SENATE BILL NO. 360

EXECUTIVE BUDGET BILL

February 23, 1999, Introduced by Senators GOUGEON, SCHWARZ, MC MANUS, BENNETT and STEIL 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 year ending September 30, 2000; 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 PART 1
- 2 LINE-ITEM APPROPRIATIONS
- 3 Sec. 101. There is appropriated for the department of community

1	health for the fiscal year ending September 30, 2000, from the
2	following funds:
3	DEPARTMENT OF COMMUNITY HEALTH
4	APPROPRIATIONS SUMMARY:
5	Full-time equated unclassified positions 7.0
6	Full-time equated classified positions 6,127.3
7	Average population 1,428.0
8	GROSS APPROPRIATION
9	Interdepartmental grant revenues:
10	Total interdepartmental grants and
11	intradepartmental transfers
12	ADJUSTED GROSS APPROPRIATION \$7,797,617,500
13	Federal revenues:
14	Total federal revenues
15	Special revenue funds:
16	Total local revenues
17	Total private funds
18	Total other state restricted revenues 323,542,000
19	State general fund/general purpose \$2,549,245,000
20	Sec. 102. DEPARTMENTWIDE ADMINISTRATION
21	Full-time equated unclassified positions 7.0
22	Full-time equated classified positions 489.7
23	Director and other unclassified7.0 FTE
24	positions
25	Community health advisory council
26	Departmental administration and management479.7
27	FTE positions
28	Workers' compensation program1.0 FTE position . 12,009,800
29	Rent
30	Building occupancy charges 4,184,000

1	Developmental disabilities council and	
2	projects9.0 FTE positions	2,280,200
3	GROSS APPROPRIATION	72,653,300
4	Appropriated from:	
5	Interdepartmental grant revenues:	
6	Interdepartmental grant from the department of treasury,	
7	Michigan state hospital finance authority	95,500
8	Federal revenues:	
9	Total federal revenues	19,849,700
10	Special revenue funds:	
11	Private funds	27,900
12	Total other state restricted revenues	3,481,000
13	State general fund/general purpose \$	49,199,200
14	Sec. 103. MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINI	STRATION
15	AND SPECIAL PROJECTS	
16	Full-time equated classified positions 123.2	
17	Mental health/substance abuse program	
18	administration114.2 FTE positions \$	9,876,900
19	Consumer involvement program	291,600
20	Gambling addiction	3,000,000
21	Protection and advocacy services support	818,300
22	Mental health initiatives for older persons	1,165,800
23	Purchase of psychiatric residency training	3,635,100
24	Community residential and support services9.0	
25	FTE positions	5,588,400
26	Highway safety projects	2,337,200
27	Federal and other special projects	7,427,200
28	GROSS APPROPRIATION	34,140,500
29	Appropriated from:	
30	Federal revenues:	

1	Total federal revenues:
2	Special revenue funds:
3	Total private revenues
4	Total other state restricted revenues 3,182,300
5	State general fund/general purpose \$ 19,400,100
6	Sec. 104. COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES
7	PROGRAMS
8	Full-time equated classified positions 4.0
9	Community mental health programs \$1,614,771,500
10	Civil service charges
11	Federal mental health block grant2.0 FTE
12	positions
13	Pilot projects in prevention for
14	adults and children2.0 FTE positions 1,519,300
15	State disability assistance program substance
16	abuse services
17	Community substance abuse prevention, education
18	and treatment programs
19	GROSS APPROPRIATION
20	Appropriated from:
21	Federal revenues:
22	Total federal revenues
23	Special revenue funds:
24	Total other state restricted revenues 6,242,400
25	State general fund/general purpose \$1,021,535,600
26	Sec. 105. STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH
	200. 200. 21112 12101111112 1001211112, 02112112 1011 12112012 11211
27	DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH
27 28	
	DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH

1	Caro regional mental health center-psychiatric hospital-	
2	adult492.0 FTE positions \$	28,508,800
3	Average population 180.0	
4	Kalamazoo psychiatric hospital-adult383.0 FTE	
5	positions	27,591,300
6	Average population 130.0	
7	Northville psychiatric hospital-adult780.0 FTE	
8	positions	58,326,800
9	Average population 325.0	
10	Walter P. Reuther psychiatric hospital-adult436.0	
11	FTE positions	32,737,200
12	Average population 210.0	
13	Hawthorn center-psychiatric hospital-children	
14	and adolescents329.0 FTE positions	21,787,700
15	Average population	
16	Mount Pleasant center-developmental disabilities	
17	481.0 FTE positions	30,206,300
18	Average population 195.0	
19	Southgate center-developmental disabilities206.0	
20	FTE positions	16,242,100
21	Average population 60.0	
22	Center for forensic psychiatry522.0 FTE positions	
23	37,197,100	
24	Average population 210.0	
25	Forensic mental health services provided to the	
26	department of corrections938.0 FTE positions .	69,954,400
27	Revenue recapture	750,000
28	IDEA, federal special education	92,000
29	Special maintenance and equipment	1,054,000
30	Purchase of medical services for residents of	
31	hospitals and centers	1,700,000

Severance pay13.0 FTE positions	1,351,500
Gifts and bequests for patient living and treatment	
environment	2,000,000
GROSS APPROPRIATION	329,499,200
Appropriated from:	
Interdepartmental grant revenues:	
Interdepartmental grant from the department of	
corrections	69,954,400
Federal revenues:	
Total federal revenues	31,062,500
Special revenue funds:	
CMHSP-Purchase of state services contracts	155,570,300
Other local revenues	15,819,900
Private funds	2,000,000
Total other state restricted revenues	15,987,800
State general fund/general purpose \$	39,104,300
Sec. 106. PUBLIC HEALTH ADMINISTRATION	
Full-time equated classified positions 88.3	
Executive administration15.5 FTE positions \$	1,320,200
Minority health grants and contracts	650,000
Vital records and health statistics72.8 FTE	
positions	5,775,600
GROSS APPROPRIATION	7,745,800
Appropriated from:	
Interdepartmental grant revenues:	
Interdepartmental grant from family independence	
agency	135,600
Federal revenues:	
Total federal revenue	2,763,100
Special revenue funds:	
	Gifts and bequests for patient living and treatment environment

1	Total other state restricted revenues	1,767,700
2	State general fund/general purpose \$	3,079,400
3	Sec. 107. INFECTIOUS DISEASE CONTROL	
4	Full-time equated classified positions 44.3	
5	AIDS prevention, testing and care programs9.8 FTE	
6	positions	20,292,300
7	Immunization program7.7 FTE positions	13,195,600
8	Sexually transmitted disease control	
9	program26.8 FTE positions	5,103,100
10	GROSS APPROPRIATION	38,591,000
11	Appropriated from:	
12	Federal revenues:	
13	Total federal revenues	27,076,900
14	Special revenue funds:	
15	Local funds	242,700
16	Private funds	710,000
17	Total other state restricted revenues	6,923,500
18	State general fund/general purpose \$	3,637,900
19	Sec. 108. LABORATORY SERVICES	
20	Full-time equated classified positions 118.2	
21	Laboratory services118.2 FTE positions \$	10,863,500
22	Lyme disease	75,000
23	GROSS APPROPRIATION	10,938,500
24	Appropriated from:	
25	Interdepartmental grant revenues:	
26	Interdepartmental grant from environmental	
27	quality	385,800
28	Federal revenues:	
29	Total federal revenues	1,172,900
30	Special revenue funds:	

1	Total other state restricted revenues	3,012,800
2	State general fund/general purpose \$	6,367,000
3	Sec. 109. EPIDEMIOLOGY	
4	Full-time equated classified positions 31.5	
5	AIDS surveillance and prevention program7.0 FTE	
6	positions	1,772,800
7	Epidemiology administration24.5 FTE positions .	4,304,200
8	Tuberculosis control program	498,300
9	GROSS APPROPRIATION	6,575,300
10	Appropriated from:	
11	Interdepartmental grant revenues:	
12	Interdepartmental grant from the department	
13	of environmental quality	80,600
14	Federal revenues:	
15	Total federal revenues	4,311,100
16	Special revenue funds:	
17	Total other state restricted revenues	231,000
18	State general fund/general purpose \$	1,952,600
19	Sec. 110. LOCAL HEALTH ADMINISTRATION AND GRANTS	
20	Full-time equated classified positions 3.0	
21	Implementation of 1933 PA 133, MCL 333.17015 \$	100,000
22	Lead abatement program3.0 FTE positions	1,818,200
23	Local health services	462,300
24	Local public health operations	39,874,000
25	Medical services cost reimbursement to local	
26	health departments	1,800,000
27	Special population health care	620,600
28	GROSS APPROPRIATION	44,675,100
29	Appropriated from:	
30	Federal revenues:	

1	Total federal revenues
2	Special revenue funds:
3	Total other state restricted revenues
4	State general fund/general purpose \$ 40,657,900
5	Sec. 111. CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH
6	PROMOTION
7	Full-time equated classified positions 33.7
8	AIDS and risk reduction clearinghouse and media
9	campaign
10	Alzheimer's information network
11	Cancer prevention and control program13.6
12	FTE positions
13	Chronic disease prevention 1,420,100
14	Diabetes local agreements
15	Employee wellness program grants 4,250,000
16	Health education, promotion, and research
17	programs11.9 FTE positions 2,026,300
18	Injury control intervention project
19	Physical fitness, nutrition, and health 1,250,000
20	Public health traffic safety coordination 115,000
21	School health and education programs 2,080,000
22	Smoking prevention program6.2 FTE positions 7,849,600
23	Violence prevention2.0 FTE positions3,089,600
24	GROSS APPROPRIATION
25	Appropriated from:
26	Federal revenues:
27	Total federal funds
28	Special revenue funds:
29	Total other state restricted revenues 24,281,100
30	State general fund/general purpose \$ 2,811,200

1	Sec. 112. COMMUNITY LIVING, CHILDREN, AND FAMILIES	
2	Full-time equated classified positions 129.8	
3	Adolescent health care services \$	2,892,300
4	Children's waiver home care program	21,713,700
5	Community living, children and families	
6	administration114.3 FTE positions	10,746,900
7	Dental programs	411,400
8	Family planning local agreements	8,100,000
9	Family support subsidy	14,014,400
10	Housing and support services1.0 FTE positions .	4,251,800
11	Lead paint program	491,800
12	Local MCH services	8,354,200
13	Maternal and child health outreach and advocacy	
14	programs	4,800,000
15	Migrant health care	166,100
16	Newborn screening follow-up and treatment	
17	services	2,480,700
18	Omnibus reconciliation implementation9.0	
19	FTE positions	12,677,100
20	Pediatric AIDS prevention and control	871,100
21	Pregnancy prevention program	7,196,100
22	Prenatal care outreach and service	
23	delivery support	7,987,900
24	Southwest community partnership	1,000,000
25	Special projects5.5 FTE positions	6,004,300
26	Sudden infant death syndrome program	121,300
27	Women, infants, and children program local	
28	agreements and food costs	154,128,100
29	GROSS APPROPRIATION	268,409,200
30	Appropriated from:	

1	Federal revenues:	
2	Total federal revenue	179,093,100
3	Special revenue funds:	
4	Private funds	41,954,100
5	Total other state restricted revenues	8,489,600
6	State general fund/general purpose \$	38,872,400
7	Sec. 113. CHILDREN'S SPECIAL HEALTH CARE SERVICES	
8	Full-time equated classified positions 66.6	
9	Children's special health care services	
10	administration66.6 FTE positions \$	5,228,800
11	Bequests for care and services	1,254,600
12	Medical care and treatment	118,661,600
13	GROSS APPROPRIATION	125,145,000
14	Appropriated from:	
15	Federal revenues:	
16	Total federal revenue	58,336,300
17	Special revenue funds:	
18	Private-bequests	900,000
19	Total other state restricted revenues	4,048,500
20	State general fund/general purpose \$	61,860,200
21	Sec. 114. OFFICE OF DRUG CONTROL POLICY	
22	Full-time equated classified positions 17.0	
23	Drug control policy17.0 FTE positions \$	1,686,800
24	Anti-drug abuse grants	33,400,000
25	GROSS APPROPRIATION	35,086,800
26	Appropriated from:	
27	Federal revenues:	
28	Total federal revenue	34,912,400
29	State general fund/general purpose \$	174,400
30	Sec. 115. CRIME VICTIM SERVICES COMMISSION	

1	Full-time equated classified positions 9.0	ons 9.0
2	Grants administration services9.0 FTE positions \$ 893,200	TE positions \$ 893,200
3	Justice assistance grants	
4	Crime victim rights services grants	<u>6,829,600</u>
5	GROSS APPROPRIATION	\$ 16,722,800
6	Appropriated from:	
7	Federal revenues:	
8	Total federal revenues:	9,784,900
9	Special revenue funds:	
10	Total other state restricted revenues 6,452,700	6,452,700
11	State general fund/general purpose \$ 485,200	\$ 485,200
12	Sec. 116. OFFICE OF SERVICES TO THE AGING	IE AGING
13	Full-time equated classified positions 36.5	ons 36.5
14	Commission (per diem \$50.00) \$ 10,500	\$ 10,500
15	Office of services to aging administration36.5	ation36.5
16	FTE positions	
17	Community services	
18	Senior volunteer services	4,220,800
19	Employment assistance	2,632,700
20	DAG commodity supplement	7,200,000
21	Michigan pharmaceutical program 6,000,000	6,000,000
22	Respite care program	3,500,000
23	GROSS APPROPRIATION	\$ 83,685,900
24	Appropriated from:	
25	Federal revenues:	
26	Total federal revenues	41,292,100
27	Special revenue funds:	
28	Total private revenue	
29	Total other state restricted revenues 8,500,700	8,500,700
30	State general fund/general purpose \$ 33,768,100	\$ 33,768,100

1 Sec. 117. MEDICAL SERVICES ADMINISTRATION 2 Full-time equated classified positions . . . 352.5 3 Medical services administration--352.5 FTE 4 44,820,900 positions \$ 5 Data processing contractual services 100 6 132,800 Facility inspection contract-state police 7 MIChild administration 3,327,800 8 Michigan essential health care provider 1,229,100 9 2,143,900 GROSS APPROPRIATION 10 \$ 51,654,600 11 Appropriated from: Federal revenues: 12 13 33,308,100 14 Special revenue funds: 15 Private funds 100,000 763,300 16 Total other state restricted revenues 17 State general fund/general purpose \$ 17,483,200 Sec. 118. MEDICAL SERVICES 18 19 Medical services non-capitated \$1,168,894,600 45,000,000 20 Hospital disproportionate share payments 21 110,895,000 22 Long term care services 1,179,131,300 23 1,327,222,700 24 3,327,800 57,567,100 25 26 Maternal and child health 9,234,500 Social services to the physically disabled 27 1,344,900 28 Subtotal basic medical services program \$3,902,617,900 29 44,012,800 30 142,782,300

1	Special adjustor payments 874,795,400
2	Subtotal special medical services payments $$1,061,590,500$
3	GROSS APPROPRIATION
4	Appropriated from:
5	Federal revenues:
6	Total federal revenues
7	Special revenue funds:
8	Local revenues
9	Private funds
10	Total other state restricted
11	State general fund/general purpose \$1,208,856,300
12	PART 2
13	PROVISIONS CONCERNING APPROPRIATIONS
14	GENERAL SECTIONS
15	Sec. 201. (1) Pursuant to section 30 of article IX of the state
16	constitution of 1963, total state spending under part 1 for fiscal year
17	1999-2000 is estimated at \$2,872,787,000.00 and state appropriations to
18	be paid to local units of government are as follows:
19	DEPARTMENT OF COMMUNITY HEALTH
20	DEPARTMENTWIDE ADMINISTRATION
21	Departmental administration and management 1,618,000
22	COMMUNITY MENTAL HEALTH PROGRAMS
23	Pilot projects in prevention for adults and
24	children
25	Community substance abuse prevention, education,
26	and treatment grants
27	Community mental health programs 835,457,400
28	INFECTIOUS DISEASE CONTROL
29	AIDS prevention, testing, and care program 1,466,800
30	Sexually transmitted disease control program 452,900

1	LOCAL HEALTH ADMINISTRATION AND GRANTS	
2	Special population health care	29,600
3	Local public health operations	39,874,000
4	CHRONIC DISEASE, INJURY, AND HEALTH PROMOTION	
5	Cancer prevention and control program	397,000
6	Diabetes local agreements	1,275,000
7	Employee wellness programs	1,545,100
8	School health and education programs	2,000,000
9	Smoking prevention program	2,880,000
10	COMMUNITY LIVING, CHILDREN, AND FAMILIES	
11	Adolescent health care services	1,358,000
12	Family planning local agreements	1,230,300
13	Family support subsidy	7,006,900
14	Homelessness formula grant program - state	
15	match	708,800
16	Local MCH services	246,100
17	OBRA implementation	2,459,100
18	Pregnancy prevention program	2,511,800
19	Prenatal care outreach and service	
20	delivery support	3,190,000
21	CRIME VICTIM SERVICES COMMISSION	
22	Crime victim rights services grants	3,400,000
23	OFFICE OF SERVICES TO THE AGING	
24	Community services	13,681,400
25	Nutrition services	12,363,000
26	Michigan pharmaceutical program	140,000
27	Respite care program	2,000,000
28	Senior volunteer services	3,845,300
29	CHILDREN'S SPECIAL HEALTH CARE SERVICES	
30	Case management services	1,433,200
31	MEDICAL SERVICES	

- 2 Hospital disproportionate share payments 18,000,000

- 6 (2) If it appears to the principal executive officer of a
- 7 department or branch that state spending to local units of government
- 8 will be less than the amount that was projected to be expended under
- 9 subsection (1), the principal executive officer shall immediately give
- 10 notice of the approximate shortfall to the state budget director.
- 11 Sec. 202. The expenditures and funding sources authorized under
- 12 this bill are subject to the management and budget act, 1984 PA 431,
- 13 MCL 18.1101 to 18.1594.
- 14 Sec. 203. (1) Beginning October 1, 1999, a hiring freeze is imposed
- 15 on the state classified civil service. State departments and agencies
- 16 are prohibited from hiring any new full-time state classified civil
- 17 service employees and prohibited from filling any vacant state
- 18 classified civil service positions. This hiring freeze does not apply
- 19 to internal transfers of classified employees from one position to
- 20 another within a department or to positions that are funded with 80% or
- 21 more federal or restricted funds.
- 22 (2) The state budget director shall grant exceptions to this hiring
- 23 freeze when the state budget director believes that the hiring freeze
- 24 will result in rendering a state department or agency unable to deliver
- 25 basic services.
- 26 Sec. 204. The department of civil service shall bill departments
- 27 and agencies at the end of the first fiscal quarter for the 1% charge
- 28 authorized by section 5 of article XI of the state constitution of
- 29 1963. Payments shall be made for the total amount of the billing by the
- 30 end of the second fiscal quarter.
- 31 Sec. 205. As used in this appropriation bill:

- 1 (a) "ACCESS" means arab community center for economic and social
- 2 services.
- 3 (b) "AIDS" means acquired immunodeficiency syndrome.
- 4 (c) "CMHSP" means a community mental health service program as
- 5 that term is defined in section 100a of the mental health code, 1974 PA
- 6 258, MCL 330.1100a.
- 7 (d) "DAG" means the United States department of agriculture.
- 8 (e) "Department" means the Michigan department of community
- 9 health.
- (f) "DSH" means disproportionate share hospital.
- 11 (g) "FTE" means full-time equated position.
- 12 (h) "GME" means graduate medical education.
- (i) "HMO" means health maintenance organization.
- 14 (j) "IDEA" means individual disability education act.
- 15 (k) "MCH" means maternal and child health.
- 16 (1) "OBRA" means the omnibus budget reconciliation act.
- 17 (m) "Qualified health plan" means, at a minimum, an organization
- 18 that meets the criteria for delivering the comprehensive package of
- 19 services under the department's comprehensive health plan.
- 20 (n) "Title XVIII" means title XVIII of the social security act,
- 21 chapter 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2, 1395c to
- 22 1395i, 1395i-2 to 1395i-4, 1395j to 1395t, 1395u to 1395w-2, 1395w-4 to
- 23 1395zz, and 1395bbb to 1395ccc.
- (o) "Title XIX" means title XIX of the social security act, chapter
- 25 531, 49 Stat. 620, 42 U.S.C. 1396 to 1396d, 1396f to 1396G, and 1396i
- 26 to 1396s.
- 27 Sec. 206. Funds for which the state is acting as the custodian or
- 28 agent are not subject to annual appropriation.
- 29 Sec. 207. If the revenue collected by the department from fees and
- 30 collections exceeds the amount appropriated in part 1, the revenue may
- 31 be carried forward into the subsequent fiscal year. The revenue carried

- 1 forward under this section shall be used as the first source of funds
- 2 in the subsequent fiscal year.
- 3 Sec. 208. (1) From the amounts appropriated in part 1, no greater
- 4 than the following amounts are supported with federal maternal and
- 5 child health, preventive health and health services, substance abuse
- 6 block grant, healthy Michigan fund, and Michigan health initiative
- 7 funds:
- 8 (a) Maternal and child health block grant . . . \$ 19,886,800
- 9 (b) Preventive health and health services

- 13 (e) Michigan health initiative 9,611,400
- 14 (2) On or before February 1, 2000, the department shall report to
- 15 the house and senate appropriations subcommittees on community health,
- 16 the house and senate fiscal agencies, and the state budget director on
- 17 the detailed name and amounts of federal, restricted, private, and
- 18 local sources of revenue that support the appropriations in each of the
- 19 line items in part 1 of this bill.
- 20 (3) Upon the release of the fiscal year 1999-2000 executive budget
- 21 recommendation, the department shall report to the same parties in
- 22 subsection (2) on the amounts and detailed sources of federal,
- 23 restricted, private, and local revenue proposed to support the total
- 24 funds appropriated in each of the line items in part 1 of the fiscal
- 25 year 1999-2000 executive budget proposal.
- 26 (4) The department shall provide to the same parties in subsection
- 27 (2) all revenue source detail for consolidated revenue line item detail
- 28 upon request to the department.
- 29 Sec. 209. The state departments, agencies, and commissions
- 30 receiving tobacco tax funds from part 1 shall report by October 1,
- 31 1999, to the senate and house appropriations committees, the senate and

- 1 house fiscal agencies, and the state budget director on the following:
- 2 (a) Detailed spending plan by appropriation line item including
- 3 description of programs.
- 4 (b) Allocations from funds appropriated under these sections.
- 5 (c) Description of allocations or bid processes including need or
- 6 demand indicators used to determine allocations.
- 7 (d) Eligibility criteria for program participation and maximum
- 8 benefit levels where applicable.
- 9 (e) Outcome measures to be used to evaluate programs.
- 10 Sec. 210. The use of state restricted tobacco tax revenue received
- 11 for the purpose of tobacco prevention, education, and reduction efforts
- 12 and deposited in the healthy Michigan fund shall not be used for
- 13 lobbying as defined in 1978 PA 472, MCL 4.411 to 4.431.
- 14 Sec. 211. The source of funding for the part 1 appropriation for
- 15 the Arab-American and Chaldean council, and ACCESS primary care
- 16 services is the federal preventive health and health services block
- 17 grant.
- 18 Sec. 212. (1) In addition to funds appropriated in part 1 for all
- 19 programs and services, there is appropriated for write-offs of accounts
- 20 receivable, deferrals, and for prior year obligations in excess of
- 21 applicable prior year appropriations, an amount equal to total
- 22 write-offs and prior year obligations, but not to exceed amounts
- 23 available in prior year revenues.
- 24 (2) The department's ability to satisfy appropriation deductions in
- 25 part 1 shall not be limited to collections and accruals pertaining to
- 26 services provided in fiscal year 1999-2000, but shall also include
- 27 reimbursements, refunds, adjustments, and settlements from prior years.
- 28 Sec. 213. The department shall provide a report on the progress of
- 29 Medicaid managed mental health services to the members of the senate
- 30 and house appropriations subcommittees on community health, the senate
- 31 committee on families, mental health, and human services, and the house

- 1 committee on mental health by September 30, 2000. The report shall
- 2 summarize actions taken by the department community mental health
- 3 services programs and substance abuse coordinating agency networks to
- 4 implement these specialized managed care programs, and shall include
- 5 summary information on inpatient and partial hospitalization and costs,
- 6 access to services, and summary information on consumer satisfaction
- 7 measures.
- 8 Sec. 214. (1) In addition to the funds appropriated in part 1,
- 9 there is appropriated an amount not to exceed \$150,000,000.00 for
- 10 federal contingency funds. These funds are not available for
- 11 expenditure until they have been transferred to another line item in
- 12 this bill pursuant to section 393(2) of the management and budget act,
- 13 1984 PA 431, MCL 18.1393.
- 14 (2) In addition to the funds appropriated in part 1, there is
- appropriated an amount not to exceed \$10,000,000.00 for state
- 16 restricted contingency funds. These funds are not available for
- 17 expenditure until they have been transferred to another line item in
- 18 this bill pursuant to section 393(2) of the management and budget act,
- 19 1984 PA 431, MCL 18.1393.
- 20 (3) In addition to the funds appropriated in part 1, there is
- 21 appropriated an amount not to exceed \$10,000,000.00 for local
- 22 contingency funds. These funds are not available for expenditure until
- 23 they have been transferred to another line item in this bill pursuant
- 24 to section 393(2) of the management and budget act, 1984 PA 431, MCL
- 25 18.1393.
- 26 (4) In addition to the funds appropriated in part 1, there is
- 27 appropriated an amount not to exceed \$10,000,000.00 for private
- 28 contingency funds. These funds are not available for expenditure until
- 29 they have been transferred to another line item in this bill pursuant
- 30 to section 393(2) of the management and budget act, 1984 PA 431, MCL
- 31 18.1393.

- 1 Sec. 215. Basic health services for the fiscal year beginning
- 2 October 1, 1999, for the purpose of part 23 of the public health code,
- 3 1978 PA 368, are: immunizations, communicable disease control, sexually
- 4 transmitted disease control, tuberculosis control, prevention of
- 5 gonorrhea eye infection in newborns, screening newborns for the seven
- 6 conditions listed in 1978 PA 368, MCL 333.5431; community health annex
- 7 of the Michigan emergency management plan and prenatal care.
- 8 Sec. 216. The department may contract with the Michigan public
- 9 health institute for the design and implementation of projects and for
- 10 other public health related activities prescribed in section 2611 of
- 11 the public health code, 1978 PA 368, MCL 333.2611. The department may
- 12 develop a master agreement with the institute for up to a 3-year period
- 13 to carry out these purposes. The department shall report on projects to
- 14 be carried out by the institute, expected project duration, and project
- 15 cost by November 1, 1999 and May 1, 2000 to the house and senate
- 16 appropriations subcommittees on community health, senate and house
- 17 fiscal agencies, and the state budget director. For the purposes of
- 18 this section, the Michigan public health institute shall be considered
- 19 a public health agency.
- Sec. 217. The department of community health may establish and
- 21 collect fees for publications, videos and related materials,
- 22 conferences and workshops. Collected fees shall be used to offset
- 23 expenditures to pay for printing and mailing costs of the publications,
- 24 videos and related materials, and costs of the workshops and
- 25 conferences which costs shall not exceed fees collected.

26 **DEPARTMENTWIDE ADMINISTRATION**

- 27 Sec. 301. From funds appropriated for worker's compensation, the
- 28 department may make payments in lieu of worker's compensation payments
- 29 for wage/salary and related fringe benefits for employees who return to
- 30 work under limited duty assignments.

- 1 Sec. 302. Funds appropriated in part 1 for the community health
- 2 advisory council may be used for member per diems of \$50.00 and other
- 3 council expenditures.

4 COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS

- 5 Sec. 401. From funds appropriated in part 1, final authorizations
- 6 to CMHSPs shall be made upon the execution of contracts between the
- 7 department and CMHSPs. The contracts shall contain an approved plan
- 8 and budget as well as policies and procedures governing the obligations
- 9 and responsibilities of both parties to the contracts.
- 10 Sec. 402. From the funds appropriated for CMHSP, \$3,360,000.00 will
- 11 be directed toward providing multicultural special needs projects.
- 12 Sec. 403. (1) Not later than May 31 of each fiscal year, the
- department shall provide a report on the community mental health
- 14 services programs to the members of the house and senate appropriations
- 15 subcommittees on community health, the house and senate fiscal
- 16 agencies, and the state budget director which shall include information
- 17 required by this section.
- 18 (2) The report shall contain information for each community mental
- 19 health services board and a statewide summary, each of which shall
- 20 include at least the following information:
- 21 (a) A demographic description of service recipients which,
- 22 minimally, shall include reimbursement eligibility, client population,
- 23 age, ethnicity, housing arrangements, and diagnosis.
- 24 (b) Per capita expenditures by client population group.
- 25 (c) Financial information which, minimally, shall include a
- 26 description of funding authorized; expenditures by client group and
- 27 fund source; and cost information by service category, including
- 28 administration. Service category shall include all department approved
- 29 services.
- 30 (d) Data describing service outcomes which shall include but not be

- 1 limited to an evaluation of consumer satisfaction, consumer choice, and
- 2 quality of life concerns including but not limited to housing and
- 3 employment.
- 4 (e) Information about access to community mental health services
- 5 programs which shall include but not be limited to:
- 6 (i) The number of people receiving requested services.
- 7 (ii) The number of people who requested services but did not
- 8 receive services.
- 9 (f) The number of second opinions requested under the code and the
- 10 determination of any appeals.
- 11 (g) An analysis of information provided by community mental health
- 12 service programs in response to the needs assessment requirements of
- 13 the mental health code, including information about the number of
- 14 persons in the service delivery system who have requested and are
- 15 clinically appropriate for different services.
- Sec. 404. (1) The funds appropriated in part 1 for the state
- 17 disability assistance substance abuse services program shall be used to
- 18 support per diem room and board payments in substance abuse residential
- 19 facilities. Eligibility of clients for the state disability assistance
- 20 substance abuse services program shall include needy persons 18 years
- 21 of age or older, or emancipated minors, who reside in a substance abuse
- 22 treatment center.
- 23 (2) The department shall reimburse all licensed substance abuse
- 24 programs eligible to participate in the program at a rate equivalent to
- 25 that paid by the family independence agency to adult foster care
- 26 providers. Programs accredited by department-approved accrediting
- 27 organizations shall be reimbursed at the personal care rate, while all
- 28 other eligible programs shall be reimbursed at the domiciliary care
- 29 rate.
- 30 Sec. 405. The department shall establish a fee schedule for
- 31 providing substance abuse services and charge participants in

- 1 accordance with their ability to pay. The mechanisms and fee schedule
- 2 shall be developed by the department with input from substance abuse
- 3 coordinating agencies.
- Sec. 406. (1) By April 15, 2000, the department shall report the
- 5 following data from fiscal year 1998-99 on substance abuse prevention,
- 6 education, and treatment programs to the senate and house
- 7 appropriations subcommittees on community health and the senate and
- 8 house fiscal agencies:
- 9 (a) Expenditures stratified by coordinating agency, by central
- 10 diagnosis and referral agency, by fund source, by subcontractor, by
- 11 population served, and by service type. Additionally, data on
- 12 administrative expenditures by coordinating agency and by subcontractor
- 13 shall be reported.
- 14 (b) Expenditures per state client, with data on the distribution of
- 15 expenditures reported using a histogram approach.
- 16 (c) Number of services provided by central diagnosis and referral
- 17 agency, by subcontractor, and by service type. Additionally, data on
- 18 length of stay, referral source, and participation in other state
- 19 programs.
- 20 (d) Collections from other first- or third-party payers, private
- 21 donations, or other state or local programs, by coordinating agency, by
- 22 subcontractor, by population served, and by service type.
- 23 (2) The department shall take all reasonable actions to ensure that
- 24 the required data reported are complete and consistent among all
- 25 coordinating agencies.
- 26 Sec. 407. The funding in part 1 for substance abuse services shall
- 27 be distributed in a manner so as to provide priority to service
- 28 providers which furnish child care services to clients with children.
- 29 Sec. 408. The department shall assure that substance abuse
- 30 treatment is provided to applicants and recipients of public assistance
- 31 through the family independence agency who are required to obtain

- 1 substance abuse treatment as a condition of eligibility for public
- 2 assistance.
- 3 Sec. 409. The department is authorized to competitively bid managed
- 4 care mental health services contracts on a pilot basis. Any savings
- 5 realized through the competitive bid process will be used to augment
- 6 services in the community served by the pilot program.
- 7 STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL
- 8 DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES
- 9 Sec. 501. (1) In funding of staff in the financial support
- 10 division, reimbursement, and billing and collection sections, priority
- 11 shall be given to obtaining third-party payments for services.
- 12 Collection from individual recipients of services and their families
- 13 shall be handled in a sensitive and non-harassing manner.
- 14 (2) The department shall continue a revenue recapture project to
- 15 generate additional revenues from third parties related to cases which
- 16 have been closed or are inactive. Revenues collected through project
- 17 efforts are appropriated to the department for departmental costs and
- 18 contractual fees associated with these retroactive collections and to
- 19 improve ongoing departmental reimbursement management functions so that
- 20 the need for retroactive collections will be reduced or eliminated.
- 21 Sec. 502. Unexpended and unencumbered amounts and accompanying
- 22 expenditure authorizations up to \$2,000,000.00 remaining on September
- 23 30, 2000 from pay telephone revenues and the amounts appropriated in
- 24 part 1 for gifts and bequests for patient living and treatment
- 25 environments shall be carried forward for 1 fiscal year. The purpose of
- 26 gifts and bequests for patient living and treatment environments is to
- 27 use additional private funds to provide specific enhancements for
- 28 individuals residing at state-operated facilities. Use of the gifts and
- 29 bequests shall be consistent with the stipulation of the donor. The
- 30 expected completion date for the use of gifts and bequests donations is

- 1 within 3 years unless otherwise stipulated by the donor.
- 2 Sec. 503. The funds appropriated in part 1 for forensic mental
- 3 health services provided to the department of corrections are in
- 4 accordance with the interdepartmental plan developed in cooperation
- 5 with the department of corrections. The department is authorized to
- 6 receive and expend funds from the department of corrections in addition
- 7 to the appropriations in part 1 to fulfill the obligations outlined in
- 8 the interdepartmental agreements.
- 9 Sec. 504. The department is prohibited from requiring first-party
- 10 payment from individuals or families with a taxable income of \$9,000.00
- 11 or less for mental health services.

12 PUBLIC HEALTH ADMINISTRATION

- 13 Sec. 601. Of the amount appropriated in part 1 from revenues from
- 14 fees and collections, not more than \$250,000.00 received from the sale
- 15 of vital records death data shall be used for improvements in the vital
- 16 records and health statistics program.

17 INFECTIOUS DISEASE CONTROL

- 18 Sec. 701. State funds appropriated in any other account in part 1
- 19 may be used to supplant not more than \$350,000.00 in federal funds
- 20 projected for immunization, if the federal funds are unavailable. The
- 21 department shall inform the senate and house appropriations
- 22 subcommittees on community health, the senate and house fiscal
- 23 agencies, and the state budget director of the specific line items
- 24 reduced pursuant to this section.
- Sec. 702. In the expenditure of funds appropriated in part 1 for
- 26 AIDS programs, the department and its subcontractors shall ensure that
- 27 adolescents receive priority for prevention, education, and outreach
- 28 services.

29 LOCAL HEALTH ADMINISTRATION AND GRANTS

30 Sec. 801. The amount appropriated in part 1 for implementation of

- 1 the 1993 amendments to sections 9161, 16221, 16226, 17014, 17015, and
- 2 17515 of the public health code, 1978 PA 368, MCL 333.9161, 333.16221,
- 3 333.16226, 333.17014, 333.17015, and 333.17515, shall reimburse local
- 4 health departments for costs incurred related to implementation of
- 5 section 17015(15) of the public health code, 1978 PA 368, MCL
- 6 333.17015.
- 7 Sec. 802. If a county receiving funding from the amount
- 8 appropriated in part 1 for local public health operations is part of a
- 9 district health department or in an associated arrangement with other
- 10 local health departments on October 1, 1998 and then ceases to be part
- of such an arrangement, the allocation to that county from the local
- 12 public health operations appropriation shall be reduced by 10% from the
- 13 amount originally allocated.
- 14 Sec. 803. (1) Funds appropriated in part 1 for local public health
- 15 operations shall be prospectively allocated to local health departments
- 16 to support immunizations, infectious disease control, sexually
- 17 transmitted diseases, hearing screening, vision services, food
- 18 protection, public water supply, private ground water supply, and on-
- 19 site sewage management. Food protection shall be provided under
- 20 contract with the Michigan department of agriculture. Public water
- 21 supply, private ground water supply, and on-site sewage management
- 22 shall be provided under contract with the Michigan department of
- 23 environmental quality.
- 24 (2) Local public health departments will be held to contractual
- 25 standards for the services in subsection (1).
- 26 (3) Distributions in subsection (1) shall be made only to counties
- 27 that maintain local spending in fiscal year 1999-2000 of at least the
- amount expended in fiscal year 1992-93 for the services in subsection
- 29 (1).
- 30 CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION

- 1 Sec. 901. (1) The amount appropriated in part 1 for school health
- 2 and education programs shall be allocated in 1999-2000 to provide
- 3 grants to or contract with certain districts and intermediate districts
- 4 for the provision of a school health education curriculum. Provision of
- 5 the curriculum, such as the Michigan model or another comprehensive
- 6 school health education curriculum, shall be in accordance with the
- 7 health education goals established by the Michigan model for the
- 8 comprehensive school health education state steering committee. The
- 9 state steering committee shall be comprised of a representative from
- 10 each of the following offices and departments:
- 11 (a) The department of education.
- 12 (b) The department of community health.
- 13 (c) The public health agency in the department of community health.
- 14 (d) The office of substance abuse services in the department of
- 15 community health.
- 16 (e) The family independence agency.
- 17 (f) The department of state police.
- 18 (2) Upon written or oral request, a pupil not less than 18 years of
- 19 age or a parent or legal guardian of a pupil less than 18 years of age,
- 20 within a reasonable period of time after the request is made, shall be
- 21 informed of the content of a course in the health education curriculum
- 22 and may examine textbooks and other classroom materials that are
- 23 provided to the pupil or materials that are presented to the pupil in
- 24 the classroom. This subsection does not require a school board to
- 25 permit pupil or parental examination of test questions and answers,
- 26 scoring keys, or other examination instruments or data used to
- 27 administer an academic examination.
- 28 Sec. 902. In spending the funds appropriated in part 1 for the
- 29 smoking prevention program, priority shall be given to prevention and
- 30 smoking cessation programs for pregnant women, women with young
- 31 children, and adolescents.

- 1 Sec. 903. (1) From the amount appropriated in part 1 for the cancer
- 2 prevention and control program, funds shall be allocated to the
- 3 Karmanos cancer institute/Wayne State University, to the Michigan
- 4 interactive health kiosk/University of Michigan, and to Michigan State
- 5 University for cancer prevention activities.

6 COMMUNITY LIVING, CHILDREN, AND FAMILIES

- 7 Sec. 1001. Agencies receiving funds appropriated from part 1 for
- 8 adolescent health care services shall require each adolescent health
- 9 clinic funded by the agency to report to the department on an annual
- 10 basis all of the following information:
- 11 (a) Funding sources of the adolescent health clinic.
- 12 (b) Demographic information of populations served including sex,
- 13 age, and race.
- 14 (c) Utilization data that reflects the number of visits and repeat
- 15 visits and types of services provided per visit.
- 16 (d) Types and number of referrals to other health care agencies.
- 17 Sec. 1002. Of the amount appropriated in part 1 for prenatal care
- 18 outreach and service delivery support, not more than 10% shall be
- 19 expended for local administration, data processing, and evaluation.
- 20 Sec. 1003. The funds appropriated in part 1 for pregnancy
- 21 prevention programs shall not be used to provide abortion counseling,
- 22 referrals, or services.
- 23 Sec. 1004. Agencies that currently receive pregnancy prevention
- 24 funds and either receive or are eliqible 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 CHILDREN'S SPECIAL HEALTH CARE SERVICES

- 29 Sec. 1101. Funds appropriated in part 1 for medical care and
- 30 treatment of children with special health care needs shall be paid

- 1 according to reimbursement policies determined by the Michigan medical
- 2 services program. Exceptions to these policies may be taken with the
- 3 prior approval of the state budget director.
- 4 Sec. 1102. 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 CRIME VICTIM SERVICES COMMISSION

- 15 Sec. 1201. The per diem amount authorized for the crime victim
- 16 services commission is \$100.00.

17 OFFICE OF SERVICES TO THE AGING

- 18 Sec. 1301. The appropriation in part 1 to the office of services to
- 19 the aging, for community and nutrition services and home services,
- 20 shall be restricted to eligible individuals at least 60 years of age
- 21 who fail to qualify for home care services under title XVIII, XIX, or
- 22 XX of the social security act, chapter 531, 49 Stat. 620.
- Sec. 1302. (1) The office of services to the aging may receive and
- 24 expend funds in addition to those authorized in part 1 for the
- 25 additional purposes described in this section.
- 26 (2) Money appropriated in part 1 for the Michigan pharmaceutical
- 27 program shall be used to purchase generic medicine when available and
- 28 medically practicable.
- 29 Sec. 1303. The office of services to the aging shall require each
- 30 region to report to the office of services to the aging home delivered

- 1 meals waiting lists based upon standard criteria. Determining criteria
- 2 shall include all of the following:
- 3 (a) The recipient's degree of frailty.
- 4 (b) The recipient's inability to prepare his or her own meals
- 5 safely.

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- 6 (c) Whether the recipient has another care provider available.
- 7 (d) Any other qualifications normally necessary for the recipient
- 8 to receive home delivered meals.
- 9 Sec. 1304. The office of services to the aging may receive and
- 10 expend fees for the provision of day care, care management, and respite
- 11 care. The office of services to the aging shall base the fees on a
- 12 sliding scale taking into consideration the client income. The office
- 13 of services to the aging shall use the fees to expand services.
- 14 Sec. 1305. The office of services to the aging may receive and
- 15 expend Medicaid funds for care management services.

MEDICAL SERVICES ADMINISTRATION

- 17 Sec. 1401. The funds appropriated in part 1 for the Michigan
- 18 essential health care provider program may also provide loan repayment
- 19 for dentists that fit the criteria established by part 27 of the public
- 20 health code, 1978 PA 368, MCL 333.2701 to 333.2727.

21 MEDICAL SERVICES

- Sec. 1501. (1) For care provided to medical services recipients
- 23 with other third-party sources of payment, medical services
- 24 reimbursement shall not exceed, in combination with such other
- 25 resources, including Medicare, those amounts established for medical
- 26 services-only patients. The medical services payment rate shall be
- 27 accepted as payment in full. Other than an approved medical services
- 28 copayment, no portion of a provider's charge shall be billed to the
- 29 recipient or any person acting on behalf of the recipient. Nothing in
- 30 this section shall be deemed to affect the level of payment from a

- 1 third-party source other than the medical services program. The
- 2 department shall require a nonenrolled provider to accept medical
- 3 services payments as payment in full.
- 4 (2) The cost of remedial services incurred by residents of licensed
- 5 adult foster care homes and licensed homes for the aged may be used in
- 6 determining financial eligibility for the medically needy. Remedial
- 7 services include basic self-care and rehabilitation training for a
- 8 resident.
- 9 (3) An institutional provider that is required to submit a cost
- 10 report under the medical services program shall submit cost reports
- 11 completed in full within 5 months after the end of its fiscal year.
- 12 (4) For the purpose of guardian and conservator charges, the
- 13 department of community health may deduct up to \$60.00 per month as an
- 14 allowable expense against a recipient's income when determining medical
- 15 services eligibility and patient pay amounts.
- 16 Sec. 1502. Except as prohibited by federal or state law or
- 17 regulation, the department may require copayments. The department
- 18 shall require copayments on prescriptions, dental, podiatric,
- 19 chiropractic, vision, and hearing aid services provided to recipients
- 20 of medical assistance. Any such copayments may be waived for
- 21 recipients who participate in a program of medical case management such
- 22 as enrollment in a health maintenance organization or the primary
- 23 physician sponsor plan program.
- 24 Sec. 1503. (1) From the funds appropriated in part 1 for the
- 25 indigent medical care program, the department shall establish a program
- 26 which provides for the basic health care needs of indigent persons as
- 27 delineated in the following subsections.
- 28 (2) Eligibility for this program is limited to the following:
- 29 (a) Persons currently receiving cash grants under either the family
- 30 independence program or state disability assistance programs who are
- 31 not eligible for any other public or private health care coverage.

- 1 (b) Any other resident of this state who currently meets the income
- 2 and asset requirements for the state disability assistance program and
- 3 is not eligible for any other public or private health care coverage.
- 4 (3) All potentially eligible persons, except those defined in
- 5 subsection (2)(a), who shall be automatically enrolled, may apply for
- 6 enrollment in this program at local family independence agency offices
- 7 or other designated sites.
- 8 (4) The program shall provide for the following minimum level of
- 9 services for enrolled individuals:
- 10 (a) Physician services provided in private, clinic, or outpatient
- 11 office settings.
- 12 (b) Diagnostic laboratory and x-ray services.
- 13 (c) Pharmaceutical services.
- 14 (5) Notwithstanding subsection (2)(b), the state may continue to
- 15 provide nursing facility coverage, including medically necessary
- 16 ancillary services, to individuals categorized as permanently residing
- 17 under color of law and who meet either of the following requirements:
- 18 (a) The individuals were medically eligible and residing in such a
- 19 facility as of August 22, 1996 and qualify for emergency medical
- 20 services.
- 21 (b) The individuals were Medicaid eligible as of August 22, 1996,
- 22 and admitted to a nursing facility before a new eligibility
- 23 determination was conducted by the family independence agency.
- Sec. 1504. The department may require medical services recipients
- 25 residing in counties offering managed care options to choose the
- 26 particular managed care plan in which they wish to be enrolled.
- 27 Persons not expressing a preference may be assigned to a managed care
- 28 provider.
- 29 Sec. 1505. (1) The department of community health is authorized to
- 30 pursue reimbursement for eligible services provided in Michigan schools
- 31 from the federal Medicaid program. The department and the state budget

- 1 director are authorized to negotiate and enter into agreements,
- 2 together with the Michigan department of education, with local and
- 3 intermediate school districts regarding the sharing of federal Medicaid
- 4 services funds received for these services. The department is
- 5 authorized to receive and disburse funds to participating school
- 6 districts pursuant to such agreements and state and federal law.
- 7 (2) From the funds appropriated in part 1 for medical services
- 8 school services payments, the department is authorized to do all of the
- 9 following:
- 10 (a) Finance activities within the medical services administration
- 11 related to this project.
- 12 (b) Reimburse participating school districts pursuant to the fund
- 13 sharing ratios negotiated in the state-local agreements authorized in
- 14 subsection (1).
- 15 (c) Offset general fund costs associated with the medical services
- 16 program.
- 17 (3) The special medical services payments appropriation in part 1
- 18 may be increased if the department submits a medical services state
- 19 plan amendment pertaining to this line item at a level higher than the
- 20 appropriation. The department is authorized to appropriately adjust
- 21 financing sources in accordance with the increased appropriation.
- 22 (4) From the funds appropriated in part 1, the department, subject
- 23 to the requirements and limitations in this section, shall establish a
- 24 funding pool of up to \$44,012,800.00 for the purpose of enhancing the
- 25 aggregate payment for medical services hospital services.
- 26 (5) For counties with populations in excess of 2,000,000 persons,
- 27 the department shall distribute \$44,012,800.00 to hospitals if
- 28 \$15,026,700.00 is received by the state from such counties, which meets
- 29 the criteria of an allowable state matching share as determined by
- 30 applicable federal laws and regulations. If the state receives a
- 31 lesser sum of an allowable state matching share from these counties,

- 1 the amount distributed shall be reduced accordingly.
- 2 (6) The department may establish county-based, indigent health care
- 3 programs that are at least equal in eligibility and coverage to the
- 4 fiscal year 1996 state medical program.
- 5 (7) The department is authorized to establish similar programs in
- 6 additional counties if the expenditures for the programs do not
- 7 increase state general fund/general purpose costs and local funds are
- 8 provided.
- 9 (8) If a locally administered indigent health care program replaces
- 10 the state medical program authorized by section 1503 for a given county
- on or before October 1, 1998, the state general fund/general purpose
- 12 dollars allocated for that county under this section shall not be less
- 13 than the general fund/general purpose expenditures for the state
- 14 medical program in that county in the previous fiscal year.
- 15 (9) The department may make separate payments directly to
- 16 qualifying hospitals serving a disproportionate share of indigent
- 17 patients, and to hospitals providing graduate medical education
- 18 training programs. If direct payment for GME and DSH is made to
- 19 qualifying hospitals for services to Medicaid clients, hospitals will
- 20 not include GME costs or DSH payments in their contracts with HMOs.
- 21 Sec. 1506. The department shall implement enforcement actions as
- 22 specified in the nursing facility enforcement provisions of title XIX
- 23 of the social security act, 42 U.S.C. 1396r. The department is
- 24 authorized to receive and spend penalty money received as the result of
- 25 noncompliance with medical services certification regulations. Penalty
- 26 money, characterized as private funds, received by the department shall
- 27 increase authorizations and allotments in the long-term care accounts.
- 28 Any unexpended penalty money, at the end of the year, shall carry
- 29 forward to the following year.
- 30 Sec. 1507. (1) The department may establish a program for persons
- 31 to purchase medical coverage at a rate determined by the department.

- 1 (2) The department may receive and expend premiums for the buy-in
- 2 of medical coverage in addition to the amounts appropriated in part 1.
- 3 (3) The premiums described in this section shall be classified as
- 4 private funds.
- 5 Sec. 1508. (1) Medicaid qualified health plans shall establish an
- 6 ongoing internal quality assurance program for health care services
- 7 provided to Medicaid recipients which includes:
- 8 (a) An emphasis on health outcomes.
- 9 (b) Establishment of written protocols for utilization review based
- 10 on current standards of medical practice.
- 11 (c) Review by physicians and other health care professionals of the
- 12 process followed in the provision of such health care services.
- 13 (d) Evaluation of the continuity and coordination of care that
- 14 enrollees receive.
- 15 (e) Mechanisms to detect overutilization and underutilization of
- 16 services.
- 17 (f) Actions to improve quality and assess the effectiveness of such
- 18 action through systematic follow-up.
- 19 (g) Provision of information on quality and outcome measures to
- 20 facilitate enrollee comparison and choice of health coverage options.
- 21 (h) Ongoing evaluation of the plans' effectiveness.
- (i) Consumer involvement in the development of the quality
- 23 assurance program and consideration of enrollee complaints and
- 24 satisfaction survey results.
- 25 (2) Medicaid qualified health plans shall apply for accreditation
- 26 by an appropriate external independent accrediting organization
- 27 requiring standards recognized by the department once those plans have
- 28 met the application requirements. The state shall accept accreditation
- 29 of a plan by an approved accrediting organization as proof that the
- 30 plan meets some or all of the state's requirements, if the state
- 31 determines that the accrediting organization's standards meet or exceed

- 1 the state's requirements.
- 2 (3) Medicaid qualified health plans shall report encounter data,
- 3 including data on inpatient and outpatient hospital care, physician
- 4 visits, pharmaceutical services, and other services specified by the
- 5 department.
- 6 (4) Medicaid qualified health plans shall assure that all covered
- 7 services are available and accessible to enrollees with reasonable
- 8 promptness and in a manner which assures continuity. Medically
- 9 necessary services shall be available and accessible 24 hours a day and
- 10 7 days a week. Health plans shall continue to develop procedures for
- 11 determining medical necessity which may include a prior authorization
- 12 process.
- 13 (5) Medicaid qualified health plans shall provide for reimbursement
- 14 of plan covered services delivered other than through the plan's
- 15 providers if medically necessary and approved by the plan, immediately
- 16 required, and which could not be reasonably obtained through the plan's
- 17 providers on a timely basis. Such services shall be deemed approved if
- 18 the plan does not respond to a request for authorization within 24
- 19 hours of the request. Reimbursement shall not exceed the Medicaid fee-
- 20 for-service payment for such services.
- 21 (6) Medicaid qualified health plans shall provide access to
- 22 appropriate providers, including qualified specialists for all
- 23 medically necessary services.
- 24 (7) Medicaid qualified health plans shall provide the department
- 25 with a demonstration of the plan's capacity to adequately serve the
- 26 plan's expected enrollment of Medicaid enrollees.
- 27 (8) Medicaid qualified health plans shall provide assurances to the
- 28 department that it will not deny enrollment to, expel, or refuse to
- 29 reenroll any individual because of the individual's health status or
- 30 need for services, and that it will notify all eligible persons of such
- 31 assurances at the time of enrollment.

- 1 (9) Medicaid qualified health plans shall provide procedures for
- 2 hearing and resolving grievances between the plan and members enrolled
- 3 in the plan on a timely basis.
- 4 (10) Medicaid qualified health plans shall meet other standards and
- 5 requirements contained in state laws, administrative rules, and
- 6 policies promulgated by the department. The department may establish
- 7 alternative standards and requirements that specify financial
- 8 safeguards for organizations not otherwise covered by existing law
- 9 which assure that the organization has the ability to accept financial
- 10 risk.
- 11 (11) Medicaid qualified health plans shall develop written plans
- 12 for providing nonemergency medical transportation services funded
- 13 through supplemental payments made to the plans by the department, and
- 14 shall include information about transportation in their member
- 15 handbook.
- 16 Sec. 1509. (1) The protected income level for Medicaid coverage
- 17 determined pursuant to section 106(1)(b)(iii) of the social welfare
- 18 act, 1939 PA 280, MCL 400.106, shall be 100% of the related public
- 19 assistance standard.
- 20 Sec. 1510. The department shall promote activities that preserve
- 21 the dignity and rights of terminally ill and chronically ill
- 22 individuals. Priority shall be given to programs, such as hospice,
- 23 that focus on individual dignity and quality of care provided persons
- 24 with terminal illness and programs serving persons with chronic
- 25 illnesses that reduce the rate of suicide through the advancement of
- 26 the knowledge and use of improved, appropriate pain management for
- 27 these persons; and initiatives that train health care practitioners and
- 28 faculty in managing pain, providing palliative care and suicide
- 29 prevention.
- 30 Sec. 1511. (1) The appropriation in part 1 for the MIChild program
- 31 is to be used to provide comprehensive health care to all children

- 1 under age 19 who reside in families with income at or below 200% of the
- 2 federal poverty level, who are uninsured and have not had coverage by
- 3 other comprehensive health insurance within 6 months of making
- 4 application for MIChild benefits, and who are residents of this state.
- 5 The department shall develop detailed eligibility criteria through the
- 6 medical services administration public concurrence process, consistent
- 7 with the provisions of this bill. Health care coverage for children in
- 8 families below 150% of the federal poverty level shall be provided
- 9 through expanded eligibility under the state's Medicaid program. Health
- 10 coverage for children in families between 150% and 200% of the federal
- 11 poverty level shall be provided through a state-based private health
- 12 care program.
- 13 (2) The department shall enter into a contract to obtain MIChild
- 14 services from any health maintenance organization, dental care
- 15 corporation, or any other entity that offers to provide the managed
- 16 health care benefits for MIChild services at the MIChild capitated
- 17 rate. As used in this subsection:
- 18 (a) "Dental care corporation", "health care corporation",
- 19 "insurer", and "prudent purchaser agreement" mean those terms as
- 20 defined in section 2 of the prudent purchaser act, 1984 PA 233, MCL
- 21 550.52.
- 22 (b) "Entity" means a health care corporation or insurer operating
- 23 in accordance with a prudent purchaser agreement.
- 24 (3) The department may enter into contracts to obtain certain
- 25 MIChild services from community mental health service programs.
- 26 (4) The department may make payments on behalf of children enrolled
- 27 in the MIChild program from the line-item appropriation associated with
- 28 the program as described in the MIChild state plan approved by the
- 29 United States department of health and human services, or from other
- 30 medical services line-item appropriations providing for specific health
- 31 care services.

- 1 (5) The department may establish premiums for MIChild eligible
- 2 persons in families with income above 150% of the federal poverty
- 3 level.
- 4 (6) To be eligible for the MIChild program, a child must be
- 5 residing in a family with an adjusted gross income of less than or
- 6 equal to 200% of the federal poverty level. The parent's income,
- 7 including stepparents' income when living with the child, or other
- 8 responsible relative's income is to be used. The department's
- 9 verification policy shall be used to determine eligibility.
- 10 Sec. 1512. All nursing home rate, class I and class III, must have
- 11 their respective fiscal year rate set 30 days prior to the beginning of
- 12 their rate year. Rates may take into account the most recent cost
- 13 report prepared and certified by the preparer, provider corporate owner
- 14 or representative as being true and accurate, and filed timely, within
- 15 5 months of the fiscal year end in accordance with Medicaid policy. If
- 16 the audited version of the last report is available, it shall be used.
- 17 Any rate factors based on the filed cost report may be retroactively
- 18 adjusted upon completion of the audit of that cost report.

Final page.