

FY 2017-18: DEPARTMENT OF HEALTH AND HUMAN SERVICES



Summary: As Passed by the House Article X, House Bill 4323 (H-1) as Amended

Analysts: Susan Frey, Kevin Koorstra, and Viola Wild

	FY 2016-17 YTD as of 2/8/17	FY 2017-18 Executive	FY 2017-18 House	FY 2017-18 Senate	FY 2017-18 Enacted	Difference: House From FY 2016-17 YTD	
						Amount	%
IDG/IDT	\$13,513,700	\$13,640,900	\$13,640,900			\$127,200	0.9
Federal	17,905,772,200	18,351,244,100	18,105,315,100			199,542,900	1.1
Local	124,445,800	118,751,000	117,033,600			(7,412,200)	(6.0)
Private	154,259,300	149,873,300	149,873,300			(4,386,000)	(2.8)
Restricted	2,294,167,500	2,442,169,800	2,442,169,800			148,002,300	6.5
GF/GP	4,392,732,800	4,461,735,400	4,343,714,300			(49,018,500)	(1.1)
Gross	\$24,884,891,300	\$25,537,414,500	\$25,171,747,000			\$286,855,700	1.2
FTEs	15,600.5	15,620.5	15,472.0			(128.5)	(0.8)

Notes: (1) FY 2016-17 year-to-date figures include mid-year budget adjustments through February 8, 2017. (2) Appropriation figures for all years include all proposed appropriation amounts, including amounts designated as "one-time."

Overview

The Department of Health and Human Services (DHHS) was created in 2015 through the merger of the Department of Community Health and the Department of Human Services under Executive Order 2015-4. The DHHS budget includes programs and services to assist Michigan's most vulnerable families, including public assistance programs, protecting children and assisting families by administering foster care, adoption, and family preservation programs, and by enforcing child support laws, funding for behavioral health (mental health and substance use disorder), population health, aging, crime victim, and medical services programs, including Medicaid and the Healthy Michigan Plan.

Major Budget Changes From FY 2016-17 YTD Appropriations

MEDICAID AND BEHAVIORAL HEALTH - GENERAL

1. Traditional Medicaid Cost Adjustments

Executive provides increase of \$168.2 million Gross (\$120.1 million GF/GP) for traditional Medicaid program caseload, utilization, inflation, and financing adjustments of approximately 1.25% Gross. Total includes \$43.1 million GF/GP to offset decline in federal match rate from 65.15% to 64.78% due to relative growth in state's personal income. Also includes cost adjustment for the federal Medicare pharmaceutical clawback. House revises Executive cost adjustments down by \$100.4 million Gross (\$35.4 million GF/GP).

	FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
Gross	\$13,420,787,900	\$67,782,500
Federal	8,713,156,200	(9,911,400)
Local	47,005,700	241,400
Private	2,100,000	0
Restricted	1,884,179,700	(7,245,300)
GF/GP	\$2,774,346,300	\$84,697,800

2. Healthy Michigan Plan Cost Adjustments

Executive provides increase of \$434.5 million Gross (\$80.2 million GF/GP) for Healthy Michigan Plan caseload, utilization, inflation, and financing adjustments of approximately 12% Gross. Total includes \$55.2 million GF/GP to offset the decline in the federal match rate from 96.25% to 94.25%. House concurs with the Executive.

	FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
Gross	\$3,519,320,900	\$434,456,400
Federal	3,388,487,600	342,068,500
Local	633,100	0
Restricted	119,599,800	12,191,200
GF/GP	\$10,600,400	\$80,196,700

3. Actuarial Soundness Adjustments

Executive includes \$253.6 million Gross (\$63.0 million GF/GP) to provide two actuarial soundness adjustments. First, \$86.6 million Gross (\$23.5 million GF/GP) to support a 1% actuarial soundness adjustment for Medicaid health plans, prepaid inpatient health plans (PIHPs), and Healthy Kids Dental. Second, \$167.0 million Gross (\$39.5 million GF/GP) to keep the Medicaid health plans actuarially sound for reinstatement of the federal Affordable Care Act (ACA) Insurer Fee. House includes funding for a 1% actuarial soundness adjustment but assumes the ACA Insurer Fee is not reinstated.

	FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
Gross	\$11,107,957,000	\$86,600,800
Federal	8,441,473,400	63,131,900
Local	40,773,100	0
Restricted	1,352,921,900	0
GF/GP	\$1,272,788,600	\$23,468,900

Major Budget Changes From FY 2016-17 YTD Appropriations		FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
4. Medicaid Managed Care Use Tax Adjustments	Gross	NA	(\$157,891,000)
<u>Executive</u> reduces \$157.9 million Gross (\$62.2 million GF/GP) to reflect, beginning January 1, 2017, discontinuation of Use Tax on Medicaid Managed Care Organizations (MCOs), associated actuarial soundness reimbursement payments to MCOs, and the Health Insurance Claims Assessment (HICA) increasing from 0.75% to 1.0%. <u>House</u> concurs with the Executive.	Federal	NA	(116,240,400)
	HICA	NA	20,572,500
	GF/GP	NA	(\$62,223,100)
5. Health Insurance Claims Assessment Adjustments	Gross	\$249,541,300	\$0
<u>Executive</u> offsets \$129.9 million GF/GP with available HICA, of which \$59.0 million is from forecasted annual revenues, including not having a HICA rebate to be paid out during FY 2017-18. The other \$70.9 million utilizes available year-end fund balance to offset GF/GP. Revenues are in addition to the \$20.6 million in HICA revenue from increasing the rate from 0.75% to 1.0% related to the discontinuation of the MCO Use Tax described in item #4. Total forecasted FY 2017-18 annual HICA revenue is \$331.3 million. <u>House</u> concurs with the Executive.	HICA	249,541,300	129,909,200
	GF/GP	\$0	(\$129,909,200)
DEPARTMENTWIDE ADMINISTRATION			
6. Integrated Service Delivery Project	FTEs	15.0	13.5
<u>Executive</u> provides net increase of 27.0 FTEs and \$8.2 million Gross (reduces \$177,700 GF/GP) to support Phase 2 of the Integrated Service Delivery project, including an additional \$45.1 million Gross (\$3.5 million GF/GP) in ongoing funding and removal of \$36.9 million Gross (\$3.7 million GF/GP) in one-time FY 2016-17 funding. <u>House</u> provides increase of \$22.5 million Gross (\$1.8 million GF/GP) and concurs with removal of one-time funding for a net reduction of \$14.4 million Gross (\$1.9 million GF/GP).	Gross	\$43,230,500	(\$14,377,600)
	Federal	38,907,500	(12,442,700)
	GF/GP	\$4,323,000	(\$1,934,900)
7. Financial Operations Administration Staffing	FTEs	494.0	19.0
<u>Executive</u> includes increase of \$1.8 million Gross (\$912,500 GF/GP) to add 19.0 FTEs to the Department's financial operations administration, including 9.0 FTEs for finance, accounting, budget, and grants, and 10.0 FTEs for SIGMA coordination and support. SIGMA is the Statewide Integrated Governmental Management Applications project underway to replace and improve the state's financial data system. <u>House</u> concurs with the Executive.	Gross	\$57,728,700	\$1,824,900
	TANF	9,090,400	0
	Federal	24,527,200	912,400
	Restricted	1,129,000	0
	GF/GP	\$22,982,100	\$912,500
8. Economic Adjustments	Gross	NA	\$16,186,500
<u>Executive</u> reflects increased costs of \$16.2 million Gross (\$9.0 million GF/GP) for negotiated salary and wage increases (3.0% ongoing after removing the FY 2016-17 one-time 1.5% lump sum), actuarially required retirement contributions, building occupancy charges, food, fuel and utilities for facilities, other economic adjustments, and reduced costs for worker's compensation. Total includes economics increases of \$27.9 million Gross (\$13.8 million GF/GP) and removal of lump sum payment totaling \$11.7 million Gross (\$4.8 million GF/GP). <u>House</u> concurs with the Executive.	IDG	NA	112,400
	TANF	NA	1,852,700
	Federal	NA	4,696,800
	Local	NA	204,500
	Private	NA	21,400
	Restricted	NA	312,900
	GF/GP	NA	\$8,985,800
9. Information Technology - MiSACWIS One-Time Funding	Gross	\$11,538,600	(\$11,538,600)
<u>Executive</u> eliminates one-time funding of \$11.5 million Gross (\$5.8 million GF/GP) for improvements to the Statewide Automated Child Welfare Information System (MiSACWIS). Ongoing funding is maintained for the system and for continued implementation of court-ordered improvements for child welfare case monitoring. <u>House</u> concurs with the Executive.	Federal	5,769,300	(5,769,300)
	GF/GP	\$5,769,300	(\$5,769,300)
10. Merger Savings	Gross	\$79,489,000	(\$3,000,000)
<u>House</u> assumes savings resulting from the 2015 merger creating the Department with a reduction to the departmental administration and management line item of \$3.0 million GF/GP.	IDG	671,800	0
	TANF	8,465,800	0
	Federal	30,099,900	0
	Restricted	672,300	0
	GF/GP	\$39,579,200	(\$3,000,000)

Major Budget Changes From FY 2016-17 YTD Appropriations	FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
HUMAN SERVICES		
11. Public Assistance Caseload Adjustments		
<u>Executive</u> reduces funding for public assistance programs by \$22.4 million Gross (\$4.6 million GF/GP) as follows:	Gross	\$171,482,200
	Federal	54,285,100
	Restricted	16,269,600
	GF/GP	\$100,927,500
		(\$22,350,700)
		(17,772,000)
		57,000
		(\$4,635,700)
<ul style="list-style-type: none"> Family Independence Program (FIP) is reduced \$21.7 million Gross (\$4.0 million GF/GP) adjusting the monthly caseload estimate from 21,600 cases at \$376.81 per month to 17,000 cases at \$372.61 per month. State Disability Assistance (SDA) is reduced by \$131,400 Gross (\$73,100 GF/GP) adjusting the monthly caseload estimate from 4,500 cases at \$213.96 per month to 4,350 cases at \$218.82 per month. State Supplementation is reduced by \$562,600 GF/GP adjusting the monthly caseload estimate from 274,077 cases at \$18.93 per month to 271,600 cases at the same monthly rate. 		
<u>House</u> concurs with the Executive.		
12. Child Welfare Caseload Adjustments		
<u>Executive</u> decreases funding for child welfare programs by \$9.8 million Gross (\$1.8 million GF/GP) as follows:	Gross	\$619,918,000
	Federal	312,887,400
	Private	2,424,000
	Local	14,194,000
	GF/GP	\$290,412,600
		(\$9,811,900)
		(8,561,100)
		503,400
		39,300
		(\$1,793,500)
<ul style="list-style-type: none"> Foster care payments are increased by \$178,300 Gross (\$2.2 million GF/GP) from 5,907 cases at \$28,351 per year to 5,653 cases at \$30,655 per year. Adoption subsidies are reduced \$11.5 million Gross (\$5.3 million GF/GP) from 24,637 cases at \$735.83 per month to 23,457 cases at \$732.07 per month. The Child Care Fund is increased by \$993,000 GF/GP. Guardianship assistance payments are increased by \$851,100 Gross (\$305,500 GF/GP) from 1,162 cases at \$778.15 per month to 1,280 cases at \$761.82 per month. Family Support Subsidies remain funded at same level as FY 2016-17 with 6,360 cases at the same monthly rate of \$222.11. 		
<u>House</u> concurs with the Executive.		
13. Homeless Emergency Shelter Per Diem Rate		
<u>Executive</u> increases funding by \$3.7 million GF/GP to fund an increase to the per diem rate provided to emergency shelters from \$12 to \$16 per bed night. Adds boilerplate Sec. 453 directing that additional funding support the increase in the capacity of shelters to assist clients in applying for permanent housing and other social services. <u>House</u> concurs with the Executive but funds increase with both GF/GP and TANF funding.	Gross	\$15,721,900
	TANF	7,102,600
	GF/GP	\$8,619,300
		\$3,744,800
		1,497,900
		\$2,246,900
14. Pathways to Potential Expansion		
<u>Executive</u> includes additional 51.0 FTEs and \$5.6 million Gross (\$3.3 million GF/GP) to expand the Pathways to Potential program to additional school districts. The program places caseworkers in certain schools to help reduce absenteeism and help families obtain community resources; program is currently operating in 259 schools. Adds boilerplate Sec. 689 directing that low achieving schools and at-risk communities be prioritized. <u>House</u> does not concur with Executive.	FTE	NA
	Gross	NA
	Federal	NA
	GF/GP	NA
		0.0
		\$0
		0
		\$0
15. Nutrition Education		
<u>Executive</u> includes additional \$10.0 million federal funding authorization for nutrition education programs that provide educational services to help persons eligible to receive food assistance to improve their eating and lifestyle behaviors. <u>House</u> concurs with the Executive.	FTE	2.0
	Gross	\$23,042,700
	Federal	23,042,700
	GF/GP	\$0
		\$10,000,000
		10,000,000
		\$0
16. Adult Services Staffing Increase		
<u>Executive</u> includes additional 95.0 FTE positions and \$11.3 million Gross (\$8.1 million GF/GP) in response to rising adult services caseloads. Adds boilerplate Sec. 851 directing that staffing ratios of adult protective services programs be improved to increase response times to help reduce risks for elderly and disabled adults. <u>House</u> includes 47.0 FTE positions and \$5.6 million Gross (\$4.0 million GF/GP).	FTE	425.0
	Gross	\$44,864,400
	Federal	30,579,700
	GF/GP	\$14,284,700
		\$5,643,400
		1,594,800
		\$4,048,600

		FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
Major Budget Changes From FY 2016-17 YTD Appropriations			
17. Family Independence Program (FIP) Clothing Allowance Increase	Gross	\$6,270,000	\$895,700
<u>Executive</u> includes additional \$2.7 million federal TANF funding to increase the annual clothing allowance for children who are FIP recipients from \$140 per child to \$200. <u>House</u> increases funding by \$895,700 Gross to increase benefit to \$160 and uses remaining \$1.8 million TANF to offset GF/GP.	TANF	6,270,000	2,687,100
	GF/GP	\$0	(\$1,791,400)
18. Centers for Independent Living Reduction	Gross	\$12,031,600	(\$7,500,000)
<u>Executive</u> reduces funding by \$2.0 million GF/GP for Centers for Independent Living, which provide services to persons with disabilities. <u>House</u> concurs with the Executive and makes a technical adjustment by removing \$5.5 million federal matching funds associated with the reduced GF/GP.	Federal	8,451,000	(5,500,000)
	Private	10,000	0
	GF/GP	\$3,570,000	(\$2,000,000)
19. Heat and Eat Program Continuance	Gross	\$6,766,800	\$0
<u>Executive</u> maintains \$6.8 million GF/GP originally appropriated in FY 2016-17 in PA 340 of 2016 to fund the Heat and Eat program, which provides energy assistance payments of \$20.01 to an estimated 338,173 Food Assistance Program (FAP) cases making them potentially eligible for additional FAP benefits. <u>House</u> concurs with the Executive.	GF/GP	\$6,766,800	\$0
20. Multicultural Integration Funding	Gross	\$13,303,800	\$2,000,000
<u>Executive</u> increases funding by \$2.0 million GF/GP to various multicultural organizations that provide social services programs to specific populations. Organizations receiving additional funding include: Arab Community Center for Economic and Social Services (ACCESS), Arab Chaldean Council (ACC), the Jewish Federation, and the Chaldean Community Foundation (CCF). <u>House</u> concurs with the Executive.	Federal	1,115,500	0
	GF/GP	\$12,188,300	\$2,000,000
21. Foster Care Administrative and Residential Rates Increase	Gross	NA	\$6,028,800
<u>Executive</u> increases funding by \$14.2 million Gross (\$6.8 million GF/GP) to increase administrative per diem rates paid to private foster care placing agencies and rates to residential service providers. The current general foster care rate would increase from \$45.00 to \$46.20. Independent living, trial reunification, and residential services rates would also be increased. <u>House</u> increases funding by \$6.0 million Gross (\$3.0 million GF/GP) to increase rates: general foster care and trial reunification administration rates would increase to \$45.60 and general independent living administration rates would increase to \$37.10. Residential services rates would also increase.	Federal	NA	2,645,000
	Local	NA	425,000
	GF/GP	NA	\$2,958,800
22. Foster Care Administrative Rates – Elimination of County Hold-Harmless Provision	Gross	NA	(\$7,999,900)
<u>Executive</u> reduces state funding by \$8.0 million GF/GP to recognize the savings to the state of rescinding the county hold-harmless provision that requires DHHS to pay 100% of the foster care administrative rates to private agencies for all new cases beginning October 1, 2013 and 100% of the recent rate increases. Restores 50/50 cost sharing model and requires counties to pay 50% of all administrative rates for private foster care placing agencies and residential service providers beginning in FY 2017-18. <u>House</u> concurs with the Executive but includes a \$100 placeholder.	GF/GP	NA	(\$7,999,900)
23. Foster Parent Support and Michigan Youth Opportunities Initiative (MYOI) Expansion	FTE	NA	11.0
<u>Executive</u> includes 11.0 additional FTE positions and \$3.6 million Gross (\$2.8 million GF/GP) to fund the expansion of programs to support foster care parents and the MYOI program. Funding would support 10 additional MYOI coordinators and expand the program, which provides services to youth aging out of foster care, to all 83 counties; includes support for one statewide foster care recruitment supervisor. Adds boilerplate Sec. 594 directing that funding support five Regional Resource Teams to help recruit and retain qualified foster parents. <u>House</u> concurs with the Executive.	Gross	NA	\$3,591,400
	Federal	NA	783,500
	GF/GP	NA	\$2,807,900

Major Budget Changes From FY 2016-17 YTD Appropriations		FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
24. Juvenile Justice Facilities Staffing Increase	FTE	84.0	10.0
<u>Executive</u> includes additional 10.0 FTEs and \$924,000 Gross (\$462,000 GF/GP) to comply with new minimum staffing requirements mandated by the federal Prison Rape Elimination Act (PREA). In order to comply, both state juvenile facilities, Shawono and Bay Pines, require 5.0 additional FTEs. <u>House</u> concurs with the Executive.	Gross	\$9,954,700	\$924,000
	Federal	220,300	0
	Local	5,377,900	462,000
	GF/GP	\$4,356,500	\$462,000
25. Family Preservation Programs – One-Time Funding	FTE	1.0	(1.0)
<u>Executive</u> eliminates one-time funding of \$6.1 million federal TANF and the related 1.0 FTE for family preservation programs; ongoing funding for family preservation programs is maintained at current-year funding and staffing levels. <u>House</u> concurs with the Executive.	Gross	\$6,098,200	(\$6,098,200)
	Federal	6,098,200	(6,098,200)
	GF/GP	\$0	\$0
26. GF/GP-Funded Refugee Assistance	Gross	\$1,000,000	(\$1,000,000)
<u>Executive</u> transfers \$1.0 million GF/GP added in FY 2016-17 in PA 340 of 2016 for refugee assistance services to the one-time basis unit. <u>House</u> eliminates the one-time GF/GP funding.	GF/GP	\$1,000,000	(\$1,000,000)
27. Other House Program Reductions	Gross	NA	(\$2,000,000)
<u>House</u> reduces \$750,000 GF/GP funding for Fostering Futures Scholarship Grants, \$1,000,000 Gross (\$600,000 GF/GP) funding for Emergency Services Local Office Allocations, and \$250,000 TANF for FIP Suspicion-Based Drug Testing Pilot.	Federal	NA	(650,000)
	GF/GP	NA	(\$1,350,000)
28. Michigan Corner Store Initiative	Gross	NA	\$100
<u>House</u> includes \$100 placeholder for the Michigan Corner Store Initiative; adds Sec. 651 of boilerplate directing funding to be used for grants to small food retailers to increase availability of fresh and nutritious foods in low and moderate income areas.	GF/GP	NA	\$100
29. FTE Adjustments	FTE	NA	(31.0)
<u>Executive</u> eliminates 60.0 FTE authorizations in the following two line items to align FTE authorizations with the amount of funding available to support the positions: Child Welfare Field Staff – Caseload Compliance (50.0), Family Preservation Programs (10.0); adds 29.0 FTEs to Public Assistance Field Staff. <u>House</u> concurs with the Executive and dedicates the 29.0 new FTEs to the Pathways to Potential Program.	Gross	NA	\$0
	GF/GP	NA	\$0
30. Donated Funds Positions FTE Reduction	FTE	538.0	(250.0)
<u>Executive</u> eliminates 250.0 FTE authorizations from the Donated Funds Positions line item to better align FTE authorizations with the amount of currently-filled positions and the funding available to support those FTEs. Reduces funding by \$28.3 million Gross (\$0 GF/GP). <u>House</u> concurs with the Executive.	Gross	\$60,878,700	(\$28,300,000)
	IDG	238,900	0
	Federal	31,152,400	(14,152,400)
	Private	18,420,200	(5,309,900)
	Local	11,067,200	(8,837,700)
	GF/GP	\$0	\$0
31. TANF Offset of GF/GP Funding	Gross	NA	\$0
<u>House</u> appropriates \$5.0 million TANF to the Family Independence Program line item to offset \$5.0 million GF/GP.	Federal	NA	5,000,000
	GF/GP	NA	(\$5,000,000)
32. Capped Federal Revenues Fund Source	Gross	NA	\$0
<u>Executive</u> rolls the "Capped Federal Revenues" fund source into the general "Total Federal Revenues" fund source. <u>House</u> retains current-year fund source structure.	Federal	NA	0
	GF/GP	NA	\$0

Major Budget Changes From FY 2016-17 YTD Appropriations	FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
BEHAVIORAL HEALTH		
33. Direct Care Wage Increase	Gross	NA
<u>Executive</u> increases Medicaid mental health funding \$45.0 million Gross (\$14.2 million GF/GP) to provide a \$0.50 per hour increase for direct care workers. A FY 2015-16 legislative boilerplate report directed DHHS to review current challenges of recruiting and retaining direct care staff, and one of the findings was uncompetitive wages compared to other available entry-level wages. <u>House</u> adds \$22.5 million Gross (\$7.1 million GF/GP) to provide a \$0.25 per hour increase and requires in boilerplate Sec. 1009 that DHHS contractually mandate these funds be fully passed through to agencies for paying direct care worker's wages.	Federal	NA
	GF/GP	NA
		\$22,500,000
		15,419,200
		\$7,080,800
34. State Psychiatric Hospital Staffing Enhancement	FTEs	1,613.6
<u>Executive</u> provides \$7.2 million Gross (\$4.9 million GF/GP) to increase state psychiatric hospital staffing by 72.0 FTEs. Amount reflects a 3.4% increase in Gross appropriations. <u>House</u> provides half of the Executive request.	Gross	\$208,960,000
	Federal	34,738,400
	Local	14,685,300
	Restricted	17,633,000
	GF/GP	\$141,903,300
		36.0
		\$3,586,600
		1,154,400
		0
		0
		\$2,432,200
35. Mental Health and Wellness Commission	Gross	\$17,030,000
<u>Executive</u> increases Mental Health and Wellness Commission allocation by \$3.8 million Gross (\$1.3 million GF/GP) for a transition unit for children residing at the Hawthorn Center state psychiatric hospital for children. <u>House</u> concurs with the Executive.	Federal	8,925,000
	GF/GP	\$8,105,000
		2,458,000
		\$1,292,000
36. Medical Marijuana Regulatory Revenue	Gross	\$0
<u>Executive</u> recognizes \$1.4 million in restricted medical marijuana regulatory revenue to increase access to substance use disorder prevention, treatment, and education programming. Assumes some programs would be eligible for federal matching funds. <u>House</u> concurs with the Executive.	Federal	0
	Restricted	0
	GF/GP	\$0
		1,839,300
		1,423,900
		\$0
		\$0
37. Autism Services	Gross	\$61,168,400
<u>House</u> reduces Medicaid autism services funding \$5.0 million Gross (\$1.8 million GF/GP) to support a fee schedule increase of 5% rather than 12%.	Federal	40,223,500
	GF/GP	\$20,944,900
		(\$5,000,000)
		(3,239,000)
		(\$1,761,000)
38. Civil Service Charges	Gross	\$1,499,300
<u>Executive</u> reduces civil services charges line within behavioral health services unit \$1.1 million GF/GP, funding is transferred into Civil Services unit within Department of Technology, Management, and Budget. <u>House</u> concurs with the Executive.	GF/GP	\$1,499,300
		(\$1,100,000)
		(\$1,100,000)
39. University Autism Programs	Gross	\$1,000,000
<u>Executive</u> transfers university autism program funding to the one-time basis unit. <u>House</u> concurs with Executive transfer and reduces \$500,000 GF/GP.	GF/GP	\$1,000,000
		(\$500,000)
		(\$500,000)
POPULATION HEALTH		
40. Flint Drinking Water/Lead Exposure Emergency – One-Time Funding	FTE	0.0
<u>Executive</u> reduces funding for assistance to residents exposed to lead in the City of Flint by \$1.8 million Gross (\$8.1 million GF/GP). One-time funding of \$13.4 million Gross (\$1.0 million GF/GP) and 4.5 FTEs are provided for food and nutrition services, health services at child and adolescent health centers and schools, water filter cartridges and filter replacements, and additional supports and services. Restricted funding provided is primarily Healthy Michigan Fund and includes \$100 of the Drinking Water Declaration of Emergency Reserve Fund. Sec. 1905 is related boilerplate. <u>House</u> concurs with the Executive.	Gross	\$15,138,100
	TANF	3,520,000
	Federal	2,050,000
	Restricted	473,900
	GF/GP	\$9,094,200
		4.5
		(\$1,776,400)
		(20,000)
		(2,050,000)
		8,387,800
		(\$8,094,200)
41. Public Health – House Reductions	Gross	NA
<u>House</u> makes the following reductions: eliminates health innovations grant funding of \$1.0 million GF/GP and Sec. 1143, eliminates \$250,000 GF/GP for bone marrow transplant registry support and Sec. 1146, and reduces GF/GP funding for health and wellness initiatives by \$1.9 million.	GF/GP	NA
		(\$3,119,300)
		(\$3,119,300)

Major Budget Changes From FY 2016-17 YTD Appropriations		FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
42. Early Primary Care Pilot Program	Gross	\$0	\$1,000,000
<u>House</u> provides \$1.0 million GF/GP for a new early primary care pilot program to place interested and qualified physicians in medically underserved areas for 2 years following the first year of the physician's residency. The physician will receive a salary and financial assistance with repayment of medical education loans. Sec. 1147 is related boilerplate.	GF/GP	\$0	\$1,000,000
43. Lead Poisoning Elimination Recommendations – One-Time Funding	Gross	\$0	\$500,000
<u>Executive</u> includes \$2.0 million GF/GP as one-time funding toward implementation of over 80 recommendations of the Childhood Lead Poisoning Elimination Board, created as a two-year advisory commission under Executive Order 2016-9. <u>House</u> provides one-time funding of \$500,000, and adds Sec. 1907 related boilerplate.	GF/GP	\$0	\$500,000
44. Full Year Funding of Public Health and Lead Abatement Expansions	FTEs	24.0	19.5
<u>Executive</u> provides \$2.9 million Gross increase (reduction of \$1.3 million GF/GP) and 19.5 FTE increase to annualize and continue the following new initiatives: vapor intrusion response program funded at \$2.2 million GF/GP, drinking water, childhood lead testing, toxicology and response, and public health staff enhancements funded at \$4.2 million Gross (\$0 GF/GP), and increased lead abatement of homes initially focusing on Flint, funded at \$23.5 million from available federal grants. Funding for these programs was initiated in the FY 2016-17 supplemental Act 340 of 2016. New related boilerplate sections providing outcomes and metrics are included in Sec. 1180 and 1181. <u>House</u> concurs with the Executive, except reduces the vapor intrusion response unit increase from \$815,000 GF/GP to \$400,000 GF/GP, and revises Sec. 1180 and 1181.	Gross	\$26,987,700	\$2,439,600
	Federal	23,470,000	10,000
	Restricted	0	4,178,500
	GF/GP	\$3,517,700	(\$1,748,900)
45. Public Health Dental Clinics	Gross	\$1,550,000	(\$1,550,000)
<u>Executive</u> removes \$1.6 million GF/GP for local health departments partnering with nonprofit dental providers for dental services, and removes related Sec. 1229 boilerplate. Funding was new in FY 2016-17. <u>House</u> concurs with the Executive.	GF/GP	\$1,550,000	(\$1,550,000)
46. Indigent Primary Care and Dental Care Clinics – One-Time Funding	Gross	NA	\$300,000
<u>House</u> provides one-time funding of \$300,000 GF/GP to support primary care clinic and dental health clinic services for indigent individuals. Sec. 1914 is related boilerplate.	GF/GP	NA	\$300,000
47. Pediatric Traumatic Brain Injury Treatment	Gross	NA	\$1,000,000
<u>House</u> provides \$1.0 million GF/GP to support use of pediatric traumatic brain injury assessment and treatment interactive software in hospitals. Sec. 1228 is related boilerplate.	GF/GP	NA	\$1,000,000
48. Population Health Federal Grant Adjustments	Gross	NA	\$8,400,000
<u>Executive</u> recognizes \$8.4 million of additional public health federal funds including new violence prevention grants of \$1.0 million, increase in local reimbursements for Medicaid outreach totaling \$3.5 million, local health services increase of \$1.5 million, and chronic disease prevention increase of \$2.4 million. The last two adjustments are from increased Preventive Health and Health Services Block Grant funds. <u>House</u> concurs with the Executive.	Federal	NA	8,400,000
	GF/GP	NA	\$0
49. Alternative Pregnancy and Parenting Support Program	Gross	\$400,000	\$300,000
<u>Executive</u> reduces funding by \$350,000 Gross (\$50,000 GF/GP increase) for alternative pregnancy and parenting support program which promotes childbirth and alternatives to abortion, returning the program to \$50,000 GF/GP funding level of FY 2015-16. <u>House</u> provides increase of \$300,000 TANF funds for total program funding of \$700,000 TANF. Sec. 1307 is related boilerplate.	TANF	400,000	300,000
	GF/GP	\$0	\$0

Major Budget Changes From FY 2016-17 YTD Appropriations		FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
AGING AND ADULT SERVICES AGENCY			
50. Senior In-Home Services	Gross	\$8,024,300	\$1,000,000
<u>Executive</u> provides increase of \$2.1 million GF/GP for senior in-home services. Together with a FY 2016-17 increase, the program funding will meet demand as of September 30, 2016, including waiting lists. YTD shown is for in-home services only in the Community Services line item. <u>House</u> provides increase of \$1.0 million GF/GP.	GF/GP	\$8,024,300	\$1,000,000
51. Senior Meals and Nutrition Services	Gross	\$39,044,000	\$2,450,000
<u>Executive</u> provides increase of \$1.5 million GF/GP for senior home-delivered meals to bring the program funding to a level that will meet demand as of September 30, 2016, including waiting lists. Federal grant increases totaling \$1.7 million for senior meals services are also recognized. <u>House</u> provides increase of \$750,000 GF/GP.	Federal	27,657,000	1,700,000
	Private	300,000	0
	GF/GP	\$11,087,000	\$750,000
52. Alzheimer's In-Home Care Pilot	Gross	\$150,000	(\$149,900)
<u>Executive</u> removes boilerplate Sec. 1424 related to a \$150,000 GF/GP 3-year pilot program of in-home support and care for persons with Alzheimer's Disease, but retains funding to redirect to another dementia care pilot program. <u>House</u> retains a \$100 placeholder to continue the pilot program, currently scheduled for completion as of September 30, 2017, and retains boilerplate with revisions.	GF/GP	\$150,000	(\$149,900)
MEDICAL SERVICES			
53. Special Hospital Payments	Gross	NA	(\$217,645,100)
<u>Executive</u> reduces quality assurance assessment program (QAAP)-funded special hospital payments a total of \$217.6 million Gross (\$20.3 million GF/GP) based on Hospital Rate Adjustment (HRA) reducing by \$47.9 million Gross (\$42.8 million GF/GP) and the Medicaid Access to Care Initiative (MACI) reducing by \$169.7 million Gross (increasing \$22.4 million GF/GP). <u>House</u> concurs with the Executive.	Federal	NA	(151,922,800)
	Restricted	NA	(45,382,500)
	GF/GP	NA	(\$20,339,800)
54. GF/GP-Funded Disproportionate Share Hospital (DSH) Payments	Gross	\$45,000,000	(\$4,500,000)
<u>House</u> reduces \$4.5 million Gross (\$1.6 million GF/GP) in GF/GP-funded DSH payments (or 10%) based on recent studies indicating hospital uncompensated care declining by 50%. Revises boilerplate Sec. 1699 indicating this reduction is in compliance with section 105d(8) of the social welfare act.	Federal	29,317,500	(2,915,100)
	Restricted	6,114,900	0
	GF/GP	\$9,567,600	(\$1,584,900)
55. Hospice Room and Board	Gross	\$2,500,000	\$500,000
<u>House</u> adds \$500,000 GF/GP for hospice room and board payments that are not eligible for federal Medicaid reimbursement. <u>House</u> also revises boilerplate Sec. 1899 to require these funds be distributed quarterly on a per bed basis.	GF/GP	\$2,500,000	\$500,000
56. Medicaid Non-Emergency Medical Transportation Expansion	Gross	NA	\$1,419,600
<u>Executive</u> includes \$12.0 million Gross (\$3.4 million GF/GP) to expand the Medicaid non-emergency medical transportation broker program into additional counties. Program is currently available in Macomb, Oakland, and Wayne counties. Counties without a broker program rely on local DHHS field staff workers to coordinate non-emergency medical transportation. <u>House</u> does not concur with the Executive expansion of a broker program, and instead includes \$1.4 million Gross (\$500,000 GF/GP) to expand the use of local public transportation entities to coordinate non-emergency medical transportation.	Federal	NA	919,600
	GF/GP	NA	\$500,000
57. Ambulance QAAP	Gross	\$44,112,000	\$10,290,000
<u>Executive</u> includes \$10.3 million Gross (\$0 GF/GP) to add QAAP-funded supplemental Healthy Michigan Plan ambulance payments. Current year only included traditional Medicaid in the supplemental payment calculation. <u>House</u> concurs with the Executive.	Federal	32,312,400	9,698,400
	Restricted	15,665,200	591,600
	GF/GP	(\$3,865,600)	\$0

Major Budget Changes From FY 2016-17 YTD Appropriations		FY 2016-17 Year-to-Date (as of 2/8/17)	FY 2017-18 House Change
58. New Nursing Facility Quality Pool	Gross	\$1,658,317,700	\$73,000,000
<u>Executive</u> creates a new QAAP-funded nursing facility quality pool totaling \$73.0 million Gross (reduces \$8.2 million GF/GP in state retainer savings). Adds boilerplate Sec. 1646 directing these new payments to support and reward improvements in outcomes for nursing facility patients and residents. <u>House</u> concurs with the Executive.	Federal	1,069,171,700	47,289,400
	Local	6,618,800	0
	Private	2,100,000	0
	Restricted	271,352,900	33,954,300
	GF/GP	\$309,074,300	(\$8,243,700)
59. Program of All-inclusive Care for the Elderly (PACE) Expansion	Gross	\$87,874,800	\$18,414,300
<u>Executive</u> adds \$20.0 million Gross (\$7.0 million GF/GP) to support enrollment increases within existing programs and for two new PACE sites in Newaygo County and in central Michigan. Increase is offset with assumed long-term care savings for a net \$0 budget adjustment. <u>House</u> reduces addition by \$1.6 million Gross (\$546,700 GF/GP) to support an annual per member per month increase of 1.0% rather than 2.5%.	Federal	57,250,400	11,928,800
	GF/GP	\$30,624,400	\$6,485,500
60. Medicaid Direct Primary Care Pilot – One-Time Funding	Gross	\$0	\$5,724,000
<u>House</u> includes \$5.7 million Gross (\$2.0 million GF/GP) on a one-time basis for a Medicaid direct primary care pilot program. Adds boilerplate Sec. 1913 outlining the pilot program.	Federal	0	3,708,000
	GF/GP	\$0	\$2,016,000
61. Neonatology Placeholder	Gross	NA	\$100
<u>House</u> includes \$100 placeholder for a reimbursement rate increase for neonatal services.	GF/GP	NA	\$100
62. Court-Appointed Guardianship Placeholder	Gross	NA	\$100
<u>House</u> includes \$100 placeholder for a reimbursement rate increase for court-appointed guardianship services.	GF/GP	NA	\$100
63. Medical Services Program Reductions	Gross	NA	(\$7,026,000)
<u>Executive</u> reduces a total of \$10.4 million Gross (\$6.3 million GF/GP) by eliminating Authority Health GME (\$2.8 million Gross), Dental rate increase for pregnant Medicaid beneficiaries (\$2.7 million Gross), University of Detroit dental clinic (\$2.0 million Gross), Medicaid health plan immunization grant (\$1.5 million Gross), and by reducing Wayne State Psychiatric (\$1.4 million Gross). <u>House</u> does not concur with the University of Detroit dental clinic elimination and Wayne State Psychiatric reduction.	Federal	NA	(4,176,000)
	GF/GP	NA	(\$2,850,000)
64. Other State Restricted Revenue Adjustments	Gross	NA	\$0
<u>Executive</u> revises the following three restricted funds based on projected available revenues for a net increase of \$3.5 million, which is used to offset a like amount of GF/GP:	Restricted	NA	3,529,000
<ul style="list-style-type: none"> Increases Merit Award Trust Fund \$25.3 million. Increases Healthy Michigan Fund \$9.6 million. Reduces Medicaid Benefits Trust Fund \$31.4 million. 	GF/GP	NA	(\$3,529,000)
<u>House</u> concurs with the Executive.			

Major Boilerplate Changes From FY 2016-17

GENERAL SECTIONS

Sec. 274. Capped Federal Funds and Maintenance of Effort – REVISED

Executive deletes subsection (2) which directs that capped federal funds shall not be used for economics adjustments in the Governor's proposed budget, and subsection (3) which requires report on funding that meets TANF maintenance of effort funding requirement. House revises subsection (2) to allow for the use of capped federal funds for economics if increased federal funding from capped sources is expected. *NOTE: Governor indicated subsection (2) considered unenforceable in his signing letter for enacted FY 2016-17 budget.*

Major Boilerplate Changes From FY 2016-17

Sec. 298. Behavioral Health Integration – REVISED

Requires DHHS to work with a workgroup to make recommendations on policy and financing to improve coordination of Medicaid behavioral health and physical health services, including goals, a detailed plan, annual benchmarks, and requiring legislative authorization for certain funding changes. Executive replaces current language and directs DHHS to continue working with stakeholders to improve coordination of publicly funded behavioral health and physical health services, which must be built upon the published core values previously agreed upon by the Sec. 298 workgroup, including person-centered planning. House replaces current language with requirement to implement a statewide behavioral health managed care organization; to work with a willing CMHSP in Kent County to pilot a full physical and behavioral health integrated service model; to pilot 3 total physical and behavioral health services using single contracts with Medicaid health plans in a manner that allows the CMHSP in the pilot area to be a provider of behavioral health services and that any Medicaid waiver or Medicaid state plan amendment to only be effective for the duration of the pilots; requires evaluation of successes and weaknesses of each model performed by a state research university; requires report.

CHILDREN SERVICES – CHILD WELFARE

Sec. 512. Foster Care Services by Relatives Study – NEW

House requires DHHS to conduct a study on the cost and feasibility of extending services and financial resources to foster care children placed with a relative outside of the foster care system; requires report.

Sec. 522. Fostering Futures Scholarship Program – DELETED

Allocates \$750,000 to the Fostering Futures Scholarship program for youth transition from foster care who are attending college; requires report. Executive retains language; House deletes language.

Sec. 546. Foster Care Agency Administrative Rates – REVISED

Establishes foster care administrative rate of \$37 for private child placing agencies; establishes general independent living administrative rate of \$28; requires payments for independent living plus services at statewide per diem; increases administrative rate for foster care services by \$8, provided county match rate is eliminated; requires increase to private providers of residential services, provided that county match rate is eliminated. Executive revises language to set the general foster care rate, independent living rate, and trial reunification services rate all at \$46.20. House revises language to set the general foster care rate and trial reunification services rate at \$45.60 and independent living rate at \$37.10.

Sec. 558. Child Welfare Training Institute (CWTI) Report – DELETED

Requires DHHS to maximize use of training programs or courses provided through the CWTI and requires courses be made available to employees of private service providers; requires DHHS to conduct a workgroup on reducing required amount of centralized CWTI training class time; requires report on workgroup findings; requires report on number of programs and courses provided and annual cost for each. Executive and House delete language.

Sec. 564. Parent-Child and Parent-Caseworker Visitations – DELETED

Requires DHHS to develop policy for parent-child visitations, requires local offices to meet a 50% success rate, after accounting for factors outside of the caseworker's control; requires caseworkers to achieve a success rate of 65% for parent-caseworker visitations, after accounting for factors outside of the caseworker's control; requires report. Executive and House delete language.

Sec. 567. Medical Passports – REVISED

Requires foster care caseworkers to complete medical passports and requires medical passport to be transferred within 2 weeks from date of placement or return home; requires report. Executive deletes language that requires medical passports be transferred within 2 weeks of placement or return home; House concurs with the Executive.

Sec. 568. Adoption Subsidy Negotiations – DELETED

Requires DHHS to pay a minimum adoption subsidy rate that is not less than 95% of the family foster care rate, including the determination of care rate. Executive and House delete language.

Sec. 569. Private Agency Adoption Completion Payment Rate – DELETED

Requires DHHS reimburse private child placing agencies that complete adoptions at the rate according to the date in which the petition for adoption and required support documentation was accepted by the court and not according to the date the court's order placing for adoption was entered. Executive and House delete language.

Sec. 589. Payment of Foster Care Administrative Rate- County Hold Harmless – REVISED

Requires DHHS to pay 100% of the administrative rate for all new cases referred to foster care services providers beginning October 1, 2013; requires monthly report on number of cases supervised by private agencies and by DHHS. Executive deletes language requiring DHHS to pay 100% of the administrative rates; House concurs with the Executive.

PUBLIC ASSISTANCE

Sec. 625. Legal Services Association of Michigan – DELETED

Permits DHHS to contract with Legal Services Association of Michigan to provide assistance to individuals who have applied or wish to apply for federal disability benefits. Executive and House delete language.

Major Boilerplate Changes From FY 2016-17

Sec. 630. Family Independence Program (FIP) Suspicion-Based Drug Testing Pilot Program – DELETED

Requires DHHS to implement a suspicion-based drug testing pilot program for FIP recipients. Executive and House delete language.

Sec. 650. Food Assistance Program Able-Bodied Adults Without Dependents Waiver – NEW

House requires DHHS to apply the food assistance eligibility requirements as prescribed in 7 CFR 273.24(a)-(d) on a statewide basis for the fiscal year beginning October 1, 2017.

Sec. 669. Annual FIP Clothing Allowance – REVISED

Allocates \$6.3 million for children's annual clothing allowance for all eligible children in FIP groups. Executive revises language to allocate \$9.0 million funding; House revises language to appropriate \$7.2 million.

CHILDREN SERVICES – JUVENILE JUSTICE

Sec. 701. Residential Facility Contracts – DELETED

Unless required from changes to federal or state law or at the request of a provider, prohibits signed contracts with private residential facilities to be altered without written consent from a representative of the private residential facility. Executive and House delete language.

FIELD OPERATIONS AND SUPPORT SERVICES

Sec. 850. Out-Stationed Eligibility Specialists – REVISED

Requires DHHS to maintain out-stationed eligibility specialists in community-based organizations, community mental health agencies, nursing homes, and hospitals unless the location requests the program discontinued. Executive deletes language that requires that if a request for donated funds positions is denied, DHHS must provide the federal statute or regulation supporting a denial, if requested, as well as language that states if there is no federal statute or regulation supporting the denial, DHHS shall grant the position request. House concurs with the Executive.

Sec. 852. Public Assistance Field Staff Additional FTEs – NEW

House requires the 29 additional FTE authorizations in the Public Assistance Field Staff line item to be allocated to support the Pathways to Potential Program to provide additional DHHS staff in schools.

BEHAVIORAL HEALTH SERVICES

Sec. 941. Medicaid Spenddown Allocation – DELETED

Allocates no less than \$3.0 million to CMHSPs for costs related to Medicaid spenddown beneficiaries having to satisfy monthly deductible requirements. Executive and House delete language.

Sec. 994. National Accreditation Review Criteria for Behavioral Health Services – REVISED

Requires DHHS to consider a CMHSP, PIHP, or subcontracting provider agency that is reviewed and accredited by a national accrediting entity for behavioral health care services to be in compliance with state program review and audit requirements, contingent upon federal approval; requires a report; requires DHHS to continue to comply with state and federal law and not initiate an action that negatively impacts beneficiary safety; defines "national accrediting entity." Executive deletes language. House requires DHHS to request federal approval by January 1 and requires any savings from this action be reinvested back into services.

Sec. 997. Distribution of Substance Use Disorder Block Grant Funds – DELETED

Requires population data from the most recent federal census be used in determining the distribution of substance use disorder block grant funds. Executive and House delete language.

Sec. 1011. Kalamazoo Community Mental Health and Substance Abuse Services Opioid Genomics Pilot – NEW

House requires DHHS to provide \$850,000 to Kalamazoo Community Mental Health and Substance Abuse Services to develop a genomic based demonstration program to predict opioid response and abuse and to analyze cost savings to Medicaid.

Sec. 1057. Hawthorn Center and Caro Center Evaluation – REVISED

Requires DHHS to evaluate the condition of the Hawthorn Center and Caro Center, to evaluate the cost effectiveness of improvements, and to recommend improvements. Executive deletes language. House strikes requirement to evaluate Caro Center.

Sec. 1060. State Psychiatric Hospital Staffing Workgroup – NEW

House requires DHHS to convene a workgroup to address mandatory overtime, staff turnover, and staff retention at the state psychiatric hospitals; requires report.

Major Boilerplate Changes From FY 2016-17

HEALTH POLICY

Sec. 1150. Opioid Fraud Collaboration – DELETED

Requires DHHS to coordinate with other state departments, law enforcement, and Medicaid health plans to reduce fraud related to opioid prescribing within Medicaid, and to address other prescription drug and opioid abuse issues; requires a report. Executive and House delete language.

Sec. 1151. Opioid Addiction Treatment Education Collaboration – DELETED

Requires DHHS to coordinate with other state departments, law enforcement, and Medicaid health plans to work with substance use disorder providers to inform Medicaid beneficiaries of medically appropriate opioid addiction treatment options when an opioid prescription is completed, and to address other drug abuse issues; requires a report. Executive and House delete language.

LOCAL HEALTH AND ADMINISTRATIVE SERVICES

Sec. 1230. School-Based Children's Dental Health Pilot – NEW

House requires DHHS to develop and implement a school-based pilot program for children up to grade 7 for oral health assessments, primary dental services, and referrals, collaborating with the Department of Education, and local and nonprofit entities. Program goals include improving oral and physical health, and reducing rates of childhood tooth decay.

FAMILY, MATERNAL, AND CHILD HEALTH

Sec. 1314. Promotion of Early and Regular Prenatal Care – NEW

House requires DHHS to enhance outreach efforts to encourage early, continuous, and routine prenatal care upon confirmation of pregnancy. DHHS is to ensure that programs, policies and practices promote care by supporting access, eliminating barriers, promoting best practices, and encouraging optimal prenatal habits. DHHS is to track birth and maternal outcomes of these efforts.

Sec. 1340. National Brand Peanut Butter as Approved WIC Food Item – DELETED

Requires the Women, Infants, and Children Special Supplemental Food and Nutrition program (WIC) to include national brand peanut butter on the list of approved food basket items for WIC participant purchase. Executive and House delete language.

MEDICAL SERVICES

Sec. 1790. Ambulance QAAP Revenue Base – NEW

House requires any restricted funding used for ambulance provider reimbursements come from an ambulance QAAP with a base narrowly tailored to ambulance services and shall not include other municipal services.

Sec. 1801. Primary Care Rates – REVISED

Requires DHHS to continue the increase in Medicaid rates to primary care service providers and establish policies to limit the rate increase to practitioners that solely practice primary care; requires a report. House adds physicians who are licensed by the state and working as a primary care provider in general practice to the list of eligible primary care providers who are eligible for the Medicaid rate increase.

Sec. 1805. Graduate Medical Education (GME) Quality Data – REVISED

Requires hospitals receiving GME payments to submit quality data utilizing consensus-based nationally endorsed standards to be posted on a public website, lists specific quality reporting information, and requires hospitals to also post quality data on the hospital's website. Executive adds requirement to withhold 25% of a hospital's GME payment if the hospital does not submit the required data by January 1, 2018. House concurs with Executive but changes withhold date to July 1, 2018.

Sec. 1806. Common Formulary for Medicaid Health Plans – REVISED

Allows DHHS to establish performance standards to measure implementation progress of a common formulary; requires that ongoing implementation of the common formulary consider DHHS's preferred drug list; allows health plans to use evidence-based utilization management techniques in the implementation of the common formulary; requires health plans and DHHS to continue to emphasize the value of increased e-prescribing and electronic medical records. Executive deletes language. House revises to require DHHS to monitor progress in implementing the common formulary; requires report.

Sec. 1820. Recognition of Medicaid Health Plan Accreditation – DELETED

Requires DHHS to give consideration to Medicaid health plan accreditation when establishing compliance with state program review criteria or audit requirements; requires DHHS continue to comply with federal and state laws and not initiate any action that negatively impacts beneficiary safety; defines term "national accrediting entity"; requires progress report on implementation of section. Executive and House delete language.

Sec. 1867. Psychotropic Medicine Best Practices Workgroup – NEW

House requires DHHS to convene a workgroup to identify best practices and to develop protocols for prescribing psychotropic medications; requires report.