Sec. 1108.** No changes from current law.	**Sec. 1108.** No changes from current law.	**Sec. 1108.** No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Allocates funds from the dental program to the Michigan Dental Association to administer a volunteer dental program to provide dental services to the uninsured; and requires a report by the Department to be made available upon request not later than December 1. **Sec. 1109.** (1) From the amounts appropriated in part 1 for dental programs, funds shall be allocated to the Michigan dental association for the administration of a volunteer dental program that would provide dental services to the uninsured in an amount that is no less than the amount allocated to that program in fiscal year 1996-1997.	Delete current law.	Delete current law.	**Sec. 1109.** (1) No changes from current law.	**Sec. 1109.** (1) No changes from current law.
(2) Not later than December 1 of the current fiscal year, the department shall make available upon request a report to the senate or house of representatives appropriations subcommittee on community health or the senate or house of representatives standing committee on health policy the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures through September 30, 2004.	Delete current law.	Delete current law.	(2) No changes from current law, except: "... value of those procedures through September 30, ~~2004~~ **2005**."	(2) No changes from current law, except: "... value of those procedures through September 30, ~~2004~~ **2005**."
Provides that agencies currently receiving pregnancy prevention and family planning funds shall have the option of receiving those funds directly from the Department and be designated as delegate agencies. **Sec. 1110.** Agencies that currently receive pregnancy prevention funds and either receive or are eligible for other family planning funds shall have the option of receiving all of their family planning funds directly from the department of community health and be designated as delegate agencies.	**Sec. 1110.** No changes from current law.	**Sec. 1110.** No changes from current law.	**Sec. 1110.** No changes from current law.	**Sec. 1110.** No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Directs the Department to allocate no less than 87% of family planning and pregnancy prevention funds for the direct provision of services. **Sec. 1111.** The department shall allocate no less than 87% 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.	**Sec. 1111.** No changes from current law.	**Sec. 1111.** No changes from current law, except: "The Department shall allocate no less than ~~87%~~ **88%** of the funds appropriated ..."	**Sec. 1111.** No changes from current law.	**Sec. 1111.** No changes from current law, except: "The Department shall allocate no less than ~~87%~~ **88%** of the funds appropriated ..."
Allocates at least $1,000,000 to communities with high infant mortality rates from prenatal care outreach and service delivery support line item funds. **Sec. 1112.** From the funds appropriated in part 1 for prenatal care outreach and service delivery support, the department shall allocate at least $1,000,000.00 to communities with high infant mortality rates.	**Sec. 1112.** No changes from current law.	**Sec. 1112.** No changes from current law.	**Sec. 1112.** No changes from current law.	**Sec. 1112.** No changes from current law.
		Sec. 1113. FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL PROJECTS, $210,000.00 SHALL BE ALLOCATED TO FREE HEALTH CLINICS OPERATING IN THE STATE. THE DEPARTMENT SHALL WORK WITH FREE CLINICS OF MICHIGAN TO DETERMINE AN EQUITABLE DISTRIBUTION OF FUNDING. FOR THE PURPOSE OF THIS APPROPRIATION, FREE HEALTH CLINICS ARE NONPROFIT ORGANIZATIONS THAT USE VOLUNTEER HEALTH PROFESSIONALS TO PROVIDE CARE TO UNINSURED INDIVIDUALS.		Included with revisions as Sec. 712.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
		Sec. 1114. (1) THE DIRECTOR SHALL IMMEDIATELY SEEK ANY FEDERAL WAIVERS NECESSARY TO COMPLY WITH THIS SECTION FOR THE CURRENT PROJECT PERIOD AND SHALL INCLUDE THE REQUIREMENTS OF THIS SECTION IN FUTURE FEDERAL FAMILY PLANNING AND PREGNANCY PREVENTION PROJECT GRANT APPLICATIONS. IF THE NECESSARY WAIVERS ARE NOT OBTAINED, THIS SECTION SHALL NOT BE IMPLEMENTED. IF THE NECESSARY WAIVERS ARE OBTAINED, THIS SECTION SHALL BE IMPLEMENTED IMMEDIATELY FOR ANY UNRESTRICTED FAMILY PLANNING OR PREGNANCY PREVENTION FUNDS.		Does not include House Sec. 1114.
		(2) THE DEPARTMENT SHALL DO ALL OF THE FOLLOWING: (A) TAKE APPROPRIATE MEASURES TO ENSURE THAT FAMILY PLANNING AND PREGNANCY PREVENTION FUNDS ARE USED ONLY FOR THE PURPOSE OF PROTECTING AND PROMOTING THE PUBLIC HEALTH. (B) TAKE PRECAUTIONS TO ENSURE THAT FAMILY PLANNING AND PREGNANCY PREVENTION FUNDS ARE NOT USED IN A WAY THAT MAY PROMOTE OR ENCOURAGE SEXUAL ACTIVITY OUTSIDE OF MARRIAGE. (C) REQUIRE EVERY SERVICE PROVIDER TO DISCOURAGE SEXUAL ACTIVITY OUTSIDE OF MARRIAGE BY EMPHASIZING THE INCREASED HEALTH RISKS AND FISCAL IMPLICATIONS OF NON-MARITAL SEXUAL ACTIVITY TO THE INDIVIDUAL AND TO THE STATE.		Does not include House Sec. 1114.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
		(3) IN ORDER TO COMPLY WITH STATE AND FEDERAL MANDATES ON ABORTION OPTIONS COUNSELING AND REFERRALS, THE DEPARTMENT SHALL DO ALL OF THE FOLLOWING WITH REGARD TO FAMILY PLANNING AND PREGNANCY PREVENTION FUNDING: (A) ENSURE THAT STATE AND FEDERAL FUNDS THAT HAVE CONFLICTING MANDATES REGARDING ABORTION COUNSELING AND REFERRAL SERVICES ARE NOT COMMINGLED. (B) GIVE PRIORITY CONSIDERATION TO AGENCIES, ORGANIZATIONS, FACILITIES, OR SERVICE PROVIDERS THAT HAVE A CLEARLY STATED POLICY EITHER TO OFFER, OR TO REFUSE TO OFFER, ABORTION OPTIONS COUNSELING AND REFERRALS AND THAT ARE SEEKING EITHER STATE OR FEDERAL FAMILY PLANNING AND PREGNANCY PREVENTION FUNDING BUT NOT BOTH STATE AND FEDERAL FUNDING. (C) REQUIRE AGENCIES, ORGANIZATIONS, FACILITIES, OR SERVICE PROVIDERS THAT SEEK BOTH FEDERAL AND STATE FAMILY PLANNING AND PREGNANCY PREVENTION FUNDING TO SUBMIT SEPARATE FUNDING REQUESTS FOR STATE AND FEDERAL FUNDS, TO ENSURE THAT STATE AND FEDERAL FUNDS ARE NOT COMMINGLED, AND TO PRESENT A CLEAR EXPLANATION TO THE DEPARTMENT ON HOW ABORTION COUNSELING AND REFERRAL SERVICES WILL COMPLY WITH CONFLICTING STATE AND FEDERAL LAWS.		Does not include House Sec. 1114.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
		(4) THE DEPARTMENT SHALL REQUIRE ANY AGENCY, ORGANIZATION, FACILITY, OR SERVICE PROVIDER THAT RECEIVES FAMILY PLANNING OR PREGNANCY PREVENTION FUNDING TO INCREASE MALE PARTICIPATION RATES ANNUALLY. THE DEPARTMENT MAY PROVIDE EXEMPTIONS TO PROGRAMS, AGENCIES, FACILITIES, OR SERVICE PROVIDERS THAT TARGET FEMALE USERS ONLY. THE STATEWIDE PARTICIPATION RATE BY MALES SHALL BE NO LESS THAN 5% BY OCTOBER 1, 2008, 10% BY OCTOBER 1, 2010, 15% BY OCTOBER 1, 2012 AND 20% BY OCTOBER 1, 2015. THE DEPARTMENT SHALL DENY FUNDING TO ANY AGENCY, ORGANIZATION, FACILITY, OR SERVICE PROVIDER THAT FAILS TO INCREASE MALE PARTICIPATION RATES FOR TWO CONSECUTIVE YEARS. IF THE DIRECTOR IS UNABLE TO RECEIVE A FEDERAL WAIVER TO COMPLY WITH THIS REQUIREMENT FOR THE CURRENT PROJECT PERIOD, THE MALE PARTICIPATION TARGETS SHALL COMMENCE THREE YEARS FROM THE BEGINNING DATE OF THE NEXT PROJECT PERIOD.		Does not include House Sec. 1114.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
		(5) BEGINNING JANUARY 1, 2007, THE DEPARTMENT SHALL DETERMINE, AND PUBLISH FOR THE PUBLIC, THE COSTS INCURRED FOR EACH OF THE FOLLOWING INCLUDING A BREAKDOWN OF THE FEDERAL FUNDS, STATE FUNDS, PUBLIC FUNDS, MONEY PAID BY A THIRD PARTY PAYER, AND ANY OTHER SOURCE OF FUNDING USED TO COVER THOSE COSTS: (A) THE ANNUAL COSTS ASSOCIATED WITH PROVIDING FAMILY PLANNING, PREGNANCY PREVENTION, AND SEXUALLY TRANSMITTED DISEASE PREVENTION SERVICES TO UNMARRIED INDIVIDUALS. (B) THE ANNUAL COSTS ASSOCIATED WITH PROVIDING FAMILY PLANNING, PREGNANCY PREVENTION, AND SEXUALLY TRANSMITTED DISEASE PREVENTION SERVICES TO MARRIED INDIVIDUALS. (C) THE ANNUAL COSTS INCURRED TO TREAT UNMARRIED INDIVIDUALS WHO HAVE CONTRACTED A SEXUALLY TRANSMITTED DISEASE.		Does not include House Sec. 1114.
		(D) THE ANNUAL COSTS INCURRED IN PROVIDING PRENATAL AND PREGNANCY RELATED HEALTH CARE SERVICES TO UNMARRIED INDIVIDUALS.		Does not include House Sec. 1114.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
		(6) IN ORDER TO PROMOTE FAMILY PARTICIPATION IN FAMILY PLANNING AND PREGNANCY PREVENTION, AS REQUIRED BY FEDERAL GUIDELINES, AT LEAST 50% OF THE FUNDING EXPENDED FOR INFORMATIONAL AND EDUCATIONAL PROGRAMS DESIGNED TO ACHIEVE COMMUNITY AWARENESS OR UNDERSTANDING OF SERVICES AVAILABLE TO MINORS UNDER THE AGE OF 18, SHALL BE DIRECTED TO THE PARENTS OF THE TARGETED MINORS. FUNDS SHALL NOT BE EXPENDED TO SUPPORT THE PUBLIC DISPLAY OR DISTRIBUTION OF A FAMILY PLANNING DRUG OR DEVICE WHERE MINORS ARE LIKELY TO BE PRESENT UNLESS PARENTS ARE GIVEN CLEAR NOTICE OF THE DISPLAY AND DISTRIBUTION.		Does not include House Sec. 1114.
Requires the Department to allocate $450,000 from federal Maternal and Child Health Services Block Grant funds for the statewide fetal infant mortality review network if additional Block Grant funds are available, and directs that the network be funded with a like amount in FY 2005-06 if federal funds become available. **Sec. 1124.** (1) From the funds appropriated in part 1 from the federal maternal and child health block grant, $450,000.00 shall be allocated if additional block grant funds are available for the statewide fetal infant mortality review network.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
(2) It is the intent of the legislature that this project shall be funded with a like amount in fiscal year 2005-2006 should federal funds become available.	Delete current law.	Delete current law.	Delete current law.	Delete current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires the Department to make every effort to maximize the receipt of federal Medicaid funds to support the activities of the migrant health care program, as funded by the migrant health services appropriation line item. **Sec. 1128.** The department shall make every effort to maximize the receipt of federal Medicaid funds to support the activities of the migrant health care line item.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
Requires the Department to annually report to the Legislature from information available to the Department on the number of children with elevated blood lead levels, by county, indicating the blood lead level, and sources of information. **Sec. 1129.** The department shall provide a report annually to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the number of children with elevated blood lead levels from information available to the department. The report shall provide the information by county, shall include the level of blood lead reported, and shall indicate the sources of the information.	**Sec. 1129.** No changes from current law.	**Sec. 1129.** No changes from current law.	**Sec. 1129.** No changes from current law.	**Sec. 1129.** No changes from current law.
Requires the Department to release infant mortality rate data to all local public health departments no later than 48 hours prior to releasing infant mortality rate data to the public. **Sec. 1133.** The department shall release infant mortality rate data to all local public health departments no later than 48 hours prior to releasing infant mortality rate data to the public.	**Sec. 1133.** No changes from current law.	**Sec. 1133.** No changes from current law.	**Sec. 1133.** No changes from current law.	**Sec. 1133.** No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires that funding be allocated to certain school districts to provide a school health education curriculum that is in accordance with the health education goals established by the Michigan Model for the Comprehensive School Health Education State Steering Committee. Establishes steering committee membership and requires that curriculum materials be made available upon request.				
Sec. 1135. (1) Provision of the school health education curriculum, such as the Michigan model or another comprehensive school health education curriculum, shall be in accordance with the health education goals established by the Michigan model for the comprehensive school health education state steering committee. The state steering committee shall be comprised of a representative from each of the following offices and departments: (a) The department of education. (b) The department of community health. (c) The health administration in the department of community health. (d) The bureau of mental health and substance abuse services in the department of community health. (e) The family independence agency. (f) The department of state police.	**Sec. 1135.** (1) No changes from current law.	**Sec. 1135.** (1) No changes from current law, except: " ... (e) The ~~family independence agency~~ **DEPARTMENT OF HUMAN SERVICES**. ..."	**Sec. 1135.** (1) No changes from current law.	**Sec. 1135.** (1) No changes from current law, except: " ... (e) The ~~family independence agency~~ **DEPARTMENT OF HUMAN SERVICES**. ..."
(2) Upon written or oral request, a pupil not less than 18 years of age or a parent or legal guardian of a pupil less than 18 years of age, within a reasonable period of time after the request is made, shall be informed of the content of a course in the health education curriculum and may examine textbooks and other classroom materials that are provided to the pupil or materials that are presented to the pupil in the classroom. This subsection does not require a school board to permit pupil or parental examination of test questions and answers, scoring keys, or other examination instruments or data used to administer an academic examination.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

HOUSE FISCAL AGENCY

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department to allocate funds for child advocacy centers contingent upon the availability of state funds. **Sec. 1136.** Contingent on the availability of state funds, funds shall be allocated for child advocacy centers.	Delete current law.	Delete current law.	**Sec. 1136.** No changes from current law.	**Sec. 1136.** No changes from current law.
WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM ***Allows the Department to 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 by April 1, 2005, based on local commitment of funds.*** **Sec. 1151.** The department may work with local participating agencies to define local annual contributions for the farmer's market nutrition program, project FRESH, to enable the department to request federal matching funds by April 1, 2005 based on local commitment of funds.	**Sec. 1151.** No changes from current law, except: "... request federal matching funds by ~~April 1, 2005~~ based on local commitment of funds."	**Sec. 1151.** No changes from current law, except: "... request federal matching funds by ~~April 1, 2005~~ based on local commitment of funds."	**Sec. 1151.** No changes from current law, except: "... request federal matching funds by ~~April 1, 2005~~ based on local commitment of funds."	**Sec. 1151.** No changes from current law, except: "... request federal matching funds by ~~April 1, 2005~~ based on local commitment of funds."

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
CHILDREN'S SPECIAL HEALTH CARE SERVICES ***Requires that payments for medical care and treatment be made consistent with the reimbursement policies of the Michigan medical services program.*** **Sec. 1201.** Funds appropriated in part 1 for medical care and treatment of children with special health care needs shall be paid according to reimbursement policies determined by the Michigan medical services program. Exceptions to these policies may be taken with the prior approval of the state budget director.	**Sec. 1201.** No changes from current law.	**Sec. 1201.** No changes from current law.	**Sec. 1201.** No changes from current law.	**Sec. 1201.** No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Allows the Children's Special Health Care Services program to provide (a) special formula for persons with certain metabolic and allergic disorders; (b) treatment to persons age 21 or older with cystic fibrosis; (c) genetic diagnostic and counseling services; and (d) services to persons age 21 or older with hemophilia.				
Sec. 1202. The department may do 1 or more of the following: (a) Provide special formula for eligible clients with specified metabolic and allergic disorders. (b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older. (c) Provide genetic diagnostic and counseling services for eligible families. (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.	**Sec. 1202.** The department may do 1 or more of the following: (a) Provide special formula for eligible clients with specified metabolic and allergic disorders. (b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older **AND WHO ARE NOT OTHERWISE COVERED BY HEALTH INSURANCE.** (c) Provide genetic diagnostic and counseling services for eligible families. (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 **AND WHO ARE NOT OTHERWISE COVERED BY HEALTH INSURANCE.**	**Sec. 1202.** No changes from current law.	**Sec. 1202.** No changes from current law.	**Sec. 1202.** No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Public Health Component

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires that the Department refer clients of the program to the locally-based services program in their community.				
Sec. 1203. All children who are determined medically eligible for the children's special health care services program shall be referred to the appropriate locally-based services program in their community.	Delete current law.	**Sec. 1203.** No changes from current law.	**Sec. 1203.** No changes from current law.	**Sec. 1203.** No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Drug Control Policy Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
OFFICE OF DRUG CONTROL POLICY ***Directs that $1.8 million of federal Byrne grant money be directed as an interdepartmental grant to the Judicial Branch for local drug treatment courts, in addition to the $1.8 million funding that the Department currently distributes to local drug treatment courts from the Byrne grant.*** **Sec. 1250.** In addition to the $1,800,000.00 in Byrne formula grant program funding the department provides to local drug treatment courts, the department shall provide $1,800,000.00 in Byrne formula grant program funding to the judiciary by interdepartmental grant.	**Sec. 1250.** No changes from current law.	**Sec. 1250.** No changes from current law.	**Sec. 1250.** No changes from current law.	**Sec. 1250.** No changes from current law.

HOUSE FISCAL AGENCY

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
CRIME VICTIM SERVICES COMMISSION ***Allocates up to $50,000 for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Unexpended funds shall be carried forward.*** **Sec. 1302.** From the funds appropriated in part 1 for justice assistance grants, up to $50,000.00 shall be allocated for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. The funds shall be used for program coordination, training, and counseling. Unexpended funds shall be carried forward.	Delete current law.	Delete current law.	**Sec. 1302.** No changes from current law.	**Sec. 1302.** No changes from current law.
Requires the Department to work with other named entities to ensure that certain recommended procedures are followed in the collection of evidence in cases of sexual assault. **Sec. 1304.** The department shall work with the department of state police, the Michigan hospital association, the Michigan state medical society, and the Michigan nurses association to ensure that the recommendations included in the "Standard Recommended Procedures for the Emergency Treatment of Sexual Assault Victims" are followed in the collection of evidence.	Delete current law.	Delete current law.	**Sec. 1304.** No changes from current law.	**Sec. 1304.** No changes from current law.

HOUSE FISCAL AGENCY

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
OFFICE OF SERVICES TO THE AGING ***Provides that funding for community, nutrition, and home services be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under certain federal provisions.*** **Sec. 1401.** The appropriation in part 1 to the office of services to the aging, for community and nutrition services and home services, shall be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under title XVIII, XIX, or XX.	**Sec. 1401.** No changes from current law.	**Sec. 1401.** No changes from current law.	**Sec. 1401.** No changes from current law.	**Sec. 1401.** No changes from current law.
Requires regions to report home-delivered meals waiting lists to the Office of Services to the Aging and establishes standard criteria for persons to be included on the waiting list. **Sec. 1403.** The office of services to the aging shall require each region to report to the office of services to the aging home-delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following: (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.	**Sec. 1403.** No changes from current law.	**Sec. 1403.** No changes from current law.	**Sec. 1403.** No changes from current law.	**Sec. 1403.** No changes from current law.

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

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Allows area agencies on aging and local providers to receive and expend fees for the provision of day care, care management, respite care, and certain eligible home and community-based services. Fees shall be based on a sliding scale, taking client income into consideration, and shall be used to expand services. **Sec. 1404.** The area agencies and local providers may receive and expend fees for the provision of day care, care management, respite care, and certain eligible home and community-based services. The fees shall be based on a sliding scale, taking client income into consideration. The fees shall be used to expand services.	**Sec. 1404.** No changes from current law.	**Sec. 1404.** No changes from current law.	**Sec. 1404.** No changes from current law.	**Sec. 1404.** No changes from current law.
Requires that the $5,000,000 respite care appropriation of tobacco settlement funds shall be used only for direct respite care or adult respite care center services, and shall be allocated according to a long-term care plan. Not more than 10% of the allocation shall be expended for administrative purposes. **Sec. 1406.** The appropriation of $5,000,000.00 of tobacco settlement 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 10% of the amount allocated under this section shall be expended for administration and administrative purposes.	**Sec. 1406.** No changes from current law.	**Sec. 1406.** No changes from current law, except: " … Not more than ~~10%~~ **9%** of the amount allocated under this section shall be expended for administration and administrative purposes."	**Sec. 1406.** No changes from current law.	**Sec. 1406.** No changes from current law, except: " … Not more than ~~10%~~ **9%** of the amount allocated under this section shall be expended for administration and administrative purposes."

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

HOUSE FISCAL AGENCY

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Establishes the Legislature's support of locally-based services, support of local counties in their approval of area agency on aging plans and in changing membership of area agencies on aging in their region, and the Legislature's intent to prohibit area agencies on aging from providing direct services unless a waiver has been received from the Department. **Sec. 1413.** The legislature affirms the commitment to locally-based services. The legislature supports the role of local county board of commissioners in the approval of area agency on aging plans. The legislature supports choice and the right of local counties to change membership in the area agencies on aging if the change is to an area agency on aging that is contiguous to that county. The legislature supports the office of services to the aging working with others to provide training to commissions to better understand and advocate for aging issues. It is the intent of the legislature to prohibit area agencies on aging from providing direct services, including home and community-based waiver services, unless they receive a waiver from the department. The legislature's intent in this section is conditioned on compliance with federal and state laws, rules, and policies.	Delete current law.	**Sec. 1413.** No changes from current law, except: " … It is the intent of the legislature to prohibit area agencies on aging from providing direct services, including home and community-based waiver services~~, unless they receive a waiver from the department~~. …"	**Sec. 1413.** No changes from current law.	**Sec. 1413.** No changes from current law, except: " … It is the intent of the legislature to prohibit area agencies on aging from providing direct services, including home- and community-based **SERVICES** waiver ~~services~~, unless~~they~~ **THE AGENCIES** receive a waiver from the department. …" *(NOTE: In the galley proofing, changes were made for consistent reference to the Medicaid "home- and community-based services waiver program", including Sec. 1413. I ok'd this change but would now say that it was inappropriate or incomplete, as the language of that phrase in this section relates to the services, not the waiver. Therefore please note that the intent is unchanged from the prior year. I suggest a technical correction this coming year.*

HOUSE FISCAL AGENCY

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

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Establishes the Legislature's 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.				
Sec. 1416. The legislature affirms the commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home and community-based services waiver program.	Delete current law.	**Sec. 1416.** No changes from current law.	**Sec. 1416.** No changes from current law.	**Sec. 1416.** No changes from current law, except (add hyphen after "home"): "... Medicaid home- and community-based services waiver program."

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
		NEW UNIT & SECTION MEDICAL SERVICES ADMINISTRATION SEC. 1501. CONTINGENT UPON RECOVERIES OF MEDICAID MANAGED CARE AND FEE-FOR-SERVICE PAYMENTS AS NOTED IN THE AUDITOR GENERAL'S PERFORMANCE AUDIT OF THE MEDICAL SERVICES ADMINISTRATION PUBLISHED APRIL 2005, $7,600,000.00, OF WHICH $3,800,000.00 IS GENERAL FUND/GENERAL PURPOSE FUNDS, MAY BE AUTHORIZED WITHIN THE MEDICAL SERVICES ADMINISTRATION LINE.	NEW UNIT & SECTION MEDICAL SERVICES ADMINISTRATION SEC. 1501. CONTINGENT UPON RECOVERIES OF MEDICAID MANAGED CARE AND FEE-FOR-SERVICE PAYMENTS AS NOTED IN THE AUDITOR GENERAL'S PERFORMANCE AUDIT OF THE MEDICAL SERVICES ADMINISTRATION PUBLISHED APRIL 2005, $7,600,000.00, OF WHICH $3,800,000.00 IS GENERAL FUND/GENERAL PURPOSE FUNDS, SHALL BE AUTHORIZED WITHIN THE MEDICAL SERVICES ADMINISTRATION LINE.	Modified. (See Sec. 1616.)
MEDICAL SERVICES ***Requires remedial service costs to be used in determining medically-needy eligibility for those in adult foster care and homes for the aged.*** **Sec. 1601.** The cost of remedial services incurred by residents of licensed adult foster care homes and licensed homes for the aged shall be used in determining financial eligibility for the medically needy. Remedial services include basic self-care and rehabilitation training for a resident.	**Sec. 1601.** No changes from current law.	**Sec. 1601.** No changes from current law.	**Sec. 1601.** No changes from current law.	**Sec. 1601.** No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Provides Medicaid eligibility to low income elderly and disabled persons up to 100% of the poverty level. **Sec. 1602.** Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty line, 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.	**Sec. 1602.** Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty ~~line~~ **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.	**Sec. 1602.** Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty ~~line~~ **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.	**Sec. 1602.** No changes from current law.	**Sec. 1602.** Medical services shall be provided to elderly and disabled persons with incomes less than or equal to 100% of the official poverty ~~line~~ **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.
Allows the Department to establish a statewide program for persons to purchase medical coverage at a rate determined by DCH. **Sec. 1603.** (1) The department may establish a program for persons to purchase medical coverage at a rate determined by the department.	**Sec. 1603.** (1) No changes from current law.	**Sec. 1603.** (1) No changes from current law.	**Sec. 1603.** (1) No changes from current law.	**Sec. 1603.** (1) No changes from current law.
(2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The premiums described in this section shall be classified as private funds.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
				NEW SECTION **SEC. 1604. IF AN APPLICANT FOR MEDICAID COVERAGE IS FOUND TO BE ELIGIBLE, THE DEPARTMENT SHALL PROVIDE PAYMENT FOR ALL OF THE MEDICAID COVERED AND APPROPRIATELY AUTHORIZED SERVICES THAT HAVE BEEN PROVIDED TO THAT APPLICANT SINCE THE FIRST DAY OF THE MONTH IN WHICH THE APPLICANT FILED AND THE**

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
				DEPARTMENT OF HUMAN SERVICES RECEIVED THE APPLICATION FOR MEDICAID COVERAGE. RECEIPT OF THE APPLICATION BY A LOCAL DEPARTMENT OF HUMAN SERVICES OFFICE IS CONSIDERED THE DATE THE APPLICATION IS RECEIVED. IF AN APPLICATION IS SUBMITTED ON THE LAST DAY OF THE MONTH AND THAT DAY FALLS ON A WEEKEND OR A HOLIDAY AND THE APPLICATION IS RECEIVED BY THE LOCAL DEPARTMENT OF HUMAN SERVICES OFFICE ON THE FIRST BUSINESS DAY FOLLOWING THE END OF THE MONTH, THEN RECEIPT OF THE APPLICATION IS CONSIDERED TO HAVE BEEN ON THE LAST DAY OF THE PREVIOUS MONTH. AS USED IN THIS SECTION, "COMPLETED APPLICATION" MEANS AN APPLICATION COMPLETE ON ITS FACE AND SIGNED BY THE APPLICANT REGARDLESS OF WHETHER THE MEDICAL DOCUMENTATION REQUIRED TO MAKE AN ELIGIBILITY DETERMINATION IS INCLUDED.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Establishes the Medicaid protected income level at 100% of the public assistance standard and requires 90-day notice prior to implementation of changes in the protected income level. **Sec. 1605.** (1) The protected income level for Medicaid coverage determined pursuant to section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, shall be 100% of the related public assistance standard.	**Sec. 1605.** (1) No changes from current law.	**Sec. 1605.** (1) No changes from current law.	**Sec. 1605.** (1) No changes from current law.	**Sec. 1605.** (1) No changes from current law.
(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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
Limits the allowable deduction for guardian and conservator charges to $60 per month when determining Medicaid eligibility and patient pay amounts. **Sec. 1606.** For the purpose of guardian and conservator charges, the department of community health may deduct up to $60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.	**Sec. 1606.** No changes from current law.	**Sec. 1606.** No changes from current law.	**Sec. 1606.** No changes from current law.	**Sec. 1606.** No changes from current law.
Stipulates that Medicaid applicants whose qualifying condition is pregnancy shall be presumed to be eligible unless the preponderance of the 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				

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
applicants to select or remain with the participating obstetrician of her choice. Also specifies that obstetrical and prenatal care claims are to be paid at Medicaid fee-for-service rates if there is no contract between the provider and the managed care plan. **Sec. 1607.** (1) An applicant for Medicaid, whose qualifying condition is pregnancy, shall immediately be presumed to be eligible for Medicaid coverage unless the preponderance of evidence in her application indicates otherwise. The applicant who is qualified as described in this subsection shall be allowed to select or remain with the Medicaid participating obstetrician of her choice.	**Sec. 1607.** (1) No changes from current law.	**Sec. 1607.** (1) No changes from current law.	**Sec. 1607.** (1) No changes from current law.	**Sec. 1607.** (1) No changes from current law.
(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.	(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	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
department that the applicant was found to be ineligible for Medicaid.				
(4) If the preponderance of evidence in an application indicates that the applicant is not eligible for Medicaid, the department shall refer that applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy-related services.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.
(5) The department shall develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application.	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.
Requires the Department to provide a cost report grievance process for medical providers and payment within nine months following submission of cost reports. **Sec. 1610.** The department of community health shall provide an administrative procedure for the review of cost report grievances by medical services providers with regard to reimbursement under the medical services program. Settlements of properly submitted cost reports shall be paid not later than 9 months from receipt of the final report.	Delete current law.	**Sec. 1610.** No changes from current law.	**Sec. 1610.** No changes from current law.	**Sec. 1610.** No changes from current law.
Requires Medicaid payment rate to be accepted as payment in full, including payments from other third-party sources. The Hospital Services payments for persons who are dually eligible for Medicare and Medicaid are to include capital payments in determining the Medicaid reimbursement amount. **Sec. 1611.** (1) For care provided to medical services recipients with other third-party sources of payment, medical services reimbursement shall not exceed, in combination with such other resources,	**Sec. 1611.** (1) No changes from current law.	**Sec. 1611.** (1) No changes from current law.	**Sec. 1611.** (1) No changes from current law.	**Sec. 1611.** (1) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
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.				
(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/medical services recipients with Medicare Part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
Directs the Department to require enrolled Medicaid providers to submit their billings electronically, unless prohibited by law or regulation. **Sec. 1615.** Unless prohibited by federal or state law or regulation, the department shall require enrolled Medicaid providers to submit their billings for services electronically.	Delete current law.	**Sec. 1615.** No changes from current law.	**Sec. 1615.** No changes from current law.	**Sec. 1615.** No changes from current law.
		See Sec. 1501.	See Sec. 1501.	**MODIFIED SEC. 1501.** **SEC. 1616. CONTINGENT UPON RECOVERY OF MEDICAID MANAGED CARE AND FEE-FOR-SERVICE PAYMENTS THROUGH AUDITS OR OTHER RECOVERY PROCEDURES, $8,753,700.00, OF WHICH**

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
				$3,800,000.00 IS GENERAL FUND/GENERAL PURPOSE FUNDS, MAY BE AUTHORIZED WITHIN THE HOSPITAL SERVICES AND THERAPY LINE.
Requires the pharmacy dispensing fee to be $2.50 ($2.75 for nursing home pharmacies) or the pharmacy's usual and customary charge, whichever is less. Specifies prescription copayments for Medicaid recipients of $1.00 for a generic drug and $3.00 for a brand-name drug where a generic equivalent is available, except as prohibited by federal or state law or regulation. Requires implementation of a voluntary mail order pharmacy program. Retains pharmacy dispensing fees at FY 2003-04 levels and prohibits implementation of the mail order pharmacy program if a pharmacy quality assurance assessment program is established by September 1, 2004 that allows the state to retain $18.9 million of the assessment. **Sec. 1620.** (1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be $2.50 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, the pharmaceutical dispensing fee shall be $2.75 or the pharmacy's usual or customary cash charge, whichever is less.	**Sec. 1620.** (1) No changes from current law.	**Sec. 1620.** (1) No changes from current law.	**Sec. 1620.** (1) No changes from current law.	**Sec. 1620.** (1) No changes from current law.
(2) The department shall require a prescription copayment for Medicaid recipients of $1.00 for a generic drug and $3.00 for a brand-name drug where a generic equivalent is available, except as prohibited by federal or state law or regulation.	(2) The department shall require a prescription copayment for Medicaid recipients of $1.00 for a generic drug and $3.00 for a brand-name drug ~~where a generic equivalent is available~~, except as prohibited by federal or state	(2) The department shall require a prescription copayment for Medicaid recipients of $1.00 for a generic drug and $3.00 for a brand-name drug ~~where a generic equivalent is available~~, except as prohibited by federal or state	(2) The department shall require a prescription copayment for Medicaid recipients of $1.00 for a generic drug,~~ and~~ $3.00 for a brand-name drug **THAT HAS NO** ~~where a~~ generic equivalent, **AND $10.00 FOR A BRAND-**	(2) The department shall require a prescription copayment for Medicaid recipients of $1.00 for a generic drug and $3.00 for a brand-name drug ~~where a generic equivalent is available~~, except as prohibited by federal or state

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
	law or regulation.	law or regulation.	**NAME DRUG WHERE A GENERIC EQUIVALENT** is available, except as prohibited by federal or state law or regulation.	law or regulation.
(3) For fee-for-service recipients, an optional mail order pharmacy program shall be implemented.	(3) For fee-for-service recipients, an optional mail order pharmacy program shall be ~~implemented~~ **AVAILABLE.**	(3) For fee-for-service recipients, an optional mail order pharmacy program shall be ~~implemented~~ **AVAILABLE.**	(3) For fee-for-service recipients, an optional mail order pharmacy program shall be ~~implemented~~ **AVAILABLE.**	(3) For fee-for-service recipients, an optional mail order pharmacy program shall be ~~implemented~~ **AVAILABLE.**
(4) If a pharmaceutical quality assurance assessment program is established by September 30, 2004 that allows the state to retain $18,900,000.00 of the assessment, the dispensing fee shall remain at fiscal year 2003-2004 levels and the mail order pharmacy program shall not be implemented.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
Authorizes drug utilization review and disease management systems with physician oversight and consultation with various medical provider groups. Prohibits therapeutic substitution. **Sec. 1621.** (1) The department may implement prospective drug utilization review and disease management systems. The prospective drug utilization review and disease management systems authorized by this subsection shall have physician oversight, shall focus on patient, physician, and pharmacist education, and shall be developed in consultation with the national pharmaceutical council, Michigan state medical society, Michigan association of osteopathic physicians, Michigan pharmacists' association, Michigan health and hospital association, and Michigan nurses' association.	Delete current law.	**Sec. 1621.** (1) No changes from current law.	Delete current law.	**Sec. 1621.** (1) No changes from current law.
(2) This section does not authorize or allow therapeutic substitution.	Delete current law.	(2) No changes from current law.	Delete current law.	(2) No changes from current law.

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Allows DCH to establish pilot projects to test the efficacy of disease/health management systems and use the savings in lieu of supplemental rebates to include the drug manufacturer's products on the preferred drug list. **Sec. 1621a.** (1) The department, in conjunction with pharmaceutical manufacturers or their agents, may establish pilot projects to test the efficacy of disease management and health management programs.	Delete current law.	**Sec. 1621a.** (1) No changes from current law.	Delete current law.	**Sec. 1621a.** (1) No changes from current law.
(2) The department may negotiate a plan that uses the savings resulting from the services rendered from these programs, in lieu of requiring a supplemental rebate for the inclusion of those participating parties' products on the department's preferred drug list.	Delete current law.	(2) No changes from current law.	Delete current law.	(2) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Specifies conditions for the continued implementation of the Department's pharmaceutical initiative related to the prior authorization process, the pharmacy and therapeutics committee, and reporting requirements.				
Sec. 1622. The department shall implement a pharmaceutical best practice initiative. All of the following apply to that initiative: (a) A physician that calls the department's agent for prior authorization of drugs that are not on the department's preferred drug list shall be informed of the option to speak to the agent's physician on duty concerning the prior authorization request if the agent's pharmacist denies the prior authorization request. If immediate contact with the agent's physician on duty is requested, but cannot be arranged, the physician placing the call shall be immediately informed of the right to request a 72-hour supply of the nonauthorized drug. (b) The department's prior authorization and appeal process shall be available on the department's website. The department shall also continue to implement a program that allows providers to file prior authorization and appeal requests electronically. (c) The department shall provide authorization for prescribed drugs that are not on its preferred drug list if the prescribing physician verifies that the drugs are necessary for the continued stabilization of the patient's medical condition following documented previous failures on earlier prescription regimens. Documentation of previous failures may be provided by telephone, facsimile, or electronic transmission. (d) Meetings of the department's pharmacy and therapeutics committee shall be open to the public with advance notice of the meeting date, time, place, and agenda posted on the department's website 14 days in advance of each meeting date. By January 31 of each year, the department shall publish the	Delete current law.	Delete current law.	Delete current law.	Delete current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
committee's regular meeting schedule for the year on the department's website. The pharmacy and therapeutics committee meetings shall be subject to the requirements of the open meetings act, 1976 PA 267, MCL 15.261 to 15.275. The committee shall provide an opportunity for interested parties to comment at each meeting following written notice to the committee's chairperson of the intent to provide comment. (e) The pharmacy and therapeutics committee shall make recommendations for the inclusion of medications on the preferred drug list based on sound clinical evidence found in labeling, drug compendia, and peer-reviewed literature pertaining to use of the drug in the relevant population. The committee shall develop a method to receive notification and clinical information about new drugs. The department shall post this process and the necessary forms on the department's website. (f) The department shall assure compliance with the published Medicaid bulletin implementing the Michigan pharmaceutical best practices initiative program. The department shall also include this information on its website. (g) By May 15, 2005, the department shall provide a report to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies identifying the prescribed drugs that are grandfathered in as preferred drugs and available without prior authorization and the population groups to which they apply. The report shall assess strategies to improve the drug prior authorization process.				

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Expresses legislative intent regarding the make up of the pharmacy and therapeutics committee to include 5 licensed retail pharmacists and 6 licensed physicians all of whom are to be in active clinical practice, residing in the state, and have a representative portion of Medicaid fee-for-service clients in their practice. Also expresses intent that the committee membership shall come from recommendations by the Michigan medical society, the Michigan osteopathic association, the Michigan pharmacist association, and the Michigan retailers association. **Sec. 1622a.** (1) It is the intent of the legislature that the pharmacy and therapeutics committee shall consist of the following 11 members: (a) Five members of the committee shall be Michigan licensed retail pharmacists who are in active clinical practice residing in the state. All member pharmacists shall have a representative portion of fee-for-service Medicaid clients in their practice. (b) Six members of the committee shall be Michigan licensed physicians who are in active clinical practice residing in the state. All member physicians shall have a representative portion of fee-for-service Medicaid clients in their practice.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
(2) It is also the intent of the legislature that the membership on the committee shall be developed by appointing: (a) Physicians, recommended by the Michigan medical society and the Michigan osteopathic association, and may include at least 1 physician with expertise in mental health. (b) Retail pharmacists, recommended by the Michigan pharmacists association and the Michigan retailers association, and may include at least 1 pharmacist with expertise	Delete current law.	Delete current law.	Delete current law.	Delete current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
with mental health drugs.				
Continues the current Medicaid policy that allows for the dispensing of a 100-day supply for maintenance drugs and notice to medical providers regarding this policy. Requires dispensing medication in the quantity prescribed unless subsequent consultation with the physician indicates otherwise.				
Sec. 1623. (1) The department shall continue the Medicaid policy that allows for the dispensing of a 100-day supply for maintenance drugs.	**Sec. 1623.** (1) No changes from current law.	**Sec. 1623.** (1) No changes from current law.	**Sec. 1623.** (1) No changes from current law.	**Sec. 1623.** (1) No changes from current law.
(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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The notice in subsection (2) shall also clarify that a pharmacy shall fill a prescription written for maintenance drugs in the quantity specified by the physician, but not more than the maximum allowed under Medicaid, unless subsequent consultation with the prescribing physician indicates otherwise.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Directs the department to continue the practice of placing all atypical antipsychotic medications on the Medicaid preferred drug list. **Sec. 1625.** The department shall continue its practice of placing all atypical antipsychotic medications on the Medicaid preferred drug list.	**Sec. 1625.** No changes from current law.	**Sec. 1625.** No changes from current law.	**Sec. 1625.** No changes from current law.	**Sec. 1625.** No changes from current law.
Requires DCH to provide a benefit-cost analysis that documents greater savings from the multistate drug purchasing compact than the current PDL supplemental rebate program before implementing the compact. **Sec. 1626.** Prior to implementing a multistate drug purchasing compact, the department shall provide the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies with a benefit-cost analysis to document that the savings from the compact exceed the savings from the current preferred drug list (PDL) supplemental rebate drug programs.	Delete current law.	Delete current law	Delete current law.	Delete current law.
Authorizes the Department to secure manufacturer drug rebates for participants in the MIChild, MOMS, State Medical, Children's Special Health Care Services, and EPIC programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided. **Sec. 1627.** (1) The department shall use procedures and rebates amounts specified under section 1927 of title XIX, 42 USC 1396r-8, to secure quarterly rebates from pharmaceutical manufacturers for outpatient drugs dispensed to participants in the MIChild program, maternal outpatient medical services program, state medical	**Sec. 1627.** (1) No changes from current law.	**Sec. 1627.** (1) No changes from current law.	**Sec. 1627.** (1) No changes from current law.	**Sec. 1627.** (1) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
program, children's special health care services, and EPIC.				
(2) For products distributed by pharmaceutical manufacturers not providing quarterly rebates as listed in subsection (1), the department may require preauthorization.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
			NEW SECTION **SEC. 1628. (1) THE DEPARTMENT SHALL CONVENE BY OCTOBER 2005 A COMMITTEE TO STUDY THE IMPLEMENTATION OF PSYCHOTROPIC PHARMACY ADMINISTRATION UNDER MEDICARE PART D FOR INDIVIDUALS DUALLY ENROLLED IN THE MEDICARE AND MEDICAID PROGRAMS. THIS COMMITTEE SHALL STUDY AND EVALUATE THE EFFECTIVENESS OF MENTAL HEALTH CONSUMER ENROLLMENT AND MEDICATION ACCESS THROUGH THE MEDICARE PART D PROCEDURES FOR PHARMACEUTICAL MANAGEMENT FOR DUAL ELIGIBLES.**	**NEW SECTION** **SEC. 1628. (1) THE DEPARTMENT SHALL CONVENE BY ~~OCTOBER 2005~~ APRIL 2006 A COMMITTEE TO STUDY THE IMPLEMENTATION OF PSYCHOTROPIC PHARMACY ADMINISTRATION UNDER MEDICARE PART D FOR INDIVIDUALS DUALLY ENROLLED IN THE MEDICARE AND MEDICAID PROGRAMS. THIS COMMITTEE SHALL STUDY AND EVALUATE THE EFFECTIVENESS OF MENTAL HEALTH CONSUMER ENROLLMENT AND MEDICATION ACCESS THROUGH THE MEDICARE PART D PROCEDURES FOR PHARMACEUTICAL MANAGEMENT FOR DUAL ELIGIBLES.**
			(2) THE COMMITTEE SHALL INCLUDE A REPRESENTATIVE FROM EACH OF THE FOLLOWING ORGANIZATIONS: THE MEDICAL SERVICES ADMINISTRATION, THE OFFICE OF SERVICES TO THE AGING, THE DEPARTMENT'S MENTAL	**(2) THE COMMITTEE SHALL INCLUDE A REPRESENTATIVE FROM EACH OF THE FOLLOWING ORGANIZATIONS: THE MEDICAL SERVICES ADMINISTRATION, THE OFFICE OF SERVICES TO THE AGING, THE DEPARTMENT'S MENTAL**

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			HEALTH AND SUBSTANCE ABUSE SERVICES DIVISION, MENTAL HEALTH ASSOCIATION OF MICHIGAN, NATIONAL ALLIANCE FOR THE MENTALLY ILL OF MICHIGAN, MICHIGAN PSYCHIATRIC SOCIETY, MICHIGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS, MICHIGAN PHARMACISTS ASSOCIATION, MICHIGAN PROTECTION AND ADVOCACY SERVICE, INTERNATIONAL ASSOCIATION OF PSYCHOSOCIAL REHABILITATION SERVICES, AND THE PHARMACEUTICAL INDUSTRY. THE COMMITTEE SHALL ELECT A CHAIRPERSON WHO IS NOT EMPLOYED BY STATE GOVERNMENT.	HEALTH AND SUBSTANCE ABUSE SERVICES DIVISION, MENTAL HEALTH ASSOCIATION OF MICHIGAN, NATIONAL ALLIANCE FOR THE MENTALLY ILL OF MICHIGAN, MICHIGAN PSYCHIATRIC SOCIETY, MICHIGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS, MICHIGAN PHARMACISTS ASSOCIATION, MICHIGAN PROTECTION AND ADVOCACY SERVICE, INTERNATIONAL ASSOCIATION OF PSYCHOSOCIAL REHABILITATION SERVICES, AND THE PHARMACEUTICAL INDUSTRY. THE COMMITTEE SHALL ELECT A CHAIRPERSON WHO IS NOT EMPLOYED BY STATE GOVERNMENT.
			(3) THE COMMITTEE SHALL PRODUCE A REPORT BY JUNE 15, 2006 TO THE SENATE AND HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES.	(3) THE COMMITTEE SHALL PRODUCE A REPORT BY ~~JUNE 15~~ *SEPTEMBER 30, 2006* TO THE SENATE AND HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE SENATE AND HOUSE FISCAL AGENCIES.

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department to base its MAC prices for generic drugs on the pricing available from at least two wholesalers who deliver in Michigan. **Sec. 1629.** The department shall utilize maximum allowable cost pricing for generic drugs that is based on wholesaler pricing to providers that is available from at least 2 wholesalers who deliver in the state of Michigan.	**Sec. 1629.** No changes from current law.	**Sec. 1629.** No changes from current law.	**Sec. 1629.** No changes from current law.	**Sec. 1629.** No changes from current law.
Continues hearing aid, podiatric, 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. Restores coverage for hearing aid services, but authorizes the Department to implement bulk order purchasing of hearing aids, imposes limits on binaural hearing aid benefits and limits replacement of hearing aids to once every 3 years. **Sec. 1630.** (1) Medicaid coverage for podiatric services and chiropractic services shall be restored 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.	**Sec. 1630.** (1) Medicaid coverage for podiatric services **SHALL CONTINUE** ~~and chiropractic services shall be restored~~ 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.~~	**Sec. 1630.** (1) No changes from current law.	**Sec. 1630.** (1) Medicaid coverage for podiatric services, **ADULT DENTAL SERVICES,** and chiropractic services shall be restored 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.	**Sec. 1630.** (1) Medicaid coverage for podiatric services, **ADULT DENTAL SERVICES,** and chiropractic services shall be restored 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.
(2) The department shall restore Medicaid coverage for hearing aid services, but 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.	(2) The department ~~shall restore Medicaid coverage for hearing aid services, but~~ 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.	(2) The department ~~shall restore Medicaid coverage for hearing aid services, but~~ 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.	(2) No changes from current law.	(2) The department ~~shall restore Medicaid coverage for hearing aid services, but~~ 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.

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Directs the Department to increase payment rates for dental services provided at local health departments. **Sec. 1630a.** From the funds appropriated in part 1 for auxiliary medical services, the department shall increase payment rates for dental services provided at local public health departments.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
Requires copayments on dental, podiatric, chiropractic, vision and hearing aid services unless prohibited by law or regulation. **Sec. 1631.** 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.	**Sec. 1631.** 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.	**Sec. 1631. (1)** The department shall require copayments on dental, podiatric, chiropractic, vision, and hearing aid services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.	**Sec. 1631.** No changes from current law.	**Sec. 1631. (1)** The department shall require copayments on dental, podiatric, chiropractic, vision, and hearing aid services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.
		(2) EXCEPT AS OTHERWISE PROHIBITED BY FEDERAL OR STATE LAW OR REGULATION, THE DEPARTMENT SHALL COLLECT A $5.00 MONTHLY PREMIUM FROM MEDICAID RECIPIENTS.		**(2) EXCEPT AS OTHERWISE PROHIBITED BY FEDERAL OR STATE LAW OR REGULATION, THE DEPARTMENT SHALL REQUIRE MEDICAID RECIPIENTS TO PAY THE FOLLOWING COPAYMENTS:**
		(3) EXCEPT AS OTHERWISE PROHIBITED BY FEDERAL OR STATE LAW OR REGULATION, THE DEPARTMENT SHALL REQUIRE A $3.00 COPYAMENT ON PHYSICIAN OFFICE VISITS BY MEDICAID RECIPIENTS.		**(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 IN-PATIENT HOSPITAL STAY.** **(D) ONE DOLLAR FOR AN OUT-PATIENT HOSPITAL VISIT.**

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department to expand the Healthy Kids Dental program statewide if the funds become available specifically for this purpose. **Sec.1633.** From the funds appropriated in part 1 for auxiliary medical services, the department shall expand the healthy kids dental program statewide if funds become available specifically for expansion of the program.	Delete current law.	**Sec. 1633.** No changes from current law.	**Sec. 1633.** No changes from current law.	**Sec. 1633.** No changes from current law.
Requires continuation of the FY 2000-01 5% increase in ambulance service payment rates. **Sec.1634.** From the funds appropriated in part 1 for ambulance services, the department shall continue the 5% increase in payment rates for ambulance services implemented in fiscal year 2000-2001.	Delete current law.	**Sec.1634.** From the funds appropriated in part 1 for ambulance services, the department shall continue the 5% increase in payment rates for ambulance services implemented in fiscal year 2000-2001 **AND INCREASE THE GROUND MILEAGE REIMBURSEMENT RATE PER STATUTE MILE TO $4.25.**	**Sec. 1634.** No changes from current law.	**Sec.1634.** From the funds appropriated in part 1 for ambulance services, the department shall continue the 5% increase in payment rates for ambulance services implemented in fiscal year 2000-2001 **AND INCREASE THE GROUND MILEAGE REIMBURSEMENT RATE PER STATUTE MILE TO $4.25.**
		NEW SECTION **SEC. 1635. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PHYSICIAN SERVICES AND HEALTH PLAN SERVICES, $6,910,800.00, OF WHICH $3,000,000.00 IS GENERAL FUND/GENERAL PURPOSE FUNDS, SHALL BE ALLOCATED TO INCREASE MEDICAID REIMBURSEMENT RATES FOR OBSTETRICAL SERVICES.**	**NEW SECTION** **SEC. 1635. (1) EFFECTIVE OCTOBER 1, 2005 AND SUBJECT TO FEDERAL APPROVAL OF THE NECESSARY WAIVERS, THE DEPARTMENT SHALL IMPLEMENT COPAYMENTS AND DEDUCTIBLES FOR MEDICAID FEE-FOR-SERVICES BASED ON THE FOLLOWING CRITERIA:**	**NEW SECTION** **SEC. 1635. FROM THE FUNDS APPROPRIATED IN PART 1 FOR PHYSICIAN SERVICES AND HEALTH PLAN SERVICES, $6,910,800.00, OF WHICH $3,000,000.00 IS GENERAL FUND/GENERAL PURPOSE FUNDS, SHALL BE ALLOCATED TO INCREASE MEDICAID REIMBURSEMENT RATES FOR OBSTETRICAL SERVICES.**
			(A) A $25.00 COPAYMENT FOR NONEMERGENCY USE OF EMERGENY DEPARTMENT SERVICES.	
			(B) A COPAYMENT ON FEE-FOR-SERVICE PHYSICIAN	

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			SERVICES SUFFICIENT TO LEAD TO A $3,000,000.00 GENERAL FUND/GENERAL PURPOSE FUNDS REDUCTION IN EXPENDITURES.	
			(C) A COPYAMENT ON THE FIRST DAY OF FEE-FOR-SERVICE HOSPITAL SERVICES SUFFICIENT TO LEAD TO A $500,000.00 GENERAL FUND/GENERAL PURPOSE FUNDS REDUCTION IN EXPENDITURES.	
			(D) A COPAYMENT ON DURABLE MEDICAL EQUIPMENT SUFFICIENT TO LEAD TO A $1,500,000.00 GENERAL FUND/GENERAL PURPOSE FUNDS REDUCTION IN EXPENDITURES.	
			(E) A DEDUCTIBLE FOR NONEMERGENCY TRANSPORTATION SERVICES SUFFICIENT TO PRODUCE A $500,000.00 GENERAL FUND/GENERAL PURPOSE FUNDS REDUCTION IN EXPENDITURES.	
			(2) THE DEPARTMENT MAY ESTABLISH DISEASE MANAGEMENT PROGRAMS WITH LOWER COPAYMENTS AND DEDUCTIBLES THAN THOSE DESCRIBED IN SUBSECTION (1).	
			(3) BY AUGUST 1, 2005, THE DEPARTMENT SHALL SUBMIT A WAIVER REQUEST TO THE CENTERS FOR	

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			MEDICARE AND MEDICAID SERVICES TO ALLOW FOR THE IMPLEMENTATION OF THE COPAYMENTS AND DEDUCTIBLES DESCRIBED IN SUBSECTION (1).	
			NEW SECTION SEC. 1636. (1) EFFECTIVE OCTOBER 1, 2005 AND SUBJECT TO FEDERAL APPROVAL OF THE NECESSARY WAIVERS, THE DEPARTMENT SHALL IMPLEMENT A SYSTEM OF PREMIUMS FOR MEDICAID CLIENTS SUBJECT TO THE FOLLOWING CONDITIONS:	
			(A) DISABLED INDIVIDUALS, NURSING HOME RESIDENTS, AND PREGNANT WOMEN SHALL BE EXEMPT FROM ANY PREMIUMS.	
			(B) PREMIUMS SHALL BE ASSESSED ON A SLIDING SCALE BASED ON FAMILY INCOME.	
			(C) ADULTS WHO SIGN A PERSONAL RESPONSIBILITY AGREEMENT AS DESCRIBED IN SECTION 1637 SHALL BE CHARGED PREMIUMS THAT ARE 25% AS LARGE AS THE PREMIUMS PAID BY ADULTS WHO DO NOT SIGN A PERSONAL RESPONSIBILITY AGREEMENT OR WHO HAVE VIOLATED THE TERMS OF THEIR PERSONAL RESPONSIBILITY AGREEMENT.	
			(D) THE OVERALL PREMIUM PACKAGE SHALL BE SET SO	

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			THAT THE AVERAGE PREMIUM PAID BY OR ON BEHALF OF A MEDICAID CLIENT NOT EXEMPTED IN SUBDIVISION (A) SHALL BE $5.00 PER MONTH.	
			(2) BY AUGUST 1, 2005, THE DEPARTMENT SHALL SUBMIT A WAIVER REQUEST TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES TO ALLOW FOR THE IMPLEMENTATION OF THE PREMIUM SYSTEM DESCRIBED IN SUBSECTION (1).	
			NEW SECTION SEC. 1637. (1) ALL ADULT MEDICAID RECIPENTS SHALL BE OFFERED THE OPPORTUNITY TO SIGN A PERSONAL RESPONSIBILITY AGREEMENT.	NEW SECTION SEC. 1637. (1) ALL ADULT MEDICAID RECIPENTS SHALL BE OFFERED THE OPPORTUNITY TO SIGN A PERSONAL RESPONSIBILITY AGREEMENT.
			(2) THOSE ADULT MEDICAID RECIPIENTS WHO SIGN SUCH A PERSONAL RESPONSIBILITY AGREEMENT SHALL BE CHARGED LOWER PREMIUMS SUBJECT TO THE CONDITIONS OF SECTION 1636(1)(C).	
			(3) THE PERSONAL RESPONSIBILITY AGREEMENT MAY INCLUDE AT MINIMUM THE FOLLOWING REQUIREMENTS: (A) THAT THE RECIPIENT NOT SMOKE. (B) THAT THE RECIPIENT SHALL ATTEND ALL	~~(3)~~ *(2)* THE PERSONAL RESPONSIBILITY AGREEMENT ~~MAY~~ *SHALL* INCLUDE AT MINIMUM THE FOLLOWING REQUIREMENTS: (A) THAT THE RECIPIENT NOT SMOKE. (B) THAT THE RECIPIENT SHALL ATTEND ALL

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			SCHEDULED MEDICAL APPOINTMENTS. (C) THAT THE RECIPIENT SHALL EXCERCIZE 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.	SCHEDULED MEDICAL APPOINTMENTS. (C) THAT THE RECIPIENT SHALL EXCERCISE 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.
			(4) ALL ADULT MEDICAID RECIPIENTS, WHETHER OR NOT THEY HAVE SIGNED A PERSONAL RESPONSIBILITY AGREEMENT, SHALL HAVE AN ANNUAL HEALTH ASSESSMENT WITH A PHYSICIAN.	
			(5) AT THE ANNUAL HEALTH ASSESSMENT, ALL ADULT MEDICAID RECIPIENTS WHO HAVE SIGNED A PERSONAL RESPONSIBILITY AGREEMENT SHALL BE REQUIRED TO SUBMIT TO A TEST TO DETERMINE WHETHER OR NOT THEY HAVE SMOKED.	
			(6) IF AN ADULT MEDICAID RECIPIENT WHO HAS SIGNED A PERSONAL RESPONSIBILITY AGREEMENT IS FOUND TO HAVE SMOKED, TO HAVE NOT ATTENDED ALL SCHEDULED MEDICAL APPOINTMENTS, OR IF HIS OR HER CHILDREN ARE NOT	

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			UP-TO-DATE ON THEIR IMMUNIZATIONS, HE OR SHE SHALL BE SUBJECT TO THE HIGHER PREMIUMS SCALE SET FOR THOSE WHO DID NOT SIGN THE PERSONAL RESPONSIBILITY AGREEMENT, AS DESCRIBED IN SECTION 1636(1)(C).	
			NEW SECTION SEC. 1639. THE DEPARTMENT IN COOPERATION WITH THE DEPARTMENT OF HUMAN SERVICES MAY PRODUCE A SURVEY BY JULY 1, 2006 IDENTIFYING THE BUSINESSES IN THIS STATE THAT HAVE THE HIGHEST NUMBER OF THEIR EMPLOYEES ENROLLED IN THE STATE MEDICAID AND MICHILD PROGRAMS. IF A SURVEY IS PRODUCED, THE SURVEY SHALL BE PROVIDED TO THE SENATE AND HOUSE SATNDING COMMITTEES ON APPROPRIATIONS, THE SENATE AND HOUSE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR.	
Requires institutional providers to submit their cost reports within five months of the end of the fiscal year. **Sec.1641.** An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year.	**Sec. 1641.** No changes from current law.	**Sec. 1641.** No changes from current law.	**Sec. 1641.** No changes from current law.	**Sec. 1641.** No changes from current law.

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Allocates $10,359,600 from Graduate Medical Education funds for a psychiatric residency training program if the universities involved provide the necessary Medicaid matching funds. **Sec.1643.** Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line item appropriation, $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 Medicaid matching funds are provided by the universities as allowable state match.	**Sec.1643.** Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line item appropriation, ~~$10,359,000.00~~ **THE FEDERAL SHARE AND THE ALLOWABLE MEDICAID MATCHING FUNDS** 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 ~~as allowable state match~~.	**Sec.1643.** Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line item appropriation, **NOT LESS THAN** $10,359,000.00 shall be allocated for the psychiatric residency training program that establishes and maintains collaborative relations with the schools of medicine at Michigan State University and Wayne State University if the necessary **ALLOWABLE** Medicaid matching funds are provided by the universities ~~as allowable state match~~.	**Sec.1643.** Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line item appropriation, ~~$10,359,000.00~~ **THE FEDERAL SHARE AND THE ALLOWABLE MEDICAID MATCHING FUNDS** 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 ~~as allowable state match~~.	**Sec.1643.** Of the funds appropriated in part 1 for graduate medical education in the hospital services and therapy line item appropriation, **NOT LESS THAN** $10,359,000.00 shall be allocated for the psychiatric residency training program that establishes and maintains collaborative relations with the schools of medicine at Michigan State University and Wayne State University if the necessary **ALLOWABLE** Medicaid matching funds are provided by the universities ~~as allowable state match~~.
		NEW SECTION **SEC. 1646. EFFECTIVE OCTOBER 1, 2005, THE DEPARTMENT SHALL ELIMINATE 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.**		

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires graduate medical education payments to hospitals at no less than the level of rates and payments in effect on April1, 2004. **Sec. 1647.** From the funds appropriated in part 1 for medical services, the department shall allocate for graduate medical education not less than the level of rates and payments in effect on April 1, 2004.	Delete current law.	**Sec. 1647.** No changes from current law.	**Sec. 1647.** From the funds appropriated in part 1 for medical services, the department shall allocate for graduate medical education not less than the level of rates and payments in effect on ~~April 1, 2004~~ **MAY 1, 2005**.	**Sec. 1647.** From the funds appropriated in part 1 for medical services, the department shall allocate for graduate medical education not less than the level of rates and payments in effect on April 1, ~~2004~~ **2005**.
Requires the Department to maintain an automated toll-free phone line for medical providers to verify Medicaid eligibility. **Sec. 1648.** The department shall maintain an automated toll-free phone line to enable medical providers to verify the eligibility status of Medicaid recipients. There shall be no charge to providers for the use of the toll-free phone line.	**Sec. 1648.** No changes from current law.	**Sec. 1648.** No changes from current law.	**Sec. 1648.** No changes from current law.	**Sec. 1648.** No changes from current law.
Directs the Department to establish breast and cervical cancer treatment coverage for uninsured women under age 65 and with incomes below 250% of the poverty level, pursuant to federal legislation. **Sec. 1649.** From the funds appropriated in part 1 for medical services, the department shall continue breast and cervical cancer treatment coverage for women up to 250% of the federal poverty level, who are under age 65, and who are not otherwise covered by insurance. This coverage shall be provided to women who have been screened through the centers for disease control breast and cervical cancer early detection program, and are found to have breast or cervical cancer, pursuant to the breast and cervical cancer prevention and treatment act of 2000, Public Law 106-354, 114 Stat.1381.	**Sec. 1649.** No changes from current law.	**Sec. 1649.** No changes from current law.	**Sec. 1649.** No changes from current law.	**Sec. 1649.** No changes from current law.

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
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 the criteria for medical exceptions to mandatory managed care enrollment. **Sec. 1650.** (1) The department may require medical services recipients residing in counties offering managed care options to choose the particular managed care plan in which they wish to be enrolled. Persons not expressing a preference may be assigned to a managed care provider.	**Sec. 1650.** (1) No changes from current law.	**Sec. 1650.** (1) No changes from current law.	**Sec. 1650.** (1) No changes from current law.	**Sec. 1650.** (1) No changes from current law.
(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.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The 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.	(3) No changes from current law.	(3) No changes from current law.

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Allows access to hospice services for Medicaid patients enrolled in health maintenance organizations. **Sec. 1651.** (1) Medical services patients who are enrolled in HMOs have the choice to elect hospice services or other services for the terminally ill that are offered by the HMOs. If the patient elects hospice services, those services shall be provided in accordance with part 214 of the public health code, 1978 PA 368, MCL 333.21401 to 333.21420.	**Sec. 1651.** (1) No changes from current law.	**Sec. 1651.** (1) No changes from current law.	**Sec. 1651.** (1) No changes from current law.	**Sec. 1651.** (1) No changes from current law.
(2) The department shall not amend the medical services hospice manual in a manner that would allow hospice services to be provided without making available all comprehensive hospice services described in 42 CFR part 418.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
Establishes conditions for implementation of Medicaid managed care plans related to continuity of care, submission of 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 the Children's Special Health Care Plan, and requires a budget neutral case rate adjustment for persons with AIDS and other high cost conditions. **Sec. 1653.** Implementation and contracting for managed care by the department through HMOs shall be subject to the following conditions: (a) Continuity of care is assured by allowing enrollees to continue receiving required medically necessary services from their	**Sec. 1653.** Implementation and contracting for managed care by the department through HMOs shall be subject to the following conditions: (a) Continuity of care is assured by allowing enrollees to continue receiving required	**Sec. 1653.** Implementation and contracting for managed care by the department through HMOs shall be subject to the following conditions: (a) Continuity of care is assured by allowing enrollees to continue receiving required	**Sec. 1653.** Implementation and contracting for managed care by the department through HMOs shall be subject to the following conditions: (a) Continuity of care is assured by allowing enrollees to continue receiving required	**Sec. 1653.** Implementation and contracting for managed care by the department through HMOs shall be subject to the following conditions: (a) Continuity of care is assured by allowing enrollees to continue receiving required

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
current providers for a period not to exceed 1 year if enrollees meet the managed care medical exception criteria.	medically necessary services from their current providers for a period not to exceed 1 year if enrollees meet the managed care medical exception criteria.	medically necessary services from their current providers for a period not to exceed 1 year if enrollees meet the managed care medical exception criteria.	medically necessary services from their current providers for a period not to exceed 1 year if enrollees meet the managed care medical exception criteria.	medically necessary services from their current providers for a period not to exceed 1 year if enrollees meet the managed care medical exception criteria.
(b) The department shall require contracted HMOs to submit data determined necessary for evaluation on a timely basis.	(b) The department shall require contracted HMOs to submit data determined necessary for evaluation on a timely basis.	(b) The department shall require contracted HMOs to submit data determined necessary for evaluation on a timely basis.	(b) The department shall require contracted HMOs to submit data determined necessary for evaluation on a timely basis.	(b) The department shall require contracted HMOs to submit data determined necessary for evaluation on a timely basis.
(c) A health plans advisory council is functioning that meets all applicable federal and state requirements for a medical care advisory committee. The council shall review at least quarterly the implementation of the department's managed care plans.	~~(c) A health plans advisory council is functioning that meets all applicable federal and state requirements for a medical care advisory committee. The council shall review at least quarterly the implementation of the department's managed care plans.~~	~~(c) A health plans advisory council is functioning that meets all applicable federal and state requirements for a medical care advisory committee. The council shall review at least quarterly the implementation of the department's managed care plans.~~	~~(c) A health plans advisory council is functioning that meets all applicable federal and state requirements for a medical care advisory committee. The council shall review at least quarterly the implementation of the department's managed care plans.~~	~~(c) A health plans advisory council is functioning that meets all applicable federal and state requirements for a medical care advisory committee. The council shall review at least quarterly the implementation of the department's managed care plans.~~
(d) 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.	~~(d)~~ **(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.	~~(d)~~ **(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.	~~(d)~~ **(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.	~~(d)~~ **(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.
(e) Enrollment of recipients of children's special health care services in HMOs shall be voluntary during fiscal year 2004-2005.	~~(e)~~ **(D)** Enrollment of recipients of children's special health care services in HMOs shall be voluntary during fiscal year ~~2004-2005~~.	~~(e)~~ **(D)** Enrollment of recipients of children's special health care services in HMOs shall be voluntary during **THE** fiscal year ~~2004-2005~~.	(e) Enrollment of recipients of children's special health care services in HMOs shall be voluntary ~~during fiscal year 2004-2005~~.	~~(e)~~ **(D)** Enrollment of recipients of children's special health care services in HMOs shall be voluntary during **THE** fiscal year ~~2004-2005~~.
(f) The department shall develop a case adjustment to its rate methodology that considers the costs of persons with	~~(f)~~ **(E)** The department shall develop a case adjustment to its rate methodology that	~~(f)~~ **(E)** The department shall develop a case adjustment to its rate methodology that	~~(f)~~ **(E)** The department shall develop a case adjustment to its rate methodology that	~~(f)~~ **(E)** The department shall develop a case adjustment to its rate methodology that

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
HIV/AIDS, end stage renal disease, organ transplants, epilepsy, 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.	considers the costs of persons with HIV/AIDS, end stage renal disease, organ transplants, ~~epilepsy,~~ 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.	considers the costs of persons with HIV/AIDS, end stage renal disease, organ transplants, ~~epilepsy,~~ 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.	considers the costs of persons with HIV/AIDS, end stage renal disease, organ transplants, ~~epilepsy,~~ 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.	considers the costs of persons with HIV/AIDS, end stage renal disease, organ transplants, ~~epilepsy,~~ 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.
Requires Medicaid HMOs to pay for services by non-HMO providers if medically necessary, approved by the HMO, immediately required, and can't be obtained through HMO providers on a timely basis. Services are considered approved if the authorization request is not responded to within 24 hours. **Sec. 1654.** Medicaid HMOs shall provide for reimbursement of HMO covered services delivered other than through the HMO's providers if medically necessary and approved by the HMO, immediately required, and that could not be reasonably obtained through the HMO's providers on a timely basis. Such services shall be considered approved if the HMO does not respond to a request for authorization within 24 hours of the request. Reimbursement shall not exceed the Medicaid fee-for-service payment for those services.	**Sec. 1654.** No changes from current law.	**Sec. 1654.** No changes from current law.	**Sec. 1654.** No changes from current law.	**Sec. 1654.** No changes from current law
Allows for a 12-month lock-in to HMOs with good cause exceptions and allows recipients to change plans for any reason within the first 90 days. **Sec. 1655.** (1) The department may require a 12-month lock-in to the HMO selected by the recipient during the initial and subsequent open enrollment periods, but allow for good cause exceptions during the	**Sec. 1655.** (1) No changes from current law.	**Sec. 1655.** (1) No changes from current law.	**Sec. 1655.** (1) No changes from current law.	**Sec. 1655.** (1) No changes from current law.

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
lock-in period.				
(2) Medicaid recipients shall be allowed to change HMOs for any reason within the initial 90 days of enrollment.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
Requires an expedited grievance procedure for Medicaid recipients enrolled in qualified health plans, and a toll free phone number to assist with resolving problems and complaints. Annual reports on the complaints received and their resolution are required. **Sec. 1656.** (1) The department shall provide an expedited complaint review procedure for Medicaid eligible persons enrolled in HMOs for situations in which failure to receive any health care service would result in significant harm to the enrollee.	**Sec. 1656.** (1) No changes from current law.	**Sec. 1656.** (1) No changes from current law.	**Sec. 1656.** (1) No changes from current law.	**Sec. 1656.** (1) No changes from current law.
(2) The department shall provide for a toll-free telephone number for Medicaid recipients enrolled in managed care to assist with resolving problems and complaints. If warranted, the department shall immediately disenroll persons from managed care and approve fee-for-service coverage.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) Annual reports summarizing the problems and complaints reported and their resolution shall be provided to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, the state budget office, and the department's health plans advisory council.	(3) Annual reports summarizing the problems and complaints reported and their resolution shall be provided to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, **AND** the state budget office ~~and the department's health plans advisory council~~.	(3) Annual reports summarizing the problems and complaints reported and their resolution shall be provided to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, **AND** the state budget office ~~and the department's health plans advisory council~~.	(3) Annual reports summarizing the problems and complaints reported and their resolution shall be provided to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, **AND** the state budget office ~~and the department's health plans advisory council~~.	(3) Annual reports summarizing the problems and complaints reported and their resolution shall be provided to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, **AND** the state budget office ~~and the department's health plans advisory council~~.

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires reimbursement for emergency room services to screen and stabilize the patient without prior authorization by an HMO, and notice to the HMO regarding the patient's diagnosis and treatment within 24 hours of discharge. Prior authorization by the HMO is required for further services beyond stabilization. Requires DCH to receive assurances from Office of Financial and Insurance Services that new Medicaid HMOS meet net worth and solvency standards prior to contracting with them. **Sec. 1657.** (1) Reimbursement for medical services to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room shall not be made contingent on obtaining prior authorization from the recipient's HMO. If the recipient is discharged from the emergency room, the hospital shall notify the recipient's HMO within 24 hours of the diagnosis and treatment received.	**Sec. 1657.** (1) 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~~ **UPON** obtaining prior authorization from the recipient's HMO.....	**Sec. 1657.** (1) Reimbursement for medical services to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room shall not be made contingent ~~on~~ **UPON** obtaining prior authorization from the recipient's HMO.....	**Sec. 1657.** (1) No changes from current law.	**Sec. 1657.** (1) Reimbursement for medical services to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room shall not be made contingent ~~on~~ **UPON** obtaining prior authorization from the recipient's HMO.....
(2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital must receive authorization from the recipient's HMO prior to admitting the recipient.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) Subsections (1) and (2) shall not be construed as a requirement to alter an existing agreement between an HMO and their contracting hospitals nor as a requirement that an HMO must reimburse for services that are not considered to be medically necessary.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(4) Prior to contracting with an HMO for managed care services that did not have a contract with the department before October 1, 2002, the department shall receive assurances from the office of financial and	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.	(4) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
insurance services that the HMO meets the net worth and financial solvency requirements contained in chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580.				
Expresses legislative intent that HMOs shall have contracts with local hospitals, and requires reimbursement to non-contracted hospitals at Medicaid fee-for-service rates. Also requires hospitals that do not contract with HMOs in their service area to enter into a hospital access agreement as specified in a MSA policy bulletin. **Sec. 1658.** (1) It is the intent of the legislature that HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO, in its service area, that hospital shall enter into a hospital access agreement as specified in the MSA bulletin Hospital 01-19.	**Sec. 1658.** (1) ~~It is the intent of the legislature that~~ HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO, in its service area, that hospital shall enter into a hospital access agreement as specified in the MSA bulletin Hospital 01-19.	**Sec. 1658.** (1) ~~It is the intent of the legislature that~~ HMOs shall have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO, in its service area, that hospital shall enter into a hospital access agreement as specified in the MSA bulletin Hospital 01-19.	**Sec. 1658.** (1) No changes from current law.	**Sec. 1658.** (1) ~~It is the intent of the legislature that~~ 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.
(2) A hospital access agreement specified in subsection (1) shall be considered an affiliated provider contract pursuant to the requirements contained in chapter 35 of the insurance code of 1956, 1956 PA 218, MCL 500.3501 to 500.3580.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs. **Sec. 1659.** The following sections are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: 402, 404, 414, 418, 424, 428, 442, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1660, 1661, 1662,	**Sec. 1659.** The following sections are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: **401,** 402, 404, 414, 418, 424, 428, ~~442~~, 1650, 1651, 1653, 1654, 1655,	**Sec. 1659.** The following sections are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: **401,** 402, 404, 414, 418, 424, 428, ~~442~~, 1650, 1651, 1653, 1654, 1655,	**Sec. 1659.** The following sections are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: **401,** 402, 404, 414, 418, 424, 428, ~~442,~~ 1650, 1651, 1653, 1654, 1655,	**Sec. 1659.** The following sections are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, children's special health care services plan, MIChoice long-term care plan, and the mental health, substance abuse, and developmentally disabled services program: **401,** 402, 404, 414, 418, 424, 428, ~~442~~, 1650, 1651, 1653, 1654, 1655,

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and 1699.	1656, 1657, 1658, 1660, 1661, 1662, **1664**, and 1699.	1656, 1657, 1658, 1660, 1661, 1662, **1665, 1666,** ~~and~~1699, **AND 1700**.	1656, 1657, 1658, 1660, 1661, 1662, **1664,** and 1699.	1656, 1657, 1658, 1660, 1661, 1662, **1665, 1666,** ~~and~~1699, **AND 1700**.
Requires timely access to EPSDT services for children enrolled in Medicaid managed care programs. Specifies primary care provider's responsibility for assuring child's vision and hearing screening. Requires local health departments to provide preschool vision and hearing screenings and accept referrals. Also requires that HMOs provide EPSDT utilization data, well child visits, and maternal and infant support services as described in Medicaid policy, and that DCH provide for budget neutral incentives to improve performance related to the care of children and pregnant women.				
Sec. 1660. (1) The department shall assure that all Medicaid children have timely access to EPSDT services as required by federal law. Medicaid HMOs shall provide EPSDT services to their child members in accordance with Medicaid EPSDT policy.	**Sec. 1660.** (1) No changes from current law.	**Sec. 1660.** (1) No changes from current law.	**Sec. 1660.** (1) No changes from current law.	**Sec. 1660.** (1) No changes from current law.
(2) The primary responsibility of assuring a child's hearing and vision screening is with the child's primary care provider. The primary care provider shall provide age appropriate screening or arrange for these tests through referrals to local health departments. Local health departments shall provide preschool hearing and vision screening services and accept referrals for these tests from physicians or from Head Start programs in order to assure all preschool children have appropriate access to hearing and vision screening. Local health departments shall be reimbursed for the cost of providing these tests for Medicaid eligible children by the Medicaid program.	(2) 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~~	(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~~	(2) No changes from current law.	(2) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
	~~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.~~	~~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.~~		
(3) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and health employer data and information set well child health measures in accordance with the National Committee on Quality Assurance prescribed methodology.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(4) The department shall require HMOs to be responsible for well child visits and maternal and infant support services as described in Medicaid policy. These responsibilities shall be specified in the information distributed by the HMOs to their members.	(4) No changes from current law.	(4) No changes from current law.	(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 and pregnant women.	(5) The department ~~shall~~ **MAY** provide, on an annual basis, budget neutral incentives to Medicaid HMOs and local health departments to improve performance on measures related to the care of children and pregnant women.	(5) No changes from current law.	(5) No changes from current law.	(5) No changes from current law.

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FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires timely access to Maternal/Infant Support services (MSS/ISS) and coordination with other state or local programs. Also prohibits prior authorization for EPSDT and MSS/ISS screening referrals and up to three MSS/ISS service visits. **Sec. 1661.** (1) The department shall assure that all Medicaid eligible children and pregnant women have timely access to MSS/ISS services. Medicaid HMOs shall assure that maternal support service screening is available to their pregnant members and that those women found to meet the maternal support service high-risk criteria are offered maternal support services. Local health departments shall assure that maternal support service screening is available for Medicaid pregnant women not enrolled in an HMO and that those women found to meet the maternal support service high-risk criteria are offered maternal support services or are referred to a certified maternal support service provider.	**Sec. 1661.** (1) No changes from current law.	**Sec. 1661.** (1) No changes from current law.	**Sec. 1661.** (1) No changes from current law.	**Sec. 1661.** (1) No changes from current law.
(2) The department shall prohibit HMOs from requiring prior authorization of their contracted providers for any EPSDT screening and diagnosis service, for any MSS/ISS screening referral, or for up to 3 MSS/ISS service visits.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The department shall assure the coordination of MSS/ISS services with the WIC program, state-supported substance abuse, smoking prevention, and violence prevention programs, the family independence agency, and any other state or local program with a focus on preventing adverse birth outcomes and child abuse and neglect.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Requires the external quality review contractor to conduct a review of all EPSDT components and directs the Department to submit copies of the analysis of HMO HEDIS reports and the annual external quality review report within 30 days. Also requires the Department to work with the Michigan Association of Health Plans and the Michigan Association for Local Public Health to improve EPSDT and MSS/ISS services, and provide training on EPSDT and MSS/ISS. **Sec. 1662.** (1) The department shall require the external quality review contractor to conduct a review of all EPSDT components provided to children from a statistically valid sample of health plan medical records.	**Sec. 1662.** (1) The department shall ~~require~~ **ASSURE** ~~the~~ **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 THEIR CONTRACTORS FURNISH TO MEDICAID BENEFICIARIES.** ~~contractor to conduct a review of all EPSDT components provided to children from a statistically valid sample of health plan medical records.~~	**Sec. 1662.** (1) The department shall ~~require~~ **ASSURE** ~~the~~ **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.** ~~contractor to conduct a review of all EPSDT components provided to children from a statistically valid sample of health plan medical records.~~	**Sec. 1662.** (1) The department shall ~~require~~ **ASSURE** ~~the~~ **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.** ~~contractor to conduct a review of all EPSDT components provided to children from a statistically valid sample of health plan medical records.~~	**Sec. 1662.** (1) The department shall ~~require~~ **ASSURE** ~~the~~ **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.** ~~contractor to conduct a review of all EPSDT components provided to children from a statistically valid sample of health plan medical records.~~
(2) The department shall provide a copy of the analysis of the Medicaid HMO annual audited health employer data and information set reports and the annual external quality review report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The department shall work with the Michigan association of health plans and the Michigan association for local public health to improve service delivery and coordination in the MSS/ISS and EPSDT programs.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.
(4) The department shall provide training and technical assistance workshops on EPSDT and MSS/ISS for Medicaid health plans, local health departments, and MSS/ISS contractors.	(4) The department shall ~~provide~~ **ASSURE THAT** training and technical assistance ~~workshops on~~ **ARE AVAILABLE FOR** EPSDT and MSS/ISS for Medicaid health plans, local health departments,	(4) The department shall ~~provide~~ **ASSURE THAT** training and technical assistance ~~workshops on~~ **ARE AVAILABLE FOR** EPSDT and MSS/ISS for Medicaid health plans, local health departments,	(4) The department shall ~~provide~~ **ASSURE THAT** training and technical assistance ~~workshops on~~ **ARE AVAILABLE FOR** EPSDT and MSS/ISS for Medicaid health plans, local health departments,	(4) The department shall ~~provide~~ **ASSURE THAT** training and technical assistance ~~workshops on~~ **ARE AVAILABLE FOR** EPSDT and MSS/ISS for Medicaid health plans, local health departments,

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	and MSS/ISS contractors.	and MSS/ISS contractors.	and MSS/ISS contractors.	and MSS/ISS contractors.
	NEW SECTION SEC. 1663. IF A MEDICAID PROVIDER PARTICIPATES IN THE QUALITY ASSURANCE ASSESSMENT PROGRAM, ADDITIONAL ASSESSMENT REVENUES MAY BE USED TO OFFSET THE PROVIDER RATE REDUCTIONS IN EFFECT IN FISCAL YEAR 2005-2006.			
	NEW SECTION SEC. 1664. OF THE APPROPRIATIONS IN PART 1 FOR HEALTH PLAN SERVICES AND PHYSICIAN SERVICES, MEDICAID PHYSICIAN RATES SHALL BE INCREASED UPON IMPLEMENTATION OF A PHYSICIAN QUALITY ASSURANCE ASSESSMENT PROGRAM. WITH ADDITIONAL QUALITY ASSURANCE ASSESSMENT PROGRAM REVENUES AND THE MATCHING FEDERAL MEDICAID FUNDS ABOVE THE PART 1 APPROPRIATIONS, MEDICAID PHYSICIAN RATES MAY BE INCREASED UP TO ONE HUNDRED PERCENT OF MEDICARE FEE SCREENS, IN ACCORDANCE WITH RELATED LEGISLATION PASSED DURING THE 2005-2006 LEGISLATIVE SESSION.			

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		NEW SECTION SEC. 1665. FROM THE HEALTHY MICHIGAN FUNDS APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, $10,388,100.00 SHALL PROVIDE HEALTH RELATED SERVICES TO MEDICAID ELIGIBLE INDIVIDUALS. SERVICES SHOULD INCLUDE: (A) ALZHEIMER'S DISEASE AND DEMENTIA INFORMATION AND SUPPORT. (B) CANCER PREVENTION AND CONTROL. (C) CHILD AND ADULT ARTHRITIS. (D) FAMILY PLANNING AND PREGNANCY PREVENTION. (E) IMMUNIZATION. (F) MATERNAL AND CHILD HEALTH. (G) SMOKING PREVENTION.		
		NEW SECTION SEC. 1666. TO INCREASE TIMELY REPAYMENT OF THE MATERNITY CASE RATE TO HEALTH PLANS AND REDUCE THE NEED TO RECOVER REVENUE FROM HOSPITALS, THE DEPARTMENT SHALL IMPLEMENT SYSTEM CHANGES TO ASSURE THAT CHILDREN WHO ARE BORN TO MOTHERS WHO ARE MEDICAID ELIGIBLE AND ENROLLED IN HEALTH PLANS ARE IMMEDIATELY		NEW SECTION SEC. 1666. TO INCREASE TIMELY REPAYMENT OF THE MATERNITY CASE RATE TO HEALTH PLANS AND REDUCE THE NEED TO RECOVER REVENUE FROM HOSPITALS, THE DEPARTMENT SHALL IMPLEMENT SYSTEM CHANGES TO ASSURE THAT CHILDREN WHO ARE BORN TO MOTHERS WHO ARE MEDICAID ELIGIBLE AND ENROLLED IN HEALTH PLANS ARE ~~IMMEDIATELY~~

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		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.		***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.**
Specifies that the funds appropriated for the MIChild Program are to be used to provide health care to children under age 19 in families with income below 200 % of the federal poverty level who have not had health insurance within six months of making application for MIChild benefits. Health care coverage is to be provided through expanded Medicaid eligibility for children in families up to 150% of poverty, and through a state-based private health care program for children in families between 150% and 200% of poverty. Requires the Department to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide the MIChild health care benefit at the capitated rate.				
Sec. 1670. (1) The appropriation in part 1 for the MIChild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 200% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MIChild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this act. Health care coverage for children in families below 150% of the	**Sec. 1670.** (1) .....department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this ~~act~~ **BILL**. Health care coverage	**Sec. 1670.** (1) .....department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this ~~act~~ **ARTICLE**. Health care coverage	**Sec. 1670.** (1) No changes from current law.	**Sec. 1670.** (1) .....department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this ~~act~~ **ARTICLE**. Health care coverage .....

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federal poverty level shall be provided through expanded eligibility under the state's Medicaid program. Health coverage for children in families between 150% and 200% of the federal poverty level shall be provided through a state-based private health care program.				
	Moved from Sec. 1672. No changes from current law. **(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.	Moved from Sec. 1672. No changes from current law. **(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.	Moved from Sec. 1672. No changes from current law. **(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.	Moved from Sec. 1672. No changes from current law. **(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.
	Moved from Sec. 1675. No changes from current law. **(3)** Children whose category of eligibility changes between the Medicaid and MIChild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.	Moved from Sec. 1675. No changes from current law. **(3)** Children whose category of eligibility changes between the Medicaid and MIChild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.	Moved from Sec. 1675. No changes from current law. **(3)** Children whose category of eligibility changes between the Medicaid and MIChild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition	Moved from Sec. 1675. No changes from current law. **(3)** Children whose category of eligibility changes between the Medicaid and MIChild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition
	Moved from Sec. 1676. No changes from current law. **(4)** To be eligible for the MIChild program, a child must be	Moved from Sec. 1676. No changes from current law. **(4)** To be eligible for the MIChild program, a child must be	Moved from Sec. 1676. No changes from current law. **(4)** To be eligible for the MIChild program, a child must be	Moved from Sec. 1676. No changes from current law. **(4)** To be eligible for the MIChild program, a child must be

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	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.	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.	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.	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.
(2) 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.	~~(2)~~ **(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.	~~(2)~~ **(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.	~~(2)~~ **(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.	~~(2)~~ **(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.
(3) The department may enter into contracts to obtain certain MIChild services from community mental health service programs.	~~(3)~~ **(6)** The department may enter into contracts to obtain certain MIChild services from community mental health service programs.	~~(3)~~ **(6)** The department may enter into contracts to obtain certain MIChild services from community mental health service programs.	~~(3)~~ **(6)** The department may enter into contracts to obtain certain MIChild services from community mental health service programs.	~~(3)~~ **(6)** The department may enter into contracts to obtain certain MIChild services from community mental health service programs.
(4) 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	~~(4)~~ **(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	~~(4)~~ **(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	~~(4)~~ **(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	~~(4)~~ **(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

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human services, or from other medical services line-item appropriations providing for specific health care services.	MIChild state plan approved by the United States department of health and human services, or from other medical services line-item appropriations providing for specific health care services.	MIChild state plan approved by the United States department of health and human services, or from other medical services line-item appropriations providing for specific health care services.	MIChild state plan approved by the United States department of health and human services, or from other medical services line-item appropriations providing for specific health care services.	MIChild state plan approved by the United States department of health and human services, or from other medical services line-item appropriations providing for specific health care services.
		(8) THE DEPARTMENT SHALL REQUIRE ENROLLMENT OF MICHILD PARTICIPANTS INTO HMOS THAT CONTRACT WITH THE DEPARTMENT IN THOSE COUNTIES WHERE AN HMO CONTRACT EXISTS.		
Requires the Department to continue a comprehensive approach to the marketing and outreach of the MIChild program, and to coordinate such efforts with the Department's existing outreach and marketing activities. **Sec. 1671.** From the funds appropriated in part 1, the department shall continue a comprehensive approach to the marketing and outreach of the MIChild program. The marketing and outreach required under this section shall be coordinated with current outreach, information dissemination, and marketing efforts and activities conducted by the department.	**Sec. 1671.** No changes from current law.	**Sec. 1671.** No changes from current law.	**Sec. 1671.** No changes from current law.	**Sec. 1671.** No changes from current law.
Allows the Department to provide up to one year of continuous eligibility for the MIChild Program unless the family members no longer meet the eligibility criteria or fails to pay the monthly premium. **Sec. 1672.** 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	Moved to **1670.** (2) No changes from current law.	Moved to **1670.** (2) No changes from current law.	Moved to **1670.** (2) No changes from current law.	Moved to **1670.** (2) No changes from current law.

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children's family changes and its members no longer meet the eligibility criteria as specified in the federally approved MIChild state plan.				
Allows the Department to establish premiums for eligible persons above 150% of the poverty level not to exceed $15 per month for a family. **Sec. 1673.** The department may establish premiums for MIChild eligible persons in families with income above 150% of the federal poverty level. The monthly premiums shall not exceed $15.00 for a family.	**Sec. 1673. (1)** No changes from current law.	**Sec. 1673. (1)** The department may establish premiums for MIChild eligible persons in families with income above 150% of the federal poverty level. The monthly premiums shall not **BE LESS THAN $10.00 OR** exceed $15.00 for a family.	**Sec. 1673. (1)** No changes from current law.	**Sec. 1673. (1)** No changes from current law.
	Moved from Sec. 1674. No changes from current law. **(2)** The department shall not require copayments under the MIChild program.	Moved from Sec. 1674. No changes from current law. **(2)** The department shall not require copayments under the MIChild program		Moved from Sec. 1674. No changes from current law. **(2)** The department shall not require copayments under the MIChild program
		(3) THE DEPARTMENT SHALL MONITOR THE LEVEL OF ENROLLMENT IN THE MICHILD PROGRAM AFTER THE IMPLEMENTATION OF THE MINIMUM MONTHLY PREMIUM OF $10.00 TO DETERMINE WHETHER ENROLLMENT DECREASES AS A RESULT OF THE MINIMUM MONTHLY PREMIUM ESTABLISHED UNDER SUBSECTION (1) FOR A FAMILY.		
Prohibits copayments under the MIChild Program. **Sec. 1674.** The department shall not require copayments under the MIChild program.	Moved to **Sec. 1673.** (2) No changes from current law.	Moved to **Sec. 1673.** (2) No changes from current law.	Deletes current law.	Moved to **Sec. 1673.** (2) No changes from current law.
Assures continuity of care for persons whose category of MIChild eligibility changes due to family income. **Sec. 1675.** Children whose category of	Moved to **Sec. 1670.** (3) No	Moved to **Sec. 1670.** (3) No	Moved to **Sec. 1670.** (3) No	Moved to **Sec. 1670.** (3) No

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
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 1year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.	changes from current law.	changes from current law.	changes from current law.	changes from current law.
Specifies the income level and verification requirements to be used in determining eligibility for the MIChild program. **Sec. 1676.** 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.	Moved to **Sec. 1670.** (4) No changes from current law.	Moved to **Sec. 1670.** (4) No changes from current law.	Moved to **Sec. 1670.** (4) No changes from current law.	Moved to **Sec. 1670.** (4) No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
Specifies the benefits to be covered by the MIChild program based on the state employee insurance plan. **Sec. 1677.** The MIChild program shall provide all benefits available under the state employee insurance plan that are delivered through contracted providers and consistent with federal law, including, but not limited to, the following medically necessary services: (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. (b) Outpatient mental health services, other than substance abuse services, including services furnished in a state-operated mental hospital and community-based services. (c) Durable medical equipment and prosthetic and orthotic devices. (d) Dental services as outlined in the approved MIChild state plan. (e) Substance abuse treatment services that may include inpatient, outpatient, and residential substance abuse treatment services. (f) Care management services for mental health diagnoses. (g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders. (h) Emergency ambulance services.	Delete current law.	**Sec. 1677.** No changes from current law.	Delete current law.	**Sec. 1677.** No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Expresses legislative intent that previous nursing home wage pass through payments be continued, and requires a report on nursing home wage and benefit increases provided in FY 2003-04 through the Medicaid nursing home wage pass-through program implemented in previous fiscal years. Also requires that the Department not increase or decrease the Medicaid nursing home wage pass-through program in FY 2004-05. **Sec. 1680.** (1) It is the intent of the legislature that payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through the Medicaid nursing home wage pass-through program be continued in fiscal year 2004-2005.	**Sec. 1680.** ~~(1) It is the intent of the legislature that~~ p~~-~~Payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through the Medicaid nursing home wage pass-through program **SHALL** be continued in fiscal year ~~2004-2005~~ **2005-2006**.	**Sec. 1680.** ~~(1) It is the intent of the legislature that~~ p~~-~~Payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through the Medicaid nursing home wage pass-through program **SHALL** be continued in fiscal year ~~2004-2005~~ **2005-2006**.	**Sec. 1680.** (1) It is the intent of the legislature that payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through the Medicaid nursing home wage pass-through program be continued in fiscal year ~~2004-2005~~ **2005-2006**.	**Sec. 1680.** (1) ~~It is the intent of the legislature that~~ p~~-~~Payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through the Medicaid nursing home wage pass-through program **SHALL** be continued in fiscal year ~~2004-2005~~ **2005-2006**.
(2) The department shall provide a report to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies regarding the amount of nursing home employee wage and benefit increases provided in fiscal year 2003-2004 through the Medicaid nursing home wage pass-through program implemented in previous years.	Delete current law.	Delete current law.	(2) The department shall provide a report to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies regarding the amount of nursing home employee wage and benefit increases provided in fiscal year ~~2003-2004~~ **2004-2005** through the Medicaid nursing home wage pass-through program implemented in previous years.	Delete current law.
(3) The department shall not implement any increase or decrease in the Medicaid nursing home wage pass-through program in fiscal year 2004-2005.	Delete current law.	Delete current law.	(3) No changes from current law.	~~(3)~~ **(2)** No changes from current law.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department and local waiver agents to encourage the use of family members, friends, and neighbors to provide non-medical home and community based services, where appropriate. **Sec. 1681.** From the funds appropriated in part 1 for home and community-based services, the department and local waiver agents shall encourage the use of family members, friends, and neighbors of home and community-based services participants, where appropriate, to provide homemaker services, meal preparation, transportation, chore services, and other nonmedical covered services to participants in the Medicaid home and community-based services program. This section shall not be construed as allowing for the payment of family members, friends, or neighbors for these services unless explicitly provided for in federal or state law.	**Sec. 1681.** No changes from current law.	**Sec. 1681.** No changes from current law.	**Sec. 1681.** No changes from current law.	**Sec. 1681.** No changes from current law
Authorizes the Department to implement federal nursing home enforcement provisions and to receive/expend penalty money for noncompliance. **Sec. 1682.** (1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, 42 USC 1396r.	**Sec. 1682.** (1) No changes from current law.	**Sec. 1682.** (1) No changes from current law.	**Sec. 1682.** (1) No changes from current law.	**Sec. 1682.** (1) No changes from current law.
(2) The department is authorized to receive and spend penalty money received as the result of noncompliance with medical services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.	(3) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department to promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals, including hospice care, pain management, and suicide prevention. **Sec. 1683.** The department shall promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals. Priority shall be given to programs, such as hospice, that focus on individual dignity and quality of care provided persons with terminal illness and programs serving persons with chronic illnesses that reduce the rate of suicide through the advancement of the knowledge and use of improved, appropriate pain management for these persons; and initiatives that train health care practitioners and faculty in managing pain, providing palliative care, and suicide prevention.	**Sec. 1683.** No changes from current law.	**Sec. 1683.** No changes from current law.	**Sec. 1683.** No changes from current law.	**Sec. 1683.** No changes from current
		NEW SECTION **SEC. 1684. OF THE FUNDS APPROPRIATED IN PART 1 FOR THE MEDICAID HOME- AND COMMUNITY- BASED SERVICES WAIVER PROGRAM, NO MORE THAN $4.00 PER PERSON PER DAY SHALL BE ALLOCATED FOR ADMINISTRATIVE EXPENSES. FIFTY PERCENT OF THE SAVINGS REALIZED FROM THIS REQUIREMENT SHALL BE REALLOCATED TO INCREASE ENROLLMENT IN THE WAIVER PROGRAM AND TO PROVIDE DIRECT SERVICES TO ELIGIBLE PROGRAM PARTICIPANTS.**	**NEW SECTION** **SEC. 1684. OF THE FUNDS APPROPRIATED IN PART 1 FOR THE MEDICAID HOME- AND COMMUNITY- BASED SERVICES WAIVER PROGRAM, NO MORE THAN $6.30 PER PERSON PER DAY SHALL BE ALLOCATED FOR ADMINISTRATIVE EXPENSES.**	**NEW SECTION** **SEC. 1684. (1) OF THE FUNDS APPROPRIATED IN PART 1 FOR THE MEDICAID HOME- AND COMMUNITY- BASED SERVICES WAIVER PROGRAM, THE PAYMENT RATE ALLOCATED FOR ADMINISTRATIVE EXPENSES SHALL BE REDUC ED BY $2.00 PERPERSON PER DAY.**
				(2) THE SAVINGS REALIZED FROM THE REDUCED

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
				ADMINISTRATIVE RATE SHALL BE REALLOCATED TO INCREASE ENROLLMENT IN THE WAIVER PROGRAM AND TO PROVIDE DIRECT SERVICES TO ELIGIBLE PROGRAM PARTICIPANTS.
				(3) THE DEPARTMENT SHALL PROVIDE A REPORT TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND HOUSE AND SENATE FISCAL AGENCIES ON THE NUMBER OF NURSING HOME PATIENTS DISCHARGED WHO ARE SUBSEQUENTLY ENROLLED IN THE MEDICAID HOME- AND COMMUNITY-BASED SERVICES WAIVER PROGRAM, AND THE ASSOCIATED COST SAVINGS.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires Medicaid nursing home payment rates to be set 30 days in advance of the facility's fiscal year, and to be based on the most recent cost report submitted. **Sec. 1685.** All nursing home rates, class I and class III, must have their respective fiscal year rate set 30 days prior to the beginning of their rate year. Rates may take into account the most recent cost report prepared and certified by the preparer, provider corporate owner or representative as being true and accurate, and filed timely, within 5 months of the fiscal year end in accordance with Medicaid policy. If the audited version of the last report is available, it shall be used. Any rate factors based on the filed cost report may be retroactively adjusted upon completion of the audit of that cost report.	**Sec. 1685.** No changes from current law.	**Sec. 1685.** No changes from current law.	**Sec. 1685.** No changes from current law.	**Sec. 1685.** No changes from current law.
	NEW SECTION **SEC. 1686. THE DEPARTMENT SHALL LIMIT THE ANNUAL INCREASE IN THE VARIABLE COST COMPONENT OF THE MEDICAID REIMBURSEMENT RATE FOR PRIVATELY OWNED AND PUBLICLY-OWNED NURSING FACILITIES AND PRIVATELY-OWNED AND PUBLICLY-OWNED HOSPITAL LONG-TERM CARE UNITS TO NO MORE THAN THE ANNUAL INCREASE IN THE "TOTAL" LINE OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES' NURSING HOME WITHOUT CAPITAL MARKET BASKET INDEX AS**			**NEW SECTION** **SEC. 1686. (1) THE DEPARTMENT SHALL SUBMIT A REPORT BY APRIL 30, 2006, TO THE HOUSE OF REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES ON THE PROGRESS OF 3 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**

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
	REPORTED BY GLOBAL INSIGHT IN THE HEALTH-CARE COST REVIEW.			SENATE SUBCOMMITTEES ON COMMUNITY HEALTH AND THE HOUSE OF REPRESENTATIVES AND SENATE FISCAL AGENCIES 60 DAYS PRIOR TO ANY EXPANSION OF THE PROGRAM.
				(2) AS USED IN THIS SECTION, "SINGLE POINT OF ENTRY" MEANS A SYSTEM THAT ENABLES CONSUMERS TO ACCESS MEDICAID LONGTERM CARE SERVICES AND SUPPORTS THROUGH 1 AGENCY OR ORGANIZATION AND THAT PROMOTES CONSUMER EDUCATION AND CHOICE OF LONG-TERM CARE OPTIONS.
Authorizes the Department to contract with a stand alone psychiatric facility to provide access to Medicaid recipients who require specialized Alzheimer's disease or dementia care. The facility must provide at least 20% of its total care to Medicaid recipients. A report shall be submitted to both Legislative subcommittees on Community Health, as well as the fiscal agencies, on the effectiveness of the facility contract in improving the quality of services to Medicaid recipients.				
Sec. 1687. (1) From the funds appropriated in part 1 for long-term care services, the department shall contract with a stand-alone psychiatric facility that provides at least 20% of its total care to Medicaid recipients to provide access to Medicaid recipients who require specialized Alzheimer's disease or dementia care.	Delete current law.	Delete current law.	**Sec. 1687.** (1) No changes from current law.	**Sec. 1687.** (1) No changes from current law.
(2) The department shall report to the senate	Delete current law.	Delete current law.	(2) No changes from current	(2) No changes from current

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
and house appropriations subcommittees on community health and the senate and house fiscal agencies on the effectiveness of the contract required under subsection (1) to improve the quality of services to Medicaid recipients.			law.	law.
Prohibits a limit on personal care services reimbursement under the Medicaid Home and Community-Based Services program, but allows the Department to maintain the aggregate per day client reimbursement cap for all services provided under the waiver program. **Sec. 1688.** The department shall not impose a limit on per unit reimbursements to service providers that provide personal care or other services under the Medicaid home and community-based 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 waiver is not a violation of this section.	**Sec. 1688.** No changes from current law.	**Sec. 1688.** No changes from current law.	**Sec. 1688.** No changes from current law.	**Sec. 1688.** No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Gives priority in HCBS enrollment to nursing homes residents and those eligible for nursing homes, and requires screening to prevent unnecessary nursing home admissions. Directs DCH to transfer funds to the HCBS program for successfully moving persons out of nursing homes if there is a net reduction in the number of Medicaid nursing home days of care and a net cost savings attributable to moving persons out of nursing homes. Provides for a quarterly report on HCBS allocations and expenditures by regions and net cost savings. Requires competitive bid for administration of the new screening and assessment process for long-term care services.				
Sec. 1689. (1) Priority in enrolling additional persons in the Medicaid home and community-based services program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided home and community-based services. The department shall implement screening and assessment procedures to assure that no additional Medicaid eligible persons are admitted to nursing homes who would be more appropriately served by the Medicaid home and community-based services program. If there is a net decrease in the number of Medicaid nursing home days of care during the most recent quarter in comparison with the previous quarter and a net cost savings attributable to moving individuals from a nursing home to the home and community-based services waiver program, the department shall transfer the net cost savings to the home and community-based services waiver program. If a transfer is required, it shall be done on a	Delete current law.	**Sec. 1689.** (1) No changes from current law.	**Sec. 1689.** (1) No changes from current law.	**Sec. 1689.** (1) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
quarterly basis.				
(2) Within 30 days of the end of each fiscal quarter, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home and community-based waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home and community-based services waiver program and the amount of funds transferred.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.
(3) The department shall utilize a competitive bid process to award funds for the implementation of the new screening process to be applied to home and community-based services and nursing facility services provided by Medicaid.	Delete current law.	Delete current law.	(3) No changes from current law.	Delete current law.
Contingent on the availability of funds, and federal approval, requires the Department to encourage and assist in establishing a capitated, managed care benefit for the frail elderly known as PACE in at least parts of three west Michigan counties. The program shall include a comprehensive medical and social service delivery system, a multidisciplinary team approach in an adult day health center supplemented by in-home and referral services. **Sec. 1690.** (1) Contingent on the availability of funds and the approval of the centers for Medicaid and Medicare services, the department shall encourage and assist in the establishment of a program of all inclusive care for the elderly (PACE), in at least parts of 3 west Michigan counties, being Kent, Barry, and Ionia.	Delete current law.	Delete current law.	Delete current law and replaces with **NEW SECTION.** **SEC. 1690. THE DEPARTMENT MAY WORK WITH THE FEDERAL GOVERNMENT TO ESTABLISH AN ESTATE PRESERVATION PROGRAM AS RECOMMENDED BY THE MICHIGAN MEDICAID LONG TERM CARE TASK FORCE.**	Delete current law and replaces with **NEW SECTION.** **SEC. 1690. THE DEPARTMENT MAY WORK WITH THE FEDERAL GOVERNMENT TO ESTABLISH AN ESTATE PRESERVATION PROGRAM AS RECOMMENDED BY THE MICHIGAN MEDICAID LONG TERM CARE TASK FORCE.**
(2) This program shall provide a capitated,	Delete current law.	Delete current law.	Delete current law.	Delete current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
managed care benefit for the frail elderly, provided by a not-for-profit agency, that will feature a comprehensive medical and social service delivery system. In addition, the program shall use a multidisciplinary team approach in an adult day health center supplemented by in-home and referral service in accordance with participants' needs. The PACE program may be funded by a combination of Medicaid, Medicare, or other fund sources.				
Provides authorization for Medicaid reimbursement of school-based services. **Sec. 1692.** (1) The department of community health is authorized to pursue reimbursement for eligible services provided in Michigan schools from the federal Medicaid program. The department and the state budget director are authorized to negotiate and enter into agreements, together with the department of education, with local and intermediate school districts regarding the sharing of federal Medicaid services funds received for these services. The department is authorized to receive and disburse funds to participating school districts pursuant to such agreements and state and federal law.	**Sec. 1692.** (1) No changes from current law.	**Sec. 1692.** (1) No changes from current law.	**Sec. 1692.** (1) No changes from current law.	**Sec. 1692.** (1) No changes from current law.
(2) From the funds appropriated in part 1 for medical services school services payments, the department is authorized to do all of the following: (a) Finance activities within the medical services administration related to this project. (b) Reimburse participating school districts pursuant to the fund sharing ratios negotiated in the state-local agreements authorized in subsection (1). (c) Offset general fund costs associated with the medical services program.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.	(2) No changes from current law.

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DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Allows for an increase in Medicaid special adjustor payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted. **Sec. 1693.** The special adjustor payments 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.	**Sec. 1693.** No changes from current law.	**Sec. 1693.** No changes from current law.	**Sec. 1693.** No changes from current law.	**Sec. 1693.** No changes from current law.
Authorizes distribution of funds to children's hospitals with a high indigent care volume for poison control services. **Sec. 1694.** The department of community health shall distribute $695,000.00 to children's hospitals that have a high indigent care volume. The amount to be distributed to any given hospital shall be based on a formula determined by the department of community health.	**Sec. 1694.** No changes from current law.	**Sec. 1694.** No changes from current law.	**Sec. 1694.** No changes from current law.	**Sec. 1694.** No changes from current law.
Allows the Department to utilize school district funds received from a health system as the state match for federal Medicaid or children's health insurance program funds to be used for new school-based or school-linked services. **Sec. 1697.** (1) As may be allowed by federal law or regulation, the department may use funds provided by a local or intermediate school district, which have been obtained from a qualifying health system, as the state match required for receiving federal Medicaid or children health insurance program funds. Any such funds received shall be used only to support new school-based or school-linked health services.	**Sec. 1697.** (1) No changes from current law.	**Sec. 1697.** (1) No changes from current law.	**Sec. 1697.** (1) No changes from current law.	**Sec. 1697.** (1) No changes from current law.
(2) A qualifying health system is defined as	(2) No changes from current	(2) No changes from current	(2) No changes from current	(2) No changes from current

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
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.	law.	law.	law.	law.
Authorizes separate payments for hospitals serving a disproportionate share of indigent payments and those hospitals providing graduate medical education GME). Payments for GME shall be made by DCH directly to qualifying hospitals rather than through HMOs. **Sec. 1699.** (1) The department may make separate payments directly to qualifying hospitals serving a disproportionate share of indigent patients, 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.	**Sec. 1699.** ~~(1)~~ 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.	**Sec. 1699.** ~~(1)~~ 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.	**Sec. 1699.** ~~(1)~~ The department may make separate payments directly to qualifying hospitals serving a disproportionate share of indigent patients~~, 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.	**Sec. 1699.** ~~(1)~~ 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.
(2) The department shall make GME payments directly to qualifying hospitals. The department shall not make GME payments to qualifying hospitals through HMOs.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
Directs the Department to request a federal Medicaid waiver to implement actuarially sound capitation rates for managed care organizations over two years. It also would require Medicaid provider rate reductions if the waiver request is denied. In addition, the Department is required to complete a study by January 2005 of alternative approaches to provide Medicaid health care services to those currently enrolled in HMOs. **Sec. 1700.** (1) The department shall request a waiver of 42 CFR 438.6(c)(1)(i) from the	Delete current law.	Delete current law and replaces with, **NEW SECTION** **SEC. 1700. (1) THE DEPARTMENT, IN CONSULTATION WITH THE MICHIGAN ASSOCIATION OF HEALTH PLANS, SHALL DEVELOP A PLAN TO ASSURE THAT MEDICAID PAYMENT RATES TO HMOS IN FISCAL YEAR 2005-2006 MEET THE FEDERAL REQUIREMENT FOR ACTUARIALLY SOUND**	Delete current law.	Delete current law and replaces with, **NEW SECTION** **SEC. 1700. (1) THE DEPARTMENT, IN CONSULTATION WITH THE MICHIGAN ASSOCIATION OF HEALTH PLANS, SHALL DEVELOP A PLAN TO ASSURE THAT MEDICAID PAYMENT RATES TO HMOS IN FISCAL YEAR 2005-2006 MEET THE FEDERAL REQUIREMENT FOR ACTUARIALLY SOUND**

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
centers for Medicare and Medicaid services to obtain approval to implement actuarially sound capitation rates for managed care organizations over 2 years. If the waiver is denied by the centers for Medicare and Medicaid services, Medicaid providers shall receive a reduction in rates to finance the increase necessary to pay actuarially sound rates to Medicaid HMOs.		**RATES. THE PLAN SHALL INCLUDE THE FOLLOWING STRATEGIES AS WELL AS OTHER ALTERNATIVES:** **(A) ESTABLISH OR DESIGNATE CENTERS FOR TRANSPLANT EXCELLENCE.** **(B) ESTABLISH STATEWIDE CONTRACTS FOR DURABLE EQUIPMENT.** **(C) DEVELOPMENT OF ADDITIONAL COPAYMENTS.** **(D) DECREASING ADMINISTRATIVE COSTS.** **(E) SHIFTING END STAGE RENAL PATIENTS TO MEDICARE.** **(F) ACQUISITION OF REINSURANCE IN FEE-FOR-SERVICE.** **(G) ADOPT OBSERVATION RATE FOR EMERGENCY ROOMS.** **(H) CONSIDER CHANGING THE NATURE OF DIAGNOSIS RELATED GROUP REBASING.** **(I) CONSIDER CHANGING THE NATURE OF CAPITAL EXPENSE REIMBURSEMENT TO HOSPITALS.** **(J) MAKE STATE GME PAYMENTS THROUGH HMOS.** **(K) CREATE DISEASE MANAGEMENT CONTRACTS FOR FEE-FOR-SERVICE BENEFICIARIES.**		**RATES. THE PLAN SHALL INCLUDE THE FOLLOWING STRATEGIES AS WELL AS OTHER ALTERNATIVES:** **(A) ESTABLISH OR DESIGNATE CENTERS FOR TRANSPLANT EXCELLENCE.** **(B) ESTABLISH STATEWIDE CONTRACTS FOR DURABLE EQUIPMENT.** **~~(C) DEVELOPMENT OF ADDITIONAL COPAYMENTS.~~** **~~(D)~~ *(C)* DECREASING ADMINISTRATIVE COSTS.** **~~(E)~~ *(D)* SHIFTING END STAGE RENAL PATIENTS TO MEDICARE.** **~~(F) ACQUISITION OF REINSURANCE IN FEE-FOR-SERVICE.~~** **~~(G) ADOPT OBSERVATION RATE FOR EMERGENCY ROOMS.~~** **~~(H) CONSIDER CHANGING THE NATURE OF DIAGNOSIS RELATED GROUP REBASING.~~** **~~(I) CONSIDER CHANGING THE NATURE OF CAPITAL EXPENSE REIMBURSEMENT TO HOSPITALS.~~** **~~(J) MAKE STATE GME PAYMENTS THROUGH HMOS.~~** **~~(K) CREATE DISEASE MANAGEMENT CONTRACTS FOR FEE-FOR-SERVICE BENEFICIARIES.~~**
(2) The department shall study alternative approaches to providing Medicaid physical health services to clients currently served by Medicaid managed care organizations. This study shall examine the estimated cost of	Delete current law.	**(2) A COPY OF THE PLAN SHALL BE SUBMITTED TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON**	Delete current law.	**(2) A COPY OF THE PLAN SHALL BE SUBMITTED TO THE HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON**

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
each alternative, the potential changes in the relationships of providers to the Medicaid program, and the potential effects of each alternative on the Medicaid clientele. Results of this study shall be provided to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by January 1, 2005. This study shall consider at least the following alternative approaches: (a) A continuation of the current managed care program. (b) A return to coverage on a fee-for-service basis. (c) Implementation of a primary care case management approach. (d) Contracting with a single managed care organization that would provide statewide coverage for Medicaid clients.		**COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES BY OCTOBER 1, 2005.**		**COMMUNITY HEALTH AND THE HOUSE AND SENATE FISCAL AGENCIES BY ~~OCTOBER 1~~ MAY 30, ~~2005~~ 2006.**
Requires the Department to report proposed changes in the MIChoice home and community based services waiver program screening process to the House and Senate Appropriations Subcommittees on Community prior to implementation. **Sec. 1710.** Any proposed changes by the department to the MIChoice home and community-based services waiver program screening process shall be provided to the members of the house and senate appropriations subcommittees on community health prior to implementation of the proposed changes.	Delete current law.	**Sec. 1710.** No changes from current law.	**Sec. 1710.** No changes from current law.	**Sec. 1710.** No changes from current law.
Requires the continuation of a 2-tier Medicaid case rate for emergency physician charges, and that payments by case and aggregate not exceed 70% of Medicare rates. **Sec. 1711.** (1) The department shall maintain the 2-tier reimbursement	**Sec. 1711.** (1) No changes from current law.	**Sec. 1711.** (1) No changes from current law.	**Sec. 1711.** (1) No changes from current law.	**Sec. 1711.** (1) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
methodology for Medicaid emergency physicians professional services that was in effect on September 30, 2002, subject to the following conditions: (a) Payments by case and in the aggregate shall not exceed 70% of Medicare payment rates. (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.				
(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 2004-2005, 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.	(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 ~~2004-2005~~ **2005-2006,** given changes in the number and category of Medicaid recipients……	(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 ~~2004-2005~~ **2005-2006,** given changes in the number and category of Medicaid recipients……	(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 ~~2004-2005~~ **2005-2006,** given changes in the number and category of Medicaid recipients……	(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 ~~2004-2005~~ **2005-2006,** given changes in the number and category of Medicaid recipients……
(3) If federal law, regulation, or judicial ruling finds that this 2-tier reimbursement methodology is not health insurance portability and accountability act (HIPAA) compliant prior to the end of fiscal year 2003-2004, the department shall immediately provide the chairpersons of the senate and house appropriations subcommittees on community health and their respective fiscal agencies with the proposed modifications necessary to bring	Delete current law.	Delete current law.	Delete current law.	Delete current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
this methodology into compliance.				
(4) The proposal specified in subsection (3) should be as consistent as possible with the intent of the methodology specified in this section and must be provided to the subcommittee chairpersons and respective fiscal agencies no less than 30 days before the effective date of the proposal.	Delete current law.	Delete current law.	Delete current law.	Delete current law.
		(3) THE DEPARTMENT SHALL ESTABLISH AN EMERGENCY ROOM OBSERVATION RATE FOR MEDICAID ELIGIBLES WITH A LENGTH OF STAY OF NOT MORE THAN 24 HOURS.		**(3) *BY APRIL 1, 2006*, THE DEPARTMENT SHALL ESTABLISH AN EMERGENCY ROOM OBSERVATION RATE FOR MEDICAID ELIGIBLES WITH A LENGTH OF STAY OF NOT MORE THAN 24 HOURS.**
Subject to the availability of funds, requires DCH to implement a rural health initiative with funds to be first allocated to a rural outpatient hospital adjustor, and secondly, for defibrillator grants, EMT training, or other similar programs. **Sec. 1712.** (1) Subject to the availability of funds, the department shall implement a rural health initiative. Available funds shall first be allocated as an outpatient adjustor payment to be paid directly to hospitals in rural counties in proportion to each hospital's Medicaid and indigent patient population. Additional funds, if available, shall be allocated for defibrillator grants, EMT training and support, or other similar programs.	Delete current law.	Delete current law.	**Sec. 1712.** (1) No changes from current law.	**Sec. 1712.** (1) No changes from current law.
(2) Except as otherwise specified in this section, "rural" means a county, city, village, or township with a population of not more than 30,000, including those entities if located within a metropolitan statistical area.	Delete current law.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires the Department to do a study on the level of participation by licensed dentists in the Medicaid program by April 1, 2005, that includes recommendations to reduce or eliminate barriers to participation. **Sec. 1713.** (1) The department, in conjunction with the Michigan dental association, shall undertake a study to determine the level of participation by Michigan licensed dentists in the state's Medicaid program. The study shall identify the distribution of dentists throughout the state, the volume of Medicaid recipients served by each participating dentist, and areas in the state underserved for dental services.	Delete current law.	Delete current law.	**Sec. 1713.** (1) No changes from current law.	**Sec. 1713.** (1) No changes from current law.
(2) The study described in subsection (1) shall also include an assessment of what factors may be related to the apparent low participation by dentists in the Medicaid program, and the study shall make recommendations as to how these barriers to participation may be reduced or eliminated.	Delete current law.	Delete current law.	(2) No changes from current law.	(2) No changes from current law.
(3) This study shall be provided to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies no later than April 1, 2005.	Delete current law.	Delete current law.	(3) This study shall be provided to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies no later than April 1, ~~2005~~ **2006**.	(3) This study shall be provided to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies no later than April 1, ~~2005~~ **2006**.

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
		NEW SECTION **SEC. 1715. EFFECTIVE OCTOBER 1, 2005, THERE SHALL BE NO NEW ENROLLMENTS IN THE MEDICAID ADULT BENEFITS WAIVER PROGRAM.**		
Requires the hospital case rate under the Medicaid Adult Benefits Waiver to be set at a rate that does not exceed $108.6 million in gross savings. **Sec. 1716.** In implementing the hospital case rate under the Medicaid adult benefits waiver, the department shall set the hospital case rate at a level that ensures that the gross savings from the hospital case rate does not exceed $108,592,200.00.	Delete current law.	Delete current law.	Delete current law.	Deletes current law and replaces with **NEW SECTION** **SEC. 1716. THE DEPARTMENT SHALL SEEK TO MAINTAIN A CONSTANT ENROLLMENT LEVEL WITHIN THE MEDICAID ADULT BENEFITS WAIVER PROGRAM THROUGHOUT FISCAL YEAR 2005-2006.**
Increases DSH funding by $5.0 million and requires distribution of the DSH funds through 2 separate pools. The first pool would distribute $45.0 million based on the methodology in FY 2003-04. The remaining $5.0 million would be allocated to hospitals that received less than $900,000 in DSH payments in FY 2003-04 based on each hospital's Medicaid revenue and utilization. **Sec. 1717.** (1) The department shall create 2 pools for distribution of disproportionate share hospital funding. The first pool, totaling $45,000,000.00, shall be distributed using the distribution methodology used in fiscal year 2003-2004. The second pool, totaling $5,000,000.00, shall be distributed to unaffiliated hospitals and hospital systems that received less than $900,000.00 in disproportionate share hospital payments in fiscal year 2003-2004 based on a formula that is weighted proportional to the product of each eligible system's Medicaid revenue	Delete current law.	**Sec. 1717.** (1) No changes from current law.	**Sec. 1717.** (1) No changes from current law.	**Sec. 1717.** (1) No changes from current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
and each eligible system's Medicaid utilization.				
(2) By November 1, 2004, 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.	Delete current law.	(2) By November 1, **2005** ~~2004~~, 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.	(2) By November 1, **2005** ~~2004~~, 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.	(2) By November 1, **2005** ~~2004~~, 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.
Authorizes Medicaid adult home help beneficiaries to request a departmental review of any decisions that may adversely affect their access to home help services **Sec. 1718.** The department shall provide each Medicaid adult home help beneficiary or applicant with the right to a fair hearing when the department or its agent reduces, suspends, terminates, or denies adult home help services. If the department takes action to reduce, suspend, terminate, or deny adult home help services, it shall provide the beneficiary or applicant with a written notice that states what action the department proposes to take, the reasons for the intended action, the specific regulations that support the action, and an explanation of the beneficiary's or applicant's right to an evidentiary hearing and the circumstances under which those services will be continued if a hearing is requested.	**Sec. 1718.** No changes from current law.	**Sec. 1718.** No changes from current law.	**Sec. 1718.** No changes from current law.	**Sec. 1718.** No changes from current law.
Directs the Department to enhance its Medicare recovery program by January 1, 2005. **Sec. 1720.** The department shall enhance its Medicare recovery program by January 1, 2005.	Delete current law.	**Sec. 1720.** The department shall **CONTINUE** ~~enhance~~ its Medicare recovery program ~~by January 1, 2005~~.	Delete current law.	**Sec. 1720.** The department shall **CONTINUE** ~~enhance~~ its Medicare recovery program ~~by January 1, 2005~~.

HOUSE FISCAL AGENCY

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
Requires a review of Medicaid eligibility requirements for long-term care patients related to prepaid funds that are subsequently returned to individuals who qualify for Medicaid. **Sec. 1721.** The department shall conduct a review of Medicaid eligibility pertaining to funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual who becomes Medicaid eligible and shall report its findings to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies not later than May 15, 2005. 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.	Delete current law.	**Sec. 1721.** The department shall conduct a review of Medicaid eligibility pertaining to funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual who becomes Medicaid eligible and shall report its findings to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies not later than May 15, ~~2005~~ **2006**. 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.	Delete current law.	**Sec. 1721.** The department shall conduct a review of Medicaid eligibility pertaining to funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual who becomes Medicaid eligible and shall report its findings to the members of the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies not later than May 15, ~~2005~~ **2006**. 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.
Authorizes increased disproportionate share payments above the appropriated level if the necessary Medicaid matching funds are provided as allowable state match. **Sec. 1722.** The department is authorized to make a disproportionate share payment to a hospital above the appropriation in part 1 if the necessary Medicaid matching funds are provided by, or on behalf of, the hospital as allowable state match.	**Sec. 1722.** No changes from current law.	**Sec. 1722. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL ADJUSTOR AND SPECIAL DSH PAYMENTS, t~~T~~he** department is authorized to make a disproportionate share payment ~~to a hospital above the appropriation in part 1~~ **OF $33,166,700.00 FOR HEALTH SERVICES PROVIDED BY HUTZEL HOSPITAL, $17,903,200.00 FOR HEALTH SERVICES PREVIOUSLY**	**Sec. 1722.** No changes from current law.	**Sec. 1722. (1) FROM THE FUNDS APPROPRIATED IN PART 1 FOR SPECIAL ADJUSTOR AND SPECIAL DSH PAYMENTS, t~~T~~he** department is authorized to make a disproportionate share payment ~~to a hospital above the appropriation in part 1~~ **OF $33,166,700.00 FOR HEALTH SERVICES PROVIDED BY HUTZEL HOSPITAL, $17,903,200.00 FOR HEALTH SERVICES PREVIOUSLY**

DEPARTMENT OF COMMUNITY HEALTH – Boilerplate for Medical Services Component

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
		FUNDED THROUGH THE HIGHER EDUCATION APPROPRIATIONS ACT, AND $2,310,000.00 FOR THE MSU INSTITUTE FOR HEALTH CARE STUDIES.		**FUNDED THROUGH THE HIGHER EDUCATION APPROPRIATIONS ACT, AND $2,310,000.00 FOR THE MSU INSTITUTE FOR HEALTH CARE STUDIES.**
		(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.		**(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.
Makes a contingent appropriation, based on the availability of funds, of $15.0 million to level 1 trauma centers for a First Alert Response Program, and $5.0 million for hospitals at least 50 miles from level 1 trauma centers that also have at least 14,000 emergency room visits per year. **Sec. 1723**. Contingent on the availability of state and federal Medicaid funds, $20,000,000.00 shall be allocated for the following purposes: (a) $15,000,000.00 shall be distributed for a Michigan first alert response program to hospitals in this state that are verified by the American college of surgeons as level I trauma centers. Of this amount, $10,000,000.00 shall be distributed in proportion to each hospital's share of annual uncompensated care costs, and $5,000,000.00 shall be distributed in proportion to each hospital's share of annual emergency room visits. (b) The remaining $5,000,000.00 of the amount described in this section shall be distributed to hospitals in this state that are located beyond 50 miles from a level I trauma center and have over 14,000	Delete current law.	Deletes current law and replaces with **NEW SECTION**. **Sec. 1723. (1) THE FUNDS APPROPRIATED IN PART 1 FOR COUNTY INDIGENT CARE AND THIRD SHARE PLANS SHALL BE ALLOCATED TO FUND COUNTY HEALTH PLANS SERVING PERSONS WHO MEET THE ELIGIBILITY REQUIREMENTS OF THE FORMER STATE MEDICAL PROGRAM.** **(2) A PORTION OF THE FUNDS MAY BE ALLOCATED FOR LOW INCOME UNINSURED PROGRAMS (PLAN B) AND THIRD SHARE PLANS (PLAN C) PROVIDING HEALTH COVERAGE TO WORKING UNINSURED PERSONS IN SMALL AND MEDIUM SIZED BUSINESSES WHERE THE EMPLOYER, THE EMPLOYEE, AND THE COUNTY HEALTH PLAN**	Delete current law.	Delete current law.

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
emergency room visits annually. Of this amount, $3,300,000.00 shall be distributed in proportion to each hospital's share of annual uncompensated care costs, and $1,700,000.00 shall be distributed in proportion to each hospital's share of annual emergency room visits.		**AGREE TO SHARE IN THE COST OF PROVIDING HEALTH CARE SERVICES. A COUNTY HEALTH PLAN THAT PROVIDES PLAN B COVERAGE FOR LOW INCOME UNINSURED POPULATIONS SHALL NOT RECEIVE FUNDS FOR A THIRD SHARE PLAN.**		
Requires DCH to allow pharmacies to purchase injectable drugs for the treatment of respiratory syncytial virus for shipment to physician's offices. Allows Medicaid reimbursement for dispensing and administration if patients are eligible. **Sec. 1724.** The department shall allow licensed pharmacies to purchase injectable drugs for the treatment of respiratory syncytial virus for shipment to physicians' offices to be administered to specific patients. If the affected patients are Medicaid eligible, the department shall reimburse pharmacies for the dispensing of the injectable drugs and reimburse physicians for the administration of the injectable drugs.	**Sec. 1724.** No changes from current law.	**Sec. 1724.** No changes from current law.	**Sec. 1724.** No changes from current law.	**Sec. 1724.** No changes from current law.
		NEW SECTION **SEC. 1725. THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF HUMAN SERVICES TO IMPLEMENT A PLAN TO REDUCE MEDICAID ELIGIBILITY ERRORS RELATED TO BASIC ELIGIBILITY REQUIREMENTS AND INCOME REQUIREMENTS. THE DEPARTMENT SHALL SUBMIT THE PLAN TO THE**	**NEW SECTION** **SEC. 1725. EFFECTIVE ON OCTOBER 1,2005, A LICENSED HOSPITAL BED THAT IS UNDER CONTRACT WITH THIS STATE FOR VENTILATOR DEPENDENT CARE SHALL BE CONSIDERED AN ACUTE CARE BED FOR PUPOSES OF THE HOSPITAL QUALITY ASSESSMENT PROGRAM AND SHALL BE ASSESSED AND REIMBURSED UNDER**	**NEW SECTION** **SEC. 1725. THE DEPARTMENT SHALL WORK WITH THE DEPARTMENT OF HUMAN SERVICES TO IMPLEMENT A PLAN TO REDUCE MEDICAID ELIGIBILITY ERRORS RELATED TO BASIC ELIGIBILITY REQUIREMENTS AND INCOME REQUIREMENTS. THE DEPARTMENT SHALL SUBMIT THE PLAN TO THE**

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
		HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR BY MARCH 15, 2006.	THE QUALITY ASSESSMENT PROGRAM THE SAME AS AN ACUTE CARE BED REGARDLESS OF PAYMENT METHODOLOGY. THIS POLICY CHANGE SHALL BE IMPLEMENTED AFTER THE DEPARTMENT OF COMMUNITY HEALTH SECURES THE NECESSARY STATE PLAN AMENDMENT FROM THE FEDERAL GOVERNMENT.	HOUSE AND SENATE APPROPRIATIONS SUBCOMMITTEES ON COMMUNITY HEALTH, THE HOUSE AND SENATE FISCAL AGENCIES, AND THE STATE BUDGET DIRECTOR BY MARCH 15, 2006.
			NEW SECTION SEC. 1726. ANY CLINICAL LABORATORY PERFORMING A CREATININE TEST ON A MEDICAID CLIENT SHALL REPORT THE GLOMERULAR FILTRATION RATE (eGFR) OF THE PATIENT AND SHALL REPORT IT AS A PERCENT OF KIDNEY FUNCTION REMAINING.	NEW SECTION SEC. 1726. ANY CLINICAL LABORATORY PERFORMING A CREATININE TEST ON A MEDICAID CLIENT SHALL REPORT THE GLOMERULAR FILTRATION RATE (eGFR) OF THE PATIENT AND SHALL REPORT IT AS A PERCENT OF KIDNEY FUNCTION REMAINING.
			NEW SECTION SEC. 1727. IN ORDER TO INCREASE TETANUS/DIPHTHERIA IMMUNIZATION COMPLIANCE FOR THOSE 65 YEARS OF AGE OR OLDER, THE DEPARTMENT SHALL OFFER TETANUS/DIPHTHERIA IMMUNIZATION IN CONJUNCTION WITH ITS MANDATORY ANNUAL PROVISION OF INFLUENZA IMMUNIZATION TO THOSE RESIDING IN LONG-TERM CARE FACILITIES.	

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	FY 2005-2006 HOUSE	FY 2005-2006 SENATE	FY 2005-2006 CONFERENCE/ ENACTED
			NEW SECTION SEC. 1728. THE DEPARTMENT SHALL MAKE AVAILABLE TO QUALIFYING MEDICAID RECIPENTS, NOT BASED ON MEDICARE GUIDELINES, FREESTANDING, ELECTRIC, LIFTING, AND TRANSFERRING DEVICES.	NEW SECTION SEC. 1728. THE DEPARTMENT SHALL MAKE AVAILABLE TO QUALIFYING MEDICAID RECIPENTS, NOT BASED ON MEDICARE GUIDELINES, FREESTANDING, ELECTRIC, LIFTING, AND TRANSFERRING DEVICES.
			NEW SECTION SEC. 1729. FROM THE FUNDS APPROPRIATED IN PART 1 FOR HEALTH PLAN SERVICES, THE DEPARTMENT SHALL ASSURE THAT GME FUNDS ARE DISTRIBUTED TO QUALIFYING HOSPITALS USING A MEHTODOLOGY DEVELOPED IN CONSULTATION WITH THE GRADUATE MEDICAL EDUCATION ADVISORY GROUP. THE ADVISORY GROUP SHALL INCLUDE REPRESENTATIVES OF THE MICHIGAN HEALTH AND HOSPITAL ASSOCIATION AND MICHIGAN ASSOCIATION OF HEALTH PLANS. IF THE DEPARTMENT AND THE ADVISORY GROUP ARE UNABLE TO REACH A CONSENSUS ON THE DISTRIBUTION METHODOLOGY, THE DEPARTMENT SHALL INITIATE A LEGISLATIVE TRANSFER TO TRANSFER	NEW SECTION SEC. 1729. THE LEGISLATURE SHALL ESTABLISH A BIPARTISAN JOINT COMMITTEE COMPRISED OF MEMBERS OF EACH HOUSE OF THE LEGISLATURE AND REPRESENTATIVES OF THE DEPARTMENT OF COMMUNITY HEALTH. THE BIPARTISAN JOINT COMMITTEE SHALL IDENTIFY COST REDUCTION MEASURES FOR THE STATE MEDICAID PROGRAM INCLUDING, BUT NOT LIMITED TO, ADDITIONAL MEANS OR METHODS OF IDENTIFYING AND PROHIBITING MEDICAID FRAUD AND INCREASING MEDICAID ESTATE RECOVERY AND SAVINGS BY UTILIZING ENHANCED INFORMATION TECHNOLOGY. THE BIPARTISAN JOINT COMMITTEE SHALL ATTEMPT TO IDENTIFY, AT A MINIMUM, $40,000,000.00 OF

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
			THE GME FUNDS FROM HEALTH PLAN SERVICES TO HOSPITAL SERVICES AND THERAPY AND DISTRIBUTE THE GME FUNDS USING THE MECHANISM IN PLACE IN FISCAL YEAR 2003-2004.	POTENTIAL SAVINGS FOR THE STATE MEDICAID PROGRAM.
				NEW SECTION SEC. 1730. THE FUNDING IN PART 1 TO RESTORE ¼ OF THE 4% REDUCTION IN MEDICAID PROVIDER REIMBURSEMENT RATES FOR HOSPITAL SERVICES, PHYSICIAN SERVICES, PHARMACEUTICAL SERVICES, HOME HEALTH SERVICES, AUXILIAY MEDICAL SERVICES, AND NURSING HOME SERVICES IS CONTINGENT UPON FEDERAL APPROVAL OF THE STATE'S PROPOSAL TO ESTABLISH A CASE RATE FOR INPATIENT HOSPITAL SERVICES PROVIDED TO PARENTS AND CARETAKER RELATIVES WHO ARE NOT REQUIRED TO BE COVERED UNDER FEDERAL MEDICAID REQUIREMENTS.
				NEW SECTION SEC. 1731. (1) SUBJECT TO SUBSECTION (2), THE DEPARTMENT SHALL ESTABLISH AN ASSET TEST TO DETERMINE MEDICAID ELIGIBILITY FOR INDIVIDUALS WHO ARE PARENTS, CARETAKER REALTIVES, OR

FY 2004-2005 CURRENT LAW	FY 2005-2006 EXECUTIVE	HOUSE	SENATE	CONFERENCE/ ENACTED
				INDIVIDUALS BETWEEN THE AGES OF 18 AND 21 AND WHO ARE NOT REQUIRED TO BE COVERED UNDER FEDERAL MEDICAID REQUIREMENTS.
				(2) REGARDLESS OF THE RESULTS OF THE ASSET TEST ESTABLISHED UNDER SUBSECTION (1), AN INDIVIDUALS WHO IS BETWEEN THE AGES OF 18 AND 21 AND IS NOT REQUIRED TO BE COVERED UNDER THE FEDERAL MEDICAID REQUIREMENTS IS NOT ELIGIBLE FOR THE STATE MEDICAID PROGRAM IF HIS OR HER PARENT, PARENTS, OR LEGAL GUARDIAN HAS HEALTH CARE COVERAGE FOR HIM OR HER OR HAS ACCESS TO HEALTH CARE COVERAGE FOR HIM OR HER.
				NEW SECTION SEC. 1732. THE DEPARTMENT SHALL ASSURE THAT, IF PROPOSED MODIFICATIONS TO THE QUALITY ASSURANCE ASSESSMENT PROGRAM FOR NURSING HOMES ARE NOT IMPLEMENTED, THE PROJECTED GENERAL FUND/GENERAL PURPOSE SAVINGS SHALL NOT BE ACHIEVED THROUGH REDUCTIONS IN NURSING HOME REIMBURSEMENT RATES.