SENATE FISCAL AGENCY

COMMUNITY HEALTH
S.B. 133

07/16/2015

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FULL-TIME EQUATED (FTE) POSITIONS/ FUNDING SOURCE	FY 2014-15 YEAR-TO-DATE	FY 2015-16 GOV'S REC.	FY 2015-16 SENATE PASSED	FY 2015-16 HOUSE PASSED	CHANGES FROM FY 2014-15 YEAR-TO-DATE GOVERNOR AMOUNT	SENATE AMOUNT	HOUSE AMOUNT
FTE Positions	3,653.1	3,677.1	3,689.1	3,677.1	24.0	36.0	24.0
GROSS	**19,101,921,900**	**18,964,058,400**	**19,013,702,400**	**18,932,657,100**	**(137,863,500)**	**(88,219,500)**	**(169,264,800)**
Less:							
Interdepartmental Grants Received	9,425,900	2,131,500	9,678,100	9,678,100	(7,294,400)	252,200	252,200
ADJUSTED GROSS	**19,092,496,000**	**18,961,926,900**	**19,004,024,300**	**18,922,979,000**	**(130,569,100)**	**(88,471,700)**	**(169,517,000)**
Less:							
Federal Funds	13,485,550,200	13,466,102,400	13,488,611,200	13,457,655,100	(19,447,800)	3,061,000	(27,895,100)
Local and Private	355,312,600	213,660,400	213,673,400	213,660,400	(141,652,200)	(141,639,200)	(141,652,200)
TOTAL STATE SPENDING	**5,251,633,200**	**5,282,164,100**	**5,301,739,700**	**5,251,663,500**	**30,530,900**	**50,106,500**	**30,300**
Less:							
Other State Restricted Funds	2,149,954,500	2,288,912,800	2,173,385,400	2,130,566,200	138,958,300	23,430,900	(19,388,300)
GENERAL FUND/GENERAL PURPOSE	**3,101,678,700**	**2,993,251,300**	**3,128,354,300**	**3,121,097,300**	**(108,427,400)**	**26,675,600**	**19,418,600**
PAYMENTS TO LOCALS	**1,125,819,800**	**1,125,752,600**	**1,125,753,200**	**1,126,972,500**	**(67,200)**	**(66,600)**	**1,152,700**

DEPARTMENT OF COMMUNITY HEALTH

GENERAL BUDGET DECISIONS

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
1. Change in Base Medicaid Match Rate for FY 2015-16								
The regular Medicaid match rate will increase from 65.54% in FY 2014-15 to 65.60% in FY 2015-16, leading to a slight decrease in GF/GP costs.	Gross	NA	NA	NA	NA	0	0	0
	IDG	NA	NA	NA	NA	(11,000)	(11,000)	(11,000)
	Federal	NA	NA	NA	NA	7,368,700	7,368,700	7,368,700
	Restricted	NA	NA	NA	NA	(1,536,100)	(1,536,100)	(1,536,100)
	GF/GP	NA	NA	NA	NA	(5,821,600)	(5,821,600)	(5,821,600)
2. Change in Title XXI Match Rate for FY 2015-16								
The Federal Title XXI match rate, used to support the MI-Child program, will increase from 75.88% to 98.92%. This large increase, which will remain in effect through the end of FY 2018-19, was a provision in the Federal Affordable Care Act.	Gross	NA	NA	NA	NA	0	0	0
	Federal	NA	NA	NA	NA	17,095,100	17,095,100	17,095,100
	GF/GP	NA	NA	NA	NA	(17,095,100)	(17,095,100)	(17,095,100)
3. Economic Adjustments								
The Governor's budget included the usual adjustments for negotiated salary and wage increases, insurance, retirement, food, worker's compensation, and other post-employment benefits (OPEB).	Gross	NA	NA	NA	NA	(618,300)	(618,300)	(618,300)
	IDG	NA	NA	NA	NA	(5,500)	(5,500)	(5,500)
	Federal	NA	NA	NA	NA	(250,400)	(250,400)	(250,400)
	Local	NA	NA	NA	NA	(42,800)	(42,800)	(42,800)
	Private	NA	NA	NA	NA	(400)	(400)	(400)
	Restricted	NA	NA	NA	NA	(76,300)	(76,300)	(76,300)
	GF/GP	NA	NA	NA	NA	(242,900)	(242,900)	(242,900)

TABLE 1: ECONOMIC ADJUSTMENTS

Item	Gross	GF/GP
Salaries and Wages	$3,325,600	$1,804,300
Insurance	1,321,800	720,700
OPEB	(4,076,500)	(2,216,600)
Retirement	(1,728,000)	(945,800)
Workers' Compensation	205,200	205,200
Other	333,600	189,300
Total:	($618,300)	($242,900)

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE

DEPARTMENT OF COMMUNITY HEALTH

GENERAL BUDGET DECISIONS (continued)

4. Changes in Federal Authorization

The Governor's budget included a series of adjustments throughout the budget to reflect the actual level of Federal funding expected to be received in the FY 2015-16 budget. See Table 2. The table reflects the FY 2014-15 supplemental, House Bill 4112, which included a $7,412,000 grant for the dual eligible waiver that was not reflected in the FY 2015-16 proposed budget.	FTE	NA	NA	NA	NA	5.0	5.0	5.0
	Gross	NA	NA	NA	NA	(1,176,900)	(1,176,900)	(1,176,900)
	Federal	NA	NA	NA	NA	(1,176,900)	(1,176,900)	(1,176,900)
	GF/GP	NA	NA	NA	NA	0	0	0

TABLE 2: CHANGES IN FEDERAL FUNDING IN THE GOVERNOR'S FY 2015-16 DCH BUDGET

Item	Increase/(Decrease) Gross	Federal
End of Traumatic Brain Injury Grant	($250,000)	($250,000)
End of Freedom Initiative Mental Health Grant	(50,000)	(50,000)
End of Parent Leadership Mental Health Grant	(75,000)	(75,000)
SAMSHA Safe Schools/Healthy Student Grant	71,400	71,400
Race to the Top Education Funding (+3.0 FTEs)	999,800	999,800
Michigan Epidemiology Tracking Network Grant	625,000	625,000
Immunization Information Systems Capacity Enhancement Grant	300,000	300,000
Immunization Information Systems Interoperability Grant	1,000,000	1,000,000
Chronic Disease Prevention Grant	3,520,000	3,520,000
End of Project LAUNCH Early Childhood Wellness Grant	(850,000)	(850,000)
Lead Poisoning Prevention Grant	327,400	327,400
Maternal and Child Health Administrative Block Grant (+2.0 FTEs)	286,000	286,000
Health Resources and Services Administration (HRSA) Grants	330,500	330,500
Dual Eligible Waiver grant included in FY 15 but not FY 16 proposal	(7,412,000)	(7,412,000)
Total:	**($1,176,900)**	**($1,176,900)**

5. Unclassified Salaries

The Governor's budget provided a 1.5% increase to the Director and Other Unclassifieds line item.	Gross	724,700	735,500	735,500	735,500	10,800	10,800	10,800
	GF/GP	724,700	735,500	735,500	735,500	10,800	10,800	10,800

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE

DEPARTMENT OF COMMUNITY HEALTH

GENERAL BUDGET DECISIONS (continued)

6. Health and Wellness Programs

The Governor's budget maintained the current funding distribution for Health and Wellness projects, which are funded with Healthy Michigan Fund (HMF) revenues. See Table 3.	Gross	NA	NA	NA	NA	(4,687,200)	0	0
	Restricted	NA	NA	NA	NA	0	0	0
	GF/GP	NA	NA	NA	NA	(4,687,200)	0	0

The FY 2014-15 amount was reduced subsequent to the introduction of the Governor's FY 2015-16 budget under Executive Order 2015-5. The breast cancer screening funding was eliminated under the Executive Order and an unspecified reduction in other programs of $1,000,000 was made.

Senate Changes
The Senate bill assumed transfer of responsibility on whether to fund a number of programs to the Health Endowment Fund Corporation established under MCL 550.1653. The following programs would continue to be funded in this line at their FY 2014-15 appropriation level: the immunization registry, health disparities, the nurse family partnership, pregnancy prevention, and smoking prevention.

Conference Changes
The Conference Committee concurred with the House.

TABLE 3: PROPOSED FY 2015-16 HEALTH AND WELLNESS PROGRAMS DISTRIBUTION

Program	Original FY 2014-15 Total	Governor FY 2015-16	Change to FY 2014-15
Breast cancer screening	$500,000	$500,000	$0
Cardiovascular health (Chronic Disease Prevention)	207,900	207,900	0
Children's physical health pilot project	1,000,000	1,000,000	0
Diabetes local agreements	800,000	800,000	0
4x4 w ellness	850,000	850,000	0
Immunization registry	2,098,800	2,098,800	0
Infant mortality perinatal regionalization	152,500	152,500	0
Local health department accreditation	126,200	126,200	0
Maternal and infant health	750,000	750,000	0
Minority health (health disparities)	480,500	480,500	0
Nurse family partnership	50,000	50,000	0
Pregnancy prevention programs	112,500	112,500	0
School health services (Michigan Model)	300,700	300,700	0
Smoking prevention program	1,500,000	1,500,000	0
FY 2014-15 Economic Adjustments	20,900	20,900	0
TOTAL	$8,950,000	$8,950,000	$0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
GENERAL BUDGET DECISIONS (continued)								
7. Recognize FY 2013-14 Administrative Lapses								
Senate Changes	Gross	NA	NA	NA	NA	(340,000)	0	0
The Senate bill removed funding reflecting lapses that occurred during FY 2013-14. These include $30,000 in Departmentwide Administration, $50,000 in Chronic Disease Control and Health Promotion Administration, $50,000 in Family, Maternal, and Children's Health Services Administration, $100,000 in Health Policy Administration, $40,000 in Local Health Services, $20,000 in Public Health Administration, and $50,000 in Medical Services Administration.	GF/GP	NA	NA	NA	NA	(340,000)	0	0
Conference Changes The Conference Committee concurred with the House.								
8. Administrative Savings from Merger of Departments								
House Changes	Gross	NA	NA	NA	NA	0	(2,243,000)	0
The House bill assumed savings due to the merger of the Departments of Community Health and Human Services. These savings included $350,000 in unclassified salaries, $1.65 million from Departmentwide Administration, and $243,000 in information technology spending.	GF/GP	NA	NA	NA	NA	0	(2,243,000)	0
Conference Changes The Conference Committee concurred with the Senate.								
9. Reversal of FY 2014-15 Contingency Fund Transfers								
In late March several FY 2014-15 contingency fund transfers were enacted by the House and Senate Appropriations Committees. Due to timing issues, these adjustments were not reflected in the FY 2015-16 DCH budget.	Gross	NA	NA	NA	NA	(5,347,600)	(5,347,600)	(5,347,600)
	Federal	NA	NA	NA	NA	(3,962,000)	(3,962,000)	(3,962,000)
	Private	NA	NA	NA	NA	(135,600)	(135,600)	(135,600)
	Restricted	NA	NA	NA	NA	(1,250,000)	(1,250,000)	(1,250,000)
	GF/GP	NA	NA	NA	NA	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
GENERAL BUDGET DECISIONS (continued)								
10. Reversal of FY 2014-15 Executive Order 2015-5 Reductions								
In February Executive Order 2015-4 was adopted. The proposal included a number of reductions to the Department, including a $14.5 million Gross reduction to Graduate Medical Education, a $5.8 million Gross reduction to the Rural and Sole Hospital pool, a $1.5 million reduction to Local Public Health, and reductions to Health and Wellness and the Mental Health and Wellness Commission programming among other reductions. None of these reductions were reflected in the Governor's Recommendation for FY 2015-16. The Executive Order did include some changes that were carried forward into FY 2015-16, such as changes in Medicaid lab services reimbursement and Traumatic Brain Injury funding. In effect the FY 2015-16 budget, by not including these Executive Order changes, sees a net increase in funding compared to FY 2014-15.	Gross	NA	NA	NA	NA	32,716,300	32,716,300	32,716,300
	Federal	NA	NA	NA	NA	16,166,300	16,166,300	16,166,300
	GF/GP	NA	NA	NA	NA	16,550,000	16,550,000	16,550,000
11. Consensus FY 2015-16 Medicaid Base, Caseload, and Fund Source Adjustments								
Conference Changes The Conference Committee reflected the consensus agreement among the House Fiscal Agency, the Senate Fiscal Agency, and the State Budget Office on the funding need for Medicaid in FY 2015-16. These adjustments included $85.7 million Gross and $27.1 million GF/GP for the base Medicaid program, $8.7 million Gross and $3.0 million GF/GP to reflect an updated Use Tax actuarial soundness adjustment, a $27.1 million GF/GP increase to reflect a reduction in HICA revenue tied to the projected rebate, and a $462.9 million Gross and $0 GF/GP base and caseload adjustment for the Healthy Michigan Plan.	Gross	NA	NA	NA	NA	0	0	557,317,800
	Federal	NA	NA	NA	NA	0	0	527,172,400
	Restricted	NA	NA	NA	NA	0	0	(27,100,000)
	GF/GP	NA	NA	NA	NA	0	0	57,245,400

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
GENERAL BUDGET DECISIONS (continued)								
12. Line Item Roll-Ups and Program of All-Inclusive Care for the Elderly (PACE) Program Shift								
Conference Changes	Gross	NA	NA	NA	NA	0	0	0
The Conference Committee rolled up the Dental Programs for Persons with Developmental Disabilities into the Dental Programs line and rolled the three Senior Volunteer Services (Foster Grandparents, Retired and Senior Volunteer Program, and the Senior Companion Program) into one line item. The Conference Committee also transferred the PACE program from the Medical Services unit into the Office of Services for the Aging unit.	GF/GP	NA	NA	NA	NA	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
DEPARTMENTWIDE ADMINISTRATION								
13. Michigan Administrative Hearing Services Costs and Transfer								
The Governor's budget reflected increased costs of $139,400 Gross, $69,700 GF/GP for information technology and rent for Michigan Administrative Hearing Services. The budget also reflected the transfer of funding for 'hearing services for the Healthy Michigan Program (the Medicaid expansion) from the Department of Licensing and Regulatory Affairs (LARA). The transferred funding would be $900,000 Gross, $450,000 GF/GP. In effect DCH is paying for the hearing services provided by LARA. The funding is recognized in the LARA budget as an interdepartmental grant.	Gross	0	1,039,400	1,039,400	1,039,400	1,039,400	1,039,400	1,039,400
	Federal	0	519,700	519,700	519,700	519,700	519,700	519,700
	GF/GP	0	519,700	519,700	519,700	519,700	519,700	519,700
14. Pay for Success								
The Governor's budget retained one-time funding for the "Pay for Success" program.	Gross	1,500,000	100	100	1,500,000	(1,499,900)	(1,499,900)	0
	GF/GP	1,500,000	100	100	1,500,000	(1,499,900)	(1,499,900)	0

Senate Changes
The Senate bill reduced the funding to a $100 placeholder.

House Changes
The House bill also reduced funding to a $100 placeholder.

Conference Changes
The Conference Committee restored the funding.

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND SPECIAL PROJECTS								
15. Retention of Health Homes Funding as On-Going								
The Governor's budget retained one-time supplemental FY 2014-15 funding for the Health Homes program as ongoing funding.	Gross	8,000,000	8,000,000	8,000,000	8,000,000	0	0	0
	Federal	7,200,000	7,200,000	7,200,000	7,200,000	0	0	0
	Private	800,000	800,000	800,000	800,000	0	0	0
	GF/GP	0	0	0	0	0	0	0
16. Family Support Subsidy								
The Governor's budget included a funding decrease to reflect actual anticipated FY 2015-16 expenditures on the Family Support Subsidy program.	Gross	18,149,900	17,633,600	17,633,600	17,633,600	(516,300)	(516,300)	(516,300)
	Federal	18,149,900	17,633,600	17,633,600	17,633,600	(516,300)	(516,300)	(516,300)
	GF/GP	0	0	0	0	0	0	0
17. Mental Health and Wellness Commission Report Ongoing Services								
The Governor's budget included increased funding to help implement the recommendations of the Mental Health and Wellness Commission. The new funding would be used to help transition 30-50 high need youth who have had multiple hospitalizations at Hawthorn Center, the State's child mental health facility.	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Gross	0	1,250,000	2,728,100	1,250,000	1,250,000	2,728,100	1,250,000
	Federal	0	781,000	1,704,500	781,000	781,000	1,704,500	781,000
	GF/GP	0	469,000	1,023,600	469,000	469,000	1,023,600	469,000
Senate Changes The Senate bill delayed implementation of the Hawthorn project to July 1, 2016, and assumed transfer of responsibility to decide whether to fund half of the current year programs to the Health Endowment Fund Corporation established under MCL 550.1653.	FTE	0.0	1.0	1.0	1.0	1.0	1.0	1.0
	Gross	27,562,500	13,781,200	27,562,500	27,562,500	(13,781,300)	0	0
	Federal	18,242,500	9,121,200	18,242,500	18,242,500	(9,121,300)	0	0
	GF/GP	9,320,000	4,660,000	9,320,000	9,320,000	(4,660,000)	0	0
House Changes The House bill reduced the funding for the Hawthorn Center proposal.								
Conference Changes The Conference Committee restored all funding but concurred with the Senate on delaying the Hawthorn project.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND SPECIAL PROJECTS (continued)								
18. One-time: Mental Health and Wellness Commission Report Services								
The Governor's budget removed most of the one-time funding for the Mental Health and Wellness Commission's recommendations. $500,000 of the remaining funding would be used for a strategic plan tied to the Department of Human Services (DHS) Defending Childhood Policy Initiative. The remaining $1 million would be used to backfill FY 2014-15 ongoing programs that were delayed due to Executive Order 2015-5.	Gross	8,962,500	100	1,500,000	1,500,000	(8,962,400)	(7,462,500)	(7,462,500)
	Federal	3,962,500	0	0	0	(3,962,500)	(3,962,500)	(3,962,500)
	GF/GP	5,000,000	100	1,500,000	1,500,000	(4,999,900)	(3,500,000)	(3,500,000)
Senate Changes The Senate bill retained placeholder funding for the new programs.								
Conference Changes The Conference Committee concurred with the House.								
19. Recognition of Juvenile Justice FTE								
The Governor's budget adjusted the FTE count to reflect an on-board FTE who deals with juvenile justice mental health issues.	FTE	NA	NA	NA	NA	1.0	1.0	1.0
	Gross	NA	NA	NA	NA	0	0	0
	GF/GP	NA	NA	NA	NA	0	0	0
20. Data Analytics Funding								
The Governor's budget transferred funding from the Medicaid mental health services line to support data analytics.	Gross	650,000	650,000	650,000	650,000	0	0	0
	Federal	325,000	325,000	325,000	325,000	0	0	0
	GF/GP	325,000	325,000	325,000	325,000	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND SPECIAL PROJECTS (continued)								
21. Transfer of Jail Diversion Transition Pilot from the Michigan Department of Corrections (MDOC)								
The Governor's budget reflected the transfer of a mental health jail diversion pilot from the MDOC.	Gross	0	0	1,000,000	1,000,000	0	1,000,000	1,000,000
	GF/GP	0	0	1,000,000	1,000,000	0	1,000,000	1,000,000
Senate Changes The Senate bill did not add this funding and instead kept jail diversion funding at the current year level.								
Conference Changes The Conference Committee concurred with the House.								
22. Elimination of Ongoing Eastern Michigan University Autism Funding								
The Governor's budget removed ongoing autism services funding for EMU.	Gross	500,000	0	0	0	(500,000)	(500,000)	(500,000)
	GF/GP	500,000	0	0	0	(500,000)	(500,000)	(500,000)
23. One-time: Removal of Funding for Autism Family Assistance								
The Governor's budget removed one-time funding used to provide guidance services to families to help them find autism services. The funding went to the Autism Alliance of Michigan.	Gross	1,500,000	0	0	0	(1,500,000)	(1,500,000)	(1,500,000)
	Restricted	1,500,000	0	0	0	(1,500,000)	(1,500,000)	(1,500,000)
	GF/GP	0	0	0	0	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND SPECIAL PROJECTS (continued)								
24. Reduce University Autism Funding to $500,000 Apiece for Five Universities								
The Governor's budget reduced autism center funding for Universities to $500,000 apiece for Eastern Michigan, Western Michigan, Central Michigan, Michigan State, and Oakland Universities. During FY 2014-15 WMU received $4.0 million, MSU received $1.0 million, and Eastern Michigan received $1.0 million on top of the $500,000 referenced in the item above. Oakland University and CMU received $500,000 apiece in FY 2014-15. The FY 2014-15 supplemental shifted $3.0 million in Autism Coverage Fund dollars to replace all remaining GF/GP for the program.	Gross	7,000,000	2,500,000	100	2,500,000	(4,500,000)	(6,999,900)	(4,500,000)
	Restricted	7,000,000	0	0	0	(7,000,000)	(7,000,000)	(7,000,000)
	GF/GP	0	2,500,000	100	2,500,000	2,500,000	100	2,500,000
House Changes The House bill reduced funding to a $100 placeholder.								
Conference Changes The Conference Committee concurred with the Senate and included the funding as ongoing funding.								
25. One-time: New Drug Policy Initiatives								
The Governor's budget included one-time funding for drug policy initiatives to reduce prescription drug abuse and support recovery.	Gross	0	0	100	1,500,000	0	100	1,500,000
	GF/GP	0	0	100	1,500,000	0	100	1,500,000
Senate Changes The Senate bill did not fund this new program.								
House Changes The House bill included $100 in placeholder funding for this program.								
Conference Changes The Conference Committee concurred with the Governor and included full funding.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
BEHAVIORAL HEALTH SERVICES								
26. Children's Waiver Funding and Caseload								
The Governor's budget removed excess Federal authorization in the Children's Waiver line item.	Gross	21,544,900	21,544,900	20,000,000	20,000,000	0	(1,544,900)	(1,544,900)
	Federal	15,488,700	14,120,600	13,107,100	13,107,100	(1,368,100)	(2,381,600)	(2,381,600)
	GF/GP	6,056,200	7,424,300	6,892,900	6,892,900	1,368,100	836,700	836,700
House Changes The House bill concurred with the fund source adjustment and also assumed lower caseload costs for the Children's Waiver program, reflecting savings of $1,544,900 Gross and $531,400 GF/GP.								
Conference Changes The Conference Committee concurred with the House.								
27. FY 2015-16 Medicaid Mental Health and Substance Abuse Base and Caseload Adjustments								
The budget included a slight increase to cover the projected FY 2015-16 funding need for Medicaid mental health services. These funds are provided on a capitated basis to the Medicaid Pre-Paid Inpatient Health Plans (PIHPs).	Gross	2,308,857,900	2,332,373,400	2,332,373,400	2,332,373,400	23,515,500	23,515,500	23,515,500
	IDG	2,999,900	2,999,900	2,999,900	2,999,900	0	0	0
	Federal	1,513,714,800	1,529,132,000	1,529,132,000	1,529,132,000	15,417,200	15,417,200	15,417,200
	Local	25,228,900	25,228,900	25,228,900	25,228,900	0	0	0
	Restricted	20,722,000	20,722,000	20,722,000	20,722,000	0	0	0
	GF/GP	746,192,300	754,290,600	754,290,600	754,290,600	8,098,300	8,098,300	8,098,300
28. FY 2015-16 Medicaid Expansion Behavioral Health Funding								
The budget included an increase to reflect the continued growth in the Medicaid expansion (Healthy Michigan Plan) caseload.	Gross	274,331,900	306,175,100	306,175,100	306,175,100	31,843,200	31,843,200	31,843,200
	Federal	274,331,900	306,175,100	306,175,100	306,175,100	31,843,200	31,843,200	31,843,200
	GF/GP	0	0	0	0	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
BEHAVIORAL HEALTH SERVICES (continued)								
29. Increased Funding for CMH non-Medicaid Services								
The Governor's budget increased funding for CMH non-Medicaid services by $20 million over the original FY 2014-15 funding. This increase was also included in the FY 2014-15 supplemental, House Bill 4112, using Roads and Risks Reserve revenues, so this change reflects a fund source shift.	Gross	117,050,400	117,050,400	117,050,400	117,050,400	0	0	0
	Restricted	20,000,000	0	0	0	(20,000,000)	(20,000,000)	(20,000,000)
	GF/GP	97,050,400	117,050,400	117,050,400	117,050,400	20,000,000	20,000,000	20,000,000
Senate Changes The Senate bill included this funding but added boilerplate directing that $10 million of the funding be restored proportional to the funding reduction enacted in FY 2009-10, with a limit of $3.3 million on the funding increase to any single CMH.								
Conference Changes The Conference Committee concurred with the House.								
30. Retention of Health Homes Funding as On-Going								
The Governor's budget retained one-time supplemental FY 2014-15 funding for the Health Homes program as ongoing funding.	Gross	2,469,000	2,469,000	2,469,000	2,469,000	0	0	0
	Federal	2,222,100	2,222,100	2,222,100	2,222,100	0	0	0
	Local	246,900	246,900	246,900	246,900	0	0	0
	GF/GP	0	0	0	0	0	0	0
31. Actuarial Soundness for Medicaid Mental Health and Substance Abuse Services								
Under the Medicaid mental health managed care waiver, the State is required to pay actuarially sound capitation rates to PIHPs for Medicaid mental health and substance abuse services. The Governor proposed a 1.5% increase in these rates.	Gross	2,323,857,900	2,359,128,200	2,359,128,200	2,359,128,200	35,270,300	35,270,300	35,270,300
	IDG	2,999,900	2,999,900	2,999,900	2,999,900	0	0	0
	Federal	1,523,545,800	1,546,683,100	1,546,683,100	1,546,683,100	23,137,300	23,137,300	23,137,300
	Local	25,228,900	25,228,900	25,228,900	25,228,900	0	0	0
	Restricted	20,722,000	20,722,000	20,722,000	20,722,000	0	0	0
	GF/GP	751,361,300	763,494,300	763,494,300	763,494,300	12,133,000	12,133,000	12,133,000

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
BEHAVIORAL HEALTH SERVICES (continued)								
32. Actuarial Soundness for Medicaid Expansion Behavioral Health Services								
The Governor's budget included a similar 1.5% increase to reflect actuarially sound capitation rates for the behavioral health services provided under the Healthy Michigan Plan, the Medicaid expansion.	Gross	274,331,900	278,924,500	278,924,500	278,924,500	4,592,600	4,592,600	4,592,600
	Federal	274,331,900	278,924,500	278,924,500	278,924,500	4,592,600	4,592,600	4,592,600
	GF/GP	0	0	0	0	0	0	0
33. Transfer in of Medicaid Autism Services								
The Governor's budget moved the Medicaid Autism Services line from the Medical Services unit to the Behavioral Health Services unit.	Gross	36,769,400	36,769,400	36,769,400	36,769,400	0	0	0
	Federal	24,120,700	24,120,700	24,120,700	24,120,700	0	0	0
	GF/GP	12,648,700	12,648,700	12,648,700	12,648,700	0	0	0
34. DCH Allocation of Liquor Fee Increase								
The Governor's budget assumed an increase in liquor fees. A portion of those funds go to support substance abuse programs, so the Governor's DCH budget reflected receipt of those funds.	Gross	73,811,800	73,811,800	74,725,000	73,811,800	0	913,200	0
	Federal	59,258,400	59,258,400	59,258,400	59,258,400	0	0	0
	Restricted	1,784,200	1,784,200	2,697,400	1,784,200	0	913,200	0
	GF/GP	12,769,200	12,769,200	12,769,200	12,769,200	0	0	0

Senate Changes
The Senate bill did not assume passage of the fee increase legislation.

Conference Changes
The Conference Committee concurred with the Senate.

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
STATE FACILITIES								
35. State Hospital and Center Pharmacy Inflation								
The Governor's budget included funding to cover a 5% increase in pharmaceutical costs in State facilities.	Gross	278,059,300	278,485,000	278,626,900	278,485,000	425,700	567,600	425,700
	Federal	34,229,400	34,258,100	34,267,600	34,258,100	28,700	38,200	28,700
	Local	158,959,400	158,988,900	158,998,800	158,988,900	29,500	39,400	29,500
	Restricted	18,163,800	18,194,500	18,204,700	18,194,500	30,700	40,900	30,700
Senate Changes The Senate bill assumed a lower rate of inflation, 3.75%.	GF/GP	66,706,700	67,043,500	67,155,800	67,043,500	336,800	449,100	336,800
Conference Changes The Conference Committee concurred with the Senate.								
36. Change in How Purchase of State Services (POSS) Funding is Recognized								
The Governor's budget transferred the GF/GP ($139,465,600) from the Behavioral Health unit into the individual State facilities. Instead of the State share of the costs of State facilities being given to the CMHs, the money would be reflected in the individual facility line item. While this results in an ostensible reduction in Gross funding, in reality it changes the process so these dollars are only reflected in the budget once. There would be no change in the level of services.	Gross	278,931,200	139,465,600	139,465,600	139,465,600	(139,465,600)	(139,465,600)	(139,465,600)
	Federal	0	0	0	0	0	0	0
	Local	139,465,600	0	0	0	(139,465,600)	(139,465,600)	(139,465,600)
	Restricted	0	0	0	0	0	0	0
	GF/GP	139,465,600	139,465,600	139,465,600	139,465,600	0	0	0
37. State Facility Reduction Placeholders								
House Changes The House bill included $100 placeholder reductions for each of the four State hospitals: Caro, Kalamazoo, Reuther, and Hawthorn.	Gross	278,059,300	278,059,300	278,058,900	278,059,300	0	(400)	0
	Federal	34,229,400	34,229,400	34,229,400	34,229,400	0	0	0
	Local	158,959,400	158,959,400	158,959,400	158,959,400	0	0	0
	Restricted	18,163,800	18,163,800	18,163,800	18,163,800	0	0	0
	GF/GP	66,706,700	66,706,700	66,706,300	66,706,700	0	(400)	0
Conference Changes The Conference Committee concurred with the Senate.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
PUBLIC HEALTH ADMINISTRATION								
38. Recognize Newborn Screening Fee Revenue for Quality Assurance Advisory Council								
The Governor's budget reflected additional	Gross	11,483,500	11,783,500	11,783,500	11,783,500	300,000	300,000	300,000
newborn screening fee revenue used to	IDG	1,208,200	1,208,200	1,208,200	1,208,200	0	0	0
support the quality assurance advisory	Federal	3,657,000	3,657,000	3,657,000	3,657,000	0	0	0
council that determines what screening	Restricted	6,618,300	6,918,300	6,918,300	6,918,300	300,000	300,000	300,000
services will be covered.	GF/GP	0	0	0	0	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
HEALTH POLICY								
39. Michigan Public Health Institute (MPHI) Nursing Program								
The Governor's budget included funding for an MPHI program that provides continuing education services to nurses.	Gross	0	268,700	268,700	268,700	268,700	268,700	268,700
	IDG	0	268,700	268,700	268,700	268,700	268,700	268,700
	Restricted	0	0	0	0	0	0	0
	GF/GP	0	0	0	0	0	0	0
40. Federal State Innovation Model (SIM) Grant								
The Governor's budget includes $50 million from the Federal SIM grant, which would be used as part of a four-year effort to implement the Blueprint for Health Innovation. The effort would support patient centered medical homes, innovation regions, and sharing of information infrastructure. The FY 2014-15 supplemental, House Bill 4112, included the first $20 million of this $70 million total Federal grant.	Gross	20,000,000	15,000,000	50,000,000	25,000,000	(5,000,000)	30,000,000	5,000,000
	Federal	20,000,000	15,000,000	50,000,000	25,000,000	(5,000,000)	30,000,000	5,000,000
	GF/GP	0	0	0	0	0	0	0
Senate Changes The Senate bill recognized $15 million of the grant in FY 2015-16.								
Conference Changes The Conference Committee recognized $25 million of the grant.								
41. Health Innovation Grants								
House Changes The House bill reduced funding for the Health Innovation Grants line to a $100 placeholder.	Gross	1,500,000	1,500,000	100	1,500,000	0	(1,499,900)	0
	GF/GP	1,500,000	1,500,000	100	1,500,000	0	(1,499,900)	0
Conference Changes The Conference Committee concurred with the Senate.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
EPIDEMIOLOGY AND INFECTIOUS DISEASE								
42. Immunization Match								
Senate Changes	Gross	0	500,000	0	2,500,000	500,000	0	2,500,000
The Senate bill included money to provide and promote education about the value of vaccines. The money would be allocated $1 in State money for every $4 in private contributions to support these efforts, up to a maximum of $500,000 in State funds and $2.5 million total funding.	Private	0	0	0	2,000,000	0	0	2,000,000
	GF/GP	0	500,000	0	500,000	500,000	0	500,000
Conference Changes The Conference Committee supported the proposal but also reflected $2 million in Private match.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
LABORATORY SERVICES								
43. Newborn Screening Fee Inflationary Adjustment								
The budget reflected increased newborn screening fee revenue due to the annual inflationary adjustment in the fee. This funding is reflected in both the Laboratory Services and the Epidemiology and Infectious Disease units.	Gross	NA	NA	NA	NA	300,400	300,400	300,400
	Restricted	NA	NA	NA	NA	300,400	300,400	300,400
	GF/GP	NA	NA	NA	NA	0	0	0
44. Newborn Screening Fee Increase								
The budget included increased newborn screening fee revenue from a fee increase recommended by the Newborn Screening Quality Assurance Advisory Committee that was created pursuant to 2006 PA 31. The increase is tied to a recommendation that newborns be tested for Pompe Disease. The total fee for newborns will be $125.36.	Gross	NA	NA	NA	NA	1,460,500	1,460,500	1,460,500
	Restricted	NA	NA	NA	NA	1,460,500	1,460,500	1,460,500
	GF/GP	NA	NA	NA	NA	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION								
45. Insourcing of Cancer and AIDS Staff								
The Governor's budget proposed insourcing 1.0 cancer prevention FTE and 16.0 AIDS continuum of care FTEs.	FTE	0.0	17.0	17.0	17.0	17.0	17.0	17.0
	Gross	0	0	0	0	0	0	0
	Federal	0	0	0	0	0	0	0
	Restricted	0	0	0	0	0	0	0
	GF/GP	0	0	0	0	0	0	0
46. Eliminate Alzheimer's Pilot Program								
The Governor's budget eliminated an Alzheimer's services pilot that was instituted in the FY 2014-15 budget.	Gross	150,000	150,000	0	150,000	0	(150,000)	0
	GF/GP	150,000	150,000	0	150,000	0	(150,000)	0
Senate Changes The Senate bill restored this funding.								
Conference Changes The Conference Committee concurred with the Senate.								
47. Eliminate Traumatic Brain Injury (TBI) Software Funding								
The Governor's budget removed funding that had been used to purchase software for several TBI pilot services programs.	Gross	1,350,000	0	0	0	(1,350,000)	(1,350,000)	(1,350,000)
	GF/GP	1,350,000	0	0	0	(1,350,000)	(1,350,000)	(1,350,000)

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES								
48. Mobile Dental Registration Fees								
The budget reflected the receipt of new fees on mobile dental providers. The money would be used to support the Dental Programs line. The fees were established in Public Act 100 of 2014.	Gross	0	20,000	20,000	20,000	20,000	20,000	20,000
	Restricted	0	20,000	20,000	20,000	20,000	20,000	20,000
	GF/GP	0	0	0	0	0	0	0
49. Elimination of Real Alternatives Pregnancy Program Funding								
The Governor's budget removed funding for this program.	Gross	800,000	50,000	50,000	50,000	(750,000)	(750,000)	(750,000)
	GF/GP	800,000	50,000	50,000	50,000	(750,000)	(750,000)	(750,000)
Senate Changes The Senate bill retained $50,000 in funding.								
House Changes The House bill concurred with the Senate change.								
Conference Changes The Conference Committee concurred with the House and Senate.								
50. One-time: Remove Child and Adolescent Health Funding								
The Governor's budget removed one-time funding for child and adolescent health services.	Gross	2,000,000	100	100	0	(1,999,900)	(1,999,900)	(2,000,000)
	GF/GP	2,000,000	100	100	0	(1,999,900)	(1,999,900)	(2,000,000)
Senate Changes The Senate bill retained placeholder funding.								
House Changes The House bill also included a $100 placeholder.								
Conference Changes The Conference Committee removed the funding as this funding will now be reflected in the School Aid budget.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES (continued)								
51. Remove Bone Marrow Registry Funding								
The Governor's budget removed one-time funding for the "Be the Match" Bone Marrow Registry program.	Gross	250,000	250,000	0	250,000	0	(250,000)	0
	GF/GP	250,000	250,000	0	250,000	0	(250,000)	0
Senate Changes The Senate bill restored this program.								
Conference Changes The Conference Committee concurred with the Senate and put the money in as ongoing funding in the Health Policy unit.								
52. Reduction in Rural Visitation Funding								
Senate Changes The Senate bill retained placeholder funding for this program.	Gross	2,250,000	100	2,250,000	1,700,000	(2,249,900)	0	(550,000)
	GF/GP	2,250,000	100	2,250,000	1,700,000	(2,249,900)	0	(550,000)
Conference Changes The Conference Committee reflected $550,000 in anticipated carryforward funding, with the intent of there being $2.25 million available for the program in FY 2015-16.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)								
53. CSHCS Base, Caseload, and Utilization								
The Governor's budget reflected the projected FY 2015-16 expenditures and fund sourcing for the CSHCS program.	Gross	187,931,700	189,966,200	189,966,200	189,966,200	2,034,500	2,034,500	2,034,500
	Federal	100,634,400	100,998,400	100,998,400	100,998,400	364,000	364,000	364,000
	Restricted	3,340,100	3,340,100	3,340,100	3,340,100	0	0	0
	GF/GP	83,957,200	85,627,700	85,627,700	85,627,700	1,670,500	1,670,500	1,670,500
54. CSHCS Transportation Base and Fund Source								
The Governor's budget included a base adjustment for the transportation line and corrected the fund sourcing. The line has lapsed money in recent years, so this adjustment is intended to bring the appropriation in line with expected expenditures.	Gross	1,505,900	905,900	905,900	905,900	(600,000)	(600,000)	(600,000)
	Federal	100,000	150,000	150,000	150,000	50,000	50,000	50,000
	GF/GP	1,405,900	755,900	755,900	755,900	(650,000)	(650,000)	(650,000)

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
CRIME VICTIMS SERVICES COMMISSION								
55. One-time: Remove Statewide Trauma System Funding								
The Governor's budget removed one-time funding used to support the statewide trauma system. There would still be $3.5 million in funding for the system. The FY 2014-15 supplemental shifted this new funding from GF/GP to Crime Victims Trust Fund revenue.	Gross	4,800,000	3,500,000	3,500,000	3,500,000	(1,300,000)	(1,300,000)	(1,300,000)
	Restricted	4,800,000	3,500,000	3,500,000	3,500,000	(1,300,000)	(1,300,000)	(1,300,000)
	GF/GP	0	0	0	0	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
OFFICE OF SERVICES TO THE AGING								
56. Remove Civil Monetary Penalty (CMP) Authorization for Monitoring								
Federal regulations do not allow the use of CMP revenue for monitoring of nursing facilities. Thus the Governor's proposed budget removed the CMP funding and replaced it with GF/GP	Gross	357,500	357,500	357,500	357,500	0	0	0
	Private	357,500	0	0	0	(357,500)	(357,500)	(357,500)
	GF/GP	0	357,500	357,500	357,500	357,500	357,500	357,500
57. Use of CMP Revenue for Nursing Home Culture Project								
The Governor's budget added CMP revenue to institute a nursing home culture project intended to improve quality of care at nursing facilities. The intent is to create a formal person-centered culture change model at nursing homes. Adoption of the model would be voluntary.	Gross	0	200,000	200,000	200,000	200,000	200,000	200,000
	Private	0	200,000	200,000	200,000	200,000	200,000	200,000
	GF/GP	0	0	0	0	0	0	0
58. One-time: Remove Senior Olympics Funding								
The Governor's budget removed one-time funding for the Senior Olympics.	Gross	100,000	0	0	0	(100,000)	(100,000)	(100,000)
	GF/GP	100,000	0	0	0	(100,000)	(100,000)	(100,000)

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES ADMINISTRATION								
59. Federal Integrated Care for Dual Eligibles Grant								
The Governor's budget reflected the first two years of funding from this grant. The money would be used for implementation of the dual eligible waiver.	FTE	0.0	5.0	5.0	5.0	5.0	5.0	5.0
	Gross	0	6,233,000	6,233,000	6,233,000	6,233,000	6,233,000	6,233,000
	Federal	0	4,674,800	4,674,800	4,674,800	4,674,800	4,674,800	4,674,800
	GF/GP	0	1,558,200	1,558,200	1,558,200	1,558,200	1,558,200	1,558,200
60. Long Term Care Conflict Free Level of Care Determination								
The Governor's budget shifted $5 million from the Long Term Care Services line in Medicaid to support an initiative to create a conflict free level of care determination process. The Federal government is requiring states to have the state or an independent entity do level of care assessments on people at a nursing home level of care, rather than having that assessment be done by service providers.	Gross	5,000,000	5,000,000	5,000,000	5,000,000	0	0	0
	Federal	2,500,000	2,500,000	2,500,000	2,500,000	0	0	0
	GF/GP	2,500,000	2,500,000	2,500,000	2,500,000	0	0	0
61. Eliminate Gestational Diabetes Study								
The Governor's budget removed funding for a study required under FY 2014-15 boilerplate section 1896.	Gross	35,000	0	0	0	(35,000)	(35,000)	(35,000)
	GF/GP	35,000	0	0	0	(35,000)	(35,000)	(35,000)
62. Eliminate Funding for MiDocs Graduate Medical Education (GME) Consortium								
The Governor's budget removed funding for the MiDocs GME consortium, which had been created in FY 2014-15.	Gross	500,000	100	0	0	(499,900)	(500,000)	(500,000)
	GF/GP	500,000	100	0	0	(499,900)	(500,000)	(500,000)

Senate Changes
The Senate bill retained placeholder funding for this program.

Conference Changes
The Conference Committee removed the funding but included work project landing to allow unspent FY 2014-15 funding to be used to support this project in FY 2015-16.

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES ADMINISTRATION (continued)								
63. Retain Funding for Transparency Database								
Senate Changes	Gross	0	300,000	0	0	300,000	0	0
The Senate bill retained funding for a transparency database website. This endeavor had been funded using carryforward funding in FY 2014-15.	GF/GP	0	300,000	0	0	300,000	0	0
Conference Changes The Conference Committee removed the funding but included work project landing to allow unspent FY 2014-15 funding to be used to support this project in FY 2015-16.								
64. MIChild Administration Fund Source								
Senate Changes	Gross	3,500,000	3,500,000	3,500,000	3,500,000	0	0	0
The Senate bill included a technical adjustment to reflect the increase in the MIChild Administrative match rate, leading to a reduction in GF/GP costs.	Federal	2,655,800	3,460,800	3,460,800	3,460,800	805,000	805,000	805,000
	GF/GP	844,200	39,200	39,200	39,200	(805,000)	(805,000)	(805,000)
House Changes The House bill made the same adjustment.								
Conference Changes The Conference Committee concurred with the House and the Senate.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID)								
65. Traditional Medicaid Base, Caseload, Inflation, and Utilization Adjustments								
The Governor's original budget reflected a significant reduction in "traditional" Medicaid costs due to a drop of nearly 100,000 cases that occurred during late 2014. The FY 2014-15 budget was adjusted with a $275.2 million Gross, $94.8 million GF/GP base and caseload adjustment in a supplemental, so the FY 2015-16 budget reflects a net increase over FY 2014-15.	Gross	10,336,842,000	10,417,455,400	10,417,455,400	10,417,455,400	80,613,400	80,613,400	80,613,400
	Federal	6,776,818,000	6,823,650,700	6,823,650,700	6,823,650,700	46,832,700	46,832,700	46,832,700
	Local	18,982,300	18,982,300	18,982,300	18,982,300	0	0	0
	Private	2,100,000	2,100,000	2,100,000	2,100,000	0	0	0
	Restricted	1,840,571,400	1,840,981,800	1,840,981,800	1,840,981,800	410,400	410,400	410,400
	GF/GP	1,698,370,300	1,731,740,600	1,731,740,600	1,731,740,600	33,370,300	33,370,300	33,370,300
66. Medicaid Expansion (Healthy Michigan Plan) Base, Caseload, Inflation, and Utilization Adjustments								
The Governor's budget reflected continued growth in the physical health side of the Healthy Michigan Plan (HMP), also known as Medicaid expansion. The program is funded at 100% Federal through December 31, 2016, at which point the match rate will drop to 95% Federal. The projected caseload is 575,000.	Gross	2,376,690,900	3,160,609,900	3,160,609,900	3,160,609,900	783,919,000	783,919,000	783,919,000
	Federal	2,376,690,900	3,160,609,900	3,160,609,900	3,160,609,900	783,919,000	783,919,000	783,919,000
	GF/GP	0	0	0	0	0	0	0
67. Technical Adjustments to the FY 2015-16 Medicaid Budget								
a. FY 2015-16 Use Tax Adjustments to Reflect Actual Costs								
The Governor's budget reflected the actual cost of the Use Tax for Medicaid HMOs. Under actuarial soundness the State must cover the cost of the tax to the HMOs.	Gross	NA	NA	NA	NA	0	8,098,000	8,098,000
	Federal	NA	NA	NA	NA	0	5,312,300	5,312,300
	Restricted	NA	NA	NA	NA	0	0	0
	GF/GP	NA	NA	NA	NA	0	2,785,700	2,785,700

Senate Changes
The Senate bill did not reflect this adjustment.

Conference Changes
The Conference Committee concurred with the House.

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
67. Technical Adjustments to the FY 2015-16 Medicaid Budget (continued)								
b. Roll-up of Health Insurer Fee Reserve Fund into Health Plan Services Line								
In FY 2014-15 a separate $87.1 million line line item included to cover the estimated costs of taxes charged to Medicaid managed care plans under the Federal Affordable Care Act (ACA). The Governor's budget rolled this line into the Health Plan Services line as it would now be considered part of the base funding for Medicaid HMOs.	Gross	87,057,500	87,057,500	87,057,500	87,057,500	0	0	0
	Federal	57,057,500	57,057,500	57,057,500	57,057,500	0	0	0
	GF/GP	30,000,000	30,000,000	30,000,000	30,000,000	0	0	0
c. Phase-Out of Indigent Care Agreement (ICA) Disproportionate Share Hospital (DSH) Payments								
As part of the transition from state and county run limited benefit programs to the Medicaid expansion, the FY 2014-15 budget retained $10 million in ICA DSH funding. The Governor's FY 2015-16 budget removed this funding.	Gross	10,000,000	0	0	0	(10,000,000)	(10,000,000)	(10,000,000)
	Federal	6,554,000	0	0	0	(6,554,000)	(6,554,000)	(6,554,000)
	Local	3,446,000	0	0	0	(3,446,000)	(3,446,000)	(3,446,000)
	GF/GP	0	0	0	0	0	0	0
d. Specialty Network Access Fee (SNAF), Physician Adjustor, and Dental Adjustor Funding Adjustments								
The SNAF and Physician and Dental Adjustor programs increase Medicaid payments to public clinics to the levels paid by commercial insurers. This mechanism is only available to public clinics, who put up the State match dollars needed to draw down the Federal funds. The budget included a significant increase in funding for SNAF and the adjustor programs as these programs have continued to grow. House Bill 4112, the FY 2014-15 supplemental, reflected an increase of $70.3 million Gross in SNAF.	Gross	NA	NA	NA	NA	29,100,000	29,100,000	29,100,000
	Federal	NA	NA	NA	NA	19,089,600	19,089,600	19,089,600
	Local	NA	NA	NA	NA	1,779,200	1,779,200	1,779,200
	Restricted	NA	NA	NA	NA	8,231,200	8,231,200	8,231,200
	GF/GP	NA	NA	NA	NA	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
67. Technical Adjustments to the FY 2015-16 Medicaid Budget (continued)								
e. Annualization of January 1, 2015 Changes to Medicaid Primary Care Rates								
During calendar years 2013 and 2014 payment rates for Medicaid primary care services were increased to the levels paid by Medicare. This increase was funded with 100% Federal funds. On January 1, 2015, one quarter of the way into FY 2014-15, the funding expired. The FY 2014-15 budget retained about half of the rate increase, using State GF/GP and regular Federal Medicaid match. The budget included a technical adjustment reflecting the expiration of $39.1 million in Federal funds and the annualization of the lower rate by including $24.2 million Gross and $8.3 million GF/GP.	Gross	111,631,200	96,730,500	96,730,500	96,730,500	(14,900,700)	(14,900,700)	(14,900,700)
	Federal	86,631,200	63,411,700	63,411,700	63,411,700	(23,219,500)	(23,219,500)	(23,219,500)
	GF/GP	25,000,000	33,318,800	33,318,800	33,318,800	8,318,800	8,318,800	8,318,800
f. House Technical Adjustments								
House Changes The House bill adjusted special Medicaid reimbursement fund sources, revised fund sourcing for State Psychiatric DSH payments (no net change in funding or fund sources), and adjusted the estimated transfer of line item authority to fund the dual eligible waiver (no net change in funding or fund sources).	Gross	NA	NA	NA	NA	0	0	0
	Federal	NA	NA	NA	NA	0	145,200	145,200
	Local	NA	NA	NA	NA	0	(22,900)	(22,900)
	Restricted	NA	NA	NA	NA	0	(122,300)	(122,300)
	GF/GP	NA	NA	NA	NA	0	0	0
Conference Changes The Conference Committee concurred with the House.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
68. Medicaid Fund Source Adjustments								
a. Medicaid Benefits Trust Fund (MBTF)								
The Governor's budget reflected a decrease in the amount of available MBTF revenue, due to a drop in Tobacco Tax revenue.	Gross	NA	NA	NA	NA	0	0	0
	Restricted	NA	NA	NA	NA	(19,500,000)	(19,500,000)	(19,500,000)
	GF/GP	NA	NA	NA	NA	19,500,000	19,500,000	19,500,000
b. Healthy Michigan Fund (HMF) Revenue								
The Governor's budget reflected a decrease in available HMF revenue, also due to the drop in Tobacco Tax revenue	Gross	NA	NA	NA	NA	0	0	0
	Restricted	NA	NA	NA	NA	(1,737,300)	(1,737,300)	(1,737,300)
	GF/GP	NA	NA	NA	NA	1,737,300	1,737,300	1,737,300
c. Use of Roads and Risks Reserve to Offset GF/GP								
The budget removed one-time funding from the Roads and Risks Reserve that was used in FY 2014-15 to offset GF/GP. That funding would not be available in FY 2015-16. The FY 2014-15 supplemental included an additional $2.0 million in RRR funding to offset GF.	Gross	NA	NA	NA	NA	0	0	0
	Restricted	NA	NA	NA	NA	(62,900,000)	(62,900,000)	(62,900,000)
	GF/GP	NA	NA	NA	NA	62,900,000	62,900,000	62,900,000
d. Tobacco Settlement Revenue								
Senate Changes	Gross	NA	NA	NA	NA	0	0	0
The Senate bill recognized additional Tobacco Settlement revenue and used it to offset GF/GP.	Tobacco	NA	NA	NA	NA	40,000,000	37,500,000	0
	GF/GP	NA	NA	NA	NA	(40,000,000)	(37,500,000)	0
House Changes The House bill reflected a similar amount of Tobacco Settlement revenue.								
Conference Changes The Conference Committee did not reflect any additional Tobacco Settlement revenue.								
e. Certified Public Expenditures (CPE) Revenue								
The FY 2014-15 supplemental, House Bill 4112, recognized $5.9 million in additional CPE revenue in FY 2014-15, which was not reflected in the FY 2015-16 proposals.	Gross	NA	NA	NA	NA	0	0	0
	Federal	NA	NA	NA	NA	(5,900,000)	(5,900,000)	(5,900,000)
	GF/GP	NA	NA	NA	NA	5,900,000	5,900,000	5,900,000

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
69. Traditional Medicaid Actuarial Soundness								
Under the Medicaid physical health managed care waiver, the State is required to pay actuarially sound capitation rates to HMOs The Governor proposed a 2.0% increase in these rates for traditional Medicaid.	Gross	4,905,539,800	4,980,749,700	4,980,749,700	4,980,749,700	75,209,900	75,209,900	75,209,900
	Federal	3,260,843,200	3,310,180,900	3,310,180,900	3,310,180,900	49,337,700	49,337,700	49,337,700
	Local	8,917,500	8,917,500	8,917,500	8,917,500	0	0	0
	Restricted	1,178,763,200	1,178,763,200	1,178,763,200	1,178,763,200	0	0	0
	GF/GP	457,015,900	482,888,100	482,888,100	482,888,100	25,872,200	25,872,200	25,872,200
70. Expansion Medicaid Actuarial Soundness								
Under the Medicaid physical health managed care waiver, the State is required to pay actuarially sound capitation rates to HMOs The Governor proposed a 2.0% increase in these rates for expansion Medicaid.	Gross	2,376,690,900	2,431,658,600	2,431,658,600	2,431,658,600	54,967,700	54,967,700	54,967,700
	Federal	2,376,690,900	2,431,658,600	2,431,658,600	2,431,658,600	54,967,700	54,967,700	54,967,700
	GF/GP	0	0	0	0	0	0	0
71. Increase in State Psychiatric DSH Savings								
The Governor's budget reflected the State's ability to make a larger special payment to State Psychiatric facilities. This payment, up to the Medicare Upper Payment Limit, is used to leverage Federal funds which effectively offset GF/GP. This adjustment of positive $24,062,600 Gross with a savings of $15,770,600 GF/GP was also included in the FY 2014-15 supplemental, so the net change from FY 2014-15 to FY 2015-16 merely reflects the change in match rate.	Gross	NA	NA	NA	NA	0	0	0
	Federal	NA	NA	NA	NA	14,500	14,500	14,500
	Local	NA	NA	NA	NA	0	0	0
	Restricted	NA	NA	NA	NA	0	0	0
	GF/GP	NA	NA	NA	NA	(14,500)	(14,500)	(14,500)
72. Rolling of MIChild Program into the Health Plan Services Line								
The Governor's budget proposed rolling the MIChild program into the Health Plan Services line item effective January 1, 2016, when the new Medicaid managed care contracts are expected to go into effect. MIChild would operate as a separate line in the first quarter of FY 2015-16 then would be rolled in effective January 1, 2016, so the transfer would be of 3/4ths of the line or $54,068,000.	Gross	71,220,100	71,220,100	71,220,100	71,220,100	0	0	0
	Federal	52,285,300	52,285,300	52,285,300	52,285,300	0	0	0
	Local	0	0	0	0	0	0	0
	Restricted	2,600,000	2,600,000	2,600,000	2,600,000	0	0	0
	GF/GP	16,334,800	16,334,800	16,334,800	16,334,800	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
73. Medicaid Cost/Program Reduction Measures								
a. One-Time: Removal of One-Time Funding for University of Detroit Dental Clinic								
The Governor's budget eliminated funding that was included in the one-time unit for the U-D Dental Clinic. This program had been funded in prior years using DSH money.	Gross	4,092,300	0	100	1,000,000	(4,092,300)	(4,092,200)	(3,092,300)
	GF/GP	4,092,300	0	100	1,000,000	(4,092,300)	(4,092,200)	(3,092,300)
House Changes The House bill retained a $100 placeholder.								
Conference Changes The Conference Committee included $1 million for the clinic.								
b. Elimination of Outstate Hospital Obstetrics Funding								
The Governor's budget removed funding to support outstate hospitals, generally small hospitals, that provide obstetrical services.	Gross	11,027,300	11,027,300	11,027,300	11,027,300	0	0	0
	Federal	7,233,900	7,233,900	7,233,900	7,233,900	0	0	0
	GF/GP	3,793,400	3,793,400	3,793,400	3,793,400	0	0	0
Senate Changes The Senate bill rejected this elimination and restored funding.								
House Changes The House bill rejected this elimination and restored funding.								
Conference Changes The Conference Committee concurred with the House and the Senate.								
c. Reduction in Managed Care Lab Reimbursement Rates to Medicaid Fee-for-Service Levels								
The Governor's budget assumed savings from reducing Medicaid lab reimbursement rates for Medicaid HMOs from the Medicare level down to the Medicaid fee for service level. This reduction was also included in Executive Order 2015-5 and will take effect in August 2015.	Gross	NA	NA	NA	NA	(31,790,000)	(31,790,000)	(31,790,000)
	Federal	NA	NA	NA	NA	(20,854,200)	(20,854,200)	(20,854,200)
	GF/GP	NA	NA	NA	NA	(10,935,800)	(10,935,800)	(10,935,800)

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
73. Medicaid Cost/Program Reduction Measures (continued)								
d. Care Coordination Managed Care Savings								
The Governor's budget assumed savings from increased care coordination in managed care, beginning with the new managed care contracts on January 1, 2016, including reduced emergency department utilization due to dental expansion and other efficiencies.	Gross	4,905,539,800	4,886,134,500	4,890,164,800	4,890,164,800	(19,405,300)	(15,375,000)	(15,375,000)
	Federal	3,260,843,200	3,248,113,300	3,250,757,200	3,250,757,200	(12,729,900)	(10,086,000)	(10,086,000)
	Local	8,917,500	8,917,500	8,917,500	8,917,500	0	0	0
	Restricted	1,178,763,200	1,178,763,200	1,178,763,200	1,178,763,200	0	0	0
	GF/GP	457,015,900	450,340,500	451,726,900	451,726,900	(6,675,400)	(5,289,000)	(5,289,000)

Senate Changes
The Senate bill assumed greater savings.

Conference Changes
The Conference Committee concurred with the House.

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
73. Medicaid Cost/Program Reduction Measures (continued)								
e. Savings from Transferring Pharmaceutical Services from HMOs to Fee-for-Service								
The Governor's budget proposed transferring responsibility for pharmaceutical services from the Medicaid HMOs to the fee-for-service Medicaid program, effective January 1, 2016, when the new managed care contracts are to take effect. The expectation is that this transfer, of $450 million in pharmaceutical costs for three quarters of the year, would allow the State to claim greater pharmaceutical rebates due to the State's much larger purchasing volume.	Gross	4,905,539,800	4,856,768,000	4,850,954,000	4,850,954,000	(48,771,800)	(54,585,800)	(54,585,800)
	Federal	3,260,843,200	3,228,848,900	3,225,034,900	3,225,034,900	(31,994,300)	(35,808,300)	(35,808,300)
	Local	8,917,500	8,917,500	8,917,500	8,917,500	0	0	0
	Restricted	1,178,763,200	1,178,763,200	1,178,763,200	1,178,763,200	0	0	0
	GF/GP	457,015,900	440,238,400	438,238,400	438,238,400	(16,777,500)	(18,777,500)	(18,777,500)

Senate Changes
The Senate bill rejected the carve-out of pharmaceutical services. Instead the bill assumed changes in managed care pharmaceutical services, in particular the establishment of a single formulary and the sharing of rebate revenue with the state, to achieve the same level of savings.

House Changes
The House bill also rejected the carve-out and assumed greater savings than did the Governor or Senate.

Conference Changes
The Conference Committee concurred with the House.

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
73. Medicaid Cost/Program Reduction Measures (continued)								
f. Reduction in Hospital Capital Funding								
The Governor's budget assumes savings from changing the hospital capital reimbursement formula to include managed care hospital expenditure data. Currently the capital reimbursement formula only incorporates fee for service data.	Gross	1,251,951,200	1,251,951,200	1,217,144,400	1,217,144,400	0	(34,806,800)	(34,806,800)
	Federal	825,297,400	825,297,400	802,464,100	802,464,100	0	(22,833,300)	(22,833,300)
	Restricted	338,803,500	338,803,500	338,803,500	338,803,500	0	0	0
	GF/GP	87,850,300	87,850,300	75,876,800	75,876,800	0	(11,973,500)	(11,973,500)
Senate Changes The Senate bill rejected this proposed change.								
Conference Changes The Conference Committee concurred with the House.								
g. Reduction in Wayne State Psychiatric DSH								
Senate Changes The Senate bill reduced the Wayne State Psychiatric DSH payment to $5.0 million.	Gross	5,605,900	5,000,000	5,605,900	5,605,900	(605,900)	0	0
	GF/GP	5,605,900	5,000,000	5,605,900	5,605,900	(605,900)	0	0
Conference Changes The Conference Committee concurred with the House.								
h. Increase in Staffing and Contractual Funding (see next two items)								
Senate Changes The Senate bill added staff and funding for contractual services to aid Third Party Liability recoveries and the Medicaid Inspector General.	FTE	0.0	10.0	0.0	10.0	10.0	0.0	10.0
	Gross	0	2,400,000	0	2,400,000	2,400,000	0	2,400,000
	Federal	0	1,200,000	0	1,200,000	1,200,000	0	1,200,000
	GF/GP	0	1,200,000	0	1,200,000	1,200,000	0	1,200,000
Conference Changes The Conference Committee concurred with the Senate.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
73. Medicaid Cost/Program Reduction Measures (continued)								
i. Increase in Third Party Liability (TPL) Recoveries								
Senate Changes	Gross	NA	NA	NA	NA	(19,767,400)	0	(19,767,400)
The Senate bill assumed increased TPL	Federal	NA	NA	NA	NA	(12,967,400)	0	(12,967,400)
savings due to increased funding to	GF/GP	NA	NA	NA	NA	(6,800,000)	0	(6,800,000)
support these efforts.								
Conference Changes								
The Conference Committee concurred with the Senate.								
j. Increase in Savings from Inspector General								
Senate Changes	Gross	NA	NA	NA	NA	(16,860,400)	0	(17,441,900)
The Senate bill assumed reduced costs	Federal	NA	NA	NA	NA	(10,860,400)	0	(11,441,900)
due to enhanced staff for the Medicaid	GF/GP	NA	NA	NA	NA	(6,000,000)	0	(6,000,000)
Inspector General.								
Conference Changes								
The Conference Committee concurred with the Senate but correct the fund sourcing.								
k. Savings from Adult Home Help Policy Change								
Senate Changes	Gross	302,440,800	300,140,800	300,140,800	300,140,800	(2,300,000)	(2,300,000)	(2,300,000)
The Senate bill recognized savings from	Federal	198,669,500	197,160,700	197,160,700	197,160,700	(1,508,800)	(1,508,800)	(1,508,800)
a proposed rule that would change the	GF/GP	103,771,300	102,980,100	102,980,100	102,980,100	(791,200)	(791,200)	(791,200)
hiring process for provider agencies.								
House Changes								
The House bill recognized similar savings.								
Conference Changes								
The Conference Committee concurred with the House and the Senate.								
k. Legislation Projected to Increase Third Party Liability Recoveries								
Conference Changes	Gross	NA	NA	NA	NA	0	0	(2,907,000)
The Conference Committee assumed savings	Federal	NA	NA	NA	NA	0	0	(1,907,000)
from passage of a statute that would expand	GF/GP	NA	NA	NA	NA	0	0	(1,000,000)
third party liability recoveries from commercial insurance entities.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
74. Increase in Program of Alternative Care for the Elderly (PACE) and Nursing Home Savings								
The Governor's budget included an increase in the PACE program of $8,275,000, funded by an identical transfer from the Long-Term Care line due to projected savings from the program expansion. The money would be used to expand PACE to Jackson County and Traverse City.	Gross	NA	NA	NA	NA	0	0	0
	Federal	NA	NA	NA	NA	0	0	0
	GF/GP	NA	NA	NA	NA	0	0	0
House Changes The House bill made a technical adjustment, shifting an additional $791,000 into the PACE line from Long-Term Care.								
Conference Changes The Conference Committee concurred with the House.								
75. Fund Source Shift and Increase in Poison Control Funding								
The Governor's budget reflected the shift in match funding for the poison control program from regular Medicaid match to the SCHIP match. The cap on funding eligible for match is $1,347,800, which would be paid at the new SCHIP match rate of 98.92%. The remaining GF/GP used to fund the program in the past would continue to be provided in a separate payment, allowing for a significant increase in funding.	Gross	1,122,300	1,719,900	1,719,900	1,719,900	597,600	597,600	597,600
	Federal	735,600	1,333,200	1,333,200	1,333,200	597,600	597,600	597,600
	GF/GP	386,700	386,700	386,700	386,700	0	0	0

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
76. Medicaid and Other Program Enhancements								
a. Expansion of Autism Services to Age 21								
The Governor's budget expanded coverage for Medicaid autism services to the population between ages 6 and 21. This expansion was mandated by the Federal government.	Gross	25,171,800	32,521,900	32,521,900	32,521,900	7,350,100	7,350,100	7,350,100
	Federal	16,497,500	21,319,200	21,319,200	21,319,200	4,821,700	4,821,700	4,821,700
	GF/GP	8,674,300	11,202,700	11,202,700	11,202,700	2,528,400	2,528,400	2,528,400
b. Expansion of Healthy Kids Dental Program								
The Governor's budget included funding to expand the Healthy Kids Dental program to children up to age 8 in the three counties not yet covered: Kent, Oakland, and Wayne. Children aged 9 and up would not be covered in these counties.	Gross	200,341,500	216,591,500	222,143,800	237,383,700	16,250,000	21,802,300	37,042,200
	Federal	130,699,100	141,359,100	145,001,400	154,998,900	10,660,000	14,302,300	24,299,800
	GF/GP	69,642,400	75,232,400	77,142,400	82,384,800	5,590,000	7,500,000	12,742,400

Senate Changes
The Senate bill would delay the expansion to July 1, 2016, but also would expand the program to all eligible children in Kent, Oakland, and Wayne Counties.

Conference Changes
The Conference Committee expanded the program to children up to age 12 in Kent, Oakland, and Wayne Counties. Children aged 13 and up would not be covered in these counties.

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
76. Medicaid and Other Program Enhancements								
c. Increase in Medicaid Adult Dental Reimbursement								
The Governor's budget included funding to institute a managed care model for Medicaid adult dental services, effective July 1, 2016. The goal would be to significantly increase reimbursement rates in order to increase access for services for adults.	Gross	200,341,500	208,020,800	200,341,600	200,341,500	7,679,300	100	0
	Federal	130,699,100	135,736,700	130,699,100	130,699,100	5,037,600	0	0
	GF/GP	69,642,400	72,284,100	69,642,500	69,642,400	2,641,700	100	0
Senate Changes The Senate bill assumed a delay in this enhancement to September 1, 2016.								
House Changes The House bill included placeholder funding for this initiative.								
Conference Changes The Conference Committee did not fund this initiative.								
d. Hospice Room and Board Payments								
Senate Changes The Senate bill restored funding for hospice room and board payments. These payments were determined to no longer be eligible for Federal match and were discontinued in FY 2013-14.	Gross	0	3,400,000	100	2,500,000	3,400,000	100	2,500,000
	GF/GP	0	3,400,000	100	2,500,000	3,400,000	100	2,500,000
House Changes The House bill included $100 one-time placeholder funding for these services.								
Conference Changes The Conference Committee included $2.5 million for these services as one-time funding.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
76. Medicaid and Other Program Enhancements								
e. Creation of Value Disproportionate Share Hospital (DSH) Pool								
Senate Changes	Gross	0	2,907,000	0	0	2,907,000	0	0
The Senate bill created a Value DSH pool	Federal	0	1,907,000	0	0	1,907,000	0	0
designed to reward and incentivize	GF/GP	0	1,000,000	0	0	1,000,000	0	0
hospitals that provide low-cost and high-quality Medicaid services.								
Conference Changes The Conference Committee concurred with the House.								
77. Health Insurance Claims Assessment (HICA) Revenue Estimate and Proposed Statutory Changes								
a. FY 2015-16 HICA Revenue Estimate								
The Governor's budget assumed an increase	Gross	NA	NA	NA	NA	0	0	0
in HICA revenue due to more individuals	Federal	NA	NA	NA	NA	0	0	0
purchasing insurance from the health	Restricted	NA	NA	NA	NA	21,600	21,600	21,600
insurance exchange. The FY 2014-15	GF/GP	NA	NA	NA	NA	(21,600)	(21,600)	(21,600)
supplemental assumed an increase of $6,474,000 in HICA revenue, so the net change from the year to date FY 2014-15 savings to FY 2015-16 is minor.								
b. Proposed Increase in HICA Rate								
The Governor's budget assumed passage of	Gross	NA	NA	NA	NA	0	0	0
legislation that would increase the HICA	Federal	NA	NA	NA	NA	0	0	0
tax rate from 0.75% to 1.30%.	Restricted	NA	NA	NA	NA	0	0	0
	GF/GP	NA	NA	NA	NA	0	0	0
Senate Changes The Senate bill did not assume an increase in the HICA rate.								
House Changes The House bill did not assume an increase in the HICA rate.								
Conference Changes The Conference Committee concurred with the House and the Senate.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
77. Health Insurance Claims Assessment (HICA) Revenue Estimate and Proposed Statutory Changes (continued)								
c. Proposed Removal of Cap on HICA and Use Tax Revenue								
The HICA legislation caps revenue from the HICA and the net of the GF/GP portion of the managed care Use Tax at $450.0 million. Revenue in excess of that cap would be effectively refunded to taxpayers in the next fiscal year through a rebate provision. It is projected that FY 2014-15 revenue from the HICA and the net of the GF/GP portion of the managed care Use Tax will be approximately $467.3 million. That would lead to the rebate of $17.3 million in revenue to taxpayers in FY 2015-16. The Governor's budget assumed a change in the HICA legislation removing the $450.0 million cap, thus negating any FY 2015-16 rebate.	Gross	NA	NA	NA	NA	0	0	0
	Federal	NA	NA	NA	NA	0	0	0
	Restricted	NA	NA	NA	NA	0	0	0
	GF/GP	NA	NA	NA	NA	0	0	0
Senate Changes The Senate bill did not assume removal of the revenue cap.								
House Changes The House bill did not assume removal of the revenue cap.								
Conference Changes The Conference Committee concurred with the House and the Senate.								
78. Creation of Ambulance Quality Assurance Assessment Program (QAAP)								
Senate Changes The Senate bill assumed implementation of legislation establishing an ambulance QAAP. There would be a reduction in GF/GP need due to a gainsharing provision.	Gross	NA	NA	NA	NA	40,000,000	0	8,641,000
	Federal	NA	NA	NA	NA	26,240,000	0	5,668,500
	Restricted	NA	NA	NA	NA	17,223,700	0	3,972,500
	GF/GP	NA	NA	NA	NA	(3,463,700)	0	(1,000,000)
Conference Changes The Conference Committee assumed implementation of an ambulance QAAP but assumed smaller GF/GP gainsharing.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
79. Increase in Hospital Quality Assurance Assessment Program (QAAP) Tax to Offset GF/GP for Specific Programs								
a. Graduate Medical Education (GME)								
The Governor's budget proposed increasing the hospital QAAP in order to replace GF/GP used to support GME. The amount of GF/GP savings would exceed the amount used to support the GME program due to the statutory retention of 13.2% of the Federal gain from the QAAP.	Gross	162,888,300	162,888,300	162,888,300	162,888,300	0	0	0
	Federal	106,757,000	106,757,000	116,953,400	106,757,000	0	10,196,400	0
	Restricted	0	0	61,345,600	0	0	61,345,600	0
	GF/GP	56,131,300	56,131,300	(15,410,700)	56,131,300	0	(71,542,000)	0

Senate Changes
The Senate bill rejected the use of hospital QAAP revenue to support the GME program.

House Changes
The House bill concurred with the Governor's use of QAAP to support GME but calculated the gainshare differently.

Conference Changes
The Conference Report rejected the use of hospital QAAP revenue to support the GME program.

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
79. Increase in Hospital Quality Assurance Assessment Program (QAAP) Tax to Offset GF/GP for Specific Programs								
b. Rural and Sole Community Hospital Pool								
The Governor's budget proposed increasing the hospital QAAP in order to replace GF/GP used to support the Rural and Sole Community Hospital pool. The amount of GF/GP savings would exceed the amount used to support the GME program due to the statutory retention of 13.2% of the Federal gain from the QAAP.	Gross	34,924,300	34,924,300	29,110,300	34,924,300	0	(5,814,000)	0
	Federal	22,924,300	22,924,300	19,110,300	22,924,300	0	(3,814,000)	0
	Restricted	0	0	0	0	0	0	0
	GF/GP	12,000,000	12,000,000	10,000,000	12,000,000	0	(2,000,000)	0

Senate Changes
The Senate bill rejected the use of hospital QAAP revenue to support the rural and sole community hospital pool.

House Changes
The House bill rejected the use of QAAP to support this program and reduced funding from $12.0 million GF/GP to $10.0 million GF/GP.

Conference Changes
The Conference Report rejected the use of hospital QAAP revenue to support the rural and sole community hospital pool.

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
MEDICAL SERVICES (MEDICAID) (continued)								
80. Changes in Structure of Medicaid Hospital Funding								
a. Increase Hospital QAAP and Recognize Gainsharing Revenue								
Senate Changes	Gross	NA	NA	NA	NA	0	0	0
The Senate bill concurred with the	Federal	NA	NA	NA	NA	0	0	0
Executive's proposal to increase the	Restricted	NA	NA	NA	NA	17,142,200	0	92,856,100
hospital QAAP, pre-gainsharing, by	GF/GP	NA	NA	NA	NA	(17,142,200)	0	(92,856,100)
$68.1 million and recognized gainsharing revenue of $17.1 million, which offsets GF/GP. Unlike the Executive proposal, this funding would be used to support general Medicaid hospital rates, not GME or rural and sole community hospital pool.								
Conference Changes								
The Conference Committee increased QAAP revenue by $92,856,100 and effectively gainshared this revenue, thus offsetting an equal amount of GF/GP.								
b. Use $68.1 Million Hospital QAAP to Provide Net Hospital Rate Increase								
Senate Changes	Gross		85,242,200	0	92,856,100	85,242,200	0	92,856,100
The Senate bill increased hospital	Federal		55,918,900	0	92,856,100	55,918,900	0	92,856,100
rates by a net of $85.2 million by	Restricted		68,100,000	0	0	68,100,000	0	0
using the increased QAAP revenue less a reduction in GF/GP funding for Medicaid hospital rates. The net result of these changes is an increase in the QAAP tax on hospitals of $85,242,200 along with an increase in Medicaid payments to hospitals of $85,242,200, offsetting the QAAP increase.	GF/GP		(38,776,700)	0	0	(38,776,700)	0	0
Conference Changes								
The Conference Committee increased Hospital Rate Adjustment (HRA) payments made through the Healthy Michigan Plan to hospitals to offset the QAAP increase.								

		FY 2014-15 YEAR-TO-DATE	FY 2015-16 SENATE	FY 2015-16 HOUSE	FY 2015-16 CONFERENCE	CHANGE TO FY 2014-15 YEAR-TO-DATE: SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH								
INFORMATION TECHNOLOGY								
81. One-Time: End of Medicaid Information Technology Project for Healthy Kids Dental Program								
The Governor's budget removed one-time funding for a Healthy Kids Dental program computer project originally set up to allow expansion of the program by Zip Code rather than just by county.	Gross	3,000,000	0	0	0	(3,000,000)	(3,000,000)	(3,000,000)
	Federal	2,700,000	0	0	0	(2,700,000)	(2,700,000)	(2,700,000)
	GF/GP	300,000	0	0	0	(300,000)	(300,000)	(300,000)

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
	GENERAL SECTIONS			
1.	**Payments to Units of Local Government.** Provides summary of total State spending from State resources for the Department in FY 2014-15. Provides further breakdown of State spending from State resources for the Department to local units of government in FY 2014-15.	Sec. 201	*Executive*	Sec. 4-201. Technical adjustments to reflect dollar decisions.
			Senate	Sec. 201. Technical adjustments to reflect dollar decisions.
			House	Sec. 201. Technical adjustments to reflect dollar decisions.
			Conference	Sec. 201. Technical adjustments to reflect dollar decisions.
2.	**Management and Budget Act. (1)** States that appropriations authorized under this Part and Part 1 are subject to the Management and Budget Act (P.A. 431 of 1984).	Sec. 202	*Executive*	Sec. 4-202. Changed "part and part 1" to "article".
			Senate	Sec. 202.
			House	Sec. 202.
			Conference	Sec. 202.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
3.	**Definitions.**	Sec. 203	*Executive*	Sec. 4-203. Changed "part and part 1" to "article. Deleted (c). Deleted (m). Changed "a governmental" to "an" in (s). Deleted (v). Re-lettered remaining sections.
			Senate	Sec. 203. Replaced 2015 with 2016 in (c). Replaced "federal register by the United States department of health and human services" with "Federal Register by the United States Department of Health and Human Services" in (h). Changed "a governmental" to "an" in (s). Changed "that" to "which" in (u). Replaced "title" with "subchapter" and "1395kkk-1 to 1395lll" in (v). Changed "title" to "subchapter" in (w).
			House	Sec. 203. Replaced 2015 with 2016 in (c). Replaced "department of health and human services" with "Department of Health and Human Services" in (h). Deleted (m). Deleted ""Title XVII" and", replaced "mean title" with "means subchapter", changed "1395kkk-1" to "1395lll" in (v). Replaced "title" with "subchapter" in (t). Changed "title" to "subchapter" in (w). Moved current year section (v) after current year section (p). Re-lettered remaining sections.
			Conference	Sec. 203. Replaced 2015 with 2016 in (c). Replaced "federal register by the United States department of health and human services" with "Federal Register by the United States Department of Health and Human Services" in (h). Deleted (m). Changed "a governmental" to "an" in (s). Deleted ""Title XVII" and", replaced "mean title" with "means subchapter", changed "1395kkk-1" to "1395lll" in (v). Replaced "title" with "subchapter" in (t). Changed "title" to "subchapter" in (w). Moved current year section (v) after current year section (p). Re-lettered remaining sections.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
4.	**Performance Metrics. (1)** Requires the Department to report a list of specific benchmarks to measure performance by November 1, 2014, for all new programs or programs expansions with appropriations greater than $500,000. An update on the progress of the program and expenditures is required to be given at an Appropriations Subcommittee meeting called to discuss benchmarks and their status. **(2)** States legislative intent that all proposed new programs or spending increases with appropriations greater than $500,000 starting in the FY 2015-16 budget shall include performance metrics to be met.	Sec. 204	*Executive*	Not included.
			Senate	Sec. 204. Language rewritten to read “In addition to the metrics required under section 447 of the management and budget act, 1984 PA 431, MCL 18.1447, for each new program or program enhancement for which funds in excess of $500,000 are appropriated in part 1, the department shall provide not later than November 1, 2015 a list of program-specific metrics intended to measure its performance based on a return on taxpayer investment. The department shall deliver the program-specific metrics to members of the senate and house subcommittees that have subject matter jurisdiction for this budget, fiscal agencies, and the state budget director. The department shall provide an update on its progress in tracking program-specific metrics and the status of program success at an appropriations subcommittee meeting called for by the subcommittee chair.”
			House	Sec. 204. Deleted subsection (1). Removed ",beginning with the budget for the fiscal year ending September 30, 2016,". Changed "$500,000.00" to "$1,000,000.00". Removed remaining numbering.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
			Conference	Sec. 204. Language rewritten to read “In addition to the metrics required under section 447 of the management and budget act, 1984 PA 431, MCL 18.1447, for each new program or program enhancement for which funds in excess of $1,000,000.00 are appropriated in part 1, the department shall provide not later than November 1, 2015 a list of program-specific metrics intended to measure its performance based on a return on taxpayer investment. The department shall deliver the program-specific metrics to members of the senate and house subcommittees that have subject matter jurisdiction for this budget, fiscal agencies, and the state budget director. The department shall provide an update on its progress in tracking program-specific metrics and the status of program success at an appropriations subcommittee meeting called for by the subcommittee chair.”
5.	**Contingency Fund.** Authorizes contingency fund appropriations. Amount in these funds not to exceed **(1)** $200.0 million Federal, **(2)** $40.0 million State Restricted (**3)** $20.0 million local and **(4)** $20.0 million private.	Sec. 206	*Executive*	Sec. 4-206. Replaced second "part 1" with "this article" in (1). Replaced second "part 1" with "this article" in (2). Replaced second "part 1" with "this article" in (3). Replaced second "part 1" with "this article" in (4).
			Senate	Sec. 206.
			House	Sec. 206.
			Conference	Sec. 206.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
6.	**Dashboard Language.** Requires Department to maintain a department scorecard identifying, tracking, and updating key metrics used to monitor and improve the Department's performance.	Sec. 207	*Executive*	Sec. 4-207. Changed "department's" to "agency's".
			Senate	Sec. 207.
			House	Sec. 207.
			Conference	Sec. 207.
7.	**Internet Reporting**. Requires the Department to use the Internet to fulfill the reporting requirements of this Act unless otherwise specified. This includes transmission of reports via e-mail or placement of reports on Internet/Intranet site.	Sec. 208	*Executive*	Sec. 4-208. Changed "part and part 1" to "article".
			Senate	Sec. 208.
			House	Sec. 208. Deleted "or Intranet site".
			Conference	Sec. 208. Deleted "or Intranet site".
8.	**Buy American/Michigan Intent Language.** Prohibits the use of funds for purchase of foreign goods/services if competitively priced and comparable quality American goods/services are available. Indicates that preference should be given to goods/services provided by Michigan businesses if they are competitively priced and of comparable quality; and in particular, preference should be given to Michigan businesses owned and operated by veterans.	Sec. 209	*Executive*	Sec. 4-209.
			Senate	Sec. 209.
			House	Sec. 209.
			Conference	Sec. 209.
9.	**Deprived and Depressed Communities.** Requires the Department Director and the Director of the Office of Services to the Aging to take all reasonable steps to ensure that businesses in deprived and depressed communities compete for and perform contracts. The directors are further required to encourage firms who contract with the Department to subcontract with businesses in deprived and depressed communities.	Sec. 210	*Executive*	Sec. 4-210. Deleted "and the director of the office of services to the aging" in first and second sentences. Changed second "The" to "Each".
			Senate	Sec. 210.
			House	Sec. 210.
			Conference	Sec. 210. Replaced all occurrences of "office of services to the aging" with "aging and adult services agency".

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
10.	**Carry Forward of Revenue.** Allows excess fee and collection revenue to be carried forward into the subsequent fiscal year (subject to approval by the State Budget Director). This revenue is to be used as the first source of funding in that year.	Sec. 211	*Executive*	Sec. 4-211.
			Senate	Sec. 211.
			House	Sec. 211.
			Conference	Sec. 211.
11.	**Revenue Sources and Amounts; Reporting Requirement.** Requires the Department to: **(1)** report by February 1 of the current fiscal year on name and amounts of revenue supporting each line item in this Act, **(2)** report the amounts and detailed sources of revenue proposed to support the next executive budget proposal.	Sec. 212	*Executive*	Sec. 4-212.
			Senate	Sec. 212.
			House	Sec. 212.
			Conference	Sec. 212. Changed "community health" to "the department budget" in (1).
12.	**Requirements for Receipt of Tobacco Tax (Healthy Michigan) Funds.** Requires report by April 1 of the current fiscal year from agencies receiving tobacco tax and Healthy Michigan funds in Part 1 regarding: **(a)** planned spending and a summary of organizations receiving funds, **(b)** allocation/bid processes, **c)** eligibility criteria, **(d)** outcome and effectiveness measures, **(e)** other necessary information.	Sec. 213	*Executive*	Sec. 4-213.
			Senate	Sec. 213.
			House	Sec. 213. Changed second "funds" to "fund revenue".
			Conference	Sec. 213. Changed second "funds" to "fund revenue".
13.	**Write-offs of Accounts Receivable, Deferrals, and Prior Year Obligations. (1)** Allows the use of prior year revenue for the write-off of accounts receivable, deferrals, and prior year obligations. **(2)** Permits the Department to use prior year reimbursements, refunds, and settlements to support spending.	Sec. 216	*Executive*	Sec. 4-216.
			Senate	Sec. 216.
			House	Sec. 216.
			Conference	Sec. 216.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
14.	**Basic Health Services.** Lists basic health services required by the public health code: immunizations, communicable and sexually transmitted disease control, tuberculosis control, prevention of gonorrhea eye infection in newborns, screening newborns for the 8 conditions listed in the Public Health Code, community health annex of the emergency management plan, and prenatal care.	Sec. 218	*Executive*	Not included.
			Senate	Sec. 218.
			House	Sec. 218.
			Conference	Sec. 218.
15.	**Contracting with Michigan Public Health Institute (MPHI). (1)** Allows the Department to contract with the MPHI for up to 3 years without employing the bid process; annual report due January 1 providing detailed information on each project is required. **(2)** Requires the Department to annually submit to the Legislature all reports, studies, and publications produced by the Institute, its subcontractors, and the Department, with funds appropriated to the Institute.	Sec. 219	*Executive*	Sec. 4-219.
			Senate	Sec. 219. Changed all occurrences of "Michigan public health institute" to "Michigan Public Health Institute".
			House	Sec. 219. Changed all occurrences of "Michigan public health institute" to "Michigan Public Health Institute".
			Conference	Sec. 219. Changed all occurrences of "Michigan public health institute" to "Michigan Public Health Institute".
16.	**DCH May Establish and Collect Fees.** Allows the Department to charge fees to offset the cost of publications, videos, conferences, and workshops. Prohibits the Department from collecting fees that exceed the cost of expenditures.	Sec. 223	*Executive*	Sec. 4-223.
			Senate	Sec. 223.
			House	Sec. 223.
			Conference	Sec. 223.
17.	**Healthy Michigan Plan.** Should the provisions of the Social Welfare Act contained in 2013 PA 107 be amended, repealed, or otherwise altered to eliminate the Healthy Michigan Plan the remaining funds in the line would only be able to be used to pay bills accrued up until the effective date of amend, repeal, or alteration.	Sec. 252	*Executive*	Not included.
			Senate	Sec. 252.
			House	Not included.
			Conference	Sec. 252.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
18.	**DCH to Notify Legislature Upon Waiver Submission. (1)** Requires the Department to notify the Legislature upon submission of a Medicaid waiver, State plan amendment, or similar proposal to CMS. **(2)** Requires the Department to present biannual reports on any new or ongoing discussions with CMS or HHS regarding potential waiver applications. **(3)** Directs Department to inform the subcommittees and fiscal agencies of any alterations or adjustments made to the dual Medicare/Medicaid eligible waiver when the final version of the plan is submitted to the Federal government. **(4)** Requires submission of the approved plan to the Legislature for review at least 30 days prior to implementation.	Sec. 264	*Executive*	Sec. 4-264. Deleted the third "and", and inserted "and the state budget office" after "senate fiscal agencies," in (1). Removed second "and" in (2). Inserted "and the state budget office" after "house fiscal agencies," in (2). Deleted sections (3) and (4).
			Senate	Sec. 264. Deleted the third "and", and inserted "and the state budget office" after "senate fiscal agencies," in (1). Removed second "and" in (2). Inserted "and the state budget office" after "house fiscal agencies," in (2). Replaced "centers" with "Centers" and "services" with "Services" in (2). Changed "federal department of health and human services" to "United States Department of Health and Human Services" in (2). Replaced "centers" with "Centers" and "services" with "Services" in (3). Changed "federal department of health and human services" to "United States Department of Health and Human Services" in (3).
			House	Sec. 264. Changed "centers" to "Centers" and "services" to "Services" in (1). Deleted the third "and", and inserted "and the state budget office" after "senate fiscal agencies," in (1). Removed second "and" in (2). Inserted "and the state budget office" after "house fiscal agencies," in (2). Replaced "centers" with "Centers" and "services" with "Services" in (2). Changed "federal department of health and human services" to "United States Department of Health and Human Services" in (2). Replaced "who are dual Medicare/Medicaid eligible" with "eligible for both Medicare and Medicaid" in (3). Replaced "centers" with "Centers" and "services" with "Services" in (3). Changed "federal department of health and human services" to "United States Department of Health and Human Services" in (3). Deleted (4).

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
			Conference	Sec. 264. Changed "centers" to "Centers" and "services" to "Services" in (1). Deleted the third "and", and inserted "and the state budget office" after "senate fiscal agencies," in (1). Removed second "and" in (2). Inserted "and the state budget office" after "house fiscal agencies," in (2). Replaced "centers" with "Centers" and "services" with "Services" in (2). Changed "federal department of health and human services" to "United States Department of Health and Human Services" in (2). Replaced "who are dual Medicare/Medicaid eligible" with "eligible for both Medicare and Medicaid" in (3). Replaced "centers" with "Centers" and "services" with "Services" in (3). Changed "federal department of health and human services" to "United States Department of Health and Human Services" in (3). Deleted (4).

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
19.	**Restriction on Spending Funds for Travel. (1)** Requires report on out of State travel no later than January 1, listing all travel by employees outside the State funded with appropriated funds, submitted to the fiscal agencies and the State Budget Director. Report shall include dates of travel and transportation costs including portion funded by GF/GP, State Restricted, Federal, and other revenues. **(2)** Permits out of State travel that does not meet provisions of Subsection (1) if an exception is granted by the State Budget Director; such exceptions to be reported monthly to the Appropriations Committees.	Sec. 266	*Executive*	Sec. 4-266.
			Senate	Sec. 266.
			House	Sec. 266.
			Conference	Sec. 266.
20.	**Communication with Department Staff.** Prohibits the Department from punishing an employee for communicating with a member of the Legislature or their staff.	Sec. 267	*Executive*	Not included.
			Senate	Sec. 267.
			House	Sec. 267.
			Conference	Sec. 267.
21.	**Attorney General Medicaid Recoveries.** Language requires the Department to notify the Legislature and the State Budget Office within 180 days of any recovery of Medicaid funds through legal action. This notification is required to include details about **(a)** the total amount of the recovery, **(b)** the program or service through which the funds were originally paid, **(c)** the disposition of the recovered funds, and **(d)** the facts related to the legal action.	Sec. 270	*Executive*	Sec. 4-270.
			Senate	Sec. 270.
			House	Sec. 270. Replaced "Within 180 days after" with "The department shall advise the legislature of the". Changed first "the" to "a". Replaced "expenses," with "expenses. By March 1 and September 1 of the current fiscal year,".
			Conference	Sec. 270. Replaced "Within 180 days after" with "The department shall advise the legislature of the". Changed first "the" to "a". Replaced "expenses," with "expenses. By November 1 and May 1 of the current fiscal year,".

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
22.	**Legal Services.** Forbids use of appropriated funds by the Department to provide legal services that are the responsibility of the State Attorney General.	Sec. 276	*Executive*	Sec. 4-276.
			Senate	Sec. 276.
			House	Sec. 276.
			Conference	Sec. 276.
23.	**Automated Metric System for Contracts. (1)** Directs the Department to work with DTMB to establish an automated metric collection, validation, and reporting system for contracts by September 30. Requires a report on November 1 and May 1 on the status of the project and project plans. **(2)** Requires the system to be able to generate a report on performance metrics for all new and existing contracts with renewal of more than $1.0 million funded only with GF/GP or Restricted funds by June 30, 2016.	Sec. 282	*Executive*	Not included.
			Senate	Sec. 282.
			House	Sec. 282.Changed "establish" to "plan for the development of" in (1). Deleted "via the state's e-procurement system by September 30 of the current fiscal year" in (1). Deleted "and a project plan" in (1). Changed "November 1 and May 1" to "February 1" in (1). Replaced "By June 30, 2016," with "It is the intent of the legislature that" in (2).
			Conference	Not included.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
24.	**MiBridges Fraud Prevention.** Requires the Department to participate in a workgroup to minimize fraud in the MiBridges benefits program. States membership of the workgroup and requires the workgroup to address: **(a)** if the DHS policy regarding card replacement deter improper use, **(b)** technologies which may deter improper use of bridge cards, **(c)** if a state ID or driver's license could replace existing cards, and **(d)** what federal policies may inhibit or enhance fraud minimization actions.	NEW HOUSE SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 285.
			Conference	Not included.
25.	**General Fund Lapses.** Language directs the State Budget Office, by November 30, to prepare and transmit a report that provides for estimates of the total General Fund/General Purpose appropriation lapses at the close of the previous fiscal year. This report shall summarize the projected year-end General Fund/General Purpose appropriations lapses by major departmental program or program areas.	Sec. 287	*Executive*	Sec. 4-287.
			Senate	Sec. 287.
			House	Sec. 287.
			Conference	Sec. 287.
26.	**Limits Administrative Component of New Contracts. (1)** Requires that by October 1, 2014, a minimum of 90% of new contracts financed through State Restricted funds or General Funds to provide for specific services for individuals must be spent on those services. **(2)** Allows a contract to exceed the administrative and services cost limitation if it can be demonstrated that an exception should be made. **(3)** The Department is required to submit a report by September 30th of the current fiscal year the rationale for all exceptions made as well as the number of contracts terminated due to violations of the cost limitations.	Sec. 288	*Executive*	Not included.
			Senate	Sec. 288.
			House	Sec. 288.
			Conference	Sec. 288.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
27.	**Report on DCH/DHS Merger.** Requires a report on the first day of each month on the status of the merger of DCH and DHS. Report must include current status of FTE positions, facilities in use, services including restructuring or consolidation, efficiencies, and estimated savings or costs associated with the merger. Report must also indicate any changes from previous report.	NEW HOUSE SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 290.
			Conference	Sec. 290. Changed "By the first day of each quarter of the current fiscal year" to "On a quarterly basis".
28.	**Report on Expenditures. (1)** Requires Department to cooperate with the Department of Technology, Management, and Budget to create and maintain a free searchable website including fiscal year-to-date expenditures by category, appropriation unit, and vendor. Also would include employees by job classification, job specifications, and wage rates.	Sec. 292	*Executive*	Sec. 4-292. Inserted "for each department or agency" after "following".
			Senate	Sec. 292.
			House	Sec. 292. Inserted "for each department or agency" after "following".
			Conference	Sec. 292. Inserted "for each department or agency" after "following".
29.	**Estimated Fund Balances.** Requires report within 14 days of the release of the budget on Restricted Fund balances, revenues, and expenditures for previous and current fiscal years.	Sec. 296	*Executive*	Sec. 4-296. Replaced "on community health" with "chairs". Changed 2014 to 2015 and 2015 to 2016.
			Senate	Sec. 296. Changed 2014 to 2015 and 2015 to 2016.
			House	Sec. 296. Replaced "on community health" with "chairs". Changed 2014 to 2015 and 2015 to 2016.
			Conference	Sec. 296. Replaced "on community health" with "chairs". Changed 2014 to 2015 and 2015 to 2016.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
30.	**Legacy Costs.** Specifies legacy costs in FY 2014-15 appropriation, including $449,676,000 for pension-related costs and $39,448,600 for retiree health care costs.	Sec. 297	*Executive*	Sec. 4-297. Changed 2015 to 2016. Replaced "$89,124,600.00" with "$87,425,100.00". Replaced "$449,676,000.00" with "$49,623,700.00". Replaced "$39,448,600.00" with "$37,801,400.00".
			Senate	Sec. 297. Changed 2015 to 2016. Replaced "$89,124,600.00" with "$87,425,100.00". Replaced "$449,676,000.00" with "$49,623,700.00". Replaced "$39,448,600.00" with "$37,801,400.00".
			House	Sec. 297. Changed 2015 to 2016. Replaced "$89,124,600.00" with "$87,425,100.00". Replaced "$449,676,000.00" with "$49,623,700.00". Replaced "$39,448,600.00" with "$37,801,400.00".
			Conference	Sec. 297. Changed 2015 to 2016. Replaced "$89,124,600.00" with "$87,425,100.00". Replaced "$449,676,000.00" with "$49,623,700.00". Replaced "$39,448,600.00" with "$37,801,400.00".
31.	**Michigan/Illinois Medicaid Alliance.** Allocates $20.0 million from the Michigan Medicaid Information System (MMIS) line item to support the Michigan/Illinois Alliance, as Illinois will be paying the State of Michigan to use the MMIS with its Medicaid program.	Sec. 298	*Executive*	Sec. 4-298.
			Senate	Sec. 298.
			House	Sec. 298.
			Conference	Sec. 298.
32.	**Requests for Proposal, Information, and Qualification.** Bars the Department from issuing a request for proposal in excess of $5.0 million unless the Department has first considered issuing a request for information or qualification. Requires Department to notify the Department of Technology, Management, and Budget if a request for information or qualification was not necessary.	Sec. 299	*Executive*	Not included.
			Senate	Sec. 299.
			House	Sec. 299.
			Conference	Sec. 299.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
	BEHAVIORAL HEALTH SERVICES			
33.	**Community Mental Health Services Program (CMHSP) Contractual Requirements.** Defines the Community Mental Health system as being under full authority and responsibility of local CMHSPs or PIHPs. Sets requirements for each CMHSP and PIHP to operate in accordance with the Mental Health Code, 1974 PA 258, MCL 330.1001 to 330.2106, the Medicaid provider manual, Federal Medicaid waivers, and all other applicable Federal and State laws.	Sec. 401	*Executive*	Sec. 4-401.
			Senate	Sec. 401.
			House	Sec. 401.
			Conference	Sec. 401.
34.	**Authorization of Funding to CMHSPs. (1)** Requires final authorizations to CMHSPs or PIHPs be made upon execution of contracts with the Department and include: an approved plan and budget, policies governing the responsibilities of both parties, language invalidating the contract if the total contracted amounts exceed appropriations. **(2)** Requires report to the Legislature on any new or amended contracts that affect rates or expenditures. **(3)** Report shall include information about the changes and their effects on rates and expenditures.	Sec. 402	*Executive*	Sec. 4-402.
			Senate	Sec. 402.
			House	Sec. 402.
			Conference	Sec. 402.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
35.	**Contracts for Mental Health Services for Special Populations. (1)** Permits the Department to require each contractor to provide information on performance related metrics that may include, but are not limited to: each contractor or subcontractor shall (a) have a mission consistent with the purpose of multicultural integration funding, (b) validate that all subcontractors share the mission of the agency being funded, (c) shall demonstrate cost effectiveness, (d) ensure their ability to utilize private dollars to enhance services, (e) provide reports on number of clients served, units of services provided and ability to meet goals. **(2)** Directs that the Department require a report from contractors receiving funding 60 days after the end of the contract period including specific information as listed in the boilerplate. **(3)** Requires DCH and DHS to form a workgroup to consider moving towards competitive bidding and including accreditation in contractor specifications. Contractors required to provide data in this section must be invited to participate in the workgroup.	Sec. 403	*Executive*	Sec. 4-403.
			Senate	Sec. 403.
			House	Sec. 403.
			Conference	Sec. 403.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
36.	**Reporting of Data by CMHSPs. (1)** Requires report to the Legislature on services provided through the community mental health system by May 31 of each fiscal year. **(2)** Report to include relevant information about: **(a)** recipient demographics, **(b)** per capita expenditures **(c)** financial information, **(d)** service outcomes, **(e)** access to services including *(i)* number of people receiving services and *(ii)* number of people requesting but not receiving services. **(f)** Number of second opinions, **(g)** appropriateness of services provided, **(h)** lapses and carry forwards during current fiscal year **(i)** contracts for mental health services entered into by CMHSPs or specialty prepaid health plans, including *(i)* The amount of the contract, organized by type of service provided. *(ii)* Payment rates, organized by the type of service provided. *(iii)* Administrative costs for services provided to CMHSPs or specialty prepaid health plans, and **(j)** Medicaid managed care information including *(i)* expenditure and performance information for CMH Medicaid managed care services, and **(k)** An estimate of the number of direct care workers in local residential settings and paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training and personal care services are provided by CMHSP or PIHPs as of September 30 of the prior fiscal year employed directly or through contracts with provider organizations. **(3)** Requires the Department to include data reporting requirements in the annual contracts with each CMHSP or specialty prepaid health plan. **(4)** Requires the Department to ensure that all data is complete and consistent.	Sec. 404	*Executive*	Not included.
			Senate	Sec. 404. Inserted new subsection (2) (l) which reads "Information on the ratio of medical loss. As used in this subdivision, "ratio of medical loss" means the proportion of premium revenue spent on clinical services and quality improvement".

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
			House	Sec. 404. Replaced "community mental health services programs' with "CMHSPs" in (1). Inserted "and cultural and ethnic groups of the services area, including the deaf and hard of hearing population" after "group" in (2) (b). Inserted "Medicaid and Healthy Michigan Plan" after "by", inserted "all" after "for", inserted "for services and products. Financial information must include the amount of funding, from each fund source, used to cover services and supports" after "contracts", and inserted "General fund expenditures should reflect those funds used to cover uninsured individuals including Medicaid spenddowns" after "services" in (2) (c). Deleted "including information about the number of individuals in the service delivery system who have requested and are clinically appropriate for different services" in (2) (g). Inserted "and Healthy Michigan" after "care" in (2) (j). Changed "program" to "programs" in (2) (j). Deleted "both of" in (2) (j). Added "(ii) Expenditures on, and utilization of, each Medicaid and Healthy Michigan Plan service category by each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders." to subsection (2) (j). Re-lettered current year (2) (j) (ii) as (2) (j) (iii). Inserted "and the average rate of pay for those direct care workers, providing services" after first "workers,", inserted "the number of" after "after first "and", and inserted "and the average rate of pay for those paraprofessional and nonprofessional direct care workers, providing services" after second "workers" in (2) (k). Added "(l) Administrative expenditures of each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders that includes a breakout of the salary, benefits, and pension of each executive level staff and shall include the director, chief executive, and chief operating officers and other members identified as executive staff" to subsection (2).

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
			Conference	Sec. 404. Replaced "community mental health services programs' with "CMHSPs" in (1). Inserted "and cultural and ethnic groups of the services area, including the deaf and hard of hearing population" after "group" in (2) (b). Inserted "Medicaid and Healthy Michigan Plan" after "by", inserted "all" after "for", inserted "for services and products. Financial information must include the amount of funding, from each fund source, used to cover clinical services and supports" after "contracts", and inserted "General fund expenditures should reflect those funds used to cover uninsured individuals including Medicaid spenddowns" after "services" in (2) (c). Deleted "including information about the number of individuals in the service delivery system who have requested and are clinically appropriate for different services" in (2) (g). Inserted "and Healthy Michigan" after "care" in (2) (j). Changed "program" to "programs" in (2) (j). Deleted "both of" in (2) (j). Added "(ii) Expenditures on, and utilization of, each Medicaid and Healthy Michigan Plan service category by each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders." to subsection (2) (j). Re-lettered current year (2) (j) (ii) as (2) (j) (iii). Rewrote (2) (k) to read: Administrative expenditures of each CMHSP, PIHP, regional entity designated by the department as a PIHP, and managing entity for substance use disorders that includes a breakout of the salary, benefits, and pension of each executive level staff and shall include the director, chief executive, and chief operating officers and other members identified as executive staff" .

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
37.	**State Disability Assistance Substance Use Disorder Services Program. (1)** Requires State Disability Assistance Substance Use Disorder Services Program funding be used for per diem room and board payments in substance use disorder residential facilities. **(2)** States that licensed substance use disorder service providers will be reimbursed at a rate equivalent to that paid by the Department of Human Services to adult foster care providers. Accredited programs are to be reimbursed at the personal care rate, while all others are to be reimbursed at the domiciliary care rate.	Sec. 406	*Executive*	Sec. 4-406.
			Senate	Sec. 406.
			House	Sec. 406.
			Conference	Sec. 406.
38.	**Contracting with Substance Use Disorder Coordinating Agencies (CAs); Establishment of Fee Schedule. (1)** Directs that non-Medicaid substance use disorder funds be paid out through contracts with local CAs or designated service providers. Requires coordination between CAs and CMHSPs or PIHPs for dually diagnosed clients. **(2)** Requires the Department to establish managing entity fee schedules and charge participants on ability to pay. **(3)** States intent of Legislature that managing entities continue efforts to collaborate on delivery of services to those with mental illness and substance use disorder diagnoses	Sec. 407	*Executive*	Sec. 4-407.
			Senate	Sec. 407.
			House	Sec. 407.
			Conference	Sec. 407.
39.	**Reporting of Data by Substance Use Disorder CAs. (1)** Requires report on substance use disorder prevention, education, and treatment programs by April 1 of the current fiscal year. Data to include **(a)** expenditure information by agency, **(b)** expenditure information per client **(c)** services provided, and **(d)** collections data through first and third party payers. **(2)** Requires the Department to ensure that data is complete and consistent.	Sec. 408	*Executive*	Sec. 4-408.
			Senate	Sec. 408.
			House	Sec. 408.
			Conference	Sec. 408.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
40.	**Substance Use Disorder Treatment for Certain Public Assistance Recipients.** Directs the Department to assure that substance use disorder treatment is provided to public assistance recipients and applicants who are required to obtain such services as a condition of eligibility for public assistance.	Sec. 410	*Executive*	Sec. 4-410.
			Senate	Sec. 410.
			House	Sec. 410.
			Conference	Sec. 410.
41.	**Jail Diversion Services. (1)** Directs the Department to ensure that each contract with a CMHSP or PIHPS requires the CMHSP or PIHP to implement programs to encourage diversion of individuals with mental illness, emotional impairment, or developmental disabilities from jail incarceration. **(2)** Directs each CMHSP or PIHP to have jail diversion services and work toward establishing working relationships with law enforcement and justice system personnel; written interagency agreements delineating responsibilities and procedures for local jail diversion efforts are encouraged.	Sec. 411	*Executive*	Sec. 4-411.
			Senate	Sec. 411.
			House	Sec. 411.
			Conference	Sec. 411.
42.	**Salvation Army Harbor Light.** Requires the Department to contract directly with the Salvation Army Harbor Light program to provide non-Medicaid substance use disorder services.	Sec. 412	*Executive*	Not included.
			Senate	Sec. 412.
			House	Not included.
			Conference	Sec. 412.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
43.	**Reporting on Mental Health Capitation Rates.** Requires the Department to provide a monthly report on amount of funding paid to PIHPs for the Medicaid managed mental health care program. Report shall include PIHPs' spending, caseloads, and a year-to-date summary of eligibles and expenditures.	Sec. 418	*Executive*	Sec. 4-418. Changed "tenth" to "25th".
			Senate	Sec. 418. Changed "tenth" to "twenty-fifth".
			House	Sec. 418. Changed "tenth" to "twenty-fifth".
			Conference	Sec. 418. Changed "tenth" to "twenty-fifth".
44.	**Timely Payment by PIHPs.** Requires PIHPs to adhere to timely claims processing and payment procedure for Medicaid claims submitted by health professionals and facilities. Lists timely claim processing requirements.	Sec. 424	*Executive*	Not included.
			Senate	Sec. 424.
			House	Sec. 424.
			Conference	Sec. 424.
45.	**Contingency Funding Using Local Funds as State Match.** Each PIHP shall provide, from internal resources, local funds to be used as a bona fide part of the State match required under the Medicaid program in order to increase capitation rates for PIHPs.	Sec. 428	*Executive*	Sec. 4-428.
			Senate	Sec. 428.
			House	Sec. 428.
			Conference	Sec. 428.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
46.	**Requirement Counties Make CMHSP Payments on At Least a Quarterly Basis.** Directs counties to pay the matching funds for mental health services to CMHSPs in equal installments on not less than a quarterly basis throughout the fiscal year, with the first payment being made by October 1 of the current fiscal year.	Sec. 435	*Executive*	Sec. 4-435.
			Senate	Sec. 435.
			House	Sec. 435.
			Conference	Sec. 435.
47.	**Wayne County Detention Facility Mental Health Funding.** Requires that $8.9 million of the funds appropriated to the Detroit Wayne County Mental Health Authority be used for mental health services at the county adult and juvenile detention facilities.	NEW HOUSE SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 436.
			Conference	Not included.
48.	**Medicaid Coverage for Autism Spectrum Disorders.** Directs that treatment of autism spectrum disorders be covered by the Medicaid program for Medicaid eligible children as defined in the Federally approved Medicaid State plan.	NEW HOUSE SECTION	*Executive*	Sec. 4-1858.
			Senate	Sec. 1858. Changed "association of health plans" to "Association of Health Plans".
			House	Moved to Sec. 458. Changed "association of health plans" to "Association of Health Plans".
			Conference	Moved to Sec. 458. Changed "association of health plans" to "Association of Health Plans".

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
49.	**Special Projects Funding. (1)** Allocates $1.0 million to the EMU Autism Center, $500,000 to the CMU Central Assessment Lending Library, $500,000 to the Oakland University Center for Autism Research, Education, and Support, $4.0 million to the WMU Autism Center of Excellence, and $1.0 million to MSU autism services. **(2)** Allocates $1.5 million for autism support services to aid families in choosing treatment and other service options.	NEW CONF. SECTION	*Executive*	Sec. 4-1902. Language rewritten: (1) Directs the Department to allocate funds in support of autism university programs in order to increase the number of applied behavioral analysis therapists in the state. (2) Outcomes and performance measures must include the number of applied behavioral analysis therapists trained by universities receiving funds.
			Senate	Sec. 1902. Language rewritten: (1) Directs the Department to allocate funds in support of autism university programs in order to increase the number of applied behavioral analysis therapists in the state. (2) Allows the funds to be used for scholarships to students who are training to become applied behavioral analysis therapists. (3) Outcomes and performance measures must include the number of applied behavioral analysis therapists trained by universities receiving funds.
			House	Sec. 1902. Language rewritten: (1) Directs the Department to allocate funds in support of autism university programs in order to increase the number of applied behavioral analysis therapists in the state. (2) Outcomes and performance measures must include the number of applied behavioral analysis therapists trained by universities receiving funds.
			Conference	Moved to Sec. 460. Language rewritten to read "The department shall allocate funds appropriated in part 1 for university autism programs through a grant process for the purpose of increasing the number of applied behavioral analysis therapists, autism diagnostic centers, autism treatment centers, and employment programs, and to increase the autism clinical expertise of health care providers.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
50.	**Deemed Status for CMHSPs, PIHPs, and Subcontractors. (1)** Directs that mental health subcontractors be deemed in compliance with program review and audit requirements if accredited by national accrediting agencies, contingent upon Federal approval. **(2)** Requires report to subcommittees, fiscal agencies, and State Budget Office report listing subcontractors in compliance, list of requirements the entities are in compliance with, and the accrediting agencies involved. **(3)** Requires the Department to comply with State and Federal law and not initiate actions that would negatively impact beneficiary safety. **(4)** Defines "national accrediting agency".	Sec. 494	*Executive*	Sec. 4-494.
			Senate	Sec. 494. Replaced "joint commission on accreditation of healthcare organizations" with "Joint Commission on Accreditation of Healthcare Organizations", replaced "commission on accreditation of rehabilitation facilities" with "Commission on Accreditation of Rehabilitation Facilities", replaced "council of accreditation" with "Council on Accreditation", replaced "utilization review accreditation commission" with "Utilization Review Accreditation Commission", and replaced "national committee for quality assurance" with "National Committee for Quality Assurance" in (4). Inserted "URAC, formerly known as the" after fourth "the" in (4).
			House	Sec. 494. Replaced "joint commission on accreditation of healthcare organizations" with "Joint Commission on Accreditation of Healthcare Organizations", replaced "commission on accreditation of rehabilitation facilities" with "Commission on Accreditation of Rehabilitation Facilities", replaced "council of accreditation" with "Council on Accreditation", replaced "utilization review accreditation commission" with "Utilization Review Accreditation Commission", and replaced "national committee for quality assurance" with "National Committee for Quality Assurance" in (4). Inserted "URAC, formerly known as the" after fourth "the" in (4).

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
			Conference	Sec. 494. Replaced "joint commission on accreditation of healthcare organizations" with "Joint Commission on Accreditation of Healthcare Organizations", replaced "commission on accreditation of rehabilitation facilities" with "Commission on Accreditation of Rehabilitation Facilities", replaced "council of accreditation" with "Council on Accreditation", replaced "utilization review accreditation commission" with "Utilization Review Accreditation Commission", and replaced "national committee for quality assurance" with "National Committee for Quality Assurance" in (4). Inserted "URAC, formerly known as the" after fourth "the" in (4).

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
51.	**Mental Health Diversion Council Recommendations.** Provides $3.35 million in funding for the Mental Health Diversion Council Recommendations.	Sec. 495	*Executive*	Sec. 4-495. Replaced "$3,350,000.00" with "$4,350,000.00".
			Senate	Sec. 495.
			House	Sec. 495. Replaced $3,350,000.00" with "$4,350,000.00".
			Conference	Sec. 495. Replaced $3,350,000.00" with "$4,350,000.00".
52.	**Distribution of Substance Use Disorder Block Grant Funds.** Directs that the distribution of substance use disorder block grant funds be based on the most recent Federal census.	Sec. 497	*Executive*	Not included.
			Senate	Sec. 497.
			House	Sec. 497.
			Conference	Sec. 497.
53.	**Distribution of GF to CMHSPs.** Requires that, if the Department decides to use census data to distribute GF to CMHSPS, they must use the most recent Federal census data available.	NEW HOUSE SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 498.
			Conference	Sec. 498.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
54.	**Fetal Alcohol Syndrome Services. (1)** Directs the Department to work to continue developing an outreach program on fetal alcohol syndrome services. Requires a report to the subcommittees by April 1 on efforts to prevent and combat fetal alcohol syndrome as well as deficiencies in efforts to reduce the incidence of fetal alcohol syndrome. **(2)** Requires the Department to explore Federal grant funding to address FAS and submit a progress report on these efforts by April 1.	Sec. 502	*Executive*	Not included.
			Senate	Sec. 502.
			House	Sec. 502. Deleted "The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by April 1 of the current fiscal year on efforts to prevent and combat fetal alcohol syndrome as well as deficiencies in efforts to reduce the incidence of fetal alcohol syndrome" from (1). Deleted "The department shall submit a progress report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by April 1 of the current fiscal year on efforts to secure federal grants" from (2).
			Conference	Sec. 502. Deleted "The department shall report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by April 1 of the current fiscal year on efforts to prevent and combat fetal alcohol syndrome as well as deficiencies in efforts to reduce the incidence of fetal alcohol syndrome" from (1). Deleted "The department shall submit a progress report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by April 1 of the current fiscal year on efforts to secure federal grants" from (2).

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
55.	**Consultation with CMHSPs.** Directs the Department to notify the Michigan association of community mental health boards about policies that will affect CMHSPs or PIHPs.	Sec. 503	*Executive*	Not included.
			Senate	Sec. 503.
			House	Sec. 503. Replaced "association of community mental health boards" with "Association of Community Mental Health Boards".
			Conference	Sec. 503. Replaced "association of community mental health boards" with "Association of Community Mental Health Boards".
56.	**Statewide Uniformity in PIHP Capitation Rates. (1)** Directs the Department to create workgroup to achieve more uniformity in capitation payments made to PIHPs. **(2)** Directs that workgroup include representatives of the Department, PIHPs, and CMHSPs. **(3)** Requires Department to provide workgroup's recommendations to the subcommittees, the fiscal agencies, and the State Budget Director by March 1.	Sec. 504	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 504. Replaced "create a" with "continue to work with the" in (1). Inserted "created" after "workgroup" in (1).
			Conference	Sec. 504. Replaced "create a" with "continue to work with the" in (1). Inserted "created" after "workgroup" in (1). Changed "recommendations" to "progress report" in (3). Deleted subsection 2. Renumbered remaining sections.
57.	**Special Projects including NGRI.** Allows the Department to contract directly with service providers for the purposes of special projects involving high-need children or adults, including the not guilty by reason of insanity population.	Sec. 505	*Executive*	Sec. 4-505.
			Senate	Sec. 505.
			House	Sec. 505.
			Conference	Sec. 505.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
58.	**CMHSP Cost Data Report.** Requires the Department to provide the most recent cost data information from CMHSPs on how appropriated funds were expended by November 30 of the current fiscal year. Lists the minimum amount of information to be included.	Sec. 506	*Executive*	Sec. 4-506. Changed "November 30" to "June 1".
			Senate	Sec. 506. Changed "November 30" to "June 1".
			House	Sec. 506. Changed "November 30" to "June 1".
			Conference	Sec. 506. Changed "November 30" to "June 1".
59.	**Children's Behavioral Action Team. (1)** Requires the Department to establish a psychiatric residential treatment facility and Children's Behavioral Action Team to provide additional care to high need youth. **(2)** Outcomes and performance measures must include **(a)** rate of rehospitalization for youth in the program, and **(b)** measured change in the child and adolescent functional assessment scale for youth in the program.	NEW EXEC. SECTION	*Executive*	Sec. 4-507.
			Senate	Not included.
			House	Sec. 507.
			Conference	Sec. 507.
60.	**Distribution of CMH Non-Medicaid Funds.** Directs the Department to distribute CMH Non-Medicaid Funds to individual CMHSPs as follows: **(1)** $97,050,400 in the same manner as the original FY 2014-15 allocation. **(2)** $10.0 million in proportion to the original FY 2014-15 allocation. **(3)** $10.0 million in proportion to the $40.0 million FY 2009-10 reduction, with the exception that no CMHSP receive more than $3.3 million in funding from the allocation in this subsection.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 507.
			House	Not included.
			Conference	Not included.
61.	**PIHP Administrative Cost.** Requires PIHPs to reduce administrative costs by ensuring efficiencies which send the maximum possible dollars to direct services. These efficiencies are to include limiting the duplication of administration, minimizing PIHP delegated services, taking an active role in managing mental health care. Additionally PIHPS shall ensure direct service rate variances are related to quantifiable measures, and shall promote fair and adequate direct care reimbursement when possible.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 508.
			House	Not included.
			Conference	Sec. 508.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
62.	**Workgroup on Staff Recruitment and Retention. (1)** Requires the Department to create a workgroup to analyze the challenges of recruitment and retention of staff who provide Medicaid funded community living supports, personal care services, respite services, skill building services, and other similar services. The workgroup must develop a place to enhance the retention of staff and to account for the increases in the State minimum wage. **(2)** States required membership of the workgroup. **(3)** Requires a report on the workgroup's efforts by March 1, 2016.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 509.
			House	Not included.
			Conference	Sec. 509. Rewritten to read" (1) The Department shall work with PIHP network providers, to analyze the workforce challenges of recruitment and retention of staff who provide Medicaid-funded community living supports , personal care services, respite services, skill building services and other similar supports and services. The Department workgroup will consider ways to attract and retain staff to provide Medicaid-funded supports and services. (2) The Department workgroup shall include PIHP providers, CMHSPS, individuals with disabilities, and staff. (3) The Department shall provide a status report on the workgroup suggestions to the Senate and House Appropriations subcommittees on Community Health, the Senate and House Fiscal Agencies and the State Budget Director, making note in the report when the participants outlined in subsection (2) reached consensus on the workgroup's suggestions and when the participants outlined in subsection (2) had points of difference on the workgroup's suggestions."
63.	**Redistribution of Lapsed PIHP and CMHSP Funds. (1)** Directs the Department to redistribute lapsed Federal Medicaid match funds to individual PIHPs based on the current year distribution formula, if allowed. **(2)** States legislative intent that lapsed funds be redistributed to individual CMHSPS based on the current year community mental health non-Medicaid services distribution formula. Requires a report by April 1 on PIHP lapses from the previous fiscal year and projected PIHP lapses for the current fiscal year.	NEW CONF. SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Sec. 510.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
	STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES			
64.	**Collection of Third-Party Payments for Individuals in Institutions.** Requires the Department to continue revenue recapture project. States that a portion of revenues collected through project efforts may be used for departmental costs and contractual fees and to improve ongoing departmental reimbursement management functions.	Sec. 601	*Executive*	Sec. 4-601.
			Senate	Sec. 601.
			House	Sec. 601.
			Conference	Sec. 601.
65.	**Gifts and Bequests.** States that the purpose of gifts/bequests is to provide living enhancements for individuals residing at state operated facilities.	Sec. 602	*Executive*	Sec. 4-602.
			Senate	Sec. 602.
			House	Sec. 602.
			Conference	Sec. 602.
66.	**Closures and Consolidations of State Hospitals and Centers. (1)** Prohibits the Department from closing or consolidating facilities until CMHSPs or PIHPs have services in place for individuals housed in those facilities. **(2)** Requires a discharge plan for each individual currently in these facilities. **(3)** Requires that a closure plan be filed with the Legislature four months after certification of closure. **(4)** Directs that the remaining appropriations for a closed facility be transferred to the CMHSPs or specialty prepaid health plans responsible for providing services for individuals previously served by the facility.	Sec. 605	*Executive*	Sec. 4-605.
			Senate	Sec. 605.
			House	Sec. 605.
			Conference	Sec. 605.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
67.	**Adjustments to Reflect Actual First and Third Party Revenue.** Allows the Department to collect revenue for patient reimbursement from 1st and 3rd party payers to cover the cost of placement in state hospitals and centers. Authorizes the Department to adjust financing sources for patient reimbursement based on actual revenues earned. Allows revenue above expenditures to be carried forward into the subsequent fiscal year with approval of State Budget Director.	Sec. 606	*Executive*	Sec. 4-606.
			Senate	Sec. 606.
			House	Sec. 606.
			Conference	Sec. 606.
68.	**Private Provision of Food and Custodial Services.** Permits the Department to maintain a bid process to identify private contracts to provide food and custodial services at State hospitals.	Sec. 608	*Executive*	Not included.
			Senate	Sec. 608.
			House	Sec. 608.
			Conference	Sec. 608.
	PUBLIC HEALTH ADMINISTRATION			
69.	**Fish Advisory.** Requires a report by October 1 to the subcommittees including a) the triggers to begin the process for developing fish consumption advisories, b) the process for developing and modifying a fish consumption advisory, c) the type of data specific to a body of water needed to modify an advisory, d) information on how stakeholder input is incorporated into the advisory process, and e) information on how advisory analyses are documented.	Sec. 650	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Not included.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
70.	**Diabetes/Kidney Health and Wellness Programming and Blue Cross Health Endowment Fund.** Directs the Department to work with the Health Endowment Fund Corporation set up in the Blue Cross/Blue Shield Legislation (P.A. 3 and 4 of 2013) to explore ways to expand health and wellness programs.	Sec. 651	*Executive*	Not included.
			Senate	Sec. 651. Changed "pursuant to" to "under". Replaced "explore ways to expand health and wellness programs" with "fund health and wellness programs and recommendations of the mental health and wellness commission that were funded under article IV of 2014 PA 252 and that potentially qualify under the purpose of the health endowment fund".
			House	Sec. 651.
			Conference	Sec. 651. Changed "pursuant to" to "under". Replaced "expand health and wellness programs" with "fund and evaluate current and future policies and programs"
71.	**Healthy Exercise Program Pilot.** Allocates $1.0 million for a school children's healthy exercise program aimed at K-8 schoolchildren. No less than half of the funds will be granted for before- and after-school programs. Directs the Department to establish guidelines for program sites. States that program shall encourage local determination of site activities and inclusion of youth in decision-making regarding activities. States goals of program. Requires program sites to provide a 20% match. Directs the Department to seek financial support from private entities for the program.	Sec. 654	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 654.
			Conference	Sec. 654.
72.	**Health and Wellness Initiative Criteria.** Requires the Department to establish criteria for all Health and Wellness Initiatives. States some of the criteria which must be included and requires that preference be given to programs that pull down match funding.	NEW CONF. SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Sec. 655.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
	HEALTH POLICY			
73.	**Michigan Essential Health Care Provider Program to Include Dentists. (1)** Indicates that funds from the Michigan Essential Health Care Provider appropriation may also provide loan and repayment for dentists. **(2)** Permits the Department to reduce the local and private share of funding to 25% to primary care physicians, particularly obstetricians and gynecologists, working in underserved areas.	Sec. 709	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Not included.
74.	**Free Health Clinic Funding.** Allocates $250,000 to be equally distributed to free health clinics throughout the State.	Sec. 712	*Executive*	Not included.
			Senate	Sec. 712.
			House	Sec. 712.
			Conference	Sec. 712.
75.	**Multi-Cultural Agencies.** Directs the Department to continue to support multi-cultural agencies providing primary care services with funds appropriated in Part 1.	Sec. 713	*Executive*	Sec. 4-713.
			Senate	Sec. 713.
			House	Sec. 713.
			Conference	Sec. 713.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
76.	**Incentives for In-State Residencies.** Directs the Department to evaluate options for incentivizing in-state medical students to meet their primary care residency requirements in Michigan and to remain in Michigan to serve as primary care physicians.	Sec. 715	*Executive*	Not included.
			Senate	Sec. 715.
			House	Sec. 715. Replaced "evaluate options for incentivizing" to "continue to seek means to increase retention of Michigan medical school". Changed "attending medical schools in this state to meet" to "for completion of". Replaced second "in" with "within". Added "The department is encouraged to work with Michigan institutions of higher education" after "physicians.".
			Conference	Sec. 715. Replaced "evaluate options for incentivizing" to "continue to seek means to increase retention of Michigan medical school". Changed "attending medical schools in this state to meet" to "for completion of". Replaced second "in" with "within". Added "The department is encouraged to work with Michigan institutions of higher education" after "physicians.".
77.	**Health Innovation Grants. (1)** Permits Department to award health innovation grants to public and private sector, allows the Department to receive and spend revenues and donations in this effort. **(2)** Designates unexpended funds from this program to be a work project with a completion date of September 30, 2019.	Sec. 717	*Executive*	Sec. 4-717. Removed section (2).
			Senate	Sec. 717. Removed section (2). Removed remaining numbering.
			House	Sec. 717. Removed section (2). Removed remaining numbering.
			Conference	Sec. 717. Removed section (2). Removed remaining numbering.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
78.	**Federal State Innovation Model Grant Funding. (1)** Directs the Department to allocate SIM Grand funding which supports the implementation of the health delivery system innovations. **(2)** Outcomes and performance measures to include **(a)** an increase in the number of physician practices fulfilling medical home functions, and **(b)** a reduction in inappropriate health utilization.	NEW EXEC. SECTION	*Executive*	Sec. 4-718.
			Senate	Sec. 718. Changed fifth and seventh "the" to "this", replaced "five" with "5", deleted "Michigan", and inserted "of this state" after "residents" in (1). Replaced "this new" with "the" in (2). Inserted "under subsection (1)" after "initiative" in (2). Replaced "an increase in" with "increasing" in (2) (a). Changed "a reduction in" to "reducing", deleted third "a reduction in" and deleted the fourth "a reduction in the" in (2) (b).
			House	Sec. 718. Changed "blueprint for health innovation" to ""Reinventing Michigan's Health Care System: Blueprint for Health Innovation"" in (1). Changed "five" to "four" in (1). Replaced "strengthen primary care infrastructure in the state, improve coordination of care, reduce administrative complexity and make access to health coverage more affordable for Michigan residents" with "test new payment methodologies, support improved population health outcomes, and support improved infrastructure for technology and data sharing and reporting. The funds will be used to provide financial support directly to regions participating in the model test and to support statewide stakeholder guidance and technical support" in (1). Replaced "this new" with "the" in (2). Inserted "under subsection (1)" after "initiative" in (2). Replaced "an increase in" with "increasing" in (2) (a). Changed "a reduction in" to "reducing", and "a reduction in the state's" to "reducing this state's" in (2) (b). Added new subsection (3) to require a report by March 1 and September 1 on the status of the program.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
			Conference	Sec. 718. Changed "blueprint for health innovation" to ""Reinventing Michigan's Health Care System: Blueprint for Health Innovation"" in (1). Changed "five" to "four" in (1). Replaced "strengthen primary care infrastructure in the state, improve coordination of care, reduce administrative complexity and make access to health coverage more affordable for Michigan residents" with "test new payment methodologies, support improved population health outcomes, and support improved infrastructure for technology and data sharing and reporting. The funds will be used to provide financial support directly to regions participating in the model test and to support statewide stakeholder guidance and technical support" in (1). Replaced "this new" with "the" in (2). Inserted "under subsection (1)" after "initiative" in (2). Replaced "an increase in" with "increasing" in (2) (a). Changed "a reduction in" to "reducing", and "a reduction in the state's" to "reducing this state's" in (2) (b). Added new subsection (3) to require a report by March 1 and September 1 on the status of the program. Inserted new subsection (4) outlining five standards that must be followed if SIM grant money is used to create a data aggregator.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
79.	**I/T/U Facility Supplemental Payments.** Directs that Indian Health Service, Tribal or Urban Indian Health Program (I/T/U) facilities receive prospective, quarterly supplemental payments which are an estimate of the difference between the payments received by the I/T/U facility from Medicaid managed care entities for services provided under contract and the supplemented Medicaid fee for service payments.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 719.
			House	Not included.
			Conference	Sec. 719. Deleted "do all it can to maximize and". Replaced "must receive prospective quarterly supplemental payments that are an estimate of the difference between the payments the I/T/U receives from the MCE and the supplemented Medicaid fee for service payments. MCE payments received by the I/T/U must be reviewed against the amount that the actual number of visits provided under the I/T/U's contract with 1 or more MCEs would have yielded under Medicaid fee for service" with "receive the maximum amount allowable under Federal law for Medicaid services".
80.	**Michigan Blood.** Allocates $250,000 to Michigan Blood to offset tissue typing expenses, and expand services, associated with donor recruitment and collection services.	NEW CONF. SECTION	*Executive*	Not included.
			Senate	Sec. 1905.
			House	Not included.
			Conference	Moved to Sec. 720.
	EPIDEMIOLOGY AND INFECTIOUS DISEASE			
81.	**Healthy Homes Funding. (1)** Allocates $1.75 million for lead abatement of homes. **(2)** Directs the Department to coordinate lead abatement efforts with the Michigan Community Action Agency Association, specifically on window replacement.	Sec. 851	*Executive*	Sec. 4-851. Deleted section (2). Removed remaining numbering.
			Senate	Sec. 851.
			House	Sec. 851. Deleted section (2). Removed remaining numbering.
			Conference	Sec. 851. Deleted section (2). Removed remaining numbering.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
82.	**Immunizations.** Requires the Department to develop a plan to improve the State's adolescent immunization rates as well as work with statewide organizations to provide immunizations as well as education. Lists examples of organizations the Department should work with.	Sec. 852	*Executive*	Sec. 4-852.
			Senate	Sec. 852.
			House	Sec. 852. Replaced "develop" with "implement".
			Conference	Sec. 852. Replaced "develop" with "implement".
83.	**Immunization Education.** Directs the Department to provide one dollar in State contribution, for every four dollars in Private matching funds received, up to $500,000, to provide and promote education about vaccinations.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 853.
			House	Not included.
			Conference	Sec. 853.
	LOCAL HEALTH ADMINISTRATION AND GRANTS			
84.	**Cost Reimbursement to Local Health Departments (LHDs) for Services Related to 1993 P.A. 133.** Requires that funds appropriated for the Abortion Informed Consent Act be used to reimburse LHDs for costs related to that purpose.	Sec. 901	*Executive*	Sec. 4-901.
			Senate	Sec. 901.
			House	Sec. 901.
			Conference	Sec. 901.
85.	**Penalty Upon LHD Separation.** Allows the Department to assess a penalty from a local health department's operational account of up to 6.25% of that local health department's local public health operations funding for any county that seeks to separate from a district health department.	Sec. 902	*Executive*	Sec. 4-902.
			Senate	Sec. 902.
			House	Sec. 902.
			Conference	Sec. 902.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
86.	**Allocation of Funds for Essential Local Public Health Services. (1)** Prospective funding will be provided to LHDs to support immunizations, infectious disease control, STD control and prevention, hearing and vision services, food protection, public water supply, private groundwater supply, and sewage management. **(2)** LHDs will be held to contractual standards for these services. **(3)** Funding distribution will only be made to counties whose spending on these services in FY 2008-09 is at or above the amount spent in FY 1992-93.	Sec. 904	*Executive*	Sec. 4-904.
			Senate	Sec. 904.
			House	Sec. 904.
			Conference	Sec. 904.
	CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION			
87.	**Alzheimer's Pilot Project.** Allocates $150,000 for a pilot program located in Macomb, Monroe, and St. Joseph counties. The fiduciary for the funds is the Alzheimer's Association- Greater Michigan Chapter, who will provide enhanced services to persons with Alzheimer's and dementia. Additionally, the Alzheimer's Association will partner with a Michigan public university to study the relationship between the provision of in-home support services and delays in the need for residential long term care services.	Sec. 1001	*Executive*	Not included.
			Senate	Sec. 1001.
			House	Not included.
			Conference	Sec. 1001. Replaced "chronic disease control and health promotion administration" with "Alzheimer's disease in-home care pilot".
	FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES			
88.	**Reporting of Data on Family Planning, Sexually Transmitted Disease, and Pregnancy Costs.** Directs the Department to issue an annual report by January 3 estimating DCH expenditures on family planning, sexually transmitted diseases, pregnancies, and births as well as demographics, including actual or estimated expenditures by marital status. Reporting by individuals is voluntary.	Sec. 1103	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1103. Replaced "Plan First" with "DCH-1426". Changed "(Form MSA 1582), MIChild, and Healthy Kids application (DCH 0373) or Assistance Application (DHS 1171)" with "for health coverage and help paying costs".

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
			Conference	Sec. 1103. Replaced "Plan First" with "DCH-1426". Changed "(Form MSA 1582), MIChild, and Healthy Kids application (DCH 0373) or Assistance Application (DHS 1171)" with "for health coverage and help paying costs".
89.	**Report on Planned Allocations for Certain Programs. (1)** Requires the Department to report by April 1 the allocations, utilization, and expenditures of the following appropriations: local MCH services, prenatal care outreach, service delivery support, family planning local agreements, and pregnancy prevention program. Report to include: **(a)** funding allocations, **(b)** actual number of women, children, and adolescents served and amounts expended for each group for the fiscal year, **(c)** a breakdown of expenditures between urban and rural communities. **(2)** The Department must ensure that the distribution of funds accounts for the needs of rural communities. **(3)** Language provides a definition of "rural" for the purposes of this section.	Sec. 1104	*Executive*	Not included.
			Senate	Sec. 1104.
			House	Not included.
			Conference	Sec. 1104.
90.	**Requirements for Receiving Family Planning Funds.** Requires agencies receiving Federal family planning funding to comply with the Federal Program Guidelines for Project Grants for Population Affairs Services; prohibits non-compliant agencies from receiving supplemental or reallocated funds.	Sec. 1106	*Executive*	Sec. 4-1106.
			Senate	Sec. 1106. Changed "department of health and human services" to "Department of Health and Human Services".
			House	Sec. 1106. Changed "department of health and human services" to "Department of Health and Human Services".
			Conference	Sec. 1106. Changed "department of health and human services" to "Department of Health and Human Services".

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
91.	**Prohibition on Use of Funds for Agencies Which Provide Abortions.** Prohibits the use of State Restricted or State General Funds for contracts with organizations which provide elective abortions, abortion counseling, or abortion referrals which are funded from appropriations for family planning local agreements. Also prohibits organizations under contract with the Department from subcontracting with such an organization for services funded with State Restricted or State General Funds from appropriations for family planning local agreements.	NEW HOUSE SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1107.
			Conference	Sec. 1107.
92.	**Prohibition on Use of Funds for Abortion.** Prohibits the use of State Restricted or State General Funds for abortion counseling, referrals, and services.	Sec. 1108	*Executive*	Sec. 4-1108.
			Senate	Sec. 1108.
			House	Sec. 1108.
			Conference	Sec. 1108.
93.	**Volunteer Dental Program. (1)** Requires funds to be allocated to the Michigan Dental Association for the administration of a volunteer dental program that shall provide services to the uninsured. **(2)** Not later than December 1 of the current fiscal year, the Department shall report the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures from the immediately preceding fiscal year.	Sec. 1109	*Executive*	Sec. 4-1109.
			Senate	Sec. 1109. Replaced "dental association" with "Dental Association" in (1).
			House	Sec. 1109. Replaced "dental association" with "Dental Association" in (1).
			Conference	Sec. 1109. Replaced "dental association" with "Dental Association" in (1).

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
94.	**Mobile Dentistry Fees.** Directs the Department to use funds collected for Mobile Dentistry to offset the cost of the program.	NEW EXEC. SECTION	*Executive*	Sec. 4-1110
			Senate	Sec. 1110. Changed "funds" to "money". Replaced "PA 100 of 2014" with "part 126 of the public health code, 1978 PA 368, MCL 333.21601 to 333.21617,". Changed "utilized" to "used".
			House	Not included.
			Conference	Sec. 1110. Rewritten to read "The department shall use revenue from mobile dentistry facility permit fees received under section 21605 of the public health code, 1978 PA 368, MCL 333.21605, to offset the cost of the permit program".
95.	**New Pregnancy and Parenting Pilot Program.** Allocates $800,000 for a real alternatives pregnancy and parenting support program that must promote childbirth, alternatives to abortion, and grief counseling. Directs that the Department established a fee-for-service contract with one or more agencies to provide counseling, support, and referral services to women from pregnancy through twelve months after birth. Sets outcome goals. Requires contractor to provide for training, educational material, marketing, and provider site monitoring. Requires a report by April 1 of the current fiscal year on the number of clients served.	Sec. 1136	*Executive*	Not included.
			Senate	Sec. 1136. Changed "800,000.00" to "50,000.00".
			House	Sec. 1136. Changed "800,000.00" to "50,000.00".
			Conference	Sec. 1136. Changed "800,000.00" to "50,000.00".
96.	**Nurse Family Partnership Funding.** Allocates $500,000 for evidence-based programs to reduce infant mortality, including the nurse family partnership. Directs that funds be used for enhanced support and education to nursing or other teams, for client recruitment in underserved areas, strategic planning, and marketing and communications.	Sec. 1137	*Executive*	Sec. 4-1137.
			Senate	Sec. 1137.
			House	Sec. 1137.
			Conference	Sec. 1137.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
97.	**Priority for Family, Maternal, and Children's Health Services Contractors.** Directs the Department to allocate funds pursuant to provisions in the Public Health Code.	Sec. 1138	*Executive*	Sec. 4-1138.
			Senate	Sec. 1138.
			House	Sec. 1138. Changed "113" to "112".
			Conference	Sec. 1138. Changed "113" to "112".
98.	**Housing Rehabilitation and Hazard Abatement. (1)** Requires the Department to work with DHS and MSHDA to establish a joint task force by November 1, 2014, to review housing rehabilitation, energy and weatherization, and hazard abatement program policies. Also, specifies the membership of the task force. **(2)** Directs the Department and MSHDA to organize the initial meeting and provide administrative support. **(3)** Requires a report on findings and recommendations by March 1, 2015.	Sec. 1139	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1139. Replaced "By November 1, 2014, the department shall" to "The department shall continue to" in (1). Deleted first "and" in (1). Changed "to appoint members to a joint task force" to "and the joint task force established under article IV of 2014 PA 252" in (1). Replaced "must include all of the following" with "may provide recommendations to the departments. Recommendations of the joint task force must give consideration to best practices and cost effectiveness" in (1). Deleted subsections (a) through (i) of (1). Deleted sections (2) and (3). Removed remaining numbering.
			Conference	Sec. 1139. Replaced "By November 1, 2014, the department shall" to "The department shall continue to" in (1). Deleted first "and" in (1). Changed "to appoint members to a joint task force" to "and the joint task force established under article IV of 2014 PA 252" in (1). Replaced "must include all of the following" with "may provide recommendations to the departments. Recommendations of the joint task force must give consideration to best practices and cost effectiveness" in (1). Deleted subsections (a) through (i) of (1). Deleted sections (2) and (3). Removed remaining numbering.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
99.	**Equal Consideration in Rural Health Visitation Services.** Requires that equal consideration be given to all eligible evidence-based providers when contracting for rural health visitation services for prenatal care outreach.	Sec. 1140	*Executive*	Not included.
			Senate	Sec. 1140.
			House	Not included.
			Conference	Sec. 1140.
100.	**Rural Home Visitation Program Work Project.** Directs the Department to spend any available work project money to enhance services provided under the rural home visitation program.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 1141.
			House	Not included.
			Conference	Sec. 1141.
	WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM			
101.	**Generic Peanut Butter.** Requires the Department provide a report on the number of complaints received regarding access to generic peanut butter by county, and a report on savings gained from implementing the generic peanut butter purchasing requirement within the WIC program no later than January 1 to the fiscal agencies, subcommittees on community health and the State Budget Office.	Sec. 1151	*Executive*	Not included.
			Senate	Sec. 1151.
			House	Sec. 1151. Rewrote section to read "For the women, infants, and children special supplemental food and nutrition program, the department shall make national brand products available if it is determined by the department that the price per unit is more cost effective and satisfies nutritional requirements of the federal program. The determination must be made during the biannual food authorization evaluation."

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
			Conference	Sec. 1151. Rewrote section to read "The women, infants, and children special supplemental food and nutrition program shall encourage participants to choose the lowest price product available at the time of purchase. All products must satisfy nutritional requirements of the federal program. The biannual food authorization guidelines will be updated to reflect these changes."
	CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)			
102.	**CSHCS Program Guidelines.** States that CSHCS program may **(a)** cover provision of formula to clients with allergic disorders, **(b)** cover medical care for eligible individuals over the age of 21 who have cystic fibrosis, **(c)** cover medical care for eligible individuals over the age of 21 with hemophilia, and **(d)** provide human growth hormone to eligible patients.	Sec. 1202	*Executive*	Sec. 4-1202.
			Senate	Sec. 1202.
			House	Sec. 1202.
			Conference	Sec. 1202.
103.	**Telemedicine for CSHCS.** Authorizes the Department to spend up to $500,000 to support development and expansion of telemedicine for CSHCS families to access specialty providers.	Sec. 1205	*Executive*	Not included.
			Senate	Sec. 1205.
			House	Sec. 1205. Changed "up to $500,000.00" to "those funds".
			Conference	Sec. 1205. Changed "up to $500,000.00" to "those funds".

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
	CRIME VICTIMS SERVICES COMMISSION			
104.	**Forensic Nurse Examiner Programs.** Allocates up to $200,000 from justice assistance grants for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for prosecution of sexual assault. Funds are used for program coordination and training.	Sec. 1302	*Executive*	Not included.
			Senate	Sec. 1302.
			House	Sec. 1302. Replaced "up to $200,000.00 shall be allocated for expansion of" to "the department shall continue to support".
			Conference	Sec. 1302. Replaced "up to $200,000.00 shall be allocated for expansion of" to "the department shall continue to support".
	AGING AND ADULT SERVICES AGENCY			
105.	**Waiting Lists for Home Delivered Meals. (1)** Requires regions to report by February 1 to OSA their waiting lists on home delivered meals for eligible persons based on **(a)** recipient degree of frailty, **(b)** recipient's ability to prepare his/her own meals, **(c)** whether there is another provider available, and **(d)** whether there are other requirements they would normally need to meet to receive program services. **(2)** This data will only be recorded for individuals who have applied for and are initially determined to be eligible for home delivered meals.	Sec. 1403	*Executive*	Sec. 4-1403.
			Senate	Sec. 1403.
			House	Sec. 1403.
			Conference	Sec. 1403. Replaced all occurrences of "office of services to the aging" with "aging and adult services agency".

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
106.	**Area Agency on Aging (AAA) Reporting.** Requires the Department to provide the Legislature, the State Budget Director, and the fiscal agencies a report by March 30, of the current fiscal year detailing **(a)** the total allocation of public funds to each AAA in the State by individual program and administration, **(b)** detail on the expenditure of these funds broken down by individual program, and administration including both State funded resources and locally funded resources.	Sec. 1417	*Executive*	Sec. 4-1417.
			Senate	Sec. 1417.
			House	Sec. 1417.
			Conference	Sec. 1417.
107.	**Allocation of New Aging Funding.** Allocates $1.1 million in new Aging Community Services funding to area agencies on aging for locally determined needs.	Sec. 1421	*Executive*	Sec. 4-1421.
			Senate	Sec. 1421.
			House	Sec. 1421.
			Conference	Sec. 1421.
	MEDICAL SERVICES ADMINISTRATION			
108.	**Electronic Health Records Work Project.** Designates the electronic health records incentive program appropriation as a work project to be carried into subsequent fiscal years. Stated completion date is September 30, 2019.	Sec. 1501	*Executive*	Sec. 4-1501. Changed 2019 to 2020 in (d).
			Senate	Sec. 1501. Changed 2019 to 2020 in (d).
			House	Sec. 1501. Changed 2019 to 2020 in (d).
			Conference	Sec. 1501. Changed 2019 to 2020 in (d).
109.	**Transparency Database Website.** Allocates available work project revenue plus any associated Federal match to create and develop a transparency database website. Makes funding contingent on enactment of enabling legislation.	Sec. 1502.	*Executive*	Not included.
			Senate	Sec. 1502. Inserted "$300,000.00 in general fund revenue," after "spend". Changed "plus" to ", and".
			House	Not included.
			Conference	Sec. 1502. Changed "plus" to "and".

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
110.	**Healthy Michigan Administration.** Requires the Department to establish an accounting structure within the Michigan Administrative Information Network to identify administrative expenditures associated with the plan.	Sec. 1503	*Executive*	Not included.
			Senate	Sec. 1503.
			House	Sec. 1503. Changed "establish" to "maintain".
			Conference	Sec. 1503. Changed "establish" to "maintain".
111.	**OIG and TPL Report.** Requires the Department to submit a report on March 1 and projecting the annual increase in reimbursement savings and cost offsets resulting from the additional funds for OIG and TPL efforts, and then a report on the actual increase in reimbursement savings and cost offsets by September 1.	NEW CONF. SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Sec. 1505.
	MEDICAL SERVICES			
112.	**Determining Medicaid Eligibility for Adult Foster Care and Long-Term Care Residents.** States that the cost of remedial services for residents of licensed adult foster care and licensed homes for the aged shall be used in determining eligibility for Medicaid.	Sec. 1601	*Executive*	Sec. 4-1601.
			Senate	Sec. 1601.
			House	Sec. 1601.
			Conference	Sec. 1601.
113.	**Medicaid Buy-In Program. (1)** Allows the Department to establish a program to allow individuals to purchase Medicaid coverage. **(2)** Allows the Department to receive and expend premiums in addition to the amounts appropriated. **(3)** Requires premiums to be classified as private funds.	Sec. 1603	*Executive*	Sec. 4-1603.
			Senate	Sec. 1603.
			House	Sec. 1603.
			Conference	Sec. 1603.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
114.	**Protected Income Level.** Sets the protected income level for Medicaid coverage at 100% of the related public assistance standard.	Sec. 1605	*Executive*	Sec. 4-1605.
			Senate	Sec. 1605.
			House	Sec. 1605.
			Conference	Sec. 1605.
115.	**Guardian and Conservator Charges as Allowable Expense.** Allows the Department to deduct up to $60 per month for guardian and conservator charges as an allowable expense when determining Medicaid eligibility and patient payments.	Sec. 1606	*Executive*	Sec. 4-1606.
			Senate	Sec. 1606.
			House	Sec. 1606.
			Conference	Sec. 1606.
116.	**Presumed Eligibility for Medicaid. (1)** States that a pregnant Medicaid applicant will be presumed eligible for Medicaid unless the preponderance of evidence indicates otherwise. The applicant will be allowed to select or remain with the Medicaid participating obstetrician of her choice. **(2)** Such an applicant shall be given a letter of authorization to receive Medicaid pregnancy-related services and a listing of Medicaid participating physicians and managed care plans in her area. States that all qualifying applicants shall be entitled to receive all medically necessary obstetrical and prenatal care without prior authorization from a health plan. Requires all claims for obstetrical and prenatal care to be paid at the Medicaid fee-for-services rate in the event that a contract does not exist between the provider and managed care plan. **(3)** If	Sec. 1607	*Executive*	Sec. 4-1607.
			Senate	Sec. 1607.
			House	Sec. 1607.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
	applicant is subsequently found to be ineligible, a Medicaid physician or managed care provider that has been providing pregnancy services to the applicant is entitled to reimbursement for those services until they are notified by the Department that the applicant is ineligible. **(4)** If the preponderance of evidence indicates that the applicant is not eligible for Medicaid, the Department shall refer that applicant to the nearest public health clinic as a potential source for receiving services. **(5)** Requires the Department to develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application. **(6)** Mandates the enrollment of women who are eligible for Medicaid due to pregnancy in a Medicaid HMO. **(7)** Language directs the Department to encourage physicians to provide pregnant women with a referral to a Medicaid-participating dentist.		*Conference*	Sec. 1607.
117.	**Third Party Payment as Payment In Full. (1)** Prohibits reimbursement for services provided to Medicaid eligibles from exceeding amounts established for Medicaid-only payments; requires Medicaid payment to be accepted as payment in full. **(2)** Reimbursement for hospital services for dual Medicaid/Medicare recipients with Part B coverage only shall equal Medicaid reimbursement levels including capital payments.	Sec. 1611	*Executive*	Sec. 4-1611.
			Senate	Sec. 1611.
			House	Sec. 1611.
			Conference	Sec. 1611.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
118.	**Pharmacy Dispensing Fee and Copayments. (1)** Directs that the dispensing fee for recipients who do not reside in a nursing home will be $2.75, or the pharmacy's usual or customary charge, whichever is less. In the case of nursing home recipients, the dispensing fee will be $3.00, or the pharmacy's usual or customary charge, whichever is less. **(2)** Requires Medicaid prescription copayment of $1 for a generic drug and $3 for a brand-name drug when an equivalent generic drug is available.	Sec. 1620	*Executive*	Sec. 4-1620.
			Senate	Sec. 1620.Inserted “not enrolled in the Healthy Michigan plan or with an income less than 100% of the federal poverty level” after “recipients” in (2). Added “(3) The department shall require a prescription co-payment for Medicaid recipients enrolled in the healthy Michigan plan with an income of at least 100% of the federal poverty level of $4.00 for a generic drug and $8.00 for a brand-name drug, except as prohibited by federal or state law or regulation.” after (2).
			House	Sec. 1620.
			Conference	Sec. 1620.Inserted “not enrolled in the Healthy Michigan plan or with an income less than 100% of the federal poverty level” after “recipients” in (2). Added “(3) The department shall require a prescription co-payment for Medicaid recipients enrolled in the healthy Michigan plan with an income of at least 100% of the federal poverty level of $4.00 for a generic drug and $8.00 for a brand-name drug, except as prohibited by federal or state law or regulation.” after (2).
119.	**Pharmaceutical Formulary Savings.** Requires the department to work with the health plans to achieve the pharmaceutical formulary savings in part 1 through a mutually agreed developmental and implementation process. Requires a report by March 1 on the progress of the implementation.	NEW HOUSE SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1625.
			Conference	Not included.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
120.	**Maximum Allowable Cost (MAC) Pricing.** Requires the Department to utilize MAC pricing for generic drugs. The MAC price will be based on wholesaler pricing to providers that is available from at least two wholesalers who deliver in Michigan.	Sec. 1629	*Executive*	Sec. 4-1629.
			Senate	Sec. 1629.
			House	Sec. 1629.
			Conference	Sec. 1629.
121.	**Copayments for Medicaid Services. (1)** Directs the Department to require copayments on dental, podiatric, and vision services provided to Medicaid recipients, except as prohibited by Federal or State law or regulation. **(2)** Establishes copayments: **(a)** $2 for physician visits, **(b)** $3 for emergency room visit **(c)** $50 for first day of inpatient hospitalization, and **(d)** $1 for outpatient hospitalization services.	Sec. 1631	*Executive*	Sec. 4-1631.
			Senate	Sec. 1631. Inserted “not enrolled in the Healthy Michigan plan or with an income less than 100% of the federal poverty level” after “recipients” in (2). Added “(3) Except as otherwise prohibited by federal or state law or regulation, the department shall require Medicaid recipients enrolled in the Healthy Michigan plan with an income of at least 100% of the federal poverty level to pay the following co-payments: (a) Four dollars for a physician office visit. (b) Eight dollars for a hospital emergency room visit. (c) One hundred dollars for the first day of an inpatient hospital stay. (d) Four dollars for an outpatient hospital visit or any other medical provider visit to the extent allowed by federal or state law or regulation.” after (2).
			House	Sec. 1631. Inserted "not less than" after "pay" in (2).

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
			Conference	Sec. 1631. Inserted “not enrolled in the Healthy Michigan plan or with an income less than 100% of the federal poverty level” after “recipients” in (2). Inserted "not less than" after "pay" in (2). Added “(3) Except as otherwise prohibited by federal or state law or regulation, the department shall require Medicaid recipients enrolled in the Healthy Michigan plan with an income of at least 100% of the federal poverty level to pay the following co-payments: (a) Four dollars for a physician office visit. (b) Eight dollars for a hospital emergency room visit. (c) One hundred dollars for the first day of an inpatient hospital stay. (d) Four dollars for an outpatient hospital visit or any other medical provider visit to the extent allowed by federal or state law or regulation.” after (2).
122.	**Requirements for Institutional Cost Reports.** States that institutional provider cost reports shall be submitted, completed in full, within five months after the end of the fiscal year.	Sec. 1641	*Executive*	Sec. 4-1641.
			Senate	Sec. 1641.
			House	Sec. 1641.
			Conference	Sec. 1641.
123.	**Reimbursement of Hospital Emergency Rooms (ER) by Medicaid HMOs. (1)** Prohibits an HMO to make reimbursement for screening and stabilization medical services provided to a Medicaid recipient in an ER contingent on HMO authorization; requires the HMO to be notified within 24 hours of ER discharge. **(2)** Requires HMO prior authorization before post-ER hospitalization or medical services. **(3)** States that these requirements are not intended to require alteration of existing contractual arrangements or a requirement that HMO must reimburse medically unnecessary services.	Sec. 1657	*Executive*	Sec. 4-1657.
			Senate	Sec. 1657.
			House	Sec. 1657.
			Conference	Sec. 1657.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
124.	**Boilerplate Sections Relating to Medicaid Managed Care.** Lists language sections that shall apply to all Medicaid managed care programs.	Sec. 1659	*Executive*	Technical adjustments.
			Senate	Technical adjustments.
			House	Technical adjustments.
			Conference	Technical adjustments.
125.	**External Quality Review of Medicaid HMOs Components and Training. (1)** Directs the Department to require an external quality review contractor to conduct a review of each Medicaid HMO on measures of quality, timeliness, and access to services. **(2)** Language requires that the Department provide EPSDT utilization data through the encounter data system, and health employer data and information set well child health measures in accordance with the National Committee on Quality Assurance prescribed methodology. **(3)** Requires the Department to provide a copy of this annual external quality review report to the Legislature and the State Budget Director.	Sec. 1662	*Executive*	Sec. 4-1662.
			Senate	Sec. 1662.
			House	Sec. 1662. Changed "national committee for quality assurance" to "National Committee for Quality Assurance' in (2).
			Conference	Sec. 1662. Changed "national committee for quality assurance" to "National Committee for Quality Assurance' in (2). Replaced "community health" with "the department budget" in (3).

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
126.	**MIChild Program. (1)** States that the MIChild program appropriation is for the provision of a state-based private health care program to children under age 19 with family income of less than 212% of the Federal poverty level who are uninsured and have not had coverage for at least 6 months prior to application; requires that children in families with income 160-212% FPL will be provided coverage through a state-based private contractor. **(2)** Requires the Department to provide one year of continuous eligibility in the program. **(3)** Assures that children whose eligibility changes between MIChild and Medicaid will be able to keep their providers through the course of their treatment. **(4)** Children must reside in a household with adjusted gross income of 212% FPL or below to be eligible. **(5)** Directs Department to contract with Medicaid health plans to provide services to MIChild, with current coverage arrangements grandfathered until statewide coverage through the Medicaid health plans can be put into place **(6)** Allows the Department to enter into contracts to obtain certain MIChild services from CMHSPs. **(7)** Allows program spending for health care services from the MIChild appropriation or any other appropriation associated with the program as described in the State plan. **(8)** Language directs the Department to ensure that an external quality review of each MIChild contractor is conducted. **(9)** Requires Department to create an automated enrollment algorithm. **(10)** Directs that the MIChild program cover autism spectrum disorder treatments for children as defined in the Federally approved State plan.	Sec. 1670	*Executive*	Sec. 4-1670.
			Senate	Sec. 1670. Changed "department of health and human services" to "Department of Health and Human Services" in (7).
			House	Sec. 1670. Deleted "health coverage for children in families between 160% and 212% of the federal poverty level shall be provided through a state-based private health care program" in (1). Changed "department of health and human services" to "Department of Health and Human Services" in (7).
			Conference	Sec. 1670. Deleted "health coverage for children in families between 160% and 212% of the federal poverty level shall be provided through a state-based private health care program" in (1). Changed "department of health and human services" to "Department of Health and Human Services" in (7).

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
127.	**MIChild Premiums.** Allows the Department to establish premiums, for families with income above 150% FPL, up to $10 per family per month for MIChild program eligibility with a maximum family premium of $15 per month.	Sec. 1673	*Executive*	Sec. 4-1673.
			Senate	Sec. 1673.
			House	Sec. 1673. Replaced "above 150%" with "at or below 212%". Deleted "not". Deleted "less than". Inserted "per month" after "$10.00". Deleted "or exceed $15.00 for a family".
			Conference	Sec. 1673. Replaced "above 150%" with "at or below 212%". Deleted "not". Deleted "less than". Inserted "per month" after "$10.00". Deleted "or exceed $15.00 for a family".
128.	**MIChild Benefits.** States that the MIChild program must provide all benefits available under the Michigan benchmark plan that are delivered through contracted providers, including **a)** inpatient mental health services other than substance use disorder, including State mental hospitals and private psychiatric hospital beds, **b)** outpatient mental health services other than substance use disorder, **c)** durable medical equipment, prosthetics, and orthotics, **d)** dental services, **e)** substance use disorder services, **f)** care management services for mental health, **g)** physical therapy, occupational therapy, and services for those with speech, hearing, and language disorders, and **h)** emergency ambulance services.	Sec. 1677	*Executive*	Sec. 4-1677.
			Senate	Sec. 1677.
			House	Sec. 1677. Inserted "at a minimum" after "provide,".
			Conference	Sec. 1677. Inserted "at a minimum" after "provide,".
129.	**Nursing Home Facility Enforcement Penalty Revenue. (1)** Directs Department to implement enforcement actions as specified in Federal nursing facility enforcement provisions. **(2)** Allows Department to impose civil monetary penalties and spend penalty money received. **(3)** Requires that unexpended penalty revenue be carried forward into subsequent fiscal year.	Sec. 1682	*Executive*	Sec. 4-1682.
			Senate	Sec. 1682.
			House	Sec. 1682. Delete section (1). Renumber remaining sections.
			Conference	Sec. 1682. Delete section (1). Renumber remaining sections.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
130.	**Medicaid School-Based Services. (1)** Authorizes the Department to pursue Medicaid reimbursement for eligible services provided in schools. The Department may enter into agreements with the Department of Education and school districts sharing Federal reimbursement for these services. **(2)** Authorizes the Department to **(a)** finance activities within the Medical Services Administration related to this project, **(b)** reimburse participating school districts, and **(c)** offset General Fund costs associated with the Medicaid program.	Sec. 1692	*Executive*	Sec. 4-1692.
			Senate	Sec. 1692.
			House	Sec. 1692.
			Conference	Sec. 1692.
131.	**Special Adjustor Payments.** Allows the special adjustor appropriation to be increased if the Department submits a medical services state plan amendment at a level higher than the appropriation. Allows the Department to adjust sources of financing in accordance with increased appropriation.	Sec. 1693	*Executive*	Sec. 4-1693.
			Senate	Sec. 1693.
			House	Sec. 1693.
			Conference	Sec. 1693.
132.	**Children's Hospitals with High Indigent Care Volume.** Directs the Department to distribute $378,000 GF/GP plus associated Federal match to an academic health care system with a children's hospital with high indigent care volume.	Sec. 1694	*Executive*	Sec. 4-1694.
			Senate	Sec. 1694.
			House	Sec. 1694. Replaced "$378,000.00" with "$386,700.00".
			Conference	Sec. 1694. Replaced "$378,000.00" with "$386,700.00".

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
133.	**Disproportionate Share Hospital (DSH) and Graduate Medical Education (GME) Payments. (1)** Allows the Department to make separate DSH and GME payments directly to qualifying hospitals, with DSH payments totaling $45.0 million. If a hospital receives DSH or GME payments from the Department, it cannot include these costs in their HMO contracts. **(2)** Allocates $45.0 million to "large" DSH pool. **(3)** Requires report by September 30.	Sec. 1699	*Executive*	Sec. 4-1699. Deleted second "and" in (3). Inserted "and the state budget office" after "house fiscal agencies," in (3).
			Senate	Sec. 1699. Deleted second "and" in (3). Inserted "and the state budget office" after "house fiscal agencies," in (3). Inserted "(3) From the funds appropriated in part 1 for hospital disproportionate share payments, $2,907,000.00 shall be allocated for a Medicaid value pool that rewards and incentivizes hospital that provide low-cost and high-quality Medicaid services." after (2). Renumbered current year (3) as (4).
			House	Sec. 1699. Deleted second "and" in (3). Inserted "and the state budget office" after "house fiscal agencies," in (3). Deleted "new" in (3). Deleted "from the GME and DSH pools" in (3). Deleted section (1). Renumber remaining sections.
			Conference	Sec. 1699. Deleted second "and" in (3). Inserted "and the state budget office" after "house fiscal agencies," in (3).
134.	**Injectable Drugs.** Requires the Department to allow licensed pharmacies to purchase injectable drugs, for the treatment of respiratory syncytial virus for shipment to physicians' offices to be administered to specific patients. If the affected patients are Medicaid eligible, requires the Department to reimburse pharmacies for the dispensing of the injectable drugs and reimburse physicians for the administration of the injectable drugs.	Sec. 1724	*Executive*	Not included.
			Senate	Sec. 1724.
			House	Sec. 1724.
			Conference	Sec. 1724.
135.	**Pregnant/ New Mother Literacy Program. (1)** Requires the Department to work with the Dept. of Ed. to evaluate the possibility of including an assessment tool to promote literacy in the MIHP. **(2)** Requires a report on the study in section **(1)** by March 1.	NEW HOUSE SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1730.
			Conference	Sec. 1730.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
136.	**Ambulance QAAP.** Requires the Department to explore the feasibility of implementing an ambulance QAAP.	NEW HOUSE SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1735.
			Conference	Not included.
137.	**Medicaid Eligibility Process and Proof of Citizenship.** Requires the Department to direct Department of Human Services to obtain proof from Medicaid recipients that they are legally residing in the United States and State of Michigan prior to providing program benefits.	Sec. 1757	*Executive*	Not included.
			Senate	Sec. 1757.
			House	Sec. 1757.
			Conference	Sec. 1757.
138.	**Certification of Health Plan and Specialty Prepaid Inpatient Health Plan Rates as Actuarially Sound.** Language states the Department will annually certify rates as actuarially sound and will provide a copy of the rate certification and approval documents to the Legislature. Directs that the Department consider an economic analysis of the impact on the Medicaid health plans of rates changed in Medicaid policy bulletins issued subsequent to the original rate determination.	Sec. 1764	*Executive*	Not included.
			Senate	Sec. 1764. Designated current year boilerplate as (1). Inserted "The department shall require all Medicaid policy bulletins affecting Medicaid health plans issued after the federal approval of rates to include an economic analysis demonstrating that the approved rates will not be compromised because of the new policy." Inserted subsection (2) directing that the Department include language in contracts between the state and Medicaid Health Plans stating that the full cost of all taxes will be reimbursed annually. For the purposes of this section, defines the full cost of the health insurer fee as both the fee itself and the allowance to reflect the Federal income tax.
			House	Sec. 1764. Deleted "annually certify rates paid to Medicaid health plans and specialty prepaid inpatient health plans as being actuarially sound in accordance with federal requirements and shall". Replaced "immediately" with "of rates paid to Medicaid health plans and specialty prepaid inpatient health plans within 5 business days after certification or approval".

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
			Conference	Sec. 1764. Replaced "immediately" with "of rates paid to Medicaid health plans and specialty prepaid inpatient health plans within 5 business days after certification or approval". Inserted "When calculating the annual actuarial soundness adjustment, the Department shall take into account all Medicaid policy bulletins affecting Medicaid health plans issued after the most recent actuarial rate development process concluded." after first sentence.
139.	**Health Insurer Fee Reserve Fund.** Establishes a health insurer fee reserve fund of $30.0 million GF/GP and associated Federal match to cover the cost of the 2015 insurance provider's fee. Requires that the funds be expended only after the IRS finalizes the percent assessment for 2015 and approval of the State Budget Director. The State Budget Director must provide notification 15 days before exercising this authority, and once notified the funds shall be available as a source of financing for Medicaid health plan payments.	Sec. 1765	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Not included.
140.	**Laboratory Services Fee Reduction Savings.** Requires the Department to report on the savings from the reduction in managed care laboratory services fees originally enacted under EO 2015-5. This report must include the actual gross reduction in expenditures by Medicaid health plans due to the reduction in the fees.	NEW CONF. SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Sec. 1770.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
141.	**Medicaid Managed Long-Term Care.** Requires that, if State's request for a waiver to implement managed care for dual eligibles is approved, quarterly reports on the implementation of the waiver.	Sec. 1775	*Executive*	Sec. 4-1775. Replaced "If the state's application for a waiver to implement managed care for dual Medicare/Medicaid eligible is approved by the federal government, the" with "(1) The". Deleted "quarterly". Deleted second "and". Inserted ", and the state budget office" after "house fiscal agencies". Replaced "waiver" with "MI Health Link demonstration, including a description of how the department intends to ensure that service delivery is integrated and key components of the proposal are implemented effectively". Added "(2) The department shall assure the existence of an ombudsman program that is not associated with any project service manager or provider to assist MI Health Link beneficiaries with navigating complaint and dispute resolution mechanisms, identify problems in the demonstrations complaint and dispute resolution mechanisms, and to report to the executive and legislative branches on any such problems and potential solutions for them".
			Senate	Sec. 1775. Replaced "If the state's application for a waiver to implement managed care for dual Medicare/Medicaid eligible is approved by the federal government, the" with "(1) The". Deleted "quarterly". Deleted second "and". Inserted ", and the state budget office" after "house fiscal agencies". Replaced "waiver" with "MI Health Link demonstration, including a description of how the department intends to ensure that service delivery is integrated and key components of the proposal are implemented effectively". Added "(2) The department shall assure the existence of an ombudsman program that is not associated with any project service manager or provider to assist MI Health Link beneficiaries with navigating complaint and dispute resolution mechanisms, to identify problems in the demonstration's complaint and dispute resolution mechanisms, and to report to the executive and legislative branches on any such problems and potential solutions for them".

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	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
			House	Sec. 1775. Replaced "If the state's application for a waiver to implement managed care for dual Medicare/Medicaid eligible is approved by the federal government," with "(1) By March 1 and September 1 of the current fiscal year,". Deleted "provide quarterly". Changed "reports" to "report". Deleted second "and" Inserted ", and the state budget office" after "house fiscal agencies". Inserted "to implement managed care for individuals who are eligible for both Medicare and Medicaid, known as MI Health Link, including, but not limited to, a description of how the department intends to ensure that service delivery is integrated, how key components of the proposal are implemented effectively, and any problems and potential solutions as identified by the ombudsman described in subsection (2)" after second "waiver". Added "(2) The department shall assure the existence of an ombudsman program that is not associated with any project services manager or provider to assist MI Health Link beneficiaries with navigating complaint and dispute resolution mechanisms and to identify problems in the demonstrations and in the complaint and dispute resolution mechanisms."
			Conference	Sec. 1775. Replaced "If the state's application for a waiver to implement managed care for dual Medicare/Medicaid eligible is approved by the federal government," with "(1) By March 1 and September 1 of the current fiscal year,". Deleted "provide quarterly". Changed "reports" to "report". Deleted second "and" Inserted ", and the state budget office" after "house fiscal agencies". Inserted "to implement managed care for individuals who are eligible for both Medicare and Medicaid, known as MI Health Link, including, but not limited to, a description of how the department intends to ensure that service delivery is integrated, how key components of the proposal are implemented effectively, and any problems and potential solutions as identified by the ombudsman described in subsection (2)" after second "waiver". Added "(2) The department shall assure the existence of an ombudsman program that is not associated with any project services manager or provider to assist MI Health Link beneficiaries with navigating complaint and dispute resolution mechanisms and to identify problems in the demonstrations and in the complaint and dispute resolution mechanisms."

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
142.	**Medicaid Value Pool.** Directs the Department to explore using the $85.0 million outpatient DSH pool to establish a Medicaid value pool to reward hospitals that provide high quality Medicaid care at low cost. Requires a report by April 1 of the current fiscal year on the workgroups development of metrics utilized to determine value.	Sec. 1800	*Executive*	Sec. 4-1800. Language rewritten to read "The department shall distribute the $85,000,000.00 Medicaid value disproportionate share hospital payment pool based on metrics utilized to determine value".
			Senate	Sec. 1800.
			House	Sec. 1800. Language rewritten to read "The department shall distribute the $85,000,000.00 Medicaid value disproportionate share hospital payment pool based on metrics utilized to determine value".
			Conference	Sec. 1800. Language rewritten to read "For the distribution of each of the pools within the $85,000,000.00 outpatient disproportionate share hospital payment, the department shall develop a formula for the distribution of each pool based on the quality of care, cost, traditional disproportionate share hospital factors such as Medicaid utilization and uncompensated care, and any other factor that the department determines should be considered. By May 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office on the distribution of each pool".

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
143.	**Primary Care Services Medicaid Rate Increase.** Allocates $25.0 million GF/GP plus associated Federal match to increase Medicaid rates for primary care services provided only by primary care providers. Provides a definition of primary care provider for the purposes of this section.	Sec. 1801	*Executive*	Sec. 4-1801.
			Senate	Sec. 1801. Inserted "The Department shall examine including subspecialty of neonatal medicine in its definition of primary care provider." after "equivalency.".
			House	Sec. 1801. Replaced "Beginning January 1, 2015, from" with "From". Changed "$25,000,000.00" to "$33,318,800.00". Inserted "continue the" after first "to". Inserted "to" after first "increase".
			Conference	Sec. 1801. Replaced "Beginning January 1, 2015, from" with "From". Changed "$25,000,000.00" to "$33,318,800.00". Inserted "continue the" after first "to". Inserted "to" after first "increase". Inserted "The Department shall examine including subspecialty of neonatal medicine in its definition of primary care provider." after "equivalency.".

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	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
144.	**Obstetrical and Newborn Care Lump Sum Payment.** Directs that a lump sum payment be made to hospitals that qualify for rural hospital access payments in FY 2013-14 and provide obstetrical care in the current fiscal year. The payment is set at $830 for each obstetrical care case and newborn care case payment billed by the hospital for FY 2012-13.	Sec. 1802	*Executive*	Not included.
			Senate	Sec. 1802.
			House	Sec. 1802.
			Conference	Sec. 1802.
145.	**Veterans Benefits Eligibility.** Language requires the Department, in cooperation with the Department of Human Services and the Department of Military and Veterans Affairs, to work with the Federal government to identify Medicaid recipients who are veterans and may be eligible for Federal veteran's health care benefits or other benefits.	Sec. 1804	*Executive*	Sec. 4-1804.
			Senate	Sec. 1804.
			House	Sec. 1804.
			Conference	Sec. 1804.
146.	**GME Quality Data Reporting.** Requires hospitals receiving GME funds to submit quality data to a national nonprofit organization. States that the reporting shall use consensus based standards which meet NQF-endorsed safe practices. Directs the organization use a severity-adjusted risk model and measures to help patients identify hospitals most likely to have the best outcomes.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 1805.
			House	Not included.
			Conference	Sec. 1805. Inserted "fully completed" after "submit". Replaced first "a" with "the same". Replaced second "shall" with "collecting the data must be one that". Inserted "A hospitals fourth quarter GME payments will be held by the Department until the submission of data to the qualifying nonprofit organization, as described in this section." after third sentence.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
147.	**Consensus Formulary. (1)** Directs that the contracts for Medicaid health plans effective January 1, 2016, require cooperation to develop and implement a consensus formulary to be used by all contracting health plans. Permits the Department to consult with MAHP and others as the requirement is implemented. **(2)** Allows the Department to establish performance standards to measure the progress towards implementation. **(3)** Requires implementation of the formulary to include consultation with the Department regarding products on the State's preferred drug list. **(4)** Allows the contracted health plans to use evidence-based utilization management techniques in the implementation of the consensus formulary. **(5)** Requires the Department and the contracted health plans to continue emphasizing the value of e-prescribing and electronic medical records.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 1806.
			House	Not included.
			Conference	Sec. 1806. Replaces "the development and implementation of a consensus" with "a workgroup that develops and implements a common" in (1). Changed "The department may consult with the Michigan association of health plans and other organizations as this requirement is implemented" to "The department shall convene the workgroup, make final decisions, and consult with health plans and other organizations as this requirement is implemented" in (1). Replaced "consensus" with "common" in (2). Changed "consensus" to "common" and "consultation with the department regarding products on the State's preferred drug list" to "consideration of the department's preferred drug list" in (3). Replaced "consensus" with "common" in (4).
148.	**Comprehensive Health Plan RFP.** Requires the RFP for the comprehensive health plan contract use only objective criteria to select winning bidders. Directs the Department to work with DTMB to enhance the competitiveness of Michigan's Medicaid managed care marketplace.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 1807.
			House	Not included.
			Conference	Sec. 1807. Replaced "solely uses objective criteria to select winning bidders. The department shall work with the department of technology, management, and budget to enhance this state's competitive Medicaid managed care marketplace and continue to emphasize" with "emphasizes". Deleted "and results in competition to foster innovation and value".

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	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
149.	**Third Party Collections.** Requires that Medicaid health plans be considered an "agent of the department" for purposes of third party collections in order to access other carrier data that is provided to the Department.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 1808.
			House	Not included.
			Conference	Not included.
150.	**Contract Performance Standards.** Directs the Department to establish contract performance standards for Medicaid health plans by July 1, 2016. Determination of performance shall be based on such concepts as one-year continuous enrollment and the healthcare effectiveness data and information set, HEDIS, and audited data.	NEW SENATE AND HOUSE SECTION	*Executive*	Not included.
			Senate	Sec. 1809.
			House	Sec. 1809.
			Conference	Sec. 1809. Rewrote to read "The Department shall establish separate contract performance standards for Medicaid health plans that adhere to the provisions of the social welfare act, 1939, PA 280, MCL 400.105d associated with the 0.75% and 0.25% capitation withhold. The determination of performance for the 0.75% capitation withhold is at the discretion of the Department but shall include recognized concepts such as 1-year continuous enrollment and the HEDIS audited data. The determination of performance for the 0.25% capitation withhold is at the discretion of the Department but shall include recognized concepts such as encouraging the utilization of high-value services and discouraging the utilization of low-value services".
151.	**Encounter Data Improvement.** Requires the Department to develop rules to make each health plan's encounter data as complete as possible. Additionally, the rules would require a fair measure of acuity of each health plan's enrolled population for risk adjustment purposes, capitation rate setting, DRG rate setting, and analysis of program efficiencies.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 1810.
			House	Not included.
			Conference	Sec. 1810.

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	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
152.	**Maternal Infant Health Program Integration. (1)** Requires the Department to integrate the maternal infant health program into the Medicaid health plan benefit package beginning January 1, 2016. Directs the health plans to refer all pregnant women to service providers who use evidence-based models. **(2)** Defines what qualifies as an "evidence-based" model.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 1811.
			House	Not included.
			Conference	Not included.
153.	**GME Cost and Retention Reporting. (1)** Requires a report by June 1 from each hospital receiving GME funding disclosing all direct and indirect costs associated with their residency training program. **(2)** Requires a report by August 1 from each hospital receiving GME fund to identify and explain **(a)** the marginal cost to add one additional slot and **(b)** the number of additional slots which would result in significantly increased administrative costs. **(3)** Requires a report by June 1 on the post residency retention rate by GME training program over the past 10 years. **(4)** Directs the Department to convene a workgroup to use the reports in the preceding sections to develop new metrics for the distribution of GME funding. States legislative intent that the metrics developed by this workgroup be used to distribute GME funds starting with FY 2016-17. **(5)** Directs the Department to seek a waiver, if needed, to complete the requirements of this Section.	NEW SENATE SECTION	*Executive*	Not included.
			Senate	Sec. 1812.
			House	Not included.
			Conference	Sec. 1812. Replaced "significant increased administrative costs "with "additional administrative costs to oversee the residents in the training program". Inserted new (2) (c) reading "The postresidency retention rate for the residency training program over the past 10 years". Rewrote (3) to read "The Department will hold a GME recipient's fourth quarter GME payments until the submission of the information required in subsections (1) and (2). Changed "November 1" to "September 30" in (4).
154.	**HMO Capitation Withhold.** Language permits the Department to not implement a capitation withhold as part of the overall capitation rate schedule that exceeds the 0.19 percent withhold administered during fiscal year 2008-2009.	Sec. 1815	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Not included.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
155.	**HMO Accrediting Organizations. (1)** Directs the Department to use national accreditation review criteria to determine compliance with State requirements for Medicaid health plans. **(2)** Department must review listing of program requirements submitted by Medicaid health plans and recommend to the Legislature whether the program review shall continue. **(3)** Requires the Department to comply with State and Federal law and not initiate actions that would negatively impact beneficiary safety. **(4)** Defines "national accrediting agency". **(5)** Requires report by July 1 of the current fiscal year on implementation.	Sec. 1820	*Executive*	Not included.
			Senate	Sec. 1820. Replace "national committee for quality assurance, the utilization review accreditation committee" with "National Committee for Quality Assurance, the URAC, formerly known as the Utilization Review Accreditation Commission" in (4).
			House	Sec. 1820. Replace "national committee for quality assurance, the utilization review accreditation committee" with "National Committee for Quality Assurance, the URAC, formerly known as the Utilization Review Accreditation Commission" in (4). Delete section (2). Renumber remaining sections.
			Conference	Sec. 1820. Replace "national committee for quality assurance, the utilization review accreditation committee" with "National Committee for Quality Assurance, the URAC, formerly known as the Utilization Review Accreditation Commission" in (4). Delete section (2). Renumber remaining sections.
156.	**Utilization of Telemedicine and Tele-Psychiatry.** Directs the Department to explore utilization of telemedicine and tele-psychiatry in medically underserved areas.	Sec. 1837	*Executive*	Not included.
			Senate	Sec. 1837.
			House	Sec. 1837. Replaced "explore" with "continue, and expand where appropriate,".
			Conference	Sec. 1837. Replaced "explore" with "continue, and expand where appropriate,".

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	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
157.	**Medicaid Outpatient Reimbursement for Certain Small Rural Hospitals. (1)** Allows the Department, subject to the availability of funds, to increase the hospital outpatient Medicaid reimbursement rate for qualifying hospitals to actual cost. **(2)** Defines "qualifying hospital" as meaning a hospital that has not more than 50 staffed beds and is either located outside a metropolitan statistical area but within a city, village, or township with a population of not more than 12,000 according to the official 2010 Federal decennial census and within a county with a population of not more than 165,000 according to the official 2010 Federal decennial census.	Sec. 1842	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1842.
			Conference	Not included.
158.	**GME Funding Objectives.** Directs the Department to distribute allocated funds to (a) encourage the training of physicians in specialties, including primary care, that are necessary to meet the future needs of residents of this State and (b) train physicians in settings that include ambulatory sites and rural locations.	Sec. 1846	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1846.
			Conference	Sec. 1846.
159.	**Healthy Kids Dental.** States legislative intent that Healthy Kids Dental be expanded to Kent, Oakland, and Wayne counties in FY 2015-2016.	Sec. 1848	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Not included.
160.	**Health Plan Assistance with Eligibility Redetermination.** Permits the Department to allow Medicaid health plans to assist with the eligibility redetermination process to ensure continuation of Medicaid eligibility.	Sec. 1850	*Executive*	Not included.
			Senate	Sec. 1850.
			House	Not included.
			Conference	Sec. 1850.

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	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
161.	**Kidney Disease Management Program.** Permits the Department to work with a kidney dialysis and renal services provider to develop a health home program as permitted under Federal law and establish metrics for measuring success, with a report by June 1 on the metrics.	Sec. 1854	*Executive*	Not included.
			Senate	Sec. 1854.
			House	Not included.
			Conference	Not included.
162.	**Medicaid Coverage for Autism Spectrum Disorders.** Directs that treatment of autism spectrum disorders be covered by the Medicaid program for Medicaid eligible children as defined in the Federally approved Medicaid State plan.	Sec. 1858	*Executive*	Sec. 4-1858.
			Senate	Sec. 1858. Changed "association of health plans" to "Association of Health Plans".
			House	Moved to Sec. 458. Changed "association of health plans" to "Association of Health Plans".
			Conference	Moved to Sec. 458. Changed "association of health plans" to "Association of Health Plans".
163.	**Pilot Program for Nonemergency Transportation**. **(1)** Directs the Department to conduct a review regarding the efficiency and effectiveness of the nonemergency transportation system. Specifies data to take into account for services provided outside of current broker coverage. Requires the Department to provide a report by September 30. **(2)** Directs the Department to create a pilot program to encourage the use of nonprofit entities in at least 2 counties with preferences given to Muskegon and Berrien.	Sec. 1861	*Executive*	Not included.
			Senate	Sec. 1861.
			House	Sec. 1861. Language rewritten to read: The department shall encourage cooperation between the Medicaid managed care health plans and the nonprofit entities providing nonemergency transportation services to pilot a nonemergency transportation system in at least 2 counties with priority given to Berrien and Muskegon counties.
			Conference	Sec. 1861. Language rewritten to read: The department shall encourage cooperation between the Medicaid managed care health plans, other health providers and nonprofit entities to help facilitate a pilot a nonemergency transportation.

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	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
164.	**Medicaid Obstetrical Rate Increase.** Directs the Department to increase the payment rates for Medicaid obstetrical services to 95% of Medicare levels by October 1, 2014.	Sec. 1862	*Executive*	Not included.
			Senate	Sec. 1862. Changed "increase" with "maintain". Replaced "to" with "at". Deleted "effective October 1st, 2014".
			House	Sec. 1862. Changed "increase" with "maintain". Replaced "to" with "at".
			Conference	Sec. 1862. Changed "increase" with "maintain". Replaced "to" with "at".
165.	**Staffing Plan for Dual Eligible Waiver.** Directs the Department, upon approval of the dual Medicare/Medicaid eligible waiver, to provide the subcommittees and fiscal agencies the plan and organizational chart for implementation and oversight of the proposal. Requires information be provided on how the Department will organize staff to ensure effective implementation of the proposal.	Sec. 1865	*Executive*	Not included.
			Senate	Sec. 1865.
			House	Not included.
			Conference	Not included.
166.	**Rural Hospital Funding. (1)** Directs that the $12.0 million GF/GP for rural and sole community hospitals, along with any Federal match, be awarded to hospitals that meet criteria established by the Department for services to low-income residents. Includes assistance with labor and delivery services as one of the criteria. **(2)** Limits payments for any hospital or hospital system to a maximum of 10% of the pool. **(3)** Directs Department to provide hospitals with the methodology for distribution by August 1. **(4)** Report to Legislature due by April 1.	Sec. 1866	*Executive*	Not included.
			Senate	Sec. 1866.
			House	Sec. 1866. Replaced "$12,000,000.00" with "$10,000,000.00".
			Conference	Sec. 1866. Inserted "and health plan services" after "hospital services and therapy" in (1).

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	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
167.	**Graduate Medical Education (GME).** Directs the Department to collaborate with Michigan based medical schools to create a GME consortium "MiDocs". MiDocs shall help develop new freestanding residency training programs as well as redesign existing programs in order to address future concerns about physician shortages. In developing these programs special consideration will be given to small and rural hospitals with a GME program director. This language specifies the membership of MiDocs, including the Department as a non-voting member, as well as allows for the addition of other non-voting members. Once established, MiDocs will be responsible for the initial and continuing accreditation from the ACGME, financial accountability, clinical quality, and compliance, along with an annual report detailing per resident costs for medical training and clinical quality measures. Requires that the consortium be established by January 10, 2015. Allocates $500,000 to legally create the consortium, prepare to obtain ACGME accreditation, develop new residency programs, and prepare a report on topics listed within the language.	Sec. 1870	*Executive*	Not included.
			Senate	Sec. 1870. Changed "500,000.00" to "100.00".
			House	Sec. 1870. Changed first "The" to "It is the intent of the legislature that". Deleted "From the funds appropriated in part 1, $500,000.00 is allocated to prepare the report, legally create the consortium, prepare to obtain ACGME accreditation, and develop new residency programs".
			Conference	Sec. 1870. Changed "It is the intent of the legislature that the department" to "The department shall". Replaced "From the funds appropriated in part 1, $500,000.00" with "The work project allocation from the fiscal year ending September 30, 2015".
168.	**Fraud Management Solutions.** Permits the Department to explore ways to work with private providers to develop management solutions to reduce Medicaid waste, fraud, and abuse.	Sec. 1874	*Executive*	Not included.
			Senate	Sec. 1874.
			House	Not included.
			Conference	Not included.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
169.	**Dual Eligible Waiver Ombudsman.** Directs the Department, in negotiating with the Federal government over the dual eligible waiver, to seek the existence of an ombudsman program not associated with any service manager or provider. Lists activities to be undertaken by the ombudsman program.	Sec. 1878	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Not included.
170.	**Dual Eligible Waiver Medicare Part D.** Directs the Department, in negotiating with the Federal government over the dual eligible waiver, to seek to use the Medicare Part D benefit for prescription drug coverage and not deviate from any existing Federal law, rules, and policies pertaining to the Medicare Part D benefit.	Sec. 1879	*Executive*	Not included.
			Senate	Sec. 1879.
			House	Not included.
			Conference	Not included.
171.	**Enrollment of Newborns.** Directs the Department to create a default enrollment determination so newborns are assigned to the same Medicaid health plan as the mother.	Sec. 1881	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1881.
			Conference	Not included.
172.	**Observation Stay Policy.** Directs the Department to consider developing an appropriate policy and rate for observation stays.	Sec. 1883	*Executive*	Not included.
			Senate	Sec. 1883.
			House	Not included.
			Conference	Sec. 1883.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
173.	**Workgroup with Department of Human Services on Medicaid Claims.** Directs the Department to work with the workgroup established by DHS to determine how the State can maximize Medicaid claims for community-based and outpatient services to foster care children and adjudicated youths in community treatment. Requires a report by March 1.	Sec. 1886	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1886. Inserted "continue to" after first "shall". Replaced "Medicaid claims" with "federal revenues". Changed "findings" to "progress in implementing the recommendations".
			Conference	Not included.
174.	**Medicaid Health Plan Performance Standards.** Directs the Department to establish contract performance standards associated with capitation withhold provisions in Sec. 1815 for Medicaid health plans at least 3 months before their implementation. Fulfillment of performance standards will be based primarily on such concepts as one-year continuous enrollment and the healthcare effectiveness data and information set, HEDIS, and audited data.	Sec. 1888	*Executive*	Sec. 4-1888. Language rewritten to read "The department shall establish contract performance standards associated with the capitation withhold provisions for Medicaid Health Plans prior to implementation of those standards".
			Senate	Sec. 1888. Deleted "under section 1815".
			House	Sec. 1888. Deleted "under section 1815".
			Conference	Sec. 1888. Deleted "under section 1815".
175.	**Breast Pumps.** Requires the Department to ensure that Medicaid recipients have access to breast pumps. The Department must adjust Medicaid policy to provide at least an individual double electric style pump to mothers upon prescription by a physician. If these pumps are provided through a contract with a medical equipment provider, the Department must guarantee the pumps are in stock and provide them to recipients without unnecessary delay or restriction.	Sec. 1890	*Executive*	Not included.
			Senate	Sec. 1890.
			House	Sec. 1890.
			Conference	Sec. 1890.

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
176.	**Workgroup on Low-Income, Elderly and Disabled Transportation.** Directs the Department to work jointly with DHS, DOT, DOC, the Strategic Fund in the Department of the Treasury, and Representatives from both the House and Senate to discuss consolidating transportation services for low-income, elderly and disable individuals under one department.	Sec. 1892	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Not included.
177.	**Medicaid Coverage for Children in Secure Residential Treatment. (1)** Requires the Department to explore securing Federal Medicaid funds for children in secure residential treatment, including an assessment of private secure residential facilities and public juvenile detention facilities as potential treatment sites. **(2)** If Federal Medicaid funds are available, requires the Department to develop a plan to provide treatment accordingly. **(3)** Requires a report by December 1 outlining the findings of the initial exploration, a comparison of similar sites that receive Medicaid funds in other states, any obstacles to securing Medicaid funds in this State, and recommendations for future action.	Sec. 1893	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Not included.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
178.	**Healthy Kids Dental. (1)** Directs the Department to expand the healthy kids dental program to kids between the ages of 0 and 8 in Kent, Oakland, and Wayne counties. **(2)** Outcomes and performance measures must include: **(a)** the number of Medicaid-enrolled kids from Part (1) of this Section who visited the dentist over the prior year, and **(b)** the number of dentists in Kent, Oakland, and Wayne counties who accept Medicaid payment for services to children.	NEW EXEC. SECTION	*Executive*	Sec. 4-1894.
			Senate	Sec. 1894. Changed "children who have not yet reached the age of nine" to "all Medicaid-eligible children" in (1). Replaced “counties” with “Counties in (1). Inserted "by July 1, 2016" after "counties" in (1). Replaced first “this” with “the” in (2). Inserted “under this section” after “initiative” in (2). Inserted a comma after “include” and “to” in (2).Deleted "under the age of nine" in (2) (a). Changed “counties” to “Counties” in (2) (b).
			House	Sec. 1894. Added "(c) The change in dental utilization in Kent, Oakland and Wayne Counties, before and after implementation" to subsection (2). Added "(3) It is the intent of the legislature that the healthy kids dental program be expanded in the fiscal year ending September 30, 2017 to cover additional children in Kent, Oakland, and Wayne Counties".
			Conference	Sec. 1894. Changed "nine" to "13" in (1). Added "(c) The change in dental utilization in Kent, Oakland and Wayne Counties, before and after implementation" to subsection (2). Added "(3) It is the intent of the legislature that the healthy kids dental program be expanded in the fiscal year ending September 30, 2017 to cover additional children in Kent, Oakland, and Wayne Counties".

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
179.	**Adult Dental Services. (1)** Requires the Department to contract with a managed care organization to administer the Medicaid adult dental benefit. **(2)** The managed care contract in Part (1) of this Section will begin at least 6 months after the start date of new physical health Medicaid services contracts. **(3)** Outcomes and performance measures must include: **(a)** the number of Medicaid-enrolled adults who visited a dentist over the prior year, and **(b)** the number of dentists who participate in the dental managed care organizations provider network.	NEW EXEC. SECTION	*Executive*	Sec. 4-1895.
			Senate	Sec. 1895. Replaced “begin” with “beginning” throughout (2). Changed “reference” to “under subsection” in (2). Replaced “of this section shall“ to “must” in (2).Changed "six" to "eight" in (2). Changed “this” to “the” in (3). Inserted “under this section” after “change” in (3). Inserted a comma after “include” and “to” in (3).
			House	Not included.
			Conference	Not included.
180.	**Gestational Diabetes Manifestation in Medicaid Patients. (1)** Requires the Department to allocate up to $35,000 upon receipt of private matching funds to identify the impact of gestational diabetes and reduce the impact of the condition by **(a)** determining the average cost of a pregnancy with gestational diabetes, a pregnancy for a woman with diabetes, and a non-complicated pregnancy, **(b)** determining the percentage and number of women screened for gestational diabetes, and **(c)** determining the percentage and number of women diagnosed with gestational diabetes in comparison to all pregnant women in the Medicaid program. **(2)** Directs the Department to submit a report to the Legislature by September 30, 2015, on past and future steps to increase the screening rate for gestational diabetes, to reduce the number of pregnant women with undiagnosed gestational diabetes, to increase the number of pregnant women with gestational diabetes receiving appropriate medical care, and the steps taken to improve the health of women and babies diagnosed with gestational diabetes within the Medicaid program.	Sec. 1896	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Not included.

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	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
181.	**Medicaid Program Performance on Diabetes Specific Measures. (1)** Requires the Department to identify the Medicaid program performance on diabetes specific measures as measured by the NCQA and the URAC by **(a)** reviewing claims info and data to determine the performance of the managed care and fee for service plans for diabetes specific and related measures as assessed by the NCQU and URAC over the past five years, **(b)** compare that data to national averages for the past five years, **(c)** identify areas of strength and weakness. **(2)** Directs the Department to submit a report by September 30, 2015, on steps taken and proposed to improve the Medicaid scores for all diabetes related measures as assessed by the NCQA and URAC.	Sec. 1897	*Executive*	Not included.
			Senate	Not included.
			House	Sec. 1897. Replaced all instances of "national committee for quality assurance" with "National Committee for Quality Assurance". Replaced "utilization review accreditation commission" with "URAC, formerly known as the Utilization Review Accreditation Commission" in (1). Changed "utilization review accreditation commission" to "URAC" in (1) (a) and (1) (b). Changed "By September 30 of the current fiscal year" to "Upon request" in (2). Replaced "submit' with "make available" in (2).
			Conference	Not included.
182.	**Personal Care Services Increase.** Directs the Department to increase the personal care services rate by 6% as of October 1 of the current fiscal year.	Sec. 1899	*Executive*	Not included.
			Senate	Sec. 1899. Replaced "increase" with "maintain". Changed "by 6% effective October 1 of the current fiscal year" to "at the level in effect on October 1, 2014.
			House	Sec. 1899. Inserted "maintain the 6% rate" after "shall". Changed third "the" to "for". Deleted "rate by 6%". Replaced "of the current fiscal year" to "2014".
			Conference	Sec. 1899. Replaced "increase" with "maintain". Changed "by 6% effective October 1 of the current fiscal year" to "at the level in effect on October 1, 2014.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
	ONE-TIME BASIS ONLY APPROPRIATIONS			
183.	**Special Projects Funding. (1)** Allocates $1.0 million to the EMU Autism Center, $500,000 to the CMU Central Assessment Lending Library, $500,000 to the Oakland University Center for Autism Research, Education, and Support, $4.0 million to the WMU Autism Center of Excellence, and $1.0 million to MSU autism services. **(2)** Allocates $1.5 million for autism support services to aid families in choosing treatment and other service options.	Sec. 1902	*Executive*	Sec. 4-1902. Language rewritten: (1) Directs the Department to allocate funds in support of autism university programs in order to increase the number of applied behavioral analysis therapists in the state. (2) Outcomes and performance measures must include the number of applied behavioral analysis therapists trained by universities receiving funds.
			Senate	Sec. 1902. Language rewritten: (1) Directs the Department to allocate funds in support of autism university programs in order to increase the number of applied behavioral analysis therapists in the state. (2) Allows the funds to be used for scholarships to students who are training to become applied behavioral analysis therapists. (3) Outcomes and performance measures must include the number of applied behavioral analysis therapists trained by universities receiving funds.
			House	Sec. 1902. Language rewritten: (1) Directs the Department to allocate funds in support of autism university programs in order to increase the number of applied behavioral analysis therapists in the state. (2) Outcomes and performance measures must include the number of applied behavioral analysis therapists trained by universities receiving funds.
			Conference	Moved to Sec. 460. Language rewritten to read "The department shall allocate funds appropriated in part 1 for university autism programs through a grant process for the purpose of increasing the number of applied behavioral analysis therapists, autism diagnostic centers, autism treatment centers, and employment programs, and to increase the autism clinical expertise of health care providers.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		FY 2015-16 Changes
184.	**Statewide Trauma System.** Directs Department to allocate fund appropriated in Part 1 to establish and operate statewide systems for trauma, stroke, ST segment elevation myocardial infarction, perinatal, and other time-dependent systems of care.	Sec. 1904	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Not included.
185.	**Michigan Blood.** Allocates $250,000 to Michigan Blood to offset tissue typing expenses, and expand services, associated with donor recruitment and collection services.	Sec. 1905	*Executive*	Not included.
			Senate	Sec. 1905.
			House	Not included.
			Conference	Moved to Sec. 720.
186.	**Pay for Success Contracts. (1)** Permits the Department to initiate pay for success programs with private and not-for-profit vendors using fund appropriated in Part 1. These contracts will be selected through a competitive bid process and payments will not be issued to funding intermediaries or vendors until the contractual performance measures have been achieved and projects savings confirmed by a third-party evaluator. **(2)** Designates unexpended funds as work project appropriations and states that the following are in compliance with the Management and Budget Act of 1984: **(a)** the purpose of the projects is to coordinate cost-saving projects to the State with public-private partnerships, **(b)** the projects will be carried out through contracts with private and not-for-profit vendors, **(c)** the estimated cost of this work project is $1.5 million, and **(d)** the estimated work project completion date is September 30, 2019.	Sec. 1906	*Executive*	Sec. 4-1906. Replaced 2019 with 2020 in (d).
			Senate	Not included.
			House	Sec. 1906. Changed "$1,500,000.00" to "$100.00" in (2) (c). Replaced 2019 with 2020 in (2) (d).
			Conference	Sec. 4-1906. Replaced 2019 with 2020 in (d). Inserted new subsection (2) which reads "Within 30 days, a copy of contracts executed pursuant to this section shall be provided to the chairs of the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office". Renumbered, remaining subsections.

DEPARTMENT OF COMMUNITY HEALTH

	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
187.	**Drug Policy Initiatives. (1)** Directs the Department to develop and implement a plan to address the problem of drug abuse. **(2)** Outcomes and performance measures must include: **(a)** a decrease in the number of residents above the age of 12 who have experienced substance abuse or dependence in the last year, **(b)** a decrease in the number of residents using pain relievers inappropriately or binging on alcohol, and **(c)** a decrease in the number of overdoses from the use of prescription drugs, alcohol, and illegal drugs.	NEW EXEC. SECTION	*Executive*	Sec. 4-1907.
			Senate	Not included.
			House	Sec. 1907. Insert "under subsection (1)" after "initiative" in (2). Change "Michigan residents" to "residents of this state" in (2) (a) and (2) (b). Replaced "overdoses and deaths" with "residents of this state who suffered an overdose or death" in (2) (c). Changed second "and" to "or an" in (2) (c). Changed "drugs" to "drug" in (2) (c).
			Conference	Sec. 1907. Insert "under subsection (1)" after "initiative" in (2). Change "Michigan residents" to "residents of this state" in (2) (a) and (2) (b). Replaced "overdoses and deaths" with "residents of this state who suffered an overdose or death" in (2) (c). Changed second "and" to "or an" in (2) (c). Changed "drugs" to "drug" in (2) (c). Inserted new subsection (3) which reads "The department shall not spend the funds appropriated in part 1 for drug policy initiatives until a statewide plan on these initiatives is issued by the governor and the statewide plan is submitted to the senate and house appropriations subcommittees on the department budget".

DEPARTMENT OF COMMUNITY HEALTH				
	Boilerplate Summary			
		FY 2014-15 PA 252		**FY 2015-16 Changes**
188.	**Hospice Room and Board.** Requires that funds appropriated in Part 1 for hospice services be expended to provide room and board for Medicaid recipients who meet hospice eligibility requirements and receive services at Medicaid enrolled hospice residences in the state. The qualifying hospice residences must be enrolled with Medicaid by October 1, 2015.	NEW CONF. SECTION	*Executive*	Not included.
			Senate	Not included.
			House	Not included.
			Conference	Sec. 1908.
	GENERAL INTENT SECTIONS FOR FY 2014-15			
189.	**Legislative Intent on FY 2014-15 Appropriations.** States legislative intent that FY 2014-15 appropriations shall be the same as in FY 2013-14 except for adjustments related to caseloads, Federal match rates, economic factors, and available revenue.	Sec. 2001	*Executive*	Not included.
			Senate	Sec. 2001. General language with date change.
			House	Sec. 2001. General language with date change.
			Conference	Sec. 2001. General language with date change.