

**DEPARTMENT OF HEALTH AND HUMAN SERVICES BOILERPLATE
FY 2016 EXECUTIVE REVISION**

DCH EXEC. REC.	PURPOSE	DHS EXEC. REC.	PURPOSE	FY 2016 EXECUTIVE REVISION	REFERENCE / NOTES
<u>GENERAL SECTIONS</u>		<u>GENERAL SECTIONS</u>		<u>GENERAL SECTIONS</u>	
<p>Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2015-2016 is \$5,282,286,400.00 and state spending from state resources to be paid to local units of government for fiscal year 2015-2016 is \$1,125,752,600.00 The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>DEPARTMENT OF COMMUNITY HEALTH</p> <p>BEHAVIORAL HEALTH PROGRAM ADMINISTRATION</p> <p>Community residential and support services..... \$ 592,100</p> <p>Housing and support services..... 667,400</p> <p>BEHAVIORAL HEALTH SERVICES</p> <p>State disability assistance program substance use disorder services..... \$ 2,018,000</p> <p>Community substance use disorder prevention, education,</p>	<p>State spending and payments to locals.</p>	<p>Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2015-2016 is \$1,096,224,400.00 and state spending from state resources to be paid to local units of government for fiscal year 2015-2016 is \$97,088,300. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>DEPARTMENT OF HUMAN SERVICES</p> <p>Child care fund..... \$92,937,300</p> <p>County juvenile officers..... 3,100,000</p> <p>State disability assistance payments..... 1,039,300</p> <p>Family independence program..... 11,700</p> <p>TOTAL..... \$97,088,300</p>	<p>State spending and payments to locals.</p>	<p>Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state resources under part 1 for fiscal year 2015-2016 is \$5,282,286,400.00 \$6,361,893,300.00 and state spending from state resources to be paid to local units of government for fiscal year 2015-2016 is \$1,125,752,600.00 \$1,218,366,200.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>DEPARTMENT OF COMMUNITY HEALTH AND HUMAN SERVICES</p> <p>CHILDREN'S SERVICES AGENCY – CHILD WELFARE</p> <p>Child care fund..... \$ 92,937,300 88,051,200</p> <p>CHILDREN'S SERVICES AGENCY – JUVENILE JUSTICE</p> <p>County juvenile officers Community support services..... \$ 3,100,000 3,511,500</p> <p>PUBLIC ASSISTANCE</p> <p>Family independence program..... \$ 11,700</p>	<p>DCH – Article 4, Section 201</p> <p>DHS – Article 9, Section 201</p>

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and treatment programs..... 14,553,400				State disability assistance payments..... \$ 1,039,300	
Medicaid mental health services..... .. 785,082,300				Mental health services for special populations Multicultural integration services 8,842,800	
Community mental health non-Medicaid services..... 117,050,400				BEHAVIORAL HEALTH PROGRAM ADMINISTRATION	
Mental health services for special populations..... 8,842,800				Community residential and support services..... \$ 592,100	
Medicaid substance use disorder services..... 15,806,200				Housing and support services..... 667,400	
Children's waiver home care program..... 6,056,200				BEHAVIORAL HEALTH SERVICES	
Nursing home PAS/ARR-OBRA..... 2,725,300				State disability assistance program substance use disorder services..... \$ 2,018,000	
LABORATORY SERVICES				Community substance use disorder prevention, education, and treatment programs..... 14,553,400	
Laboratory services..... \$ 5,000				Medicaid mental health services..... .. 785,082,300	
EPIDEMIOLOGY AND INFECTIOUS DISEASE				Community mental health non-	
Sexually transmitted disease control program..... \$ 377,000					

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<p>LOCAL HEALTH ADMINISTRATION AND GRANTS</p> <p>Implementation of 1993 PA 133, MCL 333.17015..... \$ 300</p> <p>Essential local public health services..... 34,199,500</p> <p>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</p> <p>AIDS prevention, testing, and care programs..... \$ 606,100</p> <p>Cancer prevention and control program..... 116,700</p> <p>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</p> <p>Prenatal care outreach and service delivery support..... \$ 2,044,800</p> <p>CHILDREN'S SPECIAL HEALTH CARE SERVICES</p> <p>Medical care and treatment..... \$ 949,800</p>				<p>Medicaid services..... 117,050,400</p> <p>Mental health services for special populations..... 8,842,800</p> <p>Medicaid substance use disorder services..... 15,806,200</p> <p>Children's waiver home care program..... 6,056,200</p> <p>Nursing home PAS/ARR-OBRA..... 2,725,300</p> <p>LABORATORY SERVICES</p> <p>Laboratory services..... \$ 5,000</p> <p>EPIDEMIOLOGY AND INFECTIOUS DISEASE</p> <p>Sexually transmitted disease control program..... \$ 377,000</p> <p>LOCAL HEALTH ADMINISTRATION AND GRANTS</p> <p>Implementation of 1993 PA 133, MCL 333.17015..... \$ 300</p>	

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Outreach and advocacy..... 2,204,000				Essential local public health services..... 34,199,500	
CRIME VICTIM SERVICES COMMISSION				CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION	
Crime victim rights services grants..... \$ 6,389,800				AIDS prevention, testing, and care programs..... \$ 606,100	
OFFICE OF SERVICES TO THE AGING				Cancer prevention and control program..... 116,700	
Community services..... \$ 13,333,500				FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES	
Nutrition services..... 9,287,000				Prenatal care outreach and service delivery support..... \$ 2,044,800	
Foster grandparent volunteer program..... 579,200				CHILDREN'S SPECIAL HEALTH CARE SERVICES	
Retired and senior volunteer program..... 197,300				Medical care and treatment..... \$ 949,800	
Senior companion volunteer program..... 351,400				Outreach and advocacy..... 2,204,000	
Respite care program..... 5,868,700				CRIME VICTIM SERVICES COMMISSION	
MEDICAL SERVICES Dental				Crime victim rights services	

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services..... \$ 1,202,000				grants..... \$ 6,389,800	Renamed
Long-term care services..... 81,530,900				OFFICE OF SERVICES TO THE AGING AGING AND ADULT SERVICES	
Hospital services and therapy..... 2,449,500				Community services..... \$ 13,333,500	
Physician services..... 10,665,900				Nutrition services..... 9,287,000	
TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT..... \$ 1,126,517,600				Foster grandparent volunteer program..... 579,200	
				Retired and senior volunteer program..... 197,300	
				Senior companion volunteer program..... 351,400	
				Respite care program..... 5,868,700	
				MEDICAL SERVICES	
				Dental services..... \$ 1,202,000	
				Long-term care services..... 81,530,900	
				Hospital services and	

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				therapy..... 2,449,500 Physician services..... 10,665,900 TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT..... \$ 1,126,517,600 1,218,366,200	
Sec. 202. The appropriations authorized under this article are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.	Expenditures subject to the DMB Act.	Sec. 202. The appropriations authorized under this article are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.	Expenditures subject to the DMB Act.	Sec. 202. The appropriations authorized under this article are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.	DCH – Article 4, Section 202 DHS – Article 9, Section 202
Sec. 203. As used in this part and part 1: (a) “AIDS” means acquired immunodeficiency syndrome. (b) “CMHSP” means a community mental health services program as that term is defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a. (c) “Department” means the department of community health. (d) “Director” means the director of the department. (e) “DSH” means disproportionate share hospital. (f) “EPSDT” means early and periodic screening, diagnosis, and treatment.	Acronyms and definitions.	Sec. 203. As used in this part and part 1: (a) “AFC” means adult foster care. (b) “Department” means the department of human services. (c) “DTMB” means the department of technology, management and budget. (d) “FTE” means full-time equated. (e) “IDG” means interdepartmental grant. (f) “MiCAFE” means Michigan’s coordinated access to food for the elderly. (g) “Settlement” means the	Acronyms and definitions.	Sec. 203. As used in this part and part 1: (a) “AFC” means adult foster care. (a) “AIDS” means acquired immunodeficiency syndrome. (b) “CMHSP” means a community mental health services program as that term is defined in section 100a of the mental health code, 1974 pa 258, mcl 330.1100a. (c) “Department” means the department of community health and human services. (d) “Director” means the director of the department of health and human services.	DCH – Article 4, Section 203 DHS – Article 9, Section 203 Note: Delete “AFC” Note: DHS definition for TANF used in this instance.

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<p>(g) "Federal poverty level" means the poverty guidelines published annually in the federal register by the United States department of health and human services under its authority to revise the poverty line under 42 USC 9902.</p> <p>(h) "FTE" means full-time equated.</p> <p>(i) "GME" means graduate medical education.</p> <p>(j) "Health plan" means, at a minimum, an organization that meets the criteria for delivering the comprehensive package of services under the department's comprehensive health plan.</p> <p>(k) "HEDIS" means healthcare effectiveness data and information set.</p> <p>(l) "HMO" means health maintenance organization.</p> <p>(m) "IDEA" means the individuals with disabilities education act, 20 USC 1400 to 1482.</p> <p>(n) "MCH" means maternal and child health.</p> <p>(o) "MICHild" means the program described in section 1670.</p> <p>(p) "PAS/ARR-OBRA" means the preadmission screening and annual resident review required</p>		<p>settlement agreement entered in the case of <u>Dwayne B. v Snyder</u>, docket no.2:06-cv-13548 in the United States district court for the eastern district of Michigan.</p> <p>(h) "Temporary assistance for needy families" or "TANF" or "title IV-A" means part A of title IV of the social security act, 42 USC 601 to 619.</p> <p>(i) "Title IV-D" means part D of title IV of the social security act, 42 USC 651 to 669b.</p> <p>(j) "Title IV-E" means part E of title IV of the social security act, 42 USC 670 to 679c.</p>		<p>(e) "DSH" means disproportionate share hospital.</p> <p>(f) "DTMB" means the department of technology, management and budget.</p> <p>(g) "EPSDT" means early and periodic screening, diagnosis, and treatment.</p> <p>(h) "Federal poverty level" means the poverty guidelines published annually in the federal register by the United States department of health and human services under its authority to revise the poverty line under 42 USC 9902.</p> <p>(i) "FTE" means full-time equated.</p> <p>(j) "GME" means graduate medical education.</p> <p>(k) "Health plan" means, at a minimum, an organization that meets the criteria for delivering the comprehensive package of services under the department's comprehensive health plan.</p> <p>(l) "HEDIS" means healthcare effectiveness data and information set.</p> <p>(m) "HMO" means health maintenance organization.</p> <p>(n) "IDEA" means the individuals with disabilities education act, 20 USC 1400 to 1482.</p>	

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<p>under the omnibus budget reconciliation act of 1987, section 1919(e)(7) of the social security act, 42 USC 1396r.</p> <p>(q) "PIHP" means an entity designated by the department as a regional entity or a specialty prepaid inpatient health plan for Medicaid mental health services, services to individuals with developmental disabilities, and substance use disorder services. Regional entities are described in section 204b of the mental health code, 1974 PA 258, MCL 330.1204b. Specialty prepaid inpatient health plans are described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.</p> <p>(r) "Temporary assistance for needy families" means part A of title IV of the social security act, 42 USC 601 to 619.</p> <p>(s) "Title X" means title X of the public health service act, 42 USC 300 to 300a-8, that establishes grants to states for family planning services.</p> <p>(t) "Title XIX" and "Medicaid" mean title XIX of the social security act, 42 USC 1396 to 1396w-5.</p>				<p>(o) "IDG" means interdepartmental grant.</p> <p>(p) "MCH" means maternal and child health.</p> <p>(q) "MiCAFE" means Michigan's coordinated access to food for the elderly.</p> <p>(r) "MiChild" means the program described in section 1670 1870.</p> <p>(s) "PAS/ARR-OBRA" means the preadmission screening and annual resident review required under the omnibus budget reconciliation act of 1987, section 1919(e)(7) of the social security act, 42 USC 1396r.</p> <p>(t) "PIHP" means an entity designated by the department as a regional entity or a specialty prepaid inpatient health plan for Medicaid mental health services, services to individuals with developmental disabilities, and substance use disorder services. Regional entities are described in section 204b of the mental health code, 1974 pa 258, MCL 330.1204b. Specialty prepaid inpatient health plans are described in section 232b of the mental health code, 1974 pa 258, MCL 330.1232b.</p> <p>(u) "Settlement" means the settlement agreement entered in the case of <u>Dwayne B. V Snyder</u>, docket no.2:06-cv-13548 in the</p>	

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				<p>united states district court for the eastern district of Michigan.</p> <p>(t) “Temporary assistance for needy families” means part a of title iv of the social security act, 42 usc 601 to 619.</p> <p>(v) “Temporary assistance for needy families” or “TANF” or “title IV-A” means part A of title IV of the social security act, 42 USC 601 to 619.</p> <p>(w) “Title IV-D” means part D of title IV of the social security act, 42 USC 651 to 669b.</p> <p>(x) “Title IV-E” means part E of title IV of the social security act, 42 USC 670 to 679c.</p> <p>(y) “Title X” means title X of the public health service act, 42 USC 300 to 300a-8, that establishes grants to states for family planning services.</p> <p>(z) “Title XIX” and “Medicaid” mean title XIX of the social security act, 42 USC 1396 to 1396w-5.</p>	
<p>Sec. 206. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$200,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act,</p>	<p>Contingency fund limits.</p>			<p>Sec. 206. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$200,000,000.00 \$400,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the</p>	<p>DCH – Article 4, Section 206</p> <p>DHS – Article 9, Section 284</p> <p>Note: Contingency fund limits combined</p>

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<p>1984 PA 431, MCL 18.1393.</p> <p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$40,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p> <p>(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p> <p>(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$40,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>				<p>management and budget act, 1984 PA 431, MCL 18.1393. These funds shall not be made available to increase TANF authorization.</p> <p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$40,000,000.00 \$45,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p> <p>(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 \$40,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p> <p>(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$40,000,000.00 \$60,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the</p>	<p>for DCH and DHS. TANF language added from DHS boilerplate.</p> <p>NOTE: Keep DCH 206; delete DHS 284</p>

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				management and budget act, 1984 PA 431, MCL 18.1393.	
Sec. 207. The department shall maintain, on a public accessible website, a department scorecard that identifies, tracks, and regularly updates key metrics that are used to monitor and improve the department's performance.	Accessible website for benchmarks and metrics.			Sec. 207. The department shall maintain, on a public accessible website, a department scorecard that identifies, tracks, and regularly updates key metrics that are used to monitor and improve the department's performance.	DCH – Article 4, Section 207 DHS – Article 9, Section 299 NOTE : Keep DCH 207; delete DHS 299
		Sec. 207. (1) Sanctions, suspensions, conditions for provisional license status, and other penalties shall not be more stringent for private service providers than for public entities performing equivalent or similar services. (2) Neither the department nor private service providers or licensees shall be granted preferential treatment or considered automatically to be in compliance with administrative rules based on whether they have collective bargaining agreements with direct care workers. Private service providers or licensees without collective bargaining agreements shall not be subjected to additional requirements or conditions of licensure based on their lack of collective bargaining agreements.	(1) and (2) require DHS to have the same penalty standards for private and public service providers. Prohibits preferential treatment for providers with collective bargaining agreements.	Sec. 2XX. (1) Sanctions, suspensions, conditions for provisional license status, and other penalties shall not be more stringent for private service providers than for public entities performing equivalent or similar services. (2) Neither the department nor private service providers or licensees shall be granted preferential treatment or considered automatically to be in compliance with administrative rules based on whether they have collective bargaining agreements with direct care workers. Private service providers or licensees without collective bargaining agreements shall not be subjected to additional requirements or conditions of licensure based on their lack of collective bargaining agreements.	DHS – Article 9, Section 207 Note: DHS Section 207 added as a new section. Moved to Section 218
Sec. 208. The departments and agencies receiving appropriations in part 1 shall use the Internet to fulfill the reporting requirements of this part and part 1. This	Internet reporting requirements and procedures.	Sec. 208. The departments and agencies receiving appropriations in part 1 shall use the Internet to fulfill the reporting requirements of this article. This requirement	Internet reporting requirements and procedures.	Sec. 208. The departments and agencies receiving appropriations in part 1 shall use the Internet to fulfill the reporting requirements of this part and part 4 ARTICLE .	DCH – Article 4, Section 208 DHS – Article 9, Section 208

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requirement may include transmission of reports via electronic mail to the recipients identified for each reporting requirement, or it may include placement of reports on the Internet or Intranet site.		may include transmission of reports via electronic mail to the recipients identified for each reporting requirement, or it may include placement of reports on an Internet or Intranet site.		This requirement may include transmission of reports via electronic mail to the recipients identified for each reporting requirement, or it may include placement of reports on the AN Internet or Intranet site.	Note: DHS language used in this instance.
Sec. 209. Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available. Preference shall be given to goods or services, or both, manufactured or provided by Michigan businesses if they are competitively priced and of comparable quality. In addition, preference shall be given to goods or services, or both, that are manufactured or provided by Michigan businesses owned and operated by veterans if they are competitively priced and of comparable quality.	Buy American/Buy Michigan.	Sec. 209. Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available. Preference should be given to goods or services, or both, manufactured or provided by Michigan businesses, if they are competitively priced and of comparable quality. In addition, preference should be given to goods or services, or both, that are manufactured or provided by Michigan businesses owned and operated by veterans, if they are competitively priced and of comparable quality.	Buy American/Buy Michigan.	Sec. 209. Funds appropriated in part 1 shall not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available. Preference shall be given to goods or services, or both, manufactured or provided by Michigan businesses if they are competitively priced and of comparable quality. In addition, preference shall be given to goods or services, or both, that are manufactured or provided by Michigan businesses owned and operated by veterans if they are competitively priced and of comparable quality.	DCH – Article 4, Section 209 DHS – Article 9, Section 209
Sec. 210. The director shall take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. Each director shall strongly encourage firms with which the department contracts to subcontract with certified businesses in depressed and deprived communities for services, supplies, or both.	Deprived and depressed communities.			Sec. 210. The director shall take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both. Each The director shall strongly encourage firms with which the department contracts to subcontract with certified businesses in depressed and deprived communities for services, supplies, or both.	DCH – Article 4, Section 210 DHS – No comparable section
Sec. 211. If the revenue collected	Excess revenue			Sec. 211. If the revenue collected	DCH – Article 4,

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by the department from fees and collections exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section shall be used as the first source of funds in the subsequent fiscal year.	carry forward.			by the department from fees and collections, and private and local sources , exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section shall be used as the first source of funds in the subsequent fiscal year.	Section 211 DHS – Article 9, Section 221 NOTE: Revise DCH 211, delete DHS 221
		Sec. 211. Funds appropriated in part 1 shall not be used by a principal executive department, state agency, or authority to hire a person to provide legal services that are the responsibility of the attorney general. This prohibition does not apply to legal services for bonding activities and for those outside services that the attorney general authorizes.	Prohibition on hiring outside legal counsel.	Sec. 211. Funds appropriated in part 1 shall not be used by a principal executive department, state agency, or authority to hire a person to provide legal services that are the responsibility of the attorney general. This prohibition does not apply to legal services for bonding activities and for those outside services that the attorney general authorizes.	DCH – Article 4, section 276 DHS – Article 9, section 211. NOTE: Keep DCH 276, delete DHS 211
Sec. 212. (1) On or before February 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1. (2) Upon the release of the next fiscal year executive budget recommendation, the department shall report to the same parties in	Revenue source reporting requirements.			Sec. 212. (1) On or before February 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health on the department budget , the house and senate fiscal agencies, and the state budget director on the detailed name and amounts of federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1. (2) Upon the release of the next fiscal year executive budget recommendation, the department	DCH – Article 4, Section 212 DHS – No comparable section

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subsection (1) on the amounts and detailed sources of federal, restricted, private, and local revenue proposed to support the total funds appropriated in each of the line items in part 1 of the next fiscal year executive budget proposal.				shall report to the same parties in subsection (1) on the amounts and detailed sources of federal, restricted, private, and local revenue proposed to support the total funds appropriated in each of the line items in part 1 of the next fiscal year executive budget proposal.	
		<p>Sec. 212. (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues or current year revenues that are in excess of the authorized amount.</p> <p>(2) The department's ability to satisfy appropriation fund sources in part 1 shall not be limited to collections and accruals pertaining to services provided in the current fiscal year, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.</p>	<p>(1) and (2) authorize DHS to retain prior year revenues which would otherwise lapse to the General Fund and use the revenues to finance unbudgeted expenses related to prior year operations.</p>	<p>Sec. XXX. (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues or current year revenues that are in excess of the authorized amount.</p> <p>(2) The department's ability to satisfy appropriation fund sources in part 1 shall not be limited to collections and accruals pertaining to services provided in the current fiscal year, but shall also include reimbursements, refunds, adjustments, and settlements from prior years.</p>	<p>DCH – Article 4, section 216</p> <p>DHS – Article 9, section 212</p> <p>NOTE: Keep DCH 216; delete DHS 212</p>
Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds and Healthy Michigan funds from part 1 shall report by April 1 of the current fiscal year to the senate and house appropriations committees, the senate and	Tobacco Tax/Healthy Michigan Fund Report.			Sec. 213. The state departments, agencies, and commissions receiving tobacco tax funds and Healthy Michigan funds from part 1 shall report by April 1 of the current fiscal year to the senate and house appropriations committees, the senate and	<p>DCH – Article 4, Section 213</p> <p>DHS – No comparable section</p>

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<p>house fiscal agencies, and the state budget director on the following:</p> <p>(a) Detailed spending plan by appropriation line item including description of programs and a summary of organizations receiving these funds.</p> <p>(b) Description of allocations or bid processes including need or demand indicators used to determine allocations.</p> <p>(c) Eligibility criteria for program participation and maximum benefit levels where applicable.</p> <p>(d) Outcome measures used to evaluate programs, including measures of the effectiveness of these programs in improving the health of Michigan residents.</p> <p>(e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.</p>				<p>house fiscal agencies, and the state budget director on the following:</p> <p>(a) Detailed spending plan by appropriation line item including description of programs and a summary of organizations receiving these funds.</p> <p>(b) Description of allocations or bid processes including need or demand indicators used to determine allocations.</p> <p>(c) Eligibility criteria for program participation and maximum benefit levels where applicable.</p> <p>(d) Outcome measures used to evaluate programs, including measures of the effectiveness of these programs in improving the health of Michigan residents.</p> <p>(e) Any other information considered necessary by the house of representatives or senate appropriations committees or the state budget director.</p>	
		<p>Sec. 213. The department may retain all of the state's share of food assistance overissuance collections as an offset to general fund/general purpose costs. Retained collections shall be applied against federal funds deductions in all appropriation units where department costs related to the investigation and recoupment of food assistance overissuances are incurred.</p>	<p>Provides legal authority which allows DHS to retain and spend certain restricted revenues which would otherwise lapse to the General Fund.</p>	<p>Sec. 214. The department may retain all of the state's share of food assistance overissuance collections as an offset to general fund/general purpose costs. Retained collections shall be applied against federal funds deductions in all appropriation units where department costs related to the investigation and recoupment of food assistance overissuances are incurred.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 213</p> <p>NOTE: Section number is duplicative of a DCH section number; needs</p>

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		Retained collections in excess of such costs shall be applied against the federal funds deducted in the executive operations appropriation unit.		Retained collections in excess of such costs shall be applied against the federal funds deducted in the executive operations departmentwide administration appropriation unit.	renumbering Moved to Section 214
		Sec. 215. If a legislative objective of this part or of a bill or amendment to a bill to amend the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, cannot be implemented because implementation would conflict with or violate federal regulations, the department shall notify the state budget director, the chairs of the house and senate subcommittees on the department budget, and the house and senate fiscal agencies and policy offices of that fact.	Defines a process for dealing with situations where provisions of the budget act conflict with federal requirements.	Sec. 215. If a legislative objective of this part or of a bill or amendment to a bill to amend the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, cannot be implemented because implementation would conflict with or violate federal regulations, the department shall notify the state budget director, the chairs of the house and senate subcommittees on the department budget, and the house and senate fiscal agencies and policy offices of that fact.	DCH – No comparable section DHS – Article 9, section 215
<p>Sec. 216. (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues.</p> <p>(2) The department’s ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in the current fiscal year, but shall also include reimbursements,</p>				<p>Sec. 216. (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues.</p> <p>(2) The department’s ability to satisfy appropriation deductions in part 1 shall not be limited to collections and accruals pertaining to services provided in the current fiscal year, but shall also include reimbursements,</p>	<p>DCH – Article 4, Section 216</p> <p>DHS – Article 9, Section 212</p> <p>NOTE: Keep DCH 216, delete DHS 212</p>

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refunds, adjustments, and settlements from prior years.				refunds, adjustments, and settlements from prior years.	
		<p>Sec. 217. The departments and agencies receiving appropriations in part 1 shall prepare a report on out-of-state travel expenses not later than January 1 of each year. The travel report shall be a listing of all travel by classified and unclassified employees outside this state in the immediately preceding fiscal year that was funded in whole or in part with funds appropriated in the department's budget. The report shall be submitted to the house and senate appropriations committees, the house and senate fiscal agencies, and the state budget director. The report shall include the following information:</p> <p>(a) The dates of each travel occurrence.</p> <p>(b) The transportation and related costs of each travel occurrence, including the proportion funded with state general fund/general purpose revenues, the proportion funded with state restricted revenues, the proportion funded with federal revenues, and the proportion funded with other revenues.</p>	<p>Out-of-state travel report requirement.</p>	<p>Sec. 217. The departments and agencies receiving appropriations in part 1 shall prepare a report on out-of-state travel expenses not later than January 1 of each year. The travel report shall be a listing of all travel by classified and unclassified employees outside this state in the immediately preceding fiscal year that was funded in whole or in part with funds appropriated in the department's budget. The report shall be submitted to the house and senate appropriations committees, the house and senate fiscal agencies, and the state budget director. The report shall include the following information:</p> <p>(a) The dates of each travel occurrence.</p> <p>(b) The transportation and related costs of each travel occurrence, including the proportion funded with state general fund/general purpose revenues, the proportion funded with state restricted revenues, the proportion funded with federal revenues, and the proportion funded with other revenues.</p>	<p>DCH – Article 4, section 266</p> <p>DHS – Article 9, section 217</p> <p>NOTE: Delete DCH 266; keep DHS 217</p>
Sec. 219. (1) The department may contract with the Michigan public health institute for the design and implementation of projects and for other public health-related activities	Contracting with MPHI for public health issues.			Sec. 219. (1) The department may contract with the Michigan public health institute for the design and implementation of projects and for other public health-related activities	<p>DCH – Article 4, Section 219</p> <p>DHS – No comparable section</p>

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<p>prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director on or before January 1 of the current fiscal year all of the following:</p> <p>(a) A detailed description of each funded project.</p> <p>(b) The amount allocated for each project, the appropriation line item from which the allocation is funded, and the source of financing for each project.</p> <p>(c) The expected project duration.</p> <p>(d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to each subgrantee.</p> <p>(2) On or before September 30 of the current fiscal year, the department shall provide to the same parties listed in subsection (1) a copy of all reports, studies, and publications produced by the Michigan public health institute, its subcontractors, or the department with the funds appropriated in part 1 and allocated to the Michigan public</p>				<p>prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the institute to carry out these purposes for up to a 3-year period. The department shall report to the house and senate appropriations subcommittees on community health the department budget, the house and senate fiscal agencies, and the state budget director on or before January 1 of the current fiscal year all of the following:</p> <p>(a) A detailed description of each funded project.</p> <p>(b) The amount allocated for each project, the appropriation line item from which the allocation is funded, and the source of financing for each project.</p> <p>(c) The expected project duration.</p> <p>(d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to each subgrantee.</p> <p>(2) On or before September 30 of the current fiscal year, the department shall provide to the same parties listed in subsection (1) a copy of all reports, studies, and publications produced by the Michigan public health institute, its subcontractors, or the department with the funds</p>	

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health institute.				appropriated in part 1 and allocated to the Michigan public health institute.	
		<p>Sec. 219. The department shall cooperate with the department of technology, management, and budget to maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following for each department or agency:</p> <p>(a) Fiscal year-to-date expenditures by category.</p> <p>(b) Fiscal year-to-date expenditures by appropriation unit.</p> <p>(c) Fiscal year-to-date payments to a selected vendor, including the vendor name, payment date, payment amount, and payment description.</p> <p>(d) The number of active department employees by job classification.</p> <p>(e) Job specifications and wage rates.</p>	Searchable website.	<p>Sec. 219. The department shall cooperate with the department of technology, management, and budget to maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following for each department or agency:</p> <p>(a) Fiscal year-to-date expenditures by category.</p> <p>(b) Fiscal year-to-date expenditures by appropriation unit.</p> <p>(c) Fiscal year-to-date payments to a selected vendor, including the vendor name, payment date, payment amount, and payment description.</p> <p>(d) The number of active department employees by job classification.</p> <p>(e) Job specifications and wage rates.</p>	<p>DCH Article 4, section 292</p> <p>DHS Article 9, section 219</p> <p>NOTE: Keep DCH section 292; delete DHS 219</p>
		<p>Sec. 220. The department shall ensure that faith-based organizations are able to apply and compete for services, programs, or contracts that they are qualified and suitable to fulfill. The department shall not disqualify faith-based organizations solely on the basis of the religious nature of their organization or their guiding</p>	Establishes general requirements for DHS in contracting with faith-based organizations.	<p>Sec. 220. The department shall ensure that faith-based organizations are able to apply and compete for services, programs, or contracts that they are qualified and suitable to fulfill. The department shall not disqualify faith-based organizations solely on the basis of the religious nature of their organization or their guiding</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 220</p>

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		principles or statements of faith.		principles or statements of faith.	
		Sec. 221. (1) If the revenue collected by the department from private and local sources exceeds the amount spent from amounts appropriated in part 1, the revenue may be carried forward, with approval from the state budget director, into the subsequent fiscal year.	(1) Permits DHS to retain and carry forward private and local revenues in excess of the amounts actually spent.	Sec. 221. (1) If the revenue collected by the department from private and local sources exceeds the amount spent from amounts appropriated in part 1, the revenue may be carried forward, with approval from the state budget director, into the subsequent fiscal year.	DCH Article 4, section 211 DHS Article 9, section 221 NOTE: Revise DCH 211, delete DHS 221
Sec. 223. The department may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The department shall not collect fees under this section that exceed the cost of the expenditures.	Fee collection for department materials.			Sec. 223. The department may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees shall be used to offset expenditures to pay for printing and mailing costs of the publications, videos and related materials, and costs of the workshops and conferences. The department shall not collect fees under this section that exceed the cost of the expenditures.	DCH – Article 4, Section 223 DHS – No comparable section
		Sec. 234. The department shall include specific outcome and performance reporting requirements in the interagency agreement with the Michigan strategic fund for TANF funding to provide job readiness and welfare-to-work programming. TANF funding provided to the Michigan strategic fund in the current fiscal year is contingent on compliance with the data and reporting requirements described in this section. The interagency agreement must require the Michigan strategic fund to provide all of the following items by	Establishes outcome and performance requirements for TANF funded IA with Michigan Strategic Fund to support welfare-to-work programming.	Sec. 234. The department shall include specific outcome and performance reporting requirements in the interagency agreement with the Michigan strategic fund for TANF funding to provide job readiness and welfare-to-work programming. TANF funding provided to the Michigan strategic fund in the current fiscal year is contingent on compliance with the data and reporting requirements described in this section. The interagency agreement must require the Michigan strategic fund to provide all of the following items by	DCH – No comparable section DHS – Article 9, Section 234

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		<p>December 1 of the current fiscal year for the previous year:</p> <p>(a) An itemized spending report on TANF funding, including all of the following:</p> <p>(i) Direct services to clients.</p> <p>(ii) Administrative expenditures.</p> <p>(b) The number of family independence program (FIP) clients served through the TANF funding, including all of the following:</p> <p>(i) The number and percentage who obtained employment through Michigan Works!</p> <p>(ii) The number and percentage who fulfilled their TANF work requirement through other job readiness programming.</p> <p>(iii) Average TANF spending per client.</p> <p>(iv) The number and percentage of clients who were referred to Michigan Works! but did not receive a job or job readiness placement and the reasons why.</p>		<p>December 1 of the current fiscal year for the previous year:</p> <p>(a) An itemized spending report on TANF funding, including all of the following:</p> <p>(i) Direct services to clients.</p> <p>(ii) Administrative expenditures.</p> <p>(b) The number of family independence program (FIP) clients served through the TANF funding, including all of the following:</p> <p>(i) The number and percentage who obtained employment through Michigan Works!</p> <p>(ii) The number and percentage who fulfilled their TANF work requirement through other job readiness programming.</p> <p>(iii) Average TANF spending per client.</p> <p>(iv) The number and percentage of clients who were referred to Michigan Works! but did not receive a job or job readiness placement and the reasons why.</p>	
<p>Sec. 264. (1) Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house and senate appropriations subcommittees on community</p>	<p>Requires DCH to notify the legislature when submitting state plan amendments, waivers & waiver amendments to</p>			<p>Sec. 264. (1) Upon submission of a Medicaid waiver, a Medicaid state plan amendment, or a similar proposal to the centers for Medicare and Medicaid services, the department shall notify the house and senate appropriations subcommittees on community</p>	<p>DCH – Article 4, Section 264</p> <p>DHS – No comparable section</p>

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<p>health, the house and senate fiscal agencies, and the state budget office of the submission.</p> <p>(2) The department shall provide written or verbal biannual reports to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office summarizing the status of any new or ongoing discussions with the centers for Medicare and Medicaid services or the federal department of health and human services regarding potential or future Medicaid waiver applications.</p>	<p>CMS.</p> <p>Requires DCH to report on status of new waivers.</p>			<p>health the department budget, the house and senate fiscal agencies, and the state budget office of the submission.</p> <p>(2) The department shall provide written or verbal biannual reports to the senate and house appropriations subcommittees on community health the department budget, the senate and house fiscal agencies, and the state budget office summarizing the status of any new or ongoing discussions with the centers for Medicare and Medicaid services or the federal department of health and human services regarding potential or future Medicaid waiver applications.</p>	
		<p>Sec. 265. Within 14 days after the release of the executive budget recommendation, the department shall cooperate with the state budget office to provide the senate and house appropriations chairs, the senate and house appropriations subcommittees chairs, and the senate and house fiscal agencies with an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the fiscal years ending September 30, 2015 and September 30, 2016.</p>	<p>Requires restricted funds report to SBO and legislature.</p>	<p>Sec. 265. Within 14 days after the release of the executive budget recommendation, the department shall cooperate with the state budget office to provide the senate and house appropriations chairs, the senate and house appropriations subcommittees chairs, and the senate and house fiscal agencies with an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the fiscal years ending September 30, 2015 and September 30, 2016.</p>	<p>DCH – Article 4, section 296</p> <p>DHS Article 9, section 265</p> <p>Note: Keep DHS 265, delete DCH 296</p>
<p>Sec. 266. The departments and agencies receiving appropriations in part 1 shall prepare a report on out-of-state travel expenses not</p>	<p>Out-of-state travel report requirement.</p>			<p>Sec. 266. The departments and agencies receiving appropriations in part 1 shall prepare a report on out-of-state travel expenses not</p>	<p>DCH – Article 4, section 266</p>

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<p>later than January 1 of each year. The travel report shall be a listing of all travel by classified and unclassified employees outside this state in the immediately preceding fiscal year that was funded in whole or in part with funds appropriated in the department's budget. The report shall be submitted to the senate and house appropriations committees, the house and senate fiscal agencies, and the state budget director. The report shall include the following information:</p> <p>(a) The dates of each travel occurrence.</p> <p>(b) The transportation and related costs of each travel occurrence, including the proportion funded with state general fund/general purpose revenues, the proportion funded with state restricted revenues, the proportion funded with federal revenues, and the proportion funded with other revenues.</p>				<p>later than January 1 of each year. The travel report shall be a listing of all travel by classified and unclassified employees outside this state in the immediately preceding fiscal year that was funded in whole or in part with funds appropriated in the department's budget. The report shall be submitted to the senate and house appropriations committees, the house and senate fiscal agencies, and the state budget director. The report shall include the following information:</p> <p>(a) The dates of each travel occurrence.</p> <p>(b) The transportation and related costs of each travel occurrence, including the proportion funded with state general fund/general purpose revenues, the proportion funded with state restricted revenues, the proportion funded with federal revenues, and the proportion funded with other revenues.</p>	<p>DHS – Article 9, section 217</p> <p>NOTE: Delete DCH 266; keep DHS 217</p>
<p>Sec. 270. Within 180 days after receipt of the notification from the attorney general's office of a legal action in which expenses had been recovered pursuant to section 106(4) of the social welfare act, 1939 PA 280, MCL 400.106, or any other statute under which the department has the right to recover expenses, the department shall submit a written report to the house and senate</p>				<p>Sec. 270. Within 180 days after receipt of the notification from the attorney general's office of a legal action in which expenses had been recovered pursuant to section 106(4) of the social welfare act, 1939 PA 280, MCL 400.106, or any other statute under which the department has the right to recover expenses, the department shall submit a written report to the house and senate</p>	<p>DCH- Article 4, section 270</p> <p>DHS – no comparable section</p>

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<p>appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office which includes, at a minimum, all of the following:</p> <p>(a) The total amount recovered from the legal action.</p> <p>(b) The program or service for which the money was originally expended.</p> <p>(c) Details on the disposition of the funds recovered such as the appropriation or revenue account in which the money was deposited.</p> <p>(d) A description of the facts involved in the legal action.</p>				<p>appropriations subcommittees on community health the department budget, the house and senate fiscal agencies, and the state budget office which includes, at a minimum, all of the following:</p> <p>(a) The total amount recovered from the legal action.</p> <p>(b) The program or service for which the money was originally expended.</p> <p>(c) Details on the disposition of the funds recovered such as the appropriation or revenue account in which the money was deposited.</p> <p>(d) A description of the facts involved in the legal action.</p>	
		<p>Sec. 274. (1) The department, in collaboration with the state budget office, shall submit to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the house and senate policy offices one week after the day the governor submits to the legislature the budget for the ensuing fiscal year a report on spending and revenue projections for each of the capped federal funds listed below. The report shall contain actual spending and revenue in the previous fiscal year, spending and revenue projections for the current fiscal year as enacted, and spending and revenue projections within</p>	<p>(1) Requires the department to report on prior year and projected revenues and expenditures for federal capped funds.</p> <p>(2) Requires the department to report annually on its identification of TANF MOE from outside sources.</p>	<p>Sec. 274. (1) The department, in collaboration with the state budget office, shall submit to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the house and senate policy offices one week after the day the governor submits to the legislature the budget for the ensuing fiscal year a report on spending and revenue projections for each of the capped federal funds listed below. The report shall contain actual spending and revenue in the previous fiscal year, spending and revenue projections for the current fiscal year as enacted, and spending and revenue projections within</p>	<p>DCH - no comparable section</p> <p>DHS – Article 9, section 274</p>

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		<p>the executive budget proposal for the fiscal year beginning October 1, 2015 for each individual line item for the department budget. The report shall also include federal funds transferred to other departments. The capped federal funds shall include, but not be limited to, all of the following:</p> <p>(a) TANF.</p> <p>(b) Title XX social services block grant.</p> <p>(c) Title IV-B part I child welfare services block grant.</p> <p>(d) Title IV-B part II promoting safe and stable families funds.</p> <p>(e) Low-income home energy assistance program.</p> <p>(2) By February 15 of the current fiscal year, the department shall prepare an annual report of its efforts to identify additional TANF maintenance of effort sources and rationale for any increases or decreases from all of the following, but not limited to:</p> <p>(a) Other departments.</p> <p>(b) Local units of government.</p> <p>(c) Private sources.</p>		<p>the executive budget proposal for the fiscal year beginning October 1, 2015 for each individual line item for the department budget. The report shall also include federal funds transferred to other departments. The capped federal funds shall include, but not be limited to, all of the following:</p> <p>(a) TANF.</p> <p>(b) Title XX social services block grant.</p> <p>(c) Title IV-B part I child welfare services block grant.</p> <p>(d) Title IV-B part II promoting safe and stable families funds.</p> <p>(e) Low-income home energy assistance program.</p> <p>(2) By February 15 of the current fiscal year, the department shall prepare an annual report of its efforts to identify additional TANF maintenance of effort sources and rationale for any increases or decreases from all of the following, but not limited to:</p> <p>(a) Other departments.</p> <p>(b) Local units of government.</p> <p>(c) Private sources.</p>	
<p>Sec. 276. Funds appropriated in part 1 shall not be used by a principal executive department, state agency, or authority to hire</p>	<p>Prohibition on hiring outside legal counsel.</p>			<p>Sec. 276. Funds appropriated in part 1 shall not be used by a principal executive department, state agency, or authority to hire</p>	<p>DCH – Article 4, section 276</p> <p>DHS – Article 9,</p>

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<p>a person to provide legal services that are the responsibility of the attorney general. This prohibition does not apply to legal services for bonding activities and for those outside services that the attorney general authorizes.</p>				<p>a person to provide legal services that are the responsibility of the attorney general. This prohibition does not apply to legal services for bonding activities and for those outside services that the attorney general authorizes.</p>	<p>section 211</p> <p>NOTE: Keep DCH 276, delete DHS 211</p>
		<p>Sec. 279. (1) All master contracts relating to human services shall be performance-based contracts that employ a client-centered results-oriented process that is based on measurable performance indicators and desired outcomes and includes the annual assessment of the quality of services provided.</p> <p>(2) By February 1 of the current fiscal year, the department shall provide the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies and policy offices, and the state budget office a report detailing measurable performance indicators, desired outcomes, and an assessment of the quality of services provided by the department during the previous fiscal year.</p>	<p>(1) Requires all human services contracts to be performance-based and establishes reporting requirements.</p> <p>(2) Reporting requirement for subsection (1).</p>	<p>Sec. 279. (1) All child welfare master contracts relating to human services shall be performance-based contracts that employ a client-centered results-oriented process that is based on measurable performance indicators and desired outcomes and includes the annual assessment of the quality of services provided.</p> <p>(2) By February 1 of the current fiscal year, the department shall provide the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies and policy offices, and the state budget office a report detailing measurable performance indicators, desired outcomes, and an assessment of the quality of services provided by the department during the previous fiscal year.</p>	<p>DCH – no comparable section</p> <p>DHS – Revise Article 9, section 279</p>
		<p>Sec. 284. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$200,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the</p>	<p>Federal contingency fund limits.</p>	<p>Sec. 284. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$200,000,000.00 for federal contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the</p>	<p>DCH article 4, section 206</p> <p>DHS article 9, section 284</p> <p>NOTE: Keep DCH 206; delete</p>

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		<p>management and budget act, 1984 PA 431, MCL 18.1393. These funds shall not be made available to increase TANF authorization.</p> <p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$5,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p> <p>(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p> <p>(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>		<p>management and budget act, 1984 PA 431, MCL 18.1393. These funds shall not be made available to increase TANF authorization.</p> <p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$5,000,000.00 for state restricted contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p> <p>(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for local contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p> <p>(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$20,000,000.00 for private contingency funds. These funds are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>DHS 284</p>
Sec. 287. Not later than	GF/GP Lapses.			Sec. 287. Not later than	DCH – article 4,

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November 30, the state budget office shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the prior fiscal year. This report shall summarize the projected year-end general fund/general purpose appropriation lapses by major departmental program or program areas. The report shall be transmitted to the chairpersons of the senate and house appropriations committees, and the senate and house fiscal agencies.				November 30, the state budget office shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the prior fiscal year. This report shall summarize the projected year-end general fund/general purpose appropriation lapses by major departmental program or program areas. The report shall be transmitted to the chairpersons of the senate and house appropriations committees, and the senate and house fiscal agencies.	section 287. DHS – article 9, section 296 NOTE: Keep DCH 287, delete DHS 296
		Sec. 290. Any public advertisement for state assistance shall also inform the public of the welfare fraud hotline operated by the department.	Requires the welfare fraud hotline to be included in public assistance advertisements.	Sec. 290. Any public advertisement for state assistance shall also inform the public of the welfare fraud hotline operated by the department.	DCH – no comparable section DHS – Article 9, section 290
Sec. 292. The department shall cooperate with the department of technology, management, and budget to maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following: (a) Fiscal year-to-date expenditures by category. (b) Fiscal year-to-date expenditures by appropriation unit. (c) Fiscal year-to-date payments to a selected vendor, including the vendor name, payment date,	Searchable website.			Sec. 292. The department shall cooperate with the department of technology, management, and budget to maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following: (a) Fiscal year-to-date expenditures by category. (b) Fiscal year-to-date expenditures by appropriation unit. (c) Fiscal year-to-date payments to a selected vendor, including the vendor name, payment date,	DCH – Article 4, section 292 DHS Article 9, section 219 NOTE: Keep DCH 292, delete DHS 219

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<p>payment amount, and payment description.</p> <p>(d) The number of active department employees by job classification.</p> <p>(e) Job specifications and wage rates.</p>				<p>payment amount, and payment description.</p> <p>(d) The number of active department employees by job classification.</p> <p>(e) Job specifications and wage rates.</p>	
<p>Sec. 296. Within 14 days after the release of the executive budget recommendation, the department shall cooperate with the state budget office to provide the senate and house appropriations chairs, the senate and house appropriations subcommittees on community health, and the senate and house fiscal agencies with an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the fiscal years ending September 30, 2015 and September 30, 2016.</p>	<p>Restricted funds report.</p>			<p>Sec. 296. Within 14 days after the release of the executive budget recommendation, the department shall cooperate with the state budget office to provide the senate and house appropriations chairs, the senate and house appropriations subcommittees on community health, and the senate and house fiscal agencies with an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the fiscal years ending September 30, 2015 and September 30, 2016.</p>	<p>DCH Article 4, section 296</p> <p>DHS article 9, section 265</p> <p>NOTE: Delete DCH 296, keep DHS 265</p>
		<p>Sec. 296. Not later than November 30, the state budget office shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the prior fiscal year. This report shall summarize the projected year-end general fund/general purpose appropriation lapses by major departmental program or program areas. The report shall be transmitted to the chairpersons of the senate and house appropriations committees</p>	<p>GF/GP Lapses.</p> <p>Requires report to legislature on GF/GP appropriations lapses.</p>	<p>Sec. 296. Not later than November 30, the state budget office shall prepare and transmit a report that provides for estimates of the total general fund/general purpose appropriation lapses at the close of the prior fiscal year. This report shall summarize the projected year-end general fund/general purpose appropriation lapses by major departmental program or program areas. The report shall be transmitted to the chairpersons of the senate and house appropriations committees</p>	<p>DHS Article 9 – Section 296 to be replaced by DCH Article 4, section 287</p>

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		and the senate and house fiscal agencies.		and the senate and house fiscal agencies.	
Sec. 297. Total authorized appropriations from all sources under part 1 for legacy costs for the fiscal year ending September 30, 2016 is \$87,425,100.00. From this amount, total agency appropriations for pension-related legacy costs are estimated at \$49,623,700.00. Total agency appropriations for retiree health care legacy costs are estimated at \$37,801,400.00.	Report legacy costs for pensions and retiree health care	Sec. 297. Total authorized appropriations from all sources under part 1 for legacy costs for the fiscal year ending September 30, 2016 is \$271,619,000.00. From this amount, total agency appropriations for pension-related legacy costs are estimated at \$154,170,400.00. Total agency appropriations for retiree health care legacy costs are estimated at \$117,448,600.00.	Report legacy costs for pensions and retiree health care.	Sec. 297. Total authorized appropriations from all sources under part 1 for legacy costs for the fiscal year ending September 30, 2016 is \$354,317,900.00. From this amount, total agency appropriations for pension-related legacy costs are estimated at \$201,111,500.00. Total agency appropriations for retiree health care legacy costs are estimated at \$153,206,400.00.	DCH – Article 4, section 297 + DHS Article 6, section 297 (New totals)
Sec. 298. From the funds appropriated in part 1 for the Michigan Medicaid information system line item, \$20,000,000.00 in private revenue will be allocated for the Michigan-Illinois alliance Medicaid management information systems project.	Monetary allocation to the Michigan-Illinois alliance.			Sec. 298. From the funds appropriated in part 1 for the information technology projects and services, \$20,000,000.00 in private revenue will be allocated for the Michigan-Illinois alliance Medicaid management information systems project.	DCH – Article 4, section 298 DHS – no comparable section
		Sec. 299. The department shall maintain, on a publicly accessible website, a department scorecard that identifies, tracks, and regularly updates key metrics that are used to monitor and improve the department's performance.	Maintain scorecard.	Sec. 299. The department shall maintain, on a publicly accessible website, a department scorecard that identifies, tracks, and regularly updates key metrics that are used to monitor and improve the department's performance.	DHS – Article 9, section 299 is duplicate of DCH Article 4, section 207
		DEPARTMENTWIDE ADMINISTRATION	DHS 300 Section		
		Sec. 307. (1) From the funds appropriated in part 1 for demonstration projects, \$400,000.00 shall be distributed as provided in subsection (2). The amount distributed under this subsection shall not exceed 50%	(1) Requires department to allocate \$400,000 to support Michigan 2-1-1 phone system.	Sec. 307. (1) From the funds appropriated in part 1 for demonstration projects, \$400,000.00 shall be distributed as provided in subsection (2). The amount distributed under this subsection shall not exceed 50%	DCH – no comparable section DHS – Article 9, section 307

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		<p>of the total operating expenses of the program described in subsection (2), with the remaining 50% paid by local United Way organizations and other nonprofit organizations and foundations.</p> <p>(2) Funds distributed under subsection (1) shall be distributed to Michigan 2-1-1, a nonprofit corporation organized under the laws of this state that is exempt from federal income tax under section 501(c)(3) of the internal revenue code, 26 USC 501(c)(3), and whose mission is to coordinate and support a statewide 2-1-1 system. Michigan 2-1-1 shall use the funds only to fulfill the Michigan 2-1-1 business plan adopted by Michigan 2-1-1 in January 2005.</p> <p>(3) Michigan 2-1-1 shall refer to the department any calls received reporting fraud, waste, or abuse of state-administered public assistance.</p> <p>(4) Michigan 2-1-1 shall report annually to the department and the house and senate standing committees with primary jurisdiction over matters relating to human services and telecommunications on 2-1-1 system performance, including, but not limited to, call volume by community health and human service needs and unmet needs identified through caller data and customer satisfaction metrics.</p>	<p>(2) Establishes criteria for entities receiving funds under (1).</p> <p>(3) Establishes reporting requirements</p> <p>(4) Establishes reporting requirements.</p>	<p>of the total operating expenses of the program described in subsection (2), with the remaining 50% paid by local United Way organizations and other nonprofit organizations and foundations.</p> <p>(2) Funds distributed under subsection (1) shall be distributed to Michigan 2-1-1, a nonprofit corporation organized under the laws of this state that is exempt from federal income tax under section 501(c)(3) of the internal revenue code, 26 USC 501(c)(3), and whose mission is to coordinate and support a statewide 2-1-1 system. Michigan 2-1-1 shall use the funds only to fulfill the Michigan 2-1-1 business plan adopted by Michigan 2-1-1 in January 2005.</p> <p>(3) Michigan 2-1-1 shall refer to the department any calls received reporting fraud, waste, or abuse of state-administered public assistance.</p> <p>(4) Michigan 2-1-1 shall report annually to the department and the house and senate standing committees with primary jurisdiction over matters relating to human services and telecommunications on 2-1-1 system performance, including, but not limited to, call volume by community health and human service needs and unmet needs identified through caller data and customer satisfaction metrics.</p>	

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		Sec. 316. From the funds appropriated in part 1 for terminal leave pay outs and other employee costs, the department shall not spend in excess of its annual gross appropriation unless it identifies and requests a legislative transfer from another budgetary line item supporting administrative costs, as provided by section 393(2) of the management and budget act, 1984 pa 431, mcl 18.1393.	Requires the department to transfer funds from administrative line items if expenditures for terminal leave payments exceed the appropriation.	Sec. 316. From the funds appropriated in part 1 for terminal leave pay outs and other employee costs, the department shall not spend in excess of its annual gross appropriation unless it identifies and requests a legislative transfer from another budgetary line item supporting administrative costs, as provided by section 393(2) of the management and budget act, 1984 pa 431, mcl 18.1393.	DCH – no comparable section DHS – Article 9, section 316
		Sec. 317. From the additional funds appropriated in part 1 for child care licensure from the interdepartmental grant from the department of education, the department of human services shall increase the number of child care licensing consultants and staff. The purpose of the additional staff is to increase the number of monitoring visits to applicants for a child care license and those who are licensed to ensure the health and safety of children in early learning settings across the state.	Meets the performance measurement requirements outlined by SBO for investments.	Sec. 317. From the additional funds appropriated in part 1 for child care licensure from the interdepartmental grant from the department of education, the department of human services shall increase the number of child care licensing consultants and staff. The purpose of the additional staff is to increase the number of monitoring visits to applicants for a child care license and those who are licensed to ensure the health and safety of children in early learning settings across the state.	To LARA
BEHAVIORAL HEALTH SERVICES	DCH 400-599 Section				Move and Include in one section (900-999)
Sec. 401. Funds appropriated in part 1 are intended to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs or PIHPs in accordance	Lists requirements for Comprehensive Community Mental Health Services.			Sec. 404. Funds appropriated in part 1 are intended to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs or PIHPs in accordance	DCH – Article 4, section 401 DHS – No comparable section

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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.				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.	Moved to Section 901
<p>Sec. 402. (1) From funds appropriated in part 1, final authorizations to CMHSPs or PIHPs shall be made upon the execution of contracts between the department and CMHSPs or PIHPs. The contracts shall contain an approved plan and budget as well as policies and procedures governing the obligations and responsibilities of both parties to the contracts. Each contract with a CMHSP or PIHP that the department is authorized to enter into under this subsection shall include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs or PIHPs entered into under this subsection for the current fiscal year does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.</p> <p>(2) The department shall immediately report to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director if either of the following occurs:</p>	<p>Requires CMHSPs/PIHP authorizations to be based on executed contracts with the department. Contracted dollars cannot exceed funding appropriated for contracts.</p> <p>Requires department to report to the legislature and State Budget Director if any new contracts or contract</p>			<p>Sec. 402. (1) From funds appropriated in part 1, final authorizations to CMHSPs or PIHPs shall be made upon the execution of contracts between the department and CMHSPs or PIHPs. The contracts shall contain an approved plan and budget as well as policies and procedures governing the obligations and responsibilities of both parties to the contracts. Each contract with a CMHSP or PIHP that the department is authorized to enter into under this subsection shall include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs or PIHPs entered into under this subsection for the current fiscal year does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.</p> <p>(2) The department shall immediately report to the senate and house appropriations subcommittees on community health the department budget, the senate and house fiscal agencies, and the state budget director if either of the following</p>	<p>DCH – Article 4, section 402</p> <p>DHS – No comparable section</p> <p>Moved to Section 902</p>

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<p>(a) Any new contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p> <p>(b) Any amendments to contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p> <p>(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.</p>	<p>amendments that affect rates or expenditures are enacted.</p>			<p>occurs:</p> <p>(a) Any new contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p> <p>(b) Any amendments to contracts with CMHSPs or PIHPs that would affect rates or expenditures are enacted.</p> <p>(3) The report required by subsection (2) shall include information about the changes and their effects on rates and expenditures.</p>	
<p>Sec. 403. (1) From the funds appropriated in part 1 for mental health services for special populations, the department may require each contractor to provide data and information on performance-related metrics. These metrics may include, but are not limited to, all of the following:</p> <p>(a) Each contractor or subcontractor shall have a mission that is consistent with the purpose of multicultural integration funding.</p> <p>(b) Each contractor shall validate that any subcontractors utilized within these appropriations share the same mission as the lead agency receiving funding.</p> <p>(c) Each contractor or subcontractor shall demonstrate</p>	<p>Requires CMHSPs and PIHPs to collaborate with multicultural service providers, stipulates use of funds, and requires report from organizations that receive funding for services to special populations.</p>			<p>Sec. 403. (1) From the funds appropriated in part 1 for mental health services for special populations, the department may require each contractor to provide data and information on performance-related metrics. These metrics may include, but are not limited to, all of the following:</p> <p>(a) Each contractor or subcontractor shall have a mission that is consistent with the purpose of multicultural integration funding.</p> <p>(b) Each contractor shall validate that any subcontractors utilized within these appropriations share the same mission as the lead agency receiving funding.</p> <p>(c) Each contractor or subcontractor shall demonstrate</p>	<p>DCH – Article 4, section 403</p> <p>DHS article 9, section 695</p> <p>NOTE: Delete DCH 403, keep DHS 695 (DHS 695 moved to Section 795)</p>

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<p>cost-effectiveness.</p> <p>(d) Each contractor or subcontractor shall ensure its ability to leverage private dollars to strengthen and maximize service provision.</p> <p>(e) Each contractor or subcontractor shall provide timely and accurate reports regarding the number of clients served, units of service provision, and ability to meet its stated goals.</p> <p>(2) The department shall require an annual report from the contractors that receive mental health services for special populations funding. The annual report, due 60 days following the end of the contract period, shall include specific information on services and programs provided, the client base to which the services and programs were provided, information on any wraparound services provided, and the expenditures for those services. The department shall provide the annual reports to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office.</p> <p>(3) The department of human services and the department shall convene a workgroup to discuss and make recommendations on including accreditation in the</p>				<p>cost-effectiveness.</p> <p>(d) Each contractor or subcontractor shall ensure its ability to leverage private dollars to strengthen and maximize service provision.</p> <p>(e) Each contractor or subcontractor shall provide timely and accurate reports regarding the number of clients served, units of service provision, and ability to meet its stated goals.</p> <p>(2) The department shall require an annual report from the contractors that receive mental health services for special populations funding. The annual report, due 60 days following the end of the contract period, shall include specific information on services and programs provided, the client base to which the services and programs were provided, information on any wraparound services provided, and the expenditures for those services. The department shall provide the annual reports to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office.</p> <p>(3) The department of human services and the department shall convene a workgroup to discuss and make recommendations on including accreditation in the</p>	

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contractor specifications and potentially moving toward competitive bidding. Each contractor required to provide data per this section shall be invited to participate in the workgroup.				contractor specifications and potentially moving toward competitive bidding. Each contractor required to provide data per this section shall be invited to participate in the workgroup.	
<p>Sec. 406. (1) The funds appropriated in part 1 for the state disability assistance substance use disorder services program shall be used to support per diem room and board payments in substance use disorder residential facilities. Eligibility of clients for the state disability assistance substance use disorder services program shall include needy persons 18 years of age or older, or emancipated minors, who reside in a substance use disorder treatment center.</p> <p>(2) The department shall reimburse all licensed substance use disorder programs eligible to participate in the program at a rate equivalent to that paid by the department of human services to adult foster care providers. Programs accredited by department-approved accrediting organizations shall be reimbursed at the personal care rate, while all other eligible programs shall be reimbursed at the domiciliary care rate.</p>	States benefits and eligibility for state disability assistance, and establishes reimbursement rates to providers.			<p>Sec. 406. (1) The funds appropriated in part 1 for the state disability assistance substance use disorder services program shall be used to support per diem room and board payments in substance use disorder residential facilities. Eligibility of clients for the state disability assistance substance use disorder services program shall include needy persons 18 years of age or older, or emancipated minors, who reside in a substance use disorder treatment center.</p> <p>(2) The department shall reimburse all licensed substance use disorder programs eligible to participate in the program at a rate equivalent to that paid by the department of human services to adult foster care providers. Programs accredited by department-approved accrediting organizations shall be reimbursed at the personal care rate, while all other eligible programs shall be reimbursed at the domiciliary care rate.</p>	<p>DCH – Article 4, section 406</p> <p>DHS – no comparable section</p> <p>Moved to Section 906</p>
Sec. 407. (1) The amount appropriated in part 1 for substance use disorder prevention, education, and	Provides that substance abuse prevention, education and			Sec. 407 . (1) The amount appropriated in part 1 for substance use disorder prevention, education, and	DCH – Article 4, section 407

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<p>treatment grants shall be expended to coordinate care and services provided to individuals with severe and persistent mental illness and substance use disorder diagnoses.</p> <p>(2) The department shall approve managing entity fee schedules for providing substance use disorder services and charge participants in accordance with their ability to pay.</p> <p>(3) The managing entity shall continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance use disorder diagnoses with the goal of providing services in an administratively efficient manner.</p>	<p>treatment services shall be provided by coordinating agencies contracted with CMHSPs/PIHPs. Requires the department to approve the fee schedule charges to participants based upon their ability to pay.</p> <p>Requires collaboration for service delivery to clients with mental illness.</p>			<p>treatment grants shall be expended to coordinate care and services provided to individuals with severe and persistent mental illness and substance use disorder diagnoses.</p> <p>(2) The department shall approve managing entity fee schedules for providing substance use disorder services and charge participants in accordance with their ability to pay.</p> <p>(3) The managing entity shall continue current efforts to collaborate on the delivery of services to those clients with mental illness and substance use disorder diagnoses with the goal of providing services in an administratively efficient manner.</p>	<p>DHS – no comparable section</p> <p>Moved to Section 907</p>
<p>Sec. 408. (1) By April 1 of the current fiscal year, the department shall report the following data from the prior fiscal year on substance use disorder prevention, education, and treatment programs to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget office:</p> <p>(a) Expenditures stratified by department-designated community mental health entity, by central diagnosis and referral agency, by fund source, by</p>	<p>Requires department to submit a report on substance abuse, prevention, education & treatment programs.</p>			<p>Sec. 408. (1) By April 1 of the current fiscal year, the department shall report the following data from the prior fiscal year on substance use disorder prevention, education, and treatment programs to the senate and house appropriations subcommittees on community health the department budget, the senate and house fiscal agencies, and the state budget office:</p> <p>(a) Expenditures stratified by department-designated community mental health entity, by central diagnosis and referral agency, by fund source, by</p>	<p>DCH – Article 4, section 408</p> <p>DHS – no comparable section</p> <p>Moved to Section 908</p>

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<p>subcontractor, by population served, and by service type. Additionally, data on administrative expenditures by department-designated community mental health entity shall be reported.</p> <p>(b) Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.</p> <p>(c) Number of services provided by central diagnosis and referral agency, by subcontractor, and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.</p> <p>(d) Collections from other first- or third-party payers, private donations, or other state or local programs, by department-designated community mental health entity, by subcontractor, by population served, and by service type.</p> <p>(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all department-designated community mental health entities</p>				<p>subcontractor, by population served, and by service type. Additionally, data on administrative expenditures by department-designated community mental health entity shall be reported.</p> <p>(b) Expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.</p> <p>(c) Number of services provided by central diagnosis and referral agency, by subcontractor, and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.</p> <p>(d) Collections from other first- or third-party payers, private donations, or other state or local programs, by department-designated community mental health entity, by subcontractor, by population served, and by service type.</p> <p>(2) The department shall take all reasonable actions to ensure that the required data reported are complete and consistent among all department-designated community mental health entities</p>	
<p>Sec. 410. The department shall assure that substance use disorder treatment is provided to applicants and recipients of public assistance through the department of human services</p>	<p>Requires department to assure substance abuse treatment to public assistance</p>			<p>Sec. 440. The department shall assure that substance use disorder treatment is provided to applicants and recipients of public assistance through the department of human services</p>	<p>DCH – Article 4, section 410</p> <p>DHS – no comparable</p>

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who are required to obtain substance use disorder treatment as a condition of eligibility for public assistance.	recipients who must seek assistance as a condition of eligibility.			who are required to obtain substance use disorder treatment as a condition of eligibility for public assistance.	section Moved to Section 910
Sec. 411. (1) The department shall ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to implement programs to encourage diversion of individuals with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. (2) Each CMHSP or PIHP shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.	Requires contracts with CMHSPs/PIHPs to include jail diversion programs.			Sec. 444. (1) The department shall ensure that each contract with a CMHSP or PIHP requires the CMHSP or PIHP to implement programs to encourage diversion of individuals with serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. (2) Each CMHSP or PIHP shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.	DCH – Article 4, section 410 DHS – no comparable section Moved to Section 911
Sec. 418. On or before the 25 th of each month, the department shall report to the senate and house appropriations subcommittees on community health, the senate and	Requires monthly reports to the legislature and State Budget Director on			Sec. 448. On or before the 25 th of each month, the department shall report to the senate and house appropriations subcommittees on community health the	DCH – Article 4, section 418 DHS – no

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house fiscal agencies, and the state budget director on the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in the preceding month. The information shall include the total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, and number of cases in each eligibility group for each PIHP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.	amounts paid to PIHPs for Medicaid managed mental health care programs, stipulates reporting elements.			department budget , the senate and house fiscal agencies, and the state budget director on the amount of funding paid to PIHPs to support the Medicaid managed mental health care program in the preceding month. The information shall include the total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, and number of cases in each eligibility group for each PIHP, and year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.	comparable section Moved to Section 918
Sec. 428. Each PIHP shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.	Establishes local match funding for PIHPs.			Sec. 428. Each PIHP shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.	DCH – Article 4, section 428 DHS – no comparable section Moved to Section 928
Sec. 435. A county required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, to provide matching funds to a CMHSP for mental health services rendered to residents in its jurisdiction shall pay the matching funds in equal installments on not less than a quarterly basis throughout the fiscal year, with the first payment	Stipulates that county provide matching funds to a CMHSP pay in equal installments not less than quantity.			Sec. 435. A county required under the provisions of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, to provide matching funds to a CMHSP for mental health services rendered to residents in its jurisdiction shall pay the matching funds in equal installments on not less than a quarterly basis throughout the fiscal year, with the first payment	DCH – Article 4, section 435 DHS – no comparable section Moved to Section 935

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being made by October 1 of the current fiscal year.				being made by October 1 of the current fiscal year.	
<p>Sec. 494. (1) Contingent upon federal approval, if a CMHSP, PIHP, or subcontracting provider agency is reviewed and accredited by a national accrediting entity for behavioral health care services, the department, by April 1 of the current fiscal year, shall consider that CMHSP, PIHP, or subcontracting provider agency in compliance with state program review and audit requirements that are addressed and reviewed by that national accrediting entity.</p> <p>(2) By June 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office all of the following:</p> <p>(a) A list of each CMHSP, PIHP, and subcontracting provider agency that is considered in compliance with state program review and audit requirements under subsection (1).</p> <p>(b) For each CMHSP, PIHP, or subcontracting provider agency described in subdivision (a), all of the following:</p> <p>(i) The state program review and audit requirements that the CMHSP, PIHP, or subcontracting</p>	<p>National accreditation review criteria.</p>			<p>Sec. 494. (1) Contingent upon federal approval, if a CMHSP, PIHP, or subcontracting provider agency is reviewed and accredited by a national accrediting entity for behavioral health care services, the department, by April 1 of the current fiscal year, shall consider that CMHSP, PIHP, or subcontracting provider agency in compliance with state program review and audit requirements that are addressed and reviewed by that national accrediting entity.</p> <p>(2) By June 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on community health the department budget, the house and senate fiscal agencies, and the state budget office all of the following:</p> <p>(a) A list of each CMHSP, PIHP, and subcontracting provider agency that is considered in compliance with state program review and audit requirements under subsection (1).</p> <p>(b) For each CMHSP, PIHP, or subcontracting provider agency described in subdivision (a), all of the following:</p> <p>(i) The state program review and audit requirements that the</p>	<p>DCH – Article 4, section 494</p> <p>DHS – no comparable section</p> <p>Moved to Section 994</p>

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<p>provider agency is considered in compliance with.</p> <p>(ii) The national accrediting entity that reviewed and accredited the CMHSP, PIHP, or subcontracting provider agency.</p> <p>(3) The department shall continue to comply with state and federal law and shall not initiate an action that negatively impacts beneficiary safety.</p> <p>(4) As used in this section, “national accrediting entity” means the joint commission on accreditation of healthcare organizations, the commission on accreditation of rehabilitation facilities, the council of accreditation, the utilization review accreditation commission, the national committee for quality assurance, or other appropriate entity, as approved by the department.</p>				<p>CMHSP, PIHP, or subcontracting provider agency is considered in compliance with.</p> <p>(ii) The national accrediting entity that reviewed and accredited the CMHSP, PIHP, or subcontracting provider agency.</p> <p>(3) The department shall continue to comply with state and federal law and shall not initiate an action that negatively impacts beneficiary safety.</p> <p>(4) As used in this section, “national accrediting entity” means the joint commission on accreditation of healthcare organizations, the commission on accreditation of rehabilitation facilities, the council of accreditation, the utilization review accreditation commission, the national committee for quality assurance, or other appropriate entity, as approved by the department.</p>	
<p>Sec. 495. From the funds appropriated in part 1 for behavioral health program administration, \$4,825,000.00 is intended to address the recommendations of the mental health diversion council.</p>	<p>Mental health diversion council monetary allocation.</p>			<p>Sec. 495. From the funds appropriated in part 1 for behavioral health program administration, \$4,825,000.00 is intended to address the recommendations of the mental health diversion council.</p>	<p>DCH – Article 4, section 495</p> <p>DHS – no comparable section</p> <p>Moved to Section 995</p>

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<p>Sec. 505. For the purposes of special projects involving high-need children or adults, including the not guilty by reason of insanity population, the department may contract directly with providers of services to these identified populations.</p>	<p>Contracting services for high need populations.</p>			<p>Sec. 505 For the purposes of special projects involving high-need children or adults, including the not guilty by reason of insanity population, the department may contract directly with providers of services to these identified populations.</p>	<p>DCH – Article 4, section 505</p> <p>DHS – no comparable section</p> <p>Move to Section 996</p>
<p>Sec. 506. No later than June 1 of the current fiscal year, the department shall provide the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office with the most recent cost data information submitted by the CMHSPs on how the funds appropriated in part 1 for the community mental health services non-Medicaid services line item were expended by each CMHSP. At a minimum, the information must include CMHSPs general fund/general purpose costs for each of the following categories: administration, prevention, jail diversion and treatment services, MICHild program, children’s waiver home care program, children with serious emotional disturbance waiver program, services provided to individuals with mental illness and developmental disabilities who are not eligible for Medicaid, and the Medicaid spend down population.</p>	<p>Cost data submission requirements for mental health services.</p>			<p>Sec. 506 No later than June 1 of the current fiscal year, the department shall provide the house and senate appropriations subcommittees on community health the department budget, the house and senate fiscal agencies, and the state budget office with the most recent cost data information submitted by the CMHSPs on how the funds appropriated in part 1 for the community mental health services non-Medicaid services line item were expended by each CMHSP. At a minimum, the information must include CMHSPs general fund/general purpose costs for each of the following categories: administration, prevention, jail diversion and treatment services, MICHild program, children’s waiver home care program, children with serious emotional disturbance waiver program, services provided to individuals with mental illness and developmental disabilities who are not eligible for Medicaid, and the Medicaid spend down population.</p>	<p>DCH – Article 4, section 506</p> <p>DHS – no comparable section</p> <p>Move to Section 997</p>

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		ADULT PROTECTIVE AND SUPPORT SERVICES	DHS 400 Section		
		<p>Sec. 401. (1) All funds appropriated in part 1 for independent living shall be used to support centers for independent living in delivering mandated independent living core services in compliance with federal rules and regulations for the centers, by existing centers for independent living to serve underserved areas, and for projects to build the capacity of centers for independent living to deliver independent living services. Applications for the funds shall be reviewed in accordance with criteria and procedures established by the department. Funds shall be used in a manner consistent with the state plan for independent living. Services provided should assist people with disabilities to move toward self-sufficiency, including support for accessing transportation and health care, obtaining employment, community living, nursing home transition, information and referral services, education, youth transition services, veterans, and stigma reduction activities.</p> <p>(2) The Michigan centers for independent living shall provide a report by March 1 of the current fiscal year to the house and senate appropriations subcommittees on the</p>	<p>Establishes rules for independent living centers on compliance and funding.</p>	<p>Sec. 404. (1) All funds appropriated in part 1 for independent living shall be used to support centers for independent living in delivering mandated independent living core services in compliance with federal rules and regulations for the centers, by existing centers for independent living to serve underserved areas, and for projects to build the capacity of centers for independent living to deliver independent living services. Applications for the funds shall be reviewed in accordance with criteria and procedures established by the department. Funds shall be used in a manner consistent with the state plan for independent living. Services provided should assist people with disabilities to move toward self-sufficiency, including support for accessing transportation and health care, obtaining employment, community living, nursing home transition, information and referral services, education, youth transition services, veterans, and stigma reduction activities.</p> <p>(2) The Michigan centers for independent living shall provide a report by March 1 of the current fiscal year to the house and senate appropriations subcommittees on the</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 401</p> <p>Moved to Section 801</p>

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		department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office on direct customer and system outcomes and performance measures.		department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office on direct customer and system outcomes and performance measures.	
		Sec. 402. The Michigan rehabilitation services shall work collaboratively with the bureau of services for blind persons, service organizations, and government entities to identify qualified match dollars to maximize use of available federal vocational rehabilitation funds.	Requires MRS and other partner organizations to identify match dollars.	Sec. 402. The Michigan rehabilitation services shall work collaboratively with the bureau of services for blind persons, service organizations, and government entities to identify qualified match dollars to maximize use of available federal vocational rehabilitation funds.	DCH – No comparable section DHS – Article 9, section 402 Moved to Section 802
		Sec. 420. (1) From the funds appropriated in part 1, the department shall contract with the prosecuting attorneys association of Michigan to provide the support and services necessary to increase the capability of the state’s prosecutors, adult protective service system, and criminal justice system to effectively identify, investigate, and prosecute elder abuse and financial exploitation. (2) By March 1 of the current fiscal year, the department shall provide a report on the efficacy of the contract to the state budget office, the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the house and senate policy offices.	Requires DHS to contract with the prosecuting attorneys association to provide support services to improve elder abuse and exploitation prosecution. Established reporting requirement to SBO and both fiscal agencies.	Sec. 420. (1) From the funds appropriated in part 1, the department shall contract with the prosecuting attorneys association of Michigan to provide the support and services necessary to increase the capability of the state’s prosecutors, adult protective service system, and criminal justice system to effectively identify, investigate, and prosecute elder abuse and financial exploitation. (2) By March 1 of the current fiscal year, the department shall provide a report on the efficacy of the contract to the state budget office, the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the house and senate policy offices.	DCH – No comparable section DHS – Article 9, section 420 Moved to Section 1622

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		<p>Sec. 423. From the funds appropriated in part 1 for elder law of Michigan MiCAFE contract, the department shall allocate not less than \$350,000.00 to the elder law of Michigan MiCAFE to assist this state's elderly population to participate in the food assistance program. Of the \$350,000.00 allocated under this section, the department shall use \$175,000.00, which are general fund/general purpose funds, as state matching funds for not less than \$175,000.00 in United States department of agriculture funding to provide outreach program activities, such as eligibility screen and information services, as part of a statewide food assistance hotline.</p>	<p>Allocates \$175,000 outreach and education to the elderly, encouraging participation in the food assistance program.</p>	<p>Sec. 423. From the funds appropriated in part 1 for elder law of Michigan MiCAFE contract, the department shall allocate not less than \$350,000.00 to the elder law of Michigan MiCAFE to assist this state's elderly population to participate in the food assistance program. Of the \$350,000.00 allocated under this section, the department shall use \$175,000.00, which are general fund/general purpose funds, as state matching funds for not less than \$175,000.00 in United States department of agriculture funding to provide outreach program activities, such as eligibility screen and information services, as part of a statewide food assistance hotline.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 423</p> <p>Moved to Section 1623</p>
		<p>Sec. 425. (1) From the funds appropriated in part 1, the department shall provide individuals not more than \$500.00 for vehicle repairs, including any repairs done in the previous 12 months. However, the department may in its discretion pay for repairs up to \$900.00. Payments under this section shall include the combined total of payments made by the department and work participation program.</p>	<p>Limits vehicle repairs to \$500, with exceptions up to \$900 with department approval.</p>	<p>Sec. 425. (1) From the funds appropriated in part 1, the department shall provide individuals not more than \$500.00 for vehicle repairs, including any repairs done in the previous 12 months. However, the department may in its discretion pay for repairs up to \$900.00. Payments under this section shall include the combined total of payments made by the department and work participation program.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 425</p> <p>Moved to Section 825</p>
		<p>CHILD WELFARE SERVICES CHILDRENS SERVICE AGENCY – CHILD WELFARE</p>	<p>DHS 500 Section</p>		<p>Renamed Section header</p>

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		<p>Sec. 501. (1) A goal is established that not more than 27% of all children in foster care at any given time during the current fiscal year will have been in foster care for 24 months or more.</p> <p>(2) By March 1 of the current fiscal year, the department shall provide to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office a report describing the steps that will be taken to achieve the specific goal established in this section and on the percentage of children who currently are in foster care and who have been in foster care a total of 24 or more months.</p>	<p>Requires DHS to reunite families or place children in permanent homes within 24 months of entering foster care in no less than 65% of cases. An annual report is required.</p>	<p>Sec. 501. (1) A goal is established that not more than 27% of all children in foster care at any given time during the current fiscal year will have been in foster care for 24 months or more.</p> <p>(2) By March 1 of the current fiscal year, the department shall provide to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office a report describing the steps that will be taken to achieve the specific goal established in this section and on the percentage of children who currently are in foster care and who have been in foster care a total of 24 or more months.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 501</p>
		<p>Sec. 502. From the funds appropriated in part 1 for foster care, the department shall provide 50% reimbursement to Indian tribal governments for foster care expenditures for children who are under the jurisdiction of Indian tribal courts and who are not otherwise eligible for federal foster care cost sharing.</p>	<p>Provides legal base for DHS to reimburse tribal governments for 50% of foster care expenditures.</p>	<p>Sec. 502. From the funds appropriated in part 1 for foster care, the department shall provide 50% reimbursement to Indian tribal governments for foster care expenditures for children who are under the jurisdiction of Indian tribal courts and who are not otherwise eligible for federal foster care cost sharing.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 502</p>
		<p>Sec. 505. By March 1 of the current fiscal year, the department and Wayne County shall provide to the senate and house appropriations committees on the department budget, the senate and house fiscal agencies</p>	<p>Requires DHS and Wayne County to report on youth served by the juvenile justice system, statewide and</p>	<p>Sec. 505. By March 1 of the current fiscal year, the department and Wayne County shall provide to the senate and house appropriations committees on the department budget, the senate and house fiscal agencies</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9,</p>

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		and policy offices, and the state budget office a report for youth served in the previous fiscal year and in the first quarter of the current fiscal year outlining the number of youth served within each juvenile justice system, the type of setting for each youth, performance outcomes, and financial costs or savings.	within Wayne County.	and policy offices, and the state budget office a report for youth served in the previous fiscal year and in the first quarter of the current fiscal year outlining the number of youth served within each juvenile justice system, the type of setting for each youth, performance outcomes, and financial costs or savings.	section 505
		Sec. 507. The department's ability to satisfy appropriation deducts in part 1 for foster care private collections shall not be limited to collections and accruals pertaining to services provided only in the current fiscal year but may include revenues collected during the current fiscal year for services provided in prior fiscal years.	Allows DHS to use prior year revenue in foster care program	Sec. 507. The department's ability to satisfy appropriation deducts in part 1 for foster care private collections shall not be limited to collections and accruals pertaining to services provided only in the current fiscal year but may include revenues collected during the current fiscal year for services provided in prior fiscal years.	DCH – No comparable section DHS – Article 9, section 507
		Sec. 508. (1) In addition to the amount appropriated in part 1 for children's trust fund grants, money granted or money received as gifts or donations to the children's trust fund created by 1982 PA 249, MCL 21.171 to 21.172, is appropriated for expenditure. (2) The department and the child abuse neglect and prevention board shall collaborate to ensure that administrative delays are avoided and the local grant recipients and direct service providers receive money in an expeditious manner. The department and board shall make available the children's trust fund contract funds to grantees within	(1) Provides DHS with authority to receive and spend unanticipated gifts and grants to the children's trust fund without having to seek legislative additional authority. (2) Requires DHS and the child abuse neglect and prevention board to seek to distribute funds by October 31 of	Sec. 508. (1) In addition to the amount appropriated in part 1 for children's trust fund grants, money granted or money received as gifts or donations to the children's trust fund created by 1982 PA 249, MCL 21.171 to 21.172, is appropriated for expenditure. (2) The department and the child abuse neglect and prevention board shall collaborate to ensure that administrative delays are avoided and the local grant recipients and direct service providers receive money in an expeditious manner. The department and board shall make available the children's trust fund contract funds to grantees within	DCH – No comparable section DHS – Article 9, section 508

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		31 days of the start date of the funded project.	the current fiscal year.	31 days of the start date of the funded project.	
		<p>Sec. 514. The department shall make a comprehensive report concerning children’s protective services (CPS) to the legislature, including the senate and house policy offices and the state budget director, by January 1 of the current fiscal year, that shall include all of the following:</p> <p>(a) Statistical information including, at a minimum, all of the following:</p> <p>(i) The total number of reports of child abuse or neglect investigated under the child protection law, 1975 PA 238, MCL 722.621 to 722.638, and the number of cases classified under category I or category II and the number of cases classified under category III, category IV, or category V.</p> <p>(ii) Characteristics of perpetrators of child abuse or neglect and the child victims, such as age, relationship, race, and ethnicity and whether the perpetrator exposed the child victim to drug activity, including the manufacture of illicit drugs, that exposed the child victim to substance abuse, a drug house, or methamphetamine.</p> <p>(iii) The mandatory reporter</p>	<p>Requires the department to submit a comprehensive report on children’s protective services by January 1.</p>	<p>Sec. 514. The department shall make a comprehensive report concerning children’s protective services (CPS) to the legislature, including the senate and house policy offices and the state budget director, by January 1 of the current fiscal year, that shall include all of the following:</p> <p>(a) Statistical information including, at a minimum, all of the following:</p> <p>(i) The total number of reports of child abuse or neglect investigated under the child protection law, 1975 PA 238, MCL 722.621 to 722.638, and the number of cases classified under category I or category II and the number of cases classified under category III, category IV, or category V.</p> <p>(ii) Characteristics of perpetrators of child abuse or neglect and the child victims, such as age, relationship, race, and ethnicity and whether the perpetrator exposed the child victim to drug activity, including the manufacture of illicit drugs, that exposed the child victim to substance abuse, a drug house, or methamphetamine.</p> <p>(iii) The mandatory reporter</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 514</p>

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		<p>category in which the individual who made the report fits, or other categorization if the individual is not within a group required to report under the child protection law, 1975 PA 238, MCL 722.621 to 722.638.</p> <p>(iv) The number of cases that resulted in the separation of the child from the parent or guardian and the period of time of that separation, up to and including termination of parental rights.</p> <p>(v) For the reported complaints of child abuse or neglect by teachers, school administrators, and school counselors, the number of cases classified under category I or category II and the number of cases classified under category III, category IV, or category V.</p> <p>(vi) For the reported complaints of child abuse or neglect by teachers, school administrators, and school counselors, the number of cases that resulted in separation of the child from the parent or guardian and the period of time of that separation, up to and including termination of parental rights.</p> <p>(b) New policies related to children's protective services including, but not limited to, major policy changes and court decisions affecting the children's protective services system during</p>		<p>category in which the individual who made the report fits, or other categorization if the individual is not within a group required to report under the child protection law, 1975 PA 238, MCL 722.621 to 722.638.</p> <p>(iv) The number of cases that resulted in the separation of the child from the parent or guardian and the period of time of that separation, up to and including termination of parental rights.</p> <p>(v) For the reported complaints of child abuse or neglect by teachers, school administrators, and school counselors, the number of cases classified under category I or category II and the number of cases classified under category III, category IV, or category V.</p> <p>(vi) For the reported complaints of child abuse or neglect by teachers, school administrators, and school counselors, the number of cases that resulted in separation of the child from the parent or guardian and the period of time of that separation, up to and including termination of parental rights.</p> <p>(b) New policies related to children's protective services including, but not limited to, major policy changes and court decisions affecting the children's protective services system during</p>	

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		<p>the immediately preceding 12-month period.</p> <p>(c) The information contained in the report required under section 8d(5) of the child protection law, 1975 PA 238, MCL 722.628d, on cases classified under category III.</p> <p>(d) The department policy, or changes to the department policy, regarding children who have been exposed to the production or manufacture of methamphetamines.</p>		<p>the immediately preceding 12-month period.</p> <p>(c) The information contained in the report required under section 8d(5) of the child protection law, 1975 PA 238, MCL 722.628d, on cases classified under category III.</p> <p>(d) The department policy, or changes to the department policy, regarding children who have been exposed to the production or manufacture of methamphetamines.</p>	
		<p>Sec. 515. By March 1, of the current fiscal year, the department shall submit a report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office that provides an update on the privatization of child welfare services in Kent County as described in section 515 of article x of 2013 pa 59 and includes all of the following:</p> <p>(a) Costs or savings that resulted from the program.</p> <p>(b) Gaps in funding.</p> <p>(c) Program successes.</p> <p>(d) Challenges and barriers to a successful implementation.</p>	<p>Requires DHS to transfer all existing foster care cases and pending licensing applications in Kent County to private child welfare agencies.</p>	<p>Sec. 515. By March 1, of the current fiscal year, the department shall submit a report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office that provides an update on the privatization of child welfare services in Kent County as described in section 515 of article x of 2013 pa 59 and includes all of the following:</p> <p>(a) Costs or savings that resulted from the program.</p> <p>(b) Gaps in funding.</p> <p>(c) Program successes.</p> <p>(d) Challenges and barriers to a successful implementation.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 515</p>

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		<p>Sec. 522. (1) From the funds appropriated in part 1 for youth in transition, the department shall allocate \$750,000.00 for college scholarships through the fostering futures scholarship program in the Michigan education trust to youths who were in foster care because of child abuse or neglect and are attending a college located in this state. Of the funds appropriated, 100% shall be used to fund scholarships for the youths described in this section.</p> <p>(2) Not later than March 1 of the current fiscal year, the department shall provide a report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the house and senate policy offices that includes the number of youths who received scholarships and the amount of each scholarship, and the total amount of funds spent or encumbered in the current fiscal year.</p>	<p>Establishes college scholarships for youth in foster care as a result of abuse or neglect.</p> <p>(2) Establishes reporting requirement. .</p>	<p>Sec. 522. (1) From the funds appropriated in part 1 for youth in transition, the department shall allocate \$750,000.00 for college scholarships through the fostering futures scholarship program in the Michigan education trust to youths who were in foster care because of child abuse or neglect and are attending a college located in this state. Of the funds appropriated, 100% shall be used to fund scholarships for the youths described in this section.</p> <p>(2) Not later than March 1 of the current fiscal year, the department shall provide a report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the house and senate policy offices that includes the number of youths who received scholarships and the amount of each scholarship, and the total amount of funds spent or encumbered in the current fiscal year.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 522</p>
		<p>Sec. 523. (1) By February 15 of the current fiscal year, the department shall report on the families first, family reunification, and families together building solutions family preservation programs to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices,</p>	<p>(1) Establishes specific reporting requirements for family preservation programs.</p>	<p>Sec. 523. (1) By February 15 of the current fiscal year, the department shall report on the families first, family reunification, and families together building solutions family preservation programs to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices,</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 523</p>

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		<p>and the state budget office. The report shall contain all of the following for each program:</p> <p>(a) The average cost per recipient served.</p> <p>(b) Measurable performance indicators.</p> <p>(c) Desired outcomes or results and goals that can be measured on an annual basis, or desired results for a defined number of years.</p> <p>(d) Monitored results.</p> <p>(e) Innovations that may include savings or reductions in administrative costs.</p> <p>(2) From the funds appropriated in part 1 for youth in transition and domestic violence prevention and treatment, the department is authorized to make allocations of TANF funds only to agencies that report necessary data to the department for the purpose of meeting TANF eligibility reporting requirements.</p>	<p>(2) Authorizes DHS to provide TANF funding to eligible agencies for youth in transition and domestic violence prevention should funds become available.</p>	<p>and the state budget office. The report shall contain all of the following for each program:</p> <p>(a) The average cost per recipient served.</p> <p>(b) Measurable performance indicators.</p> <p>(c) Desired outcomes or results and goals that can be measured on an annual basis, or desired results for a defined number of years.</p> <p>(d) Monitored results.</p> <p>(e) Innovations that may include savings or reductions in administrative costs.</p> <p>(2) From the funds appropriated in part 1 for youth in transition and domestic violence prevention and treatment, the department is authorized to make allocations of TANF funds only to agencies that report necessary data to the department for the purpose of meeting TANF eligibility reporting requirements.</p>	
		<p>Sec. 524. As a condition of receiving funds appropriated in part 1 for strong families/safe children, counties must submit the service spending plan to the department by October 1 of the current fiscal year for approval. The department shall approve the service spending plan within 30 calendar days after receipt of a</p>	<p>Requires the department to receive spend plans from County recipients of funding to support strong families/safe children.</p>	<p>Sec. 524. As a condition of receiving funds appropriated in part 1 for strong families/safe children, counties must submit the service spending plan to the department by October 1 of the current fiscal year for approval. The department shall approve the service spending plan within 30 calendar days after receipt of a</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 524</p>

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		properly completed service spending plan.		properly completed service spending plan.	
		Sec. 526. From the funds appropriated in part 1 for foster care payments and related administrative costs, the department may implement the federally approved title IV-E child welfare waiver demonstration project. As required under the waiver, any savings resulting from the demonstration project must be quantified and reinvested into child welfare programming.	Allows DHS to implement a Title IV-E waiver demonstration project.	Sec. 526. From the funds appropriated in part 1 for foster care payments and related administrative costs, the department may implement the federally approved title IV-E child welfare waiver demonstration project. As required under the waiver, any savings resulting from the demonstration project must be quantified and reinvested into child welfare programming.	DCH – No comparable section DHS – Article 9, section 526
		Sec. 534. The department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by November 1 of the current fiscal year a report on the planning, implementation, and operation, regardless of the current operational status, of the statewide automated child welfare information system. The report shall include, but not be limited to, all of the following: (a) Areas where implementation went as planned. (b) The number of known issues. (c) The average number of help tickets submitted per day.	Requires the department to provide an update on SACWIS implementation and operation to the legislature.	Sec. 534. The department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by November 1 of the current fiscal year a report on the planning, implementation, and operation, regardless of the current operational status, of the statewide automated child welfare information system. The report shall include, but not be limited to, all of the following: (a) Areas where implementation went as planned. (b) The number of known issues. (c) The average number of help tickets submitted per day.	DCH – No comparable section DHS – Article 9, section 534

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		<p>(d) Any additional overtime or other staffing costs to address known issues and volume of help tickets.</p> <p>(e) Any contract revisions to address known issues and volume of help tickets.</p> <p>(f) Other strategies undertaken to improve implementation.</p>		<p>(d) Any additional overtime or other staffing costs to address known issues and volume of help tickets.</p> <p>(e) Any contract revisions to address known issues and volume of help tickets.</p> <p>(f) Other strategies undertaken to improve implementation.</p>	
		<p>Sec. 546. (1) From the funds appropriated in part 1 for foster care payments and from child care fund, the department shall pay providers of foster care services not less than a \$37.00 administrative rate.</p> <p>(2) From the funds appropriated in part 1 for foster care payments and from child care fund, the department shall pay providers of general independent living services not less than a \$28.00 administrative rate.</p> <p>(3) From the funds appropriated in part 1, the department shall pay providers of independent living plus services statewide per diem rates for staff-supported housing and host-home housing based on proposals submitted in response to a solicitation for pricing. The independent living plus program provides staff-supported housing and services for foster youth ages 16 through 19 who, because of their individual needs and assessments, are not initially</p>	<p>(1) Establishes private agency administrative rate of \$37.00.</p> <p>(2) Establishes private agency administrative rate for independent living services of \$28.00.</p> <p>(3) Requires rates for specialized independent living services to be maintained at 2011 levels.</p>	<p>Sec. 546. (1) From the funds appropriated in part 1 for foster care payments and from child care fund, the department shall pay providers of foster care services not less than a \$37.00 administrative rate.</p> <p>(2) From the funds appropriated in part 1 for foster care payments and from child care fund, the department shall pay providers of general independent living services not less than a \$28.00 administrative rate.</p> <p>(3) From the funds appropriated in part 1, the department shall pay providers of independent living plus services statewide per diem rates for staff-supported housing and host-home housing based on proposals submitted in response to a solicitation for pricing. The independent living plus program provides staff-supported housing and services for foster youth ages 16 through 19 who, because of their individual needs and assessments, are not initially</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 546</p>

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		<p>appropriate for general independent living foster care.</p> <p>(4) If required by the federal government to meet title IV-E requirements, providers of foster care services shall submit expenditure reports to the department to identify actual costs of providing foster care services.</p>		<p>appropriate for general independent living foster care.</p> <p>(4) If required by the federal government to meet title IV-E requirements, providers of foster care services shall submit expenditure reports to the department to identify actual costs of providing foster care services.</p>	
		<p>Sec. 562. The department shall provide time and travel reimbursements for foster parents who transport a foster child to parent-child visitations. As part of the foster care parent contract, the department shall provide written confirmation to foster parents that states that the foster parents have the right to request these reimbursements for all parent-child visitations. The department shall provide these reimbursements within 60 days of receiving a request for eligible reimbursements from a foster parent.</p>	<p>Requires department to reimburse time and travel costs for foster parent. Provided by department within 60 days of request.</p>	<p>Sec. 562. The department shall provide time and travel reimbursements for foster parents who transport a foster child to parent-child visitations. As part of the foster care parent contract, the department shall provide written confirmation to foster parents that states that the foster parents have the right to request these reimbursements for all parent-child visitations. The department shall provide these reimbursements within 60 days of receiving a request for eligible reimbursements from a foster parent.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 562</p>
		<p>Sec. 569. The department shall reimburse private child placing agencies that complete adoptions at the rate according to the date on which the petition for adoption and required support documentation was accepted by the court and not according to the date the court's order placing for adoption was entered.</p>	<p>Requires department to use the date of petition accepted by court for determining the reimbursement rate for private child placing agencies that complete adoptions.</p>	<p>Sec. 569. The department shall reimburse private child placing agencies that complete adoptions at the rate according to the date on which the petition for adoption and required support documentation was accepted by the court and not according to the date the court's order placing for adoption was entered.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 569</p>

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		<p>Sec. 574. (1) From the funds appropriated in part 1 for foster care payments, \$2,500,000.00 is allocated to support performance-based contracts with child placing agencies to facilitate the licensure of relative caregivers as foster parents. Agencies shall receive \$2,300.00 for each facilitated licensure if completed within 180 days after a child's placement or, if a waiver was previously approved, 180 days from the application date. If the facilitated licensure, or approved waiver, is completed after 180 days, the agency shall receive up to \$2,300.00. The agency facilitating the licensure would retain the placement and continue to provide case management services for at least 50% of the newly licensed cases for which the placement was appropriate to the agency. Up to 50% of the newly licensed cases would have direct foster care services provided by the department.</p> <p>(2) From the funds appropriated for foster care payments, \$375,000.00 is allocated to support family incentive grants to private and community-based foster care service providers to assist with home improvements or payment for physical exams for applicants needed by foster families to accommodate foster children.</p>	<p>(1) Requires DHS to allocate funds to private agencies for the licensure of relative foster care providers.</p> <p>(2) Requires DHS to allocate funds to support home improvements in foster family homes.</p>	<p>Sec. 574. (1) From the funds appropriated in part 1 for foster care payments, \$2,500,000.00 is allocated to support performance-based contracts with child placing agencies to facilitate the licensure of relative caregivers as foster parents. Agencies shall receive \$2,300.00 for each facilitated licensure if completed within 180 days after a child's placement or, if a waiver was previously approved, 180 days from the application date. If the facilitated licensure, or approved waiver, is completed after 180 days, the agency shall receive up to \$2,300.00. The agency facilitating the licensure would retain the placement and continue to provide case management services for at least 50% of the newly licensed cases for which the placement was appropriate to the agency. Up to 50% of the newly licensed cases would have direct foster care services provided by the department.</p> <p>(2) From the funds appropriated for foster care payments, \$375,000.00 is allocated to support family incentive grants to private and community-based foster care service providers to assist with home improvements or payment for physical exams for applicants needed by foster families to accommodate foster children.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 574</p>

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		<p>Sec. 583. By February 1 of the current fiscal year, the department shall provide to the senate and house appropriations subcommittees on the department budget, the senate and house standing committees on families and human services, the senate and house fiscal agencies and policy offices, and the state budget office a report that includes:</p> <p>(a) The number and percentage of foster parents that dropped out of the program in the previous fiscal year and the reasons the foster parents left the program and how those figures compare to prior fiscal years.</p> <p>(b) The number and percentage of foster parents successfully retained in the previous fiscal year and how those figures compare to prior fiscal years.</p>	<p>Requires department to report foster parent retention rates to the legislature.</p>	<p>Sec. 583. By February 1 of the current fiscal year, the department shall provide to the senate and house appropriations subcommittees on the department budget, the senate and house standing committees on families and human services, the senate and house fiscal agencies and policy offices, and the state budget office a report that includes:</p> <p>(a) The number and percentage of foster parents that dropped out of the program in the previous fiscal year and the reasons the foster parents left the program and how those figures compare to prior fiscal years.</p> <p>(b) The number and percentage of foster parents successfully retained in the previous fiscal year and how those figures compare to prior fiscal years.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 583</p>

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		<p>Sec. 588. (1) Concurrently with public release, the department shall transmit all reports from the court-appointed settlement monitor, including, but not limited to, the needs assessment and period outcome reporting, to the state budget office, the senate and house appropriations subcommittees on the department budget, and the senate and house fiscal agencies, without revision.</p> <p>(2) The department shall report quarterly to the state budget office, the senate and house appropriations subcommittees on the department budget, and the senate and house fiscal agencies, on the number of children enrolled in the guardianship assistance and foster care - children with serious emotional disturbance waiver programs.</p>	<p>Requires DHS to release consent decree reports concurrent with public release.</p>	<p>Sec. 588. (1) Concurrently with public release, the department shall transmit all reports from the court-appointed settlement monitor, including, but not limited to, the needs assessment and period outcome reporting, to the state budget office, the senate and house appropriations subcommittees on the department budget, and the senate and house fiscal agencies, without revision.</p> <p>(2) The department shall report quarterly to the state budget office, the senate and house appropriations subcommittees on the department budget, and the senate and house fiscal agencies, on the number of children enrolled in the guardianship assistance and foster care - children with serious emotional disturbance waiver programs.</p>	<p>DCH – No comparable section</p> <p>DHS – Article 9, section 588</p>
STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES	DCH 600 Section				Moved to 1000-1099
Sec. 601. The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. A portion of revenues collected through project efforts may be used for departmental costs and contractual fees associated with	Encourages DCH to collect 3 rd party payments & permits the use & retention of revenues.			Sec. 604. The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. A portion of revenues collected through project efforts may be used for departmental costs and contractual fees associated with	<p>DCH – Article 4, section 601</p> <p>DHS – no comparable section</p> <p>Moved to Section 1001</p>

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these retroactive collections and to improve ongoing departmental reimbursement management functions.				these retroactive collections and to improve ongoing departmental reimbursement management functions.	
Sec. 602. The purpose of gifts and bequests for patient living and treatment environments is to use additional private funds to provide specific enhancements for individuals residing at state-operated facilities. Use of the gifts and bequests shall be consistent with the stipulation of the donor. The expected completion date for the use of gifts and bequests donations is within 3 years unless otherwise stipulated by the donor.	Stipulates use and treatment of Gifts & Bequests.			Sec. 602. The purpose of gifts and bequests for patient living and treatment environments is to use additional private funds to provide specific enhancements for individuals residing at state-operated facilities. Use of the gifts and bequests shall be consistent with the stipulation of the donor. The expected completion date for the use of gifts and bequests donations is within 3 years unless otherwise stipulated by the donor.	DCH – Article 4, section 602 DHS – no comparable section Moved to Section 1002
Sec. 605. (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs or PIHPs have programs and services in place for those individuals currently in those facilities and a plan for service provision for those individuals who would have been admitted to those facilities. (2) All closures or consolidations are dependent upon adequate department-approved CMHSP and PIHP plans that include a discharge and aftercare plan for each individual currently in the facility. A discharge and aftercare plan shall address the individual's housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the individual's housing needs.	Prohibits closures or consolidations of hospital or centers without CMHSP alternative services in place and approved by department. Requires department to provide closure plan 4 months after certification of closure.			Sec. 605. (1) The department shall not implement any closures or consolidations of state hospitals, centers, or agencies until CMHSPs or PIHPs have programs and services in place for those individuals currently in those facilities and a plan for service provision for those individuals who would have been admitted to those facilities. (2) All closures or consolidations are dependent upon adequate department-approved CMHSP and PIHP plans that include a discharge and aftercare plan for each individual currently in the facility. A discharge and aftercare plan shall address the individual's housing needs. A homeless shelter or similar temporary shelter arrangements are inadequate to meet the individual's housing needs.	DCH – Article 4, section 605 DHS – no comparable section Moved to Section 1005

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<p>(3) Four months after the certification of closure required in section 19(6) of the state employees' retirement act, 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the house and senate appropriations subcommittees on community health and the state budget director.</p> <p>(4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs or PIHPs responsible for providing services for individuals previously served by the operations.</p>				<p>(3) Four months after the certification of closure required in section 19(6) of the state employees' retirement act, 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the house and senate appropriations subcommittees on community health the department budget and the state budget director.</p> <p>(4) Upon the closure of state-run operations and after transitional costs have been paid, the remaining balances of funds appropriated for that operation shall be transferred to CMHSPs or PIHPs responsible for providing services for individuals previously served by the operations.</p>	
<p>Sec. 606. The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid and local county CMHSP payers, to cover the cost of placement in state hospitals and centers. The department is authorized to adjust financing sources for patient reimbursement based on actual revenues earned. If the revenue collected exceeds current year expenditures, the revenue may be carried forward with approval of the state budget director. The revenue carried forward shall be used as a first source of funds in the subsequent year.</p>	<p>Permits department to collect 1st & 3rd party revenues, and local CMSHP funds to cover patient hospital/center costs.</p>			<p>Sec. 606. The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid and local county CMHSP payers, to cover the cost of placement in state hospitals and centers. The department is authorized to adjust financing sources for patient reimbursement based on actual revenues earned. If the revenue collected exceeds current year expenditures, the revenue may be carried forward with approval of the state budget director. The revenue carried forward shall be used as a first source of funds in the subsequent year.</p>	<p>DCH – Article 4, section 606</p> <p>DHS – no comparable section</p> <p>Moved to Section 1006</p>

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		PUBLIC ASSISTANCE	DHS 600 Section		Moved to 700-799
		Sec. 601. Whenever a client agrees to the release of his or her name and address to the local housing authority, the department shall request from the local housing authority information regarding whether the housing unit for which vrending has been requested meets applicable local housing codes. Vrending shall be terminated for those units that the local authority indicates in writing do not meet local housing codes until such time as the local authority indicates in writing that local housing codes have been met.	Compliance with local building codes and payment of property taxes required before vended shelter payments may be made.	Sec. 604. Whenever a client agrees to the release of his or her name and address to the local housing authority, the department shall request from the local housing authority information regarding whether the housing unit for which vrending has been requested meets applicable local housing codes. Vrending shall be terminated for those units that the local authority indicates in writing do not meet local housing codes until such time as the local authority indicates in writing that local housing codes have been met.	DCH – no comparable section DHS – Article 9, section 601 Moved to Section 701
		Sec. 602. The department shall establish a policy to conduct a full evaluation of an individual's assistance needs if the individual has applied for disability 2 times within a 1-year period.	Requires full evaluation of needs for individuals reapplying for disability assistance for a second time in a 12 month period and limits the number of times an applicant can apply for assistance in a 12 month period.	Sec. 602. The department shall establish a policy to conduct a full evaluation of an individual's assistance needs if the individual has applied for disability 2 times within a 1-year period.	DCH – no comparable section DHS – Article 9, section 602 Moved to Section 702
		Sec. 604. (1) The department shall operate a state disability assistance program. Except as provided in subsection (3),	Requires DHS to operate state disability assistance	Sec. 604. (1) The department shall operate a state disability assistance program. Except as provided in subsection (3),	DCH – no comparable section

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		<p>persons eligible for this program shall include needy citizens of the United States or aliens exempted from the supplemental security income citizenship requirement who are at least 18 years of age or emancipated minors meeting 1 or more of the following requirements:</p> <p>(a) A recipient of supplemental security income, social security, or medical assistance due to disability or 65 years of age or older.</p> <p>(b) A person with a physical or mental impairment which meets federal supplemental security income disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.</p> <p>(c) A resident of an adult foster care facility, a home for the aged, a county infirmary, or a substance abuse treatment center.</p> <p>(d) A person receiving 30-day postresidential substance abuse treatment.</p> <p>(e) A person diagnosed as having acquired immunodeficiency syndrome.</p> <p>(f) A person receiving special education services through the local intermediate school district.</p>	<p>program. Specifies recipient non-financial eligibility criteria and defines disabled for purposes of the program. Defines “disabled” and requires substance abuse treatment to those whose addiction is “material to the determination of the disability.”</p>	<p>persons eligible for this program shall include needy citizens of the United States or aliens exempted from the supplemental security income citizenship requirement who are at least 18 years of age or emancipated minors meeting 1 or more of the following requirements:</p> <p>(a) A recipient of supplemental security income, social security, or medical assistance due to disability or 65 years of age or older.</p> <p>(b) A person with a physical or mental impairment which meets federal supplemental security income disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.</p> <p>(c) A resident of an adult foster care facility, a home for the aged, a county infirmary, or a substance abuse treatment center.</p> <p>(d) A person receiving 30-day postresidential substance abuse treatment.</p> <p>(e) A person diagnosed as having acquired immunodeficiency syndrome.</p> <p>(f) A person receiving special education services through the local intermediate school district.</p>	<p>DHS – Article 9, section 604</p> <p>Moved to Section 704</p>

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		<p>(g) A caretaker of a disabled person who meets the requirements specified in subdivision (a), (b), (e), or (f).</p> <p>(2) Applicants for and recipients of the state disability assistance program shall be considered needy if they:</p> <p>(a) Meet the same asset test as is applied for the family independence program.</p> <p>(b) Have a monthly budgetable income that is less than the payment standards.</p> <p>(3) Except for a person described in subsection (1)(c) or (d), a person is not disabled for purposes of this section if his or her drug addiction or alcoholism is a contributing factor material to the determination of disability. "Material to the determination of disability" means that, if the person stopped using drugs or alcohol, his or her remaining physical or mental limitations would not be disabling. If his or her remaining physical or mental limitations would be disabling, then the drug addiction or alcoholism is not material to the determination of disability and the person may receive state disability assistance. Such a person must actively participate in a substance abuse treatment program, and the assistance must be paid to a third party or</p>		<p>(g) A caretaker of a disabled person who meets the requirements specified in subdivision (a), (b), (e), or (f).</p> <p>(2) Applicants for and recipients of the state disability assistance program shall be considered needy if they:</p> <p>(a) Meet the same asset test as is applied for the family independence program.</p> <p>(b) Have a monthly budgetable income that is less than the payment standards.</p> <p>(3) Except for a person described in subsection (1)(c) or (d), a person is not disabled for purposes of this section if his or her drug addiction or alcoholism is a contributing factor material to the determination of disability. "Material to the determination of disability" means that, if the person stopped using drugs or alcohol, his or her remaining physical or mental limitations would not be disabling. If his or her remaining physical or mental limitations would be disabling, then the drug addiction or alcoholism is not material to the determination of disability and the person may receive state disability assistance. Such a person must actively participate in a substance abuse treatment program, and the assistance must be paid to a third party or</p>	

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		through vendor payments. For purposes of this section, substance abuse treatment includes receipt of inpatient or outpatient services or participation in alcoholics anonymous or a similar program.		through vendor payments. For purposes of this section, substance abuse treatment includes receipt of inpatient or outpatient services or participation in alcoholics anonymous or a similar program.	
		Sec. 605. The level of reimbursement provided to state disability assistance recipients in licensed adult foster care facilities shall be the same as the prevailing supplemental security income rate under the personal care category.	Requires that the benefit paid SDA recipients or licensed AFC facilities be the same as the prevailing SSI personal care rate.	Sec. 605. The level of reimbursement provided to state disability assistance recipients in licensed adult foster care facilities shall be the same as the prevailing supplemental security income rate under the personal care category.	DCH – no comparable section DHS – Article 9, section 605 Moved to Section 705
		Sec. 606. County department offices shall require each recipient of family independence program and state disability assistance who has applied with the social security administration for supplemental security income to sign a contract to repay any assistance rendered through the family independence program or state disability assistance program upon receipt of retroactive supplemental security income benefits.	Requires DHS to require recipients of SDA to sign repay agreements.	Sec. 606. County department offices shall require each recipient of family independence program and state disability assistance who has applied with the social security administration for supplemental security income to sign a contract to repay any assistance rendered through the family independence program or state disability assistance program upon receipt of retroactive supplemental security income benefits.	DCH – no comparable section DHS – Article 9, section 606 Moved to Section 706
		Sec. 607. (1) The department's ability to satisfy appropriation deductions in part 1 for state disability assistance/supplemental security income recoveries and public assistance recoupment revenues shall not be limited to recoveries and accruals pertaining to state disability assistance, or family independence assistance grant	Permits all recoveries received during the current fiscal year to be applied against the revenue deduct regardless of year in which recovered	Sec. 607. (1) The department's ability to satisfy appropriation deductions in part 1 for state disability assistance/supplemental security income recoveries and public assistance recoupment revenues shall not be limited to recoveries and accruals pertaining to state disability assistance, or family independence assistance grant	DCH – no comparable section DHS – Article 9, section 607 Moved to Section 707

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		<p>payments provided only in the current fiscal year, but may include revenues collected during the current year that are prior year related and not a part of the department's accrued entries.</p> <p>(2) The department may use supplemental security income recoveries to satisfy the deduct in any line in which the revenues are appropriated, regardless of the source from which the revenue is recovered.</p>	<p>benefits were paid.</p>	<p>payments provided only in the current fiscal year, but may include revenues collected during the current year that are prior year related and not a part of the department's accrued entries.</p> <p>(2) The department may use supplemental security income recoveries to satisfy the deduct in any line in which the revenues are appropriated, regardless of the source from which the revenue is recovered.</p>	
		<p>Sec. 608. Adult foster care facilities providing domiciliary care or personal care to residents receiving supplemental security income or homes for the aged serving residents receiving supplemental security income shall not require those residents to reimburse the home or facility for care at rates in excess of those legislatively authorized. To the extent permitted by federal law, adult foster care facilities and homes for the aged serving residents receiving supplemental security income shall not be prohibited from accepting third-party payments in addition to supplemental security income provided that the payments are not for food, clothing, shelter, or result in a reduction in the recipient's supplemental security income payment.</p>	<p>Prohibits adult foster care facilities providing domiciliary or personal care or homes for the aged serving recipients receiving SSI from requiring residents to pay more for care than authorized by the legislature.</p>	<p>Sec. 608. Adult foster care facilities providing domiciliary care or personal care to residents receiving supplemental security income or homes for the aged serving residents receiving supplemental security income shall not require those residents to reimburse the home or facility for care at rates in excess of those legislatively authorized. To the extent permitted by federal law, adult foster care facilities and homes for the aged serving residents receiving supplemental security income shall not be prohibited from accepting third-party payments in addition to supplemental security income provided that the payments are not for food, clothing, shelter, or result in a reduction in the recipient's supplemental security income payment.</p>	<p>DCH – no comparable section</p> <p>DHS – Article 9, section 608</p> <p>Moved to Section 708</p>
		<p>Sec. 609. The state supplementation level under the supplemental security income</p>	<p>Prohibits reduction of SSI State</p>	<p>Sec. 609. The state supplementation level under the supplemental security income</p>	<p>DCH – no comparable section</p>

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		<p>program for the personal care/adult foster care and home for the aged categories shall not be reduced during the current fiscal year. The legislature shall be notified not less than 30 days before any proposed reduction in the state supplementation level.</p>	<p>Supplementation payment levels for personal care/home for the aged/adult foster care categories</p>	<p>program for the personal care/adult foster care and home for the aged categories shall not be reduced during the current fiscal year. The legislature shall be notified not less than 30 days before any proposed reduction in the state supplementation level.</p>	<p>DHS – Article 9, section 609</p> <p>Moved to Section 709</p>
		<p>Sec. 610. (1) In developing good cause criteria for the state emergency relief program, the department shall grant exemptions if the emergency resulted from unexpected expenses related to maintaining or securing employment.</p> <p>(2) For purposes of determining housing affordability eligibility for state emergency relief, a group is considered to have sufficient income to meet ongoing housing expenses if their total housing obligation does not exceed 75% of their total net income.</p> <p>(3) State emergency relief payments shall not be made to individuals who have been found guilty of fraud in regard to obtaining public assistance.</p> <p>(4) State emergency relief payments shall not be made available to persons who are out-of-state residents or illegal immigrants.</p> <p>(5) State emergency relief payments for rent assistance shall be distributed directly to landlords and shall not be added to Michigan bridge cards.</p>	<p>Mandates exemptions to State Emergency Relief good cause criteria if the emergency resulted from unexpected expenses related to maintaining or securing employment.</p>	<p>Sec. 640. (1) In developing good cause criteria for the state emergency relief program, the department shall grant exemptions if the emergency resulted from unexpected expenses related to maintaining or securing employment.</p> <p>(2) For purposes of determining housing affordability eligibility for state emergency relief, a group is considered to have sufficient income to meet ongoing housing expenses if their total housing obligation does not exceed 75% of their total net income.</p> <p>(3) State emergency relief payments shall not be made to individuals who have been found guilty of fraud in regard to obtaining public assistance.</p> <p>(4) State emergency relief payments shall not be made available to persons who are out-of-state residents or illegal immigrants.</p> <p>(5) State emergency relief payments for rent assistance shall be distributed directly to landlords and shall not be added to Michigan bridge cards.</p>	<p>DCH – no comparable section</p> <p>DHS – Article 9, section 610</p> <p>Moved to Section 710</p>

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		Sec. 611. The state supplementation level under the supplemental security income program for the living independently or living in the household of another categories shall not exceed the minimum state supplementation level as required under federal law or regulations.	Prohibits the department from establishing SSI supplementation levels in excess of the federal minimum.	Sec. 644. The state supplementation level under the supplemental security income program for the living independently or living in the household of another categories shall not exceed the minimum state supplementation level as required under federal law or regulations.	DCH – no comparable section DHS – Article 9, section 611 Moved to Section 711
		Sec. 613. The department shall provide reimbursements for the final disposition of indigent persons. The maximum allowable reimbursement for the final disposition shall be \$800.00. In addition, reimbursement for a cremation permit fee of up to \$75.00 and for mileage at the standard rate will also be made available for an eligible cremation. The reimbursements under this section shall account for religious preferences that prohibit cremation.	Requires DHS reimbursement for final disposition of indigent persons.	Sec. 643. The department shall provide reimbursements for the final disposition of indigent persons. The maximum allowable reimbursement for the final disposition shall be \$800.00. In addition, reimbursement for a cremation permit fee of up to \$75.00 and for mileage at the standard rate will also be made available for an eligible cremation. The reimbursements under this section shall account for religious preferences that prohibit cremation.	DCH – no comparable section DHS – Article 9, section 613 Moved to Section 713
		Sec. 615. Except as required by federal law or regulations, funds appropriated in part 1 shall not be used to provide public assistance to a person who is an illegal alien. This section shall not prohibit the department from entering into contracts with food banks, emergency shelter providers, or other human services agencies who may, as a normal part of doing business, provide food or emergency shelter.	Prohibits payments for illegal aliens except as required by federal law; contracts with food banks and emergency shelters allowed.	Sec. 645. Except as required by federal law or regulations, funds appropriated in part 1 shall not be used to provide public assistance to a person who is an illegal alien. This section shall not prohibit the department from entering into contracts with food banks, emergency shelter providers, or other human services agencies who may, as a normal part of doing business, provide food or emergency shelter.	DCH – no comparable section DHS – Article 9, section 615 Moved to Section 715
		Sec. 616. The department shall require retailers that participate in the electronic benefits transfer	Requires a fee limit for cash back transactions	Sec. 646. The department shall require retailers that participate in the electronic benefits transfer	DCH – no comparable section

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		program to charge no more than \$2.50 in fees for cash back as a condition of participation.	on EBT cards.	program to charge no more than \$2.50 in fees for cash back as a condition of participation.	DHS – Article 9, section 616 Moved to Section 716
		<p>Sec. 619. (1) Subject to subsection (2), the department shall exempt from the denial of title IV-A assistance and food assistance benefits under 21 USC 862a any individual who has been convicted of a felony that included the possession, use, or distribution of a controlled substance, after August 22, 1996, provided that the individual is not in violation of his or her probation or parole requirements. Benefits shall be provided to such individuals as follows:</p> <p>(a) A third-party payee or vendor shall be required for any cash benefits provided.</p> <p>(b) An authorized representative shall be required for food assistance receipt.</p> <p>(2) Subject to federal approval, an individual is not entitled to the exemption in this section if the individual was convicted in 2 or more separate cases of a felony that included the possession, use, or distribution of a controlled substance after August 22, 1996.</p>	<p>(1) Assistance is not to be denied to drug felons convicted after August 22, 1996, provided person not in violation of probation/parole requirements. Assistance must be paid to third party payee, vendor, or authorized representative.</p> <p>(2) Prohibits an individual from receiving assistance if convicted 2 times or more of a felony controlled substance crime.</p>	<p>Sec. 619. (1) Subject to subsection (2), the department shall exempt from the denial of title IV-A assistance and food assistance benefits under 21 USC 862a any individual who has been convicted of a felony that included the possession, use, or distribution of a controlled substance, after August 22, 1996, provided that the individual is not in violation of his or her probation or parole requirements. Benefits shall be provided to such individuals as follows:</p> <p>(a) A third-party payee or vendor shall be required for any cash benefits provided.</p> <p>(b) An authorized representative shall be required for food assistance receipt.</p> <p>(2) Subject to federal approval, an individual is not entitled to the exemption in this section if the individual was convicted in 2 or more separate cases of a felony that included the possession, use, or distribution of a controlled substance after August 22, 1996.</p>	<p>DCH – no comparable section</p> <p>DHS – Article 9, section 619</p> <p>Moved to Section 719</p>
		Sec. 620. (1) The department shall make a determination of Medicaid eligibility not later than 90 days if disability is an eligibility	Establishes department Medicaid eligibility	Sec. 620 . (1) The department shall make a determination of Medicaid eligibility not later than 90 days if disability is an eligibility	DCH – no comparable section

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		factor. For all other Medicaid applicants, including patients of a nursing home, the department shall make a determination of Medicaid eligibility within 45 days of application.	determination deadlines.	factor. For all other Medicaid applicants, including patients of a nursing home, the department shall make a determination of Medicaid eligibility within 45 days of application.	DHS – Article 9, section 620 Moved to Section 720
		Sec. 643. As a condition of receipt of federal TANF funds, homeless shelters and human services agencies shall collaborate with the department to obtain necessary TANF eligibility information on families as soon as possible after admitting a family to the homeless shelter. From the funds appropriated in part 1 for homeless programs, the department is authorized to make allocations of TANF funds only to the agencies that report necessary data to the department for the purpose of meeting TANF eligibility reporting requirements. Homeless shelters or human services agencies that do not report necessary data to the department for the purpose of meeting TANF eligibility reporting requirements will not receive reimbursements which exceed the per diem amount they received in fiscal year 2000. The use of TANF funds under this section should not be considered an ongoing commitment of funding.	Allows TANF funds to be used for homeless shelters providing the shelters obtain necessary TANF eligibility information from the families involved.	Sec. 643 . As a condition of receipt of federal TANF funds, homeless shelters and human services agencies shall collaborate with the department to obtain necessary TANF eligibility information on families as soon as possible after admitting a family to the homeless shelter. From the funds appropriated in part 1 for homeless programs, the department is authorized to make allocations of TANF funds only to the agencies that report necessary data to the department for the purpose of meeting TANF eligibility reporting requirements. Homeless shelters or human services agencies that do not report necessary data to the department for the purpose of meeting TANF eligibility reporting requirements will not receive reimbursements which exceed the per diem amount they received in fiscal year 2000. The use of TANF funds under this section should not be considered an ongoing commitment of funding.	DCH – no comparable section DHS – Article 9, section 643 Moved to Section 743
		Sec. 645. An individual or family is considered homeless, for purposes of eligibility for state emergency relief, if living temporarily with others in order to	Defines domestic violence for the purpose of state emergency relief.	Sec. 645 . An individual or family is considered homeless, for purposes of eligibility for state emergency relief, if living temporarily with others in order to	DCH – no comparable section DHS – Article 9,

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		escape domestic violence. For purposes of this section, domestic violence is defined and verified in the same manner as in the department's policies on good cause for not cooperating with child support and paternity requirements.		escape domestic violence. For purposes of this section, domestic violence is defined and verified in the same manner as in the department's policies on good cause for not cooperating with child support and paternity requirements.	section 645 Moved to Section 745
		Sec. 653. From the funds appropriated in part 1 for food assistance, an individual who is the victim of domestic violence and does not qualify for any other exemption may be exempt from the 3-month in 36-month limit on receiving food assistance under 7 USC 2015. This exemption can be extended an additional 3 months upon demonstration of continuing need.	Victims of domestic violence may be exempt from the 3-month in 36-months limit. Allows an additional 3 months in case of continuing need.	Sec. 653 . From the funds appropriated in part 1 for food assistance, an individual who is the victim of domestic violence and does not qualify for any other exemption may be exempt from the 3-month in 36-month limit on receiving food assistance under 7 USC 2015. This exemption can be extended an additional 3 months upon demonstration of continuing need.	DCH – no comparable section DHS – Article 9, section 653 Moved to Section 753
		Sec. 655. Within 14 days after the spending plan for low-income home energy assistance program is approved by the state budget office, the department shall provide the spending plan, including itemized projected expenditures, to the chairpersons of the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the senate and house policy offices.	Requires department to submit LIHEAP spending plan to legislature.	Sec. 655 . Within 14 days after the spending plan for low-income home energy assistance program is approved by the state budget office, the department shall provide the spending plan, including itemized projected expenditures, to the chairpersons of the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the senate and house policy offices.	DCH – no comparable section DHS – Article 9, section 655 Moved to Section 755
		Sec. 660. From the funds appropriated in part 1 for food bank funding, the department is authorized to make allocations of TANF funds only to the agencies that report necessary data to the department for the purpose of	Requires food banks working with state emergency relief to report necessary data to receive TANF	Sec. 660 . From the funds appropriated in part 1 for food bank funding, the department is authorized to make allocations of TANF funds only to the agencies that report necessary data to the department for the purpose of	DCH – no comparable section DHS – Article 9, section 660

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		meeting TANF eligibility reporting requirements. The agencies that do not report necessary data to the department for the purpose of meeting TANF eligibility reporting requirements will not receive allocations in excess of those received in fiscal year 2000. The use of TANF funds under this section should not be considered an ongoing commitment of funding.	funds. If not, funds received will not exceed the level of those received in FY 2000.	meeting TANF eligibility reporting requirements. The agencies that do not report necessary data to the department for the purpose of meeting TANF eligibility reporting requirements will not receive allocations in excess of those received in fiscal year 2000. The use of TANF funds under this section should not be considered an ongoing commitment of funding.	Moved to Section 760
		Sec. 669. The department shall allocate \$2,880,000.00 for the annual clothing allowance. The allowance shall be granted to all eligible children in a family independence program group that does not include an adult.	Establishes clothing allowance allocation.	Sec. 669 . The department shall allocate \$2,880,000.00 for the annual clothing allowance. The allowance shall be granted to all eligible children in a family independence program group that does not include an adult.	DCH – no comparable section DHS – Article 9, section 669 Moved to Section 769
		Sec. 677. (1) The department shall establish a state goal for the percentage of family independence program cases involved in employment activities. The percentage established shall not be less than 50%. The goal for long-term employment shall be 15% of cases for 6 months or more. (2) On a monthly basis, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies and policy offices, and the state budget director on the number of cases referred to partnership, accountability, training, and hope.	Requires DHS to establish a state goal for the percentage of FIP clients involved in employment activities, not less than 50%. Requires monthly reporting on progress toward that goal. Requires DHS to develop and implement a plan to reach the state goal, if not attained for 2 consecutive quarters.	Sec. 677 . (1) The department shall establish a state goal for the percentage of family independence program cases involved in employment activities. The percentage established shall not be less than 50%. The goal for long-term employment shall be 15% of cases for 6 months or more. (2) On a monthly basis, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies and policy offices, and the state budget director on the number of cases referred to partnership, accountability, training, and hope.	DCH – no comparable section DHS – Article 9, section 677 Moved to Section 777

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		<p>(PATH), the current percentage of family independence program cases involved in PATH employment activities, an estimate of the current percentage of family independence program cases that meet federal work participation requirements on the whole, and an estimate of the current percentage of the family independence program cases that meet federal work participation requirements for those cases referred to PATH.</p> <p>(3) The department shall submit to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office a quarterly report that includes all of the following:</p> <p>(a) The number and percentage of nonexempt family independence program recipients who are employed.</p> <p>(b) The average and range of wages of employed family independence program recipients.</p> <p>(c) When data become available, the number and percentage of employed family independence program recipients who remain employed for 6 months or more.</p>		<p>(PATH), the current percentage of family independence program cases involved in PATH employment activities, an estimate of the current percentage of family independence program cases that meet federal work participation requirements on the whole, and an estimate of the current percentage of the family independence program cases that meet federal work participation requirements for those cases referred to PATH.</p> <p>(3) The department shall submit to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office a quarterly report that includes all of the following:</p> <p>(a) The number and percentage of nonexempt family independence program recipients who are employed.</p> <p>(b) The average and range of wages of employed family independence program recipients.</p> <p>(c) When data become available, the number and percentage of employed family independence program recipients who remain employed for 6 months or more.</p>	
		Sec. 687. (1) The department	Requires DHS	Sec. 687. (1) The department	DCH – no

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		<p>shall, on a quarterly basis by February 1, May 1, August 1, and November 1, compile and make available on its website all of the following information about the family independence program, state disability assistance, the food assistance program, Medicaid, and state emergency relief:</p> <p>(a) The number of applications received.</p> <p>(b) The number of applications approved.</p> <p>(c) The number of applications denied.</p> <p>(d) The number of applications pending and neither approved nor denied.</p> <p>(e) The number of cases closed.</p> <p>(2) The information provided under subsection (1) shall be compiled and made available for the state as a whole and for each county and reported separately for each program listed in subsection (1).</p> <p>(3) The department shall, on a quarterly basis by February 1, May 1, August 1, and November 1, compile and make available on its website the family independence program information listed as follows:</p>	<p>quarterly program updates on department website.</p>	<p>shall, on a quarterly basis by February 1, May 1, August 1, and November 1, compile and make available on its website all of the following information about the family independence program, state disability assistance, the food assistance program, Medicaid, and state emergency relief:</p> <p>(a) The number of applications received.</p> <p>(b) The number of applications approved.</p> <p>(c) The number of applications denied.</p> <p>(d) The number of applications pending and neither approved nor denied.</p> <p>(e) The number of cases closed.</p> <p>(2) The information provided under subsection (1) shall be compiled and made available for the state as a whole and for each county and reported separately for each program listed in subsection (1).</p> <p>(3) The department shall, on a quarterly basis by February 1, May 1, August 1, and November 1, compile and make available on its website the family independence program information listed as follows:</p>	<p>comparable section</p> <p>DHS – Article 9, section 687</p> <p>Moved to Section 787</p>

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		<p>(a) The number of new applicants who successfully met the requirements of the 21-day assessment period for PATH.</p> <p>(b) The number of new applicants who did not meet the requirements of the 21-day assessment period for PATH.</p> <p>(c) The number of cases sanctioned because of the school truancy policy.</p> <p>(d) The number of cases closed because of the 48-month and 60-month lifetime limits.</p> <p>(e) The number of first-, second-, and third-time sanctions.</p> <p>(f) The number of children ages 0-5 living in FIP-sanctioned households.</p> <p>(4) The department shall notify the state budget office, the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the senate and house policy offices when the reports required in this section are made available on the department's website.</p>		<p>(a) The number of new applicants who successfully met the requirements of the 21-day assessment period for PATH.</p> <p>(b) The number of new applicants who did not meet the requirements of the 21-day assessment period for PATH.</p> <p>(c) The number of cases sanctioned because of the school truancy policy.</p> <p>(d) The number of cases closed because of the 48-month and 60-month lifetime limits.</p> <p>(e) The number of first-, second-, and third-time sanctions.</p> <p>(f) The number of children ages 0-5 living in FIP-sanctioned households.</p> <p>(4) The department shall notify the state budget office, the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the senate and house policy offices when the reports required in this section are made available on the department's website.</p>	

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		<p>Sec. 695. (1) From the funds appropriated in part 1 for multicultural integration funding, the department may require each contractor to provide data and information on performance-related metrics. These metrics may include, but are not limited to, all of the following:</p> <p>(a) Each contractor or subcontractor shall have a mission that is consistent with the purpose of multicultural integration funding.</p> <p>(b) Each contractor shall validate that any subcontractors utilized within these appropriations share the same mission as the lead agency receiving funding.</p> <p>(c) Each contractor or subcontractor shall demonstrate cost-effectiveness.</p> <p>(d) Each contractor or subcontractor shall ensure their ability to leverage private dollars to strengthen and maximize service provision.</p> <p>(e) Each contractor or subcontractor shall provide timely and accurate reports regarding the number of clients served, units of service provision, and ability to meet their stated goals.</p> <p>(2) The department shall require an annual report from the contractors that receive</p>	<p>Allows DHS to require data reporting and performance metrics from contractor.</p>	<p>Sec. 695. (1) From the funds appropriated in part 1 for multicultural integration funding, the department may require each contractor to provide data and information on performance-related metrics. These metrics may include, but are not limited to, all of the following:</p> <p>(a) Each contractor or subcontractor shall have a mission that is consistent with the purpose of multicultural integration funding.</p> <p>(b) Each contractor shall validate that any subcontractors utilized within these appropriations share the same mission as the lead agency receiving funding.</p> <p>(c) Each contractor or subcontractor shall demonstrate cost-effectiveness.</p> <p>(d) Each contractor or subcontractor shall ensure their ability to leverage private dollars to strengthen and maximize service provision.</p> <p>(e) Each contractor or subcontractor shall provide timely and accurate reports regarding the number of clients served, units of service provision, and ability to meet their stated goals.</p> <p>(2) The department shall require an annual report from the contractors that receive</p>	<p>DCH – Article 4, section 403</p> <p>DHS article 9, section 695</p> <p>NOTE: Delete DCH 403, keep DHS 695</p> <p>Moved to Section 795</p>

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		<p>multicultural integration funding. The annual report, due 60 days following the end of the contract period, shall include specific information on services and programs provided, the client base to which the services and programs were provided, information on any wraparound services provided, and the expenditures for those services. The department shall provide the annual reports to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.</p> <p>(3) The department of community health and the department shall convene a workgroup to discuss and make recommendations on including accreditation in the contractor specifications and potentially moving toward competitive bidding. Each contractor required to provide data per this section shall be invited to participate in the workgroup if so convened.</p>		<p>multicultural integration funding. The annual report, due 60 days following the end of the contract period, shall include specific information on services and programs provided, the client base to which the services and programs were provided, information on any wraparound services provided, and the expenditures for those services. The department shall provide the annual reports to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.</p> <p>(3) The department of community health and the department shall convene a workgroup to discuss and make recommendations on including accreditation in the contractor specifications and potentially moving toward competitive bidding. Each contractor required to provide data per this section shall be invited to participate in the workgroup if so convened.</p>	
HEALTH POLICY	DCH 700 Section				Moved to 1100-1199
Sec. 713. The department shall continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.	Primary care services for Multicultural agencies.			Sec. 713. The department shall continue support of multicultural agencies that provide primary care services from the funds appropriated in part 1.	DCH – Article 4, section 713 DHS – no comparable section

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					Moved to Section 1113
Sec. 717. The department may award health innovation grants to address emerging issues and encourage cutting edge advances in health care including strategic partners in both the public and private sectors.	Establishes language to spend the Health Innovation Grant.			Sec. 747. The department may award health innovation grants to address emerging issues and encourage cutting edge advances in health care including strategic partners in both the public and private sectors.	DCH – Article 4, section 717 DHS – no comparable section Moved to Section 1117
Sec. 718: (1) From the funds appropriated in part 1 for health policy administration, the department shall allocate federal state innovation model grant funding that supports implementation of the health delivery system innovations detailed in the state's blueprint for health innovation document. Over the next five years this initiative will strengthen primary care infrastructure in the state, improve coordination of care, reduce administrative complexity and make access to health coverage more affordable for Michigan residents. (2) Outcomes and performance measures for this new initiative include but are not limited to the following: (a) An increase in the number of physician practices fulfilling patient-centered medical home functions. (b) A reduction in inappropriate	Federal State Innovation Model Grant Funding			Sec. 748: (1) From the funds appropriated in part 1 for health policy administration, the department shall allocate federal state innovation model grant funding that supports implementation of the health delivery system innovations detailed in the state's blueprint for health innovation document. Over the next five years this initiative will strengthen primary care infrastructure in the state, improve coordination of care, reduce administrative complexity and make access to health coverage more affordable for Michigan residents. (2) Outcomes and performance measures for this new initiative include but are not limited to the following: (a) An increase in the number of physician practices fulfilling patient-centered medical home functions. (b) A reduction in inappropriate	DCH – Article 4, section 718 DHS – no comparable section Moved to Section 1118

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health utilization; specifically a reduction in preventable emergency department visits, a reduction in the proportion of hospitalizations for ambulatory sensitive conditions and a reduction in the state's 30 day hospital readmission rate.				health utilization; specifically a reduction in preventable emergency department visits, a reduction in the proportion of hospitalizations for ambulatory sensitive conditions and a reduction in the state's 30 day hospital readmission rate.	
		JUVENILE JUSTICE SERVICES CHILDRENS SERVICES AGENCY – JUVENILE JUSTICE	DHS 700-749 Section		Renamed section header Move to 600-699
		Sec. 706. Counties shall be subject to 50% chargeback for the use of alternative regional detention services, if those detention services do not fall under the basic provision of section 117e of the social welfare act, 1939 PA 280, MCL 400.117e, or if a county operates those detention services programs primarily with professional rather than volunteer staff.	Counties are responsible for 50% of the cost of regional detention services.	Sec. 706 . Counties shall be subject to 50% chargeback for the use of alternative regional detention services, if those detention services do not fall under the basic provision of section 117e of the social welfare act, 1939 PA 280, MCL 400.117e, or if a county operates those detention services programs primarily with professional rather than volunteer staff.	DCH – no comparable section DCH – Article 9, section 706 Move to Section 606
		Sec. 707. In order to be reimbursed for child care fund expenditures, counties are required to submit department-developed reports to enable the department to document potential federally claimable expenditures. This requirement is in accordance with the reporting requirements specified in section 117a(7) of the social welfare act, 1939 PA 280, MCL 400.117a.	Requires counties to submit reports to DHS in order to be reimbursed for child care fund expenditures.	Sec. 707 . In order to be reimbursed for child care fund expenditures, counties are required to submit department-developed reports to enable the department to document potential federally claimable expenditures. This requirement is in accordance with the reporting requirements specified in section 117a(7) of the social welfare act, 1939 PA 280, MCL 400.117a.	DCH – no comparable section DCH – Article 9, section 707 Move to Section 607
		Sec. 708. (1) As a condition of receiving funds appropriated in part 1 for the child care fund line item, by December 15 of the	Requires counties to have an approved spending plan in	Sec. 708 . (1) As a condition of receiving funds appropriated in part 1 for the child care fund line item, by December 15 of the	DCH – no comparable section

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		<p>current fiscal year, counties shall have an approved service spending plan for the current fiscal year. Counties must submit the service spending plan to the department by October 1 of the current fiscal year for approval. The department shall approve within 30 calendar days after receipt a properly completed service plan that complies with the requirements of the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, and shall notify a county within 30 days after approval that its service plan was approved.</p> <p>(2) The department shall submit a report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the house and senate policy offices by February 15 of the current fiscal year on the number of counties that fail to submit a service spending plan by October 1 and the number of service spending plans not approved by December 15.</p>	<p>order to receive child care fund reimbursement.</p>	<p>current fiscal year, counties shall have an approved service spending plan for the current fiscal year. Counties must submit the service spending plan to the department by October 1 of the current fiscal year for approval. The department shall approve within 30 calendar days after receipt a properly completed service plan that complies with the requirements of the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, and shall notify a county within 30 days after approval that its service plan was approved.</p> <p>(2) The department shall submit a report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the house and senate policy offices by February 15 of the current fiscal year on the number of counties that fail to submit a service spending plan by October 1 and the number of service spending plans not approved by December 15.</p>	<p>DCH – Article 9, section 708</p> <p>Move to Section 608</p>
		FIELD OPERATIONS AND SUPPORT SERVICES	DHS 750-799 Section		Move to 800-899
		<p>Sec. 750. (1) The department shall maintain out-stationed eligibility specialists in community-based organizations, community mental health agencies, nursing homes, and hospitals unless a community-</p>	<p>Requires the department to maintain out-stationed eligibility specialists in organizations,</p>	<p>Sec. 750. (1) The department shall maintain out-stationed eligibility specialists in community-based organizations, community mental health agencies, nursing homes, and hospitals unless a community-</p>	<p>Duplicates DHS Article 9, section 752</p>

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		<p>based organization, community mental health agency, nursing home, or hospital requests that the program be discontinued at its facility.</p> <p>(3) A contract for an eligibility specialist donated funds position must include, but not be limited to, the following performance metrics:</p> <p>(a) Meeting a standard of promptness for processing applications for Medicaid and other public assistance programs under state law.</p> <p>(b) Meeting required standards for error rates in determining programmatic eligibility as determined by the department.</p> <p>(4) The department shall only fill additional donated funds positions after a new contract has been signed. That position shall also be abolished when the contract expires or is terminated.</p>	<p>nursing homes, and hospitals unless requested by facility to be discontinued.</p> <p>(3) Metrics included for donated positions.</p>	<p>based organization, community mental health agency, nursing home, or hospital requests that the program be discontinued at its facility.</p> <p>(3) A contract for an eligibility specialist donated funds position must include, but not be limited to, the following performance metrics:</p> <p>(a) Meeting a standard of promptness for processing applications for Medicaid and other public assistance programs under state law.</p> <p>(b) Meeting required standards for error rates in determining programmatic eligibility as determined by the department.</p> <p>(4) The department shall only fill additional donated funds positions after a new contract has been signed. That position shall also be abolished when the contract expires or is terminated.</p>	
		<p>Sec. 751. The department shall submit to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office a quarterly report on the implementation status of the Healthy Michigan call center that includes all of the following information:</p>	<p>Requires department to establish an accounting structure for Healthy Michigan plan to identify administration expenditures.</p>	<p>Sec. 754. The department shall submit to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office a quarterly report on the implementation status of the Healthy Michigan call center that includes all of the following information:</p>	<p>DCH – no comparable section</p> <p>DHS – Article 9, section 751</p> <p>Moved to Section 1751</p>

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		<p>(a) Call volume during the prior quarter.</p> <p>(b) Percentage of calls resolved through the Healthy Michigan plan call center.</p> <p>(c) Percentage of calls transferred to a local department office or other office for resolution.</p> <p>(d) Number of Medicaid applications completed by the Healthy Michigan call center staff and submitted on behalf of clients.</p>		<p>(a) Call volume during the prior quarter.</p> <p>(b) Percentage of calls resolved through the Healthy Michigan plan call center.</p> <p>(c) Percentage of calls transferred to a local department office or other office for resolution.</p> <p>(d) Number of Medicaid applications completed by the Healthy Michigan call center staff and submitted on behalf of clients.</p>	
		<p>Sec. 752. (1) The department shall maintain out-stationed eligibility specialists in community-based organizations, community mental health agencies, nursing homes, and hospitals unless a community-based organization, community mental health agency, nursing home, or hospital requests that the program be discontinued at its facility.</p> <p>(2) From the funds appropriated in part 1 for donated funds positions, the department shall enter into a contract with any agency that requests a donated funds position and is able and eligible under federal law to provide the required matching funds for federal funding, as determined by federal statute and regulations. Beginning in fiscal year 2016, the department is</p>	<p>Meets the performance measurement requirements outlined by SBO for investments.</p>	<p>Sec. 752. (1) The department shall maintain out-stationed eligibility specialists in community-based organizations, community mental health agencies, nursing homes, and hospitals unless a community-based organization, community mental health agency, nursing home, or hospital requests that the program be discontinued at its facility.</p> <p>(2) From the funds appropriated in part 1 for donated funds positions, the department shall enter into a contract with any agency that requests a donated funds position and is able and eligible under federal law to provide the required matching funds for federal funding, as determined by federal statute and regulations. Beginning in fiscal year 2016, the department is</p>	<p>DCH – no comparable section</p> <p>DCH – Article 9, section 752</p> <p>Note: Duplicate of DHS 750 (to be deleted)</p> <p>Move to Section 852</p>

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		<p>authorized to increase the total number of donated funds positions by 200 FTEs. The purpose of these positions will be to address client service needs in adult placement and independent living settings, federally qualified health clinics, hospitals with a high degree of uncompensated care, and employer-based sites. If the department denies a request for donated funds positions, the department shall provide to the agency that made the request the federal statute or regulation that supports the denial. If there is no federal statute or regulation that supports the denial, the department shall grant the request for the donated funds position.</p> <p>(3) A contract for a donated funds position must include, but not be limited to, the following performance metrics:</p> <p>(a) Meeting standards of promptness for processing applications for Medicaid and other public assistance programs under state law.</p> <p>(b) Meeting required standards for error rates in determining programmatic eligibility as determined by the department.</p> <p>(4) The department shall only fill additional donate funds positions after a new contract has been signed. That position shall also</p>		<p>authorized to increase the total number of donated funds positions by 200 FTEs. The purpose of these positions will be to address client service needs in adult placement and independent living settings, federally qualified health clinics, hospitals with a high degree of uncompensated care, and employer-based sites. If the department denies a request for donated funds positions, the department shall provide to the agency that made the request the federal statute or regulation that supports the denial. If there is no federal statute or regulation that supports the denial, the department shall grant the request for the donated funds position.</p> <p>(3) A contract for a donated funds position must include, but not be limited to, the following performance metrics:</p> <p>(a) Meeting standards of promptness for processing applications for Medicaid and other public assistance programs under state law.</p> <p>(b) Meeting required standards for error rates in determining programmatic eligibility as determined by the department.</p> <p>(4) The department shall only fill additional donate funds positions after a new contract has been signed. That position shall also</p>	

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		be abolished when the contract expires or is terminated.		be abolished when the contract expires or is terminated.	
EPIDEMIOLOGY AND INFECTIOUS DISEASE	DCH 800 Section				Moved to 1200-1299
Sec. 851. From the funds appropriated in part 1 for the healthy homes program, no less than \$1,750,000.00 shall be allocated for lead abatement of homes.	Lead abatement of homes			Sec. 851 . From the funds appropriated in part 1 for the healthy homes program, no less than \$1,750,000.00 shall be allocated for lead abatement of homes.	DCH – Article 4, section 851 DHS – no comparable section Moved to Section 1251
Sec. 852. The department shall develop a plan designed to improve Michigan’s childhood and adolescent immunization rates. The department shall engage organizations working to provide immunizations and education about the value of vaccines, including, but not limited to, statewide organizations representing health care providers, local public health departments, child health interest groups, and private foundations with a mission to increase immunization rates.	Childhood and adolescent immunization rates			Sec. 852 . The department shall develop a plan designed to improve Michigan’s childhood and adolescent immunization rates. The department shall engage organizations working to provide immunizations and education about the value of vaccines, including, but not limited to, statewide organizations representing health care providers, local public health departments, child health interest groups, and private foundations with a mission to increase immunization rates.	DCH – Article 4, section 852 DHS – no comparable section Moved to Section 1252
LOCAL HEALTH ADMINISTRATION AND GRANTS	DCH 900 Section				Moved to 1300-1399
Sec. 901. The amount appropriated in part 1 for implementation of the 1993 additions of or amendments to sections 9161, 16221, 16226, 17014, 17015, and 17515 of the	Provides cost reimbursement to LPHD under informed consent statute.			Sec. 901 . The amount appropriated in part 1 for implementation of the 1993 additions of or amendments to sections 9161, 16221, 16226, 17014, 17015, and 17515 of the	DCH – Article 4, section 901 DHS – no comparable

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public health code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515, shall be used to reimburse local health departments for costs incurred related to implementation of section 17015(18) of the public health code, 1978 PA 368, MCL 333.17015.				public health code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515, shall be used to reimburse local health departments for costs incurred related to implementation of section 17015(18) of the public health code, 1978 PA 368, MCL 333.17015.	section Moved to Section 1301
Sec. 902. If a county that has participated in a district health department or an associated arrangement with other local health departments takes action to cease to participate in such an arrangement after October 1 of the current fiscal year, the department shall have the authority to assess a penalty from the local health department's operational accounts in an amount equal to no more than 6.25% of the local health department's essential local public health services funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.	Provides disincentives for withdrawing from a local public health collaboration.			Sec. 902 . If a county that has participated in a district health department or an associated arrangement with other local health departments takes action to cease to participate in such an arrangement after October 1 of the current fiscal year, the department shall have the authority to assess a penalty from the local health department's operational accounts in an amount equal to no more than 6.25% of the local health department's essential local public health services funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department.	DCH – Article 4, section 902 DHS – no comparable section Moved to Section 1302
Sec. 904. (1) Funds appropriated in part 1 for essential local public health services shall be prospectively allocated to local health departments to support immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage	Monetary support for local health departments.			Sec. 904 . (1) Funds appropriated in part 1 for essential local public health services shall be prospectively allocated to local health departments to support immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage	DCH – Article 4, section 904 DHS – no comparable section Moved to Section 1304

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<p>management. Food protection shall be provided in consultation with the department of agriculture and rural development. Public water supply, private groundwater supply, and on-site sewage management shall be provided in consultation with the department of environmental quality.</p> <p>(2) Local public health departments shall be held to contractual standards for the services in subsection (1).</p> <p>(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in the current fiscal year of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1).</p>				<p>management. Food protection shall be provided in consultation with the department of agriculture and rural development. Public water supply, private groundwater supply, and on-site sewage management shall be provided in consultation with the department of environmental quality.</p> <p>(2) Local public health departments shall be held to contractual standards for the services in subsection (1).</p> <p>(3) Distributions in subsection (1) shall be made only to counties that maintain local spending in the current fiscal year of at least the amount expended in fiscal year 1992-1993 for the services described in subsection (1).</p>	
		FIELD OPERATIONS AND SUPPORT SERVICES CHILD SUPPORT ENFORCEMENT	DHS 900 Section		Renamed header Moved to 400-499
		<p>Sec. 901. (1) The appropriations in part 1 assume a total federal child support incentive payment of \$26,500,000.00.</p> <p>(2) From the federal money received for child support incentive payments, \$12,000,000.00 shall be retained by the state and expended for child support program expenses.</p>	<p>(1) Permits DHS to retain up to \$26.5 million in federal child support incentive payments.</p> <p>(2) Requires \$12 million be retained for state program expenses.</p>	<p>Sec. 904. (1) The appropriations in part 1 assume a total federal child support incentive payment of \$26,500,000.00.</p> <p>(2) From the federal money received for child support incentive payments, \$12,000,000.00 shall be retained by the state and expended for child support program expenses.</p>	<p>DCH – no comparable section</p> <p>DHS – Article 9, section 901.</p> <p>Moved to Section 401</p>

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		<p>(3) From the federal money received for child support incentive payments, \$14,500,000.00 shall be paid to the counties based on each county's performance level for each of the federal performance measures as established in 45 CFR 305.2.</p> <p>(4) If the child support incentive payment to the state from the federal government is greater than \$26,500,000.00, then 100% of the excess shall be retained by the state and is appropriated until the total retained by the state reaches \$15,397,400.00.</p> <p>(5) If the child support incentive payment to the state from the federal government is greater than the amount needed to satisfy the provisions identified in subsections (1), (2), (3), and (4), the additional funds shall be subject to appropriation by the legislature.</p> <p>(6) If the child support incentive payment to the state from the federal government is less than \$26,500,000.00, then the state and county share shall each be reduced by 50% of the shortfall.</p>	<p>(3) Allocates \$14.5 million to counties, to be paid on a performance basis.</p> <p>(4) Describes allocation of funds, if total incentive payment is more than \$26.5 million.</p> <p>(5) Requires funds under (4) to be appropriated by the Legislature.</p> <p>(6) Describes allocation to state and county if federal incentive payment is less than \$26.5 M.</p>	<p>(3) From the federal money received for child support incentive payments, \$14,500,000.00 shall be paid to the counties based on each county's performance level for each of the federal performance measures as established in 45 CFR 305.2.</p> <p>(4) If the child support incentive payment to the state from the federal government is greater than \$26,500,000.00, then 100% of the excess shall be retained by the state and is appropriated until the total retained by the state reaches \$15,397,400.00.</p> <p>(5) If the child support incentive payment to the state from the federal government is greater than the amount needed to satisfy the provisions identified in subsections (1), (2), (3), and (4), the additional funds shall be subject to appropriation by the legislature.</p> <p>(6) If the child support incentive payment to the state from the federal government is less than \$26,500,000.00, then the state and county share shall each be reduced by 50% of the shortfall.</p>	
		<p>Sec. 909. (1) If statewide retained child support collections exceed \$38,300,000.00, 75% of the amount in excess of \$38,300,000.00 is appropriated to legal support contracts. This excess appropriation may be</p>	<p>(1) Allows excess child support collections to be distributed to counties under certain conditions.</p>	<p>Sec. 909. (1) If statewide retained child support collections exceed \$38,300,000.00, 75% of the amount in excess of \$38,300,000.00 is appropriated to legal support contracts. This excess appropriation may be</p>	<p>DCH – no comparable section</p> <p>DHS – Article 9, section 909</p>

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		<p>distributed to eligible counties to supplement and not supplant county title IV-D funding.</p> <p>(2) Each county whose retained child support collections in the current fiscal year exceed its fiscal year 2004-2005 retained child support collections, excluding tax offset and financial institution data match collections in both the current year and fiscal year 2004-2005, shall receive its proportional share of the 75% excess.</p>	<p>(2) Establishes distribution of excess collections and notification requirements.</p>	<p>distributed to eligible counties to supplement and not supplant county title IV-D funding.</p> <p>(2) Each county whose retained child support collections in the current fiscal year exceed its fiscal year 2004-2005 retained child support collections, excluding tax offset and financial institution data match collections in both the current year and fiscal year 2004-2005, shall receive its proportional share of the 75% excess.</p>	<p>Moved to Section 409</p>
		<p>Sec. 910. (1) If title IV-D-related child support collections are escheated, the state budget director is authorized to adjust the sources of financing for the funds appropriated in part 1 for legal support contracts to reduce federal authorization by 66% of the escheated amount and increase general fund/general purpose authorization by the same amount. This budget adjustment is required to offset the loss of federal revenue due to the escheated amount being counted as title IV-D program income in accordance with federal regulations at 45 CFR 304.50.</p> <p>(2) The department shall notify the chairs of the house and senate appropriations subcommittees on the department budget and the house and senate fiscal agencies within 15 days of the authorization</p>	<p>Authorizes state budget director to adjust Part 1 authorization for child support collections that are escheated.</p>	<p>Sec. 940. (1) If title IV-D-related child support collections are escheated, the state budget director is authorized to adjust the sources of financing for the funds appropriated in part 1 for legal support contracts to reduce federal authorization by 66% of the escheated amount and increase general fund/general purpose authorization by the same amount. This budget adjustment is required to offset the loss of federal revenue due to the escheated amount being counted as title IV-D program income in accordance with federal regulations at 45 CFR 304.50.</p> <p>(2) The department shall notify the chairs of the house and senate appropriations subcommittees on the department budget and the house and senate fiscal agencies within 15 days of the authorization</p>	<p>DCH – no comparable section</p> <p>DHS – Article 9, section 910</p> <p>Moved to Section 410</p>

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		adjustment in subsection (1).		adjustment in subsection (1).	
FAMILY, MATERNAL AND CHILDREN'S HEALTH SERVICES	DCH 1100 Section				Moved to 1400-1499
Sec. 1106. Each family planning program receiving federal title X family planning funds under 42 USC 300 to 300a-8 shall be in compliance with all performance and quality assurance indicators that the office of population affairs within the United States department of health and human services specifies in the program guidelines for project grants for family planning services. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.	Family planning program funding and federal compliance			Sec. 1106 . Each family planning program receiving federal title X family planning funds under 42 USC 300 to 300a-8 shall be in compliance with all performance and quality assurance indicators that the office of population affairs within the United States department of health and human services specifies in the program guidelines for project grants for family planning services. An agency not in compliance with the indicators shall not receive supplemental or reallocated funds.	DCH – Article 4, section 1106 DHS – no comparable section Moved to Section 1406
Sec. 1108. The department shall not use state restricted funds or state general funds appropriated in part 1 in the pregnancy prevention program or family planning local agreements appropriation line items for abortion counseling, referrals, or services.	No state funds can be used for abortion related services.			Sec. 1108 . The department shall not use state restricted funds or state general funds appropriated in part 1 in the pregnancy prevention program or family planning local agreements appropriation line items for abortion counseling, referrals, or services.	DCH – Article 4, section 1108 DHS – no comparable section Moved to Section 1408
Sec. 1109. (1) From the amounts appropriated in part 1 for dental programs, funds shall be allocated to the Michigan dental association for the administration of a volunteer dental program that provides dental services to the uninsured.	Funds to MDA for the administration of the donated dental program			Sec. 1109 . (1) From the amounts appropriated in part 1 for dental programs, funds shall be allocated to the Michigan dental association for the administration of a volunteer dental program that provides dental services to the uninsured.	DCH – Article 4, section 1109 DHS – no comparable section Moved to

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(2) Not later than December 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health, the senate and house standing committees on health policy, and the state budget office the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures from the immediately preceding fiscal year.				(2) Not later than December 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health the department budget , the senate and house standing committees on health policy, and the state budget office the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures from the immediately preceding fiscal year.	Section 1409
Sec. 1110. Funds collected by the department under PA100 of 2014 for Mobile Dentistry shall be utilized by the department to offset the cost of the program.	Clarifies that new fees for mobile dentistry units (per PA 100 of 2014) are to be used by DCH to offset the costs of the program			Sec. 4440. Funds collected by the department under PA100 of 2014 for Mobile Dentistry shall be utilized by the department to offset the cost of the program.	DCH – Article 4, section 1110 DHS – no comparable section Moved to Section 1410
Sec. 1137. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, not less than \$500,000.00 of funding shall be allocated for evidence-based programs to reduce infant mortality including nurse family partnership programs. The funds shall be used for enhanced support and education to nursing teams or other teams of qualified health professionals, client recruitment in areas designated as underserved for obstetrical and gynecological services and other high-need communities,	Evidence-based programs to reduce infant mortality including nurse family partnership programs			Sec. 4437. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, not less than \$500,000.00 of funding shall be allocated for evidence-based programs to reduce infant mortality including nurse family partnership programs. The funds shall be used for enhanced support and education to nursing teams or other teams of qualified health professionals, client recruitment in areas designated as underserved for obstetrical and gynecological services and other high-need communities,	DCH – Article 4, section 1137 DHS – no comparable section Moved to Section 1437

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strategic planning to expand and sustain programs, and marketing and communications of programs to raise awareness, engage stakeholders, and recruit nurses.				strategic planning to expand and sustain programs, and marketing and communications of programs to raise awareness, engage stakeholders, and recruit nurses.	
Sec. 1138. The department shall allocate funds appropriated in section 113 of part 1 for family, maternal, and children's health services pursuant to section 1 of 2002 PA 360, MCL 333.1091.	Family, maternal, and children's health services funding			Sec. 1138 . The department shall allocate funds appropriated in section 113 of part 1 for family, maternal, and children's health services pursuant to section 1 of 2002 PA 360, MCL 333.1091.	DCH – Article 4, section 1138 DHS – no comparable section Moved to Section 1438
CHILDREN'S SPECIAL HEALTH CARE SERVICES	DCH 1200 Section				Moved to 1500-1599
Sec. 1202. The department may do 1 or more of the following: (a) Provide special formula for eligible clients with specified metabolic and allergic disorders. (b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older. (c) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older. (d) Provide human growth hormone to eligible patients.	Establishes CSHCS eligibility for adults with cystic fibrosis, hemophilia and other conditions.			Sec. 1202 . The department may do 1 or more of the following: (a) Provide special formula for eligible clients with specified metabolic and allergic disorders. (b) Provide medical care and treatment to eligible patients with cystic fibrosis who are 21 years of age or older. (c) Provide medical care and treatment to eligible patients with hereditary coagulation defects, commonly known as hemophilia, who are 21 years of age or older. (d) Provide human growth hormone to eligible patients.	DCH – Article 4, section 1202 DHS – no comparable section Moved to Section 1502
OFFICE OF SERVICES TO THE	DCH 1400				Renamed header

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AGING AGING AND ADULT SERVICES	Section				Moved to 1600-1699
<p>Sec. 1403. (1) By February 1 of the current fiscal year, the office of services to the aging shall require each region to report to the office of services to the aging and to the legislature home-delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following:</p> <p>(a) The recipient's degree of frailty.</p> <p>(b) The recipient's inability to prepare his or her own meals safely.</p> <p>(c) Whether the recipient has another care provider available.</p> <p>(d) Any other qualifications normally necessary for the recipient to receive home-delivered meals.</p> <p>(2) Data required in subsection (1) shall be recorded only for individuals who have applied for participation in the home-delivered meals program and who are initially determined as likely to be eligible for home-delivered meals.</p>	Requires regions to report home delivered meals waiting lists.			<p>Sec. 4403. (1) By February 1 of the current fiscal year, the department office of services to the aging shall require each region to report to the department office of services to the aging and to the legislature home-delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following:</p> <p>(a) The recipient's degree of frailty.</p> <p>(b) The recipient's inability to prepare his or her own meals safely.</p> <p>(c) Whether the recipient has another care provider available.</p> <p>(d) Any other qualifications normally necessary for the recipient to receive home-delivered meals.</p> <p>(2) Data required in subsection (1) shall be recorded only for individuals who have applied for participation in the home-delivered meals program and who are initially determined as likely to be eligible for home-delivered meals.</p>	<p>DCH – Article 4, section 1403</p> <p>DHS – no comparable section</p> <p>Moved to Section 1603</p>
Sec. 1417. The department shall provide to the senate and house appropriations subcommittees on community health, senate and house fiscal agencies, and state	Requires a report on AAA allocation & expenditures.			Sec. 4417. The department shall provide to the senate and house appropriations subcommittees on community health the department budget , senate and	<p>DCH – Article 4, section 1417</p> <p>DHS – no</p>

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budget director a report by March 30 of the current fiscal year that contains all of the following: (a) The total allocation of state resources made to each area agency on aging by individual program and administration. (b) Detail expenditure by each area agency on aging by individual program and administration including both state-funded resources and locally-funded resources.				house fiscal agencies, and state budget director a report by March 30 of the current fiscal year that contains all of the following: (a) The total allocation of state resources made to each area agency on aging by individual program and administration. (b) Detail expenditure by each area agency on aging by individual program and administration including both state-funded resources and locally-funded resources.	comparable section Moved to Section 1617
Sec. 1421. From the funds appropriated in part 1 for community services, \$1,100,000.00 shall be allocated to area agencies on aging for locally determined needs.				Sec. 4424. From the funds appropriated in part 1 for community services, \$1,100,000.00 shall be allocated to area agencies on aging for locally determined needs.	DCH – Article 4, section 1421 DHS – no comparable section Moved to Section 1621
MEDICAL SERVICES ADMINISTRATION	DCH 1500 Section				Moved to 1700-1799
Sec. 1501. The unexpended funds appropriated in part 1 for the electronic health records incentive program are considered work project appropriations, and any unencumbered or unallotted funds are carried forward into the following fiscal year. The following is in compliance with section 451a(1) of the management and budget act,	Provides Work Project Designation for Electronic Health Records Incentive Program.			Sec. 4504. The unexpended funds appropriated in part 1 for the electronic health records incentive program are considered work project appropriations, and any unencumbered or unallotted funds are carried forward into the following fiscal year. The following is in compliance with section 451a(1) of the management and budget act,	DCH – Article 4, section 1501 DHS – no comparable section Moved to Section 1701

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1984 PA 431, MCL 18.1451a: (a) The purpose of the project to be carried forward is to implement the Medicaid electronic health record program that provides financial incentive payments to Medicaid health care providers to encourage the adoption and meaningful use of electronic health records to improve quality, increase efficiency, and promote safety. Section 1501 (b) The projects will be accomplished according to the approved federal advanced planning document. (c) The estimated cost of this project phase is identified in the appropriation line item. (d) The tentative completion date for the work project is September 30, 2020.				1984 PA 431, MCL 18.1451a: (a) The purpose of the project to be carried forward is to implement the Medicaid electronic health record program that provides financial incentive payments to Medicaid health care providers to encourage the adoption and meaningful use of electronic health records to improve quality, increase efficiency, and promote safety. Section 1501 (b) The projects will be accomplished according to the approved federal advanced planning document. (c) The estimated cost of this project phase is identified in the appropriation line item. (d) The tentative completion date for the work project is September 30, 2020.	
MEDICAL SERVICES	DCH 1600-1899 Section				Moved to 1800-2099
Sec. 1601. The cost of remedial services incurred by residents of licensed adult foster care homes and licensed homes for the aged shall be used in determining financial eligibility for the medically needy. Remedial services include basic self-care and rehabilitation training for a resident.	Requires expenditures on occupational therapy to count towards meeting the spend-down for persons in adult foster care or homes for the aged.			Sec. 1601 . The cost of remedial services incurred by residents of licensed adult foster care homes and licensed homes for the aged shall be used in determining financial eligibility for the medically needy. Remedial services include basic self-care and rehabilitation training for a resident.	DCH – Article 4, section 1601 DHS – no comparable section Moved to Section 1801
Sec. 1603. (1) The department	Allow Medicaid			Sec. 1603 . (1) The department	DCH – Article 4,

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<p>may establish a program for individuals to purchase medical coverage at a rate determined by the department.</p> <p>(2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1.</p> <p>(3) The premiums described in this section shall be classified as private funds.</p>	buy-in for transitional Medicaid.			<p>may establish a program for individuals to purchase medical coverage at a rate determined by the department.</p> <p>(2) The department may receive and expend premiums for the buy-in of medical coverage in addition to the amounts appropriated in part 1.</p> <p>(3) The premiums described in this section shall be classified as private funds.</p>	<p>section 1603</p> <p>DHS – no comparable section</p> <p>Moved to Section 1803</p>
<p>Sec. 1605. The protected income level for Medicaid coverage determined pursuant to section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, shall be 100% of the related public assistance standard.</p>	Establishes protected income level as 100% of public assistance standard.			<p>Sec. 1605. The protected income level for Medicaid coverage determined pursuant to section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, shall be 100% of the related public assistance standard.</p>	<p>DCH – Article 4, section 1605</p> <p>DHS – no comparable section</p> <p>Moved to Section 1805</p>
<p>Sec. 1606. For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>	Patient pay requirements for guardians.			<p>Sec. 1606. For the purpose of guardian and conservator charges, the department of community health may deduct up to \$60.00 per month as an allowable expense against a recipient's income when determining medical services eligibility and patient pay amounts.</p>	<p>DCH – Article 4, section 1606</p> <p>DHS – no comparable section</p> <p>Moved to Section 1806</p>
<p>Sec. 1607. (1) An applicant for Medicaid, whose qualifying condition is pregnancy, shall immediately be presumed to be eligible for Medicaid coverage unless the preponderance of evidence in her application indicates otherwise. The</p>	Presumptive eligibility for pregnant women. Requires DCH to facilitate enrollment in Managed Care.			<p>Sec. 1607. (1) An applicant for Medicaid, whose qualifying condition is pregnancy, shall immediately be presumed to be eligible for Medicaid coverage unless the preponderance of evidence in her application indicates otherwise. The</p>	<p>DCH – Article 4, section 1607</p> <p>DHS – no comparable section</p>

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<p>applicant who is qualified as described in this subsection shall be allowed to select or remain with the Medicaid participating obstetrician of her choice.</p> <p>(2) An applicant qualified as described in subsection (1) shall be given a letter of authorization to receive Medicaid covered services related to her pregnancy. All qualifying applicants shall be entitled to receive all medically necessary obstetrical and prenatal care without preauthorization from a health plan. All claims submitted for payment for obstetrical and prenatal care shall be paid at the Medicaid fee-for-service rate in the event a contract does not exist between the Medicaid participating obstetrical or prenatal care provider and the managed care plan. The applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence.</p> <p>(3) In the event that an applicant, presumed to be eligible pursuant to subsection (1), is subsequently found to be ineligible, a Medicaid physician or managed care plan that has been providing pregnancy services to an applicant under this section is entitled to reimbursement for those services until such time as they are notified by the</p>				<p>applicant who is qualified as described in this subsection shall be allowed to select or remain with the Medicaid participating obstetrician of her choice.</p> <p>(2) An applicant qualified as described in subsection (1) shall be given a letter of authorization to receive Medicaid covered services related to her pregnancy. All qualifying applicants shall be entitled to receive all medically necessary obstetrical and prenatal care without preauthorization from a health plan. All claims submitted for payment for obstetrical and prenatal care shall be paid at the Medicaid fee-for-service rate in the event a contract does not exist between the Medicaid participating obstetrical or prenatal care provider and the managed care plan. The applicant shall receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence.</p> <p>(3) In the event that an applicant, presumed to be eligible pursuant to subsection (1), is subsequently found to be ineligible, a Medicaid physician or managed care plan that has been providing pregnancy services to an applicant under this section is entitled to reimbursement for those services until such time as they are notified by the</p>	<p>Moved to Section 1807</p>

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<p>department that the applicant was found to be ineligible for Medicaid.</p> <p>(4) If the preponderance of evidence in an application indicates that the applicant is not eligible for Medicaid, the department shall refer that applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy-related services.</p> <p>(5) The department shall develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application.</p> <p>(6) The department shall mandate enrollment of women, whose qualifying condition is pregnancy, into Medicaid managed care plans.</p> <p>(7) The department shall encourage physicians to provide women, whose qualifying condition for Medicaid is pregnancy, with a referral to a Medicaid participating dentist at the first pregnancy-related appointment.</p>				<p>department that the applicant was found to be ineligible for Medicaid.</p> <p>(4) If the preponderance of evidence in an application indicates that the applicant is not eligible for Medicaid, the department shall refer that applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy-related services.</p> <p>(5) The department shall develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application.</p> <p>(6) The department shall mandate enrollment of women, whose qualifying condition is pregnancy, into Medicaid managed care plans.</p> <p>(7) The department shall encourage physicians to provide women, whose qualifying condition for Medicaid is pregnancy, with a referral to a Medicaid participating dentist at the first pregnancy-related appointment.</p>	
<p>Sec. 1611. (1) For care provided to medical services recipients with other third-party sources of payment, medical services reimbursement shall not exceed, in combination with such other resources, including Medicare,</p>	<p>(1) Limits reimbursement for recipients with other insurances to Medicaid fee screen level. Requires non-</p>			<p>Sec. 4644. (1) For care provided to medical services recipients with other third-party sources of payment, medical services reimbursement shall not exceed, in combination with such other resources, including Medicare,</p>	<p>DCH – Article 4, section 1611</p> <p>DHS – no comparable</p>

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those amounts established for medical services-only patients. The medical services payment rate shall be accepted as payment in full. Other than an approved medical services co-payment, no portion of a provider's charge shall be billed to the recipient or any person acting on behalf of the recipient. Nothing in this section shall be considered to affect the level of payment from a third-party source other than the medical services program. The department shall require a nonenrolled provider to accept medical services payments as payment in full.	enrolled providers to accept Medicaid payment rate as payment in full.			those amounts established for medical services-only patients. The medical services payment rate shall be accepted as payment in full. Other than an approved medical services co-payment, no portion of a provider's charge shall be billed to the recipient or any person acting on behalf of the recipient. Nothing in this section shall be considered to affect the level of payment from a third-party source other than the medical services program. The department shall require a nonenrolled provider to accept medical services payments as payment in full.	section Moved to Section 1811
(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/medical services recipients with Medicare part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments	(2) Limits hospital reimbursement for dual eligibles with Part B coverage only coverage to Medicaid payment rates including Capital costs.			(2) Notwithstanding subsection (1), medical services reimbursement for hospital services provided to dual Medicare/medical services recipients with Medicare part B coverage only shall equal, when combined with payments for Medicare and other third-party resources, if any, those amounts established for medical services-only patients, including capital payments	
Sec. 1620. (1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, the pharmaceutical dispensing fee shall be \$3.00 or the pharmacy's	Establishes pharmaceutical dispensing fees.			Sec. 1620 . (1) For fee-for-service recipients who do not reside in nursing homes, the pharmaceutical dispensing fee shall be \$2.75 or the pharmacy's usual or customary cash charge, whichever is less. For nursing home residents, the pharmaceutical dispensing fee shall be \$3.00 or the pharmacy's	DCH – Article 4, section 1620 DHS – no comparable section Moved to Section 1820

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<p>usual or customary cash charge, whichever is less.</p> <p>(2) The department shall require a prescription co-payment for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug, except as prohibited by federal or state law or regulation.</p>				<p>usual or customary cash charge, whichever is less.</p> <p>(2) The department shall require a prescription co-payment for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug, except as prohibited by federal or state law or regulation.</p>	
<p>Sec. 1629. The department shall utilize maximum allowable cost pricing for generic drugs that is based on wholesaler pricing to providers that is available from at least 2 wholesalers who deliver in the state of Michigan.</p>	<p>Requires the department to use M.A.C. pricing from minimum number of wholesalers.</p>			<p>Sec. 1629. The department shall utilize maximum allowable cost pricing for generic drugs that is based on wholesaler pricing to providers that is available from at least 2 wholesalers who deliver in the state of Michigan.</p>	<p>DCH – Article 4, section 1629</p> <p>DHS – no comparable section</p> <p>Moved to Section 1829</p>
<p>Sec. 1631. (1) The department shall require co-payments on dental, podiatric, and vision services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.</p> <p>(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay the following co-payments:</p> <p>(a) Two dollars for a physician office visit.</p> <p>(b) Three dollars for a hospital emergency room visit.</p> <p>(c) Fifty dollars for the first day of</p>	<p>Establishes copayments.</p>			<p>Sec. 1631. (1) The department shall require co-payments on dental, podiatric, and vision services provided to Medicaid recipients, except as prohibited by federal or state law or regulation.</p> <p>(2) Except as otherwise prohibited by federal or state law or regulations, the department shall require Medicaid recipients to pay the following co-payments:</p> <p>(a) Two dollars for a physician office visit.</p> <p>(b) Three dollars for a hospital emergency room visit.</p> <p>(c) Fifty dollars for the first day of</p>	<p>DCH – Article 4, section 1631</p> <p>DHS – no comparable section</p> <p>Moved to Section 1831</p>

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<p>an inpatient hospital stay.</p> <p>(d) One dollar for an outpatient hospital visit.</p>				<p>an inpatient hospital stay.</p> <p>(d) One dollar for an outpatient hospital visit.</p>	
<p>Sec. 1641. An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year.</p>	<p>Cost Reports.</p>			<p>Sec. 164144. An institutional provider that is required to submit a cost report under the medical services program shall submit cost reports completed in full within 5 months after the end of its fiscal year.</p>	<p>DCH – Article 4, section 1641</p> <p>DHS – no comparable section</p> <p>Moved to Section 1841</p>
<p>Sec. 1657. (1) Reimbursement for medical services to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room shall not be made contingent on obtaining prior authorization from the recipient’s HMO. If the recipient is discharged from the emergency room, the hospital shall notify the recipient’s HMO within 24 hours of the diagnosis and treatment received.</p> <p>(2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital shall receive authorization from the recipient’s HMO prior to admitting the recipient.</p>	<p>Requires reimbursement for hospital ER visits to stabilize a HMO patient, not contingent on prior authorization.</p> <p>Treatment Beyond stabilization must receive prior authorization.</p>			<p>Sec. 165747. (1) Reimbursement for medical services to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room shall not be made contingent on obtaining prior authorization from the recipient’s HMO. If the recipient is discharged from the emergency room, the hospital shall notify the recipient’s HMO within 24 hours of the diagnosis and treatment received.</p> <p>(2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital shall receive authorization from the recipient’s HMO prior to admitting the recipient.</p>	<p>DCH – Article 4, section 1657</p> <p>DHS – no comparable section</p> <p>Moved to Section 1857</p>

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(3) Subsections (1) and (2) do not require an alteration to an existing agreement between an HMO and its contracting hospitals and do not require an HMO to reimburse for services that are not considered to be medically necessary.				(3) Subsections (1) and (2) do not require an alteration to an existing agreement between an HMO and its contracting hospitals and do not require an HMO to reimburse for services that are not considered to be medically necessary.	
Sec. 1659. The following sections of this part are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance use disorder, and developmentally disabled services program: 411, 418, 428, 494, 1607, 1657, 1662, 1699, and 1888.	Lists boilerplate sections that apply to Medicaid Managed Care.			Sec. 4659 . The following sections of this part are the only ones that shall apply to the following Medicaid managed care programs, including the comprehensive plan, MIChoice long-term care plan, and the mental health, substance use disorder, and developmentally disabled services program: 411, 418, 428, 494, 1607, 1657, 1662, 1699, and 1888 911, 918, 928, 994, 1807, 1857, 1862, 1899, and 2088.	DCH – Article 4, section 1659 DHS – no comparable section Moved to Section 1859
Sec. 1662. (1) The department shall assure that an external quality review of each contracting HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services that the HMO or its contractors furnish to Medicaid beneficiaries. (2) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and HEDIS well child health measures in accordance with the national committee for quality	Quality reviews and data reporting requirements for all contracted HMOs.			Sec. 4662 . (1) The department shall assure that an external quality review of each contracting HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services that the HMO or its contractors furnish to Medicaid beneficiaries. (2) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and HEDIS well child health measures in accordance with the national committee for quality	DCH – Article 4, section 1662 DHS – no comparable section Moved to Section 1862

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<p>assurance prescribed methodology.</p> <p>(3) The department shall provide a copy of the analysis of the Medicaid HMO annual audited HEDIS reports and the annual external quality review report to the senate and house of representatives appropriations subcommittees on community health, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors.</p>				<p>assurance prescribed methodology.</p> <p>(3) The department shall provide a copy of the analysis of the Medicaid HMO annual audited HEDIS reports and the annual external quality review report to the senate and house of representatives appropriations subcommittees on community health the department budget, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors.</p>	
<p>Sec. 1670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 212% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this part and part 1. Health coverage for children in families between 160% and 212% of the federal poverty level shall be provided through a state-based private health care program.</p>	<p>Defines MICHild program eligibility criteria.</p> <p>Requires DCH to have managed care contracts.</p>			<p>Sec. 4670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with income at or below 212% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of making application for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the medical services administration public concurrence process, consistent with the provisions of this part and part 1. Health coverage for children in families between 160% and 212% of the federal poverty level shall be provided through a state-based private health care program.</p>	<p>DCH – Article 4, section 1670</p> <p>DHS – no comparable section</p> <p>Moved to Section 1870</p>

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<p>(2) The department may provide up to 1 year of continuous eligibility to children eligible for the MICHild program unless the family fails to pay the monthly premium, a child reaches age 19, or the status of the children's family changes and its members no longer meet the eligibility criteria as specified in the federally approved MICHild state plan.</p> <p>(3) Children whose category of eligibility changes between the Medicaid and MICHild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.</p> <p>(4) To be eligible for the MICHild program, a child must be residing in a family with an adjusted gross income of less than or equal to 212% of the federal poverty level. The department's verification policy shall be used to determine eligibility.</p> <p>(5) The department shall contract with Medicaid health plans to provide physical health services to MICHild enrollees. The department may continue to</p>				<p>(2) The department may provide up to 1 year of continuous eligibility to children eligible for the MICHild program unless the family fails to pay the monthly premium, a child reaches age 19, or the status of the children's family changes and its members no longer meet the eligibility criteria as specified in the federally approved MICHild state plan.</p> <p>(3) Children whose category of eligibility changes between the Medicaid and MICHild programs shall be assured of keeping their current health care providers through the current prescribed course of treatment for up to 1 year, subject to periodic reviews by the department if the beneficiary has a serious medical condition and is undergoing active treatment for that condition.</p> <p>(4) To be eligible for the MICHild program, a child must be residing in a family with an adjusted gross income of less than or equal to 212% of the federal poverty level. The department's verification policy shall be used to determine eligibility.</p> <p>(5) The department shall contract with Medicaid health plans to provide physical health services to MICHild enrollees. The department may continue to</p>	

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<p>obtain physical health services for MICHild enrollees from health maintenance organizations and preferred provider organizations currently under contract for whatever duration is needed as determined by the department. The department shall contractually require that health plans pay out-of-network providers at the department fee schedule. The department shall contract with qualified dental plans to provide dental coverage for MICHild enrollees.</p> <p>(6) The department may enter into contracts to obtain certain MICHild services from community mental health service programs.</p> <p>(7) The department may make payments on behalf of children enrolled in the MICHild program from the line-item appropriation associated with the program as described in the MICHild state plan approved by the United States department of health and human services, or from other medical services.</p> <p>(8) The department shall assure that an external quality review of each MICHild contractor, as described in subsection (5), is performed, which analyzes and evaluates the aggregated information on quality, timeliness, and access to health care services that the contractor furnished to MICHild</p>				<p>obtain physical health services for MICHild enrollees from health maintenance organizations and preferred provider organizations currently under contract for whatever duration is needed as determined by the department. The department shall contractually require that health plans pay out-of-network providers at the department fee schedule. The department shall contract with qualified dental plans to provide dental coverage for MICHild enrollees.</p> <p>(6) The department may enter into contracts to obtain certain MICHild services from community mental health service programs.</p> <p>(7) The department may make payments on behalf of children enrolled in the MICHild program from the line-item appropriation associated with the program as described in the MICHild state plan approved by the United States department of health and human services, or from other medical services.</p> <p>(8) The department shall assure that an external quality review of each MICHild contractor, as described in subsection (5), is performed, which analyzes and evaluates the aggregated information on quality, timeliness, and access to health care services that the contractor furnished to MICHild</p>	

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<p>beneficiaries.</p> <p>(9) The department shall develop an automatic enrollment algorithm that is based on quality and performance factors.</p> <p>(10) MIChild services shall include treatment for autism spectrum disorders as defined in the federally approved Medicaid state plan.</p>				<p>beneficiaries.</p> <p>(9) The department shall develop an automatic enrollment algorithm that is based on quality and performance factors.</p> <p>(10) MIChild services shall include treatment for autism spectrum disorders as defined in the federally approved Medicaid state plan.</p>	
<p>Sec. 1673. The department may establish premiums for MIChild eligible individuals in families with income above 150% of the federal poverty level. The monthly premiums shall not be less than \$10.00 or exceed \$15.00 for a family.</p>	<p>MIChild premiums. Prohibits co-payments under MIChild.</p>			<p>Sec. 1673. The department may establish premiums for MIChild eligible individuals in families with income above 150% of the federal poverty level. The monthly premiums shall not be less than \$10.00 or exceed \$15.00 for a family.</p>	<p>DCH – Article 4, section 1673</p> <p>DHS – no comparable section</p> <p>Moved to Section 1873</p>
<p>Sec. 1677. The MIChild program shall provide all benefits available under the Michigan benchmark plan that are delivered through contracted providers and consistent with federal law, including, but not limited to, the following medically necessary services:</p> <p>(a) Inpatient mental health services, other than substance use disorder treatment services, including services furnished in a state-operated mental hospital and residential or other 24-hour therapeutically planned structured services.</p> <p>(b) Outpatient mental health</p>	<p>Outlines MIChild program Benefits.</p>			<p>Sec. 1677. The MIChild program shall provide all benefits available under the Michigan benchmark plan that are delivered through contracted providers and consistent with federal law, including, but not limited to, the following medically necessary services:</p> <p>(a) Inpatient mental health services, other than substance use disorder treatment services, including services furnished in a state-operated mental hospital and residential or other 24-hour therapeutically planned structured services.</p> <p>(b) Outpatient mental health</p>	<p>DCH – Article 4, section 1677</p> <p>DHS – no comparable section</p> <p>Moved to Section 1877</p>

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<p>services, other than substance use disorder services, including services furnished in a state-operated mental hospital and community-based services.</p> <p>(c) Durable medical equipment and prosthetic and orthotic devices.</p> <p>(d) Dental services as outlined in the approved MICHild state plan.</p> <p>(e) Substance use disorder treatment services that may include inpatient, outpatient, and residential substance use disorder treatment services.</p> <p>(f) Care management services for mental health diagnoses.</p> <p>(g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.</p> <p>(h) Emergency ambulance services.</p>				<p>services, other than substance use disorder services, including services furnished in a state-operated mental hospital and community-based services.</p> <p>(c) Durable medical equipment and prosthetic and orthotic devices.</p> <p>(d) Dental services as outlined in the approved MICHild state plan.</p> <p>(e) Substance use disorder treatment services that may include inpatient, outpatient, and residential substance use disorder treatment services.</p> <p>(f) Care management services for mental health diagnoses.</p> <p>(g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.</p> <p>(h) Emergency ambulance services.</p>	
<p>Sec. 1682. (1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, 42 USC 1396r.</p> <p>(2) In addition to the appropriations in part 1, the department is authorized to receive and spend penalty money received as the result of noncompliance with medical</p>	<p>Nurse home penalty funds.</p>			<p>Sec. 1682. (1) The department shall implement enforcement actions as specified in the nursing facility enforcement provisions of section 1919 of title XIX, 42 USC 1396r.</p> <p>(2) In addition to the appropriations in part 1, the department is authorized to receive and spend penalty money received as the result of noncompliance with medical</p>	<p>DCH – Article 4, section 1682</p> <p>DHS – no comparable section</p> <p>Moved to Section 1882</p>

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<p>services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p> <p>(3) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.</p>				<p>services certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.</p> <p>(3) Any unexpended penalty money, at the end of the year, shall carry forward to the following year.</p>	
<p>Sec. 1692. (1) The department is authorized to pursue reimbursement for eligible services provided in Michigan schools from the federal Medicaid program. The department and the state budget director are authorized to negotiate and enter into agreements, together with the department of education, with local and intermediate school districts regarding the sharing of federal Medicaid services funds received for these services. The department is authorized to receive and disburse funds to participating school districts pursuant to such agreements and state and federal law.</p> <p>(2) From the funds appropriated in part 1 for medical services school-based services payments, the department is authorized to do all of the following:</p> <p>(a) Finance activities within the medical services administration related to this project.</p>	<p>Provides authorization for school based services program.</p>			<p>Sec. 1692. (1) The department is authorized to pursue reimbursement for eligible services provided in Michigan schools from the federal Medicaid program. The department and the state budget director are authorized to negotiate and enter into agreements, together with the department of education, with local and intermediate school districts regarding the sharing of federal Medicaid services funds received for these services. The department is authorized to receive and disburse funds to participating school districts pursuant to such agreements and state and federal law.</p> <p>(2) From the funds appropriated in part 1 for medical services school-based services payments, the department is authorized to do all of the following:</p> <p>(a) Finance activities within the medical services administration related to this project.</p>	<p>DCH – Article 4, section 1692</p> <p>DHS – no comparable section</p> <p>Moved to Section 1892</p>

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(b) Reimburse participating school districts pursuant to the fund-sharing ratios negotiated in the state-local agreements authorized in subsection (1). (c) Offset general fund costs associated with the medical services program.				(b) Reimburse participating school districts pursuant to the fund-sharing ratios negotiated in the state-local agreements authorized in subsection (1). (c) Offset general fund costs associated with the medical services program.	
Sec. 1693. The special Medicaid reimbursement appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.	Increasing the special Medicaid reimbursement.			Sec. 1693 . The special Medicaid reimbursement appropriation in part 1 may be increased if the department submits a medical services state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.	DCH – Article 4, section 1693 DHS – no comparable section Moved to Section 1893
Sec. 1694. (1) From the funds appropriated in part 1 for special Medicaid reimbursement, \$378,000.00 of general fund/ general purpose revenue and any associated federal match shall be distributed for poison control services to an academic health care system that includes a children's hospital that has a high indigent care volume.	Special Financing for poison control.			Sec. 1694 . (1) From the funds appropriated in part 1 for special Medicaid reimbursement, \$378,000.00 of general fund/ general purpose revenue and any associated federal match shall be distributed for poison control services to an academic health care system that includes a children's hospital that has a high indigent care volume.	Moved to Section 1894
Sec. 1699. (1) The department may make separate payments in the amount of \$45,000,000.00 directly to qualifying hospitals serving a disproportionate share of indigent patients and to hospitals providing GME training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to	Special Financing for DSH hospitals that provide GME.			Sec. 1699 . (1) The department may make separate payments in the amount of \$45,000,000.00 directly to qualifying hospitals serving a disproportionate share of indigent patients and to hospitals providing GME training programs. If direct payment for GME and DSH is made to qualifying hospitals for services to	DCH – Article 4, section 1699 DHS – no comparable section Moved to Section 1899

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<p>Medicaid clients, hospitals shall not include GME costs or DSH payments in their contracts with HMOs.</p> <p>(2) The department shall allocate \$45,000,000.00 in DSH funding using the distribution methodology used in fiscal year 2003-2004.</p> <p>(3) By September 30 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health the senate and house fiscal agencies, and the state budget office on the new distribution of funding to each eligible hospital from the GME and DSH pools.</p>				<p>Medicaid clients, hospitals shall not include GME costs or DSH payments in their contracts with HMOs.</p> <p>(2) The department shall allocate \$45,000,000.00 in DSH funding using the distribution methodology used in fiscal year 2003-2004.</p> <p>(3) By September 30 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on community health the department budget, the senate and house fiscal agencies, and the state budget office on the new distribution of funding to each eligible hospital from the GME and DSH pools.</p>	
<p>Sec. 1775. (1) The department shall provide reports on a semi-annual basis to the senate and house appropriations subcommittees on community health, the senate and house fiscal agencies and the state budget office on progress in implementing the MI Health Link demonstration, including a description of how the department intends to ensure that service delivery is integrated and key components of the proposal are implemented effectively.</p> <p>(2) The department shall assure the existence of an ombudsman</p>	<p>Quarterly reporting requirements for Integrated Care for Dual Eligible program progress.</p>			<p>Sec. 1775. (1) The department shall provide reports on a semi-annual basis to the senate and house appropriations subcommittees on community health the department budget, the senate and house fiscal agencies and the state budget office on progress in implementing the MI Health Link demonstration, including a description of how the department intends to ensure that service delivery is integrated and key components of the proposal are implemented effectively.</p> <p>(2) The department shall assure</p>	<p>DCH – Article 4, section 1775</p> <p>DHS – no comparable section</p> <p>Moved to Section 1975</p>

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program that is not associated with any project service manager or provider to assist MI Health Link beneficiaries with navigating complaint and dispute resolution mechanisms, identify problems in the demonstrations complaint and dispute resolution mechanisms, and to report to the executive and legislative branches on any such problems and potential solutions for them.				the existence of an ombudsman program that is not associated with any project service manager or provider to assist MI Health Link beneficiaries with navigating complaint and dispute resolution mechanisms, identify problems in the demonstrations complaint and dispute resolution mechanisms, and to report to the executive and legislative branches on any such problems and potential solutions for them.	
Section 1800. The department shall distribute the \$85,000,000.00 Medicaid value disproportionate share hospital payment pool based on metrics utilized to determine value.	DSH payment value pool to offer incentives based on metrics.			Section 4800. The department shall distribute the \$85,000,000.00 Medicaid value disproportionate share hospital payment pool based on metrics utilized to determine value.	DCH – Article 4, section 1800 DHS – no comparable section Moved to Section 2000
Sec. 1801. Beginning January 1, 2015, from the funds appropriated in part 1 for physician services and health plan services, the department shall use \$25,000,000.00 in general fund/general purpose plus associated federal match to increase Medicaid rates for primary care services provided only by primary care providers. For the purpose of this section, a primary care provider is a physician, or a practitioner working under the personal supervision of a physician, who is board-eligible or certified with a specialty designation of family medicine, general internal	ACA Primary Rate Increase.			Sec. 4804. Beginning January 1, 2015, from the funds appropriated in part 1 for physician services and health plan services, the department shall use \$25,000,000.00 in general fund/general purpose plus associated federal match to increase Medicaid rates for primary care services provided only by primary care providers. For the purpose of this section, a primary care provider is a physician, or a practitioner working under the personal supervision of a physician, who is board-eligible or certified with a specialty designation of family medicine, general internal	DCH – Article 4, section 1801 DHS – no comparable section Moved to Section 2001

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medicine, or pediatric medicine, or a provider who provides the department with documentation of equivalency. Providers performing a service and whose primary practice is as a non-primary-care subspecialty is not eligible for the increase. The department shall establish policies that most effectively limit the increase to primary care providers for primary care services only.				medicine, or pediatric medicine, or a provider who provides the department with documentation of equivalency. Providers performing a service and whose primary practice is as a non-primary-care subspecialty is not eligible for the increase. The department shall establish policies that most effectively limit the increase to primary care providers for primary care services only.	
Sec. 1804. The department, in cooperation with the department of human services and the department of military and veterans affairs, shall work with the federal public assistance reporting information system to identify Medicaid recipients who are veterans and who may be eligible for federal veterans health care benefits or other benefits.	Identifying eligible veterans for federal benefits.			Sec. 1804 . The department, in cooperation with the department of human services and the department of military and veterans affairs, shall work with the federal public assistance reporting information system to identify Medicaid recipients who are veterans and who may be eligible for federal veterans health care benefits or other benefits.	DCH – Article 4, section 1804 (modified) DHS – no comparable section Moved to Section 2004
Sec. 1858. Medicaid services shall include treatment for autism spectrum disorders as defined in the federally approved Medicaid state plan. Such alternatives may be coordinated with the Medicaid health plans and the Michigan association of health plans.	Autism Program Authorization.			Sec. 1858 . Medicaid services shall include treatment for autism spectrum disorders as defined in the federally approved Medicaid state plan. Such alternatives may be coordinated with the Medicaid health plans and the Michigan association of health plans.	DCH – Article 4, section 1858 DHS – no comparable section Moved to Section 2058
Sec. 1888. The department shall establish contract performance standards associated with the capitation withhold provisions under section 1815 for Medicaid health plans at least 3 months in advance of the implementation of those standards. The	Medicaid HMO performance standards/capitation withhold.			Sec. 1888 . The department shall establish contract performance standards associated with the capitation withhold provisions under section 1815 for Medicaid health plans at least 3 months in advance of the implementation of those standards. The	DCH – Article 4, section 1888 DHS – no comparable section Moved to

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determination of whether performance standards have been met shall be based primarily on recognized concepts such as 1-year continuous enrollment and the healthcare effectiveness data and information set, HEDIS, audited data.				determination of whether performance standards have been met shall be based primarily on recognized concepts such as 1-year continuous enrollment and the healthcare effectiveness data and information set, HEDIS, audited data.	Section 2088
<p>Sec 1894: (1) From the funds appropriated in part 1 for dental services, the department shall expand the healthy kids dental program to children who have not yet reached the age of nine in Kent, Oakland and Wayne counties. This program expansion will improve access to necessary dental services for Medicaid-enrolled children.</p> <p>(2) Outcomes and performance measures for this initiative include but are not limited to the following:</p> <p>(a) The number of Medicaid-enrolled children under the age of nine in Kent, Oakland and Wayne Counties who visited the dentist over the prior year.</p> <p>(b) The number of dentists in Kent, Oakland and Wayne counties who will accept Medicaid payment for services to children.</p>				<p>Sec 18944: (1) From the funds appropriated in part 1 for dental services, the department shall expand the healthy kids dental program to children who have not yet reached the age of nine in Kent, Oakland and Wayne counties. This program expansion will improve access to necessary dental services for Medicaid-enrolled children.</p> <p>(2) Outcomes and performance measures for this initiative include but are not limited to the following:</p> <p>(a) The number of Medicaid-enrolled children under the age of nine in Kent, Oakland and Wayne Counties who visited the dentist over the prior year.</p> <p>(b) The number of dentists in Kent, Oakland and Wayne counties who will accept Medicaid payment for services to children.</p>	<p>DCH – Article 4, section 1894</p> <p>DHS – no comparable section</p> <p>Moved to Section 2094</p>
Sec 1895: (1) From the funds appropriated in part 1 for dental services, the department shall contract with a managed care organization for the administration of the Medicaid adult dental benefit. This program				Sec 1895 5: (1) From the funds appropriated in part 1 for dental services, the department shall contract with a managed care organization for the administration of the Medicaid adult dental benefit. This program	<p>DCH – Article 4, section 1895</p> <p>DHS – no comparable section</p>

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<p>expansion will improve access to necessary dental services for Medicaid-enrolled adults.</p> <p>(2) The begin date for the managed care contract referenced in (1) of this section shall be at least six months after the begin date of new contracts with Medicaid health plans for physical health Medicaid services.</p> <p>(3) Outcomes and performance measures for this program change include but are not limited to the following:</p> <p>(a) The number of adults enrolled in Medicaid who visited a dentist over the prior year.</p> <p>(b) The number of dentists statewide who participate in the dental managed care organization's provider network.</p>				<p>expansion will improve access to necessary dental services for Medicaid-enrolled adults.</p> <p>(2) The begin date for the managed care contract referenced in (1) of this section shall be at least six months after the begin date of new contracts with Medicaid health plans for physical health Medicaid services.</p> <p>(3) Outcomes and performance measures for this program change include but are not limited to the following:</p> <p>(a) The number of adults enrolled in Medicaid who visited a dentist over the prior year.</p> <p>(b) The number of dentists statewide who participate in the dental managed care organization's provider network.</p>	Moved to Section 2095
ONE-TIME APPROPRIATIONS	DCH 1900 Section				Moved to 2100-2199
<p>Sec 1902: (1) From the funds appropriated in part 1 for university autism programs, the department shall support autism university programs. The purpose of these programs is to increase the number of applied behavioral analysis therapists in the state of Michigan.</p> <p>(2) Outcomes and performance measures for this initiative include</p>	Authorizes one-time university autism spending.			<p>Sec 1902: (1) From the funds appropriated in part 1 for university autism programs, the department shall support autism university programs. The purpose of these programs is to increase the number of applied behavioral analysis therapists in the state of Michigan.</p> <p>(2) Outcomes and performance measures for this initiative include</p>	<p>DCH – Article 4, section 1902</p> <p>DHS – no comparable section</p> <p>Moved to Section 2102</p>

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<p>but are not limited to the following:</p> <p>(a) The number of applied behavioral analysis therapists trained by recipient universities.</p>				<p>but are not limited to the following:</p> <p>(a) The number of applied behavioral analysis therapists trained by recipient universities.</p>	
<p>Sec. 1906. (1) The department may initiate pay for success pilot projects to identify and deliver services to improve outcomes and lower costs for government services in this state. From the funds appropriated in part 1 for pay for success contracts, the department may initiate contracts with private and not-for-profit vendors, selected through a competitive bid process, to implement these pilot projects. Payments shall not be issued to funding intermediaries or vendors until contractual performance measures have been achieved and project savings have been confirmed by a third-party evaluator, certified by the department and approved by the state budget director.</p> <p>(2) Unexpended funds appropriated in part 1 for pay for success contracts are designated as work project appropriations, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for the pay for success contracts under this section until the projects have been completed. All of the following are in compliance with</p>	<p>Success pilot projects/contracts through competitive bidding process.</p>			<p>Sec. 1906. (1) The department may initiate pay for success pilot projects to identify and deliver services to improve outcomes and lower costs for government services in this state. From the funds appropriated in part 1 for pay for success contracts, the department may initiate contracts with private and not-for-profit vendors, selected through a competitive bid process, to implement these pilot projects. Payments shall not be issued to funding intermediaries or vendors until contractual performance measures have been achieved and project savings have been confirmed by a third-party evaluator, certified by the department and approved by the state budget director.</p> <p>(2) Unexpended funds appropriated in part 1 for pay for success contracts are designated as work project appropriations, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for the pay for success contracts under this section until the projects have been completed. All of the following are in compliance with</p>	<p>DCH – Article 4, section 1906</p> <p>DHS – no comparable section</p> <p>Moved to Section 2106</p>

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DCH EXEC. REC.	PURPOSE	DHS EXEC. REC.	PURPOSE	FY 2016 EXECUTIVE REVISION	REFERENCE / NOTES
<p>section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:</p> <p>(a) The purpose of the projects is to coordinate cost-saving projects to the state with public-private partnerships.</p> <p>(b) The projects will be carried out through contracts with private and not-for-profit vendors.</p> <p>(c) The estimated cost of this work project is \$1,500,000.00.</p> <p>(d) The estimated work project completion date is September 30, 2020.</p>				<p>section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:</p> <p>(a) The purpose of the projects is to coordinate cost-saving projects to the state with public-private partnerships.</p> <p>(b) The projects will be carried out through contracts with private and not-for-profit vendors.</p> <p>(c) The estimated cost of this work project is \$1,500,000.00.</p> <p>(d) The estimated work project completion date is September 30, 2020.</p>	
<p>Sec. 1907. (1) From the funds appropriated in part 1 for drug policy initiatives, the department shall develop and begin implementation of a comprehensive plan that addresses the problem of drug abuse.</p> <p>(2) Outcomes and performance measures for this new initiative include but are not limited to the following:</p> <p>(a) A decrease in the number of Michigan residents aged 12 and older who have experienced substance dependence or abuse in the past year.</p> <p>(b) A decrease in the number of Michigan residents who have engaged in the non-medical use</p>	<p>Drug Abuse prevention language</p>			<p>Sec. 4907. (1) From the funds appropriated in part 1 for drug policy initiatives, the department shall develop and begin implementation of a comprehensive plan that addresses the problem of drug abuse.</p> <p>(2) Outcomes and performance measures for this new initiative include but are not limited to the following:</p> <p>(a) A decrease in the number of Michigan residents aged 12 and older who have experienced substance dependence or abuse in the past year.</p> <p>(b) A decrease in the number of Michigan residents who have engaged in the non-medical use</p>	<p>DCH – Article 4, section 1907</p> <p>DHS – no comparable section</p> <p>Moved to Section 2107</p>

**DEPARTMENT OF HEALTH AND HUMAN SERVICES BOILERPLATE
FY 2016 EXECUTIVE REVISION**

DCH EXEC. REC.	PURPOSE	DHS EXEC. REC.	PURPOSE	FY 2016 EXECUTIVE REVISION	REFERENCE / NOTES
<p>of pain relievers or engaged in binge alcohol use.</p> <p>(c) A decrease in the number of overdoses and deaths from the use of prescription drugs, alcohol and illegal drugs such as heroin.</p>				<p>of pain relievers or engaged in binge alcohol use.</p> <p>(c) A decrease in the number of overdoses and deaths from the use of prescription drugs, alcohol and illegal drugs such as heroin.</p>	