

FY 2012-13: DEPARTMENT OF COMMUNITY HEALTH
Summary: Conference Committee
SB 950 (S-1) CR-1



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	FY 2011-12 YTD as of 2/9/12	FY 2012-13 Executive HB 5500, Art. 4	FY 2012-13 House HB 5365, Art. IV	FY 2012-13 Senate SB 950	FY 2012-13 Conference	Difference: Conference From FY 2011-12 YTD	
						Amount	%
IDG/IDT	\$7,241,200	\$10,023,800	\$10,023,800	\$10,023,800	\$10,023,800	\$2,782,600	38.4
Federal	9,274,293,000	9,740,485,300	9,686,137,800	9,702,741,100	9,696,023,500	421,730,500	4.6
Local	257,851,000	257,280,100	256,951,300	257,214,300	257,148,600	(702,400)	(0.3)
Private	96,499,200	93,264,000	93,364,000	93,364,000	93,364,000	(3,135,200)	(3.3)
Restricted	2,031,475,500	2,146,562,200	2,146,538,500	2,146,557,500	2,160,060,000	128,584,500	6.3
GF/GP	2,975,227,400	2,847,864,700	2,825,781,700	2,825,612,300	2,817,437,800	(157,789,600)	(5.3)
Gross	\$14,642,587,300	\$15,095,480,100	\$15,018,797,100	\$15,035,513,000	\$15,034,057,700	\$391,470,400	2.7
FTEs	3,640.2	3,613.9	3,535.6	3,539.6	3,552.6	(87.6)	(2.4)

Notes: (1) FY 2011-12 year-to-date (YTD) figures include mid-year budget adjustments through February 9, 2012, as well as adjustments for Other Post Employment Benefit prefunding under Enrolled Senate Bill 683 (Public Act 64 of 2012).

(2) Appropriation figures for all years include all proposed appropriation amounts, including both standard line items and appropriations designated as one-time. (3) FTE positions for the Executive Budget Bill were overstated by 63.3.

Overview

The Department of Community Health budget provides funding for a wide range of mental health, substance abuse, public health, and medical services programs, including Medicaid. Established in 1996, the Department also includes the Office of Services to the Aging, the Crime Victim Services Commission, and health policy.

Major Budget Changes From FY 2011-12 YTD Appropriations

1. Economic Adjustments

Includes a net increase of \$18.6 million Gross (\$7.2 million GF/GP) to finance negotiated salary and wage increases, actuarially-required retirement rate increases, reduced employer health insurance costs due to 20% employee contribution, and economic adjustments for worker's compensation, building occupancy and rent, food, and gas, fuel, and utility costs for FY 2012-13.

	FY 2011-12 Year-to-Date (as of 2/9/12)	FY 2012-13 Conference Change
Gross	N/A	\$18,595,400
IDG	N/A	(54,500)
Federal	N/A	3,933,200
Restricted	N/A	325,500
Local	N/A	7,183,800
Private	N/A	(600)
GF/GP	N/A	\$7,208,000

2. FY 2011-12 Contingency Plan Savings

Recognizes FY 2011-12 contingency plan savings of \$12.2 million Gross (\$6.1 million GF/GP) which is achieved by eliminating 88.3 funded and vacant FTE positions throughout the Department, reducing travel costs, and eliminating contracts.

FTE	N/A	(88.3)
Gross	N/A	(\$12,176,400)
Federal	N/A	(3,034,400)
Restricted	N/A	(304,600)
Local	N/A	(2,776,500)
GF/G	N/A	(\$6,060,900)

3. FY 2012-13 State Employees One-Time Lump Sum Payments

Authorizes one-time only allocation of \$4.3 million Gross (\$2.6 million GF/GP) for negotiated one-time lump sum payments to state employees. However, the authorization for the lump sum payments is included in a new appropriation unit entitled "Sec. 121. ONE-TIME BASIS ONLY APPROPRIATIONS" rather than boilerplate language (Section 1901 of PA 63 of 2011, Article IV).

Gross	N/A	\$4,285,300
IDG	N/A	19,700
Federal	N/A	1,279,400
Restricted	N/A	263,500
Local	N/A	150,400
Private	N/A	800
GF/GP	N/A	\$2,571,500

4. Salary Increases for Unclassified FTE Positions

Includes an increase of \$116,100 Gross (all GF/GP) for the Director and Other Unclassified FTE positions line item pursuant to the Leadership Target Agreement. The budgetary adjustment represents a 20% increase from the FY 2011-12 year-to-date authorization for this line item.

Gross	\$583,900	\$116,100
GF/GP	\$583,900	\$116,100

<u>Major Budget Changes From FY 2011-12 YTD Appropriations</u>		<u>FY 2011-12 Year-to-Date (as of 2/9/12)</u>	<u>FY 2012-13 Conference Change</u>	
5. Community Health Automated Medicaid Processing System (CHAMPS) Funding		Gross	\$25,723,700	\$34,477,400
Adds full-year funding of \$13.4 million Gross (\$5.9 million GF/GP) for CHAMPS and includes savings of \$8.9 million Gross (\$1.2 million GF/GP) due to the completion of the federal Health Insurance Portability and Affordability Act (HIPAA) 5010 project which required enhancements related to the Medicaid claims processing system. Authorizes FY 2012-13 one-time allocation of \$30.0 million Gross (\$3.0 million GF/GP) for CHAMPS to implement medical codes for diagnosis and inpatient procedures (ICD 10) as required by federal law.		Federal	22,889,000	26,732,000
		GF/GP	\$2,834,700	\$7,745,400
6. Family Support Subsidy Program		Gross	\$19,470,500	(\$309,500)
Removes excess FY 2011-12 TANF revenue authorization of \$500,000 from the Family Support Subsidy Program which provides \$222.11 monthly payment to an average of 7,159 income-eligible families with a child under age 18 living at home who is severely mentally impaired, severely multiply impaired, or autistic. The reduction for this program is offset with an increase of \$190,500 in TANF revenue anticipating a 1.0% caseload increase in FY 2012-13.		Federal	19,470,500	(309,500)
		GF/GP	\$0	\$0
7. Staffing for Autism Treatment Services Initiative		Gross	NA	\$0
Adds funding of \$400,000 Gross (all GF/GP) to the Mental Health/Substance Abuse Program Administration line item renamed "Behavioral Health Program Administration" to finance 3.0 FTE positions related to implementation of the autism treatment services initiative. The funding increase is offset by nursing home transition savings.		GF/GP	NA	\$0
8. Actuarially Sound Capitation Payment Rates Adjustment		Gross	\$6,490,537,900	\$75,148,000
Includes a capitation rate increase of 1.5% for Health Plans and 1.25% for Prepaid Inpatient Health Plans (PIHPs) to ensure that payment rates for these managed care entities are actuarially sound in FY 2012-13. This adjustment results in an additional \$75.1 million Gross (\$25.3 million GF/GP) for the Medicaid Mental Health Services, Medicaid Substance Abuse Services, and Health Plan Services line items.		Federal	4,293,335,900	49,890,800
		Restricted	1,159,708,900	0
		Local	38,931,800	0
		GF/GP	\$998,561,300	\$25,257,200
9. Mental Health Services for Special Populations		Gross	\$8,842,800	\$0
Does not eliminate the FY 2011-12 one-time only allocation of \$3.0 million GF/GP provided for in Section 1901 of PA 63 of 2011, Article IV for mental health services for special populations. The one-time funding is included in a new appropriation unit entitled "Sec. 121. ONE-TIME BASIS ONLY APPROPRIATIONS". The funding would be allocated as follows: \$250,000 for Hispanic/Latino Commission within the Department of Civil Rights; \$700,000 for ACCESS; \$700,000 for Arab/Chaldean; \$650,000 for Chaldean Chamber Foundation; and \$700,000 for Michigan Jewish Federation.		GF/GP	\$8,842,800	\$0
10. Children with Serious Emotional Disturbance Waiver		Gross	\$8,188,000	\$4,463,000
Increases funding for the Children with Serious Emotional Disturbance Waiver Program by \$4.5 million Gross (\$0 GF/GP), enabling the Department to serve additional children eligible for the federal waiver program in which community mental health services programs (CMHSPs) provide home and community-based mental health services. Currently, 12 CMHSPs in eighteen counties provide services for up to 357 children.		IDG	2,769,000	500,000
		Federal	5,419,000	3,963,000
		GF/GP	\$0	\$0
11. Pharmacy Inflationary Adjustment for State Psychiatric Hospitals and Center for Forensic Psychiatry		Gross	\$257,696,200	\$476,100
Includes 3.0% inflationary adjustment for pharmacy costs at state-operated psychiatric hospitals and the Center for Forensic Psychiatry which equates to an increase of \$476,100 Gross (\$240,800 GF/GP) in funding for these facilities.		Federal	29,426,200	23,700
		Restricted	15,240,900	14,300
		Local	17,494,500	197,300
		GF/GP	\$195,534,600	\$240,800

Major Budget Changes From FY 2011-12 YTD Appropriations		FY 2011-12 Year-to-Date (as of 2/9/12)	FY 2012-13 Conference Change
12. Healthy Michigan Fund Programs	Gross	\$37,175,900	\$146,600
<i>Healthy Michigan Fund (HMF) changes</i> - Healthy Michigan Fund appropriation for Medicaid is modified to \$28.3 million, a reduction of \$842,800 replaced with a like amount of GF/GP, to reflect decline in HMF revenue.	Restricted	34,175,900	(696,200)
<i>HMF Programs One-Time Basis Only Funding</i> - \$3.0 million GF/GP of one-time basis only funding for public health prevention projects in the HMF Programs line item, is continued under a new one-time basis only line item name of Health and Wellness Initiatives. Project allocations are modified.	GF/GP	\$3,000,000	\$842,800
13. New Wellness 4x4 Initiative	Gross	\$0	\$2,250,000
Includes new funding of \$2.25 million GF/GP for a new community-based collaborative public health program to address obesity, focusing on 4 healthy behaviors and 4 key health measures (\$1.0 million ongoing, \$1.25 million one-time basis only).	GF/GP	\$0	\$2,250,000
14. New Children's Physical Health Initiative	Gross	\$0	\$1,000,000
Provides \$1.0 million GF/GP for a new initiative to address childhood obesity with a before- and after-school physical health pilot program that incorporates evidence-based best practices. Related boilerplate Sec. 654.	GF/GP	\$0	\$1,000,000
15. Primary Care Services	Gross	\$3,195,900	\$355,200
<i>Island Health Clinics</i> - Continues one-time basis only funding of \$300,000 GF/GP for island health clinics for Beaver Island, Mackinac Island and Drummond Island. Adds \$25,000 GF/GP allocation for Bois Blanc Island.	Federal	1,870,300	219,200
<i>Primary Care DSH</i> - Restores primary care disproportionate share (DSH) funding of \$330,200 Gross (\$111,000 GF/GP) for Bronson Methodist Hospital. This funding was included in FY 2011-12 supplemental Enrolled HB 4289.	GF/GP	\$1,325,600	\$136,000
<i>Dental Clinic</i> - Does not include funding for a dental clinic in Kent County.			
16. Michigan Essential Health Care Provider Initiative	Gross	\$872,700	\$618,600
Includes \$1,000,000 Gross (\$500,000 GF/GP) for a new Essential Health Care Provider Program initiative to reduce local and private share of loan repayment costs for obstetricians and gynecologists working in underserved areas (related Sec. 709 (2) boilerplate). Other state funding of \$81,400 GF/GP (and \$300,000 related federal and local funding) for this program is eliminated, the final year of a multi-year phase out of state funding.	Federal	436,300	300,000
	Local	100,000	(100,000)
	Private	255,000	0
	GF/GP	\$81,400	\$418,600
17. Laboratory Services One-Time Equipment Funding	Gross	\$0	\$0
Does not provide new one-time basis only appropriation of \$200,000 GF/GP for replacement of outdated laboratory equipment and supplies.	GF/GP	\$0	\$0
18. Lead Abatement Funding	Gross	\$2,647,700	\$2,000,000
Provides new appropriation of \$2,000,000 state restricted funding for abatement of lead in homes where children reside who have tested positive for high blood lead. Funds appropriated are from the state Environmental Response Fund.	Federal	1,963,600	0
	Restricted	684,100	2,000,000
	GF/GP	\$0	\$0
19. Traumatic Brain Injury Treatment Model Project	Gross	\$0	\$200,000
Restores \$200,000 Gross (\$100,000 GF/GP) funding for use of EBM Care, Inc. traumatic brain injury treatment interactive software at 4 trauma hospitals. This funding was included in FY 2011-12 supplemental Enrolled HB 4289.	Federal	0	100,000
	GF/GP	\$0	\$100,000
20. One-Time Funding for Infant Mortality	Gross	\$0	\$750,000
Includes new one-time basis only funding of \$750,000 GF/GP for expanded maternal and child health and infant mortality programming, within the one-time basis only Health and Wellness Initiatives line item.	GF/GP	\$0	\$750,000
21. New 2-Year Alternative Home Visit Support Program	Gross	\$0	\$2,000,000
Provides \$2.0 million of federal Temporary Assistance for Needy Families (TANF) funding for a new initiative planned for 2 years for a real alternatives pregnancy and parenting support services program as a pilot project to provide enhanced counseling and support for women during pregnancy through 12 months after birth. Related boilerplate Sec. 1136.	Federal	0	2,000,000
	GF/GP	\$0	\$0

Major Budget Changes From FY 2011-12 YTD Appropriations		FY 2011-12 Year-to-Date (as of 2/9/12)	FY 2012-13 Conference Change
22. New 2-Year Enhanced Support for Nurse Family Partnership Provides \$1.0 million federal TANF funding for a new initiative planned for 2 years to enhance support and education for the nurse family partnership program including strategic planning and awareness for a Detroit-based nurse family partnership program. Related boilerplate Sec. 1137.	Gross	\$3,794,200	\$1,000,000
	Federal	2,294,200	1,000,000
	GF/GP	\$1,500,000	\$0
23. Aging Services to Support Community Living Includes \$1.1 million GF/GP for senior community programs to be allocated to area agencies on aging for locally-determined needs (Community Services line item funding shown). Related boilerplate Sec. 1421.	Gross	\$35,314,400	\$1,100,000
	Federal	22,880,900	0
	Private	200,000	0
	GF/GP	\$12,233,500	\$1,100,000
24. Cochlear Implant Policy Change Increases the Department's budget by \$560,000 Gross (\$188,900 GF/GP) reflecting annualized FY 2011-12 costs due to a change in State Medicaid policy to cover cochlear implants for both ears rather than just one ear. The appropriation lines affected are Medical Care and Treatment, Physician Services and Auxiliary Medical Services.	Gross	\$0	\$560,000
	Federal	0	371,100
	GF/GP	\$0	\$188,900
25. Electronic Health Records Incentive Program Increases the Electronic Health Records Incentive Program line by \$24.7 million Gross (reduces GF/GP \$60,800) and makes a technical adjustment by incorporating 24.0 FTEs. The FY 2011-12 base authorization of \$119.4 million Gross included funding for administration of the program, but no FTEs. All of the FY 2012-13 authorization is for electronic health record (EHR) incentive payments. The Department of Community Health will provide incentive payments to eligible professionals, hospitals and critical access hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. An EHR is an electronic record of patient health information generated by one or more encounters in any care delivery setting.	FTEs	0.0	24.0
	Gross	\$119,388,800	\$24,692,600
	Federal	117,989,900	24,753,400
	GF/GP	\$1,398,900	(\$60,800)
26. Graduate Medical Education Reduces from the FY 2011-12 year-to-date funding for the Graduate Medical Education (GME) program, \$231,600 Gross (\$100,000 GF/GP). Of this amount the Hospital Services and Therapy line is increased by \$21.4 million Gross and the One-Time Basis Only Appropriations unit, Hospital Services and Therapy - Graduate Medical Education line is decreased by \$12.8 million Gross.	Gross	\$162,325,900	(\$231,600)
	Federal	115,938,600	(131,600)
	GF/GP	\$46,387,300	(\$100,000)
27. Primary Care Physician Rate Increase Recognizes an increase of \$281.8 million of federal funds that will be available to provide an increase in the reimbursement rates for primary care doctors, family doctors and pediatricians up to 100% of Medicare rates. Not included in the rate increase are nurse practitioners, physician assistants and OB/GYNs. This reimbursement level change is a requirement of the Affordable Care Act of 2010 and is entirely federally funded.	Gross	N/A	\$281,800,000
	Federal	N/A	281,800,000
	GF/GP	N/A	\$0
28. OB/GYN Rate Increase Includes an increase of \$11.9 million Gross (\$4.0 million GF/GP) to provide an increase in the reimbursement rates for OB/GYN doctors. The increase equates to approximately 20% and is split between the Physician Services and Health Plan Services appropriation lines. Related boilerplate Sec. 1862.	Gross	N/A	\$11,901,200
	Federal	N/A	7,901,200
	GF/GP	N/A	\$4,000,000
29. Behavioral Health Drugs On Preferred Drug List Restores \$18.7 million Gross (\$6.3 million GF/GP), in the Pharmaceutical Services line, of the anticipated savings included in the FY 2011-12 budget. These savings resulted from including behavioral health drugs on the preferred drug list. A statutory change would have been required to have realized these savings.	Gross	\$338,717,500	\$18,700,000
	Federal	222,861,200	12,414,900
	GF/GP	\$115,856,300	\$6,285,100
30. Healthy Kids Dental Expansion Funding of \$16.6 million Gross (\$5.6 million GF/GP) is included in the Dental Services line to expand the coverage area of the Healthy Kids Dental program.	Gross	N/A	\$16,666,700
	Federal	N/A	11,065,000
	GF/GP	N/A	\$5,601,700

Major Budget Changes From FY 2011-12 YTD Appropriations		FY 2011-12 Year-to-Date (as of 2/9/12)	FY 2012-13 Conference Change
31. Airport Parking Tax Deposit to MBTF Replaces \$6.7 million of funding received from Wayne County for support of the Medicaid Adult Benefits Waiver program with a like amount of revenue from the Medicaid Benefits Trust Fund (MBTF). For many years Wayne County has provided the Department Wayne's portion of the Airport Parking Tax which the Department uses for support of the Medicaid Adult Benefits Waiver program. This change would simply direct Wayne County's portion of the Airport Parking Tax to the Medicaid Benefits Trust Fund. Legislation would be necessary to make this adjustment.	Gross	\$105,877,700	\$0
	Federal	70,027,300	0
	Local	6,653,800	(6,653,800)
	Restricted	6,100,000	6,653,800
	GF/GP	\$23,096,600	\$0
32. Medicaid Estate Recovery Program Restores \$16.7 million Gross (\$5.6 million GF/GP), in the Pharmaceutical Services line, of the anticipated savings included in the FY 2011-12 budget. These savings resulted from strengthening current Michigan estate recovery laws. A statutory change would have been required to have realized these savings.	Gross	\$1,686,454,600	\$16,661,700
	Federal	1,133,338,700	11,061,700
	Merit Awd	82,275,800	0
	Restricted	256,925,600	0
	Local	6,618,800	0
33. MIChoice Program Adjustments Increases the Medicaid Home- and Community-Based Services Waiver line by \$36.4 million Gross (\$5.2 million GF/GP) to recognize additional transitions from nursing homes and the reduction in the waiting list for the MIChoice program, \$24.6 million Gross and \$11.8 million Gross respectively.	Gross	\$229,921,000	\$36,372,100
	Federal	146,177,400	23,211,200
	Local	265,000	0
	Private	2,100,000	0
	GF/GP	\$81,378,600	\$13,160,900
34. PACE Program Adjustments Increases the Program for All-Inclusive Care for the Elderly (PACE) line item by \$4.1 million Gross (\$1.4 million GF/GP) bringing the existing PACE programs up to capacity (\$2.5 million Gross) and adding a Berrien County PACE program (\$1.6 million Gross). Both actions are funded by a reduction to the Long-Term Care Services line in the amount of the PACE increases.	Gross	\$30,707,800	\$0
	Federal	20,310,200	0
	GF/GP	\$10,397,600	\$0
35. Autism Spectrum Disorder Coverage Includes \$20.9 million Gross (\$6.7 million GF/GP) to fund autism spectrum disorder treatment for Medicaid and MICHild eligible children. The new line "Autism Services" is authorized at \$17.6 million Gross and the MICHild line at \$3.3 Gross.	Gross	\$0	\$20,886,200
	Federal	0	14,203,200
	GF/GP	\$0	\$6,683,000
36. Use Tax Adjustment Includes reversing the FY 2011-12 supplemental PA 278 of 2011 that provided use tax (GF/GP) funding, which corrected authorization necessary to implement the State's final Health Insurance Claim Assessment (HICA) legislation. The Department budget is reduced \$201.1 million Gross (\$167.3 million GF/GP).	Gross	\$201,057,300	(\$201,057,300)
	Federal	132,979,300	(132,979,300)
	Restricted	(99,214,200)	99,214,200
	GF/GP	\$167,292,200	(\$167,292,200)
37. School-Based Services Increases the School-Based Services line by \$40.2 million federal funding representing Michigan school district's 60% portion of the federal Medicaid funds earned by the school district match. The other 40% of federal funding (\$26.8 million) is retained by the State and is used to offset GF/GP in the Medicare Premium Payments line.	Gross	\$91,296,500	\$40,206,200
	Federal	152,160,800	67,010,300
	GF/GP	(\$60,864,300)	(\$26,804,100)
38. Rural and Sole Community Hospital Payments Increases the rural and sole community hospital payment pool by \$6.0 million Gross (\$2.0 million GF/GP), from \$29.5 million Gross to \$35.5 million Gross. The funding is shifted from the One-Time Basis Only unit to the on-going Medical Services unit, specifically the Hospital Services appropriation line. Related boilerplate Sec. 1866.	Gross	\$29,533,400	\$5,950,600
	Federal	19,533,400	3,950,600
	GF/GP	\$10,000,000	\$2,000,000
39. One-Time Appropriations Includes \$46.9 million Gross (\$15,346,500 GF/GP) of one-time basis only appropriations. All one-time appropriations are discussed above throughout the Major Budget Changes section.	Gross	N/A	N/A
	GF/GP	N/A	N/A

40. Anticipated FY 2013-14 Budget Changes

Indicates that FY 2013-14 appropriations are anticipated to be the same as FY 2012-13, except line items will be adjusted for changes in caseload and related costs, federal fund match rates, economic factors, and available revenue. Provides adjustments will be determined after the January 2013 Consensus Revenue Estimating Conference. (PART 2A, Sec. 2001)

Major Boilerplate Changes From FY 2011-12

Boilerplate Deletions

The list below includes major changes to boilerplate, but is not a comprehensive list of all sections deleted.

GENERAL SECTIONS

Sec. 207. Principal Measurable Outcomes - NEW

Requires the Department to identify 10 principal measurable outcomes to be affected by the expenditure of appropriated funds and submit a report to the House and Senate Appropriations Committees, House and Senate Fiscal Agencies, and State Budget Director that ranks the outcomes by level of importance and contains current data on those outcomes.

Sec. 287. General Fund/General Purpose Lapses – REVISED

Requires DCH to report on the estimated general fund/general purpose appropriations lapses at the close of the previous fiscal year by no later than November 30, 2012.

Sec. 297. Statewide Office Space Consolidation Plan – NEW

Expresses Legislature's intent that all principal executive departments and agencies cooperate with the development and implementation of the department of technology, management, and budget statewide office space consolidation.

~~COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS~~ BEHAVIORAL HEALTH SERVICES

Sec. 498. Effectiveness of Substance Use Disorders Treatment Programs – NEW

Requires DCH to use standard program evaluation measures to assess the effectiveness of heroin and other treatment programs provided through coordinating agencies and service providers in reducing and preventing the incidence of substance use disorders.

Sec. 499. Mental Health Needs of Deaf and Hard-of-Hearing Persons - NEW

Requires the Department to explore ways to use mental health funding to address the mental health needs of deaf and hard-of-hearing persons.

HEALTH POLICY

Sec. 715. Options for Incentivizing Primary Care Medical School Students to Stay in Michigan – NEW

Includes new language to require DCH to evaluate options for incentivizing students attending medical schools in Michigan to meet their primary care residency requirements in Michigan and to practice in Michigan.

Sec. 716. (Moved from Senate Sec. 1864) Incentivizing Medical Students To Serve in Counties Under 100,000 - NEW

Includes new language encouraging the Department to create a pilot program incentivizing students attending Michigan medical schools to provide primary care medical services in counties of less than 100,000 residents with a medically underserved population. Requires a report by September 30, 2012.

FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES

Sec. 1103. Sexual and Maternal Health Expenditure and Demographics Report – REVISED

Adds language that requires DCH to provide actual or estimated expenditure data by marital status, and permits the use of state Plan First!, MICHild, Healthy Kids, public assistance, or other official application form to determine actual or estimated public expenditures based on marital status. Current law is retained which establishes the annual report of an estimate of public funds administered by the department for family planning, sexually transmitted infection prevention and treatment, pregnancies, and births, and to report demographics collected by DCH that are self-reported by individuals utilizing those services. Current law is also modified to add as voluntarily self-reported by individuals, related to demographics collected and reported.

Sec. 1108. Restrictions on Use of Pregnancy Prevention Funding – RETAINED

Current law is retained prohibiting pregnancy prevention program line item funds from being used for abortion counseling, referrals, or services.

Sec. 1138. Maternal and Child Health Contractual Services Preference – NEW

Includes new language that requires the department to allocate funds for family, maternal, and children's health services pursuant to section 1 of Public Act 360 of 2002, related to contractual family planning and reproductive services.

OFFICE OF SERVICES TO THE AGING

Sec. 1401. Eligibility for Senior Community Services and Nutrition Services Programs – DELETED

Eliminates boilerplate stating that eligibility for services funded by community services and nutrition services appropriation line items shall be restricted to individuals at least 60 years of age who fail to qualify for home care services under Titles XVIII, XIX, or XX of the Social Security Act.

Sec. 1403. Home-Delivered Meals Waiting Lists – REVISED

Adds report due date of February 1 to current law language which requires area agency on aging regions to report home-delivered meals waiting lists to the Office of Services to the Aging and the Legislature, and establishes standard criteria for persons included on the waiting list, including an initial determination of likely eligibility.

Major Boilerplate Changes From FY 2011-12

MEDICAL SERVICES ADMINISTRATION – NEW

Sec. 1501. Electronic Health Records Incentive Program Work Project – NEW

Establishes unexpended funds for the Electronic Health Records Incentive program as a work project appropriation with the completion date estimated to be September 30, 2017.

MEDICAL SERVICES

Sec. 1846. Graduate Medical Education (GME) Funding – REVISED

Requires the Department to conduct research on the effectiveness of GME funding and report the results by April 1, 2013.

Sec. 1860. Nursing Facilities Reimbursement Reports – NEW

The Department may receive separate reports from the Health Care Association of Michigan, the Michigan County Medical Care Facility Council, and Aging Services of Michigan regarding each group's proposal in designing and implementing a new reimbursement payment system for nursing facilities. Copies of the reports will be available from the Department by July 1, 2013.

Sec. 1861. Nonemergency Medical Transportation Competitive Bid – NEW

Allows nonemergency medical transportation to be competitively bid; may take into consideration a minimum of two bids; one bid must be a public transportation agency; and defines qualified vendor.

Sec. 1863. Quality Indicators In HMO Contract Rebid – NEW

Requires the Department to study the possibility of including quality indicators to exclude certain Medicaid managed care organizations in the next contract rebidding process.

Sec. 1866. Rural Hospital Payments – NEW

Requires the Department to award \$12.0 million GF/GP, and any associated federal Medicaid match, to hospitals providing services to low-income rural residents with those hospitals meeting certain criteria established by the Department. No hospital or hospital system may receive more than 5% of the total distribution and a report is due from the Department by April 1, 2013.