

SENATE BILL NO. 908

EXECUTIVE BUDGET BILL

February 24, 1998, Introduced by Senators GEAKE, SCHWARZ, STEIL, GOUGEON, and MC MANUS and referred to the Committee on Appropriations.

A bill to make appropriations for the department of community health and certain state purposes related to aging, mental health, public health, and medical services for the fiscal years ending September 30, 1998 and September 30, 1999; to provide for the expenditure of such appropriations; to create funds; to provide for reports; to prescribe the powers and duties of certain local and state agencies and departments; and to provide for disposition of fees and other income received by the various state agencies.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 101. There is appropriated for the department of community
2 health for the fiscal year ending September 30, 1999, from the
3 following funds:

4 **DEPARTMENT OF COMMUNITY HEALTH**

5 **APPROPRIATIONS SUMMARY:**

1	Full-time equated unclassified positions . . .	7.0	
2	Full-time equated classified positions . . .	6,296.3	
3	Average population	1,478.0	
4	GROSS APPROPRIATION		\$7,481,539,700
5	Interdepartmental grant revenues:		
6	Total interdepartmental grants and		
7	intradepartmental transfers		69,711,600
8	ADJUSTED GROSS APPROPRIATION		\$7,411,828,100
9	Federal revenues:		
10	Total federal revenues		3,653,763,400
11	Special revenue funds:		
12	Total local revenues		904,686,800
13	Total private funds		45,624,900
14	Total other state restricted revenues		286,460,400
15	State general fund/general purpose		\$2,521,292,600
16	DEPARTMENTWIDE ADMINISTRATION		
17	Full-time equated unclassified positions . . .	7.0	
18	Full-time equated classified positions . . .	489.7	
19	Director and other unclassified--7.0 FTE		
20	positions		\$ 540,200
21	Community health advisory council		28,900
22	Departmental administration and management--479.7		
23	FTE positions		45,685,000
24	Workers' compensation program--1.0 FTE position .		13,277,900
25	Rent		3,234,300
26	Building occupancy charges		3,153,300
27	Developmental disabilities council and		
28	projects--9.0 FTE positions		<u>2,259,700</u>
29	GROSS APPROPRIATION		\$ 68,179,300
30	Appropriated from:		
31	Interdepartmental grant revenues:		
32	Interdepartmental grant from the department of treasury,		
33	Michigan state hospital finance authority . . .		92,600

1	Intradepartmental transfer - automated data	
2	processing charges	3,510,400
3	Federal revenues:	
4	Total federal revenues	14,080,200
5	Special revenue funds:	
6	Private funds	20,800
7	Total other state restricted revenues	3,280,500
8	State general fund/general purpose	\$ 47,194,800
9	MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL	
10	PROJECTS	
11	Full-time equated classified positions	123.2
12	Mental health/substance abuse program	
13	administration--114.2 FTE positions	\$ 9,639,600
14	Consumer involvement program	166,600
15	Gambling addiction	3,000,000
16	Southwest community partnership	1,997,200
17	Protection and advocacy services support	818,300
18	Mental health initiatives for older persons	1,165,800
19	Purchase of psychiatric residency training	3,635,100
20	Community residential and support services--9.0	
21	FTE positions	8,450,900
22	Highway safety projects	337,200
23	Federal and other special projects	<u>10,564,800</u>
24	GROSS APPROPRIATION	\$ 39,775,500
25	Appropriated from:	
26	Federal revenues:	
27	Total federal revenues:	14,787,500
28	Special revenue funds:	
29	Total other state restricted revenues	3,182,300
30	State general fund/general purpose	\$ 21,805,700
31	COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS	
32	Full-time equated classified positions	14.0
33	Community mental health programs	\$1,436,707,600

1	Respite services	3,000,000
2	Children's waiver program	100
3	Omnibus reconciliation act implementation--9.0	
4	FTE positions	12,388,700
5	Federal mental health block grant--2.0 FTE	
6	positions	10,847,000
7	Pilot projects in prevention for	
8	adults and children--2.0 FTE positions	1,211,200
9	Homelessness formula grant program--1.0 FTE	
10	position	1,091,800
11	Community substance abuse prevention, education	
12	and treatment programs	<u>84,240,400</u>
13	GROSS APPROPRIATION	\$1,549,486,800
14	Appropriated from:	
15	Federal revenues:	
16	Total federal revenues	525,330,100
17	Special revenue funds:	
18	Total other state restricted revenues	6,242,400
19	State general fund/general purpose	\$1,017,914,300
20	STATE PSYCHIATRIC HOSPITALS AND CENTERS FOR PERSONS WITH	
21	DEVELOPMENTAL DISABILITIES	
22	Full-time equated classified positions	4,753.0
23	Revenue recapture	\$ 750,000
24	IDEA, federal special education	92,000
25	Special maintenance and equipment	959,000
26	Purchase of medical services for residents of	
27	hospitals and centers	2,374,000
28	Closed site, transition and severance pay--13.0	
29	FTE positions	3,451,500
30	Gifts and bequests for patient living and treatment	
31	environment	2,000,000
32	Maintenance of property being leased or rented	95,000
33	Caro mental health center-psychiatric hospital-	

1	adult--452.0 FTE positions	28,438,900
2	Average population 180.0	
3	Kalamazoo psychiatric hospital-adult--402.0 FTE	
4	positions	26,385,200
5	Average population 130.0	
6	Northville psychiatric hospital-adult--892.0 FTE	
7	positions	60,905,300
8	Average population 350.0	
9	Walter P. Reuther psychiatric hospital-adult--492.0	
10	FTE positions	33,908,000
11	Average population 210.0	
12	Hawthorn center-psychiatric hospital-children	
13	and adolescents--293.0 FTE positions	19,025,900
14	Average population 118.0	
15	Mount Pleasant center-developmental disabilities--	
16	510.0 FTE positions	30,114,700
17	Average population 210.0	
18	Southgate center-developmental disabilities--256.0	
19	FTE positions	15,928,600
20	Average population 70.0	
21	Center for forensic psychiatry--482.0 FTE positions	
22	32,066,300	
23	Average population 210.0	
24	Center for forensic psychiatry-outpatient	
25	evaluation--40.0 FTE positions	3,201,500
26	Forensic mental health services provided to the	
27	department of corrections--921.0 FTE positions	<u>65,283,100</u>
28	GROSS APPROPRIATION	\$ 324,979,000
29	Appropriated from:	
30	Interdepartmental grant revenues:	
31	Interdepartmental grant from the department of	
32	corrections	65,283,100
33	Federal revenues:	

1	Total federal revenues	28,953,100
2	Special revenue funds:	
3	CMHSP-Purchase of state services contracts . . .	157,407,400
4	Other local revenues	15,389,000
5	Private funds	2,000,000
6	Total other state restricted revenues	15,987,800
7	State general fund/general purpose \$	39,958,600
8	CRIME VICTIM SERVICES COMMISSION	
9	Full-time equated classified positions . . . 9.0	
10	Grants administration services--9.0 FTE positions \$	651,900
11	Justice assistance grants	7,900,000
12	Crime victim rights services grants	<u>5,898,100</u>
13	GROSS APPROPRIATION \$	14,450,000
14	Appropriated from:	
15	Federal revenues:	
16	Total federal revenues:	8,829,300
17	Special revenue funds:	
18	Total other state restricted revenues	5,126,700
19	State general fund/general purpose \$	494,000
20	OFFICE OF DRUG CONTROL POLICY	
21	Full-time equated classified positions . . . 13.0	
22	Drug control policy--13.0 FTE positions \$	1,533,900
23	Anti-drug abuse grants	<u>33,400,000</u>
24	GROSS APPROPRIATION \$	34,933,900
25	Appropriated from:	
26	Federal revenues:	
27	Total federal revenue	34,760,200
28	State general fund/general purpose \$	173,700
29	PUBLIC HEALTH ADMINISTRATION	
30	Full-time equated classified positions . . . 88.3	
31	Executive administration--15.5 FTE positions . . \$	1,271,300
32	Vital records and health statistics--72.8 FTE	
33	positions	5,606,700

1	Minority health grants and contracts	<u>650,000</u>
2	GROSS APPROPRIATION	\$ 7,528,000
3	Appropriated from:	
4	Interdepartmental grant revenues:	
5	Interdepartmental grant from the family independence	
6	agency	133,300
7	Federal revenues:	
8	Total federal revenue	2,719,300
9	Special revenue funds:	
10	Total other state restricted revenues	1,704,600
11	State general fund/general purpose	\$ 2,970,800
12	INFECTIOUS DISEASE CONTROL	
13	Full-time equated classified positions . . . 44.3	
14	AIDS prevention, testing and care programs--9.8 FTE	
15	positions	\$ 19,259,800
16	Sexually transmitted disease control programs--26.8	
17	FTE positions	4,884,400
18	Immunization programs--7.7 FTE positions	<u>17,656,200</u>
19	GROSS APPROPRIATION	\$ 41,800,400
20	Appropriated from:	
21	Federal revenues:	
22	Total federal revenues	30,937,400
23	Special revenue funds:	
24	Local funds	242,700
25	Private funds	175,000
26	Total other state restricted revenues	6,883,200
27	State general fund/general purpose	\$ 3,562,100
28	LABORATORY SERVICES	
29	Full-time equated classified positions . . 118.2	
30	Laboratory services administration--118.2 FTE	
31	positions	\$ 10,307,500
32	Lyme disease grant	<u>75,000</u>
33	GROSS APPROPRIATION	\$ 10,382,500

1	Appropriated from:		
2	Interdepartmental grant revenues:		
3	Interdepartmental grant from corrections		232,600
4	Interdepartmental grant from environmental		
5	quality		379,000
6	Federal revenues:		
7	Total federal revenues		1,139,700
8	Special revenue funds:		
9	Total other state restricted revenues		2,467,900
10	State general fund/general purpose	\$	6,163,300
11	EPIDEMIOLOGY		
12	Full-time equated classified positions	31.5	
13	Epidemiology--21.1 FTE positions		\$ 3,666,600
14	Tuberculosis control and recalcitrant AIDS		699,500
15	AIDS surveillance and prevention program--7.0 FTE		
16	positions		2,234,800
17	Disease surveillance--3.4 FTE positions		<u>368,000</u>
18	GROSS APPROPRIATION		\$ 6,968,900
19	Appropriated from:		
20	Interdepartmental grant revenues:		
21	Interdepartmental grant from the department		
22	of environmental quality		80,600
23	Federal revenues:		
24	Total federal revenues		4,873,700
25	Special revenue funds:		
26	Total other state restricted revenues		81,000
27	State general fund/general purpose	\$	1,933,600
28	LOCAL HEALTH ADMINISTRATION AND GRANTS		
29	Full-time equated classified positions	3.0	
30	Special population health care		\$ 620,600
31	Local public health operations		37,322,900
32	Implementation of 1933 PA 133, MCL 333.17015		100,000
33	Training and evaluation		320,000

1	Local health services	142,300
2	Lead abatement programs--3.0 FTE positions . . .	4,900,000
3	Medical services cost reimbursement to local	
4	health departments	<u>1,800,000</u>
5	GROSS APPROPRIATION	\$ 45,205,800
6	Appropriated from:	
7	Federal revenues:	
8	Total federal revenues	6,855,500
9	Special revenue funds:	
10	Total other state restricted revenues	243,500
11	State general fund/general purpose	\$ 38,106,800
12	CHRONIC DISEASE, INJURY, AND HEALTH PROMOTION	
13	Full-time equated classified positions . . . 33.7	
14	Cancer prevention and control program--13.6	
15	FTE positions	\$ 13,393,700
16	Diabetes local agreements	2,409,900
17	Chronic disease prevention	1,496,800
18	Alzheimer's information network	150,000
19	Health education, promotion, and research	
20	programs--11.9 FTE positions	1,909,400
21	Employee wellness program grants (include \$50 per	
22	diem for the risk reduction and AIDS policy	
23	commission)	4,250,000
24	Physical fitness, nutrition, and health	1,250,000
25	Injury control intervention project	437,300
26	Violence prevention--2.0 FTE positions	2,846,600
27	Public health traffic safety coordination	152,600
28	School health and education programs	2,080,000
29	Smoking prevention program--6.2 FTE positions . .	7,176,700
30	AIDS and risk reduction clearinghouse and media	
31	campaign	<u>1,700,000</u>
32	GROSS APPROPRIATION	\$ 39,253,000
33	Appropriated from:	

1	Federal revenues:	
2	Total federal funds	12,029,700
3	Special revenue funds:	
4	Total other state restricted revenues	24,452,400
5	State general fund/general purpose	\$ 2,770,900
6	COMMUNITY LIVING, CHILDREN, AND FAMILIES	
7	Full-time equated classified positions	119.8
8	Community living, children and families	
9	administration--114.3 FTE positions	\$ 13,249,300
10	Special projects--5.5 FTE positions	3,221,400
11	Family support subsidy	14,014,400
12	Adolescent health care services	2,892,300
13	Dental programs	411,400
14	Maternal and child health outreach and advocacy .	6,200,000
15	Family planning local agreements	7,392,600
16	Lead paint program	491,800
17	Local MCH services	8,354,200
18	Migrant health care	166,100
19	Pregnancy prevention program	7,296,100
20	Prenatal care outreach and service	
21	delivery support	7,987,900
22	Sudden infant death syndrome program	121,300
23	Women, infants, and children program local	
24	agreements and food costs	145,679,200
25	Pediatric AIDS prevention and control	800,000
26	Follow-up and treatment services for newborn	
27	screening	<u>1,729,400</u>
28	GROSS APPROPRIATION	\$ 220,007,400
29	Appropriated from:	
30	Federal revenues:	
31	Total federal revenue	146,657,800
32	Special revenue funds:	
33	Private funds	41,954,100

1	Total other state restricted revenues	7,722,200
2	State general fund/general purpose	\$ 23,673,300
3	OFFICE OF SERVICES TO THE AGING	
4	Full-time equated classified positions . . . 36.5	
5	Commission (per diem \$50.00)	\$ 10,500
6	Office of services to aging administration--36.5	
7	FTE positions	3,641,400
8	Community services	24,163,400
9	Nutrition services	28,185,700
10	Senior volunteer services	5,361,500
11	Employment assistance	2,632,700
12	DAG commodity supplement	6,978,800
13	Michigan pharmaceutical program	5,000,000
14	Respite care program	<u>3,500,000</u>
15	GROSS APPROPRIATION	\$ 79,474,000
16	Appropriated from:	
17	Federal revenues:	
18	Total federal revenues	39,171,400
19	Special revenue funds:	
20	Private funds	125,000
21	Total other state restricted revenues	9,000,700
22	State general fund/general purpose	\$ 31,176,900
23	CHILDREN'S SPECIAL HEALTH CARE SERVICES	
24	Full-time equated classified positions . . . 66.6	
25	Program administration--66.6 FTE positions . . .	\$ 4,983,200
26	Bequests for care and services	1,104,600
27	Medical care and treatment	<u>122,100,900</u>
28	GROSS APPROPRIATION	\$ 128,188,700
29	Appropriated from:	
30	Federal revenues:	
31	Total federal revenue	57,934,300
32	Special revenue funds:	
33	Private-bequests	750,000

1	Total other state restricted revenues	3,898,500
2	State general fund/general purpose	\$ 65,605,900
3	MEDICAL SERVICES ADMINISTRATION	
4	Full-time equated classified positions	352.5
5	Medical services administration--352.5 FTE	
6	positions	\$ 42,081,000
7	Data processing contractual services	100
8	Facility inspection contract-state police	132,800
9	Michigan essential health care provider	1,229,100
10	Primary care services	<u>2,140,600</u>
11	GROSS APPROPRIATION	\$ 45,583,600
12	Appropriated from:	
13	Federal revenues:	
14	Total federal revenues	27,922,200
15	Special revenue funds:	
16	Private funds	100,000
17	Total other state restricted revenues	752,600
18	State general fund/general purpose	\$ 16,808,800
19	MEDICAL SERVICES	
20	Medical services non-capitated	\$1,146,297,100
21	Hospital disproportionate share payments	45,000,000
22	Medicare premium payments	104,372,400
23	Transportation	4,358,900
24	Long term care services	923,953,300
25	Substance abuse services	14,880,500
26	Health plan services	1,251,728,000
27	MIChild program	65,222,700
28	Adult home help/personal care services	162,741,200
29	Maternal and child health	9,234,500
30	Social services to the physically disabled	1,344,900
31	Subtotal basic medical services program	<u>3,729,133,500</u>
32	Outpatient hospital adjustor	44,012,800
33	School based services	142,782,300

For Fiscal Year Ending
September 30, 1998

1	Special adjustor payments	909,414,300
2	Subtotal special medical services payments . . .	<u>1,096,209,400</u>
3	GROSS APPROPRIATION	\$ 4,825,342,900
4	Appropriated from:	
5	Federal revenues:	
6	Total federal revenues	2,696,782,000
7	Special revenue funds:	
8	Local revenues	731,647,700
9	Private funds	500,000
10	Tobacco company litigation fund	50,000
11	Total other state restricted	195,384,100
12	State general fund/general purpose	\$1,200,979,100
13	Sec. 102. There is appropriated for the department of community	
14	health for the fiscal year ending September 30, 1998, the following	
15	amounts from the funds identified as follows:	
16	DEPARTMENT OF COMMUNITY HEALTH	
17	APPROPRIATIONS SUMMARY:	
18	GROSS APPROPRIATION	\$ 9,805,000
19	Interdepartmental grant revenues:	
20	Total interdepartmental grants and	
21	intradepartmental transfers	0
22	ADJUSTED GROSS APPROPRIATION	\$ 9,805,000
23	Federal revenues:	
24	Total federal revenues	0
25	Special revenue funds:	
26	Total local revenues	0
27	Total private funds	0
28	Total other state restricted revenues	9,805,000
29	State general fund/general purpose	\$ 0
30	INFECTIOUS DISEASE CONTROL ADMINISTRATION	

For Fiscal Year Ending
September 30, 1998

1	Infectious disease control administration	\$	<u>300,000</u>
2	GROSS APPROPRIATION	\$	300,000
3	Appropriated from:		
4	Special revenue funds:		
5	Total other state restricted		300,000
6	State general fund/general purpose	\$	0
7	INFECTIOUS DISEASE CONTROL		
8	Disease surveillance	\$	500,000
9	Sexually transmitted disease control local		
10	agreements		<u>5,000,000</u>
11	GROSS APPROPRIATION	\$	5,500,000
12	Appropriated from:		
13	Special revenue funds:		
14	Total other state restricted		5,500,000
15	State general fund/general purpose	\$	0
16	LABORATORY SERVICES		
17	Laboratory services administration	\$	247,500
18	Contractual services, supplies, and materials		<u>387,500</u>
19	GROSS APPROPRIATION	\$	635,000
20	Appropriated from:		
21	Special revenue funds:		
22	Total other state restricted		635,000
23	State general fund/general purpose	\$	0
24	CENTER FOR HEALTH PROMOTION		
25	Health, education, promotion, and research		
26	programs	\$	750,000
27	Injury control intervention project		<u>1,020,000</u>
28	GROSS APPROPRIATION	\$	1,770,000
29	Appropriated from:		
30	Special revenue funds:		

1	Total other state restricted	1,770,000
2	State general fund/general purpose	\$ 0
3	BUREAU OF CHILD AND FAMILY SERVICES	
4	Special projects	\$ <u>1,200,000</u>
5	GROSS APPROPRIATION	\$ 1,200,000
6	Appropriated from:	
7	Special revenue funds:	
8	Total other state restricted	1,200,000
9	State general fund/general purpose	\$ 0
10	CHILD AND FAMILY SERVICES GRANTS	
11	Sudden infant death syndrome program	\$ <u>400,000</u>
12	GROSS APPROPRIATION	\$ 400,000
13	Appropriated from:	
14	Special revenue funds:	
15	Total other state restricted	400,000
16	State general fund/general purpose	\$ 0

17 **GENERAL SECTIONS**

18 Sec. 201. (1) Pursuant to section 30 of article IX of the state
19 constitution of 1963, total state spending from state sources for
20 fiscal year 1998-99 is estimated at \$2,807,753,000.00 in this bill
21 and state spending from state sources paid to local units of
22 government for fiscal year 1998-99 is estimated at \$1,043,962,700.00.
23 The itemized statement below identifies appropriations from which
24 spending to units of local government will occur:

25 DEPARTMENT OF COMMUNITY HEALTH

26 DEPARTMENTWIDE ADMINISTRATION

27 Departmental administration and management:

28	Health planning	1,618,000
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29 COMMUNITY MENTAL HEALTH PROGRAMS

30	Homelessness formula grant program-state match	708,800
31	Pilot projects in prevention for adults and	
32	children	1,211,200
33	Community substance abuse prevention, education,	

1	and treatment grants	17,519,700
2	Community mental health programs	816,062,000
3	Respite services	3,000,000
4	OBRA implementation	2,459,100
5	INFECTIOUS DISEASE CONTROL	
6	AIDS prevention, testing, and care program . . .	1,466,800
7	Sexually transmitted disease control programs . .	452,900
8	LOCAL HEALTH ADMINISTRATION AND GRANTS	
9	Special population health care	29,600
10	Local public health operations	37,322,900
11	CHRONIC DISEASE, INJURY, AND HEALTH PROMOTION	
12	Cancer prevention and control program	397,000
13	Diabetes local agreements	1,275,000
14	Employee wellness program grants	1,545,100
15	School health and education programs	2,000,000
16	Smoking prevention program	2,880,000
17	COMMUNITY LIVING, CHILDREN, AND FAMILIES	
18	Adolescent health care services	1,358,000
19	Family planning local agreements	1,230,300
20	Family support subsidy	7,006,900
21	Local MCH services	246,100
22	Pregnancy prevention program	2,511,800
23	Prenatal care outreach and service	
24	delivery support	3,190,000
25	OFFICE OF SERVICES TO THE AGING	
26	Community services	11,621,400
27	Nutrition services	12,363,000
28	Michigan pharmaceutical program	140,000
29	Respite care program	3,500,000
30	Senior volunteer services	3,945,300
31	CHILDREN'S SPECIAL HEALTH CARE SERVICES	
32	Case management services	1,433,200
33	MEDICAL SERVICES	

1	Indigent medical program	1,383,800
2	Hospital disproportionate share payments	18,000,000
3	Medical services non-capitated	31,324,600
4	Transportation	184,500
5	Health maintenance organizations	<u>54,575,700</u>
6	Total	\$ 1,043,962,700

7 (2) If it appears to the principal executive officer of a
8 department or branch that state spending to local units of government
9 will be less than the amount that was projected to be expended under
10 subsection (1), the principal executive officer shall immediately
11 give notice of the approximate shortfall to the state budget
12 director.

13 Sec. 202. The expenditures and funding sources authorized under
14 this bill are subject to the management and budget act, 1984 PA 431,
15 MCL 18.1101 to 18.1594.

16 Sec. 203. Funds for which the state is acting as the custodian
17 or agent are not subject to annual appropriation.

18 Sec. 204. As used in this appropriation bill:

- 19 (a) "AIDS" means acquired immunodeficiency syndrome.
- 20 (b) "CMH" means community mental health.
- 21 (c) "CMHSP" means a community mental health service program.
- 22 (d) "Department" or "MDCH" means the Michigan department of
23 community health.
- 24 (e) "DSH" means disproportionate share hospital.
- 25 (f) "EPSDT" means early and periodic screening, diagnosis, and
26 treatment.
- 27 (g) "FTE" means full-time equated position.
- 28 (h) "GME" means graduate medical education.
- 29 (i) "HIV" means human immunodeficiency virus.
- 30 (j) "HMO" means health maintenance organization.
- 31 (k) "IDEA" means individual disability education act.
- 32 (l) "IDG" means interdepartmental grant.
- 33 (m) "IDT" means intradepartmental transfer.

1 (n) "MCH" means maternal and child health.

2 (o) "MDEQ" means Michigan department of environmental quality.

3 (p) "MDOC" means the Michigan department of corrections.

4 (q) "MPCB" means multipurpose collaborative body.

5 (r) "Temporary assistance for needy families (TANF)" or "title

6 IV" means title IV of the social security act, chapter 531, 49 Stat.

7 620, 42 U.S.C. 601 to 603, 604 to 610, 612 to 613, 615 to 617, 620 to

8 629e, 651 to 669, 670 to 677, 679, and 681 to 687.

9 (s) "Title X" means title X of the public health services act,

10 300 U.S.C. 1001.

11 (t) "Title XVIII" means title XVIII of the social security act,

12 chapter 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2, 1395c to

13 1395i, 1395i-2 to 1395i-4, 1395j to 1395t, 1395u to 1395w-2, 1395w-4

14 to 1395zz, and 1395bbb to 1395ccc.

15 (u) "Title XIX" means title XIX of the Social Security Act,

16 chapter 531, 49 Stat. 620, 42 U.S.C.1396 to 1396d, 1396f to 1396G,

17 and 1396i to 1396s.

18 (v) "Title XX" means title XX of the social security act,

19 chapter 531, 49 Stat. 620, 42 U.S.C. 1397 to 1397f.

20 Sec. 205. (1) Beginning October 1, 1998, there is a hiring

21 freeze imposed on the state classified civil service. State

22 departments and agencies are prohibited from hiring any new full-time

23 state classified civil service employees or prohibited from filling

24 any vacant state classified civil service positions. This hiring

25 freeze does not apply to internal transfers of classified employees

26 from 1 position to another within a department or to positions that

27 are 80% or more federal or restricted funds.

28 (2) The state budget director shall grant exceptions to this

29 hiring freeze when the state budget director believes that the hiring

30 freeze will result in the state department or agency being unable to

31 deliver basic services. The state budget director shall report by

32 the fifteenth of each month to the chairpersons of the senate and

33 house appropriations committees the number of exclusions to the

1 hiring freeze approved during the previous month and the
2 justification for the exclusion.

3 Sec. 206. If the revenue collected by the department from fees
4 and collections exceeds the amount appropriated in section 101, the
5 revenue may be carried forward into the subsequent fiscal year. The
6 revenue carried forward under this section shall be used as the first
7 source of funds in the subsequent fiscal year.

8 Sec. 207. Except as provided in section 111b(11) of the social
9 welfare act, 1939 PA 280, MCL 400.111b, relative to medical services
10 providers, the department shall not pay for a billing received from a
11 contractor or service provider that is submitted more than 12 months
12 after the bill for a good or service is provided.

13 Sec. 208. (1) From the amounts appropriated in section 101, no
14 greater than the following amounts are supported with federal
15 maternal and child health, preventive health and health services,
16 substance abuse block grant, healthy Michigan fund, and Michigan
17 health initiative funds:

18	(a) Maternal and child health block grant . . .	\$	20,552,000
19	(b) Preventive health and health services block		
20	grant	\$	6,587,500
21	(c) Substance abuse block grant	\$	58,057,700
22	(d) Healthy Michigan funds	\$	34,811,000
23	(e) Michigan health initiative	\$	9,600,000

24 (2) On or before February 1, 1999 the department shall report to
25 the house and senate appropriations subcommittees on community
26 health, the house and senate fiscal agencies, and the state budget
27 director on the detailed name and amounts of federal, restricted,
28 private, and local sources of revenue that support the appropriations
29 in each of the line items in section 101 of this bill.

30 (3) Upon the release of the fiscal year 1999-00 executive budget
31 recommendation, the department shall report to the same parties in
32 subsection (2) on the amounts and detailed sources of federal,
33 restricted, private, and local revenue proposed to support the total

1 funds appropriated in each of the line items in section 101 of the
2 fiscal year 1999-00 executive budget proposal.

3 (4) The department shall provide to the same parties in
4 subsection (2) all revenue source detail for consolidated revenue
5 line item detail upon request to the department.

6 Sec. 209. The state departments, agencies, and commissions
7 receiving tobacco tax funds from section 101 shall report by December
8 31, 1998, to the senate and house appropriations committees, the
9 senate and house fiscal agencies, and the state budget director on
10 the following:

11 (a) Spending plan for fiscal year 1998-99 by appropriation line
12 item including description of programs and allocation of funds.

13 (b) An annual report on services provided and outcomes achieved
14 the previous year.

15 Sec. 210. The use of state restricted tobacco tax revenue
16 received for the purpose of tobacco prevention, education, and
17 reduction efforts and deposited in the healthy Michigan fund shall
18 not be used for lobbying as defined in 1978 PA 472, MCL 4.411 to
19 4.431.

20 Sec. 211. The department of civil service shall bill departments
21 and/or agencies at the end of the first fiscal quarter for the 1%
22 charges authorized by section 5 of article XI of the state
23 constitution of 1963. Payments shall be made for the total amount of
24 the billing by the end of the second fiscal quarter.

25 Sec. 212. The source of funding for the section 101
26 appropriation for the Arab-American and Chaldean council, and ACCESS
27 primary care services is the federal preventive health and health
28 services block grant.

29 Sec. 213. (1) In addition to funds appropriated in section 101
30 for all programs and services, there is appropriated for write-offs
31 of accounts receivable, deferrals, and for prior year obligations in
32 excess of applicable prior year appropriations, an amount equal to
33 total write-offs and prior year obligations, but not to exceed

1 amounts available in prior year revenues.

2 (2) The department's ability to satisfy appropriation deductions
3 in section 101 shall not be limited to collections and accruals
4 pertaining to services provided in fiscal year 1998-99, but shall
5 also include reimbursements, refunds, adjustments, and settlements
6 from prior years.

7 (3) The department shall report promptly to the house and senate
8 appropriations subcommittees on community health and the state budget
9 director on all reimbursements, refunds, adjustments, and settlements
10 from prior years.

11 Sec. 214. (1) The department shall submit to the department of
12 management and budget, the house and senate appropriations
13 committees, the house and senate fiscal agencies and the house and
14 senate standing committees having jurisdiction over technology
15 issues, periodic reports on the department's efforts to change the
16 department's computer software and hardware as necessary to perform
17 properly in the year 2000 and beyond. These reports shall identify
18 actual progress in comparison to the department's approved work plan
19 for these efforts.

20 (2) The department may present progress billings to the
21 department of management and budget for the costs incurred in
22 changing computer software and hardware as necessary to perform
23 properly in the year 2000 and beyond. At the time progress billings
24 are presented for reimbursement, the department shall identify and
25 forward as appropriate the funding sources that should support the
26 work performed.

27 Sec. 215. (1) In addition to the funds appropriated in section
28 101, there is appropriated an amount not to exceed \$150,000,000.00
29 for federal contingency funds. These funds are not available for
30 expenditure until they have been transferred to another line item in
31 this bill pursuant to section 393(2) of the management and budget
32 act, 1984 PA 431, MCL 18.1393.

33 (2) In addition to the funds appropriated in section 101, there

1 is appropriated an amount not to exceed \$10,000,000.00 for state
2 restricted contingency funds. These funds are not available for
3 expenditure until they have been transferred to another line item in
4 this bill pursuant to section 393(2) of the management and budget
5 act, 1984 PA 431, MCL 18.1393.

6 (3) In addition to the funds appropriated in section 101, there
7 is appropriated an amount not to exceed \$10,000,000.00 for local
8 contingency funds. These funds are not available for expenditure
9 until they have been transferred to another line item in this bill
10 pursuant to section 393(2) of the management and budget act, 1984 PA
11 431, MCL 18.1393.

12 (4) In addition to the funds appropriated in section 101, there
13 is appropriated an amount not to exceed \$10,000,000.00 for private
14 contingency funds. These funds are not available for expenditure
15 until they have been transferred to another line item in this bill
16 pursuant to section 393(2) of the management and budget act, 1984 PA
17 431, MCL 18.1393.

18 Sec. 216. Basic health services for the fiscal year beginning
19 October 1, 1998, for the purpose of part 23 of the public health
20 code, 1978 PA 368, MCL 333.2301 to 333.2321, are those described by
21 the department in its proposed program statement dated October 16,
22 1981, and in the "prenatal postpartum care, proposed basic health
23 service program statement" included in the department document
24 entitled "A Study of Prenatal Care as a Basic Service," dated March
25 1, 1986, and for which the legislature has made funds available in
26 amounts necessary to ensure their availability and accessibility.
27 The services described in the statement are: immunizations,
28 communicable disease control, venereal disease control, tuberculosis
29 control, prevention of gonorrhea eye infection in newborns, screening
30 newborns for phenylketonuria, screening newborns for hypothyroidism,
31 health/medical annex of emergency preparedness plan, licensing and
32 surveillance of agricultural labor camps, and prenatal care.

33 Sec. 217. The department may contract with the Michigan public

1 health institute for the design and implementation of projects and
2 for other public health related activities prescribed in section 2611
3 of the public health code, 1978 PA 368, MCL 333.2611. The department
4 may develop a master agreement with the institute for up to a 3-year
5 period to carry out these purposes. The department shall report on
6 projects to be carried out by the institute, expected project
7 duration, and project cost by November 1, 1998 and May 1, 1999 to the
8 house and senate appropriations subcommittees on community health,
9 senate and house fiscal agencies, and the state budget director. If
10 the reports are not received by the specified dates, no funds shall
11 be disbursed. For the purposes of this section, the Michigan public
12 health institute shall be considered a public health agency.

13 Sec. 218. The department may receive and expend funds dedicated
14 to the establishment of programs for education, research and
15 treatment services related to pathological gambling addictions.

16 **DEPARTMENTWIDE ADMINISTRATION**

17 Sec. 301. Funds appropriated in section 101 for the community
18 health advisory council may be used for member per diems of \$50.00
19 and other council expenditures.

20 Sec. 302. The department shall provide quarterly reports
21 concerning the department's revenue and expenditure status to the
22 senate and house appropriations committees, the house and senate
23 fiscal agencies and the state budget director.

24 Sec. 303. The department is prohibited from requiring first-
25 party payment from individuals or families with a taxable income of
26 \$9,000.00 or less for mental health services.

27 Sec. 304. From funds appropriated for workers' compensation, the
28 department may make payments in lieu of workers' compensation
29 payments for wage/salary and related fringe benefits for employees
30 who return to work under limited duty assignments.

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

33 Sec. 401. The department shall not enter into new contracts with

1 private attorneys for legal services for the purposes of gaining and
2 maintaining occupancy to a specialized residential facility. The
3 department may enter into a contract with the protection and advocacy
4 service, authorized under section 931 of the mental health code, 1974
5 PA 258, MCL 330.1931, or a similar organization to provide legal
6 services for purposes of gaining and maintaining occupancy in a
7 specialized residential facility which is under lease or contract
8 with the department or a community mental health services program
9 board to provide services to persons with mental illness or
10 developmental disability. State funds shall not be used for legal
11 services to represent private investors purchasing homes for these
12 purposes.

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

14 Sec. 501. (1) Final authorizations to CMHSPs shall be made upon
15 the execution of contracts between the department and CMHSPs, not to
16 exceed funds appropriated for CMHSPs's in section 101. The contracts
17 shall contain an approved plan and budget as well as policies and
18 procedures governing the obligations and responsibilities of both
19 parties to the contracts.

20 (2) The funds appropriated in section 101 for the purchase of
21 state service contracts are for the purchase of state hospital and
22 center services, or for approved community-based programs that reduce
23 utilization of state provided services. These funds shall be
24 authorized to CMHSPs based on estimates approved by the department as
25 part of the negotiated contract.

26 (3) Funds that are authorized to CMHSPs, when used to purchase
27 state services, shall be provided to state hospitals, centers, and
28 placement agencies based on the per diem and billing arrangements
29 approved by the department in the negotiated contract.

30 (4) Current billing and collection procedures for the net cost of
31 state provided services shall continue as specified in chapter 3 of
32 the mental health code, 1974 PA 258, MCL 330.1302 to 330.1320.

33 (5) The department may access funds from the appropriation

1 directly for patients who have no county affiliation or for whom
2 county charges are exempted.

3 (6) The funds appropriated in section 101 from purchase of state
4 service contracts shall not result in increased costs to counties in
5 excess of the local match required under section 302 and section 308
6 of the mental health code, 1974 PA 258, MCL 330.1302 and 330.1308.

7 Sec. 502. (1) Not later than May 30 of each fiscal year, the
8 department shall provide a report on the community mental health
9 services programs to the members of the house and senate
10 appropriations subcommittees on community health, the house and
11 senate fiscal agencies, and the state budget director which shall
12 include information required by this section.

13 (2) The report shall contain information for each community
14 mental health services board and a statewide summary, each of which
15 shall include at least the following information:

16 (a) A demographic description of service recipients which,
17 minimally, shall include reimbursement eligibility, client
18 population, age, ethnicity, housing arrangements, and diagnosis.

19 (b) Per capita expenditures by client population group.

20 (c) Financial information which, minimally, shall include a
21 description of funding authorized; expenditures by client group and
22 fund source; and cost information by service category, including
23 administration. Service category shall include all department
24 approved services.

25 (d) Data describing service outcomes which shall include but not
26 be limited to an evaluation of consumer satisfaction, consumer
27 choice, and quality of life concerns including but not limited to
28 housing and employment.

29 (e) Information about access to community mental health services
30 programs which shall include but not be limited to:

31 (i) The number of people receiving requested services.

32 (ii) The number of people who requested services but did not
33 receive services.

1 (f) The number of second opinions requested under the code and
2 the determination of any appeals.

3 (g) An analysis of information provided by community mental
4 health service programs in response to the needs assessment
5 requirements of the mental health code, including information about
6 the number of persons in the service delivery system who have
7 requested and are clinically appropriate for different services.

8 Sec. 503. (1) The funds appropriated in section 101 for the
9 state disability assistance substance abuse services program shall be
10 used to support per diem room and board payments in substance abuse
11 residential facilities. Eligibility of clients for the state
12 disability assistance substance abuse services program shall include
13 needy persons 18 years of age or older, or emancipated minors, who
14 reside in a substance abuse treatment center.

15 (2) The department shall reimburse all licensed substance abuse
16 programs eligible to participate in the program at a rate equivalent
17 to that paid by the family independence agency to adult foster care
18 providers. Programs accredited by department-approved accrediting
19 organizations shall be reimbursed at the personal care rate, while
20 all other eligible programs shall be reimbursed at the domiciliary
21 care rate.

22 Sec. 504. The department shall establish a fee schedule for
23 providing substance abuse services and charge participants in
24 accordance with their ability to pay. The mechanisms and fee
25 schedule shall be developed by the department with input from
26 substance abuse coordinating agencies.

27 Sec. 505. (1) By April 15, 1999, the department shall report the
28 following data from fiscal year 1997-98 on substance abuse
29 prevention, education, and treatment programs to the senate and house
30 appropriations subcommittees on community health, the senate and
31 house fiscal agencies and the state budget director:

32 (a) Expenditures stratified by coordinating agency, by central
33 diagnosis and referral agency, by fund source, by subcontractor, by

1 population served, and by service type. Additionally, data on
2 administrative expenditures by coordinating agency and by
3 subcontractor shall be reported.

4 (b) Expenditures per state client, with data on the distribution
5 of expenditures reported using a histogram approach.

6 (c) Number of services provided by central diagnosis and referral
7 agency, by subcontractor, and by service type. Additionally, data on
8 length of stay, referral source, and participation in other state
9 programs.

10 (d) Collections from other first- or third-party payers, private
11 donations, or other state or local programs, by coordinating agency,
12 by subcontractor, by population served, and by service type.

13 (2) The department shall take all reasonable actions to ensure
14 that the required data reported are complete and consistent among all
15 coordinating agencies.

16 Sec. 506. The funding in section 101 for substance abuse
17 services shall be distributed in a manner so as to provide priority
18 to service providers which furnish child care services to clients
19 with children.

20 **STATE PSYCHIATRIC HOSPITALS AND CENTERS FOR PERSONS WITH**
21 **DEVELOPMENTAL DISABILITIES**

22 Sec. 601. (1) Subject to the funds appropriated in section 101
23 for hospitals and centers, the department shall authorize FTEs and
24 funds to each hospital and center on the basis of the actual
25 utilization of each of the hospitals and centers.

26 (2) Funds that become available as a result of reductions in the
27 utilization of state-operated hospitals and centers are intended to
28 be retained by CMHSPS to support community-based services.

29 Sec. 602. (1) The department shall not implement any closures or
30 consolidations of state hospitals, centers, or agencies until CMHSPs
31 have programs and services in place for persons currently in those
32 facilities and a plan for service provision for persons who would
33 have been admitted to those facilities.

1 (2) All closures or consolidations are dependent upon adequate
2 department-approved CMHSP plans which include a discharge and
3 aftercare plan for each person currently in the facility. A
4 discharge and aftercare plan shall address the person's housing
5 needs. A homeless shelter or similar temporary shelter arrangements
6 are inadequate to meet the person's housing needs.

7 (3) Upon the closure of state-run operations and after
8 transitional costs have been paid, the remaining balances of funds
9 appropriated for that operation shall be transferred to CMHSPs
10 responsible for providing services for persons previously served by
11 the operations.

12 Sec. 603. (1) The department, in conjunction with the CMHSPs,
13 will continue to assure the provision of a complete array of services
14 on a statewide basis. Such an array of services shall include, but
15 is not limited to, residential and other individualized living
16 arrangements, outpatient services, acute inpatient services, and
17 long-term, 24-hour inpatient care in a structured, secure
18 environment.

19 (2) Long-term psychiatric beds will be available at various
20 locations across the state.

21 (3) The department and CMHSPs shall continue to develop and
22 facilitate community placement opportunities for persons with
23 developmental disabilities, adults with mental illness, and children
24 with emotional disturbance for whom such placement is clinically
25 appropriate.

26 (4) The department and CMHSPs shall not discriminate against the
27 placement of an individual in a state psychiatric hospital when long-
28 term psychiatric inpatient care is appropriate. This subsection does
29 not prohibit the department and CMHSPs from considering consumer
30 choice, quality of care, and cost of care in making the hospital
31 referral.

32 Sec. 604. (1) In funding of staff in the financial support
33 division, reimbursement, and billing and collection sections,

1 priority shall be given to obtaining third-party payments for
2 services. Collection from individual recipients of services and
3 their families shall be handled in a sensitive and nonharassing
4 manner.

5 (2) The department shall continue a revenue recapture project to
6 generate additional revenues from third parties related to cases
7 which have been closed or are inactive. Revenues collected through
8 project efforts are appropriated to the department for departmental
9 costs and contractual fees associated with these retroactive
10 collections and to improve ongoing departmental reimbursement
11 management functions so that the need for retroactive collections
12 will be reduced or eliminated.

13 Sec. 605. Unexpended and unencumbered amounts and accompanying
14 expenditure authorizations up to \$2,000,000.00 remaining on September
15 30, 1999 from pay telephone revenues and the amounts appropriated in
16 section 101 for gifts and bequests for patient living and treatment
17 environments shall be carried forward for 1 fiscal year. The purpose
18 of gifts and bequests for patient living and treatment environments
19 is to use additional private funds to provide specific enhancements
20 for individuals residing at state-operated facilities. Use of the
21 gifts and bequests shall be consistent with the stipulation of the
22 donor. The expected completion date for the use of gifts and
23 bequests donations is within 3 years unless otherwise stipulated by
24 the donor.

25 Sec. 606. The funds appropriated in section 101 for forensic
26 mental health services provided to the department of corrections are
27 in accordance with the interdepartmental plan developed in
28 cooperation with the department of corrections. The department is
29 authorized to receive and expend funds from the department of
30 corrections in addition to the appropriations in section 101 to
31 fulfill the obligations outlined in the interdepartmental agreements.

32 **CRIME VICTIM SERVICES COMMISSION**

33 Sec. 701. The per diem amount authorized for the crime victim

1 services commission is \$100.00.

2 **PUBLIC HEALTH ADMINISTRATION**

3 Sec. 801. Of the amount appropriated in section 101 from fees
4 and collections, not more than \$250,000.00 received from the sale of
5 vital records death data shall be used for improvements in the vital
6 records and health statistics program. The amount described in this
7 section shall not revert to the general fund at the end of the fiscal
8 year ending September 30, 1999.

9 **INFECTIOUS DISEASE CONTROL**

10 Sec. 901. State funds appropriated in any other account in
11 section 101 may be used to supplant not more than \$350,000.00 in
12 federal funds projected for immunization, if the federal funds are
13 unavailable. The department shall inform the senate and house
14 appropriations subcommittees on community health, the senate and
15 house fiscal agencies, and the state budget director of the specific
16 line items reduced pursuant to this section.

17 Sec. 902. In the expenditure of funds appropriated in section
18 101 for AIDS programs, the department and its subcontractors shall
19 ensure that adolescents receive priority for prevention, education,
20 and outreach services.

21 Sec. 903. If an employee of the department of corrections comes
22 in contact with a prisoner and that contact involves the risk of
23 exposure to the prisoner's blood or bodily fluids, upon the
24 employee's request the department of corrections shall inform the
25 employee of the results of the prisoner's HIV test if known by the
26 department.

27 **LOCAL HEALTH ADMINISTRATION AND GRANTS**

28 Sec. 1001. The department is directed to continue support of
29 multicultural agencies which provide primary care services from the
30 funds appropriated in section 101.

31 Sec. 1002. The amount appropriated in section 101 for
32 implementation of the 1993 amendments to sections 9161, 16221, 16226,
33 17014, 17015, and 17515 of the public health code, 1978 PA 368, MCL

1 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515,
2 shall reimburse local health departments for costs incurred related
3 to implementation of section 17015(15) of the public health code,
4 1978 PA 368, MCL 333.17015.

5 Sec. 1003. (1) Distributions from the local public health
6 operations line shall be made only in the counties that maintain
7 local spending in fiscal year 1998-99 of at least the amount expended
8 in fiscal year 1992-93 for cost shared services.

9 (2) The department of community health shall require each local
10 health department to report expenditures under the local public
11 health operations and specify expenditures for services to children.
12 The department will retain this information for documentation of the
13 federal MICHild match requirement.

14 (3) If a county receiving funding from the amount appropriated in
15 section 101 for local public health operations is part of a district
16 health department or in an associated arrangement with other local
17 health departments on June 1, 1992 and then ceases to be part of such
18 an arrangement, the allocation to that county for administration
19 shall be reduced by 50% from the amount originally allocated.

20 **CHRONIC DISEASE AND INJURY AND HEALTH PROMOTION**

21 Sec. 1101. (1) From the state funds appropriated in section 101
22 for the center for health promotion, the department shall allocate
23 funds to promote awareness, education, and early detection of breast,
24 cervical, and prostate cancer, and provide for other health promotion
25 media activities.

26 (2) The department shall increase funds allocated to promote
27 awareness, education, and early detection of breast, cervical, and
28 prostate cancer by \$750,000.00 above the amount allocated for this
29 purpose in fiscal year 1996-97.

30 Sec. 1102. (1) The amount appropriated in section 101 for the
31 school health curricula shall be allocated in 1998-99 to provide
32 grants to or contract with certain districts and intermediate
33 districts for the provision of a school health education curriculum.

1 Provision of the curriculum, such as the Michigan model or another
2 comprehensive school health education curriculum, shall be in
3 accordance with the health education goals established by the
4 Michigan model for the comprehensive school health education state
5 steering committee. The state steering committee shall be comprised
6 of a representative from each of the following offices and
7 departments:

8 (a) The department of education.

9 (b) The department of community health.

10 (c) The public health agency in the department of community
11 health.

12 (d) The office of substance abuse services in the department of
13 community health.

14 (e) The family independence agency.

15 (f) The department of state police.

16 (2) Upon written or oral request, a pupil not less than 18 years
17 of age or a parent or legal guardian of a pupil less than 18 years of
18 age, within a reasonable period of time after the request is made,
19 shall be informed of the content of a course in the health education
20 curriculum and may examine textbooks and other classroom materials
21 that are provided to the pupil or materials that are presented to the
22 pupil in the classroom. This subsection does not require a school
23 board to permit pupil or parental examination of test questions and
24 answers, scoring keys, or other examination instruments or data used
25 to administer an academic examination.

26 Sec. 1103. Funds appropriated in section 101 for the Alzheimer's
27 information network shall be used to provide information and referral
28 services through regional networks for persons with Alzheimer's
29 disease or related disorders, their families, and health care
30 providers.

31 Sec. 1104. From the funds appropriated in section 101 for
32 physical fitness, nutrition, and health, up to \$1,000,000.00 may be
33 allocated to the Michigan physical fitness and sports foundation.

1 The allocation to the Michigan physical fitness and sports foundation
2 is contingent upon the foundation providing at least a 20% cash
3 match.

4 Sec. 1105. In spending the funds appropriated in section 101 for
5 the smoking prevention program, priority shall be given to prevention
6 and smoking cessation programs for pregnant women, women with young
7 children, and adolescents.

8 Sec. 1106. (1) The funds appropriated in section 101 for
9 violence prevention shall be used for, but not be limited to, the
10 following:

11 (a) Programs aimed at the prevention of spouse, partner, or child
12 abuse and rape.

13 (b) Programs aimed at the prevention of workplace violence.

14 (2) In awarding grants from the amounts appropriated in section
15 101 for violence prevention, the department shall give equal
16 consideration to public and private nonprofit applicants.

17 (3) From the funds appropriated in section 101 for violence
18 prevention, the department may include local school districts as
19 recipients of the funds for family violence prevention programs.

20 Sec. 1107. (1) From the amount appropriated in section 101 for
21 the cancer prevention and control program, funds shall be allocated
22 to the Karmanos cancer institute/Wayne State University, to the
23 Michigan interactive health kiosk/University of Michigan, and to the
24 Michigan State University college of human medicine for cancer
25 prevention activities.

26 (2) The department shall provide a report to the house and senate
27 appropriations subcommittees on community health, the house and
28 senate fiscal agencies and the state budget director by January 1,
29 1999, on how these funds were allocated and spent in fiscal year
30 1997-98. Also, the report shall detail outcomes resulting from the
31 use of such funds.

32 Sec. 1108. From the funds appropriated in section 101 for
33 diabetes local agreements, a portion of the funds may be allocated to

1 the national kidney foundation of Michigan for kidney disease
2 prevention programming including early identification and education
3 programs and kidney disease prevention demonstration projects.

4 Sec. 1109. Of the funds appropriated in section 101 for the
5 health education, promotion, and research programs, the department
6 shall allocate \$150,000.00 to implement the osteoporosis prevention
7 and treatment education program. As part of the program, the
8 department shall design and implement strategies for raising public
9 awareness on the causes and nature of osteoporosis, personal risk
10 factors, value of prevention and early detection, and options for
11 diagnosing and treating osteoporosis.

12 **COMMUNITY LIVING, CHILDREN AND FAMILIES**

13 Sec. 1201. The department shall review the basis for the
14 distribution of funds to local health departments and other public
15 and private agencies for the women, infants, and children food
16 supplement program; family planning; maternal and child health
17 outreach and advocacy program; and indicate the basis upon which any
18 projected underexpenditures by local public and private agencies
19 shall be reallocated to other local agencies that demonstrate need.

20 Sec. 1202. (1) Agencies receiving funds appropriated from
21 section 101 for adolescent health care services shall:

22 (a) Provide an annual report to the department.

23 (b) Not provide abortion counseling, services, or make referrals
24 for abortion services.

25 (2) The department shall submit an annual report to the members
26 of the senate and house fiscal agencies and the state budget
27 director. The report is due 90 days after the end of the calendar
28 year.

29 Sec. 1203. The funds appropriated in section 101 for adolescent
30 health care services shall be allocated to teen centers as a base
31 funding for all agencies with the remaining funds distributed on a
32 percentage formula basis. The funding process does not apply to the
33 alternative models.

1 Sec. 1204. Before April 1, 1999, the department shall submit a
2 report to the house and senate fiscal agencies and the state budget
3 director on planned allocations from the amounts appropriated in
4 section 101 for maternal and child health outreach and advocacy
5 programs, family planning local agreements, and pregnancy prevention
6 programs. Using applicable federal definitions, the report shall
7 include information on all of the following:

8 (a) Funding allocations.

9 (b) Expected cost per client served by grantee.

10 (c) Number of women, children, and/or adolescents expected to be
11 served.

12 (d) Expected first-and third-party collections by source of
13 payment.

14 (e) The extent to which grantees meet federal indicators, when
15 applicable.

16 (f) Actual numbers served and amounts expended in the categories
17 described in subdivisions (a) to (d) for the fiscal year 1997-98.

18 Sec. 1205. For all programs for which an appropriation is made
19 in section 101 for child and family services grants, the department
20 shall contract with those local public and private nonprofit agencies
21 best able to serve clients. Factors to be used by the department in
22 evaluating agencies under this section shall include ability to serve
23 high-risk population groups; ability to serve low-income clients,
24 where applicable; availability of, and access to, service sites;
25 management efficiency; and ability to meet federal standards, where
26 applicable.

27 Sec. 1206. Each family planning program receiving federal title
28 X family planning funds shall be in compliance with all performance
29 and quality assurance indicators that the United States bureau of
30 community health services specifies in the family planning annual
31 report. An agency not in compliance with the indicators shall not
32 receive supplemental or reallocated funds.

33 Sec. 1207. Of the amount appropriated in section 101 for

1 maternal and child health outreach and advocacy program, not more
2 than 10% shall be expended for local administration, data processing,
3 and evaluation.

4 Sec. 1208. The department shall maintain comprehensive health
5 care programs to communicate to preteens the importance of delaying
6 sexual activity and to address teen sexual activity, teenage
7 pregnancy, and sexually transmitted diseases.

8 Sec. 1209. The funds appropriated in section 101 for pregnancy
9 prevention programs shall not be used to provide abortion counseling,
10 referrals, or services.

11 Sec. 1210. (1) From the amounts appropriated in section 101 for
12 dental programs, funds shall be allocated to the Michigan dental
13 association for the administration of a volunteer dental program that
14 would provide dental services to the uninsured in an amount that is
15 no less than the amount allocated to that program in fiscal year
16 1997-98.

17 (2) Not later than November 1, 1998, the department shall report
18 to the state budget director, senate and house appropriations
19 subcommittees on community health and the senate and house standing
20 committees on public health the number of individual patients
21 treated, the number of procedures performed, and approximate total
22 market value of those procedures through September 30, 1998.

23 Sec. 1211. Agencies that currently receive pregnancy prevention
24 funds and either receive or are eligible for other family planning
25 funds shall have the option of receiving all of their family planning
26 funds directly from the department of community health and be
27 designated as delegate agencies.

28 **OFFICE OF SERVICES TO THE AGING**

29 Sec. 1301. The appropriation in section 101 to the office of
30 services to the aging, for community and nutrition services and home
31 services, shall be restricted to eligible individuals at least 60
32 years of age who fail to qualify for home care services under title
33 XVIII, XIX, or XX of the social security act, chapter 531, 49 Stat.

1 620.

2 Sec. 1302. (1) The office of services to the aging may receive
3 and expend funds in addition to those authorized in section 101 for
4 the additional purposes described in this section.

5 (2) The office of services to the aging may establish and collect
6 fees for publications, videos, and related materials. Collected fees
7 shall be used to pay for the printing and mailing costs of the
8 publications, videos, and related materials; costs shall not exceed
9 the revenues collected.

10 (3) Money appropriated in section 101 for the Michigan
11 pharmaceutical program shall be used to purchase generic medicine
12 when available and medically practicable.

13 Sec. 1303. The office of services to the aging shall require
14 each region to report to the office of services to the aging home
15 delivered meals waiting lists based upon standard criteria.

16 Determining criteria shall include all of the following:

17 (a) The recipient's degree of frailty.

18 (b) The recipient's inability to prepare his or her own meals
19 safely.

20 (c) Whether the recipient has another care provider available.

21 (d) Any other qualifications normally necessary for the recipient
22 to receive home delivered meals.

23 Sec. 1304. The office of services to the aging may receive and
24 expend fees for the provision of day care, care management, and
25 respite care. The office of services to the aging shall base the
26 fees on a sliding scale taking into consideration the client income.
27 The office of services to the aging shall use the fees to expand
28 services.

29 Sec. 1305. The office of services to the aging may receive and
30 expend medicaid funds for care management services.

31 **CHILDREN'S SPECIAL HEALTH CARE SERVICES**

32 Sec. 1401. Money appropriated in section 101 for medical care
33 and treatment of children with special health care needs shall be

1 paid according to reimbursement policies determined by the Michigan
2 medical services program. Exceptions to these policies may be taken
3 with the prior approval of the state budget director.

4 Sec. 1402. The department may do 1 or more of the following:

5 (a) Provide special formula for eligible clients with specified
6 metabolic and allergic disorders.

7 (b) Provide medical care and treatment to eligible patients with
8 cystic fibrosis who are 21 years of age or older.

9 (c) Provide genetic diagnostic and counseling services for
10 eligible families.

11 (d) Provide medical care and treatment to eligible patients with
12 hereditary coagulation defects, commonly known as hemophilia, who are
13 21 years of age or older.

14 **MEDICAL SERVICES**

15 Sec. 1501. The funds appropriated in section 101 for the
16 Michigan essential health care provider program may also provide loan
17 repayment for dentists that fit the criteria established by part 27
18 of the public health code, 1978 PA 368, MCL 333.2701 to 333.2727.

19 Sec. 1502. The department of community health shall provide an
20 administrative procedure for the review of grievances by medical
21 services providers with regard to reimbursement under the medical
22 services program. Settlements of properly submitted cost reports
23 shall be paid not later than 9 months from receipt of the final
24 report.

25 Sec. 1503. For care provided to medical services recipients with
26 other third-party sources of payment, medical services reimbursement
27 shall not exceed, in combination with such other resources, including
28 medicare, those amounts established for medical services-only
29 patients. The medical services payment rate shall be accepted as
30 payment in full. Other than an approved medical services copayment,
31 no portion of a provider's charge shall be billed to the recipient or
32 any person acting on behalf of the recipient. Nothing in this
33 section shall be deemed to affect the level of payment from a third-

1 party source other than the medical services program. The department
2 shall require a nonenrolled provider to accept medical services
3 payments as payment in full.

4 Sec. 1504. (1) Effective October 1, 1998, the pharmaceutical
5 dispensing fee shall be \$3.72 or the usual and customary cash charge,
6 whichever is less. If a recipient is 21 years of age or older, the
7 department shall require a \$1.00 per prescription client copayment,
8 except as prohibited by federal or state law or regulation.

9 (2) The department shall require copayments on dental, podiatric,
10 chiropractic, vision, and hearing aid services provided to recipients
11 of medical assistance except as excluded by law.

12 (3) The copayments in subsections (1) and (2) may be waived for
13 recipients who participate in a program of medical case management
14 such as enrollment in a health maintenance organization or the
15 primary physician sponsor plan program.

16 (4) Usual and customary charges for pharmacy providers are
17 defined as the pharmacy's charges to the general public for like or
18 similar services.

19 Sec. 1505. The cost of remedial services incurred by residents
20 of licensed adult foster care homes and licensed homes for the aged
21 shall be used in determining financial eligibility for the medically
22 needy. Remedial services means those services which produce the
23 maximum reduction of physical and mental limitations and restoration
24 of an individual to his or her best functional level. At a minimum,
25 remedial services include basic self-care and rehabilitation training
26 for a resident.

27 Sec. 1506. Medicaid adult dental services, podiatric services,
28 and chiropractic services shall continue at not less than the level
29 in effect on October 1, 1996, except that reasonable utilization
30 limitations may be adopted in order to prevent excess utilization.
31 The department shall not impose utilization restrictions on
32 chiropractic services unless a recipient has exceeded 18 office
33 visits within 1 year.

1 Sec. 1507. (1) From the funds appropriated in section 101 for
2 the indigent medical care program, the department shall establish a
3 program which provides for the basic health care needs of indigent
4 persons as delineated in the following subsections.

5 (2) Eligibility for this program is limited to the following:

6 (a) Persons currently receiving cash grants under either the
7 family independence program or state disability assistance program
8 who are not eligible for any other public or private health care
9 coverage.

10 (b) Any other resident of this state who currently meets the
11 income and asset requirements for the state disability assistance
12 program and is not eligible for any other public or private health
13 care coverage.

14 (3) All potentially eligible persons, except those defined in
15 subsection (2)(a), who shall be automatically enrolled, may apply for
16 enrollment in this program at local family independence agency
17 offices or other designated sites.

18 (4) The program shall provide for the following minimum level of
19 services for enrolled individuals:

20 (a) Physician services provided in private, clinic, or outpatient
21 office settings.

22 (b) Diagnostic laboratory and x-ray services.

23 (c) Pharmaceutical services.

24 (5) Notwithstanding subsection (2)(b), the state may continue to
25 provide nursing facility coverage, including medically necessary
26 ancillary services, to individuals categorized as permanently
27 residing under color of law and who meet either of the following
28 requirements:

29 (a) The individuals were medically eligible and residing in such
30 a facility as of August 22, 1996, and qualify for emergency medical
31 services.

32 (b) The individuals were medicaid eligible as of August 22, 1996,
33 and admitted to a nursing facility before a new eligibility

1 determination was conducted by the family independence agency.

2 Sec. 1508. (1) The department may require medical services
3 recipients to receive psychiatric services through a managed care
4 system.

5 (2) The department may implement managed care programs for
6 specialty mental health, substance abuse, and developmental
7 disabilities services. Such programs shall be operated through
8 CMHSPs and substance abuse coordinating agencies as specialty service
9 carve-outs to maintain accountability for the system to local units
10 of government and to preserve the services and supports for persons
11 with severe and persistent mental illnesses, for persons with
12 substance abuse addictions, and for persons with developmental
13 disabilities.

14 (3) The substance abuse coordinating agencies shall arrange for
15 clinical reviews to assure appropriate continuity of care for
16 recipients of substance abuse treatment services.

17 Sec. 1509. (1) The department may continue to implement managed
18 care and may require medical services recipients residing in counties
19 offering managed care options to choose the particular managed care
20 plan in which they wish to be enrolled. Persons not expressing a
21 preference may be assigned to a managed care provider.

22 (2) Persons to be assigned a managed care provider shall be
23 informed in writing of the criteria for exceptions to capitated
24 managed care enrollment, their right to change health plans for any
25 reason within the initial 30 days of enrollment, the toll-free
26 telephone number for problems and complaints, and information
27 regarding grievance and appeals rights.

28 (3) The criteria for medical exceptions to qualified health plans
29 shall be based on submitted documentation that indicates a recipient
30 has a serious medical condition, and is undergoing active treatment
31 for that condition with a physician who does not participate in 1 of
32 the qualified health plans. If the person meets the criteria
33 established by this subsection, the department shall grant an

1 exception to mandatory enrollment at least through the current
2 prescribed course of treatment, subject to periodic review of
3 continued eligibility.

4 Sec. 1510. (1) The department shall not preauthorize or in any
5 way restrict single-source pharmaceutical products except those
6 single-source pharmaceuticals that have been subject to prior
7 authorization by the department prior to January 1, 1992 and those
8 single-source pharmaceuticals within the categories specified in
9 section 1927(d)(2) of the social security act, 42 U.S.C. 1396s(d), or
10 for the reasons delineated in section 1927(d)(3) of the social
11 security act.

12 (2) The department may implement drug utilization review and
13 monitoring programs that may cover renewals of prescriptions of anti-
14 ulcer agents; these programs shall not be expanded to other
15 therapeutic classes. Such programs shall have physician oversight
16 through the drug utilization and review board to ensure proper
17 determination.

18 Sec. 1511. The department shall assure that all eligible
19 children assigned to medical services managed care programs have
20 timely access to EPSDT services as required by federal law.

21 Sec. 1512. (1) The department of community health is authorized
22 to pursue reimbursement for eligible services provided in Michigan
23 schools from the federal medicaid program. The department and the
24 state budget director are authorized to negotiate and enter into
25 agreements, together with the department of education, with local and
26 intermediate school districts regarding the sharing of federal
27 medicaid services funds received for these services. The department
28 is authorized to receive and disburse funds to participating school
29 districts pursuant to such agreements and state and federal law.

30 (2) From the funds appropriated in section 101 for medical
31 services school services payments, the department is authorized to do
32 all of the following:

33 (a) Finance activities within the medical services administration

1 related to this project.

2 (b) Reimburse participating school districts pursuant to the fund
3 sharing ratios negotiated in the state-local agreements authorized in
4 subsection (1).

5 (c) Offset general fund costs associated with the medical
6 services program.

7 (3) The department shall not make distributions from the funds
8 provided for this purpose in section 101 until it has filed the
9 necessary state plan amendments, made required notifications,
10 received an indication of approval from the health care financing
11 administration, and received approval from the state budget director.

12 Sec. 1513. The special adjustor appropriation in section 101 may
13 be increased if the department submits a medical services state plan
14 amendment pertaining to this line item at a level higher than the
15 appropriation and receives an indication of approval of the amendment
16 from the health care financing administration. The department is
17 authorized to appropriately adjust financing sources in accordance
18 with the increased appropriation.

19 Sec. 1514. The department of community health shall obtain from
20 those health maintenance organizations and clinic plans with which
21 the department contracts patient-based utilization data, including
22 immunizations, early and periodic screenings, diagnoses, and
23 treatments, substance abuse services, blood lead level testing, and
24 maternal and infant support services referrals. The format and
25 frequency of reporting shall be specified by the department. The
26 reports shall be distributed to the members of the senate and house
27 appropriations subcommittees on community health, the senate and
28 house fiscal agencies, the state budget director and the director of
29 each local health department.

30 Sec. 1515. Medical services shall be provided to elderly and
31 disabled persons with incomes less than or equal to 100% of the
32 official poverty line, pursuant to the state's option to elect such
33 coverage set out at section 1902(a)(10)(A)(ii) and (m) of title XIX

1 of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C.
2 1396a.

3 Sec. 1516. The department may fund home and community-based
4 services in lieu of nursing home services, for individuals seeking
5 long-term care services, from the nursing home or personal care in-
6 home services line items.

7 Sec. 1517. The department of community health shall distribute
8 \$695,000.00 to children's hospitals that have a high indigent care
9 volume. The amount to be distributed to any given hospital shall be
10 based on a formula determined by the department of community health.

11 Sec. 1518. (1) The department shall implement enforcement
12 actions as specified in the nursing facility enforcement provisions
13 of title XIX of the social security act, 42 U.S.C. 1396r.

14 (2) The department is authorized to receive and spend penalty
15 money received as the result of noncompliance with medical services
16 certification regulations. Penalty money, characterized as private
17 funds, received by the department shall increase authorizations and
18 allotments in the long-term care accounts.

19 (3) Any unexpended penalty money, at the end of the fiscal year,
20 shall carry forward to the following year.

21 Sec. 1519. (1) Medical services patients who are enrolled in
22 qualified health plans or capitated clinic plans have the choice to
23 elect hospice services or other services for the terminally ill that
24 are offered by the qualified health plan or clinic plan. If the
25 patient elects hospice services, those services shall be provided in
26 accordance with part 214 of the public health code, 1978 PA 368, MCL
27 333.21401 to 333.21420.

28 (2) The department shall not amend the medical services hospice
29 manual in a manner that would allow hospice services to be provided
30 without making available all comprehensive hospice services described
31 in title XIX of the social security act, 42 U.S.C. 1395d, 42 C.F.R.
32 part 418.

33 Sec. 1520. (1) From the funds appropriated in section 101 for

1 outpatient hospital indigent adjustor, the department, subject to the
2 requirements and limitations in this section, shall establish a
3 funding pool of up to \$44,012,800.00 for the purpose of enhancing the
4 aggregate payment for medical services hospital outpatient services.
5 Such payments, if any, may be made as a gross adjustment to hospital
6 outpatient payments or by another mechanism or schedule as determined
7 by the department, which meets the intent of this section.

8 (2) For counties with populations in excess of 2,000,000 persons,
9 the department shall distribute \$44,012,800.00 to hospitals if
10 \$15,026,700.00 is received by the state from such counties, meeting
11 the criteria of an allowable state matching share as determined by
12 applicable federal laws and regulations. If the state receives a
13 lesser sum of an allowable state matching share from these counties,
14 the amount distributed shall be reduced accordingly.

15 (3) The department may establish county-based, indigent health
16 care programs that are at least equal in eligibility and coverage to
17 the fiscal year 1996 state medical program.

18 (4) The department is authorized to establish similar programs in
19 additional counties if the expenditures for the programs do not
20 increase state general fund/general purpose costs and local funds are
21 provided.

22 Sec. 1521. An institutional provider that is required to submit
23 a cost report under the medical services program shall submit cost
24 reports completed in full within 5 months after the end of its fiscal
25 year.

26 Sec. 1522. (1) The department may establish a program for
27 persons who work their way off welfare to purchase medical coverage
28 at a rate determined by the department.

29 (2) The department may receive and expend premiums for the buy-in
30 of medical coverage in addition to the amounts appropriated in
31 section 101.

32 (3) The premiums described in this section shall be classified as
33 private funds.

1 Sec. 1523. The implementation of all medicaid managed care plans
2 by the department are subject to the following conditions:

3 (a) Continuity of care is assured by allowing enrollees to
4 continue receiving required medically necessary services from their
5 current providers for a period not to exceed 1 year if enrollees meet
6 the managed care medical exception criteria.

7 (b) A contract for an independent evaluation is in place to
8 measure cost, access, quality, and patient satisfaction.

9 (c) The department shall require contracted health plans to
10 submit data determined necessary for the evaluation on a timely
11 basis. A progress report of the independent evaluation shall be
12 provided to the house and senate appropriations subcommittees on
13 community health and the house and senate fiscal agencies and the
14 state budget director no later than September 30, 1999.

15 (d) A health plan advisory council is functioning which meets all
16 applicable federal and state requirements for a medical care advisory
17 committee. The council shall review at least quarterly the
18 implementation of the department's managed care plans.

19 (e) Contracts for enrollment services and beneficiary services,
20 and the complaint/grievance procedures are in place for the
21 geographic area and populations affected. An annual report on
22 enrollment services and beneficiary services and recipient
23 problems/complaints shall be provided to the house and senate
24 appropriations subcommittees on community health and the house and
25 senate fiscal agencies and the state budget director.

26 (f) Mandatory enrollment is prohibited until there are at least 2
27 qualified health plans with the capacity to adequately serve each
28 geographic area affected. Exceptions may be considered in areas
29 where at least 85% of all area providers are in 1 plan.

30 (g) Maternal and infant support services shall continue to be
31 provided through state-certified providers.

32 (h) The department shall develop a case adjustment to its rate
33 methodology that considers the costs of persons with HIV/AIDS, end

1 stage renal disease, organ transplants, epilepsy, and other high-cost
2 diseases or conditions and shall implement the case adjustment when
3 it is proven to be actuarially and fiscally sound. Implementation of
4 the case adjustment must be budget neutral.

5 (i) Enrollment of recipients of children's special health care
6 services in qualified health plans shall be voluntary unless a
7 federal waiver is granted.

8 Sec. 1524. (1) Medicaid qualified health plans shall establish
9 an ongoing internal quality assurance program for health care
10 services provided to medicaid recipients which includes:

11 (a) An emphasis on health outcomes.

12 (b) Establishment of written protocols for utilization review
13 based on current standards of medical practice.

14 (c) Review by physicians and other health care professionals of
15 the process followed in the provision of such health care services.

16 (d) Evaluation of the continuity and coordination of care that
17 enrollees receive.

18 (e) Mechanisms to detect overutilization and underutilization of
19 services.

20 (f) Actions to improve quality and assess the effectiveness of
21 such action through systematic follow-up.

22 (g) Provision of information on quality and outcome measures to
23 facilitate enrollee comparison and choice of health coverage options.

24 (h) Ongoing evaluation of the plans' effectiveness.

25 (i) Consumer involvement in the development of the quality
26 assurance program and consideration of enrollee complaints and
27 satisfaction survey results.

28 (2) Medicaid qualified health plans shall apply for accreditation
29 by an appropriate external independent accrediting organization
30 requiring standards recognized by the department once those plans
31 have met the application requirements. The state shall accept
32 accreditation of a plan by an approved accrediting organization as
33 proof that the plan meets some or all of the state's requirements, if

1 the state determines that the accrediting organization's standards
2 meet or exceed the state's requirements.

3 (3) Medicaid qualified health plans shall report encounter data,
4 including data on inpatient and outpatient hospital care, physician
5 visits, pharmaceutical services, and other services specified by the
6 department.

7 (4) Medicaid qualified health plans shall assure that all covered
8 services are available and accessible to enrollees with reasonable
9 promptness and in a manner which assures continuity. Medically
10 necessary services shall be available and accessible 24 hours a day
11 and 7 days a week.

12 (5) Medicaid qualified health plans shall provide for
13 reimbursement of plan covered services delivered other than through
14 the plan's providers if medically necessary and approved by the plan,
15 immediately required, and which could not be reasonably obtained
16 through the plan's providers on a timely basis. Such services shall
17 be deemed approved if the plan does not respond to a request for
18 authorization within 24 hours of the request. Reimbursement shall
19 not exceed the medicaid fee-for-service payment for such services.

20 (6) Medicaid qualified health plans shall provide access to
21 appropriate providers, including qualified specialists for all
22 medically necessary services.

23 (7) Medicaid qualified health plans shall provide the department
24 with a demonstration of the plan's capacity to adequately serve the
25 plan's expected enrollment of medicaid enrollees.

26 (8) Medicaid qualified health plans shall provide assurances to
27 the department that it will not deny enrollment to, expel, or refuse
28 to re-enroll any individual because of the individual's health status
29 or need for services, and that it will notify all eligible persons of
30 such assurances at the time of enrollment.

31 (9) Medicaid qualified health plans shall provide procedures for
32 hearing and resolving grievances between the plan and members
33 enrolled in the plan on a timely basis.

1 (10) Medicaid qualified health plans shall meet other standards
2 and requirements contained in state laws, administrative rules, and
3 policies promulgated by the department. The department may establish
4 alternative standards and requirements that specify financial
5 safeguards for organizations not otherwise covered by existing law
6 which assure that the organization has the ability to accept
7 financial risk.

8 (11) Medicaid qualified health plans shall develop written plans
9 for providing nonemergency medical transportation services funded
10 through supplemental payments made to the plans by the department,
11 and shall include information about transportation in their member
12 handbook.

13 Sec. 1525. (1) From the funds appropriated in section 101 for
14 health plan services, the department may contract for the assessment
15 of quality in qualified health plans which enroll medicaid
16 recipients. Organizations providing such quality reviews shall meet
17 the requirements of the department and include the following
18 functions:

19 (a) Review of plan performance based on accepted quality
20 performance criteria.

21 (b) Utilization of quality indicators and standards developed
22 specifically for the medicaid population.

23 (c) Promote accountability for improved plan performance.

24 Sec. 1526. (1) Medicaid qualified health plans shall not
25 directly market their services to or enroll medicaid eligible
26 persons. The department shall provide or arrange for assistance to
27 medicaid enrollees in understanding, electing, and using the managed
28 care plans available. Upon request of the medicaid recipient, such
29 assistance shall be provided in person through a face-to-face
30 interview prior to enrollment, when practicable.

31 (2) Information regarding the available health plans and
32 enrollment materials shall be provided through local family
33 independence agency offices during the eligibility determination and

1 redetermination process, and at other locations specified by the
2 department. The enrollment materials shall clearly explain covered
3 services, recipient rights, grievance and appeal procedures,
4 exception criteria to mandatory enrollment, and information regarding
5 managed care enrollment broker and beneficiary services.

6 Sec. 1527. (1) The department may require at least a 6-month
7 lock-in to the qualified health plan selected by the recipient during
8 the initial and subsequent open enrollment periods, but allow for
9 good cause exceptions during the lock-in period.

10 (2) Medicaid recipients shall be allowed to change health plans
11 for any reason within the initial 30 days of enrollment.

12 Sec. 1528. (1) The department shall provide an expedited
13 complaint review procedure for medicaid eligible persons enrolled in
14 qualified health plans for situations where failure to receive any
15 health care service would result in significant harm to the enrollee.

16 (2) The department shall provide a toll-free telephone number for
17 medicaid recipients enrolled in managed care to assist with resolving
18 problems and complaints. If warranted, the department shall
19 immediately disenroll persons from managed care and approve fee-for-
20 service coverage.

21 (3) Quarterly reports summarizing the problems and complaints
22 reported and their resolution shall be provided to the house and
23 senate appropriations subcommittees on community health, the house
24 and senate fiscal agencies, the state budget director and the
25 department's health plans advisory council.

26 Sec. 1529. The department shall contract for beneficiary
27 services to assist medicaid recipients in medicaid managed care plans
28 to access appropriate health care services. The department may
29 contract with the enrollment counseling service contractor to provide
30 these beneficiary services. The department may also contract with
31 different organizations for beneficiary services to different
32 populations. All of the following apply to this program:

33 (a) Such organizations shall be private organizations and shall

1 not be involved in providing, managing, determining eligibility, or
2 accrediting health care services delivered through qualified health
3 plans.

4 (b) Beneficiary services shall include the provision of
5 information to medicaid recipients regarding the health plans
6 available to them, their rights under law, how to access services,
7 the complaint and grievance procedures available to them, and if
8 requested, advocate for the recipient in all complaint and grievance
9 proceedings.

10 Sec. 1530. (1) The department may develop a program for
11 providing services to medical assistance recipients under a risk
12 sharing capitation arrangement, through contracts with provider-
13 sponsored networks, health maintenance organizations, and other
14 organizations. The department shall award contracts under the
15 program at least every 5 years based on a competitive bidding
16 process. In developing a program under this section, the department
17 shall consult with providers, medical assistance recipients, and
18 other interested parties. The following provisions shall be
19 considered in any program:

20 (a) In determining eligible contractors, the department shall
21 consider provider-sponsored networks, along with health maintenance
22 organizations, and other organizations. All eligible contractors
23 shall meet the same standards for quality, access, benefits,
24 financial, and organizational capability.

25 (b) The department may make separate payments directly to
26 qualifying hospitals serving a disproportionate share of indigent
27 patients, and to hospitals providing graduate medical education
28 training programs. If direct payment for GME and DSH is made to
29 qualifying hospitals for services to medicaid clients, hospitals will
30 not include GME costs or DSH payments in their contracts with HMOs.

31 (2) Whenever economical and feasible, the department shall give
32 preference to programs that provide a choice of qualified contractors
33 and at least an annual open enrollment in the program.

1 Sec. 1531. The mother of an unborn child shall be eligible for
2 medical services benefits for herself and her child if all other
3 eligibility factors are met. To be eligible for these benefits, the
4 applicant shall provide medical evidence of her pregnancy. If she is
5 unable to provide the documentation, payment for the examination may
6 be at state expense. The department of community health shall
7 undertake such measures as may be necessary to ensure that necessary
8 prenatal care is provided to medical services eligible recipients.

9 Sec. 1532. (1) The protected income level for medicaid coverage
10 determined pursuant to section 106(1)(b)(iii) of the social welfare
11 act, 1939 PA 280, MCL 400.106, shall be 100% of the related public
12 assistance standard.

13 (2) The department shall notify the senate and house
14 appropriations subcommittees on community health and the state budget
15 director of any proposed revisions to the protected income level for
16 medicaid coverage related to the public assistance standard 90 days
17 prior to implementation.

18 Sec. 1533. For the purpose of guardian and conservator charges,
19 the department of community health may deduct up to \$60.00 per month
20 as an allowable expense against a recipient's income when determining
21 medical services eligibility and patient pay amounts.

22 Sec. 1534. A qualified health plan that requires a medicaid
23 recipient to designate a participating primary care provider shall
24 permit a female medicaid recipient to access a participating
25 obstetrician-gynecologist for annual "well-woman" examinations and
26 routine obstetrical and gynecologic services. This access would not
27 require prior authorization or referral, but may be limited by
28 participation of obstetricians-gynecologists in the plan network. A
29 referral to an out-of-plan physician will require plan approval.

30 Sec. 1535. The department shall promote activities that preserve
31 the dignity and rights of terminally ill and chronically ill
32 individuals. Priority shall be given to programs, such as hospice,
33 that focus on individual dignity and quality of care provided persons

1 with terminal illness and programs serving persons with chronic
2 illnesses that reduce the rate of suicide through the advancement of
3 the knowledge and use of improved, appropriate pain management for
4 these persons; and initiatives that train health care practitioners
5 and faculty in managing pain, providing palliative care and suicide
6 prevention.

7 Sec. 1536. The department may require beneficiaries to enroll in
8 a long-term care plan if the following requirements are met:

9 (a) An eligibility screening/enrollment component is in place at
10 community hospitals, in-home for persons who are homebound, as well
11 as at convenient community locations.

12 (b) The eligibility screening/enrollment counseling service is
13 performed by an entity(s) selected through a request for proposal.

14 (c) Enrollment counselor services are available to the clients
15 and their families to ensure clients or their legally authorized
16 representatives have the information necessary to make an informed
17 choice of plans, to appropriately access care within the plan, to
18 file grievances with the plan and the state, and to access care out
19 of network if appropriate.

20 (d) Quality outcome measures and consumer satisfaction measures
21 are developed based on the minimum data sets for home care and
22 nursing home care.

23 (e) Services offered will include a range of home and community
24 services including adult day care, respite care homemaker, chore,
25 personal care, personal care supervision, personal emergency response
26 systems, community living supports, and services in nursing home
27 settings.

28 (f) There will be 2 long-term care plan contractors in all areas
29 of the state except in areas with sparse population and when the
30 long-term care plan network includes at least 85% of the providers in
31 the region.

32 (g) Long-term care plans are selected through a request for
33 proposal process that identifies organizations capable of organizing

1 and managing a continuum of services.

2 (h) The department reviews and approves provider contracts used
3 by the plan to ensure that the plan's risk/incentive arrangements do
4 not provide incentives to withhold appropriate medical services.

5 (i) The department establishes criteria for the plan's provider
6 network that take into consideration the unique needs of the
7 population to be enrolled and ensure that the network has adequate
8 capacity to provide home and community-based service alternatives and
9 is in place before enrollment begins.

10 (j) The department establishes requirements for encounter data
11 collection and reporting that ensure the department has the ability
12 to closely monitor care provided to enrollees to assure quality and
13 appropriate access to care.

14 (k) The department contracts for an independent, external quality
15 review of the services provided through the managed care plans. The
16 protocols used in the review shall be appropriate for the specialized
17 population enrolled in the plan and shall be at least as rigorous as
18 those used by national committee on quality assurance.

19 (l) The department conducts annual patient satisfaction surveys
20 using statistically valid sampling techniques that focus on this
21 population and a survey tool that is appropriate to the population
22 being surveyed.

23 (m) The department maintains an exception process that allows
24 clients meeting established medical criteria to be exempt from
25 enrollment in managed care.

26 (n) The department maintains an expedited grievance process that
27 provides a response to urgent requests within 1 business day.

28 (o) Eligibility for the long-term plan is based on medicaid
29 financial eligibility criteria and medical/functional determination
30 of necessity to qualify for nursing facility level of care. The
31 initial eligible group would include those persons eligible for
32 medicaid now in licensed nursing facilities and those eligible for
33 the medicaid home and community-based waiver. Eligible persons (and

1 their families if incapacitated), in conjunction with the managed
2 care organization and medical care givers, shall choose their
3 preferred care setting, to live at home, in other home-like settings,
4 or in a skilled nursing facility. Eligible persons will be offered
5 choices by the managed care plan that emphasize the individual's
6 dignity and independence, quality of life, and reflect the principles
7 of person-centered planning.

8 (p) An area agency on aging may bid for either the eligibility
9 screening/enrollment counseling service contract or the long-term
10 care managed care organization contract. An area agency on aging may
11 continue to provide case management/care coordination services for
12 non-medicaid-eligible persons with funds appropriated in section 101.

13 (q) The managed care program for long-term care services shall
14 assure that the services provided are coordinated with those
15 available under the medicare program.

16 (r) At least 30 days prior to implementation of any long-term
17 managed care program, the department shall conduct public hearings
18 and submit its plan to the senate and house appropriations
19 subcommittees on community health, the appropriate senate and house
20 standing committees, the senate and house fiscal agencies and the
21 state budget director. The plan shall include a summary of the
22 public comments received by the department regarding the managed care
23 program.

24 Sec. 1537. Funds appropriated for substance abuse services shall
25 be contracted in full to coordinating agencies through CMHSPs unless
26 such a pass-through is held to be in violation of federal or state
27 law or rules. If such a pass-through is not permissible, the
28 department shall contract directly with coordinating agencies.
29 CMHSPs shall not assume any contractual or financial liability
30 associated with the pass-through of substance abuse services funds
31 provided to eligible recipients with these funds. The coordinating
32 agencies shall retain financial program responsibilities and
33 liabilities consistent with contract requirements.

1 Sec. 1538. The following sections are the only ones which shall
2 apply to the following medicaid managed care programs, including the
3 comprehensive plan, children's special health care services plan, MI
4 Choice long term care plan, and the mental health, substance abuse,
5 and developmentally disabled services program: 1508, 1509, 1511,
6 1514, 1519, 1523, 1524, 1525, 1526, 1527, 1528, 1529, 1530, 1534,
7 1536, 1537.

8 Sec. 1539. From the funds appropriated in section 101 for
9 disproportionate share the department may make payments to the
10 following participating hospitals in these approximate amounts:
11 Alpena General Hospital - \$15,713, Aurora Hospital - \$40,439, Battle
12 Creek Health System - \$200,323, Borgess Hospital - \$78,126, Bronson
13 Methodist Hospital - \$370,092, Bronson Vicksburg Hospital - \$7,228,
14 Butterworth Hospital - \$184,986, Carson City Osteopathic Hospital -
15 \$10,088, Central Michigan Community Hospital - \$115,924, Children's
16 Hospital of Michigan - \$9,585,784, Community Health Center - \$76,020,
17 Detroit Receiving Hospital - \$7,134,710, Detroit Riverview Hospital -
18 \$3,345,830, Edward W. Sparrow Hospital - \$111,131, Emma L. Bixby
19 Hospital - \$56,024, Gerber Memorial Hospital - \$87,599, Grace
20 Hospital Division - \$2,009,031, Hackley Hospital - \$89,960, Harper
21 Hospital - \$115,047, Heritage Hospital - \$202,215, Herrick Memorial
22 Hospital, Inc. - \$17,323, Holy Cross Hospital - \$87,951, Horizon
23 Health System - Riverside Osteopathic - \$165,114, Hurley Medical
24 Center - \$2,547,615, Hutzel Hospital, Detroit - \$10,833,385, Lakeland
25 Medical Center, Niles - \$6,099, Lakeland Medical Center, St. Joseph -
26 \$25,623, Lakeshore Community Hospital - \$7,916, Lapeer Regional
27 Hospital - \$19,619, Lee Memorial Hospital - \$7,230, Marquette General
28 Hospital - \$20,481, Memorial Hospital, Owosso - \$22,093, Memorial
29 Medical Center of West Michigan - \$43,950, Mercy Hospital, Cadillac -
30 \$30,831, Mercy Hospital, Detroit - \$383,083, Michigan Hospital and
31 Medical Center - \$4,382,667, MidMichigan Regional Medical Center,
32 Midland - \$5,460, MidMichigan Regional Medical Center, Clare -
33 \$26,786, Munson Medical Center - \$117, Muskegon General Hospital -

1 \$207,938, North Oakland Medical Center - \$187,458, Northern Michigan
2 Hospitals, Inc. - \$10,163, Oakland General Hospital - \$29,596,
3 Oakwood Hospital Annapolis Center - \$492,802, Pine Rest Christian
4 Hospital - \$89,358, Pontiac Osteopathic Hospital - \$97,962, Port
5 Huron Hospital - \$27,884, Rehabilitation Institute - \$261,223,
6 Saginaw Community Hospital - \$111,985, Saginaw General Hospital -
7 \$373,964, Scheurer Hospital - \$108,140, St. Joseph Hospital, East -
8 \$51,993, St. Mary's Hospital, Livonia - \$301, St. Mary's Hospital,
9 Grand Rapids - \$148,799, Three Rivers Hospital - \$11,810, University
10 Hospital University of Michigan - \$94,851, W.A. Foote Memorial
11 Hospital - \$66,638, Westbrook Hospital - \$52,646, William Beaumont
12 Hospital, Royal Oak - \$8,533, Wyandotte Hospital and Medical Center -
13 \$96,343.

14 Sec. 1540. From the funds appropriated in section 101 for
15 graduate medical education the department may make payments to the
16 following participating hospitals in these approximate amounts: Bay
17 Medical Center - \$150,912, Bi-County Community Hospital - \$830,442,
18 Blodgett Memorial Medical Center - \$1,711,927, Bon Secours Hospital -
19 \$574,797, Borgess Hospital - \$2,145,020, Botsford General Osteopathic
20 Hospital - \$2,478,654, Bronson Methodist Hospital - \$2,696,027,
21 Carson City Osteopathic Hospital - \$308,430, Children's Hospital of
22 Michigan - \$25,297,493, Cottage Hospital of Grosse Pointe - \$53,521,
23 Detroit Receiving Hospital - \$10,526,115, Detroit Riverview Hospital
24 - \$1,257,031, Edward W. Sparrow Hospital - \$3,760,519, Forest View
25 Psychiatric Hospital - \$2, Garden City Osteopathic Hospital -
26 \$1,060,744, Genesys Regional Medical Center, Flint Osteopathic Campus
27 - \$3,290,799, Genesys Regional Medical Center, Genesee Campus -
28 \$3,760, Genesys Regional Medical Center, St. Joseph Campus -
29 \$715,230, Grace Hospital Division - \$5,863,109, Harper Hospital -
30 \$7,906,985, Henry Ford Hospital - \$13,178,016, Holy Cross Hospital -
31 \$15,466, Hurley Medical Center - \$8,107,591, Huron Valley Hospital -
32 \$156,910, Hutzel Hospital, Detroit - \$13,144,817, Kingswood
33 Psychiatric Hospital - \$14,735, Macomb Hospital Center - \$76,628,

1 Marquette General Hospital - \$385,101, McLaren General Hospital -
2 \$999,088, Mecosta County General Hospital - \$150,912, Memorial
3 Medical Center of West Michigan - \$830,442, Mercy Memorial Hospital -
4 \$,711,927, Mercy Hospital, Cadillac - \$574,797, Mercy Hospital,
5 Detroit - \$2,145,020, Mercy Hospital, Grayling - \$2,478,654, Mercy
6 Hospital, Muskegon - \$2,696,027, Mercy Memorial Medical Center, Inc.
7 - \$150,912, Metropolitan Hospital, Grand Rapids - \$1,340,750,
8 Michigan Capital Medical Center, Pennsylvania Campus - \$845,108,
9 Michigan Capital Medical Center, Greenlawn Campus - \$381,876,
10 Michigan Hospital and Medical Center - \$113,325, Michigan Osteopathic
11 Medical Center, Medical Surgical Hospital - \$1,821,152, MidMichigan
12 Regional Medical Center, Midland - \$325,721, MidMichigan Regional
13 Medical Center, Clare - \$130,122, Msgr. Clement Kern Hospital -
14 \$15,879, Mt. Clemens General Osteopathic Hospital - \$2,066,396,
15 Munson Medical Center - \$162,890, Muskegon General Hospital -
16 \$485,086, North Oakland Medical Center - \$1,938,009, Oakland General
17 Hospital - \$830,442, Oakwood Downriver Medical Center - \$69,296,
18 Oakwood Hospital and Medical Center - \$2,412,752, Paul Oliver
19 Memorial Hospital - \$1,711,927, Pine Rest Christian Hospital -
20 \$43,619, Pontiac Osteopathic Hospital - \$1,990,169, Providence
21 Hospital - \$2,347,055, Rehabilitation Institute - \$574,797, Riverside
22 Osteopathic Hospital - \$713,152, Saginaw General Hospital -
23 \$1,672,648, Sheridan Community Hospital - \$2,145,020, Sinai Hospital
24 - \$6,378,704, St. John Hospital - \$3,980,595, St. John Hospital,
25 Macomb Center - \$43,806, St. Joseph Mercy Hospital, Ann Arbor -
26 \$2,309,287, St. Joseph Hospital, East - \$513,775, St. Joseph Mercy
27 Hospital, Pontiac - \$1,926,064, St. Lawrence Hospital - \$2,478,654,
28 St. Luke's Hospital - \$374,166, St. Mary's Hospital, Grand Rapids -
29 \$1,611,390, St. Mary's Medical Center, Saginaw - \$377,349, Straith
30 Memorial Hospital - \$6,572, Three Rivers Hospital - \$2,696,027,
31 Traverse City Community Hospital - \$22,054, University Hospital
32 University of Michigan - \$28,407,230, William Beaumont Hospital,
33 Royal Oak - \$4,374,715, William Beaumont Hospital, Troy - \$183,470.

1 **GENERAL SECTIONS FOR FISCAL YEAR 1997-98**

2 Sec. 1601. (1) Pursuant to section 30 of article IX of the state
3 constitution of 1963, total state spending from state sources for
4 fiscal year 1997-98 is estimated at \$9,805,000.00 in this bill and
5 state spending from state sources paid to local units of government
6 for fiscal year 1997-98 is estimated at \$5,000,000.00. The itemized
7 statement below identifies appropriations from which spending to
8 units of local government will occur:

9 DEPARTMENT OF COMMUNITY HEALTH

10 INFECTIOUS DISEASE CONTROL

11 Sexually transmitted disease control local	
12 agreements.	<u>5,000,000</u>
13 Total	\$ 5,000,000

14 (2) If it appears to the principal executive officer of a
15 department or branch that state spending to local units of government
16 will be less than the amount that was projected to be expended under
17 subsection (1), the principal executive officer shall immediately
18 give notice of the approximate shortfall to the state budget
19 director.

20 **INFECTIOUS DISEASE CONTROL ADMINISTRATION**

21 Sec. 1701. Funds appropriated in section 102 for hospital and
22 antibiotic resistant infection surveillance from the infectious
23 disease control administration line are considered work project
24 appropriations and any unencumbered or unallotted funds are carried
25 forward into the succeeding fiscal year. The following is in
26 compliance with section 451(3) of the management and budget act, 1984
27 PA 431, MCL 18.1451:

28 (a) The purpose of the project to be carried over is to provide
29 for surveillance and response activities in Michigan communities for
30 hospital and antibiotic resistant infections.

31 (b) This project will be accomplished through the efforts of
32 state employees and through contracted services.

33 (c) The total estimated cost of this project is \$300,000.00.

1 (d) The tentative completion date for this project is September
2 30, 1998.

3 **INFECTIOUS DISEASE CONTROL**

4 Sec. 1801. Funds appropriated in section 102 for hepatitis B
5 vaccine administration from the sexually transmitted disease control
6 local agreements line are considered work project appropriations and
7 any unencumbered or unallotted funds are carried forward into the
8 succeeding fiscal year. The following is in compliance with section
9 451(3) of the management and budget act, 1984 PA 431, MCL 18.1451:

10 (a) The purpose of the project to be carried over is to provide
11 for testing and vaccination of all individuals attending sexually
12 transmitted disease clinics in an effort to reduce the spread of
13 hepatitis B.

14 (b) This project will be accomplished through the efforts of
15 state employees and through contracted services.

16 (c) The total estimated cost of this project is \$5,000,000.00.

17 (d) The tentative completion date for this project is September
18 30, 1998.

19 **LABORATORY SERVICES**

20 Sec. 1901. Funds appropriated in section 102 for raccoon rabies
21 prevention from the laboratory services administration and
22 contractual services, supplies, and materials lines are considered
23 work project appropriations and any unencumbered or unallotted funds
24 are carried forward into the succeeding fiscal year. The following
25 is in compliance with section 451(3) of the management and budget
26 act, 1984 PA 431, MCL 18.1451:

27 (a) The purpose of the project to be carried over is to provide
28 for an education campaign in lower Michigan about the spread of
29 raccoon-strain rabies, to test road kill animals for rabies in
30 southern Michigan, and to increase vaccinations of dogs and cats
31 statewide.

32 (b) This project will be accomplished through the efforts of
33 state employees and through contracted services.

1 (c) The total estimated cost of this project is \$ 635,000.00.

2 (d) The tentative completion date for this project is September
3 30, 1998.

4 **CENTER FOR HEALTH PROMOTION**

5 Sec. 2001. Funds appropriated in section 102 for osteoporosis
6 from the health, education, promotion, and research programs line are
7 considered work project appropriations and any unencumbered or
8 unallotted funds are carried forward into the succeeding fiscal year.
9 The following is in compliance with section 451(3) of the management
10 and budget act, 1984 PA 431, MCL 18.1451:

11 (a) The purpose of the project to be carried over is to increase
12 public awareness and education of health care professionals about
13 osteoporosis and to establish an osteoporosis prevention plan for
14 Michigan.

15 (b) This project will be accomplished through the efforts of
16 state employees and through contracted services.

17 (c) The total estimated cost of this project is \$750,000.00.

18 (d) The tentative completion date for this project is September
19 30, 1998.

20 Sec. 2002. Funds appropriated in section 102 for childhood
21 injury prevention from the injury control intervention project line
22 are considered work project appropriations and any unencumbered or
23 unallotted funds are carried forward into the succeeding fiscal year.
24 The following is in compliance with section 451(3) of the management
25 and budget act, 1984 PA 431, MCL 18.1451:

26 (a) The purpose of the project to be carried over is to expand
27 the number of SAFE KIDS chapters in Michigan from 9 to 19.

28 (b) This project will be accomplished through the efforts of
29 state employees and through contracted services.

30 (c) The total estimated cost of this project is \$1,020,000.000.

31 (d) The tentative completion date for this project is September
32 30, 1998.

33 **BUREAU OF CHILD AND FAMILY SERVICES**

1 Sec. 2101. Funds appropriated in section 102 for palliative care
2 from the special projects line are considered work project
3 appropriations and any unencumbered or unallotted funds are carried
4 forward into the succeeding fiscal year. The following is in
5 compliance with section 451(3) of the management and budget act, 1984
6 PA 431, MCL 18.1451:

7 (a) The purpose of the project to be carried over is to provide
8 education about palliative care for dying patients.

9 (b) This project will be accomplished through the efforts of
10 state employees and through contracted services.

11 (c) The total estimated cost of this project is \$1,200,000.00.

12 (d) The tentative completion date for this project is September
13 30, 1998.

14 **CHILD AND FAMILY SERVICES GRANTS**

15 Sec. 2201. Funds appropriated in section 102 for the sudden
16 infant death syndrome program are considered work project
17 appropriations and any unencumbered or unallotted funds are carried
18 forward into the succeeding fiscal year. The following is in
19 compliance with section 451(3) of the management and budget act, 1984
20 PA 431, MCL 18.1451:

21 (a) The purpose of the project to be carried over is to provide
22 for a sudden infant death syndrome education and information campaign
23 and to implement the 1995 task force report on sudden infant death
24 syndrome.

25 (b) This project will be accomplished through the efforts of
26 state employees and through contracted services.

27 (c) The total estimated cost of this project is \$400,000.00.

28 (d) The tentative completion date for this project is September
29 30, 1998.

final page