



APPROPRIATION LINE ITEM AND BOILERPLATE HISTORY

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PART 1: LINE ITEM DETAIL**

**2016 PA 268
 Article X
 FY 2016-17
 Initial**

Sec. 101. APPROPRIATION SUMMARY

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| 1. | <u>Unclassified full-time equated (FTE) positions</u> – Positions that are exempted from the classified State civil service. These positions include heads of principal departments and policy-making positions. | 6.0 |
| 2. | <u>Classified FTE positions</u> – All positions in classified State civil service. One FTE position equals 2,088 hours. | 15,570.5 |
| 3. | <u>GROSS APPROPRIATION</u> – Total appropriations | \$24,841,836,800 |
| 4. | <u>Interdepartmental grants (IDG)</u> – Funds that are also appropriated in other budgets. These funds are categorized as IDGs in the Department that spends the funds and are therefore subtracted from the Gross Appropriation to avoid double counting total statewide appropriations. | \$13,513,700 |
| 5. | <u>ADJUSTED GROSS APPROPRIATION</u> – Gross appropriations less IDGs. | \$24,828,323,100 |
| 6. | <u>Social security act, temporary assistance for needy families</u> – Federal block grant funding made available to support services to those who are financially eligible for cash welfare. First delineated as a separate fund source in FY 2012-13. | \$556,850,000 |
| 7. | <u>Capped federal revenues</u> -- Federal revenues from capped fund sources. First delineated as a separate fund source in FY 2014-15. | \$596,489,100 |
| 8. | <u>Other federal revenues</u> – Funding allocated to the State by the Federal government that does not fit into either of the above two categories. | \$16,727,563,100 |
| 9. | <u>Local revenues</u> – Funds paid by local units of government that support State services and programs. | \$124,445,800 |
| 10. | <u>Private revenues</u> – Available appropriated funds from private sources, including funding from non-governmental agencies. | \$154,259,300 |
| 11. | <u>Merit award trust fund</u> – Revenue from the 1999 settlement between the State and several major tobacco companies that was earmarked to the merit award trust fund. | \$23,807,900 |
| 12. | <u>Total other state restricted revenues</u> – Revenue earmarked for a specific purpose by the State Constitution, statute, or appropriation bill. Restricted revenue also includes general fund/special purpose funds, such as fee revenue used to support licensing programs. | \$2,270,359,600 |

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| 13. | <u>State general fund/general purpose</u> – Revenue that has no constitutional or statutory restrictions on how it is used. Approximately 90% of the general fund/general purpose (GF/GP) revenue is derived from the income, single business, insurance, sales, and use taxes. | \$4,374,548,300 |
| 15. | <u>Payments to locals</u> – State appropriations from GF/GP or State restricted revenues that will be allocated to local units of government. | \$1,316,100,200 |

Sec. 102. DEPARTMENTWIDE ADMINISTRATION

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| 1. | <u>Director and other unclassified</u> | \$1,119,300 |
| | Unclassified FTE positions | 6.0 |
| | This appropriation covers salary, wage, and fringe costs of the Department Director and special appointees. | |
| 2. | <u>Departmental administration and management</u> | \$79,498,000 |
| | Classified FTE positions | 493.2 |
| | This appropriation covers costs associated with the administration and management of the Department. | |
| 3. | <u>Demonstration projects</u> | \$7,355,100 |
| | Classified FTE positions | 7.0 |
| | This appropriation includes funding for special projects, including volunteer services, food assistance outreach, and Michigan 211. Some of the funds are limited term, restricted Federal grants. | |
| 4. | <u>Developmental disabilities council and projects</u> | \$3,067,000 |
| | Classified FTE positions | 10.0 |
| | This appropriation provides funding for the Developmental Disabilities Council and supports various pilot and demonstration projects in Michigan related to community living, education, employment, and leadership development for persons with developmental disabilities. The Council was created by Federal legislation and is supported entirely with Federal funds. | |

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5.	<u>Information technology services and projects</u>	\$158,998,300
	<p>As part of the new Department of Information Technology, each department's information technology activities have been consolidated into a new department. The services provided by this Department are paid through interdepartmental grants from each of the other departments. In the case of DCH, the costs of the program and thus this grant is over \$30.0 million.</p>	
6.	<u>Michigan Medicaid information system</u>	\$50,634,400
	<p>This line was first included in the FY 2005-06 budget. The previous Medicaid Management Information System (MMIS) was nearly 30 years old and was approaching obsolescence. Taking advantage of 90% Federal match, a new computer system, CHAMPS, was developed and brought online during 2009.</p>	
7.	<u>Office of inspector general</u>	\$21,633,000
	Classified FTE positions	177.0
	<p>This line contains salary and wage funds to support agents who investigate and prevent public assistance and Medicaid fraud.</p>	
8.	<u>Rent and state office facilities</u>	\$62,783,800
	<p>This appropriation provides funding for building occupancy and office space rent for the Department.</p>	
9.	<u>State office of administrative hearings and rules</u>	\$11,140,300
	<p>This appropriation contains funds for staff in the Department of Licensing and Regulatory Affairs (LARA) who are involved in administrative hearings for Department of Health and Human Services (DHHS) clients and the promulgation of DHHS administrative rules.</p>	
10.	<u>Terminal pay and other employee costs</u>	\$5,686,100
	<p>This funding is used to cover exit costs for employees who leave state service.</p>	
11.	<u>Worker's compensation program</u>	\$7,956,500

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This appropriation covers program costs, mainly worker's compensation claims.

Unit Gross Appropriation	\$409,862,800
Interdepartmental grant from the department of education	\$2,979,000
Social security act, temporary assistance for needy families	\$44,896,800
Capped federal revenues	\$32,314,000
Total other federal revenues	\$147,838,200
Total local revenues	\$16,400
Total private revenues	\$23,842,000
Total other state restricted revenues	\$2,824,600
State general fund/general purpose	\$155,151,800

Sec. 103. CHILD SUPPORT ENFORCEMENT

1.	<u>Child support enforcement operations</u>	\$22,151,300
	Classified FTE positions	179.7

The appropriation supports the Department's Office of Child Support salary and wage costs, contractual services, supplies and materials and other related activities, except the Michigan Child Support Enforcement System (MiCSES). The appropriation for MiCSES is in the Information Technology budget unit.

2.	<u>Legal support contracts</u>	\$113,359,100
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This line contains funds for legal services necessary to obtain child support collections from non-custodial parents. Legal services are provided by county Friends of the Court and prosecuting attorneys. The funds are utilized in each county, and counties provide matching funds.

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3.	<u>Child support incentive payments</u>	\$24,409,600
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This line contains Federal revenue that passes through DHHS to the county child support offices to finance local child support services. The Federal incentive payments are based on a formula, which measures the State's ability to achieve several efficiency standards in child support collections and distribution. These funds are associated with language in Boilerplate Section 901.

4.	<u>State distribution unit</u>	\$8,101,700
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	Classified FTE positions	6.0
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This line contains funds for the operation of the Federally mandated centralized child support collection and distribution system. Collection and distribution of payments are managed by a private vendor. The funds also support salaries, fringe costs and other expenses for staff positions that oversee the private contract.

5.	<u>Child support automation</u>	\$41,877,600
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The funds to develop and implement the Federally mandated (by the Family Support Act of 1984, as amended) statewide automated information system for the enforcement of child support collections and reporting child support information to Federal authorities. The system is used by the Bureau of Child Support, county prosecuting attorneys, and Friend of the Court offices.

	Unit Gross Appropriation	\$209,899,300
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	Capped federal revenues	\$11,395,000
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	Total other federal revenues	\$163,998,000
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	State general fund/general purpose	\$34,506,300
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SEC. 104. COMMUNITY SERVICES AND OUTREACH

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1.	<p>Bureau of community action and economic opportunity</p> <p>Classified FTE positions</p> <p>This line contains funds for the administration of the Bureau, which oversees community services and programs funded with Federal Community Services Block Grant funds at the local Community Action Agencies (CAAs).</p>	<p>\$2,503,700</p> <p>20.0</p>
2.	<p><u>Community services block grant</u></p> <p>The line contains funds that are available to the local CAAs for low-income energy assistance, weatherization, emergency services, housing, and other needs determined at the local level.</p>	<p>\$25,840,000</p>
3.	<p><u>Weatherization assistance</u></p> <p>The Federal funds (U.S. Department of Energy) are for assistance to low-income clients for the cost to improve the energy efficiency of their homes and to reduce heating costs.</p>	<p>\$16,340,000</p>
4.	<p><u>School success partnership program</u></p> <p>The School Success Partnership program operates through the Northeast Michigan Community Services Agency (NEMCSA). This funding is available to expand the program to four new counties.</p>	<p>\$450,000</p>
5.	<p><u>Homeless programs</u></p> <p>The State and Federal TANF funds provide for a shelter services contract with the Salvation Army for services to the State's homeless population. The line also includes demonstration project funding from the Department of Housing and Urban Development.</p>	<p>\$15,721,900</p>
6.	<p><u>Domestic violence prevention and treatment</u></p> <p>Classified FTE positions</p> <p>The line provides funding for resources to victims of domestic violence, including emergency shelters, transitional housing, counseling, and advocacy. Funds also support training for law enforcement, service professionals, and others to prevent and treat domestic violence.</p>	<p>\$15,766,200</p> <p>14.6</p>

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7.	<u>Rape prevention and services</u>	\$5,097,300
	Classified FTE positions	0.5
	This line includes restricted funds from 2008 PA 546 and Federal TANF funding used to support victims of sexual assault.	
8.	<u>Child advocacy centers</u>	\$2,000,000
	Classified FTE positions	0.5
	A fund established in 2008 PA 544 provides restricted funding for child advocacy centers throughout the State. The Centers provide counseling and other resources for victims of child sexual abuse.	
9.	<u>Michigan community service commission</u>	\$11,621,300
	Classified FTE positions	15.0
	This line contains funds for volunteerism and mentoring services, including Americorps. Most of the funding appropriated is Federal funding.	
10.	<u>Housing and support services</u>	\$13,031,000
	This appropriation supports a variety of specialized housing programs for persons with mental illness, disability, or HIV/AIDS who are homeless or are at risk for homelessness. The majority of funds are distributed to local agencies for the operation of these assistance programs.	
11.	<u>Crime victims grants administration services</u>	\$2,165,100
	Classified FTE positions	13.0
	The Grants Administration Services line covers administrative costs of the unit.	
12.	<u>Crime victims justice assistance grants</u>	\$59,279,300

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Justice Assistance Grants provide funding in order to assist to crime victims through counseling, therapy, shelter, referral, and personal advocacy. Funds are distributed to courts, local governmental agencies, and community organizations. This appropriation is supported entirely with Federal funds.

13. Crime victim rights services grants \$16,870,000

Crime victim grants provide compensation to victims of crime to help cover expenses that are a result of the crime, such as medical expenses, loss of earnings, counseling, or burial. Funds are distributed to prosecutors, sheriffs, juvenile courts, and the VINE information system. This appropriation is supported entirely by Federal dollars and by the State Crime Victim Fund (financed by court fines assessed against convicted criminals).

14. Community services and outreach administration \$1,709,100

Classified FTE positions 11.0

This line supports the administrative staff that govern this unit.

Unit Gross Appropriation \$188,394,900

Social security act, temporary assistance for needy families \$11,686,700

Capped federal revenues \$66,215,400

Total other federal revenues \$76,265,100

Private - collections \$44,100

Compulsive gambling prevention fund \$1,040,500

Sexual assault victims' prevention and treatment fund \$3,000,000

Child advocacy centers fund \$2,000,000

Crime victim's rights fund \$15,327,200

State general fund/general purpose \$12,815,900

SEC. 105. CHILDREN'S SERVICES AGENCY - CHILD WELFARE

1. Children's services administration \$19,900,700

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Classified FTE positions

172.0

This line includes salary and wage costs for children's services central staff, Title IV-E staff, executive staff and policy staff, including interstate Services, foster care, federal compliance units, family advocacy, and youth services. Staff positions related to child welfare executive office, central office program, and policy for quality assurance, data management, field operations, and prevention and protection programs.

2. Title IV-E compliance and accountability office

\$421,300

Classified FTE positions

4.0

Staff positions in quality assurance to track and ensure DHHS compliance with Federal guidelines for funding under the Social Security Act, Title IV-E.

3. Child welfare institute

\$7,820,400

Classified FTE positions

45.0

The Child Welfare Training Institute (CWTI) develops, implements, trains, evaluates, tracks, and monitors training for private and public employees who work for child protective services, foster care, and juvenile justice.

4. Child welfare field staff - caseload compliance

\$230,862,600

Classified FTE positions

2,511.0

The FY 2013-14 budget rolled into one line item the Child Protective Services (CPS) and Direct Care Workers staff positions that are regulated for caseload compliance under the Children's Rights Settlement. These positions include foster care caseworkers, licensing staff, Purchase of Service Workers, and CPS investigation and ongoing case management workers. The Department must achieve a ratio of 1:15 for the number of cases a foster care caseworker can be assigned, a ratio of 1:17 for the number of ongoing cases a CPS worker can oversee, and a ratio of 1:12 for the number of investigations that can be assigned to one CPS worker.

5. Child welfare field staff - noncaseload compliance

\$33,671,400

Classified FTE positions

320.0

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The FY 2013-14 budget rolled into one line item the positions in the Child Protective Services and Direct Care Workers line items that are not regulated for caseload compliance under the Children's Rights Settlement. These positions include SACWIS project development, CPS intake, Maltreatment in Care workers, Family Home Aides, Quality Improvement staff, Health Services Liaisons, and Title IV-E Waiver development.

6. Education planners \$1,521,100

Classified FTE positions 15.0

Positions required by the settlement to provide consultation and support to youth who are age 14 and older in accessing educational services and in developing individualized education plans, including identifying all available financial aid resources.

7. Peer coaches \$5,702,100

Classified FTE positions 45.5

Required by the settlement to oversee planning for permanent placements, develop statements of work for any such positions to be filled by contract providers, and develop policies and procedures for implementing the plan. The FY 2014-15 budget changed the name of this line from "Permanency planning conference coordinators" to "Peer coaches."

8. Child welfare first line supervisors \$72,313,800

Classified FTE positions 578.0

This line contains funding for salary and wages for the First Line Supervisors, who oversee child welfare workers in the local offices. The First Line Supervisors are required to maintain a ratio of 1:5 (one supervisor to every five foster care and child protective services caseworkers).

9. Second line supervisors and technical staff \$8,833,600

Classified FTE positions 54.0

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This line contains funding for salary and wages for the Second Line Supervisors, who oversee child welfare workers in the local offices. The Second Line Supervisors do not have a minimum ratio under the Children's Rights Settlement. This line also contains funding for technical staff who provide support for child welfare workers in the local offices.

10. Permanency resource managers \$3,170,200

Classified FTE positions 28.0

Specialized assignment positions required by the Children's Rights Settlement that are responsible for reviewing cases of and pursuing legal permanency for children in the backlog cohorts. The FY 2013-14 budget eliminated the Permanency Planning Assistants and updated the name of the line item to reflect the change.

11. Contractual services, supplies, and materials \$9,280,000

Funds to pay for supplies and materials, and contracted services. Items include cell phone costs, postage and printing, and office supplies.

12. Settlement monitor \$1,885,800

This line provides for costs associated with monitoring DHHS's progress on the Children's Rights Settlement. The monitor ensures compliance with the terms of the settlement agreement.

13. Foster care payments \$185,628,400

The funds for State children who receive placement services when families can no longer care for them and/or a court order determines removal from the home in the child's best interest, particularly children under abuse and neglect court orders. This line funds private agency contracts for community placements. Appropriated average caseload: 6,175. Appropriated annual cost per case: \$27,877.

14. Guardianship assistance program \$11,153,700

Provides benefits for the care of children by caregivers who have assumed legal guardianship of eligible children for whom they previously cared as foster parents. Appropriated average caseload: 900. Appropriated monthly cost per case: \$825.94.

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15. Child care fund \$183,375,800

This fund is primarily composed of revenue from the State General Fund and local units of government – a 50-50 cost share – to pay for residential and community placements for juvenile justice cases and some foster care cases. The line item represents the State's share of the Child Care Fund costs, including items that are not part of the 50-50 cost share with the counties.

16. Child care fund administration \$592,900

Classified FTE positions 4.2

Staffing to oversee and coordinate billing and reimbursements for juvenile and foster care placement expenditures for the Child Care Fund.

17. Adoption subsidies \$222,808,700

The funds paid to families who adopt children in this State to help defray the costs of medical and other support services and materials. This average monthly cost was determined during the caseload consensus meeting in May 2015. Appropriated average caseload: 25,064; Monthly average cost per case is \$745.00.

18. Adoption support services \$27,176,700

Classified FTE positions 10.0

The funding supports adoptive parent support initiatives, as well as the salaries and wages for staff positions that oversee and coordinate the initiatives.

19. Youth in transition \$15,301,900

Classified FTE positions 4.5

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The funds provide assistance to transitioning foster care youth who are 16 to 20 years of age. The Michigan Youth Opportunity Initiative programs are designed to help youth reach independence, achieve skills such as appropriate social behavior, employment skills, and education services. Runaway and homeless youth programs also are funded from this line.

20. Child welfare medical/psychiatric evaluations \$10,435,500

The funds provide payments to medical service providers to conduct medical/psychiatric evaluations for families with an open child protective services or foster care case.

21. Psychotropic oversight \$618,200

Funding supports a program that was new in the FY 2012-13 budget to establish contracts with service providers that review and track children under State and Court supervision who are receiving psychotropic medication. Contracts are required under the Children's Rights Settlement.

22. Performance based funding implementation \$1,778,900

Classified FTE positions 3.0

The funds support the phase I implementation of the new child welfare performance based funding model, including contracts with a project management team, an actuarial firm to establish rates, and a third-party evaluator, as well as expansion of the Department's Continuous Quality Improvement (CQI) and MiTEAM model. The budget includes \$100,000 in one-time funding for Kent County to implement the model in a pilot project.

23. Family support subsidy \$16,951,400

The Family Support Subsidy program provides a monthly payment to families with children under 18 living at home who are developmentally disabled. Payment is used to defray special costs of care for a developmentally disabled child. This appropriation is supported entirely with Federal funds. Program was established in Mental Health Code, MCL 330.1156 through MCL 330.1161.

24. Interstate compact \$179,600

The funds are for administering interstate compact laws, which govern the agreements with other states in order to move, place and treat abused/neglected, runaway, and/or delinquent Michigan youth in other states.

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25. Strong families/safe children \$12,350,100

The funds provide community-based family preservation, out-of-home placement prevention or family support, family reunification, and adoption promotion and support services, as well as services for families at-risk. Title IV-B, Sub Part 2 Federal funds authorization is under The Adoption and Safe Families Act of 1997 and the program title was changed and reauthorized under the Promoting Safe and Stable Families Amendment of 2001.

26. Family preservation programs \$38,872,800

Classified FTE positions 23.0

These programs include Families First, Child Protection and Permanency, and the Family Reunification Program. This line also includes funding for the Parent Partners Program and Supported Visitation Program, which emphasize mentoring and support for parents whose child has been removed from the home. Families First provides intensive short-term crisis services to safely keep troubled, at-risk families together. Programs include clinical, transportation, and housing services. The program referrals generally come from children's protective services, delinquency, and foster care. Child Protection and Permanency funds are allocated to department local county offices to provide an array of services to high-risk families. These services include when it is safe to do so, prevent the removal of children from their homes, or accelerate the return of children to their families and permanent, stable, and safe family alternatives when families cannot be reunited. The program supports sustainable community-based services for children and families referred to Child Protective Services. The Family Reunification Program provides intensive in-home services for children currently in out-of-home placement in order to be reunited with the family in a safe environment.

27. Family preservation and prevention services administration \$1,291,300

Classified FTE positions 9.0

The funds provide for staff to oversee and manage program resources that assist families obtain services in order to alleviate crises that lead to children's out-of-home placement, maintain children's safety, and support families preparing for reunification or adoption. Programs include Families First, Child Protection and Permanency, Strong Families/Safe Children, and Family Reunification.

28. Child abuse and neglect - children's justice act \$621,800

Classified FTE positions 1.0

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Funding provides 1.0 FTE position to carry out projects under the Children's Justice Act. These projects include curriculum and training for law enforcement and child protective services, child advocacy centers, and child death review teams.

29. Children's trust fund \$3,323,400

Classified FTE positions 12.0

The Children's Trust Fund distributes this funding in the form of grants to nonprofit agencies for the prevention of child abuse and neglect through promoting health, safety and welfare of children through public education, as well as funding local community-based prevention programs and child abuse and neglect councils throughout the State. The funds also include staff and other administration costs to operate the Children's Trust Fund and programs.

30. Attorney general contract \$4,321,800

The funds are for legal services in and around Wayne county to represent DHHS and the child, a candidate for or already a child abuse and neglect care case, in court proceedings.

31. Prosecuting attorney general contracts \$3,061,700

These Federal Title IV-E funds provide services from local prosecuting attorney offices (except Wayne county - see "Attorney general contract" line) to try foster care cases.

32. Child protection \$800,300

The appropriation reflects available Federal funding for high-risk investigations related to protective services cases. Expenses include child death review contract, medical services contract to assist CPS workers in diagnosing child injuries, match newborns to parents who have previously had parental rights terminated, and paternity tests.

33. Child welfare licensing \$6,549,800

Classified FTE positions 57.0

34. Child welfare administration travel \$375,000

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This line pays travel costs for Child Welfare Administration staff.

Unit Gross Appropriation	\$1,142,952,700
IDG from department of education	\$90,200
Social security act, temporary assistance for needy families	\$360,871,800
Capped federal revenues	\$110,163,000
Total other federal revenues	\$247,761,700
Private - collections	\$2,424,000
Local funds – county chargeback	\$14,194,000
Children's trust fund	\$2,090,500
State general fund/general purpose	\$405,357,500

Sec. 106. CHILDREN'S SERVICES AGENCY - JUVENILE JUSTICE

1. W.J. Maxey training school \$500,000

The budget closed the W.J. Maxey Training School, one of three public, secure juvenile detention facilities. The line retained \$500,000 for the closure costs.

2. Bay pines center \$4,933,300

Classified FTE positions 42.0

A secure residential detention facility for boys and girls who were adjudicated for criminal offenses. Bay Pines Center is licensed to accept up to 45 youth age 12 to 20. Through the local chargeback, the operation costs are split 50-50 between the State and the counties where the youth are residents.

3. Shawono center \$5,021,400

Classified FTE positions 42.0

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A secure residential detention facility for up to 40 males who were adjudicated for criminal offenses. The Center offers specialized treatment programs for sex offenders, addictions/substance abuse and mild mental health issues. Through the local chargeback, the operation costs are split 50-50 between the State and the counties where the youth are residents.

4. County juvenile officers \$3,904,300

The funds provide for State grants to counties that provide court programs and probation officers for juvenile delinquency probation services.

5. Community support services \$2,110,500

Classified FTE positions 3.0

The funds provide Regional Detention Support Services for counties with populations under 75,000 that do not have secure detention facilities. Funding assists with alternative services such as tethering, home detention, transportation, and administration.

6. Juvenile justice field staff, administration and maintenance \$3,543,700

Classified FTE positions 22.0

Funds central administrative costs associated with the Bureau of Juvenile Justice, including oversight of the state detention facilities, coordination with the counties, administration, policy, and budget development.

7. Committee on juvenile justice administration \$350,700

Classified FTE positions 2.5

The funds provide staff support for the Juvenile Justice Commission and the Juvenile Justice Grants program.

8. Committee on juvenile justice grants \$3,000,000

These Federal funds are available for the improvement of juvenile justice services for delinquent youth.

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Unit Gross Appropriation	\$23,363,900
Capped federal revenues	\$8,018,200
Total other federal revenues	\$5,000
Local funds – state share education funds	\$1,324,200
Local funds - county chargeback	\$4,502,800
State general fund/general purpose	\$9,513,700

Sec. 107. PUBLIC ASSISTANCE

1. Family independence program \$97,669,100

The line contains the funding authority for the Family Independence Program (FIP), which includes Federal TANF and State-funded funding. FIP provides monthly cash assistance to single- and two-parent families with children who meet financial need requirements, as well as child-only cases. This line item also contains Extended Family Independence Program (EFIP) benefits, Short-Term Family Support, and a clothing allowance.

2. State disability assistance payments \$11,553,800

The SDA program provides cash assistance grants statewide to disabled adults who are unable to work.

3. Food assistance program benefits \$2,348,117,400

The Federal funds provide assistance to individuals and families for food needs. The line also includes payments to eligible fugitive felons who had been cut from the caseload prior to a ruling in their favor.

4. State supplementation \$62,259,300

The State funds are to supplement a recipient's Federal disability payments. The State is required to provide a match for the State Supplemental Income (SSI) program. Appropriated average caseload: 276,585. Appropriated average cost per case: \$19.04 monthly.

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5.	<u>State supplementation administration</u>	\$2,381,100
	<p>The State funds support the administration of State payments to the SSI program. States are required to contribute a match for the Federal disability payments. The administrative expenses directly correlate to the SSI caseload.</p>	
6.	<u>Low-income home energy assistance program</u>	\$174,951,600
	<p>The Low Income Home Energy Assistance Program (LIHEAP) provides Federal funds for energy assistance to low-income and/or disadvantaged State households. LIHEAP programs include the Home Heating Credit, which provides tax credits for heating, crisis assistance for those facing utility shut-offs, weatherization to improve energy efficiency and program administration.</p>	
7.	<u>Food bank council of Michigan</u>	\$2,045,000
	<p>The Federal TANF and State funds provide for a contract with the Michigan Food Bank Council of Michigan to transport food, especially to rural, remote communities to meet increase in service demand.</p>	
8.	<u>Multicultural integration funding</u>	\$13,303,800
	<p>The State and Federal funds provide for contracts with the Arab American and Chaldean Council (ACC), Jewish Federation, and Arab Community Center for Economic and Social Service (ACCESS) to provide social services to low-income individuals, including the State's Arab speaking population in Wayne, Oakland and Macomb counties. The Chaldean Community Foundation line item was merged with this line in the FY 2014-15 budget. The program guidelines are described in Boilerplate Sec. 695.</p>	
9.	<u>Indigent burial</u>	\$4,375,000
	<p>This line provides State and Federal funds for reimbursement to funeral directors and other funeral service providers for the disposition of unclaimed deceased individuals.</p>	
10.	<u>Emergency services local office allocations</u>	\$10,357,500
	<p>The funds are to for local offices to administer support services for assistance to eligible individuals and families who present one-time emergencies, such as lapsed energy, mortgage, or rent payments, food needs, home repairs, and other services.</p>	

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11.	<u>Michigan energy assistance program</u>	\$50,000,000
	Classified FTE positions	1.0

An appropriation for a potential restricted fund source that would be based in the Department of Licensing and Regulatory Affairs and administered by DHHS. Public Act 95 of 2013 created the Low-Income Energy Assistance Fund (LIEAF) within the State Treasury. The Fund is based on the energy self-sufficiency plan outlined in Public Act 615 of 2012. The staff position manages contract oversight and disbursement of the funding. The FY 2014-15 budget reduced the amount of restricted funding from \$60.0 million to \$50.0 million in order to align with the guidelines that were established in P.A. 95.

12.	<u>Refugee assistance program</u>	\$27,986,100
	Classified FTE positions	7.0

This line consists of Federal funding to provide services to help refugees become self-sufficient after their arrival in the United States. Funds are provided on a temporary basis for 8 months after entry to the U.S. for cash and medical assistance (the clock on the entry date begins when the entire family – if applicable – has arrived in the U.S.). Some funds are provided to private organizations that contract to provide services for refugees.

Unit Gross Appropriation	\$2,804,999,700
Social security act, temporary assistance for needy families	\$61,171,100
Capped federal revenues	\$205,500,300
Total other federal revenues	\$2,340,249,300
Child support collections	\$10,863,700
Supplemental security income recoveries	\$5,115,900
Public assistance recoupment revenue	\$6,290,000
Low-income energy assistance fund	\$50,000,000
State general fund/general purpose	\$125,809,400

Sec. 108. FIELD OPERATIONS AND SUPPORT SERVICES

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1.	<u>Public assistance field staff</u>	\$475,636,200
	Classified FTE positions	4,703.5
	<p>The funds are for the salaries and wages of State employees in the local DHHS offices and Field Staff Operations in the central Lansing office. Local field staff are responsible for processing public assistance applications and managing public assistance cases. Staff positions in this line include Eligibility Specialists, FIP Specialists, DHHS local directors, district managers, administrative support, and adult services staff.</p>	
2.	<u>Contractual services, supplies, and materials</u>	\$16,282,000
	<p>Funds to pay for supplies and materials and contracted services. Items include cell phone costs, postage and printing, and office supplies.</p>	
3.	<u>Medical/psychiatric evaluations</u>	\$1,420,100
	<p>This line includes funds for the cost of medical and mental health examinations for individuals who make disability claims or exams for adult protective services cases. The expenses for examinations for children in foster care or juvenile justice are located in the Child Welfare Services budget unit.</p>	
4.	<u>Donated funds positions</u>	\$60,878,700
	Classified FTE positions	538.0
	<p>Private donations provide funding for field positions at private agencies such as hospitals, nursing homes, and community health organizations. The workers assist individuals with public assistance applications and help those who qualify for Medicaid obtain coverage for healthcare services. Private funding pays for salary costs and is used to draw down Federal funding to pay for benefits and fringe costs. The FY 2014-15 budget added 200.0 FTEs.</p>	
5.	<u>Training and program support</u>	\$2,432,000
	Classified FTE positions	20.0
	<p>The funds are to be used for department staff training for new employees and staff assigned to public assistance and adult services programs.</p>	

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6.	<u>Volunteer services and reimbursement</u>	\$942,400
	<p>The line provides funds for the Volunteer Coordinators Program, a DHHS statewide volunteer program that assists clients in meeting welfare reform requirements. Program expenses include mileage reimbursements for volunteers and some fundraising costs.</p>	
7.	<u>Field policy and administration</u>	\$10,262,400
	Classified FTE positions	66.0
	<p>This line contains funds for the staff salaries and wages, and related benefits and fringes and contractual services, supplies and materials for policy development and administrative oversight of public assistance programs.</p>	
8.	<u>Adult services field staff</u>	\$44,864,400
	Classified FTE positions	425.0
	<p>This line contains funds for the staff salaries and wages, and related staff benefits and fringes and contractual services, supplies and materials for policy support and administrative oversight of adult services programs.</p>	
9.	<u>Nutrition education</u>	\$23,042,700
	Classified FTE positions	2.0
	<p>This line contains Federal funds from the U.S. Food and Nutrition Service for the Department to contract with Michigan State University (MSU) Extension Service to provide nutrition education to Food Assistance Program recipients. MSU contributes the required matching funds.</p>	
10.	<u>Employment and training support services</u>	\$4,219,100
	<p>This line contains funds to provide employment support services for Family Independence Program (FIP) clients. Services include vehicle repairs, other transportation assistance, work clothes, and financial counseling.</p>	
11.	<u>Michigan rehabilitation services</u>	\$131,221,800

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Classified FTE positions

526.0

The funding in this line is mostly Federal and supports statewide employment and job readiness services for those who are permanently and temporarily disabled. Michigan Rehabilitative Services (MRS) transferred from the Department of Licensing and Regulatory Affairs (LARA) with Executive Order 2012-10.

12. Independent living

\$12,031,600

The funding in this line supports Centers for Independent Living (CILs). The 15 statewide nonprofit Centers provide support services to disabled individuals and promote independent living services. Independent Living transferred from the Department of Licensing and Regulatory Affairs (LARA) with Executive Order 2012-10.

13. Electronic benefit transfer (EBT)

\$8,509,000

This line contains funds for contracted services to manage the electronic benefit system for public assistance payments, and oversight for recipients' BRIDGE cards and related services.

14. Administrative support workers

\$12,754,900

Classified FTE positions

221.0

Salaries and wages and associated benefits for employees who perform support and administrative functions for field operations.

15. Elder law of Michigan MiCAFE contract MOVE

\$350,000

This line supports Elder Law of Michigan's outreach program, the Michigan Coordinated Access to Food for the Elderly (MiCAFE), which assists low-income elderly residents in applying for Food Assistance Program benefits.

16. Field staff travel

\$8,103,900

This line supports travel costs for employees funded in this unit.

17. SSI advocacy legal services

\$500,000

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This is new funding in FY 2016-17 to support an outside contract to help SSI applicants obtain Federal benefits.

Unit Gross Appropriation	\$813,451,200
IDG from department of corrections	\$101,200
IDG from department of education	\$7,678,800
Social security act, temporary assistance for needy families	\$67,455,800
Capped federal revenues	\$161,523,300
Federal supplemental security income	\$8,588,600
Total other federal revenues	\$256,990,200
Local funds - donated funds	\$11,067,200
Local vocational rehabilitation match	\$6,534,600
Private funds – donated funds	\$18,420,200
Private funds - gifts, bequests, and donations	\$1,854,600
Rehabilitation service fees	\$384,500
Second injury fund	\$38,300
State general fund/general purpose	\$272,813,900

Sec. 109. DISABILITY DETERMINATION SERVICES

1. <u>Disability determination operations</u>	\$111,392,700
Classified FTE positions	583.3

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The Federally funded services are provided by State employees to determine eligibility of persons who are attempting to make disability Federal claims for Social Security Disability Income (SSDI) or Supplement Security Income (SSI). There are four regional Disability Determination offices in the state. Funding in the line supports salaries and other fringe and supply costs. The line also includes funding to conduct disability determinations for individuals seeking State Disability Assistance (SDA) and Medicaid assistance. Funds reimburse physicians and other medical examiners for the service.

2. Retirement disability determination \$602,900

Classified FTE positions 4.1

The funds are to conduct disability determinations for former State employees, judges, state police, and public school employees in the State retirement system. Funds reimburse physicians and other medical examiners for the service.

Unit Gross Appropriation \$111,995,600

IDG from DTMB - Office of Retirement Systems \$778,300

Total other federal revenues \$107,784,000

State general fund/general purpose \$3,433,300

Sec. 110. BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND SPECIAL PROJECTS

1. Behavioral health program administration \$54,184,200

Classified FTE positions 77.0

The mental health administration was created under the Mental Health Code, while the substance abuse program administration was created under the Public Health Code. The two were merged after the creation of the Department of Community Health in 1996. The line was renamed in FY 2013-14.

2. Gambling addiction \$3,005,900

Classified FTE positions 1.0

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The Gambling Addiction line is funded by a \$2.0 million combined payment from the three Detroit casinos as well as 0.1% of horse racing wagers and the equivalent of 10% of the Lottery advertising budget. The funding goes toward a media campaign about the dangers of compulsive gaming as well as a help line and services provided by the Neighborhood Service Organization.

Funding for the program was authorized under the Compulsive Gaming Prevention Act, MCL 432.253.

3. Protection and advocacy services support

\$194,400

The State is mandated to designate a protection and advocacy agency by Section 931 of the Mental Health Code, MCL 330.1931. The protection and advocacy organization is authorized to pursue legal and administrative remedies to protect the rights of individuals served by the State's mental health system. The State has contracted with the Michigan Protection and Advocacy Services organization since this mandate went into effect.

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4.	<u>Community residential and support services</u>	\$592,100
	<p>From the mid-1960s until the 1990s, there were two major shifts in services to the mentally ill and the developmentally disabled. The first was de-institutionalization, as individuals went from receiving care in State facilities to receiving services in their community. The second was the shift from State control of certain community services provided to mental health clients to control by the Community Mental Health (CMH) boards.</p> <p>At one time Community Residential Services (CRS), which covers the lease costs of so-called "group homes," was run by the State, at a cost of over \$200.0 million. Over the years, these leases and associated funding have been transferred to the local CMH boards. There are still a few State leases that have yet to expire, and the funding for those leases is in this line item.</p>	
5.	<u>Federal and other special projects</u>	\$2,535,600
	<p>The Federal and Other Projects line is a Federally funded line that provides money to programs related to substance abuse and mental health issues, usually through substance abuse treatment organizations.</p>	
6.	<u>Office of recipient rights</u>	\$2,700,000
	Classified FTE positions	19.0
	<p>This office was created in Chapter 7 of the Mental Health Code and was split into its own line item in FY 2016-17. The office investigates possible violations of the rights of behavioral health services recipients.</p>	
	Unit Gross Appropriation	\$63,212,200
	Total other federal revenues	\$33,062,100
	Total private revenues	\$1,004,700
	Total other state restricted revenues	\$3,005,900
	State general fund/general purpose	\$26,139,500

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Sec. 111. BEHAVIORAL HEALTH SERVICES

1. Medicaid mental health services \$2,336,960,100

As a general note for line items in this unit, the Community Mental Health (CMH) system is described in the Mental Health Code, MCL 330.1116 and MCL 330.1200 et seq. The Community Mental Health system is comprised of 46 local CMH boards covering the state of Michigan. These boards are the gatekeepers for access to the public mental health system and, as such, make determinations regarding the types of care to be provided to a client, including placement in a State facility.

The Medicaid Mental Health Services line item pays for the Medicaid portion of the CMH program, that is, CMH services for individuals who are Medicaid eligible. Over time, this portion of the CMH budget has grown from roughly 20% of community-based CMH funding to over 80%. In the FY 1999-2000 budget the line items for CMH were separated into Medicaid and non-Medicaid components, along with smaller line items for multicultural and respite services. Medicaid is an entitlement program and individuals eligible for Medicaid are thus entitled to receive all medically necessary services, including mental health services.

In FY 1998-99 the State shifted from a fee-for-service model for CMH Medicaid to a capitated system, whereby each CMH was given capitation payments based on the Medicaid caseload and types of cases in their catchment area and directed to manage the care of the Medicaid clients in that area.

In FY 2002-03 the Medicaid mental health system was shifted to a regionalized approach through a competitive bid process. In subsequent years, rate increases have been provided to meet Federal actuarial soundness requirements. In FY 2005-06 a Quality Assurance Assessment Program (QAAP) was implemented, where managed mental health care entities are taxed, with the proceeds used to increase Medicaid mental health capitation rates. On April 1, 2009, due to changes in Federal regulations, the QAAP was eliminated and Medicaid mental health managed care entities were made subject to the 6% Use Tax. The Use Tax expired on April 1, 2012.

Authorization for the Medicaid mental health program comes from Chapter 109(1)(f) of the Social Welfare Act, MCL 400.109(1)(f).

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2. Community mental health non-Medicaid services

\$120,050,400

The CMH non-Medicaid line, also known as "the formula," provides funding to CMHs for services to individuals not eligible for Medicaid. As these services are not an entitlement program, CMHs must make decisions based on severity of need and availability of resources, pursuant to Section 208 of the Mental Health Code, MCL 330.1208.

Over time CMH services have shifted from primarily non-Medicaid to primarily Medicaid. The line was reduced by over \$40.0 million in FY 2009-10. A new funding formula, designed to more equitably distribute funding, was implemented during FY 2009-10.

The line was significantly decreased during FY 2013-14 due to the implementation of Medicaid expansion (the Healthy Michigan Program), which shifted most CMH non-Medicaid clients into a new program, funded with 100% Federal funds through the end of calendar year 2016.

3. Medicaid substance use disorder services

\$53,392,400

Substance abuse services, both Medicaid and non-Medicaid, are governed by Part 61 of the Public Health Code, MCL 333.6101 et seq. Medicaid substance abuse services are provided under a capitated model through the Community Mental Health system, in coordination with local substance abuse coordinating agencies.

4. Civil service charges

\$1,499,300

These are charges, equating to 1% of the GF/GP portion of the Department's total salaries and wages, paid to the Department of Civil Service to fund their activities. Similar charges are assessed to all Departments of State government.

5. Federal mental health block grant

\$15,454,600

Classified FTE positions

2.5

The Federal Mental Health Block Grant was created by Congress through Public Law 102-321. Funding from this grant flows through the Department to the various Community Mental Health (CMH) boards for a variety of services, including Assertive Community Treatment, case management, jail diversion, person-centered planning, vocational employment, and child wraparound services.

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6.	<u>State disability assistance program substance use disorder services</u>	\$2,018,800
	<p>Individuals in the State Disability Assistance program who have substance abuse problems may receive state-funded treatment. This line item pays for the services and room and board for such individuals who receive treatment through the various substance abuse coordinating agencies. The room and board rate is equivalent to the Supplemental Security Income (SSI) rate for adult foster care.</p>	
7.	<u>Community substance use disorder prevention, education and treatment programs</u>	\$73,811,800
	<p>Non-Medicaid substance abuse services were established by Part 61 of the Public Health Code, MCL 333.6101 et seq. These funds, which are mostly from the Federal Substance Abuse Block Grant (with about \$20.0 million from State sources), go to the various substance abuse coordinating agencies. Most of the funding is spent on substance abuse treatment for non-Medicaid individuals, with some of the money going toward prevention and education programs.</p>	
8.	<u>Children’s waiver home care program</u>	\$20,241,100
	<p>The Children’s Waiver program distributes Medicaid funds to providers for services for children with developmental disabilities living in their homes who would otherwise require institutionalization. The waiver is authorized under Sec. 1915 of the Social Security Act and enables eligible children to receive all state plan funded services in addition to psychological/behavior treatment, respite care, home health, and specialized equipment and home modification.</p>	
9.	<u>Nursing home PAS/ARR-OBRA</u>	\$12,272,000
	Classified FTE positions	7.0
	<p>This appropriation supports efforts to ensure that Michigan meets Federal requirements regarding the appropriate use of nursing home care. Funds are distributed for the administration of the program, to pay for contractual fees, and to a specialized nursing home providing services to older persons who are mentally ill.</p>	
10.	<u>Children with serious emotional disturbance waiver</u>	\$10,000,000
	<p>This line recognizes Federal funding from a Federal waiver for services to severely disabled children.</p>	
11.	<u>Health homes</u>	\$3,369,000

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In FY 2013-14 the State availed itself of a Federal program allowing for more person-centered behavioral health services. In FY 2014-15 the funding for the program was moved into a new line item.

12. Healthy Michigan plan – behavioral health \$247,822,900

This line reflects the estimated funding needed to cover behavioral health services for those eligible for the Medicaid expansion (the Healthy Michigan Plan). The services will be funded with a 100% Federal match through the end of calendar year 2016. On January 1, 2017 the Federal match rate for this line will drop to 95%.

13. Autism services \$61,168,400

The FY 2012-13 budget included a new line item to cover Medicaid autism spectrum disorder services. Services are provided to Medicaid eligible children up through the age of 21.

14. University autism programs \$1,000,000

The FY 2016-17 budget includes funding for autism services provided by Central Michigan University, Oakland University, Eastern Michigan University, Michigan State University, and Western Michigan University.

Unit Gross Appropriation	\$2,959,060,800
Total other federal revenues	\$1,953,136,000
Total local revenues	\$25,475,800
Total other state restricted revenues	\$22,512,700
State general fund/general purpose	\$957,936,300

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Sec. 112. STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES

1.	<u>Caro regional mental health center-psychiatric hospital-adult</u>	\$57,270,900
	Classified FTE positions	461.3
	As a general note for all State facilities, the Department is directed by Section 116(2)(a) of the Mental Health Code, MCL 330.1116(2)(a), to provide direct services to individuals with severe mental illness, developmental disability, or severe emotional disturbance. The Mental Health Code, MCL 330.1134 et seq, also provides oversight for all State facilities, including licensure and inspection.	
	The Caro facility provides services to mentally ill adults. The facility was expanded in recent years after the closure of the Caro facility for the developmentally disabled.	
2.	<u>Kalamazoo psychiatric hospital – adult</u>	\$65,674,600
	Classified FTE positions	466.1
	The Kalamazoo facility provides services to mentally ill adults.	
3.	<u>Walter P. Reuther psychiatric hospital – adult</u>	\$56,872,000
	Classified FTE positions	420.8
	The Reuther facility provides services to mentally ill adults.	
4.	<u>Hawthorn center-psychiatric hospital-children and adolescents</u>	\$29,142,500
	Classified FTE positions	265.4
	The Hawthorn facility, located in Northville, provides services to children with severe emotional disturbance. It is the only such facility in the State.	
5.	<u>Center for forensic psychiatry</u>	\$81,702,000

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Classified FTE positions

607.3

The Center for Forensic Psychiatry evaluates the mental condition of individuals acquitted for reason of insanity and provides treatment for such individuals. The Center also evaluates the competency of charged individuals to stand trial. The authorization for the Center comes from Section 128 of the Mental Health Code, MCL 330.1128. Direction on treatment of those found not guilty because of insanity comes from Section 1050 of the Mental Health Code, MCL 330.2050. Direction on competency hearings comes from Sections 1020 through 1044 of the Mental Health Code, MCL 330.2020 et seq.

6. Revenue recapture

\$750,000

The Revenue Recapture line funds efforts to attain first and third party revenue, generally in the form of insurance reimbursements, to cover treatment costs for residents of State facilities.

7. IDEA, Federal special education

\$120,000

The IDEA grant is a Federal grant to help support students who are taught while residing in State facilities.

8. Special maintenance and equipment

\$332,500

This line covers the cost of equipment and various maintenance projects at State facilities.

9. Purchase of medical services for residents of hospitals and centers

\$445,600

This line covers the cost of non-mental health medical services provided to individuals who reside in State facilities.

10. Gifts and bequests for patient living and treatment environment

\$1,000,000

Families and friends of individuals who are in long-term care in State facilities frequently provide gifts and bequests to aid the facility resident. This line item enables the State to receive those funds as private revenues. Boilerplate language directs that the funds be used in accordance with the donator's wishes.

Unit Gross Appropriation

\$293,310,100

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Total other federal revenues	\$35,245,300
Other local revenues	\$19,886,700
Total private revenues	\$1,000,000
Total other state restricted revenues	\$19,238,100
State general fund/general purpose	\$217,940,000

Sec. 113. HEALTH POLICY

- | | | |
|----|--|-----------|
| 1. | <u>Bone marrow transplant registry</u> | \$250,000 |
|----|--|-----------|

The FY 2014-15 budget was the first to include funding for the "Be the Match" bone marrow transplant registry.

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|----|---|-------------|
| 2. | <u>Certificate of need program (CON) administration</u> | \$2,803,800 |
|----|---|-------------|

Classified FTE positions	12.3
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The CON program, established by Part 222 of the Public Health Code (MCL 333.22201-333.22260), controls the authorization of: new health facilities; increases in bed capacity; the initiation, replacement or expansion of a covered clinical service; and, covered capital expenditures.

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3.	<u>Health innovation grants</u>	\$1,000,000
	<p>This line was a new program in FY 2013-14, providing incentive payments to health entities with new innovative ideas on health care delivery.</p>	
4.	<u>Health policy administration</u>	\$11,564,000
	<p>Classified FTE positions</p> <p style="text-align: right;">15.1</p> <p>This line covers licensing activities and registrations for 32 health occupations and maintains all official records for these individuals. It provides administrative support to the health professional boards created under the Public Health Code. Funding increased significantly in FY 2015-16 due to receipt of a \$25 million Federal State Innovation Model (SIM) grant.</p>	
5.	<u>Human trafficking intervention services</u>	\$200,000
	<p>This appropriation, first included in the FY 2014-15 budget, would help fund services to combat human trafficking.</p>	
6.	<u>Michigan essential health care provider program</u>	\$3,591,300
	<p>This appropriation provides funds that are distributed to primary care providers to assist with the repayment of professional education loans. Providers must commit to working in a Federally designated health provider shortage area for a minimum of two years. Primary care physicians, dentists, nurse practitioners, nurse midwives, and physician assistants are eligible. This program was authorized by Section 2705 of the Public Health Code, MCL 333.2705.</p>	
7.	<u>Minority health grants and contracts</u>	\$612,700
	<p>The Minority Health Grants and Contracts line provides funds that are distributed to local health departments and other community organizations for health promotion projects aimed at medically underserved populations of color.</p>	
8.	<u>Nurse education and research program</u>	\$780,900

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Classified FTE positions	3.0
<p>The Nurse Scholarship, Education, and Research Program provides funding to higher education institutions to promote the nursing profession among undergraduates by providing financial assistance.</p>	
9. <u>Primary care services</u>	\$4,068,500
Classified FTE positions	1.4
<p>This appropriation provides funds that are to be distributed to Federally Qualified Health Centers (FQHCs) and FQHC "look-alikes" in order to increase the capacity of these centers to provide education, outreach, and health care services to medically underserved populations.</p> <p>The FY 2012-13 budget includes \$325,000 in additional one-time funding for clinics on Beaver, Drummond, Mackinac, and Bois Blanc Islands (see one-time funding unit, Sec. 121).</p>	
10. <u>Rural health services</u>	\$1,555,500
Classified FTE positions	1.0
<p>The Rural Health Services line provides funds to the Michigan Center for Rural Health at Michigan State University. The Center coordinates, plans, and advocates for the improved health of Michigan's rural residents and communities. The Center was authorized by Section 2612 of the Public Health Code, MCL 333.2612. This was a new line item in FY 2001-02; however, the funding for the contract was previously located in the Special Populations Health Care line.</p>	
Unit Gross Appropriation	\$26,426,700
Interdepartmental grant from the department of treasury, Michigan state hospital finance authority	\$117,700
Interdepartmental grant from the department of licensing and regulatory affairs	\$780,900
Total other federal revenues	\$16,631,200
Total private revenues	\$865,000
Total other state restricted revenues	\$2,686,100
State general fund/general purpose	\$5,345,800

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Sec. 114. LABORATORY SERVICES

1. <u>Laboratory services</u>	\$20,520,500
Classified FTE positions	100.0
<p>The Laboratory Services line provides funds for the operation of the Bureau of Laboratories. Services provided by the Bureau include identification and monitoring of infectious disease agents, tracking new or unusual agents of disease, and development and evaluation of new methods for detecting these agents. Specific activities include EPSDT blood lead screening, newborn genetic screening, and Lyme disease detection and surveillance.</p>	
Unit Gross Appropriation	\$20,520,500
Interdepartmental grant from the Department of Environmental Quality	\$987,600
Total other federal revenues	\$2,326,300
Total other state restricted revenues	\$10,403,900
State general fund/general purpose	\$6,807,700

Sec. 115. DISEASE CONTROL, PREVENTION, AND EPIDEMIOLOGY

1. <u>Epidemiology administration</u>	\$16,044,500
Classified FTE positions	43.6
<p>The Epidemiology Administration line provides funds for the operation of the Bureau of Epidemiology. The Bureau is responsible for gathering and analyzing scientific information used to develop and direct public health programs and policies related disease detection and prevention. This includes oversight of disease surveillance; response to communicable disease outbreaks, environmental exposures, chronic disease, and injuries; and, maternal and child health activities. The Asthma Prevention and Control line was rolled up into this line in FY 2012-13.</p>	
2. <u>Healthy homes program</u>	\$4,254,900
Classified FTE positions	8.0

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The Lead Abatement Program, renamed Healthy Homes program in FY 2012-13, aims to remediate lead hazards and provide oversight for certification program for lead abatement companies and professionals. This appropriation provides funding for laboratory testing, program administration for local health departments located in areas of high incidence of childhood lead poisoning, and local hazardous substance removal contractors. This program was established and is governed by Sections 5451 through 5477 of the Public Health Code, MCL 333.5451 - 333.5477.

3. Immunization program \$16,872,100

Classified FTE positions 12.8

This appropriation provides funds for the administration of the immunization program and immunization local agreements. The lines were combined in FY 2013-14.

4. Newborn screening and follow-up and treatment services \$7,253,300

Classified FTE positions 10.5

The Newborn screening and follow-up program, which screens all Michigan infants for 7 genetic disorders, is conducted jointly with the Bureau of Laboratories. This line is supported entirely with state restricted funds (newborn screening fees). The program was established by Section 5431 of the Public Health Code, MCL 333.5431.

Unit Gross Appropriation \$44,425,000

Total other federal revenues \$28,704,900

Total private revenues \$339,400

Total other state restricted revenues \$9,501,300

State general fund/general purpose \$5,879,400

Sec. 116. LOCAL HEALTH AND ADMINISTRATIVE SERVICES

1. AIDS prevention, testing, and care programs \$70,605,900

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Classified FTE positions

47.7

This appropriation provides funds that are distributed to local health departments and community organizations for the following AIDS/HIV related activities: counseling and testing, referral and care, education and prevention, and laboratory services. Funds also support the administrative costs of the HIV/AIDS program, which plans, directs, and coordinates the prevention and continuum of care activities for at-risk and infected populations. The bulk of this line is supported with Federal funds, and the remaining with state restricted and private funds. No GF/GP dollars support this line item.

2. Cancer prevention and control program

\$15,051,600

Classified FTE positions

13.0

This appropriation distributes funds to local health departments and other organizations, including Michigan State University, Wayne State University, and the University of Michigan, to support activities that address the cancer control priorities set by the Michigan Cancer Consortium.

3. Chronic disease control and health promotion administration

\$6,044,800

Classified FTE positions

27.4

The Chronic Disease Control and Health Promotion Administration line provides funds to local health departments for a variety of health promotion activities designed to prevent or mediate various chronic diseases. Funds also are distributed to a media firm and the Michigan Public Health Institute for chronic disease prevention activities. The Chronic Disease Prevention and Control program was established by Section 5412 of the Public Health Code, MCL 333.5412. The line was created in FY 2010-11 by the merger of the Chronic Disease Prevention line and the Health Education, Promotion, and Research Programs line. The health education portion of the appropriation supports staff positions for various health education and health promotion activities including injury prevention, cardiovascular disease, and tobacco control. In addition, funds also are distributed to the Michigan Public Health Institute (MPHI) for an osteoporosis project. MPHI subcontracts with community and statewide partnership agencies to conduct targeted health promotion interventions including public and professional education, school health education, community-based osteoporosis screening, program evaluation, and disease surveillance.

4. Dental programs

\$3,499,800

Classified FTE positions

3.0

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A portion of this appropriation is distributed to the Michigan Dental Association for the administration of the donated dental program for persons with mental or physical disability or for persons who are indigent elderly. The dental services for persons with developmental disabilities line (\$150,000) was rolled into this appropriation in FY 2015-16. The remaining funds are used to provide dental care to low-income, uninsured children and adults.

5. Diabetes and kidney program \$3,049,100

Classified FTE positions 8.0

The Diabetes and Kidney Program line provides funds to local health departments, the National Kidney Foundation, and other organizations for programs focusing on preventing the occurrence of diabetes or preventing complications for those that already have diabetes.

6. Essential local public health services \$40,886,100

The Essential Local Public Health Services line, known through FY 2009-10 as the Local Public Health Operations lines, provides funds that are distributed to Michigan's 45 local public health departments for the provision of services mandated by the public health code: immunization, infectious disease control, sexually transmitted disease control, hearing and vision screening for children, food protection, drinking water monitoring, and on-site sewage management. This line is supported almost entirely with GF/GP funds.

7. Health and wellness initiatives \$8,994,100

Classified FTE positions 11.7

In FY 2011-12 programs paid with Healthy Michigan Fund (HMF) revenues were rolled up into one line item, with discretion given to the Executive branch on spending the dollars. The Healthy Michigan Fund was established when Proposal A was adopted in 1994. The fund is comprised of 6% of a portion of tobacco tax revenue and is to be used to promote the health status of citizens of the State. Over the years, the funding has been spent on a variety of health programs, mostly focused on prevention, as well as Medicaid.

The FY 2012-13 budget renamed the line item as "Health and Wellness Initiatives".

8. Implementation of 1993 PA 133, MCL 333.17015 \$20,000

This appropriation provides funds to local health departments to cover costs incurred related to the implementation of Section 17015 of the Public Health Code, which contains the statutory requirements pertaining to informed consent for abortion.

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9.	<u>Local health services</u>	\$452,500
	Classified FTE positions	1.3
	This appropriation provides state funds (GF/GP and Healthy Michigan Fund) to local health departments, the Michigan Public Health Institute, and other organizations to provide training for local public health staff and for the local public health accreditation program, per the Public Health Code.	
10.	<u>Medical services cost reimbursement to local health departments</u>	\$9,000,000
	This appropriation provides funds to local health departments for the reimbursement of performed services that are eligible for Federal Medicaid funds. This line is supported entirely with Federal funds.	
11.	<u>Public health administration</u>	\$1,566,800
	Classified FTE positions	7.0
	This appropriation provides funds to cover administrative costs of the unit.	
	The Public Health Administration and the public health director are authorized by Section 2202 of the Public Health Code, MCL 333.2202.	
12.	<u>Sexually transmitted disease control program</u>	\$6,279,600
	Classified FTE positions	20.0
	The Sexually Transmitted Disease Control Local Agreements line provides funds that are distributed to local health departments for the control of syphilis, gonorrhea, and other STDs. Support is concentrated in 14 counties and the city of Detroit, which report 90% of the State's STD cases. Activities include investigation and surveillance, support and management staff, and the provision of STD treatment drugs. Administration and local agreements lines were combined in FY 2013-14.	
13.	<u>Smoking prevention program</u>	\$2,142,100
	Classified FTE positions	12.0

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The Smoking Prevention Program line supports the Michigan Tobacco Control program. Program elements include youth tobacco prevention, cessation, comprehensive school health programs, and a media campaign. This appropriation covers salary and wage costs of DCH staff as well as contracts to various local agencies to perform smoking prevention activities.

14. Violence prevention \$2,122,500

Classified FTE positions 2.9

The Violence Prevention line provides funding to cover salary and wage costs of DCH staff and allocates funds to local health departments and various local agencies to conduct violence prevention programming including: rape and sexual assault primary prevention programs for junior and senior high students; violence against women surveillance; and, community prevention assessment, evaluation and data collection activities.

15. Vital records and health statistics \$11,932,300

Classified FTE positions 81.4

This appropriation provides funds in order to maintain the statewide vital records system and health data and statistics system. The vital records system registers all vital records (births, deaths, marriages, and divorces) that occur in Michigan and provides legal documentation of these events. The health statistics system collects, analyzes, and disseminates data pertaining to cancer diagnosis, birth defects, health care utilization, etc.

Unit Gross Appropriation \$181,647,200

Capped federal revenues \$81,100

Total other federal revenues \$71,396,700

Total local revenues \$5,150,000

State general fund/general purpose \$39,028,400

Sec. 117. FAMILY, MATERNAL, AND CHILD HEALTH

1. Childhood lead program \$1,571,400

Classified FTE positions 2.5

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This appropriation supports salary and wage costs of DCH staff as well as lead poisoning prevention services conducted by local health departments. Activities include identification of lead-poisoned children birth to age 16; child health assessment; identification of lead hazards; parent education; surveillance of children with elevated blood-lead levels; and, education for health care and human services providers and the general public on the need for lead screening and prevention services.

2. Family, maternal, and child health administration \$8,460,900

Classified FTE positions 49.3

This appropriation covers costs associated with the administration of the unit.

3. Family planning local agreements \$8,310,700

This appropriation provides funds that are distributed to 50 delegate agencies, mostly local health departments, on the basis of a funding formula for the provision of comprehensive family planning services including general health assessment, screening, contraception, pregnancy detection, infertility services, client and community education, as well as referral and follow-up in response to identified health problems.

4. Local MCH services \$7,018,100

The Local MCH (Maternal and Child Health) Services line provides funds that are distributed to local health departments to promote the health and well-being of women, infants, and children in order to reduce infant and child morbidity and mortality. This appropriation also funds the Maternity Outpatient Medical Services (MOMS) program, which provides prenatal care to pregnant women who are not enrolled in Medicaid.

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5.	<u>Pregnancy prevention program</u>	\$602,100
	<p>The Pregnancy Prevention Program distributes funds to various local health departments and local agencies to provide pregnancy prevention services including abstinence education and family planning services.</p>	
6.	<u>Prenatal care outreach and service delivery support</u>	\$19,322,600
	Classified FTE positions	14.0
	This appropriation supports various prenatal care projects.	
7.	<u>Special projects</u>	\$6,289,100
	<p>The Special Projects line authorizes several Federal, State, and privately funded grants on a variety of issues including birth defects prevention, Fetal/Infant Mortality Review programs, lead poisoning, and fetal alcohol syndrome.</p>	
8.	<u>Sudden and unexpected infant death and suffocation program</u>	\$321,300
	<p>The line supports contractual agreements for professional bereavement visits to families after a sudden and unexpected infant death, autopsy costs, coordination of prevention efforts, training for professional and peer counselors, public education, and risk reduction.</p>	
9.	<u>Women, infants, and children (WIC) program administration and special projects</u>	\$18,014,400
	Classified FTE positions	45.0
	<p>This appropriation authorizes funds for the administration of the WIC program (described in the following line). Special projects include the Farmer's Market Nutrition Program (Project Fresh) and the development of an electronic benefit transfer program to allow participants to purchase WIC foods with the use of a debit-like card.</p>	
10.	<u>Women, infants, and children program (WIC) local agreements and food costs</u>	\$256,285,000

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WIC is a Federally funded program that provides nutritional food, nutritional education, breast feeding education and support, and referrals for health care and other services for women, infants, and children with incomes at or below 185% of poverty and have nutritional/growth risk. Funds are distributed to local health departments and various local agencies to carry out activities.

Unit Gross Appropriation	\$326,195,600
Social security act, temporary assistance for needy families	\$400,000
Total other federal revenues	\$254,324,000
Total local revenues	\$75,000
Total private revenues	\$61,702,400
State general fund/general purpose	\$9,694,200

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Sec. 118. EMERGENCY MEDICAL SERVICES, TRAUMA, AND PREPAREDNESS

1. Bioterrorism preparedness \$30,207,700

Classified FTE positions 52.0

This line appropriates Federal funds for the "Public Health Preparedness and Response for Bioterrorism" and the "Bioterrorism Hospital Preparedness" programs. This funding was first provided in FY 2001-02 as part of the Federal government's response to the terrorist attacks of September 11, 2001. This line is funded primarily with Federal funds.

2. Emergency medical services (EMS) program \$6,563,600

Classified FTE positions 23.0

This line item covers the initial and renewal licenses of all medical first responders and life support agencies and vehicles. These staff also authorizes local medical control authorities responsible for the pre-hospital emergency care oversight for one or more counties. In FY 2013-14 the EMS staff line was merged with the EMS grants line to form this new line.

Unit Gross Appropriation \$36,771,300

Total other federal revenues \$31,332,300

Total other state restricted revenues \$4,004,900

State general fund/general purpose \$1,434,100

Sec. 119. CHILDREN'S SPECIAL HEALTH CARE SERVICES

1. Children's special health care services (CSHCS) administration \$5,990,100

Classified FTE positions 44.0

This appropriation covers administrative costs of the CSHCS program, which provides medical care and treatment services for children with special health care needs.

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2.	<u>Bequests for care and services</u>	\$1,534,800
	Classified FTE positions	2.8
	<p>The Bequests line authorizes expenditures from the Trust Fund for Children with Special Needs. Expenditures are made for three purposes: 1) services for individual children when no other source of payment is available, 2) assistance for groups to pay for conferences and support activities, and 3) improving service systems. This trust fund is supplemented with Federal maternal and child block grant funds and private gifts.</p>	
3.	<u>Outreach and advocacy</u>	\$5,510,000
	<p>This appropriation provides funds that are distributed to local health departments for enrolling children in the CSHCS program, case management, and care coordination services for eligible children and families.</p>	
4.	<u>Nonemergency medical transportation</u>	\$905,900
	<p>This appropriation provides funds that distributed to families and vendors for the transportation of children with special health care needs in order to receive services. This line was formerly named "Conveyor Contract".</p>	
5.	<u>Medical care and treatment</u>	\$245,874,100
	<p>The Medical Care and Treatment line supports the provision of medical care and treatment for individuals enrolled in the CSHCS program. Eligible individuals are those who are 20 years old or less with a qualifying medical condition or those who are 21 or over with cystic fibrosis or blood clotting disorders. The CSHCS program was authorized by Sections 5801 through 5879 of the Public Health Code, MCL 333.5801 - 333.5879. Much of the funding was transferred to the Medical Services unit in FY 2013-14 as Medicaid clients were shifted to managed care. The cost of new drugs to treat cystic fibrosis increased costs in FY 2016-17</p>	
	Unit Gross Appropriation	\$259,814,900
	Total other federal revenues	\$120,964,300
	Total private revenues	\$1,013,200
	Total other state restricted revenues	\$3,383,000
	State general fund/general purpose	\$134,454,400

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Sec. 120. AGING AND ADULT SERVICES AGENCY

1. Aging and adult services administration \$9,344,100

Classified FTE positions 48.0

This appropriation supports the administration of the State's Aging network in accordance with the requirements of the Federal Older American's Act of 1965, as amended, and the State's Older Michiganians Act of 1981. The aging network represents a state, regional, local partnership, and system of delivering community-based services to older adults, many of whom are frail and at-risk of losing their independence. The Office of Services to the Aging was created by Section 585 of the Older Michiganians Act, MCL 400.585. Due to the merger of the Departments of Community Health and Human Services, many adult services were shifted into this unit as well and administration for those services are funded in this line.

2. Community services \$41,663,900

The Community Services line allocates funds to the Area Agencies on Aging (AAAs) to provide a variety of supportive services, including care management, access services, in-home services, senior citizen centers, Medicare/Medicaid assistance program, and elder abuse prevention programs.

3. Nutrition services \$39,044,000

This appropriation allocates funds to the AAAs for the administration and delivery of congregate and home-delivered meals for elderly adults.

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4.	<u>Employment assistance</u>	\$3,500,000
	<p>This appropriation provides for funds that are distributed to the AAAs to provide work experience and skill enhancement to low-income persons 55 years or older through subsidized, part-time assignments at community service agencies.</p>	
5.	<u>Respite care program</u>	\$5,868,700
	<p>The respite care program was created through P.A. 171 of 1990, which allows the State to receive escheat funds from Blue Cross and Blue Shield of Michigan (Sections 589a and 589b of the Older Michiganians Act, MCL 400.589a and 400.589b). Funds are distributed to AAAs annually. The program provides supervision, socialization, and assistance to persons with cognitive or physical impairments during the absence of the caregiver. This line is funded entirely with State restricted funds (escheats and tobacco settlement).</p>	
6.	<u>Senior volunteer service programs</u>	\$4,465,300
	<p>This line supports the foster grandparent, retired and senior volunteer, and senior companion volunteer programs. These lines were split out several years ago but were rolled together in the FY 2015-16 budget.</p>	
	Unit Gross Appropriation	\$103,886,000
	Capped federal revenues	\$368,100
	Total other federal revenues	\$57,898,600
	Total private revenues	\$520,000
	Merit award trust fund	\$4,068,700
	Total other state restricted revenues	\$1,400,000
	State general fund/general purpose	\$39,630,600

Sec. 121. MEDICAL SERVICES ADMINISTRATION

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1.	<u>Medical services administration</u>	\$83,565,600
	Classified FTE positions	395.5
	<p>The Medical Services Administration line covers the administrative costs of running the State's multi-billion dollar Medicaid program. A portion of the money goes toward contracts, for instance the Long Term Care audit, the Encounter Data system, the MSU Institute for Managed Care, and Online Eligibility System.</p>	
2.	<u>Healthy Michigan plan administration</u>	\$59,302,500
	Classified FTE positions	31.0
	<p>The administration for the Medicaid expansion (the Healthy Michigan Plan) was appropriated separately from the regular Medicaid administration funding. After the merger of the departments, the DHS funding was combined into this line.</p>	
3.	<u>Electronic health record incentive program</u>	\$144,297,800
	Classified FTE positions	24.0
	<p>Incentive grants to hospitals and physicians were included in the Federal American Recovery and Reinvestment Act (ARRA). These incentive grants will be used by providers to help cover the cost of implementing electronic health records. This is one-time funding, almost 99% Federal, and will be paid out over the next several years.</p>	
4.	<u>Technology supporting integrated service delivery</u>	\$6,308,000
	Classified FTE positions	15.0
	<p>The integrated service delivery initiative was a new initiative in the FY 2016-17 budget. It is intended to enhance the delivery of department services to Michigan residents. This line reflects the ongoing funding; there is also one-time funding.</p>	
	Unit Gross Appropriation	\$293,473,900
	Social security act, temporary assistance for needy families	\$749,600
	Capped federal revenues	\$910,700
	Total other federal revenues	\$244,619,100

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Total local revenues	\$107,300
Total private revenues	\$101,300
Total other state restricted revenues	\$336,300
State general fund/general purpose	\$46,649,600

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Sec. 122. MEDICAL SERVICES

1. Hospital services and therapy \$1,110,000,000

As a general note, the State's Medical Services program (known as Medicaid) is an entitlement program for the indigent governed by Federal statute and Sections 105 through 111j of the Social Welfare Act, MCL 400.105 et seq. The eligibility requirements for Medicaid are described in Section 106 of the Social Welfare Act, MCL 400.106.

Hospital services covered under Medicaid include the typical hospital services covered by most major medical insurers and are described in Section 109(1)(a) of the Social Welfare Act, MCL 400.109(1)(a).

2. Hospital disproportionate share payments \$45,000,000

This line has historically consisted of two funding pools. The first funding pool of \$45,000,000 is targeted to hospitals that have a disproportionate share of indigent, Medicaid, and uncompensated care. It is authorized by Section 109b of the Social Welfare Act, MCL 400.109b.

A second pool targeted to hospitals that do not receive large amounts of disproportionate share payments from the first pool was eliminated in FY 2011-12. It was first included in the FY 2004-05 budget.

3. Physician services \$321,041,000

Physician services covered under Medicaid include home and office visits and are reimbursed at rates determined by the Department, per Section 109(1)(b) of the Social Welfare Act, MCL 400.109(1)(b). During calendar year 2013 and 2014, payment rates for primary care services were increased to Medicare rates using all Federal funds. The FY 2014-15 retains about half of the increase effectively January 1, 2015.

4. Medicare premium payments \$474,654,500

Medicare premiums for individuals dually eligible for Medicare and Medicaid, low-income Medicare recipients, and certain individuals with AIDS are paid by the State.

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5. Pharmaceutical services

\$537,467,000

Pharmaceutical services covered under Medicaid include coverage similar to that provided by most major medical insurers and are described in Section 109(1)(d) of the Social Welfare Act, MCL 400.109(1)(d). The line also includes the fee for service costs for durable medical equipment.

The line was increased considerably in FY 2016-17 to reflect the costs of new medications for cystic fibrosis and hepatitis C.

6. Home health services

\$6,235,000

Home health services provided by home health providers are covered under the State's Medicaid program. Such "other" Medicaid services are authorized by Section 109(1)(e) of the Social Welfare Act, MCL 400.109(1)(e).

7. Hospice services

\$105,531,400

Hospice services formerly paid from the home health services line are covered under the State's Medicaid program. Such "other" Medicaid services are authorized by Section 109(1)(e) of the Social Welfare Act, MCL 400.109(1)(e).

8. Transportation

\$21,418,300

Transportation of Medicaid-eligible individuals for Medicaid-related services is covered under the State's Medicaid program. This transportation is separate from Ambulance Services, a line described below.

9. Auxiliary medical services

\$6,235,700

A number of "other" services, authorized by Section 109(1)(e) of the Social Welfare Act, MCL 400.109(1)(e), are covered by the Michigan Medicaid program. These include hearing, speech, vision, chiropractic, podiatric, and other services, as well as medical supplies and equipment. Most adult non-emergency services from this line ended July 1, 2009.

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10. Dental services \$247,307,000
- Child and adult dental services, authorized by Section 109(1)(e) of the Social Welfare Act, MCL 400.109(1)(3), are covered by the Michigan Medicaid program. Coverage for non-emergency adult dental services was reinstated effective October 1, 2010.
11. Ambulance services \$18,376,100
- Ambulance services for Medicaid-eligible individuals for Medicaid-related services are covered under the State's Medicaid program.
- The FY 2015-16 budget assumed implementation of an ambulance Quality Assurance Assessment Program (QAAP).
12. Long-term care services \$1,658,317,700
- Long-Term Care Services covered under Medicaid include nursing home services at private or public nursing homes pursuant to Section 109(1)(c) of the Social Welfare Act, MCL 400.109(1)(c). Public nursing homes (County Care Facilities) receive a rate that differs from that paid to private nursing homes.
- The Long-Term Care Services line has undergone a number of changes in recent years. In FY 2002-03 the line item encompasses nursing home payments, payments for the Home and Community Based Waiver program intended to serve those at risk of institutionalization, and the Adult Home Help program, which is intended to serve those who need chore or other services at home. This merging of funding streams is intended to give maximum flexibility under the State's long-term care plan.
- In FY 2006-07 the lines were again split out, with funding for private and public nursing homes remaining in the Long-term Care Services line.
- In FY 2014-15 a significant amount of funding was shifted into the Integrated Care Organizations line to reflect anticipated expenditures for those in the dual eligible waiver.
13. Integrated care organization services \$230,633,300
- In FY 2013-14, placeholder funding was included for the integrated care organizations that will be established under the Medicaid/Medicare dual eligible waiver. In FY 2014-15 funding was shifted from the Long-Term Care Services line and other related lines.
14. Medicaid home- and community-based services waiver \$322,781,100

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The Home and Community Based Waiver program is described in Section 109c of the Social Welfare Act, MCL 400.109c. It provides in-home services to frail elderly at risk of institutionalization.

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15.	<u>Adult home help services</u>	\$310,389,700
	<p>Adult home help services are in-home chore and other services provided to frail individuals. Wages for adult home help workers were increased by 50 cents per hour effective October 1, 2009.</p>	
16.	<u>Personal care services</u>	\$11,043,700
	<p>The personal care services supplement is paid to providers of adult foster care services.</p>	
17.	<u>Program of all-inclusive care for the elderly (PACE)</u>	\$87,874,800
	<p>The PACE program covers services to frail non-institutionalized elderly individuals through a comprehensive delivery system.</p>	
18.	<u>Health plan services</u>	\$4,923,494,400
	<p>Over the past 15 years, almost all non-elderly Medicaid clients, well over 1 million, have been moved from a fee-for-service to a managed care model of service. Thus funding for Medicaid Health Maintenance Organizations (HMOs) has increased by over a factor of ten. The State is required to pay the Medicaid HMOs actuarially sound rates, so they have received rate increases most of the past few years.</p>	
19.	<u>Federal Medicare pharmaceutical program</u>	\$249,182,100
	<p>The Medicare Part D pharmaceutical program took effect in early 2006. For those dually eligible for Medicare and Medicaid, pharmaceutical costs are no longer paid for by Medicaid but are now paid for by Medicare Part D. The State's estimate share of those costs is funded through this line.</p>	
20.	<u>Maternal and child health</u>	\$20,279,500
	<p>Maternal and Child Health funding comes from Title V of the Social Security Act. It is paid to local health departments to cover the difference between Medicaid reimbursement for their maternal and child health services and their actual cost of providing such services.</p>	

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21. Healthy Michigan plan

The physical health services provided to clients of the Medicaid expansion, also known as the Healthy Michigan Plan, are paid for from this line. Funding is provided on a capitated basis to managed care entities who handle the provision of services. The caseload is expected to exceed 600,000 in FY 2015-16.

\$3,271,498,000

22. Subtotal basic medical services program

\$13,976,760,300

The basic Medical Services program includes all covered Medicaid services but does not include special payments made under various "special financing" mechanisms.

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23.	<u>School-based services</u>	\$109,937,200
	<p>Permitted Medicaid services provided by schools to Medicaid eligible students are reimbursed by the State, with 60% of the funding going to the schools and 40% remaining with the State.</p>	
24.	<u>Dental clinic program</u>	\$2,000,000
	<p>The FY 2016-17 budget funding for the University of Detroit-Mercy dental clinic.</p>	
25.	<u>Special Medicaid reimbursement</u>	\$368,887,600
	<p>As part of the special financing program, the State pays various public Medicaid providers at rates up to the Medicare ceiling. Most of the funding is then paid back to the State through an intergovernmental transfer, thus producing a GF/GP savings of over \$100.0 million per year.</p> <p>The Federal government has moved to restrict these mechanisms; at one time, the State was saving over \$600.0 million GF/GP per year from special financing.</p>	
26.	<u>Subtotal special medical services payments</u>	\$480,824,800
	<p>The special medical services payments do not fall under the category of basic medical services payments.</p>	
	Unit Gross Appropriation	\$14,457,585,100
	Total other federal revenues	\$10,487,392,600
	Total local revenues	\$36,111,800
	Total private revenues	\$2,100,000
	Merit award trust fund	\$19,739,200
	Total other state restricted revenues	\$2,074,273,400
	State general fund/general purpose	\$1,837,968,100

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PART 1: LINE ITEM DETAIL

2016 PA 268
Article X
FY 2016-17
Initial

Sec. 123. ONE-TIME BASIS ONLY APPROPRIATIONS

1.	<u>Family preservation programs</u>	\$6,098,200
	Classified FTE positions	1.0
	The budget included one-time funding for family preservation, to be spread out over two years, to support efforts in Genesee and Macomb Counties.	
2.	<u>Integrated services delivery</u>	\$36,922,500
	In concert with over \$6 million in ongoing funding, the FY 2016-17 budget included one-time funding to support integration of service delivery to DHHS clients.	
3.	<u>Drinking water declaration of emergency</u>	\$15,138,100
	The drinking water funding was included to continue DHHS efforts to combat problems tied to the declaration of emergency in Flint.	
4.	<u>MiSACWIS implementation</u>	\$11,538,600
	The budget included one-time funding along with ongoing funding to support the final steps to implement the SACWIS system.	
5.	<u>Autism navigator</u>	\$565,000
	The budget included funding to help autism clients and their families find services.	
6.	<u>Demonstration projects - Michigan 2-1-1</u>	\$300,000
	The budget included one-time funding to support the Michigan 2-1-1 program. There is also \$1,000,000 in ongoing funding for the program.	
7.	<u>Mobile electronic service verification study</u>	\$25,000
	The budget included funding for a study of ways to reduce fraud in the Adult Home Help program by verifying that employees are doing work.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 1: LINE ITEM DETAIL

**2016 PA 268
Article X
FY 2016-17
Initial**

Unit Gross Appropriation	\$70,587,400
Social security act, temporary assistance for needy families	\$9,618,200
Total other federal revenues	\$41,049,600
Total other state restricted revenues	\$473,900
State general fund/general purpose	\$19,445,700

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

**Section
Number Description and History**

GENERAL SECTIONS

- 201 **Payments to units of local government.** Total State spending and payments to locals reporting section for appropriations made in Part 1. Estimated total State spending and payments to locals for all appropriation acts. Requires report on actual total State spending and payments to locals within 30 days of book closing.
- Background:** This section states the total State spending from State resources contained in Part 1 of the bill. It also lists the total payment to local units of government in Part 1 by department. This is a standard boilerplate section contained in all appropriation bills pursuant to 1984 PA 431. The statutory reference is MCL 18.1367. Section 367 of 1984 PA 431 requires that one appropriation bill contain a statement of estimated State spending to be paid to local units of government, total State spending from State resources, and the state-local proportion derived from that data. The State spending report was first included in FY 1995-96. This information is also required under MCL 18.1386, which requires a Monthly Financial Report.
- 202 **Management and budget act.** States that appropriations authorized under this Act are subject to the Management and Budget Act.
- Background:** This is a standard section contained in all appropriation bills. The first version of this section was contained in the FY 1981-82 General Government Appropriation Bill. The former section provided that appropriations were subject to Act 18 of 1981. Act 18 was repealed by 1984 PA 431.
- 203 **Definitions.** Definitions of acronyms contained in Act.
- Background:** This is a standard section contained in all appropriation bills.
- 205 **Define budget as addendum to social welfare act.** Requires Department to treat the budget and boilerplate language as an addendum to the Social Welfare Act.
- Background:** This language first appeared in 2014 PA 252 as a House initiative, Sec. 205.
- 206 **Contingency fund language.** Creates contingency funds of \$400.0 million Federal, \$45.0 million State Restricted, \$40.0 million Local, and \$60.0 million Private. These funds are made available for transfer to line items to reflect increases in any of these fund sources. The transfers are subject to the Management and Budget Act and must be approved by both the Senate and House Appropriations Committees in identical form.
- Background:** The contingency fund transfer process was first created in the late 1990s before being removed in the FY 2003-04 budget. The language and process was reinstated in FY 2007-08. Formerly Sec. 284 in the DHS budget. Conference added language to exclude TANF funding in the DHS budget in 2013 PA 59.
- 207 **Department scorecard.** Requires Department to maintain a department scorecard identifying, tracking, and updating key metrics used to monitor and improve the Department's performance.
- Background:** New language in FY 2012-13 budget. Formerly Sec. 299 in the DHS budget.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section Number	Description and History
208	<p><u>Internet reports.</u> Directs that the Department use the Internet to fulfill reporting requirements of this Act. This includes transmission of reports via E-mail and placement of reports on Internet site.</p> <p>Background: This language was first included in FY 1999-2000 in the DCH and DHS budgets. With 2012 PA 200, the transmission of reports via email, and the posting of the reports on the internet became mandatory in the DHS budget. Language was revised in the DHHS budget in FY 2015-16.</p>
209	<p><u>Buy American/Michigan intent language.</u> Prohibits the use of funds for purchase of foreign/out-of-State goods or services if competitively priced and comparable quality American/Michigan goods or services are available.</p> <p>Background: A version of this section was first included in FY 1992-93.</p>
210	<p><u>Deprived and depressed communities.</u> Requires the director to take all reasonable steps to ensure that businesses in deprived and depressed communities compete for and perform contracts. Also requires each director to encourage contractors to subcontract with firms in deprived and depressed communities.</p> <p>Background: A version of this section was first included in FY 1992-93.</p>
211	<p><u>Carry-forward of revenue.</u> Permits excess fee and collection revenue to be carried forward, with the approval of the State Budget Director, into the subsequent fiscal year, as the first source of funding in that year. Includes reporting requirement.</p> <p>Background: Long-standing language. Formerly Sec. 221 in the DHS budget.</p>
212	<p><u>Revenue sources and amounts; Reporting requirement.</u> Directs the Department to report on name and amounts of revenue supporting each line item in this act, to report the amounts and detailed sources of revenue proposed to support the next year's executive budget proposal, and to provide all revenue source detail for consolidated line items upon request.</p> <p>Background: Long-standing language. A requirement for specific delineation of amounts appropriated for certain Federal block grants and the Healthy Michigan Fund was deleted for FY 2010-11.</p>
213	<p><u>Requirements for the receipt of tobacco tax (Healthy Michigan) funds.</u> Requires a report by April 1 of the fiscal year from agencies receiving tobacco tax funds and Healthy Michigan fund revenue. Report to contain planned spending, allocation/bid processes, eligibility criteria, outcome measures, and other information.</p> <p>Background: This language was first included in FY 1995-96.</p>
214	<p><u>Salary and wage/FTE report.</u> Requires the Department to submit a semiannual (March 1 and August 1) report on the number of full-time positions by pay-status and type of staff.</p> <p>Background: The language in 1990 PA 200, Sec. 217 indicated legislative intent regarding a spending plan to carry out each program appropriation for the entire fiscal year and spending was not to exceed the appropriation. The reporting requirement for all allocation line items first appeared in 1995 PA 156, Sec. 207. With 2012 PA 200, the report became quarterly rather than bimonthly. In 2013 PA 59 the report reverted to a bimonthly requirement and then back to quarterly with 2015 PA 84. In 2016 PA 268, the report requirement was changed to semiannually.</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section

Number Description and History

- 215 **Federal statute conflict.** Stipulates the Department's actions if implementing legislative objectives of a bill or amendment to the Social Welfare Act, 1939 PA 280, MCL 400.1 to 400.119b, would conflict with Federal statute and/or result in loss of Federal revenue; requires citation and copy of any Federal statute, regulation, policy or directive presenting the conflict per subsection (1) and apply for a waiver or Federal relief from requirements or sanctions. Also requires the Department to provide 30-day's notice after such a bill is introduced or amendment is adopted.
- Background:** The language, introduced in the Senate, first appeared in 1994 PA 291, Sec. 214. House language requiring 30-day's notice and the additional reference to a bill or amendment to the Social Welfare Act was added in 2013 PA 59.
- 216 **Write-offs of accounts receivable, deferrals, and prior year obligations.** Allows the use of prior year revenue for the write-off of accounts receivable, deferrals, and prior year obligations. It permits the Department to use prior year reimbursements, refunds, and settlements to support spending in Part 1.
- Background:** This language was first included in the DHS budget in FY 1987-88 (Sec. 212) and in the DCH budget in FY 1996-97.
- 217 **Restrictions on employee travel.** Restricts travel outside the State of Michigan by State employees unless specific conditions are met. Conditions include if travel is required to fulfill legal requirements, is necessary to protect health or safety of Michigan citizens, travel is necessary to create budgetary savings, protect, or generate Federal funding, travel is necessary to fulfill Federal requirements, travel is necessary to provide specialized training to State staff, or the travel is financed completely by non-state funds.
- Background:** This language was included in response to significant decreases in State revenue and is intended to generate cost savings. This language was first included in the FY 2004-05 DCH appropriation, Sec. 266, and in the FY 2004-05 human services appropriation, Sec. 217. Reporting requirements were added and revised in the DHS budget in FY 2012-13 and FY 2013-14.
- 218 **List of basic health services.** States that basic health services shall include, but not be limited to: immunizations; communicable and sexually transmitted disease control; tuberculosis control; prevention of gonorrhea eye infection in newborns; newborn screening for all eight conditions screened for in the newborn screening program; community health annex of the emergency management plan; and, prenatal care.
- Background:** Part 23 of the Public Health Code, 1978 PA 368, states that the Department annually shall identify the priority health problems of this State. From these priorities, the Department shall prepare a proposed list of basic preventive, personal, and environmental health services to be made available and accessible to all residents in this State in need of the services without regard for place of residence, marital status, sex, age, race, or ability to pay. The proposed list, the methodology used to derive the list, and a proposed program statement shall be included in the Department's annual budget request (MCL 333.2301-333.2302).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section

Number Description and History

219 **Contracting with the Michigan Public Health Institute (MPHI).** Permits the Department to contract with MPHI for up to 3 years without employing State bid processes and requires a semi-annual report providing detailed information on each project. This section directs that the disbursement of funds to MPHI shall stop if reports are not received when due. It also requires that all reports, studies, and publications produced by MPHI, its subcontractors, and the Department, with funds appropriated to MPHI, be provided to the Legislature.

Background: MPHI was created by 1989 PA 264 (MCL 333.2611), which allows the Department to establish a non-profit corporation for the purpose of planning, promoting, and coordinating health services research with a public university or a consortium of public universities in this State. This language was instituted to increase Legislative oversight of MPHI.

220 **Faith-based organizations.** Establishes non-discrimination guidelines to ensure that qualified, faith-based organizations are able to apply and compete for services, programs, or contracts.

Background: This language, introduced by the House, first appeared in 1997 PA 109, Sec. 222.

222 **Policy notifications.** Requires the Department's policy and procedure manual to be accessible to the public at all times. Requires an annual report listing policy changes made in order to implement a public act in the previous fiscal year and a summary of all policy changes no later than April 1 of the current fiscal year.

Background: The language, introduced by the Senate, first appeared in the DHS budget in 2007 PA 131 Sec. 222. Language prohibiting changes that have a disproportionate impact on small businesses was removed in 2012 PA 200. Senate language requiring the policy manual to be accessible to the public and a report that includes changes to policy were added in 2013 PA 59.

223 **Department may establish and collect fees.** Permits the Department to charge fees to offset the cost of publications, videos, conferences, and workshops. Costs shall not exceed fees collected.

Background: This language was first included in FY 1999-2000.

224 **Food assistance overissuance.** Allows department to retain State share of food assistance overissuance collections as an offset to GF/GP costs for investigation and recoupment of food stamp over-issuances that occur. Provides for a report of the status of the food stamp error rate during the senate and house budget hearings.

Background: This language first appeared in 1990 PA 200, Sec. 306 and was repealed by 1990 PA 213. Language reappeared in 1991 PA 111, Sec. 210. The program name was changed from "food stamp" to "food assistance" in the FY 2002-03 appropriation act.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section

Number Description and History

- 225 **Preferential treatment.** Prohibits the use of more strident penalties against private agencies than public entities; and prohibits preferential treatment for agencies with collective bargaining agreements.
- Background:** In 1990 PA 200 Sec. 216, language required that the use of low cost competitive bidding for the purchase of service contracts could not solely be based on cost. Language in 1993 PA 186 Sec. 215, required a civil service commission notice submission at least 21 days prior to letting a contract for services or functions at an estimated cost greater than \$25,000 currently performed by classified State employees. In 1994 PA 291, Sec. 209, language required that a privatization, elimination, retention or modification analysis be submitted to civil service commission for any contract approval that would result in the loss of classified state employees or alter delivery of any service that is central to the Department's mission. Language in 2006 PA 345, Sec. 207 required 60 days advanced notice from the Department for any privatization efforts. In 2007 PA 131, language concerning preferential treatment was added. In 2009, PA 129 language requiring 60 days advanced notice for privatization efforts was removed. Language was formerly Sec. 207 of the DHS budget.
- 228 **HMP advertising.** Appropriates \$1.0 million to inform residents about Healthy Michigan Plan incentives shown to improve health outcomes, and prohibits the expenditure of funds to advertise enrollment in the HMP.
- Background:** This language was first included in FY 2016-17.
- 229 **Michigan Works! and TANF Workgroup Report.** Requires DHHS to continue interagency agreement with TIA concerning TANF data sharing. Report is required a report on how TANF is being used for Michigan Works! to serve Family Independence Program (FIP) clients, as the caseload is declining.
- Background:** The workgroup requirements first appeared in 2014 PA 252, Sec. 229, in the DHS budget. Reporting revision was modified in 2016 PA 268.
- 230 **IT project expansions.** Requires a report by December 1 on the project plans for all IT expansion projects, including the process used to define RFPs and the proposed benefits of the expansion. Also requires a report on the projected cost of the expansion upon the award of the contract.
- Background:** This language was first included in FY 2016-17.
- 231 **Travel cost reimbursements to counties.** Up to \$100,000 is allocated to reimburse counties to attend the Michigan County Social Services Association meeting.
- Background:** This language was first included in 2015 PA 84.
- 233 **Report on DCH/DHS merger.** Requires a report on a quarterly basis on the status of the merger of DCH and DHS. Report must include 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.
- Background:** Language was first included in 2015 PA 84.
- 240 **Notification of contract changes.** Requires the Department to notify the Legislature of any changes to a child welfare master contract.
- Background:** This Conference language first appeared in 2012 PA 200, Sec. 240. 2014 PA 252 removed the language that referred to changes that result in increased rates or costs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section

Number Description and History

- 252 **Healthy Michigan Plan.** States that 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.
- Background:** This language was first included in FY 2014-15.
- 263 **Legislative notification of Medicaid submissions.** Requires the Department to notify the Legislature before submissions of material waivers, State plan amendments, or similar proposals to the Federal Centers for Medicare and Medicaid Services (CMS). Also requires the Department to provide biannual reports on any new or ongoing discussions with CMS or HHS regarding potential waiver applications, and status reports on submitted waivers.
- Background:** This language was first included in FY 2003-04. Formerly Sec. 264 in the DCH budget. The language was modified in FY 2016-17 to only require notification upon the submission of non-routine Medicaid waivers and to require biannual reports on potential waiver applications.
- 264 **Communication with Department staff.** Prohibits the Department from punishing a Department employee for communicating with the legislator or their staff.
- Background:** This language is currently included in all appropriations bills. It was first included in FY 2005-06 in response to some communication problems between another department and the Legislature.
- 265 **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.
- Background:** This language, introduced in the Senate, first appeared in the DHS budget in 2011 PA 63, Sec. 265. This language was first included in the DCH budget in FY 2012-13 as Sec. 296.
- 270 **Attorney General Medicaid recoveries.** Language requires the Department to notify the Legislature and the State Budget Office of any recovery of Medicaid funds through legal action initiated by the Office of the Attorney General. A report is required to include information on the total amount of funds recovered, the program through which these funds were initially paid, the disposition of the recovered fund and facts about the legal action by November 1 and May 1 of the current fiscal year.
- Background:** This language was first included in the FY 2006-07 appropriation for DCH.
- 274 **Capped federal funds report.** Requires, during annual budget development presentation, a report on spending and revenue projections for capped Federal funds, including TANF, Title XX, and Title IV-B. Prohibits the Department from using capped Federal funds for economics adjustments for FTEs or other economics costs.
- Background:** This language first appeared in 2010 PA 190, Sec. 274. The language was updated in 2012 PA 200 to remove childcare and development funds from the report requirements, as this program and its funding were transferred to the Department of Education. House language adds Low-Income Home Energy Assistance Program funding to the list and requires the rationale for TANF Maintenance of Effort (MOE) calculations in 2013 PA 59. Economics prohibition was first included in PA 268 of 2016.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section Number	Description and History
275	<p><u>Capped federal funds realignment.</u> Allows flexibility for the Department to realign capped Federal funds at year-end as part of closing out the accounts for the year.</p> <p>Background: Language first included in PA 268 of 2016.</p>
276	<p><u>Legal services for the Department.</u> Bars the Department from using appropriated funds to hire a person to provide legal services that are the responsibility of the Attorney General. There are exemptions for bonding activities and activities authorized by the Attorney General.</p> <p>Background: This language was first included in the FY 2007-08 DCH bill.</p>
279	<p><u>Performance-based contracts.</u> Requires that all master contracts shall be performance-based that employ a client-centered results-oriented process based on measurable performance indicators and outcomes and include an annual assessment of provided quality services. A report by February 1 shall include the measurable performance indicators, desired outcomes, and assessment of services provided for each contract.</p> <p>Background: This language first appeared in the DHS budget, 2005 PA 147, Sec. 279. The report date and reference to master contracts were added in 2013 PA 59.</p>
280	<p><u>Payroll taxes and fringe benefits.</u> Requires the Department to provide quarterly reports to the Legislature on the status of personnel costs and any projected shortfalls.</p> <p>Background: Language first included in PA 84 of 2015. Reporting was changed to quarterly in PA 268 of 2016.</p>
287	<p><u>Lapse estimate.</u> Requires the Department to provide a report by November 30 of each year, listing all GF/GP appropriation lapses at the end of the prior fiscal year.</p> <p>Background: This language was first included in the FY 2009-10 bill in DCH and as Sec. 296 in DHS in the same year.</p>
288	<p><u>Limits administrative component of new contracts.</u> 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. Also lets the Department allow contracts to exceed this threshold upon evidence that an exception should be made. A report on reasoning behind all exceptions granted as well as number of contracts terminated is due by September 30 of the current fiscal year.</p> <p>Background: This language was first included in FY 2014-15.</p>
289	<p><u>Supervisor-to-staff ratios.</u> Requires the Department to work toward a supervisor-to-staff ratio of 1:12 in all divisions except those under the Children's Rights settlement. A report is due by March 1 of the current fiscal year on the ratio by Department divisions and subdivisions.</p> <p>Background: The language first appeared in 2011 PA 63, Sec. 298. The report requirement was added in 2012 PA 200.</p>
290	<p><u>Fraud hotline advertising.</u> Requires the Department to inform the public of the welfare fraud hotline in any public advertisement for state food assistance.</p> <p>Background: This language first appeared in the DHS budget, 2012 PA 200, Sec. 290.</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section Number	Description and History
291	<p><u>E-verify system.</u> Requires the Department use the E-verify system when hiring new employees and to ensure that contractors use the system.</p> <p>Background: The language first appeared in the DHS budget, 2012 PA 200, Sec. 291. The House revised language on the report requirements in 2013 PA 59. Reporting requirement removed PA 268 of 2016.</p>
292	<p><u>Report on staffing and expenditures.</u> Creates a free searchable website including expenditures by category, appropriation unit, and vendor and employees by job classification and wage rate for each department or agency.</p> <p>Background: This language was first included in the FY 2011-12 bill.</p>
293	<p><u>Medicaid interactive analytics platform pilot.</u> Requires the Department to explore implementing a cloud-based, interactive analytics platform pilot for Medicaid claims, with the intent being that the amount appropriated for the project would not exceed anticipated savings.</p> <p>Background: This language was first included in FY 2015-16.</p>
294	<p><u>Michigan/Illinois Medicaid alliance.</u> Allocates \$20.0 million from the Michigan Medicaid Information System (MMIS) line item received from other states interested in participating in MMIS. Requires a report by March 1 on the use of MMIS by other states and states requirements for data that must be included in the report.</p> <p>Background: This language was first included in FY 2013-14. Formerly Sec. 298 in the DCH budget. The Executive revised language expanding MMIS availability to states other than Illinois in FY 2016-17.</p>
295	<p><u>Multicultural contracts.</u> Requires the Department to award grants in accordance with the performance metrics included in this section. Directs the Department to require contractors receiving greater than \$1.0 million for multicultural integration to comply with performance metrics to maintain eligibility. Directs that the Department require a report due 60 days after the end of the contract period on services and programs provided, number of clients served and other specifics.</p> <p>Background: The multicultural services funding was rolled up within the CMH line until the budget problems in FY 1998-99 led to changes in the CMH line items and boilerplate in FY 1999-2000. One of these changes was rolling out the individual CMH line items, and this language was included to ensure multicultural providers that the CMHSPs would still be required to continue the contracts with providers. The Department is directed by Section 116(2)(l) of the Mental Health Code, MCL 330.1116(2)(l), to support multicultural services. In FY 2010-11, the line item was changed to "Mental Health Services for Special Populations" and this new name was reflected in the section. The language was rewritten to allow the use of performance metrics and require the consideration of competitive bidding for contracts in FY 2014-15. Formerly Sec. 403 in the DCH budget. Previously was Sec. 695 in PA 84 of 2015.</p>
297	<p><u>Legacy costs.</u> Specifies legacy costs in FY 2016-17, including \$202,368,400 for pension-related costs and \$162,604,400 for retiree health care costs.</p> <p>Background: This language was first included in FY 2014-15.</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

**Section
Number Description and History**

298 **Medicaid behavioral health workgroup.** Requires the Department to work with a workgroup to recommend the most effective financing model and policies for coordinating behavioral and physical health care. The language outlines workgroup goals, requirements for recommendations, and a final report by January 15. Also includes a prohibition on integration of behavioral and physical health services.

Background: This Conference language was first included in FY 2016-17 and grew out of the backlash to the Executive proposed language directing the integration of physical and behavioral health services.

299 **Requests for proposal, information, and qualification.** Bars 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. Requires the department to provide information on RFPs if lowest bid or highest scored bid does not secure a current serviced contract.

Background: This language was first included in FY 2013-14. Language modified at 2016 PA 268.

DEPARTMENTWIDE ADMINISTRATION

307 **2-1-1 statewide projects.** Provides \$950,000 to be distributed to Michigan 2-1-1, a non-profit corporation, for the coordination and support of a statewide human services resource information system. Also requires Michigan 2-1-1 to refer any calls reporting fraud to the Department.

Background: The language, introduced in Conference, first appeared in 2006 PA 345, Sec. 307. The requirement to refer calls on fraud to the Department and a reduction in amount of funding from \$550,000 to \$400,000 were added in 2012 PA 200. Funding increased to \$500,000 in 2015 PA 84. Funding increased to \$950,000 in 2016 PA 268.

310 **Nonprofit services for at-risk children.** Language describes the Legislature's intent that the Department shall work with nonprofit organizations to serve children who have incarcerated parents.

Background: This House language first appeared in the DHS budget in 2014 PA 252, Sec. 310.

316 **Terminal leave payouts.** Prohibits the Department from spending more than the amount appropriated in the Terminal Leave Payouts line item unless funding comes from a legislative transfer from another line item.

Background: This Executive language first appeared in 2015 PA 84 budget for DHS.

CHILD SUPPORT ENFORCEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

**Section
Number Description and History**

401 **Child support incentive payments.** Assumes total Federal incentive payment of \$26.5 million; \$12.0 million retained by the State and used for children support expenses; and \$14.5 million allocated to counties based on performance; and other provisions if incentive payments are more or less than the \$26.5 million estimate. Includes provisions for appropriations when Federal payments to the State are more than \$26.5 million; if they are less, the county and state shares are to be reduced by 50% of the shortfall.

Background: Formerly Sec. 901 in the DHS budget. The language required DHS to submit an implementation plan to the appropriation committees 30 days prior to the child support incentive payments formula use (1985 PA 117, Sec. 118). In FY 1986-87, language required retention of \$3,656,700 of child support incentive payments (appropriated as general fund/general purpose) by the state to be expended in legal support contracts and state incentive payments. Executive Order 2001-09 amended funds retained from \$4,365,200 to \$10,415,700, by a fund source shift, and revised expenditure purposes and legal support contracts to child support program expenses. The requirement for a program plan submission to the Legislature at least 30 days prior to implementation first appeared in 1985 PA 117, Sec. 118. In a FY 2002-03 supplemental, the language was repealed (2003 PA 173, Section 1001) and Sec. 371 increased incentives to \$29,517,600, an added \$19,101,900 in incentives and revised permitted use of the funds. 2006 PA 345 included rewrite based on agreement with State and county friend of the court (FOC) offices.

409 **CS excess collections.** If statewide child support collections exceed \$38.3 million, 75% of the amount in excess of \$38.3 million shall be distributed to eligible counties without supplanting Title IV-D funding; includes provisions to establish eligibility and requires reporting on payments made.

Background: This language first appeared in the DHS budget, 2008 PA 248, Sec. 909. The language was updated in 2009 PA 129 and included the cap of \$38.3 million.

410 **Escheated CS collections.** Authorizes State Budget Director to adjust the financing of legal support contracts if Title IV-D child support collections are escheated, both reducing Federal authorization and increasing general funding by 66% of the escheated amount. Requires Department to give notification within 15 days of the authorization adjustment.

Background: This language first appeared in the DHS budget, 2008 PA 248, Sec. 910.

COMMUNITY SERVICES AND OUTREACH

450 **School success partnership.** Appropriates \$450,000 to the Northeast Michigan Community Services Agency for the School Success Partnership and requires a report on outcomes.

Background: This Conference language first appeared in the DHS budget, 2014 PA 252, Sec. 1108 for \$300,000.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

**Section
Number Description and History**

452 **Forensic nurse examiner programs.** Directs the Department to continue to support the expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Funds shall be used for program coordination, training, and counseling. Unexpended funds shall be carried forward.

Background: This language was first included in FY 2001-02 and appropriated at \$200,000. The amount appropriated was reduced to \$50,000 to reflect the amount of funding available to be carried forward in FY 2002-03. Reference to a specific dollar amount was removed in FY 2015-16. Formerly Sec. 1302 in the DCH budget.

CHILD WELFARE SERVICES

501 **Foster care permanent placement.** Requires that no more than 25% of children will be in foster care for 24 months or more. Also requires a report on the specific steps taken to achieve this goal by March 1.

Background: This language first appeared in the DHS budget, 2007 PA 131, Sec. 501. Language was changed in 2011 PA 63, replacing the requirement that 85% of children in foster care for more than 1 year be permanently placed to the new standard. Senate language in 2013 PA 59 reduced the percentage of children in care for 24 months or more from 35% to 31%. Conference reduced the limit from 31% to 27% and added a Senate reporting requirement. PA 268 of 2016 modified the percentage from 27% to 25%.

502 **Foster care reimbursement.** Provides 50% reimbursement to Indian tribal governments for foster care expenditures.

Background: This language first appeared in FY 1984-85, 1984 PA 246, Sec. 51. It was eliminated in 2011 PA 63. It was reinstated in FY 2012 PA 200.

503 **Performance based contracts.** Requires the Department to develop actuarially sound case rates for out-of-home child welfare services, develop a prospective rate system, implement a 5-year evaluation of the model, do a cost analysis, to limit expansion to counties that are willing participants, and to issue quarterly status reports on the outcomes. The language also allows the Department to provide funding for the West Michigan Partnership for Children (WMPC) to implement a performance-based system.

Background: Language on the establishment of actuarially sound rates for private and public foster care and juvenile justice providers, introduced in the Senate, first appeared in the DHS budget, 2012 PA 200, Sec. 503. Conference language in 2013 PA 59 replaced the references to actuarially sound rates with performance-based contracts. Conference removed the workgroup requirement in 2014 PA 252 and replaced it with an implementation plan. PA 84 of 2015 revised the language and added the consortium. PA 268 of 2016 modified the information required regarding the full cost-analysis, clarifies limitations for expansion of performance-based funding models, and changed reference to consortium to the WMPC.

504 **WMPC performance-based funding pilot program.** Allows for the department to enter into a master agreement with the WMPC for a performance-based funding child welfare system. The consortium must be a nonprofit organization, provide a continuum of care structure, and have the capacity to provide the services. A status report is required.

Background: Language first appeared in FY 2015-16. \$500,000 appropriation removed in PA 268 of 2016.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section Number	Description and History
505	<p><u>Juvenile justice report.</u> Requires by March 1, 2013 a report outlining juvenile justice services in the prior fiscal year and first quarter of the current fiscal year in the State and Wayne County.</p> <p>Background: The language first appeared in 2010 PA 190, Sec. 505 in the DHS budget, focusing on foster care youth and the Children's Rights settlement. The language was revised and shortened in 2011 PA 63 to focus on juvenile justice youth.</p>
507	<p><u>Private collections.</u> Allows for foster care private collections collected during the current fiscal year to include revenues for services provided in prior years.</p> <p>Background: The language first appeared in the DHS budget in 2010 PA 190, Sec. 507.</p>
508	<p><u>Children's Trust Fund.</u> Additional money granted or received as gifts, or donations are appropriated to the Children's Trust Fund that is overseen by the State Child Abuse and Neglect Prevention Board. The Board may initiate a joint project with another State agency. The Department may use interest and investment revenue for programs, administration, and services sanctioned by the Board. The Department and Board are to distribute grant funding within 31 days of the project start date.</p> <p>Background: The language first appeared in FY 1993-94, 1993 PA 186, Sec.520. The Children's Trust Fund was created by 1982 PA 249. The October 31 deadline for the report was replaced by November 30 in 2013 PA 59. The House removed the November 30th deadline to distribute the grants in 2014 PA 252.</p>
511	<p><u>Timely assessments.</u> Requires the Department to provide semiannual reports to the Legislature on the number and percent of children who receive timely assessments after entry into foster care.</p> <p>Background: This language, introduced in the Senate, first appeared in the DHS budget in 2012 PA 200, Sec. 511. The requirements were revised in 2013 PA 59 and again in 2015 PA 133. Requirements were revised to semiannually in PA 268 of 2016.</p>
513	<p><u>Out-of-state placements.</u> Provides conditions under which out-of-state children's placements can occur. Requires approval of the Deputy Director for all expenses paid for children placed in out-of-state facilities. Requires quarterly reports on the number of children placed out of state in the previous fiscal year and current year to date, the total and per diem costs to the State, and a list of out-of-state placements. Requires an annual report by March 1 on the per diem costs of in-state residential facilities. Also states Legislative intent that the Department shall work with the courts to secure recidivism rates on adjudicated youth, as well as a report to the Legislature by March 1 on the efforts to obtain these data.</p> <p>Background: The language first appeared in FY 1998-99, 1998 PA 294, Sec. 521. Language was updated in 2013 PA 59 to change the out-of-state placement report to quarterly, and to add the reports on in-state facilities and recidivism data. Reporting data was changed to March 1 in PA 268 of 2016.</p>
514	<p><u>Child protective service report.</u> Requires an annual child protective service report by March 1 that must include, but not limited to specific statistical information, such as child abuse and neglect investigations' statistics, on cases classified under categories I to V, new child protective service policies, the department's policy on termination of parental rights, and the policy regarding children who have been exposed to the production of methamphetamine.</p> <p>Background: The language first appeared in FY 1998-99, 1998 PA 294, Sec. 522. The Senate included a technical revision to refer to "child" abuse and neglect in 2014 PA 252. Reporting data was changed to March 1 in PA 268 of 2016.</p>

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PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section Number	Description and History
515	<p><u>Foster care privatization in Kent County.</u> Requires an annual report on privatization of child welfare services in Kent County by October 1.</p> <p>Background: The language to conduct a work group on privatizing Kent County child welfare, introduced in the Senate, first appeared in the DHS budget in 2012 PA 200, Sec. 515. Conference language to implement the work group findings first appeared in 2013 PA 59, Sec. 515. Language on case assignments and payments was added in 2014 PA 252. Language was revised to require an annual report only was included in 2015 PA 133. Reporting date was changed from March to October in PA 268 of 2016.</p>
519	<p><u>Treatment foster care.</u> Requires DHHS to permit any private agency that has an existing contract with the State to provide foster care services, to be also eligible to provide treatment foster care services and requires an annual report on the outcomes.</p> <p>Background: This language, introduced in the Senate, first appeared in the DHS budget in 2012 PA 200, Sec. 519.</p>
522	<p><u>Foster care scholarships.</u> Language appropriates \$750,000 to the Fostering Futures Scholarship program to provide scholarships to foster youth. An annual report is due by March 1.</p> <p>Background: The Conference language first appeared in the DHS budget in 2013 PA 59, Sec. 522. This language was revised in Conference in 2014 PA 252.</p>
523	<p><u>Program status reports.</u> Requires a report on the status of the prevention services program during the annual budget presentation. Requires youth in-transition, domestic violence, and teen parent counseling contracted agencies to report required TANF data elements in order to receive TANF funds. Also requires a report on family preservation programs: family's first, family reunification, and families together building solutions.</p> <p>Background: This language, introduced in the Senate, first appeared in FY 2001-02, 2001 PA 82, Sec. 524. The TANF requirements first appeared in FY 2000-01, 2000 PA 294, Sec. 523. The match required introduced in the House in FY 2003-04. The 10% organizational match was eliminated in 2011 PA 63. House language to add family preservation programs was included in 2013 PA 59.</p>
524	<p><u>Strong families/Safe children spending plans.</u> Requires DHHS to submit spending plans on the Strong Families/Safe Children program by October 1 to the Subcommittees.</p> <p>Background: The language, introduced in the House, first appeared in the DHS budget in 2013 PA 59, Sec 524.</p>
525	<p><u>Residential facility evaluation process.</u> Requires DHHS to implement the same on-site evaluation processes and penalties for privately-operated child welfare and juvenile justice residential facilities as is used to evaluate state-run facilities.</p> <p>Background: The Conference language first appeared in the DHS budget in 2012 PA 200, Sec. 525.</p>
526	<p><u>Title IV-E waiver request.</u> Allows the Department to implement a Federally approved Title IV-E child welfare demonstration project.</p> <p>Background: The Conference language first appeared in the DHS budget in 2012 PA 200, Sec. 526.</p>

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2016 PA 268 Article X

Section

Number Description and History

- 532 **Annual state licensing compliance review.** Requires the collaboration between the Department and private child and family agencies for a quadrennial review of State licensing polices, practices, and procedures in accordance with the annual contract compliance review regarding child placing agencies and child caring institutions. Reviews of nationally accredited agencies are to take place no more than once every four years. Licensing of foster care providers and relatives of foster children shall follow high standards of care. Requires the Department to develop a streamlined licensing contract compliance review process; a report is due by January 15 of the current fiscal year.
- Background:** This language that first appeared in 2002 PA 529, Sec. 532, required the Department, the Department of Consumer and Industry Services, and the Michigan Federation of Private Child and Family Agencies to review licensing policies and practices to identify any duplication. Subsection (2), introduced in the House, first appeared in 2003 PA 172. Review was changed from every two years to every four years in PA 268 of 2016.
- 533 **Standard of promptness payments.** Requires the Department to make payments, within 30 days of receiving documentation, to private nonprofit child placing facilities for in-home and out-of-home care services. The Department shall explore automated payment systems to improve speed and accuracy of payments. Legislative intent is stated that burden is on the Department to ensure prompt payments, Requires a report on the status of ensuring that payments are made promptly by February 15.
- Background:** The language, introduced with an 18 days requirement in the House, first appeared in 2002 PA 529, Sec. 533. The work group requirement was added to the section in 2012 PA 200. Based on the House proposal, the work group was eliminated and report deadline changed in 2013 PA 59. Legislative intent section was added in PA 268 of 2016.
- 534 **Statewide automated child welfare information system (SACWIS).** Requires a report by November 1 on the status of the implementation and operation of SACWIS. The report must include areas where implementation went as planned, any known issues, number of help tickets, and staffing to address help tickets.
- Background:** The Conference language first appeared in the DHS budget in 2013 PA 59, Sec. 534. House language in 2014 PA 252 revised the reporting date from March 1 and added a more broad definition for the report requirement. Reporting section was modified to reflect current Department practices in PA 268 of 2016.
- 537 **Foster care placements.** Requires the Department to develop a strategy with child placing agencies to implement the requirements in the Social Welfare Act, 1939 PA 280, MCL 400.115o. When a Department caseworker prepares a court recommendation for a juvenile's placement, the recommendation shall address the requirements of the aforementioned social welfare act section.
- Background:** This language first appeared in the DHS budget in 2007 PA 131, Sec. 537. It was modified in 2009 PA 129, Sec. 537 to remove language that required an annual report. Reporting date was changed to by March 1 in PA 268 of 2016.

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PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section

Number Description and History

540 **Psychotropic medication approval.** Requires the Department to make a determination on a residential facility's request to change a state or court ward's psychotropic medication within 7 business days and to petition the court within 8 business days if parental consent is not granted.

Background: The language, introduced in the Senate, first appeared in the DHS budget in 2012 PA 200, Sec. 540. The language reduced the response time from 30 days to 7 days and added a deadline for a court petition in 2014 PA 252.

546 **Private agency per diem rates.** Sets administrative rates for private and nonprofit foster care and independent living services. Ensures that providers of foster care services receive no less than a \$37.00 administrative rate, providers of general independent living services no less than a \$28.00 administrative rate, and to pay per diem rates for independent living plus that are to-be-determined. Requires report by December 1 of current fiscal year of the Department's per diem cost of care for foster care services directly provided by DHHS. Increases the administrative rate for private providers by \$8 if legislation to also increase the county match rate increases. Requires providers of foster care services to submit quarterly expenditure reports to identify actual costs of services, if required by Title IV-E rules. Provides an increase for private residential service providers.

Background: The language, introduced by the Senate, first appeared in 2006 PA 345, Sec. 546. Language with updated administrative fees was added in 2008 PA, Sec. 546. The language regarding specialized independent living services was eliminated in 2011 PA 63, and was then reinstated in 2012 PA 200. House language on the \$3 rate increase and Conference language requiring a report on the actual costs of Title IV-E services first appeared in 2013 PA 59. The reference to specialized independent living was replaced with independent living plus in 2014 PA 252. Increase in administrative rate was raised to \$8 from \$3 in PA 268 of 2016.

547 **Guardianship assistance rate.** Requires that the minimum guardianship rate is not less than the corresponding minimum foster care rate.

Background: The Conference language first appeared in the DHS budget in 2013 PA 59, Sec. 547.

556 **Adoptive parents notification and requests.** Requires an annual report by December 1 with the number of complaints filed by adoptive parents who were not notified that their adopted child had special needs.

Background: The language, introduced by the House, first appeared in 2006 PA 345, Sec. 556. Language requiring a quarterly report on other notifications and requests was eliminated in 2012 PA 200. Report date added in 2013 PA 59. The language was revised to include the re-determined adoption assistance program in 2014 PA 252. In the FY 2015-16 budget, the language was revised to include only a report.

558 **Child welfare training institute.** The language requires a report on the activities and outcomes of the Child Welfare Training Institute. Additional requirement that the Department shall conduct a workgroup to explore methods that can reduce the amount of in-person pre-service training is reduced. There is a March 1 reporting requirement to deliver the results of the workgroup.

Background: The revised Senate language first appeared in the DHS budget in 2014 PA 252, Sec. 558. In FY 2015-16, the language was revised to require more specific reporting data. Workgroup and reporting language added in PA 268 of 2016.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section Number	Description and History
559	<p><u>Parent-to-parent mentors.</u> Appropriates \$250,000 to the Adoptive Family Support Network for a peer coaching program for adoptive parents and requires a report by March 1.</p> <p>Background: The House language first appeared in the DHS budget in 2014 PA 252, Sec. 559. The amount of funding in the PA 84 of 2015 was reduced from \$0.7 million. Funding was reduced from \$350,000 to \$250,000 in PA 268 of 2016.</p>
562	<p><u>Travel reimbursements for foster parents.</u> Requires the Department to provide travel reimbursements to foster parents who bring their foster children to parent-child visits.</p> <p>Background: The Senate language first appeared in the DHS budget in 2014 PA 252, Sec. 562.</p>
564	<p><u>Parent-child visitation success rate.</u> Requires the Department to meet a 65% success rate in terms of required meetings for parent-child visitations and meetings between caseworkers and parents, after accounting for circumstances that are outside the caseworker's control.</p> <p>Background: The Senate language first appeared in the DHS budget in 2014 PA 252, Sec. 564, and was revised in FY 2015-16.</p>
567	<p><u>Medical service plan.</u> Requires a caseworker or supervisor to complete a medical passport for any foster care transferring to a new placement within two weeks of the transfer, and also requires a report by March 1 on the number and percentage of cases that met this goal.</p> <p>Background: The Senate language first appeared in the DHS budget in 2014 PA 252, Sec. 567.</p>
568	<p><u>Adoption subsidy negotiation prohibition.</u> Requires the Department to provide an adoption subsidy rate that is not less than 95% of the rate that an adopted child would have been eligible to receive from foster care payments. The rate includes determination of care payments, which are defined in the section.</p> <p>Background: The revised Senate language first appeared in the DHS budget in 2014 PA 252, Sec. 568.</p>
569	<p><u>Reimbursements for adoptions.</u> Places a timeline on the Department to reimburse private child placing agencies for completed adoptions.</p> <p>Background: The Conference language first appeared in the DHS budget in 2014 PA 252, Sec. 569.</p>
574	<p><u>Foster care licensure and services.</u> Allocates \$2,500,000.00 to support performance based contracts with child placing agencies to facilitate the licensure of relative caregivers as foster parents. Agencies receive \$2,300.00 per licensure completed within 180 days and a portion thereafter, and must provide case management services for at least 50% of their total licensures. Also allocates \$375,000.00 to family incentive grants for private and community-based foster care service providers.</p> <p>Background: The language first appeared in the DHS budget in 2007 PA 131, Sec. 574. The references to performance based contracting and 180 days for licensure were included in 2014 PA 252.</p>

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2016 PA 268 Article X

Section

Number Description and History

583 **Foster care parent dropouts.** By February 1 of the current fiscal year, the Department shall implement the recommendations from the work group in order to address the number of foster care parents who dropped out of the program in the previous fiscal year and reasons why they left and how the data compares to previous years.

Background: This language first appeared in the DHS budget in 2009 PA 129, Sec. 583. Language in 2011 PA 63 required a work group and report on the number of foster parent dropouts. Language in 2012 PA 200 eliminated the work group requirement, replacing it with the requirement to implement the work group recommendations. Reporting requirements were updated based on Senate language in 2013 PA 59.

585 **Professional training.** DHHS must provide at least one training class per month for private child welfare workers.

Background: This language first appeared in the DHS budget in 2009 PA 129, Sec. 585. Language introduced in 2011 PA 63 required the Department to post relevant training materials on the website. The training requirement was added 2013 PA 59.

588 **Child welfare reporting.** Requires all reports from the court-appointed settlement monitor be distributed without revision by the Department. Requires quarterly reports on the number of children in the guardianship assistance and foster care-children with serious emotional disturbance waiver program.

Background: The language first appeared in the DHS budget in 2010 PA 190, Sec. 588. Language in 2012 PA 200 changed the report requirement from monthly to quarterly.

589 **Foster care transfer rates.** DHHS must pay 100% of the administrative rate for all new cases referred to providers of foster care services. A monthly report on new foster care cases administered by private providers is also required.

Background: The language first appeared in the DHS budget in 2010 PA 190, Sec. 589. The case management and monthly report requirements were added in 2012 PA 200. Language regarding the county match was added in 2013 PA 59. Language on the payment of 100% of the administrative rate was added in 2014 PA 252. The language was shortened and revised in the FY 2015-16 budget.

593 **Staffing ratio for residential services.** The Department may allow a staffing ratio of 1 staff to 5 workers at private residential facilities that handle abuse and neglect cases.

Background: The Senate language first appeared in the DHS budget in 2015 PA 133.

PUBLIC ASSISTANCE

601 **Rent vendoring.** Allows termination of rent vendoring if rental unit is not in compliance with local housing codes or the landlord is delinquent on property tax payments.

Background: In 1983 PA 171, Sec. 61 required no rent payments for rental unit, from which recipient was relocated due to excessive fuel consumption, unless the landlord takes steps to weatherize the unit; payments to be held in escrow until work completed. In 1985 PA 117, Sec. 128 language permits withholding payment from landlord if rental unit not in compliance with local housing codes; requires landlord statement the unit is in compliance.

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2016 PA 268 Article X

Section Number	Description and History
602	<p><u>Disability applications and assistance needs.</u> Requires the Department to conduct a full needs assessment for individuals who apply for disability assistance two times within one year in order to determine eligibility for other assistance programs.</p> <p>Background: This Senate language first appeared in the DHS budget in 2014 PA 252, Sec. 602.</p>
603	<p><u>Medicaid claims for community-based services.</u> Language requires a workgroup to maximize Medicaid claims for community-based and outpatient treatment for foster care and juvenile justice children. Requires a report by March 1.</p> <p>Background: The language, first introduced in the Senate, appeared in the DHS budget in 2013 PA 59, Sec. 603. The report requirements were updated to include more detail in 2014 PA 252.</p>
604	<p><u>State disability assistance (SDA) program.</u> The language outlines the SDA program operation and eligibility criteria, including needs test, and specific terms related to substance use disorder treatment.</p> <p>Background: The language first appeared in 1991 PA 111, Sec. 805. Language in 2012 PA 200 removed refugees who lose SSI benefits from eligibility. Substance abuse was replaced with substance use disorder in PA 268 of 2016.</p>
605	<p><u>SDA payments.</u> Requires grant payment for the SDA recipient living in licensed adult foster care to equal that of a recipient of Supplemental Security Income (SSI).</p> <p>Background: The language first appeared in 1991 PA 111, Sec. 809.</p>
606	<p><u>SDA repayment.</u> Requires the SDA recipients to repay any assistance received under those programs upon receipt of retroactive SSI benefits.</p> <p>Background: The language first appeared in 1991 PA 111, Sec. 810.</p>
607	<p><u>SDA/SSI recoveries.</u> Allows appropriation revenue for SDA/SSI recoveries be satisfied by all related net recoveries received in the given fiscal year.</p> <p>Background: The language first appeared in 1991 PA 111, Sec. 812.</p>
608	<p><u>Adult foster care reimbursements.</u> Prohibits adult foster care and homes for the aged service providers from requiring reimbursement from SSI recipients in excess of legislatively authorized rates. Also includes authorization for providers to accept third party payments unless it results in reduction of SSI payment.</p> <p>Background: The language first appeared in 1980 PA 315, Sec. 60, although third party payment language was added later in 1996 PA 368, Sec. 611.</p>
609	<p><u>Adult personal care services.</u> Personal care services payment for eligible (adult foster care and home for the aged) SSI recipients shall not be reduced in the current fiscal year. A not-less-than 30-day notification to the Legislature must be made before any reduction in the State supplemental payment level.</p> <p>Background: The language first appeared in 1996 PA 368, Sec. 613.</p>

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2016 PA 268 Article X

Section

Number Description and History

- 610 **State emergency relief (SER) grants.** Requires the Department to grant SER payment exceptions if unexpected expenses related to maintaining or securing employment occur.
Background: The language first appeared in 1995 PA 156, Sec. 615.
- 611 **SSI state supplementation.** Requires DHHS to provide no more than the minimum SSI payments required by the Federal government for couples living independently or in the household of another.
Background: This language first appeared in the DHS budget in 2012 PA 200, Sec. 611.
- 613 **Indigent disposition reimbursement rates.** Provides a maximum reimbursement rate of \$800.00 for final disposition of indigent persons, \$725.00 for adult burial with services, \$490.00 for adult burial services without services, \$170.00 for infant burial, a \$5.00 limit on an increase for payments to funeral directors, and reimbursements for permit fees up to \$75. Allows for burial if an individual's religion prohibits cremation. Includes other reimbursement schedules.
Background: It appears the language was first used in 1994 PA 291, when rates were \$760 for funeral homes, \$200 for cemeteries, and \$100 for vault providers. For FY 2001-02 a supplemental bill (2001 P.A. 120) amended the maximum from \$1,160 to \$1,310. Later Executive Order 2001-09 amended the maximum to \$1,114. The funds are reduced to \$947 per burial in 2003 PA 172 and \$909 in 2005 PA 147. See a history table for details. Language, introduced by the Senate, revised to a services pilot program in 2006 PA 345, Sec. 613. Language, introduced in the Senate, revised the allowable reimbursements to include only cremation costs of unclaimed indigent persons, unless an individual's religion requires burial. Language revised to refer to final disposition and removed the reference to unclaimed individuals in 2013 PA 59. Language revised to include other reimbursement schedules in the FY 2015-16 budget. Rates raised in PA 268 of 2016 to \$800, \$725, \$490, \$170, and \$75 respectively.
- 614 **Federal disability eligibility.** Requires a report by January 15 on the percent of State Disability Assistance recipients who were eligible for Federal disability in the previous fiscal year.
Background: The language first appeared in 2015 PA 133, Sec. 614.
- 615 **Illegal alien assistance.** Prohibits public assistance payments for persons who are illegal aliens, except for food bank and emergency shelter contracts.
Background: The language first appeared in 1994 PA 291, Sec. 624.
- 616 **BRIDGE card retailer fee cap.** Requires retailers who participate in the EBT program to charge no more than \$2.50 in fees for cash back as a condition of participation.
Background: The language, introduced in the Senate, first appeared in the DHS budget in 2012 PA 200, Sec. 616.
- 617 **LEIN report.** Requires DHHS to provide a report by January 15 on the number and percent of public assistance recipients who were no longer eligible for assistance due to their status in the Law Enforcement Information Network (LEIN).
Background: The language, introduced in the Senate, first appeared in the DHS budget in 2012 PA 200, Sec. 617. Report date was revised in 2013 PA 59.

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2016 PA 268 Article X

Section

Number Description and History

619 **Drug felony exemption.** Provides an exemption for individuals convicted of drug related felonies, who were convicted after August 22, 1996, from denial of Title IV-A assistance and food assistance benefits under certain conditions.

Background: This language, introduced by the Senate, first appeared in 1997 PA 109, Sec. 622. This State action is permissible through Federal welfare reform legislation (section 115, Title I of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), P.L. 104-193, 21 U.S.C. 862a). Benefits can be provided through a third party payee or vendor or an authorized representative is required for receipt of food assistance. Language in 2011 PA 63 nullified the exemption if an individual was convicted of 2 or more felonies that included a controlled substance after August 22, 1996.

620 **Medicaid eligibility review.** Requires Medicaid eligibility determination within 90 days of information submission when disability is a determining factor and 45 days for all other Medicaid applications. Requires quarterly reports on the standard of promptness for eligibility determination.

Background: This human services language first appeared in 2000 PA 294, Sec. 223. The nursing home patient deadline first appeared in 2005 PA 147, Sec. 224. The language was consolidated and a requirement to implement a Lean process was introduced in 2012 PA 200, Sec. 1207. The reference to the Lean process and report was updated in 2013 PA 59 and the boilerplate section moved to Sec. 620. The language on the Lean process was removed and quarterly reports on the standard of promptness were added in 2014 PA 252. Revised standard of promptness and reporting frequency in 2015 PA 133. Reporting was changed from semi-annually to quarterly in PA 268 of 2016.

625 **Legal services for federal disability applicants.** The Department shall contract with Legal Services Association of Michigan to help individuals apply for SSI or other disability programs with a total contract amount of \$500,000.

Background: This House language first appeared in the DHS budget in 2014 PA 252. The amount of the contract appropriation was changed in PA 268 of 2016.

630 **Drug testing pilot.** Requires the Department to conduct a drug testing pilot program for FIP according to a plan described in the Social Welfare Act.

Background: This language first appeared in 2015 PA 133, Sec. 630. Language was change from shall implement to shall conduct in PA 268 of 2016.

642 **Allocation of funds for homeless programs.** Requires the Department to allocate the full amount of funding that is appropriated to homeless services.

Background: This language first appeared in 2015 PA 133, Sec. 642.

643 **Emergency shelter funding and TANF.** Requires the shelter programs to report required TANF data elements in order to receive TANF funds; also requires non-reporting shelters to forfeit any amount over its FY 1999-2000 reimbursement in TANF funds.

Background: Language about shelter reimbursement rates, introduced in the House, first appeared in 2000 PA 294, Sec. 643 and included \$3,000,000 to increase emergency shelter reimbursement rates by \$3 to \$13 per day. In 2001, PA 82 language provided \$250,000 in TANF funds to expand emergency shelter bed capacity. In 2002 PA 529, 2003 PA 172, and 2004 PA 344 the language revised to require TANF data elements reporting to receive funding.

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2016 PA 268 Article X

Section Number	Description and History
645	<p><u>Domestic violence and SER eligibility.</u> Outlines definitions of homeless individual or family and domestic violence for the purpose of state emergency relief eligibility; coincides with department policies on good cause in not cooperating with child support and paternity requirements.</p> <p>Background: This human services language first appeared in 2000 PA 294, Sec. 645.</p>
653	<p><u>Food assistance exemption.</u> Provides an exemption of the 3 months out of a 36-month period limit for food assistance to persons who are victims of domestic violence and are not eligible for other exemptions.</p> <p>Background: The human services language first appeared in 2000 PA 294, Sec. 653.</p>
654	<p><u>Bridge cards and farmers' markets.</u> Requires the Department to notify Bridge card recipients that they may use the card at farmers' markets in the State and to provide information about the Double Up Food Bucks program.</p> <p>Background: This House language first appeared in 2015 PA 133, Sec. 654.</p>
655	<p><u>LIHEAP spending plan.</u> Requires DHHS to provide the LIHEAP spending plan to the Subcommittees within 14 days of its approval.</p> <p>Background: The Conference language first appeared in the DHS budget in 2013 PA 59, Sec. 655.</p>
660	<p><u>Food bank funding and TANF.</u> Requires Food Bank Council of Michigan funding to report required TANF data elements in order to receive TANF funds over its FY 1999-2000 allocation. The appropriation is not considered an on-going funding commitment.</p> <p>Background: This human services language, introduced in Conference Committee, first appeared in 2000 PA 294, Sec. 660. Food Bank Council was identified as lead agency in PA 268 of 2016.</p>
669	<p><u>Assistance debit cards and clothing allowance.</u> Requires the Department to distribute cash and food assistance electronically by debit card; includes an allocation for school clothing allowance of \$6,270,000.00 and a requirement to notify eligible FIP recipients of the allowance.</p> <p>Background: The school clothing allowance language first appeared in 2003 PA 172, Sec. 669. The clothing allocation was reduced from \$12.8 million to \$2.88 million in the DHS budget in 2011 PA 63. By eliminating the reference to spending of an amount "up to" \$2.88 million, the language was changed to require the allocation in 2013 PA 59. Replaced \$2.88 million with \$6.27 million in PA 268 of 2016.</p>
672	<p><u>Inappropriate use of electronic benefit card (EBT).</u> Requires report by February 15 of current fiscal year on efforts to reduce inappropriate use of EBTs that includes the number and status of cases, the number of people whose benefits were revoked, and the number of retailers that were fined or removed from the program.</p> <p>Background: The language first appeared in 2010 PA 190, Sec. 672. Additional reporting requirements were added in 2012 PA 200. House updated report date in 2013 PA 59.</p>

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2016 PA 268 Article X

**Section
Number Description and History**

677 **State goal of FIP employment.** Requires the Department to establish a State goal of not less than 50% for the percentage of FIP cases involved in work related activities through PATH; if the goal is not met during two consecutive quarters, requires submission of a plan to increase percentage. A monthly progress report required. Establishes a long-term employment goal of 15% of cases for 6 months or more.

Background: The human services language, introduced by the Senate, first appeared in 2005 PA 147; Sec. 677 included a quarterly report. The report requirement changed from quarterly to monthly in 2012 PA 200. Language adding a long-term employment goal and work group and changing the work program reference to the PATH program was introduced by the Senate and first appeared in 2013 PA 59. Removed language on a workgroup and updated the reporting requirements in 2014 PA 252.

686 **Benefits from other states and eligibility.** Requires the Department to confirm assistance program applicants are not receiving benefits from another state; to confirm the address on the application; to explore new eligibility limitations, including a cap of \$200,000 on the value of a home; and to obtain updated phone numbers for those receiving medical assistance.

Background: This language first appeared in the DHS budget in 2009 PA 129, Sec. 686. House language reduced the reference to home value from \$500,000 to \$250,000 in 2013 PA 59. The cap was reduced from \$250,000 to \$200,000 in 2014 PA 252.

687 **Public assistance data reporting.** Requires quarterly reports beginning January 1, 2014 on FIP, SDA, FAP, Medicaid, and SER recipients. Special requirements for FIP include the PATH work program, truancy, sanctions and lifetime limits.

Background: The revised Senate and House language first appeared in the DHS budget in 2013 PA 59, Sec. 687. Dates for the quarterly reports were added in 2014 PA 252.

JUVENILE JUSTICE SERVICES

701 **Juvenile justice private contract changes.** Prohibits the Department from changing the terms of juvenile justice contracts without consent.

Background: The language first appeared in the DHS budget in 2014, PA 252, Sec. 701.

706 **Regional detention services costs.** Requires counties to pay 50% of alternative regional detention services costs, if services do not meet State legislative requirements, Sec. 117e of the State Social Welfare Act, on use of supplemental funds for early intervention services for delinquency and neglect if services are operated with professional staff.

Background: The language first appeared in 1992 PA 168 and continued through 2000 PA 294, Sec. 505 in the Child and Family Services unit. The language was formerly in the Juvenile Justice Unit beginning in 2001 PA 82, Sec. 706 until 2003 PA 172. FY 2005 number change to Sec. 540. In 2006, PA 345 section renumbered to Sec. 706.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section

Number Description and History

707 **Child care fund reporting.** Requires counties to submit billing reports to the Department in order to be eligible for childcare fund reimbursement for juvenile placement expenditures.

Background: The human services language first appeared in 1999 PA 135, Sec. 706 requiring Wayne County to report to the Department in order to use appropriated block granted funds. Beginning in FY 1999-2000, after legislation (1998 PAs 516 and 518) amended the Social Welfare and the Youth Rehabilitation Acts, all counties could, by establishing county juvenile agencies, receive block granted funds for county juvenile services delivery. The block grant was not included in the FY 2000-01 appropriation and Section 706 was not included. The language, however, appeared again in 2001 PA 82, Sec. 707, requiring all counties to report in order to receive Child Care Fund reimbursement for juvenile delinquency placements. FY 2005 number change to Sec. 541. In 2006, PA 345 section renumbered to Sec. 707.

708 **Child care fund service plan.** Requires counties to have a service plan for Child Care Fund spending by December 15 and to submit the plan for approval to the Department by October 15 of the current fiscal year for approval. States that the Department must limit any revision request to an initial revision request and cannot ask for additional detail outside of the initial request. DHHS must notify the counties within 30 days whether the plan was approved and provide a report by February 15 on the counties that failed to submit a plan.

Background: This human services language, introduced in the House, first appeared in 2001 PA 82, Sec. 709. FY 2005 number changed to Sec. 542. In 2006, PA 345 section renumbered to Sec. 708. The deadlines changed from February 15 to December 15 and from December 15 to October 1 in 2011 PA 63. The report on the counties that have not filed a plan by December 15 was eliminated in 2012 PA 200. Language requiring 30-day's notice and a report to Legislature was added in 2013 PA 59. Initial revision request language add in PA 268 of 2016.

709 **Closure of Maxey training school.** Prohibits private and other public agencies to reject the transferred youth and establishes a reimbursement rate. An annual status report on youth transferred from the Maxey facility is due by December 31.

Background: The Senate language first appeared in 2015, PA 133, Sec. 709. Language stating that the Maxey facility shall close was moved in PA 268 of 2016.

721 **Residential placement of last resort.** Requires DHHS to post an RFP for a private residential provider to be a residential facility of last resort for juvenile justice youth if the demand for placements at state-run facilities exceeds capacity.

Background: This language, introduced in Conference, first appeared in the DHS budget in 2012 PA 200, Sec. 721.

FIELD OPERATIONS AND SUPPORT SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section

Number Description and History

801 **Centers for independent living.** Requires funding for Centers for Independent Living to be used according to Federal guidelines, and requires the Department to establish criteria for contracts with service providers. Allows the Department to leverage Federal funding with the appropriation to the CILs.

Background: The language was added to the Department of Human Services budget when Michigan Rehabilitative Services (MRS) and Independent Living (IL) programs transferred from the Department of Licensing and Rehabilitative Services with 2012 PA 305. Minor updates were included in 2013 PA 59. The language was revised to include more detailed information and added a report requirement in 2014 PA 252. Authorization for Federal funding was added in 2015 PA 84.

802 **Funding for vocational rehabilitation.** Requires MRS to work with the Bureau of Services for Blind Persons, service organizations, and government entities to maximize use of Federal vocational rehabilitation funds.

Background: The language was added to the DHS budget when MRS and IL programs transferred from the Department of Licensing and Rehabilitative Services with 2012 PA 305, Sec. 402. Minor updates were included in 2013 PA 59. The reference to Michigan Commission for the Blind was replaced in 2014 PA 252.

803 **MRS audit and fund availability.** Language makes the appropriation to MRS contingent upon the improvement of services. Also requires quarterly status reports on the Department's progress.

Background: The language was added to the DHS budget when MRS and IL programs transferred from the Department of Licensing and Rehabilitative Services with 2012 PA 305, Sec. 403. Minor updates were included in 2013 PA 59. Dates were added for the quarterly reports, along with two new measures to be included in the reports in 2014 PA 252. Language regarding the most recent OAG audit was removed in PA 268 of 2016.

804 **Agricultural worker rehabilitation.** Appropriates \$50,000 along with Federal match for rehabilitation services for agricultural workers.

Background: Language was first included in PA 268 of 2016.

805 **Order of selection.** Language states Legislative intent that the State shall not implement an order of selection for vocational and rehabilitative services.

Background: The Conference language first appeared in the DHS budget in 2013 PA 59, Sec. 405.

806 **Service authorizations.** Language states that the Department must allocate funding for community-based rehabilitation organizations to provide support services.

Background: The Conference language first appeared in the FY 2015-16 budget. Authorizations replaced the word contracts in PA 268 of 2016.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

**Section
Number Description and History**

807 **Food for the elderly.** Allocates \$350,000 to Elder Law of Michigan to assist the State's elderly population participate in the food assistance program through MiCAFE.

Background: This language, introduced by the Senate, first appeared in 2004 PA 344, Sec. 423. The two error rate projects for \$50,000 were added in P.A. 147 of FY 2005; they were vetoed by the Governor in FY 2005. Language providing for \$75,000 for a Barry county domestic violence shelter and \$50,000 for food aid and outreach in Kent and Muskegon counties was vetoed in 2011. The allocation for MiCAFE increased from \$100,000 to \$175,000 in 2012 PA 200, consolidating funding that previously had been placed under another line item. The allocation increased from \$175,000 to \$350,000 in 2014 PA 252. Section moved from Sec. 1423 in PA 84 of 2015.

825 **Vehicle repairs.** Places a limit of \$500 on vehicle repairs, with exceptions up to \$900. Also requires an annual report on repairs, payment categories, and exemptions by November 30.

Background: This section, first appearing in the DHS budget, 2011 PA 63, Sec. 425, required the Department to reduced waste, fraud, and abuse in the Employment Support Services program, including vehicle purchases. Language was revised in 2012 PA 200 to focus on vehicle purchases and to include a dollar limit on repairs. Removed the April 1, 2013 deadline to implement the program in 2013 PA 59. Reporting requirements and report deadline were updated in 2013 PA 59 based on House language.

850 **Out-station eligibility workers.** Requires the Department to maintain out-station eligibility workers at sites unless the site requests the program be discontinued. Also requires improved access to services on the Internet. Contracts must be approved for any agency that requests a donated funds position and is able to provide the matching funds for Federal funding. Reporting requirement that discloses total state costs for donated funds positions.

Background: The language, introduced in the House, first appeared in 2003 PA 172, Sec. 750. The requirement for contracts with any eligible agency was added in the DHS budget in 2014 PA 252. Reporting requirement added in PA 268 of 2016.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section
Number Description and History

BEHAVIORAL HEALTH SERVICES

- 901 **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.
- Background:** Long-standing language. This language is patterned after Section 206 of the Mental Health Code, MCL 330.1206. Rewritten in FY 2014-15. Formerly Sec. 401 in the DCH budget.
- 902 **Authorization of funding to CMHSPs.** Requires authorization of funding to CMHSPs only upon execution of contracts between the Department and CMHSPs, with a requirement that such contracts include an approved plan and budget. Also includes language making such contracts invalid if the total dollar obligation exceeded appropriations in Part 1 for this purpose and includes a reporting requirement if changes are made to contracts that would affect rates or expenditures. Requires the Department to report to the Legislature about any new or amended contracts that would affect rates or expenditures.
- Background:** Long-standing language. Provisions covering contracts in excess of appropriation and reporting of changes were added in the FY 1999-2000 budget due to FY 1998-99 contracts that exceeded appropriations. Formerly Sec. 402 in the DCH budget.
- 904 **Reporting of data by CMHSPs.** Requires an annual report to the Legislature on expenditures, demographics, contracts, and other information including a recipients' needs assessment report for CMHSP, PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders.
- Background:** This language, in its original form, was placed in the FY 1996-97 DCH budget by the Senate Subcommittee and has remained, with slight alterations, since then. The needs assessment report is mandated by Section 226 of the Mental Health Code, MCL 330.1226. Was revised to include specific references to "PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders" in FY 2014-15. The provisions that the report must include information on administrative expenditures with a salary breakout, and expenditures on each Medicaid and HMP service category were added in FY 2015-16. Formerly Sec. 404 in the DCH budget.
- 906 **State disability assistance substance use disorder services program.** Long-standing language covering State Disability Assistance (a subset of the former General Assistance population) recipients who are receiving substance use disorder treatment. Sets the per diem for such services at a rate equivalent to that paid to adult foster care providers.
- Background:** This language has appeared in the Social Services, Public Health, and DCH budgets for well over a decade. The provision setting payment rate equal to that for adult foster care providers was added in FY 1989-90. Formerly Sec. 406 in the DCH budget.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section

Number Description and History

- 907 **Contracting with substance use disorder managing entities and fees.** Long-standing language directing that non-Medicaid substance use disorder funds be paid out through contracts with local substance use disorder managing entities across the State, with a fee schedule. Subsection (4) requires coordinating agencies that are completely within the boundaries of a Prepaid Inpatient Health Plan (PIHP, aka Medicaid CMHSP) to study possible consolidation with that PIHP and requires the managing entity to initiate merger discussions if administrative cost savings of 5% or greater can be identified, with a reporting requirement.
- Background:** The original language has been in place for over a decade. The language was revised in FY 2013-14 to change references to "coordinating agencies" to "managing entities" as statutory legislation was enacted to shift service provision to the PIHPs. Formerly Sec. 407 in the DCH budget.
- 908 **Reporting of data by substance use disorder coordinating agencies.** Requires an annual report to the Legislature on substance use disorder expenditures, services, collections, and other information.
- Background:** This language, in its original form, was put in the FY 1996-97 DCH budget by the Senate Subcommittee and has remained, with slight alterations, since then. Formerly Sec. 408 in the DCH budget.
- 910 **Substance use disorder treatment for certain public assistance recipients.** Requires the Department to ensure that treatment is available for cash assistance recipients referred to substance use disorder programs because they failed drug tests.
- Background:** Included in FY 1998-99 when the welfare drug testing bills passed. Formerly Sec. 410 in the DCH budget.
- 911 **Jail diversion services provided by CMHSPs.** States that each contract with a CMHSP must require CMHSPs to include jail diversion programs, and requires CMHSPs to have such services and to work with other interested parties.
- Background:** This language was first included in FY 1998-99. CMHSP jail diversion services are mandated by Section 207 of the Mental Health Code, MCL 330.1207. Formerly Sec. 411 in the DCH budget.
- 912 **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 if it is confirmed that the Salvation Army harbor light program meets the standard of care.
- Background:** Long-standing language. Formerly Sec. 412 in the DCH budget. The requirement that the program meet the standard of care was added in FY 2016-17.
- 918 **Reporting of Medicaid managed mental health care expenditures.** Requires monthly reporting of capitation payments made to CMHSPs to support the Medicaid managed mental health care program.
- Background:** This language was added by the Senate Subcommittee in the FY 1999-2000 budget to help with oversight of the costs of the Medicaid managed mental health care program. Formerly Sec. 418 in the DCH budget.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section Number	Description and History
920	<p><u>Direct care worker wage increase.</u> Requires the Department to include state and federal wage and compensation increases when setting Medicaid rates and states legislative intent that Medicaid rate increases resulting from a minimum wage increase will go to the direct care staff.</p> <p>Background: This language was first included in FY 2016-17.</p>
928	<p><u>Contingency funding for possible rate increases to Medicaid managed mental health care providers, to be funded using local funds as state match.</u> Allows CMHSPs to receive a Medicaid capitation rate increase through the use of identified local funds to earn Medicaid match, where all of the increased funding would be given to the CMHSPs. States legislative intent that lapsed Medicaid mental health funding be redistributed as a reimbursement of local funds, and requires a report on lapses by April 1.</p> <p>Background: This language was included in FY 2001-02, but FY 2002-03 was the first year where CMHSPs took advantage of this mechanism, which allowed them to receive a funding increase without costing the State any GF/GP. Formerly Sec. 428 in the DCH budget. Legislative intent language concerning lapses was added in FY 2016-17.</p>
935	<p><u>Requirement that counties make CMHSP payments on at least a quarterly basis.</u> Requires counties to make local match payments in equal installments to CMHSPs.</p> <p>Background: This language was added in FY 2001-02 in response to a concern that some counties were delaying payments, thus causing cash flow problems for CMHSPs. Formerly Sec. 435 in the DCH budget.</p>
940	<p><u>Reallocation or withdrawal of CMHSP funding.</u> Requires the Department to monitor potential surpluses and lapses among CMHSPs as well as whether funds are being spent as provided for in the approved contract. Also states that a CMHSP that has its funding allocation transferred out or withdrawn isn't eligible for additional funding reallocations, and requires a report upon submission and approval of requests to reallocate or withdraw funds from a CMHSP as well as by September 30.</p> <p>Background: The language, introduced in Conference, was first included in FY 2016-17 to address concerns that CMHSPs were making monetary donations to a CMHSP in a different part of the state, despite making statements that they were underfunded.</p>
941	<p><u>Spenddown cost support.</u> Appropriates a minimum of \$3.0 million to support costs related to Medicaid spenddown.</p> <p>Background: This language was first included in FY 2016-17.</p>
942	<p><u>Termination of CMHSP services.</u> Requires a CMHSP to provide 30 days' notice before reducing, terminating, or suspending services, with the exception of services authorized by a physician that are no longer medically necessary.</p> <p>Background: This language was first included in FY 2016-17.</p>
958	<p><u>Medicaid coverage for autism spectrum disorders.</u> Directs that treatment of autism spectrum disorders be covered by the Medicaid program for Medicaid recipients through age 18 as defined in the Federally approved Medicaid state plan.</p> <p>Background: This language was first included in FY 2012-13 as Sec. 458 of the DCH budget.</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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2016 PA 268 Article X

Section Number	Description and History
960	<p><u>Autism projects funding.</u> Allocates funding for university autism programs through a grant process in order to increase the number of ABA therapists, diagnostic services provided, and employment of people with autism and requires universities receiving grant funding to track and report where people who have completed ABA training are initially employed.</p> <p>Background: A version of this language was first included in FY 2013-14 as Sec. 1902 in the DCH budget. The language was rewritten to create a grant process and moved to the Behavioral Health Services section in FY 2015-16. Language requiring universities to track the employment of people competing ABA training was added in FY 2016-17.</p>
994	<p><u>Deemed status for CMHSPs and PIHPs.</u> Directs Department to deem mental health subcontractors to be in compliance with program review and audit requirements if accredited by national accrediting agencies. Requires report listing subcontractors in compliance and requirements subcontractors are in compliance with. Requires Department not to initiate actions that would negatively impact beneficiary safety.</p> <p>Background: This language was first included in FY 2011-12. Formerly Sec. 494 in the DCH budget.</p>
995	<p><u>Mental Health Diversion Council recommendations.</u> Provides \$4,350,000 in funding for the Mental Health Diversion Council Recommendations.</p> <p>Background: This language was first included in FY 2014-15. Formerly Sec. 495 in the DCH budget.</p>
997	<p><u>Distribution of Substance Use Disorder Block Grant funds.</u> Directs that the distribution of substance use disorder block grant funds be based on the most recent Federal census.</p> <p>Background: This language was first included in FY 2011-12. Formerly Sec. 497 in the DCH budget.</p>
998	<p><u>Distribution of GF to CMHSPs.</u> 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.</p> <p>Background: This language was first included in FY 2015-16.</p>
1003	<p><u>Consultation with CMHSPs.</u> Directs the Department to notify the Michigan association of community mental health boards of policies that will affect CMHSPs or PIHPs.</p> <p>Background: This language was first included in FY 2013-14. Formerly Sec. 503 in the DCH budget.</p>
1004	<p><u>Mental health formula alterations.</u> Requires the Department to provide any rebased formula changes for Medicaid or non-Medicaid mental health services 90 days before implementation. This information must include a table showing the changes in allocation by PIHP or CMHSP.</p> <p>Background: This language was first included in FY 2016-17.</p>
1005	<p><u>Special projects including NGRI.</u> 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.</p> <p>Background: This language was first included in FY 2014-15. Formerly Sec. 505 in the DCH budget.</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

**Section
Number Description and History**

1007 **Children's Behavioral Action Team.** Requires the Department to maintain a psychiatric residential treatment facility and Children's Behavioral Action Team to provide additional care to high need youth. Includes outcomes and performance measures.

Background: This language was first included in FY 2015-16.

1008 **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.

Background: This language was first included in FY 2015-16.

1009 **Workgroup on staff recruitment and retention.** Requires the Department to work with PIHP network providers to analyze the challenges of recruitment and retention of staff who provide Medicaid-funded supports and services and consider ways to attract and retain staff. States the composition of the workgroup and requires a status report on the workgroup's suggestions by March 1.

Background: This language was first included in FY 2015-16.

1010 **Kevin's law.** Allocates up to \$2.0 million to address the implementation of court ordered assisted outpatient treatment.

Background: This language was first included in FY 2016-17.

1011 **Spenddown report.** Requires a report by September 30 that addresses the challenges of meeting spenddown requirements.

Background: This language was first included in FY 2016-17.

STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES

1051 **Collection of third-party payments for individuals in institutions.** Directs the Department to continue a revenue recapture project.

Background: Long-standing language. First and third-party payment procedures are governed by the Mental Health Code, MCL 330.1802 et seq. Formerly Sec. 601 in the DCH budget.

1052 **Carryforward of telephone revenue, gifts, and bequests.** Authorizes carryforward of bequests and pay telephone revenues be used for enhancements for individuals at State facilities.

Background: Long-standing language. Formerly Sec. 602 in the DCH budget.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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2016 PA 268 Article X

**Section
Number Description and History**

- 1055 **Closures and consolidations of State hospitals and centers timeline and restrictions.** Prohibits closures or consolidations of State facilities until CMHSPs have programs and services in place for those discharged and those who would have been admitted to those facilities. States that homeless shelters are not adequate to meet a discharged individual's housing needs. Requires provision of closure plan to the subcommittees four months after certification of closure. Directs that remaining funds after closure and transition costs be transferred to CMHSPs responsible for providing services for those discharged.
Background: Long-standing language. Further direction on placement of individuals released from State facilities to the community is provided by Section 209a of the Mental Health Code, MCL 330.1209a. Formerly Sec. 605 in the DCH budget.
- 1056 **Adjustments to reflect actual first and third party revenue earned.** Permits the Department to adjust financing sources based on actual revenue earned and permits carryforward of revenue exceeding current year expenditures.
Background: New language in FY 2002-03 to permit more flexibility in budgetary financing. Formerly Sec. 606 in the DCH budget.
- 1057 **Hawthorn Center and Caro Center appraisal.** Requires the Department to work with DTMB to evaluate the condition of the Hawthorn Center and the Caro Center, the cost effectiveness of improvements and investments, and make recommendations to improve the quality of the facilities.
Background: This language was first included in FY 2016-17.
- 1058 **Privatization of food and custodial services at State centers.** Requires Department to establish and implement a bid process to identify contractors to provide food and custodial services at any state hospital identified as capable of generating a minimum 7.5% savings through the outsourcing of such services.
Background: This version of this language was first included in FY 2010-11. Formerly Sec. 608 in the DCH budget.
- 1059 **Center for Forensic Psychiatry expansion.** Directs the Department to open an eighth wing at the Center for Forensic Psychiatry.
Background: This language was added in FY 2016-17 to direct the staffing of an already built wing at the Center for Forensic Psychiatry in order to alleviate waitlists for people either waiting for psych evaluations, deemed NGRI, or deemed incompetent to stand trial.

HEALTH POLICY

- 1140 **Free health clinic funding.** Allocates \$250,000 be equally distributed to free health clinics across the State.
Background: House initiative included in the FY 2005-06 appropriation. Formerly Sec. 712 in the DCH budget.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section

Number Description and History

- 1142 **In-state residency incentives.** Directs the Department to continue to seek ways to increase retention of in-state medical students to meet primary care residency requirements in Michigan.
Background: This language was first included in FY 2012-13. Formerly Sec. 714 in the DCH budget.
- 1143 **Health Innovation Grants.** Permits Department to award health innovation grants to public and private sector, and allows the Department to receive and spend revenues and donations in this effort.
Background: This language was first included in FY 2013-14. Funding for a chronic fatigue syndrome study was removed in FY 2014-15. Formerly Sec. 717 in the DCH budget.
- 1144 **Federal State Innovation Model Grant funding.** Directs the Department to allocate SIM Grand funding which supports the implementation of the health delivery system innovations. Includes outcomes and performance metrics, as well as requires a report by March 1 and September 1 on the status of the program. Also outlines five standards that must be followed if SIM grant money is used to create a data aggregator.
Background: This language was first included in FY 2015-16.
- 1145 **I/T/U facility payments.** Directs that Indian Health Service, Tribal or Urban Indian Health Program (I/T/U) facilities receive the maximum amount allowable under Federal law for Medicaid services.
Background: This language was first included in FY 2015-16.
- 1146 **Michigan Blood.** Allocates \$250,000 to Michigan Blood to offset tissue typing expenses, and expand services, associated with donor recruitment and collection services.
Background: This language was first included in FY 2014-15 as Sec. 1905 in the DCH budget.
- 1150 **Opioid fraud.** Directs the Department to dedicate 1 FTE to coordinate with other agencies to reduce fraud related to opioid prescribing within Medicaid. Requires a report by October 1 on the steps the Department has taken to coordinate with the entities listed within the section.
Background: This language was first included in FY 2016-17.
- 1151 **Opioid addiction.** Directs the Department to dedicate 1 FTE to coordinate with other agencies to help inform Medicaid beneficiaries of medically appropriate treatment options for opioid addiction. Requires a report by October 1 on how the Department is ensuring Medicaid beneficiaries are informed of all available treatment options, and must include any potential barriers to treatment.
Background: This language was first included in FY 2016-17.

DISEASE CONTROL, PREVENTION AND EPIDEMIOLOGY

- 1180 **Healthy Homes funding.** Allocates \$1.75 million to expand lead abatement efforts. Requires a report by January 1 on the expenditures and activities undertaken by the lead abatement program.
Background: This language was first included in FY 2013-14. Funding was expanded in FY 2014-15 and the coordinating agency was removed in FY 2015-16. Formerly Sec. 851 in the DCH budget. The reporting requirement was added in FY 2016-17.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section
Number Description and History

LOCAL HEALTH AND ADMINISTRATIVE SERVICES

- 1220 **Provides cost reimbursement to local health departments (LHD) for costs incurred for services provided under the abortion informed consent act.** Requires that funds appropriated for the Abortion Informed Consent Act be used to reimburse LHDs for costs related to that purpose.
- Background:** MCL 333.17015 provides that a physician shall not perform an abortion otherwise permitted by law without the patient's informed written consent. This boilerplate section ensures that local health departments will be reimbursed for costs they experience related to the requirements of this law. Local health department duties under this section are as follows: 1) provide a pregnancy test and determine probable gestational stage of the fetus; and, 2) ensure the patient is provided with a complete pregnancy certification form. *Note:* This boilerplate section should be updated to reflect recent changes in the public health code. The section of the MCL pertaining to the duties of the local health departments is now contained in MCL 333.17015 (18), not in MCL 333.17015(15) as is stated in this section. Formerly Sec. 901 in the DCH budget.
- 1221 **Department has the authority to assess a penalty from a local health department's operational account if county requests the dissolution of the health department.** States that if a county that has participated in a district health department arrangement takes action to cease to participate in that arrangement, the Department may assess a penalty from a local health department's operational accounts of up to 6.25% of the local health department's local public health operations funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.
- Background:** Long-standing language intended to discourage breakup of local public health departments. Formerly Sec. 902 in the DCH budget.
- 1222 **Provisions governing allocation of local public health operations funding.** Directs that the local public health operations appropriation shall be prospectively allocated to local health departments (LHDs) for public health services. Holds LHDs to contractual standards for those services. Requires counties to maintain local spending for those services at no less than FY 1992-93 level to be eligible for funding. Requires a report on planned allocations by December 1.
- Background:** The Public Health Code (MCL 333.2301 - 333.2302) requires the Department to identify the priority health problems of the State. From these priorities, the Department shall annually prepare a proposed list of basic preventive, personal, and environmental health services made available and accessible to all residents in need of these services. The proposed list of basic health services, the methodology used to derive the list, and a proposed program statement shall be included in the Department's annual budget request and shall be made available for review and comment to the Legislature. Formerly Sec. 904 in the DCH budget.
- 1223 **Dental program.** Directs that \$150,000 shall be allocated to the Michigan Dental Association for a volunteer dental project to serve the uninsured. Requires report on the level and cost of services rendered by December 1.
- Background:** Long-standing language. Formerly Sec. 1109 in the DCH budget.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

Section Number	Description and History
1224	<p><u>Mobile dentistry fees.</u> Directs the Department to use funds collected for Mobile Dentistry to offset the cost of the program.</p> <p>Background: This language was first included in FY 2015-16.</p>
1225	<p><u>Health and wellness programming and Blue Cross Health Endowment Fund.</u> 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 fund and evaluate current and future policies and programs. States legislative intent for the Health Endowment Fund to present during a joint committee meeting.</p> <p>Background: New language in FY 2013-14. Formerly Sec. 651 in the DCH budget. Legislative intent language was added in FY 2016-17.</p>
1226	<p><u>Healthy exercise program pilot.</u> Allocates \$1.0 million for a school children's healthy exercise program in grades K-8. Directs that no less than half of the funds be used for a before- and after-school health exercise program.</p> <p>Background: New language in FY 2012-13. The requirement that all the money must be used for a before- and after-school health exercise program was removed in FY 2014-15. Formerly Sec. 654 in the DCH budget.</p>
1227	<p><u>Health and wellness initiative criteria.</u> 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.</p> <p>Background: This language was first included in FY 2015-16.</p>
1228	<p><u>Traumatic brain injury pilot.</u> Requires the Department to work with the vendor to evaluate and analyze the costs and benefits of the Traumatic Brain Injury pilot, upon request.</p> <p>Background: This language was first included in FY 2016-17.</p>
1229	<p><u>Dental homes.</u> Appropriates \$1.55 million to local health departments to partner with qualified dental providers for the purpose of providing dental homes for seniors, children, and adults enrolled in Medicaid, and low-income uninsured.</p> <p>Background: This language was first included in FY 2016-17.</p>

FAMILY, MATERNAL AND CHILD HEALTH

1300	<p><u>Reporting language on department programs.</u> Directs Department to provide, upon request, a report on estimated public funds administered by the Department for family planning, sexually transmitted disease services, pregnancies, and birth, as well as demographics as self-reported by individuals utilizing those services.</p> <p>Background: New language in FY 2011-12. Formerly Sec. 110 in the DCH budget 3. The annual report was changed to provide upon request in FY 2016-17.</p>
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1301	<p><u>Report on planned allocations for certain programs.</u> Requires report on allocations, utilization, and expenditures of the following appropriations: local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention program. Report to include funding allocations, actual number of women, children, and/or adolescents served and amounts expended for FY 2001-02.</p> <p>Background: Long-standing language. Formerly Sec. 1104 in the DCH budget.</p>
1302	<p><u>Family planning programs.</u> Directs that family planning programs receiving Federal Title X Family Planning funds comply with Federal performance and quality assurance indicators. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.</p> <p>Background: Long-standing language. Formerly Sec. 1106 in the DCH budget.</p>
1303	<p><u>Prohibition on use of funds for agencies which provide abortions.</u> Prohibits the use of restricted funds or GF/GP 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 restricted funds or GF/GP from appropriations for family planning local agreements.</p> <p>Background: This language was first included in FY 2015-16.</p>
1304	<p><u>Pregnancy prevention funds.</u> States that the use of pregnancy prevention funds or family planning local agreement funds for abortion counseling, referrals, or services is prohibited.</p> <p>Background: Long-standing language. Formerly Sec. 1108 in the DCH budget.</p>
1307	<p><u>Pregnancy and parenting pilot program.</u> Allocates \$400,000 of TANF revenue for a real alternatives pregnancy and parenting support services pilot with a requirement for a fee for service contract with at least one agency to provide services. A report on the number of clients served is due by April 1.</p> <p>Background: New language in FY 2013-14 after similar language in FY 2012-13 was vetoed by the Governor. The reporting requirement was added in FY 2014-15. Formerly Sec. 1136 in the DCH budget.</p>
1308	<p><u>Evidence-based infant mortality programs.</u> Allocates \$500,000 for evidence-based infant mortality programs, including the nurse family partnership.</p> <p>Background: New language in FY 2013-14 after similar language in FY 2012-13 was vetoed by the Governor. Formerly Sec. 1137 in the DCH budget.</p>
1309	<p><u>Priority for contractors.</u> Directs that priority for contracts be done pursuant to provisions in the Public Health Code, which establishes preference for organizations that do not provide abortion services.</p> <p>Background: New language in FY 2012-13. Formerly Sec. 1138 in the DCH budget.</p>
1310	<p><u>Housing rehabilitation and hazard abatement.</u> Requires the Department to continue to work with MSHDA and the task force established in FY 2014-15 to review housing rehabilitation, energy and weatherization, and hazard abatement program policies, and provide recommendations to the Department. Background: New language in FY 2014-15. Formerly Sec. 1139 in the DCH budget.</p>

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- 1311 **Equal consideration in rural home visitation services.** Requires that equal consideration be given to all eligible evidence-based providers when contracting for rural home visitation services for prenatal care outreach.
Background: New language in FY 2014-15. Formerly Sec. 1140 in the DCH budget.
- 1313 **Fetal alcohol syndrome services.** Directs the Department to explore developing an outreach program on fetal alcohol syndrome services. States that the Department shall explore Federal grant funding to help address fetal alcohol syndrome.
Background: This language was first included in FY 2013-14. The second subsection was added in FY 2014-15, while reporting requirements were removed in FY 2015-16. Formerly Sec. 502 in the DCH budget.
- 1340 **Generic peanut butter.** Requires the Department to include national brand peanut butter on the list of approved WIC basket items.
Background: A version of this language was first included in FY 2014-15 as Sec. 1151 of the DCH budget after concerns were raised about the availability of generic peanut butter in rural and poor urban areas. Language was rewritten in FY 2016-17.

CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)

- 1360 **Provision of services.** Permits the Department to provide, under the Children's Special Health Care Services program, the following: special formula for eligible clients with specified metabolic and allergic disorders; medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older; medical care and treatment to eligible patients with hereditary coagulation defects (hemophilia) who are 21 years of age or older and human growth hormone.
Background: Long-standing language. Reference to coverage of genetic counseling removed in FY 2010-11 as that coverage was eliminated in the FY 2010-11 budget. Formerly Sec. 1202 in the DCH budget.
- 1361 **Telemedicine for CSHCS.** Authorizes the Department to spend those funds appropriated for medical care and treatment to support the development and expansion of telemedicine for CSHCS families to access specialty providers.
Background: This language was first included in FY 2013-14. Formerly Sec. 1205 in the DCH budget.

AGING AND ADULT SERVICES AGENCY

- 1402 **Food bank council collaboration with AAA.** Permits the Department to encourage collaboration between the Area Agencies on Aging and the Food Bank Council of Michigan to secure the food access of vulnerable seniors.
Background: This language was first included in FY 2016-17.

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- 1403 **Waiting lists for home delivered meals.** Requires regions to report to the Department waiting lists on home delivered meals pursuant to standard criteria.
Background: Long-standing language.
- 1417 **Area Agency on Aging administrative costs.** Requires report to Legislature on administrative costs for Area Agencies on Aging.
Background: This language was first included in FY 2007-08.
- 1421 **Allocation of new aging funding.** Directs that the \$1.1 million in additional funding be distributed to area agencies on aging for locally determined needs.
Background: This language was first included in FY 2012-13.
- 1422 **Prosecuting attorney contracts for elder abuse.** Allocates not less than \$300,000 to contract with the prosecuting attorney's office for 2 staff people to handle elder abuse cases. Also requires a report by March 1 on the efficacy of the program.
Background: The language, introduced in the House, first appeared in the DHS budget in 2012 PA 200, Sec. 420.
- 1424 **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
Background: This language was first included in FY 2014-15. Formerly Sec. 1001 in the DCH budget.
- 1425 **Nursing home closures.** Requires the Department to coordinate with LARA to ensure notice of the receipt of an order of suspension of a licensed adult foster care home, home for the aged or nursing home, is provided to the subcommittee.
Background: This language was first included in FY 2016-17.

MEDICAL SERVICES ADMINISTRATION

- 1501 **Electronic health records work project.** Designated the electronic health records incentive program appropriation as a work project.
Background: New language in FY 2012-13.
- 1502 **Transparency database website.** Allocates any available work project revenue and any associated Federal match to create and develop a transparency database website. Makes funding contingent on enactment of enabling legislation.
Background: New language in FY 2013-14.

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1503 **Healthy Michigan administration.** Requires the department to maintain an accounting structure within the Michigan Administrative Information Network to identify administrative expenditures associated with the plan. Directs that a report be submitted by October 1, 2014 with the relevant accounting structure and related business objects scripts as well as the group's administrative costs.

Background: New language in FY 2014-15.

1505 **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 funds for OIG and TPL efforts, and then a report on the actual increase in reimbursement savings and cost offsets by September 1.

Background: This language was first included in FY 2015-16.

1506 **Public assistance call center.** Requires quarterly reports from the Department on the volume and type of calls that are received at the center, among other data.

Background: This Conference language first appeared in the DHS budget in 2014 PA 252, Sec. 751.

1507 **Integrated services delivery call center.** Requires the Department to establish new IT tools and enhance existing systems to improve the eligibility and enrollment process for people accessing programs administered by the department.

Background: This language was first included in FY 2016-17.

MEDICAL SERVICES

1601 **Use of remedial services costs for certain individuals in determining eligibility for Medicaid.** 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.

Background: This language was first included in FY 1995-96.

1603 **Medicaid buy-in program.** Permits the Department to establish a program to allow persons to buy-in to Medicaid coverage, may receive and expend premiums in addition to the amounts appropriated in Part 1, and shall classify premiums as private funds.

Background: This original policy change was implemented in FY 1996-97. In FY 2010-11 the Transitional Medicaid Plus program was eliminated and the 100% cost share provision was added.

1605 **Set protected income level for Medicaid at 100% of public assistance standard.** Sets protected income level for Medicaid coverage at 100% of the related public assistance standard, subcommittees to be notified prior to a change to the protected income level.

Background: Long-standing language.

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1606 **Guardian and conservator charges set at \$60 per month.** Permits the Department to deduct up to \$83 per month for guardian and conservator charges as an allowable expense when determining Medicaid eligibility and patient payments.

Background: This language was first included in FY 1995-96. The deduction changed from \$60 per month to \$45 per month in FY 2006-07, back to \$60 per month in FY 2007-08, and increased to \$83 per month in FY 2016-17.

1607 **Pregnant Medicaid applicants presumed eligible unless preponderance of evidence indicates otherwise.** States that a Medicaid applicant whose qualifying condition is pregnancy shall be presumed to be eligible for Medicaid unless the preponderance of evidence in her application indicates otherwise. Such an applicant shall be given a letter of authorization to receive Medicaid pregnancy-related services and a listing of Medicaid physicians and managed care plans in her area. Such an applicant shall not be required to be enrolled in managed care until the second month post-partum. If such an applicant shall subsequently be found to be ineligible, reimbursement shall nonetheless be paid up to the point the applicant is determined ineligible. If a preponderance of evidence indicates that, the applicant is not Medicaid eligible, the Department shall refer the applicant to the nearest public health clinic, or similar entity for potential pregnancy related services.

Background: This language was first included in FY 2000-01 to ensure that pregnant women would seek and receive prenatal and other care.

1611 **Third party payments and payment in full.** Directs that reimbursement for services provided to Medicaid eligibles from exceeding amounts established for Medicaid-only payments is prohibited; Medicaid payment shall be accepted as payment in full. Reimbursement for hospital services for dual Medicaid/Medicare recipients with Part B coverage only shall include a capital component.

Background: Long-standing language.

1620 **Pharmacy dispensing fee and co-payments.** States that, for fee-for-service (FFS) recipients, the pharmacy dispensing fee shall take into account the state's long-term financial exposure, access to care, and shall not be lower than the amount in effect on October 1, 2015. Department shall require a prescription copayment for Medicaid recipients not enrolled in the Healthy Michigan Plan or with an income less than 100% of \$1 for a generic drug and \$3 for a brand-name drug, except as prohibited by Federal or state law or regulation. Copayments for a Medicaid recipient enrolled in the Healthy Michigan plan with an income of at least 100% of the federal poverty level are to be \$4 for a generic drug and \$8 for a brand-name drug.

Background: Long-standing language setting the pharmacy-dispensing fee. Language was revised in FY 2015-16 to require different prescription copayments for persons enrolled in the Healthy Michigan and those on traditional Medicaid. The language was revised in FY 2016-17 to remove specific pharmacy dispensing fees, and to require the Department to simply comply with Federal law.

1629 **Maximum allowable cost (MAC) pricing.** Requires the Department to utilize MAC pricing for generic drugs. The MAC price will be based upon wholesaler pricing to providers that is available from at least two wholesalers who deliver in Michigan.

Background: First included in the FY 2003-04 appropriation.

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- 1631 **Copayments required for dental, podiatric, and vision services.** Directs Department to require copayments on dental, podiatric, and vision services provided to Medicaid recipients, except as prohibited by Federal or State law or regulation. Specifies copayment amounts dependent upon if the Medicaid recipient is enrolled in the Healthy Michigan plan with an income of at least 100% of the federal poverty level.
- Background:** This language was first included in FY 2000-01. Copayment levels were modified on several occasions with the last update coming in FY 2015-16.
- 1641 **Institutions must submit cost reports within 5 months of the end of their fiscal year.** States that institutional provider cost reports be submitted completed in full, within five months after the end of the fiscal year.
- Background:** Long-standing language.
- 1645 **Nursing Home QAAP Recalculation.** Requires the Department to consider using the most recent 3 years of actual days of care provided to establish the QAAP and report the excess amount assessed when estimated days of care compared to actual days of care create an aggregate over-payment of \$1.0 million or more. Requires a report by April 1 on the feasibility of creating a more accurate formula for the assessment.
- Background:** The language was first included in FY 2016-17.
- 1657 **Reimbursement of hospital emergency rooms by Medicaid HMOs.** Directs that HMO reimbursement for screening and stabilization medical services provided to a Medicaid recipient in an ER shall not be contingent on HMO authorization and that the HMO shall be notified within 24 hours of ER discharge. HMO prior authorization before post-ER hospitalization or medical services is required. These requirements are not intended to require alteration of existing contractual arrangements.
- Background:** This language was first included in FY 1999-2000 due to concerns about HMOs and emergency room reimbursement.
- 1659 **Identification of sections relating to various Medicaid managed care programs.** Specifies language sections that apply to all Medicaid managed care programs.
- Background:** This language was first included in FY 1998-99 to avoid confusion as to which parts of the Medical Services boilerplate apply to managed care.
- 1662 **External quality review of EPSDT components and training.** Requires an external quality review contractor conduct a review of all EPSDT components provided to children from a statistically valid sample of health plan records and requires Department to provide a copy of the HEDIS report and the annual external quality review report.
- Background:** This language originally appeared in FY 2001-02 and was rewritten for FY 2002-03.

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- 1670 **MIChild eligibility.** States that the MICHILD program appropriation is for the provision of comprehensive health care to children under age 19 with family income of less than 212% of the Federal poverty level who are and have been uninsured for at least 6 months prior to application; requires that children in families below 160% of poverty be provided health care coverage through the Medicaid Program. Department is required to provide one year of continuous eligibility in the program. Permits program spending for health care services from the MICHild appropriation or any other appropriation associated with the program as described in the State plan
- Background:** This language was first included in FY 1998-99 when the MICHild program was established. In FY 2005-06, the MICHild boilerplate was consolidated into section 1670. Language previously found in boilerplate sections 1672, 1675, and 1676 was added to section 1670. Upper limits were changed to 212% and 160% of the poverty level in FY 2014-15. Language was revised in FY 2016-17 to reflect the integration of the MICHild program into the health services line item.
- 1673 **MICHild premiums.** Permits Department to establish premiums of \$10 per family per month for MICHild program eligibility. Department is prohibited from charging copayments in the MICHild program.
- Background:** This language was first included in FY 1998-99 when the MICHild program was established. Premium was increased from \$5 per month to \$10 per month in FY 2006-07.
- 1677 **MI Child benefits.** States that the MICHild program must provide, at a minimum, 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.
- Background:** Formerly longstanding language reinstated in FY 2012-13. Changed state employee insurance plan reference to Michigan benchmark plan in FY 2014-15.
- 1682 **Nursing home facility enforcement penalty revenue.** Allows the Department to impose civil monetary penalties and spend such funding received. Unexpended penalty revenue shall be carried forward into subsequent fiscal year.
- Background:** This language was first included in FY 1995-96.
- 1692 **Medicaid school-based services.** Authorizes Department to pursue Medicaid reimbursement for eligible services provided in schools. From the School-Based Services line, the Department is authorized to finance activities within the Medical Services Administration related to this project, reimburse participating school districts, and offset general fund costs associated with the medical service program.
- Background:** This language was first included in FY 1995-96.
- 1693 **Special adjustor payment appropriations may be adjusted.** Permits the special adjustor appropriation to be increased and allows the Department to adjust sources of financing in accordance with increased appropriation. Requires Department to ensure that public entities eligible for such payments are aware of the existence of the programs.
- Background:** This language was first included in FY 1995-96. Requirement that entities be made aware of the programs added in FY 2010-11.

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1694	<p><u>Children's hospitals at academic health care systems with high indigent care volume.</u> Directs the Department to allocated \$386,700 plus associated Federal match to children's hospitals with high indigent care volume for poison control in amounts based upon a formula determined by the Department.</p> <p>Background: This language was first included in FY 2002-03. It is used to support the poison control hotline and in FY 2009-10 and FY 2010-11 was allocated to Children's Hospital of Detroit.</p>
1699	<p><u>Disproportionate share and graduate medical education payments.</u> Permits direct payment of DSH and GME funding to hospitals. Requires the Department to create DSH funding pool of \$45.0 million to be distributed to eligible hospitals in a manner similar to the distribution in previous years.</p> <p>Background: The direct payment language first appeared in FY 2001-02.</p>
1700	<p><u>Distribution of special hospital payments.</u> Requires a report by December 1 on the distribution of funding provided in the previous fiscal year for four different special hospital payments, and a report by May 1 on the projected distribution of funds for those same four payments.</p> <p>Background: This language was first included in FY 2016-17 and gathered various previously required report into one report.</p>
1701	<p><u>Direct primary care pilot.</u> Directs the Department to consider implementing a Direct Primary Care Pilot for Medicaid Enrollees. Each participant in the pilot will be enrolled in a DPC provider plan that is under contract with one or more MCO.</p> <p>Background: This language was first included in FY 2016-17.</p>
1702	<p><u>Private duty nursing rates for frail children.</u> Requires the Department to increase private duty nursing rates for Medicaid beneficiaries under the age of 21 by 15%. These funds must be used to attract high quality RNs and LPNs.</p> <p>Background: This language was first included in FY 2016-17.</p>
1704	<p><u>Pregnant women dental benefit.</u> Allocates \$2.73 million to enhance the Medicaid dental benefit for pregnant women.</p> <p>Background: This language was first included in FY 2016-17.</p>
1705	<p><u>Ambulatory Surgical Centers.</u> Requires a report by March 2 to evaluate the reimbursement rates provided to ambulatory surgical centers, explain why differences in rates exist, and recommend changes to the reimbursement rate.</p> <p>Background: This language was first included in FY 2016-17.</p>
1724	<p><u>Injectable drugs.</u> Requires the Department to allow licensed pharmacies to purchase injectable drugs for the treatment of the flu for shipment to physician's offices. If affected patients are Medicaid-eligible, the Department is required to reimburse pharmacies for the dispensing of the injectable drugs and reimburse physicians for the administration of these drugs.</p> <p>Background: This language was first included in FY 2004-05.</p>

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Section Number	Description and History
1730	<p><u>Pregnant/new mother literacy program.</u> 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. Requires a report on the study by March 1.</p> <p>Background: This language was first included in FY 2015-16.</p>
1757	<p><u>Medicaid eligibility process and proof of citizenship.</u> Requires the Department to direct the Department of Human Services to obtain proof from Medicaid recipients that they are legally residing in the United States prior to providing program benefits.</p> <p>Background: This language was first included in FY 2006-07. The Legislative intent language was added in FY 2009-10. The reporting requirement was added in FY 2010-11.</p>
1764	<p><u>Certification of Medicaid health plan and prepaid inpatient health plan rates as actuarially sound.</u> The Department is required to annually certify rates as actuarially sound and will provide a copy of the rate certification and approval documents to the Legislature. Directs Department to take into account all Medicaid policy bulletins affecting Medicaid health plans issued after the most recent actuarial rate development process ended when calculating actuarial soundness adjustments.</p> <p>Background: This language was first included in FY 2006-07.</p>
1775	<p><u>Managed care for dual Medicare/Medicaid eligibles.</u> Requires the Department to report on the progress in implementing the MI Health Link Waiver on March 1 and September 1 of the current fiscal year. Also requires the existence of an independent ombudsman to help assist with complaint and dispute resolution mechanisms.</p> <p>Background: This language was first included in FY 2011-12. The language was rewritten in FY 2015-16 to reflect acceptance of the waiver and the implementation of the MI Health Link demonstration.</p>
1782	<p><u>Immunization awareness.</u> Allocates \$500,000 plus available match to the Medicaid health plans through a capitation rate increase for children. This rate increase shall be used to support a statewide media campaign to improve the state's immunization rates.</p> <p>Background: This language was first included in FY 2016-17.</p>
1800	<p><u>Medicaid value pool.</u> Requires the Department to develop a formula to distribute funds from the Medicaid value pools based on quality of care, cost, and traditional DSH hospital factors.</p> <p>Background: This language was first included in FY 2014-15. The language was rewritten in FY 2015-16.</p>
1801	<p><u>Primary care services Medicaid rate increase.</u> Allocates funds 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 and requires a report by April 1 on the distribution of the primary care uplift.</p> <p>Background: This language was first included in FY 2014-15. The reporting requirement was added in FY 2016-17.</p>

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- 1802 **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.
Background: This language was first included in FY 2014-15.
- 1804 **Eligibility for veterans' benefits.** Directs the Department to work with the Department of Human Services and the Department of Military and Veterans Affairs to use the Federal Public Assistance Reporting Information System to identify Medicaid recipients who may be eligible for Federal veterans' health care benefits or other benefits.
Background: This language was first included in FY 2008-09.
- 1805 **GME quality data reporting.** Requires hospitals receiving GME funds to submit fully completed quality data to the same national nonprofit organization. States requirements for the nonprofit organization. Requires hospital systems to report data on perinatal care, hospital-acquired infection, and serious reportable events by hospital campus.
Background: This language was first included in FY 2015-16. The three categories that hospitals are required to report by campus were added in FY 2016-17.
- 1806 **Common formulary.** Allows the Department to establish performance standards related to the common formulary and requires consideration of the Department's preferred drug list.
Background: This language was first included in FY 2015-16.
- 1809 **Contract performance standards.** Directs the Department to establish separate contract performance standards for Medicaid health plans that adhere to the provisions associated with the .75% and .25% capitation withhold. Ultimately leaves the determination of these standards to the Department, but does include suggested concepts to be included for each withhold.
Background: This language was first included in FY 2015-16.
- 1810 **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.
Background: This language was first included in FY 2015-16.
- 1812 **GME cost and retention reporting.** Requires a report by June 1 disclosing all costs associated with residency training programs for each hospital. By August 1 the Department must develop a template to identify and explain costs associated with residency training programs, and post-residency retention rates. States legislative intent that the Department create a workgroup to use the results of the reports to develop metrics for distribution of GME funds. **Background:** This language was first included in FY 2015-16. The language was revised in FY 2016-17 to make the Department complete the report, rather than the individual hospital.

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1820	<p><u>Recognition of health plan accrediting organizations.</u> Directs the Department to recognize accrediting organizations for Medicaid health plans and to consider accreditation results when reviewing health plan performance.</p> <p>Background: This language was first included in FY 2009-10.</p>
1837	<p><u>Utilization of telemedicine.</u> Directs the Department to continue, and expand where appropriate, the utilization of telemedicine and tele-psychiatry to increase Medicaid primary care access for Medicaid clients in medically underserved areas.</p> <p>Background: This language was first included in FY 2010-11 with tele-psychiatry added in FY 2011-12.</p>
1846	<p><u>GME funding objectives.</u> 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</p> <p>Background: This language was first included in FY 2011-12. Rewritten in FY 2014-15</p>
1850	<p><u>Health plan assistance with eligibility redetermination.</u> Permits Department to allow Medicaid health plans to assist with the eligibility redetermination process to ensure continuation of Medicaid eligibility.</p> <p>Background: This language was first included in FY 2011-12.</p>
1861	<p><u>Pilot program for nonemergency transportation.</u> Requires the Department to encourage cooperation between the Medicaid managed health plans, non-profit organizations, and other health providers to continue the facilitation of a nonemergency transportation pilot.</p> <p>Background: This language was first included in FY 2012-13 but was revised in FY 2013-14 to require a report on the program. The language was revised in FY 2014-15 to require the creation of a pilot program in addition to a review of the efficiency and effectiveness of the current nonemergency transportation system. This language was rewritten in FY 2015-16 to encourage the creation of a nonemergency transportation pilot.</p>
1862	<p><u>Medicaid obstetrical payment rates.</u> Directs Department to maintain payment rates for Medicaid obstetrical services at 95% of the Medicare level effective October 1, 2014.</p> <p>Background: This language was first included in FY 2012-13. The rate was increased to 95% of the Medicare level in FY 2014-15.</p>
1866	<p><u>Rural hospital funding.</u> Directs that the \$12.0 million GF/GP, along with any Federal match, be awarded to hospitals that meet criteria established by the Department for services to low-income residents, limits payments for any hospital or hospital system to a maximum of 10% of the pool.</p> <p>Background: This language was first included in FY 2011-12. The maximum was changed from 5% to 10% in FY 2014-15.</p>

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1870	<p><u>Graduate medical education (GME).</u> Directs the Department to work with the MiDocs consortium to explore alternative GME financing sources and mechanisms. Requires a report by December 1 from the consortium which presents a comprehensive funding plan.</p> <p>Background: This language was first included in FY 2013-14. The language was rewritten in FY 2014-15 to create and provide allocation for the MiDocs consortium, and in FY 2016-17 to simplify the language.</p>
1873	<p><u>Nursing facility transition initiative.</u> Up to \$3.7 million is appropriated for outreach and education for nursing home residents, and coordination of housing. Requires the Department to consider developing a plan for the ongoing sustainability of the initiative.</p> <p>Background: This language was first introduced in FY 2016-17.</p>
1874	<p><u>Program for all-inclusive care for the elderly (PACE).</u> Requires the Department to ensure that PACE is included as an option in all counties where PACE is available. Directs the Department to create a workgroup to address PACE issues, and requires a report by April 1 on the workgroup findings.</p> <p>Background: This language was first introduced in FY 2016-17.</p>
1875	<p><u>Prior authorization for certain drugs.</u> Prohibits the Department from subjecting drugs that are carved-out or not subject to prior authorization procedures as of May 9, and are recognized either for the treatment of a psychiatric disorder, epilepsy or seizure disorder, or organ replacement therapy from being subjected to prior authorization procedures.</p> <p>Background: This language was first introduced in FY 2016-17.</p>
1876	<p><u>MedIncentive demonstration project.</u> Allocates \$830,000 to implement a demonstration project by April 1 in the HMP to address medical literacy deficiencies. States legislative intent that the Department shall submit quarterly reports detailing information on the outcomes and performance measures of the demonstration project.</p> <p>Background: This language was first introduced in FY 2016-17.</p>
1877	<p><u>HMP incentive tracking.</u> Requires the Department to evaluate and report on how the HMP has assisted individuals in utilizing services that maximize value, and how individuals lives may be improving as a result of their access to services.</p> <p>Background: This language was first introduced in FY 2016-17.</p>
1878	<p><u>Hepatitis C tracking.</u> Requires a report by March 1 on Hepatitis C tracking data for individuals treated with a Hepatitis C treatment in the current fiscal year and any previous fiscal year.</p> <p>Background: This language was first introduced in FY 2016-17.</p>
1882	<p><u>Michigan health information network shared services (MHINSS) expenses.</u> Requires a report by December 31 on the expenses incurred by the Medicaid health plans and PIHPs for meeting the requirement to join MHINSS. Report must also include an estimate of expenses that will be incurred in the current fiscal year.</p> <p>Background: This language was first included in FY 2016-17.</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

**Section
Number Description and History**

1888 **Medicaid health plan performance standards.** Directs the Department to establish contract performance standards associated with the capitation withhold provisions 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.

Background: This language was first included in FY 2014-15.

1890 **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.

Background: This language was first included in FY 2014-15.

1894 **Healthy kids dental.** Directs the Department to expand HKD to all eligible kids in Kent, Oakland, and Wayne counties. Includes outcomes and performance measures, as well as states legislative intent that HKD be expanded in the next fiscal year.

Background: This language was first included in FY 2015-16.

1899 **Personal care services increase.** Directs the Department to increase the monthly personal care supplement paid to adult foster care facilities and homes for the aged that provide personal care services to Medicaid beneficiaries by \$15.00.

Background: This language was first included in FY 2014-15.

ONE-TIME BASIS ONLY APPROPRIATIONS

1908 **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 have been enrolled with Medicaid by October 1, 2014.

Background: This language was first included in FY 2015-16.

1909 **Parent partner and family reunification programs.** Directs the Department to expand the Parent Partner Program and Family Reunification Program and designates any unexpended funds as a work project.

Background: This language was first included in FY 2016-17.

1910 **Flint declaration of emergency.** Requires the Department to allocate funds to address needs related to the drinking water crisis in Flint. Lists examples of activities that may be funded.

Background: This language was first included in FY 2016-17.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2016 PA 268 Article X

**Section
Number Description and History**

1912 **Electronic service verification study.** Allocates \$25,000 for a study to review the outcomes and performance improvements resulting from the development and piloting of a mobile solution to reduce fraud in the Adult Home Help Program.

Background: This language was first included in FY 2016-17.

INTENT LANGUAGE ON FY 2017-18

2001 **Legislative intent on FY 2017-18 appropriations.** States legislative intent that FY 2017-18 appropriations shall be the same as in FY 2016-17 except for adjustments related to caseloads, Federal match rates, economic factors, and available revenue.

Background: This language was first included in FY 2011-12.