



## BOARD OF DIRECTORS SPECIAL MEETING

Wednesday, September 23, 2020 at 5:00 pm  
William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708  
or  
Call In: 877-273-4202  
Conference Room Number: 703950889  
Per Governor Whitmer's Executive Order 2020-154 Due to The Coronavirus Pandemic

### AGENDA

#### Page

1. CALL TO ORDER & ROLL CALL
2. PUBLIC INPUT (3 Minute Maximum Per Person)
3. PUBLIC HEARING AND PRESENTATION OF THE FISCAL YEAR (FY) 2021 OPERATING BUDGET
  - 2-22, 23 3.1 Consideration of a motion to approve resolution 20-09-010 to adopt the annual operating budget for FY ending September 30, 2021 – *See pages 2-22 & resolution on page 23*
  - 24 3.2 Consideration of a motion to approve the special Board meeting September 2020 contract list relative to the FY21 Budget – *See page 24*
4. PERSONNEL & COMPENSATION COMMITTEE, 9/22/2020 – Krygier, Ch/Ryder, V Ch
  - 25-27 4.1 Res# 2009011: Approve Revised Resolution Exempting/Excluding Bay-Arenac Behavioral Health Authority Eligible Health Care Providers and Emergency Responders From The Families First Coronavirus Response Act & Authorizing Extended, Additional, and/or Modified Temporary COVID-19 Paid Leave & Policies to Such Eligible Exempted/Excluded Emergency Responders & Health Care Providers – *See resolution on pages 25-27*
  - 28 4.2 Res# 2009012: Approve a change in health insurance coverage for Medicare eligible retirees from the Hartford Medicare Supplement Plan to the Blue Cross Blue Shield Medicare Advantage Plan effective plan year beginning January 1, 2021 – *See page 28*
5. ADJOURNMENT

**Bay-Arenac Behavioral Health Authority**  
**Report to Board of Directors**  
**September 23, 2020**  
**Original Budget - Fiscal Year 2020/21**

<b>FY 19/20 Final Revenue Budget</b>	<b>\$ 55,054,129</b>	<b>FY 19/20 Final Revenue Budget</b>	<b>\$ 54,349,110</b>	
Increase in OBRA Grant Revenue	87,706	Increase in Personnel Costs	667,787	net removal of one-time FY20 payments and FY21 salary schedule adjustment
Decrease in Medicaid Fund Revenue	(340,314)	Decrease in Healthcare related costs	(1,140,000)	primarily related to FY20 one-time enhanced Provider payments
Decrease in General Fund Revenue	(119,272)	Decrease in Operating Expense	(125,495)	related to FY20 yr-end PPE purchase
Decrease in Other Grant Revenue SVSU grant ended - PSFII grant ended	(\$155,761)	Increase in MRS Expense	30,000	Michigan Rehabilitation Services
Decrease in Miscellaneous Revenue	(\$27,975)	Net Decrease in Miscellaneous Expense	(16,189)	
<b>FY 20/21 Original Revenue Budget</b>	<b><u>\$ 54,498,513</u></b>	<b>FY 20/21 Original Expense Budget</b>	<b><u>\$ 53,765,213</u></b>	

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY**  
**Fiscal Year 2020-2021 Operating Budget**  
**Original Budget**

<b>ACCOUNT</b>	<b>DESCRIPTION</b>	<b>FY 20-21 Original Budget</b>	<b>Percent of Total</b>	<b>FY 19-20 Final Budget</b>
44100	OBRA.....	282,706	0.5%	195,000
40300	MI Child.....	-	0.0%	-
40220	General Fund .....	1,506,012	2.8%	1,625,284
42110	P.A. 423/Client Fees.....	171,617	0.3%	182,866
43910	SSI.....	64,548	0.1%	64,332
40110	Medicaid - PIHP.....	50,003,905	91.8%	50,350,188
43310	Medicaid - Children's Waiver.....	-	0.0%	(5,969)
43310	Medicaid - SED Waiver.....	-	0.0%	-
44000	Grants.....	-	0.0%	155,761
47106-47206	County of Arenac - General.....	104,812	0.2%	104,812
47109-47209	County of Bay - General.....	682,242	1.3%	682,242
48000	Interest.....	50,517	0.1%	50,517
49600	Miscellaneous Revenue.....	453,875	0.8%	457,084
45000-46000	Miscellaneous Revenue From Partnership.....	1,178,278	2.2%	1,192,011
<b>TOTAL REVENUE</b>		<b>54,498,513</b>	<b>100.0%</b>	<b>\$55,054,129</b>

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY**  
**Fiscal Year 2020-2021 Operating Budget**  
**Original Budget**

ACCOUNT	DESCRIPTION	FY 20-21 Original Budget	Percent of Total	FY 19-20 Final Budget
60000	Salary (Direct & Indirect).....	12,263,085	22.8%	11,722,112
61000	Fringe Benefits.....	5,095,465	9.5%	4,968,651
60000-61000	Salary (direct & Indirect) + Fringe Benefits	17,358,550	32.3%	16,690,763
80100	Board Per Diem.....	30,240	0.1%	30,240
80120	Board conference and travel.....	17,106	0.0%	17,106
	<b>TOTAL PERSONNEL SERVICES</b>	<b>\$17,405,896</b>	<b>32.4%</b>	<b>\$16,738,109</b>
71200	Consumer food, clothing, etc.....	3,937	0.0%	3,937
71210	Consumer activities.....	8,592	0.0%	8,592
71220	Public Transportation.....	36,016	0.1%	36,016
72100	Contract physician costs.....	708,700	1.3%	708,700
72800	Staff travel, service related.....	91,069	0.2%	49,689
73200	Transportation.....	49,070	0.1%	49,070
74200	Grant specific cost.....	0	0.0%	28,600
74300	Nongrant expense.....	5,314	0.0%	5,314
75100	Professional Services - Other.....	342,084	0.6%	385,240
78100	Rental Space.....	220,088	0.4%	220,088
78200	Rental Equipment.....	9,426	0.0%	9,426
78300	R & M Supplies.....	70,983	0.1%	70,983
78400	Janitorial services.....	100,270	0.2%	100,270
78500	Public Utilities.....	84,634	0.2%	84,634
78700	Communications.....	123,100	0.2%	123,100
79200	Prior Fiscal Year Expense.....	2,144	0.0%	2,144
80300	Consumer compensation.....	1,645	0.0%	1,645
80320	Consumer conference and travel.....	500	0.0%	500
81000	Temporary staffing cost.....	5,766	0.0%	5,766
81200	Staff conference and travel.....	66,824	0.1%	68,876
81220	Staff development and training.....	45,220	0.1%	45,220
81240	Staff recruitment expenses.....	8,673	0.0%	8,673
81260	Employee health services.....	7,556	0.0%	7,556
82000	Operating Supplies.....	144,171	0.3%	269,666
82100	Mobile communications.....	85,172	0.2%	85,524
82200	Office Supplies.....	87,316	0.2%	87,316
82300	Postage.....	18,651	0.0%	18,651
82900	Computer/Communication Related Exp.....	0	0.0%	0
83000	Community Education.....	0	0.0%	0
83100	Consumer info and printing.....	0	0.0%	0
83300	Public relations and advert.....	4,754	0.0%	4,754
84000	Legal and consulting.....	51,336	0.1%	51,336
84100	Accounting and audit.....	22,000	0.0%	22,000
85000	Purchased services.....	33,651	0.1%	33,651
86000	Software license maintenance.....	607,986	1.1%	607,986
87000	Subscriptions and publications.....	1,394	0.0%	1,394
87100	Memberships and Dues.....	19,355	0.0%	19,355
88000	Licensing and accreditation.....	5,533	0.0%	5,533
89100	General & Professional liab insurance.....	65,969	0.1%	65,969
92100	Local Funds Paid to State.....	435,064	0.8%	435,064
93000	Interest Expense.....	17,880	0.0%	17,880
94000	Gain/Sale on Capital Asset.....	0	0.0%	0
	BABH Contractual Healthcare Costs	32,488,221	60.4%	33,598,220
	<b>SUBTOTAL EXPENDITURES</b>	<b>\$36,080,064</b>	<b>67.1%</b>	<b>\$37,348,337</b>
95000	DEPRECIATION EQUIPMENT .....	254,250	0.5%	235,049
78250	MINOR EQUIPMENT.....	25,004	0.0%	27,615
	<b>TOTAL EXPENDITURES</b>	<b>\$53,765,213</b>	<b>100%</b>	<b>\$54,349,110</b>

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY**  
**Fiscal Year 2020-2021 Operating Budget**  
**Original Budget**

<b>SETTLEMENT ACTIVITY</b>	<b>FY 20-21 Original Budget</b>
<b>NET SURPLUS BEFORE SETTLEMENT</b>	<b>\$ 733,300</b>
<u>Current Year Savings</u>	
Medicaid	-
Healthy Michigan	-
Autism	-
General Fund	(26,175)
<b>TOTAL FUND BALANCE INCREASE/(DECREASE)</b>	<b>\$ 707,125</b>
Restricted	
Unrestricted	707,125
<b>TOTAL FUND BALANCE INCREASE/(DECREASE)</b>	<b>\$ 707,125</b>
<b>UNRESTRICTED FUND BALANCE 10/1/20</b>	<b>\$ 2,621,590</b>
Budgeted Increase to Unrestricted Fund Balance	707,125
Requested Usage of Funds Restricted for Capital Purposes	
<b>TOTAL UNRESTRICTED FUND BALANCE 9/30/21</b>	<b>\$ 3,328,714</b>

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY**  
**Fiscal Year 2020-2021 Operating Budget**  
**Capital Expenditures**  
**Original Budget**

<u>Location</u>	<u>Description</u>	<u>Cost</u>
<i>DRAFT</i>		
	Total Capital Expenditure Budget	\$ -

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Summary: Conference Report**  
**Article 6, House Bill 5396 (S-1) CR-1**

**Analysts: Kent Dell, Susan Frey, Kevin Koorstra, and Viola Wild**

	FY 2019-20 YTD as of 2/6/20	FY 2020-21 Conference	Difference: Conference From FY 2019-20 YTD	
			Amount	%
IDG/IDT	\$13,819,300	\$13,829,900	\$10,600	0.1%
<b>Federal</b>	<b>18,306,958,900</b>	<b>20,066,172,200</b>	<b>1,759,213,300</b>	<b>9.6%</b>
<b>Local</b>	<b>146,246,000</b>	<b>161,422,800</b>	<b>15,176,800</b>	<b>10.4%</b>
<b>Private</b>	<b>142,959,500</b>	<b>177,172,500</b>	<b>34,213,000</b>	<b>23.9%</b>
<b>Restricted</b>	<b>2,978,783,900</b>	<b>2,989,480,100</b>	<b>10,696,200</b>	<b>0.4%</b>
<b>GF/GP</b>	<b>4,769,278,700</b>	<b>5,090,371,100</b>	<b>321,092,400</b>	<b>6.7%</b>
<b>Gross</b>	<b>\$26,358,046,300</b>	<b>\$28,498,448,600</b>	<b>\$2,140,402,300</b>	<b>8.1%</b>
FTEs	15,438.0	15,487.0	49.0	0.3%

**Notes:**

- (1) FY 2019-20 year-to-date figures are as of release of the executive budget on February 6, 2020 and do not include mid-year budget adjustments.
- (2) Appropriation figures include all proposed appropriation amounts and amounts designated as "one-time."
- (3) Because of revenue uncertainty due to the COVID-19 pandemic, separate FY 2020-21 budget bills were not passed by the House or the Senate.

**Overview**

The Department of Health and Human Services (DHHS) includes programs and services to assist Michigan's most vulnerable families, including public assistance programs, protecting children and assisting families by administering foster care, adoption, and family preservation programs and by enforcing child support laws, and funding for behavioral health (mental health and substance use disorder), population health, aging, crime victim, and medical services programs, including Medicaid and the Healthy Michigan Plan.

	FY 2019-20 Year-to-Date (as of 2/6/20)	FY 2020-21 Conference Change
<b>Major Budget Changes From FY 2019-20 YTD Appropriations</b>		
<b>MEDICAID AND BEHAVIORAL HEALTH – GENERAL</b>		
<b>1. Traditional Medicaid Cost Adjustment</b>	<b>Gross \$14,654,187,100</b>	<b>\$895,928,200</b>
Increases \$895.9 million Gross (\$100.0 million GF/GP) for traditional Medicaid program caseload, utilization, inflation, and financing adjustments based on the August caseload consensus between the State Budget Office, Senate Fiscal Agency, and House Fiscal Agency. Amount includes GF/GP offsets from federal FMAP and SCHIP match rates adjustments from 64.06% to 64.08% and 86.34% to 74.86%, respectively, plus an additional 6.2 percentage point increase to the state FMAP provided under the federal Families First Coronavirus Response Act for 1 quarter. Primary source of cost increases is from additional caseloads as a result of the COVID-19 pandemic.	Federal 9,340,804,400	796,114,100
	Local 52,140,400	(70,900)
	Private 2,100,000	0
	Restricted 2,351,951,200	(79,100)
	GF/GP \$2,907,191,100	\$99,964,100
<b>2. Healthy Michigan Plan Cost Adjustment</b>	<b>Gross \$4,116,287,200</b>	<b>\$994,327,400</b>
Increases \$994.3 million Gross (\$121.9 million GF/GP) for Healthy Michigan Plan caseload, utilization, inflation, and financing adjustments based on the August caseload consensus. Primary source of cost increases is from additional caseloads as a result of the COVID-19 pandemic.	Federal 3,741,823,200	864,252,100
	Local 1,754,800	240,800
	Restricted 338,849,100	7,911,900
	GF/GP \$33,860,100	\$121,922,600

**HEALTH AND HUMAN SERVICES**

**Major Budget Changes From FY 2019-20 YTD Appropriations**

		<b>FY 2019-20 Year-to-Date (as of 2/6/20)</b>	<b>FY 2020-21 Conference Change</b>
<b>3. Actuarial Soundness</b>	<b>Gross</b>	<b>NA</b>	<b>\$207,813,000</b>
Includes \$207.8 million Gross (\$61.6 million GF/GP) to support an estimated 2.0% actuarial soundness adjustment for prepaid inpatient health plans (PIHPs), Medicaid Health plans, home- and community-based services, and Healthy Kids Dental, and an estimated 6.0% increase for PIHP autism services.	Federal	NA	146,197,100
	GF/GP	NA	\$61,615,900
<b>DEPARTMENTAL ADMINISTRATION</b>			
	FTE	0.0	6.0
<b>4. MiSACWIS Replacement</b>	<b>Gross</b>	<b>\$0</b>	<b>\$4,389,400</b>
Includes \$4.4 million Gross (\$2.6 million GF/GP) and authorizes 6.0 FTE positions to begin the replacement of MiSACWIS with a new Comprehensive Child Welfare Information System (CCWIS). Replacement will include the introduction of 9 cloud-based modules over the course of approximately 5 to 6 years.	Federal	0	1,789,400
	GF/GP	\$0	\$2,600,000
	FTE	207.0	(10.0)
<b>5. Office of Inspector General – Vacant FTE Positions</b>	<b>Gross</b>	<b>\$25,961,600</b>	<b>(\$1,303,100)</b>
Includes a reduction of \$1.3 million Gross (\$671,900 GF/GP) and 10.0 FTE positions due to currently vacant positions. SBO has indicated that the department does not intend to fill these positions in the current fiscal year.	IDG/IDT	198,200	0
	TANF	874,800	0
	Federal	13,421,100	(631,200)
	GF/GP	\$11,467,500	(\$671,900)
<b>6. Lease Cancellations and Staff Relocation</b>	<b>Gross</b>	<b>NA</b>	<b>(\$2,788,100)</b>
Includes a reduction of \$2.8 million Gross (\$1.5 million GF/GP) resulting from the transfer of the Victor building to the Department of Labor and Economic Opportunity and the cancellation of multiple leases.	Federal	NA	(1,296,800)
	GF/GP	NA	(\$1,491,300)
<b>7. Information Technology Consolidation</b>	FTE	43.0	(30.0)
Includes a net-zero transfer of \$40.0 million Gross (\$10.0 million GF/GP) from one-time appropriations, as well as \$6.0 million GF/GP from various line items across the department budget to the Information Technology appropriation unit to ameliorate the identified information technology GF/GP funding shortfall. Also adjusts FTE positions and distributes appropriations from the Information Technology Contingency line item to the major IT programs.	<b>Gross</b>	<b>\$504,698,900</b>	<b>\$6,000,000</b>
	IDG/IDT	1,067,000	0
	TANF	24,854,500	0
	Federal	345,760,400	0
	Private	25,000,000	0
	Restricted	1,999,800	0
	GF/GP	\$106,017,200	\$6,000,000
<b>8. Property Management – Non-State-Owned Building Leases</b>	<b>Gross</b>	<b>\$65,809,800</b>	<b>\$866,300</b>
Includes \$866,300 Gross (\$671,400 GF/GP) to account for adjustments in lease costs for non-state-owned buildings utilized by the department.	IDG/IDT	593,500	0
	TANF	10,698,900	0
	Federal	23,921,000	194,900
	Private	36,400	0
	Restricted	494,900	0
	GF/GP	\$30,065,100	\$671,400
<b>9. Economic Adjustments</b>	<b>Gross</b>	<b>NA</b>	<b>\$53,898,000</b>
Reflects increased costs of \$53.9 million Gross (\$34.7 million GF/GP) for negotiated salary and wage increases (2.0% on October 1, 2020 and 1.0% on April 1, 2021), actuarially required retirement contributions, worker's compensation, building occupancy charges, and other economic adjustments.	IDG/IDT	NA	10,600
	TANF	NA	(13,400)
	Federal	NA	18,172,100
	Local	NA	101,300
	Private	NA	239,200
	Restricted	NA	699,900
	GF/GP	NA	\$34,688,300



**HEALTH AND HUMAN SERVICES**

**Major Budget Changes From FY 2019-20 YTD Appropriations**

<b>FY 2019-20 Year-to-Date (as of 2/6/20)</b>	<b>FY 2020-21 Conference Change</b>
---	---

**CHILD SUPPORT ENFORCEMENT**

<b>10. Child Support Operations Reduction</b>	FTE	179.7	0.0
Includes a \$3.9 million Gross (\$1.3 million GF/GP) reduction for the Office of Child Support based on costs and administrative efficiencies.	<b>Gross</b>	<b>\$23,464,900</b>	<b>(\$3,900,000)</b>
	Federal	14,810,400	(2,574,000)
	GF/GP	\$8,654,500	(\$1,326,000)

**COMMUNITY SERVICES AND OUTREACH**

<b>11. Homeless Programs</b>	<b>Gross</b>	<b>\$22,632,700</b>	<b>\$649,800</b>
Includes \$649,800 GF/GP to increase funding for homeless programs that provide emergency shelter and services to homeless individuals. Increase is to provide additional funding to current providers for additional services at current per diem rates.	Federal	3,613,900	0
	TANF	6,162,600	0
	GF/GP	\$12,856,200	\$649,800

<b>12. Runaway and Homeless Youth Grants</b>	<b>Gross</b>	<b>\$7,384,000</b>	<b>\$400,000</b>
Includes an increase of \$400,000 GF/GP for Runaway and Homeless Youth programs.	Federal	3,103,000	0
	TANF	3,424,800	0
	GF/GP	\$856,200	\$400,000

<b>13. School Success Partnership Program</b>	<b>Gross</b>	<b>\$0</b>	<b>\$525,000</b>
Includes \$525,000 federal funding for state grant to Northeast Michigan Community Service Agency for School Success Partnership Program.	TANF	0	525,000
	GF/GP	\$0	\$0

<b>14. Child Advocacy Centers</b>	FTE	0.5	0.0
Includes an increase of \$999,900 GF/GP for child advocacy centers. Sec. 459 is related boilerplate.	<b>Gross</b>	<b>\$1,407,100</b>	<b>\$999,900</b>
	Restricted	1,407,000	0
	GF/GP	\$100	\$999,900

<b>15. Unified Clinics Resiliency Center for Families and Children – One-Time Funding</b>	<b>Gross</b>	<b>\$100</b>	<b>\$1,499,900</b>
	GF/GP	\$100	\$1,499,900

Includes \$1.5 million GF/GP for the development and operation of a Resiliency Center for Families and Children to provide services to families and children experiencing trauma, toxic stress, chronic disability, neurodevelopmental disorders, or addictions. Sec. 1919 is related boilerplate.

<b>16. Washtenaw County Youth Programs- One-Time Funding</b>	<b>Gross</b>	<b>NA</b>	<b>\$250,000</b>
Includes \$250,000 GF/GP for a grant to a provider network for services to youth in Washtenaw County during the COVID-19 crisis. Sec. 1914 is related boilerplate.	GF/GP	NA	\$250,000

**CHILDREN'S SERVICES AGENCY – CHILD WELFARE**

<b>17. Child Welfare Caseload Adjustments</b>	<b>Gross</b>	<b>\$696,118,600</b>	<b>\$27,799,500</b>
Increases funding for child welfare programs by \$27.8 million Gross (\$39.4 million GF/GP) as follows:	Federal	198,373,900	(1,889,400)
• Foster care payments are increased by \$9.1 million Gross (\$9.0 million GF/GP) from 6,124 cases at \$37,100 per year to 8,152 cases at \$32,415 per year.	TANF	94,280,100	(14,310,500)
• Adoption subsidies are reduced by \$1.1 million Gross (\$178,700 GF/GP) from 22,062 cases at \$730.41 per month to 22,061 cases at \$728.48 per month.	Local	40,914,500	5,166,900
• The Child Care Fund is increased by \$19.8 million Gross (\$30.9 million GF/GP).	Private	1,770,700	(562,700)
• Guardianship assistance payments are decreased by \$103,200 Gross (\$250,900 GF/GP) from 1,188 cases at \$709.26 per month to 1,201 cases at \$694.42 per month.	GF/GP	\$360,779,400	\$39,395,200

Caseload estimates based on August caseload consensus.

**HEALTH AND HUMAN SERVICES**

		<b>FY 2019-20 Year-to-Date (as of 2/6/20)</b>	<b>FY 2020-21 Conference Change</b>
<b><u>Major Budget Changes From FY 2019-20 YTD Appropriations</u></b>			
<b>18. Child Welfare FMAP Savings</b>	<b>Gross</b>	<b>NA</b>	<b>\$0</b>
Includes \$3.6 million GF/GP savings from enhanced FMAP rates in the first quarter of FY 2020-21 during the COVID-19 crisis.	Federal	NA	3,600,000
	GF/GP	NA	(\$3,600,000)
<b>19. Qualified Residential Treatment Program (QRTP) Child Assessments</b>	<b>Gross</b>	<b>\$259,974,400</b>	<b>\$3,410,600</b>
Includes an increase of \$3.4 million Gross (\$2.5 million GF/GP) for assessments of children in private foster care institutions. Third-party treatment assessments are mandated by the federal Family First Prevention Services Act (FFPSA) to be completed within 30 days of placement in a QRTP.	Federal	105,645,300	910,600
	TANF	9,248,000	0
	Local	18,102,700	0
	Private	1,770,700	0
	GF/GP	\$125,207,700	\$2,500,000
<b>20. Foster Care Prevention Programming</b>	FTE	NA	5.0
Includes an increase of \$716,300 Gross (\$524,500 GF/GP) and authorization for 5.0 FTE positions for community analysts/liaisons to provide services to help families avoid entry into foster care and prevent children from being placed into residential care.	<b>Gross</b>	<b>NA</b>	<b>\$716,300</b>
	Federal	NA	191,800
	GF/GP	NA	\$524,500
<b>21. Foster Care Congregate Care Pilot</b>	<b>Gross</b>	<b>NA</b>	<b>\$501,500</b>
Adds \$501,500 GF/GP to fund the first year of a congregate care pilot that will use an evidence-based program with focused cognitive behavioral therapy for foster children.	GF/GP	NA	\$501,500
<b>22. Residential Foster Care Facility Rate Increase</b>	<b>Gross</b>	<b>\$259,974,400</b>	<b>\$7,086,100</b>
Includes an increase of \$7.1 million Gross (\$4.6 million GF/GP) to fund a residential rate increase for private agencies to meet new residential treatment requirements, such as additional staffing, programming, and accreditation, under the federal FFPSA.	Federal	105,645,300	2,486,100
	TANF	9,248,000	0
	Local	18,102,700	0
	Private	1,770,700	0
	GF/GP	\$125,207,700	\$4,600,000
<b>23. Family Preservation Program Private Agency Rate Increase</b>	FTE	15.0	0.0
Adds \$1.8 million GF/GP to fund an increase to private agency rates for family preservation program services. Sec. 523(3) is related boilerplate and states any eligible federal matching funds may be allocated as well.	<b>Gross</b>	<b>\$46,820,900</b>	<b>\$1,750,000</b>
	Federal	609,100	0
	GF/GP	43,235,600	0
		\$2,976,200	\$1,750,000
<b>24. Adoption Provider Rate Increase</b>	<b>Gross</b>	<b>NA</b>	<b>\$1,500,000</b>
Includes \$1.5 million Gross (\$1.0 million GF/GP) to fund an increase to private agency rates for adoption support services. Sec. 509 is related boilerplate.	Federal	NA	500,000
	GF/GP	NA	\$1,000,000
<b>25. West Michigan Partnership for Children Rate Increase</b>	<b>Gross</b>	<b>\$29,320,700</b>	<b>\$8,777,700</b>
Includes \$8.8 million Gross (\$4.7 million GF/GP) to fund a prospective case rate increase based on updated program costs, transition to a global capitated payment model, and the establishment of a risk reserve fund. Sec. 504 is related boilerplate.	Federal	8,773,800	4,037,700
	TANF	3,690,100	0
	Local	4,500,000	0
	GF/GP	\$12,356,800	\$4,740,000
<b>26. Relative Licensure Incentive Payments</b>	<b>Gross</b>	<b>\$2,250,000</b>	<b>(\$2,250,000)</b>
Eliminates \$2.3 million Gross (\$800,000 GF/GP) for incentive payments concerning the licensure of relative caregivers as foster parents, including \$2.0 million Gross (\$550,000 GF/GP) to child placing agencies and \$250,000 GF/GP to relative caregivers.	Federal	1,450,000	(1,450,000)
	GF/GP	\$800,000	(\$800,000)
<b>27. Court-Appointed Special Advocates</b>	<b>Gross</b>	<b>\$100</b>	<b>\$499,900</b>
Adds \$499,900 GF/GP for court-appointed special advocates that advocate in the legal system for children who have been abused or neglected. Sec. 526 is related boilerplate.	GF/GP	\$100	\$499,900

**HEALTH AND HUMAN SERVICES**

**Major Budget Changes From FY 2019-20 YTD Appropriations**

		<b>FY 2019-20 Year-to-Date (as of 2/6/20)</b>	<b>FY 2020-21 Conference Change</b>
<b>28. Kinship Caregiver Advisory Council</b>	<b>Gross</b>	<b>\$0</b>	<b>\$200,000</b>
Includes \$200,000 GF/GP to provide support and coordinated services to the Kinship Caregiver Advisory Council within DHHS. Sec. 575 is related boilerplate.	GF/GP	\$0	\$200,000
<b>29. Parent-to Parent Mentoring Program</b>	<b>Gross</b>	<b>\$0</b>	<b>\$250,000</b>
Includes \$250,000 GF/GP to Adoptive Family Support Network for the Parent-to-Parent mentoring program. Sec. 559 is related boilerplate.	GF/GP	\$0	\$250,000
<b>30. Children Protective Services Legal Representation Program</b>	<b>Gross</b>	<b>\$0</b>	<b>\$4,263,300</b>
Includes \$4.3 million federal grant funding for a new program to provide children and parents legal representation in child protective hearings.	Federal	0	4,263,300
	GF/GP	\$0	\$0

**PUBLIC ASSISTANCE**

<b>31. Public Assistance Caseload Adjustments</b>	<b>Gross</b>	<b>NA</b>	<b>\$43,171,300</b>
Recognizes a \$43.2 million Gross (\$40.4 million GF/GP) increase resulting from adjustments in expected public assistance caseloads in accordance with the August 2020 Consensus Revenue Estimating Conference. Increased caseloads are correlated with the COVID-19 pandemic and resulting emergency response.	TANF	NA	5,213,600
	Federal	NA	0
	Restricted	NA	(2,452,300)
	GF/GP	NA	\$40,410,000
<ul style="list-style-type: none"> <li>Family Independence Program: increase of \$39.4 million Gross (\$35.2 million GF/GP)</li> <li>Food Assistance Program: no change from YTD</li> <li>State Supplementation: increase of \$1.7 million GF/GP</li> <li>State Disability Assistance: increase of \$2.1 million Gross (\$3.6 million GF/GP)</li> </ul>			
<b>32. Food Assistance Program Reinvestment</b>	<b>FTE</b>	<b>0.0</b>	<b>6.0</b>
Includes \$11.0 million GF/GP and authorizes 6.0 FTE positions to support both penalty payments to the federal government and a federally-required corrective action plan. Penalties are related to multi-year higher than national average error rates in food assistance over/under payments.	<b>Gross</b>	<b>\$0</b>	<b>\$10,991,200</b>
	GF/GP	\$0	\$10,991,200
<b>33. Field Operations – Administrative Reductions</b>	<b>Gross</b>	<b>NA</b>	<b>(\$850,000)</b>
Includes \$850,000 GF/GP in administrative reductions across multiple line items. Reductions include \$500,000 GF/GP from Pathways to Potential; \$150,000 from Volunteer Services and Reimbursements; \$100,000 GF/GP from Public Assistance Field Staff; and \$100,000 from Contractual Services, Supplies, and Materials.	GF/GP	NA	(\$850,000)
<b>34 Public Assistance Fund Source Transfers</b>	<b>Gross</b>	<b>NA</b>	<b>\$0</b>
Shifts \$2.0 million TANF to offset \$2.0 million GF/GP from the Family Independence Program and includes \$700,000 GF/GP to replace a shortfall in restricted Supplemental Security Income recoveries revenue.	TANF	NA	2,000,000
	Restricted	NA	(700,000)
	GF/GP	NA	(\$1,300,000)
<b>35. Kids' Food Basket – One-Time Funding</b>	<b>Gross</b>	<b>NA</b>	<b>\$250,000</b>
Includes \$250,000 GF/GP in one-time funding for a grant to a West Michigan non-profit that provides free meals to children of low-income families.	GF/GP	NA	\$250,000
<b>36. Legal Assistance – One-Time Funding</b>	<b>Gross</b>	<b>NA</b>	<b>\$60,000</b>
Includes \$60,000 GF/GP in one-time funding for a grant to the Allegan County Legal Assistance Center, which provides free civil-law legal assistance to low-income individuals.	GF/GP	NA	\$60,000

**HEALTH AND HUMAN SERVICES**

<b><u>Major Budget Changes From FY 2019-20 YTD Appropriations</u></b>		<b>FY 2019-20 Year-to-Date (as of 2/6/20)</b>	<b>FY 2020-21 Conference Change</b>
<b>BEHAVIORAL HEALTH SERVICES</b>			
<b>37. K.B. v. Lyon</b>	FTE	NA	9.0
Includes \$19.1 million Gross (\$2.7 million GF/GP) and authorization for 9.0 FTE positions for behavioral health services and supports monitoring, system improvement, and performance monitoring for children related to the legal settlement K.B. v. Lyon. Amount includes \$17.7 million Gross (\$1.8 million GF/GP) for IT system upgrades.	<b>Gross</b>	<b>NA</b>	<b>\$19,102,000</b>
	Federal	NA	16,435,300
	GF/GP	NA	\$2,666,700
<b>38. Nursing Home Pre-Admission Screening (PAS)/ Annual Resident Reviews (ARR) Cost Increase</b>	FTE	7.0	0.0
Adds \$1.6 million Gross (\$407,700 GF/GP) for increased clinical evaluations for individuals with mental illnesses for developmental disabilities who are requesting to or are residing in a nursing home.	<b>Gross</b>	<b>\$12,291,300</b>	<b>\$1,631,100</b>
	Federal	9,218,600	1,223,400
	GF/GP	\$3,072,700	\$407,700
<b>39. Behavioral Health Homes</b>	<b>Gross</b>	<b>\$3,369,000</b>	<b>\$23,400,700</b>
Includes \$23.4 million Gross (\$2.5 million GF/GP) to expand the number of behavioral health homes, including opioid health homes, by a prospective 9,245 enrollees.	Federal	3,032,100	20,934,400
	Local	246,900	0
	GF/GP	\$90,000	\$2,466,300
<b>40. State Psychiatric Hospital Direct Care Staffing</b>	FTE	1,838.3	60.0
Includes \$5.0 million GF/GP and authorization for 60.0 FTE positions to increase direct care staffing levels at 4 of the state's psychiatric hospitals and centers: Kalamazoo, Walter P. Reuther, Hawthorn, and the Center for Forensic Psychiatry.	<b>Gross</b>	<b>\$239,384,600</b>	<b>\$5,000,000</b>
	Federal	35,551,100	0
	Local	19,288,000	0
	Restricted	10,275,000	0
	GF/GP	\$174,270,500	\$5,000,000
<b>41. State Psychiatric Hospital Coronavirus Relief Funds</b>	FTE	1,838.3	0.0
Replaces \$22.5 million GF/GP with a like amount of federal Coronavirus Relief Funds (CRF), which can be used to cover certain personnel costs through December 30, 2020.	<b>Gross</b>	<b>\$239,384,600</b>	<b>\$0</b>
	Federal	35,551,100	22,500,000
	Local	19,288,000	0
	Restricted	10,275,000	0
	GF/GP	\$174,270,500	(\$22,500,000)
<b>42. Behavioral Health Facility Contingency Transfer</b>	<b>Gross</b>	<b>\$20,000,000</b>	<b>\$0</b>
Transfers \$20.0 million GF/GP from the new Behavioral Health Facility Contingency line item into the state hospitals and centers line items. Sec. 1053 is related deleted boilerplate.	GF/GP	\$20,000,000	\$0
<b>43. Behavioral Health Program Reductions</b>	<b>Gross</b>	<b>NA</b>	<b>(\$3,299,600)</b>
Includes reductions totaling \$3.3 million GF/GP for various behavioral health programs including in-sourcing Children's Transition Support Team, court-ordered assisted treatment, jail diversion, applied behavioral treatment, and psychiatric bed database.	GF/GP	NA	(\$3,299,600)
<b>44. Direct Care Worker Wage Increase – One-Time Funding</b>	<b>Gross</b>	<b>\$0</b>	<b>\$150,000,000</b>
Adds \$150.0 million Gross (\$40.0 million GF/GP) to provide a temporary \$2.00 per hour wage increase for direct care workers for 3 months. Funding would be available for the same direct care workers that were eligible for COVID-19 direct care worker hazard pay included in 2020 PA 123, including Medicaid-eligible behavioral health direct care workers, skilled nursing facility employees, and area agency on aging direct care employees.	Federal	0	110,000,000
	GF/GP	\$0	\$40,000,000

**HEALTH AND HUMAN SERVICES**

**Major Budget Changes From FY 2019-20 YTD Appropriations**

		<b>FY 2019-20 Year-to-Date (as of 2/6/20)</b>	<b>FY 2020-21 Conference Change</b>
<b>45. Other Behavioral Health Funding – One-Time Funding</b>	<b>Gross</b>	<b>\$1,125,000</b>	<b>\$4,394,800</b>
Adds \$4.4 million GF/GP in one-time funding for the following behavioral health programs: \$2.5 million for first responder post-traumatic stress syndrome and other mental health conditions, \$1.0 million for Special Olympics, \$250,000 for Great Lakes Recovery Center, \$200,000 for nonprofit mental health clinics, \$200,000 for The Children's Center, \$100,000 for Safe Substance Abuse Coalition, and maintains the \$1.0 million GF/GP for autism navigators and adds \$144,800 GF/GP to Autism Train-the-Trainer, which was both funded in FY 2019-20.	<b>GF/GP</b>	<b>\$1,125,000</b>	<b>\$4,394,800</b>

**POPULATION HEALTH**

<b>46. Expand Programs for Healthy Moms and Healthy Babies</b>	<b>Gross</b>	<b>NA</b>	<b>\$23,531,900</b>
Increases funding by \$23.5 million Gross (\$12.6 million GF/GP) for expansion of maternal and infant health and support programs, including lengthening Medicaid coverage for new mothers and infants to 12 months from 2 months, enhancing access to behavioral health care, and expanding and other home visiting programs for pregnant women, new mothers, and at-risk families.	<b>Federal</b>	<b>NA</b>	<b>10,900,400</b>
	<b>GF/GP</b>	<b>NA</b>	<b>\$12,631,500</b>

<b>47. State Innovation Model Grant Completion</b>	<b>Gross</b>	<b>\$10,002,700</b>	<b>(\$10,002,700)</b>
Removes \$10.0 million excess federal authorization for the completed federal State Innovation Model (SIM) grant, first funded in FY 2014-15, and revises related boilerplate Sec. 1144 to provide certain reporting.	<b>Federal</b>	<b>10,002,700</b>	<b>(10,002,700)</b>
	<b>GF/GP</b>	<b>\$0</b>	<b>\$0</b>

<b>48. Michigan Essential Health Provider</b>	<b>Gross</b>	<b>\$4,519,600</b>	<b>(\$1,000,000)</b>
Reduces Michigan Essential Health Provider program by \$1.0 million GF/GP, the amount of a FY 2019-20 program increase, and eliminates related boilerplate Sec. 1141.	<b>Federal</b>	<b>1,236,300</b>	<b>0</b>
	<b>Private</b>	<b>855,000</b>	<b>0</b>
	<b>GF/GP</b>	<b>\$2,428,300</b>	<b>(\$1,000,000)</b>

<b>49. Laboratory Equipment for Newborn Screening Testing</b>	<b>Gross</b>	<b>\$23,774,500</b>	<b>\$1,500,000</b>
Provides \$1.5 million of state restricted newborn screening fee revenue for laboratory information technology and testing instruments for new approved newborn screening tests.	<b>IDG</b>	<b>1,004,600</b>	<b>0</b>
	<b>Federal</b>	<b>4,338,600</b>	<b>0</b>
	<b>Restricted</b>	<b>12,147,200</b>	<b>1,500,000</b>
	<b>GF/GP</b>	<b>\$6,284,100</b>	<b>\$0</b>

<b>50. Lead Abatement Grant SCHIP Adjustment</b>	<b>Gross</b>	<b>\$33,768,000</b>	<b>\$0</b>
Includes a net \$0 Gross (\$2.8 million GF/GP) federal to GF/GP fund shift to recognize reduction of the federal share for lead abatement grant from 86.34% to 74.86%. YTD includes \$20.9 million of federal Children's Health Insurance Program (SCHIP) funds approved for use for lead abatement in Flint and other high-risk communities for up to five years, since FY 2016-17. Revises related Sec. 1182 boilerplate.	<b>Federal</b>	<b>22,349,600</b>	<b>(2,785,500)</b>
	<b>Private</b>	<b>77,800</b>	<b>0</b>
	<b>Restricted</b>	<b>723,700</b>	<b>0</b>
	<b>GF/GP</b>	<b>\$10,616,900</b>	<b>\$2,785,500</b>

<b>51. Lead Poisoning Prevention Fund – One-Time Funding</b>	<b>Gross</b>	<b>\$0</b>	<b>\$2,000,000</b>
Includes new one-time funding of \$2.0 million GF/GP to establish a Lead Poisoning Prevention Fund to be administered by an independent third-party as a public-private loan loss reserve fund for private lenders; fund would support low-cost loans to homeowners and landlords for lead remediation projects. Sec. 1913 is related boilerplate.	<b>GF/GP</b>	<b>\$0</b>	<b>\$2,000,000</b>

<b>52. Flint Drinking Water and Lead Exposure</b>	<b>Gross</b>	<b>\$4,621,100</b>	<b>(\$100)</b>
Continues funding of \$4.6 million GF/GP for assistance to residents exposed to lead in the City of Flint but moves appropriation from one-time to ongoing. Related Sec. 1910 boilerplate is moved to Sec. 1306.	<b>GF/GP</b>	<b>\$4,621,100</b>	<b>(\$100)</b>

**HEALTH AND HUMAN SERVICES**

<b><u>Major Budget Changes From FY 2019-20 YTD Appropriations</u></b>		<b>FY 2019-20 Year-to-Date (as of 2/6/20)</b>	<b>FY 2020-21 Conference Change</b>
<b>53. Bone Marrow Donor and Blood Bank Programs</b>	<b>Gross</b>	<b>\$0</b>	<b>\$750,000</b>
Includes \$250,000 GF/GP for Be the Match marrow donor registry program and \$500,000 GF/GP for cord blood bank programs, both through the Versiti Blood Center. Sections 1146 and 1147 are related boilerplate.	<b>GF/GP</b>	<b>\$0</b>	<b>\$750,000</b>
<b>54. Family Readiness Events</b>	<b>Gross</b>	<b>\$0</b>	<b>\$25,000</b>
Includes \$25,000 GF/GP for free family emergency readiness public events. Sec. 1185 is related boilerplate.	<b>GF/GP</b>	<b>\$0</b>	<b>\$25,000</b>
<b>55. Rare Disease Review Committee</b>	<b>Gross</b>	<b>\$0</b>	<b>\$70,000</b>
Includes \$70,000 GF/GP to support the establishment of a rare disease review committee within DHHS. Sec. 1240 is related boilerplate. HB 5465 is similar proposed legislation.	<b>GF/GP</b>	<b>\$0</b>	<b>\$70,000</b>
<b>56. School Children's Healthy Exercise Program</b>	<b>Gross</b>	<b>\$1,000,000</b>	<b>(\$500,000)</b>
Reduces funding by \$500,000 GF/GP for an ongoing school children's healthy exercise program first funded in FY 2012-13 to address childhood obesity. Sec. 1226 related boilerplate is revised to direct remaining funding only to before- and after-school programming.	<b>GF/GP</b>	<b>\$1,000,000</b>	<b>(\$500,000)</b>
<b>57. Population Health Reductions for GF/GP Savings</b>	<b>Gross</b>	<b>NA</b>	<b>(\$2,621,800)</b>
Includes additional reductions for GF/GP savings including:	<b>Private</b>	<b>NA</b>	<b>136,500</b>
• PFAS \$500,000 as an offset to \$1.0 million new federal funds	<b>Restricted</b>	<b>NA</b>	<b>45,500</b>
• PFAS \$581,800 drinking well laboratory test cost savings	<b>GF/GP</b>	<b>NA</b>	<b>(\$2,803,800)</b>
• Revised lead and copper rule local support \$1.0 million			
• HIV program shift \$182,000 cost for 3 positions to non-GF/GP			
• Prenatal care home visit program \$40,000 contract savings			
• \$500,000 savings for various projects contracted with the Michigan Public Health Institute			
<b>58. Population Health Non-GF/GP Funds Adjustments</b>	<b>Gross</b>	<b>NA</b>	<b>\$52,104,000</b>
Recognizes a net increase of \$52.1 million Gross for federal, local, private, and state restricted funding, including:	<b>Federal</b>	<b>NA</b>	<b>13,445,100</b>
• \$13.4 million net federal grant funds increase for opioid overdose data to action, biomonitoring assessments, lead poisoning prevention, PFAS health studies, epidemiology and laboratory capacity, family planning Title X, and completion of oral health workforce grant;	<b>Local</b>	<b>NA</b>	<b>8,442,700</b>
• \$32.8 million federal and private funds to AIDS program primarily reflecting increased drug assistance program rebates;	<b>Private</b>	<b>NA</b>	<b>30,200,000</b>
• \$200,000 private funds from Amanda's Fund for Breast Cancer Prevention and Treatment;	<b>Restricted</b>	<b>NA</b>	<b>16,200</b>
• \$16,200 increase for annual inflationary fee adjustment for screening of newborns for genetic conditions; and	<b>GF/GP</b>	<b>NA</b>	<b>\$0</b>
• \$8.4 million local funds for expanded child and adolescent health center care and emotional health services in schools, originating from the state School Aid Fund and included as a new line item.			
<b>59. Healthy Communities Grant – One-Time Funding</b>	<b>Gross</b>	<b>\$300,100</b>	<b>(\$100)</b>
Continues one-time funding of \$300,000 GF/GP for healthy living, obesity prevention, and substance abuse prevention programs of Leaders Advancing and Helping Communities. Sec. 1915 is related boilerplate.	<b>GF/GP</b>	<b>\$300,100</b>	<b>(\$100)</b>
<b>60. Infant Genome Testing for Treatment – One-Time Funding</b>	<b>Gross</b>	<b>\$0</b>	<b>\$1,000,000</b>
Includes \$1.0 million Gross (\$250,000 GF/GP) for rapid whole genome sequencing testing for critically ill infants and children, through Project Baby Deer with Spectrum Children's Hospital. Sec. 1917 is related boilerplate.	<b>Federal</b>	<b>0</b>	<b>650,000</b>
	<b>Private</b>	<b>0</b>	<b>100,000</b>
	<b>GF/GP</b>	<b>\$0</b>	<b>\$250,000</b>

**HEALTH AND HUMAN SERVICES**

**Major Budget Changes From FY 2019-20 YTD Appropriations**

		<b>FY 2019-20 Year-to-Date (as of 2/6/20)</b>	<b>FY 2020-21 Conference Change</b>
<b>61. Vision Clinic – One-Time Funding</b>	<b>Gross</b>	<b>\$0</b>	<b>\$100,000</b>
Includes \$100,000 GF/GP for vision services to special needs individuals through a nonprofit vision clinic. Sec. 1927 is related boilerplate.	GF/GP	\$0	\$100,000
<b>AGING AND ADULT SERVICES</b>			
<b>62. Senior Programs - Non-GF/GP Funds Adjustments</b>	<b>Gross</b>	<b>\$111,781,900</b>	<b>\$2,000,000</b>
Recognizes \$2.0 million increase of federal and private funds for senior programs including \$700,000 for community supportive services, \$800,000 for congregate and home-delivered meals, and \$500,000 to improve health of individuals receiving public long-term care support services.	Federal	59,343,900	1,500,000
	Private	520,000	500,000
	Restricted	6,068,700	0
	GF/GP	\$45,849,300	\$0
<b>63. Senior Call Check Pilot Program</b>	<b>Gross</b>	<b>\$0</b>	<b>\$40,000</b>
Includes \$40,000 GF/GP for a senior call check pilot program for voluntary regular contact with participating seniors. Sec. 1426 is related boilerplate. HB 6236 is similar proposed legislation.	GF/GP	\$0	\$40,000
<b>64. Senior Citizen Center Grants – One-Time Funding</b>	<b>Gross</b>	<b>\$500,000</b>	<b>(\$350,000)</b>
Continues one-time funding for a small grants program for health-related senior programs at multipurpose senior citizen centers at a reduced appropriation of \$150,000 GF/GP. Sec. 1923 is related boilerplate.	GF/GP	\$500,000	(\$350,000)
<b>MEDICAL SERVICES</b>			
<b>65. Healthy Michigan Plan Administration</b>	FTE	36.0	0.0
Removes \$20.7 million Gross (\$15.2 million GF/GP) in Healthy Michigan Plan administration related to a federal judge ruling the new workforce engagement requirements were unlawful and the resulting delay in implementing the new workforce engagement requirements.	<b>Gross</b>	<b>\$55,629,700</b>	<b>(\$20,721,400)</b>
	GF/GP	26,549,200	(5,541,300)
		\$29,080,500	(\$15,180,100)
<b>66. Claimsure</b>	<b>Gross</b>	<b>NA</b>	<b>\$1,200,000</b>
Adds \$1.2 million Gross (\$300,000 GF/GP) for a predictive modeling tool for provider billing accuracy by identifying outlier claims.	Federal	NA	900,000
	GF/GP	NA	\$300,000
<b>67. Healthy Kids Dental Risk Corridor</b>	<b>Gross</b>	<b>NA</b>	<b>(\$33,686,000)</b>
Assumes \$33.7 million Gross (\$12.1 million GF/GP) in savings from a 2-way risk corridor for the Healthy Kids Dental managed care program.	Federal	NA	(21,586,000)
	GF/GP	NA	(\$12,100,000)
<b>68. Medicaid Managed Care Organization Risk Corridor</b>	<b>Gross</b>	<b>NA</b>	<b>(\$141,360,000)</b>
Assumes \$141.4 million Gross (\$36.0 million GF/GP) in savings from cost settling the FY 2019-20 2-way risk corridor for Medicaid Managed Care Organizations. Sec. 1881 is related boilerplate and states legislative intent that a 2-way risk corridor is not included in the managed care capitation rates in the next fiscal year.	Federal	NA	(105,360,000)
	GF/GP	NA	(\$36,000,000)
<b>69. Medicaid Managed Care Organization Single Preferred Drug List</b>	<b>Gross</b>	<b>NA</b>	<b>(\$190,762,800)</b>
Assumes \$190.8 million Gross (\$47.7 million GF/GP) in net savings from establishing a single preferred drug list to be utilized by all Medicaid managed care organizations and increasing Medicaid managed care independent pharmacy dispensing fees. Amount includes \$322.3 million Gross (\$80.7 million GF/GP) in additional pharmaceutical rebate savings, \$86.2 million Gross (\$21.6 million GF/GP) in additional pharmaceutical ingredient costs, and \$45.3 million Gross (\$11.3 million GF/GP) in dispensing fee increases. Sections 1625, 1879, and 1880 are related boilerplate.	Federal	NA	(143,020,200)
	GF/GP	NA	(\$47,742,600)

**HEALTH AND HUMAN SERVICES**

		FY 2019-20 Year-to-Date (as of 2/6/20)	FY 2020-21 Conference Change
<b><u>Major Budget Changes From FY 2019-20 YTD Appropriations</u></b>			
<b>70. Medicaid Managed Care Organization Rate Reduction – Third Party Liabilities</b>	<b>Gross</b>	<b>\$5,384,831,800</b>	<b>(\$30,623,600)</b>
	Federal	3,532,282,900	(19,623,600)
	Local	25,140,900	0
	Restricted	1,625,099,700	0
	GF/GP	\$202,308,300	(\$11,000,000)
Assumes a savings of \$30.6 million Gross (\$11.0 million GF/GP) from Medicaid health plans recouping a greater amount of third-party liability collections.			
<b>71. Medicaid Hospital Outpatient Rate Increase</b>	<b>Gross</b>	<b>NA</b>	<b>\$352,646,000</b>
	Federal	NA	253,480,300
	Restricted	NA	114,881,800
	GF/GP	NA	(\$15,716,100)
Includes \$352.6 million Gross (\$0 GF/GP) to provide a 21.37% rate increase in Medicaid outpatient hospital reimbursements utilizing provider tax revenue. The corresponding HRA increase and MACI decrease would result in assumed GF/GP savings of \$15.7 million.			
<b>72. MiDocs</b>	<b>Gross</b>	<b>\$17,500,000</b>	<b>\$5,400,000</b>
	Federal	8,750,000	2,700,000
	Restricted	5,000,000	1,350,000
	GF/GP	\$3,750,000	\$1,350,000
Includes \$5.4 million Gross (\$1.4 million GF/GP) to support the new MiDocs class during the current fiscal year over the course of 5 years.			
<b>73. Private Duty Nursing</b>	<b>Gross</b>	<b>NA</b>	<b>\$3,780,600</b>
	Federal	NA	2,481,200
	GF/GP	NA	\$1,299,400
Includes \$8.7 million Gross (\$3.1 million GF/GP) to provide a 10% rate increase for private duty nursing services for Medicaid recipients under the age of 21.			
<b>74. Tribal Pharmacy Reimbursement Increase</b>	<b>Gross</b>	<b>NA</b>	<b>\$17,000,000</b>
	Federal	NA	17,000,000
	GF/GP	NA	\$0
Includes \$17.0 million federal to provide tribal health centers with a pharmacy reimbursement rate increase. The intent is to reimburse Native Americans' drug costs at the federal all-inclusive rate.			
<b>75. Nonemergency Medical Transportation (NEMT)</b>	<b>Gross</b>	<b>\$18,686,800</b>	<b>(\$1,165,800)</b>
	Federal	10,458,800	(765,100)
	GF/GP	\$8,228,000	(\$400,700)
Reflects a \$1.2 million Gross (\$400,700 GF/GP) reduction in NEMT contract costs. Contract with LogistiCare – which provides NEMT services to Macomb, Oakland, and Wayne Counties – was re-bid at a lower cost.			
<b>76. Skilled Nursing Facility PPE Grants – One-Time Funding</b>	<b>Gross</b>	<b>\$0</b>	<b>\$20,000,000</b>
	Federal	0	20,000,000
	GF/GP	\$0	\$0
Includes \$20.0 million of federal Coronavirus Relief Funds (CRF) for personal protection equipment (PPE) grants to be allocated to skilled nursing facilities on a per licensed bed basis. Sec. 1928 is related boilerplate.			
<b>77. Michigan Health Information Network (MiHIN) – One-Time Funding</b>	<b>Gross</b>	<b>\$0</b>	<b>\$2,750,000</b>
	GF/GP	\$0	\$2,750,000
Includes \$2.8 million GF/GP to MiHIN for health information technology strategies for data management, data clean-up, and data governance.			
<b>78. Access Health Actuarial Study – One-Time Funding</b>	<b>Gross</b>	<b>\$0</b>	<b>\$275,000</b>
	GF/GP	\$0	\$275,000
Includes \$275,000 GF/GP to complete a federal section 1332 state innovation waiver actuarial analysis for community-based coverage entities to provide health coverage and educational and occupational training to individuals who qualify.			
<b>79. State Restricted Revenue Adjustments</b>	<b>Gross</b>	<b>NA</b>	<b>\$0</b>
	Restricted	NA	(53,445,300)
	GF/GP	NA	\$53,445,300
Revises restricted revenues based on projected available revenue for a net reduction of \$53.4 million, which is offset by a like amount of GF/GP. Revisions include:			
<ul style="list-style-type: none"> <li>• Reducing Medicaid Benefits Trust Fund \$33.0 million.</li> <li>• Reducing Merit Award Trust Fund \$8.5 million.</li> <li>• Reducing Healthy Michigan Fund \$4.7 million.</li> <li>• Removing Health Insurance Claims Assessment (HICA) fund balance \$7.2 million.</li> </ul>			



**HEALTH AND HUMAN SERVICES**

<u>Major Budget Changes From FY 2019-20 YTD Appropriations</u>	<u>FY 2019-20 Year-to-Date (as of 2/6/20)</u>	<u>FY 2020-21 Conference Change</u>	
<b>ONE-TIME APPROPRIATIONS</b>			
<b>80. Remove FY 2019-20 One-Time Appropriations</b>	FTE	10.0	(10.0)
Removes one-time appropriations included in FY 2019-20. Any funding retained into FY 2020-21 is noted elsewhere.	<b>Gross</b>	<b>\$253,882,900</b>	<b>(\$253,882,900)</b>
	Federal	166,790,800	(166,790,800)
	Restricted	100	(100)
	GF/GP	\$87,092,000	(\$87,092,000)

**Boilerplate Changes From FY 2019-20**

**GENERAL SECTIONS**

**Sec. 208. Legal Services of Attorney General – NEW**

Prohibits the use of funds to hire a person to provide legal services that are the responsibility of the Attorney General, except for bonding activities and outside services authorized by the Attorney General.

**Sec. 210. Contingency Fund Appropriations – REVISED**

Appropriates federal, state restricted, local, and private contingency funds of up to \$132 million total, available for expenditure when transferred to a line item through the legislative transfer process. Revises to reduce maximum amounts for federal and state restricted contingency appropriations for a total amount of up to \$47 million.

**Sec. 222. Notification and Report of Policy Changes – REVISED**

Requires policy manual to be available on the DHHS website; and requires a report by April 1 on policy changes made to implement new acts. Revises to also require written notification to the legislature of any major policy changes at least 30 days before implementation.

**Sec. 234. Receipt and Retention of Reports – NEW**

Requires DHHS to receive and retain copies of all reports funded from the appropriations in part 1 and to follow federal and state guidelines for short-term and long-term retention of records.

**Sec. 235. Reappropriation of Unexpended Federal Coronavirus Relief Funds – NEW**

Requires that as of December 30, 2020 any unexpended coronavirus relief funds appropriated in part 1 be unappropriated and immediately reappropriated to the unemployment compensation fund to support 2020 costs.

**Sec. 240. Use of Existing Work Project Authorization – REVISED**

Prohibits expenditure of appropriations in cases where existing work project authorization is available for the same expenditures. Revises to add "to the extent possible by the department".

**Sec. 253. Information Technology Investment Management and Board/Agile Software Development Plan – REVISED**

Requires establishment of an information technology investment board within DHHS, provides guidance and policy for establishing management practices, and requires reports. Revises to require DHHS to implement an agile software development plan funded with a time and materials contract, and to establish the state or the public domain as the software owner. Software design shall be user centered. Requires report at commencement of project, and updates to the legislature upon request. Includes definitions of terms.

**Sec. 257. Revise Education Modules Regarding Suicide and Depression Prevention – DELETED**

Directs DHHS, if funds are available, to collaboratively revise education health modules to include age-appropriate and medically accurate information about depression and suicide and protective factors to prevent suicide.

**Sec. 258. Education Initiatives Regarding Trauma, Human Trafficking, and Sexual Abuse Prevention – NEW**

Directs DHHS to collaboratively promote and support school and education initiatives including training regarding use of trauma-informed practices and age-appropriate information about human trafficking and sexual abuse prevention.

**Sec. 281. Certification of Destruction of Information from Canceled Contract – NEW**

Requires DHHS by November 1 to provide certifications and affidavits of destruction of data related to an April 2020 contract with Great Lakes Community Engagement for coronavirus pandemic contact tracing, now canceled. Establishes that all Sec. 102 departmental administration appropriations are contingent on compliance with this section.

## **HEALTH AND HUMAN SERVICES**

### **Boilerplate Changes From FY 2019-20**

#### ***Sec. 293. Savings from Behavioral Health Integration Pilot Projects – DELETED***

Requires that any savings from pilots to integrate Medicaid behavioral health and Medicaid physical health services systems shall only be used for reinvestment in the pilot sites where savings occurred; authorizes shared savings between a PIHP or CMHSP and a Medicaid health plan shall be carried forward for expenditures in future years.

### **DEPARTMENTAL ADMINISTRATION AND MANAGEMENT**

#### ***Sec. 309. Health Literacy Pilot – NEW***

Requires department to design and implement a web-based intensive information therapy within Medicaid managed care in order to mitigate deficiencies in health literacy through connections between health care providers, beneficiaries and health plans.

### **COMMUNITY SERVICES AND OUTREACH**

#### ***Sec. 462. Trauma Recovery Center Pilots – NEW***

Requires that if federal funding from Crime Victim Justice Assistance Grants becomes available, four trauma recovery center program pilot projects shall be funded; requires report.

### **CHILDREN'S SERVICES - CHILD WELFARE**

#### ***Sec. 506. Juvenile Justice Data Report – NEW***

Requires a report on containing juvenile justice data from Wayne County, including the number of youth referred for care or supervision and type of setting for referred youth.

#### ***Sec. 514. Child Protective Services (CPS) Report – REVISED***

Requires report on CPS; lists specific information and statistics to be included in the report. Revised by including new subsection (d) requiring report to include statistical information on effectiveness of the category III open/close policy.

#### ***Sec. 532. Licensing and Contract Compliance Review – DELETED***

Requires collaboration between DHHS and representatives of private child and family agencies to revise and improve contract compliance and licensing review processes; requires report.

#### ***Sec. 592. Child Protective Services Data – NEW***

Requires DHHS to provide quarterly reports that include certain CPS data from the most recent 30-day period.

#### ***Sec. 593. County Child Abuse and Child Neglect Investigation and Interview Protocols – NEW***

Requires DHHS to conduct an annual review in each county of whether the standard child abuse and child neglect investigation and interview protocols required by the Child Protection Law have been adopted; requires report.

### **JUVENILE JUSTICE**

#### ***Sec. 710. Juvenile Justice Diversion Programs – NEW***

Requires DHHS to create a workgroup on the use of juvenile justice diversion programs; requires report.

### **PUBLIC ASSISTANCE**

#### ***Sec. 613. Indigent Burial Grants – REVISED***

Provides for state emergency relief grants for indigent burials and the schedule of grant amounts. Revised to increase each payment classification by \$40.00.

#### ***Sec. 619. Title IV-A and Food Assistance Exemption – REVISED***

Exempts individuals convicted of a single drug felony after August 22, 1996 from the federal prohibition on receiving TANF and food assistance benefits; requires FIP benefits to be paid in restricted payments, or through a protective payee if possible, if the individual is the head of household; prohibits individuals convicted of 2 or more separate drug felonies from receiving assistance, subject to federal approval of this additional condition; and requires that FIP benefits be paid to the grantee if the grantee was not the individual with the conviction. Revises to remove the prohibition on individuals convicted of 2 or more separate drug felonies from receiving assistance.

Boilerplate Changes From FY 2019-20

**FIELD OPERATIONS AND SUPPORT SERVICES**

**Sec. 801. Food Assistance Program Error Rate – NEW**

Requires the department to report monthly to the Legislature on the active case FAP payment error rate as provided to the U.S. Department of Agriculture – Food and Nutrition Services; requires the department to report to the Legislature by March 1 on the corrective actions taken to mitigate FAP payment error rates and prevent federal penalties.

**Sec. 825. Vehicle Repair Grants – REVISED**

Prohibits the department from providing employment and training support services grants for vehicle repairs to not more than \$500 to an individual in a 1-year period; allows to the department the discretion to provide grants of up to \$900 in certain circumstances. Revises to require the department to report to the Legislature by November 30 on the total number of repairs; total repairs over \$500; total repairs costing exactly \$500; and total repairs costing exactly \$900 in the previous fiscal year.

**BEHAVIORAL HEALTH SERVICES**

**Sec. 924. Autism Services Fee Schedule – REVISED**

Requires DHHS to maintain a fee schedule for autism services by not allowing expenditures used for actuarially sound rate certification to exceed the identified fee schedule, also sets behavioral technician fee schedule at not more than \$55.00 per hour. Revises to also prohibit behavioral technician fee schedule to not be less than \$50.00 per hour.

**Sec. 927. Behavior Health Service Provider Audits – REVISED**

Requires DHHS to determine the steps necessary to allow behavioral health service providers that operate in multiple counties to utilize a single audit rather than multiple audits, requires report. Revises to require DHHS to create a uniform community mental health services auditing process for CMHSPs and PIHPs, outlines auditing process requirements, and requires a report.

**Sec. 960. Autism Services Cost Containment – REVISED**

Requires DHHS to continue to cover all autism services that were covered on January 1, 2019; to restrain costs required DHHS to develop written guidance for standardization; and permits DHHS to require 6-month consultation if costs are above a monthly threshold, limits practitioners who can perform a diagnostic evaluation; provide fidelity reviews and secondary approvals, and prohibit specific providers from providing both evaluation and treatment; requires a report. Revises to require 3-year reevaluations, unless a clinician recommended an earlier reevaluation, requires evaluations performed by a master's level practitioner to be reviewed by a second practitioner, and require maintenance of statewide provider trainings.

**Sec. 964. Behavioral Health Fee Schedule – REVISED**

Requires DHHS to develop and implement a standardized fee schedule for Medicaid behavioral health services by January 1, and to develop and implement adequacy standards for all contracts with PIHPs and CMHSPs. Revises date to July 1 and requires development of fee schedule to prioritize and support essential service providers and to include a fee schedule for psychiatric intensive care (revenue code 0204).

**Sec. 972. Michigan Crisis and Access Line (MiCAL) – REVISED**

Allocates \$2.0 million for the development, operation, and maintenance of a hotline consistent with section 165 of the Mental Health Code, MCL 330.1165. Revises to allocate up to \$1.5 million and requires the psychiatric bed registry to be integrated into MiCAL.

**Sec. 974. Intellectual or Developmental Disability Service Delivery – REVISED**

Allows an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to choose to instead receive supports and services from another provider. Revises to require instead of allow.

**Sec. 994. National Accreditation Review Criteria for Behavioral Health Services – DELETED**

Requires DHHS to seek, if necessary, a federal waiver to allow a CMHSP, PIHP, or subcontracting provider agency that is reviewed and accredited by a national accrediting entity for behavioral health care services to be in compliance with state program review and audit requirements; requires a report that lists each CMHSP, PIHP, and subcontracting provider agency that is considered in compliance with state requirements; requires DHHS to continue to comply with state and federal law to not initiate an action by negatively impacts beneficiary safety; defines "national accrediting entity."

**Sec. 1006. Intellectual or Developmental Disability Health Homes – NEW**

Requires DHHS to explore implementing Medicaid health homes for individuals with intellectual or developmental disabilities, and requires a report.

## HEALTH AND HUMAN SERVICES

### Boilerplate Changes From FY 2019-20

**Sec. 1007. Standalone Intellectual or Developmental Disability Medicaid Delivery System – NEW**

Requires DHHS to explore the feasibility of implementing a standalone Medicaid delivery system for individuals with intellectual or developmental disabilities, and requires a report.

**Sec. 1011. Out-of-State Crisis Resolution and Outpatient Services – NEW**

Allows a CMHSP to reimburse out-of-state providers of crisis resolution and outpatient services if the out-of-state provider is enrolled as a state Medicaid provider and the out-of-state provider is located closer to the client's home than an in-state provider.

**Sec. 1013. Transportation to Preadmission Screening Units – NEW**

Allows a CMHSP to permit a sheriff's office to use a qualified contracted entity to transport an individual for preadmission screening.

### POPULATION HEALTH

**Sec. 1144. State Innovation Model Federal Grant and CHIR Reporting – REVISED**

Guidance for allocation of federal state innovation model grant, outcomes, performance measures, aggregated claims data, and reports. Strikes current language and revises to require DHHS to report trended cost and utilization claims data by Medicaid health plan and by community health innovation region (CHIR) from FY 2014-15 to date.

**Sec. 1150. Opioid Fraud Collaboration – DELETED**

Requires DHHS to coordinate with other state departments, law enforcement, and Medicaid health plans to reduce fraud related to opioid prescribing within Medicaid, and to address other drug and opioid abuse issues; requires a report.

**Sec. 1350. 1183. Emergency Medical Services Data Exemption – REVISED**

Prohibits DHHS from requiring a life support agency that does not charge for services to submit data to the Michigan emergency medical services information system or any other quality improvement program. Revises to limit the exemption from data submittal to medical first response services located in counties with less than 85,000 population, and outlines written reporting required by medical first responders to others arriving at a site of emergency services in those counties.

**Sec. 1184. Emergency Medical Services - Process for Change in Guidance – NEW**

Requires DHHS to review its process for consideration and implementation of changes proposed for EMS guidance or protocols; states improvements to be included; requires public website weekly updates of proposed changes including any proposed administrative rule changes, and requires a report.

**Sec. 1319. Oral Health Screening and Assessment for School Children – NEW**

States legislative intent that DHHS develop an oral health screening and assessment program for children entering school, and pursue alternative funding sources to aid in financing the program.

**Sec. 1322. State Immunization Policy and Practices Report – NEW**

Requires DHHS to report to the legislature on state immunization policy and practices including a list of recommended vaccinations, and basis, rationale, and improvement in human health documented for each listed vaccination.

**Sec. 1340. National Brand Food Options as Approved WIC Food Items – DELETED**

Requires the Women, Infants, and Children Special Supplemental Food and Nutrition program (WIC) to include national brand options for all food categories on the list of approved food basket items for WIC participant purchase.

### MEDICAL SERVICES

**Sec. 1501. Electronic Health Records Incentive Program – REVISED**

Establishes unexpended funds for the electronic health records incentive program as a work project appropriation with the tentative completion date to be September 30, 2025. Revised to include intent that dental providers be included in the incentive program.

**Sec. 1502. Nursing Facility Cost Report Policies – DELETED**

Requires DHHS to use prospective effective dates if DHHS issues new policies affecting nursing facility cost reports, and allows a retroactive date if required by state law, federal law, or judicial ruling. Deleted.

**Sec. 1512. Medicaid Utilization Report – NEW**

Requires the department to update the Medicaid utilization and net cost report to separate nonclinical administrative costs from actual claims and encounters.

**Boilerplate Changes From FY 2019-20**

**Sec. 1513. Medicaid Inpatient Psychiatric Hospital Workgroup – REVISED**

Requires DHHS to create a workgroup to determine an equitable and adequate reimbursement methodology for Medicaid inpatient psychiatric hospital care, list participating workgroup members, require a report from the workgroup. Revises to include workgroup recommendations being implemented as well as not implemented with identified implementation barriers.

**Sec. 1615. Encounter Claims Data Integrity – NEW**

Requires the department to provide oversight of Medicaid claims encounter data to insure the integrity of actuarial rates; allows the department to request certain information from Medicaid health plans; and provides for the intent that the department conduct annual audits of Medicaid claims and provide for remedial actions to mitigate errors in actuarial rates.

**Sec. 1625. Medicaid Managed Care Pharmacy Benefits Managers – REVISED**

Prohibits DHHS, beginning February 1, 2020, from entering into any contracts with a Medicaid managed care organization that relies on a pharmacy benefits manager that does not: 1) utilize a pharmacy reimbursement methodology of the National Average Drug Acquisition Cost plus a professional dispensing fee comparable to the Medicaid fee-for-service dispensing fees for pharmacies with not more than 7 retail outlets (and lists reimbursements when an ingredient does not have a National Average Drug Acquisition Cost listed); 2) reimburse for valid claims at the rate in effect at the time of original claim; 3) agree to transparent "pass-through" pricing, 4) agree to not create new fees or increase fees above inflation, and 5) agree to not terminate existing contracts for the sole reason of the additional professional dispensing fee. Revises to update beginning date to February 1, 2021.

**Sec. 1626. Pharmacy Benefits Manager Reimbursements Report – NEW**

Requires all pharmacy benefits managers that receive reimbursements from Medicaid health plans to report to the department on total prescriptions dispensed; wholesale acquisition cost of each drug in the state formulary; aggregate rebates, discounts, and concessions; aggregate administrative fees; aggregate amounts that did not pass through Medicaid health plans; aggregate reimbursements paid to contracting pharmacies; requires the department to report the consolidated information to the Legislature by March 1; and requires non-aggregate information provided to the department to remain confidential.

**Sec. 1793. Medicaid Overpayment Standard of Promptness – DELETED**

Prohibits DHHS from recovering an overpayment if DHHS notifies the provider more than 180 days after receipt of the overpayment. Deleted.

**Sec. 1803. Portable X-Ray and Ultrasound Provider Type – REVISED**

Requires DHHS to establish Medicaid rules to allow for billing and reimbursement for transportation charges related to portable x-ray services and requires policies be effective October 1 of the current fiscal year. Revises to require the department to set payment rates for portable X-ray services by October 1.

**Sec. 1805. Graduate Medical Education Quality Data – DELETED**

Requires hospitals receiving GME payments to submit quality data utilizing consensus-based nationally endorsed standards to be posted on a public website, lists specific quality reporting information, requires hospitals to also post quality data on the hospital's website, and requires DHHS to withhold 25% of a hospital's GME payment if data is not submitted by January 1. Deleted.

**Sec. 1870. MiDOCS Consortium – REVISED**

Appropriates \$3.75 million GF/GP and any restricted and any associated federal match to the MiDocs consortium to create new primary care residency slots in underserved communities, lists qualifying specialties; requires DHHS to seek any necessary federal CMS approvals; requires medical education loan repayments be contingent on 2-year commitment to practice in an underserved community post-residency; requires MiDocs to work with DHHS to, when possible, prioritize training opportunities in state psychiatric hospitals and CMHSPs; reserves at least 3 slots for the Michigan early primary care incentive program; reports report; creates an advisory council; establishes outcome and performance measures; and designates unexpended funds as work project appropriation. Revises to increase GF/GP appropriation from \$3.75 million to \$5.1 million; creates an exception for child and adolescent psychiatry fellowships; allow for local match from accredited organizations; allow for administration at the local-level for areas impacted by COVID-19 and a for a focus on psychiatric and child and maternal health disparities; and provide for the legislative intent of creating 5 additional slots for underserved areas.

**HEALTH AND HUMAN SERVICES**

**Boilerplate Changes From FY 2019-20**

***Sec. 1875. Prior Authorization for Certain Drugs – REVISED***

Applies prior authorization prohibition to DHHS and its contractual agents for psychotropic medications, drugs for the treatment of HIV or AIDS, epilepsy/seizure disorder, or drugs for organ transplant therapy, if those drugs were either carved out or not subject to prior authorization procedures as of May 9, 2016, defines “prior authorization”. Revises to require the department to explore the inclusion of drugs to treat Duchenne Muscular Dystrophy.

***Sec. 1876. Common Formulary – NEW***

Requires DHHS to include the corticosteroid deflazacort on the Medicaid health plan common formulary.

***Sec. 1879. Single Preferred Drug List – NEW***

Requires DHHS to maintain a standard preferred drug list for Medicaid managed care, requires any changes in the preferred drug list to be made in consultation with the Medicaid managed care organizations and the Pharmacy and Therapeutics Committee. Requires a report.

***Sec. 1880. Single Preferred Drug List Report and Rate Setting – NEW***

Requires DHHS to submit a report on estimated and actual expenditures and savings incurred from the single preferred drug list, requires DHHS to make any relevant adjustments to the rates to Medicaid managed care organizations to occur outside of the May caseload consensus.

***Sec. 1881. Risk Corridor Financial Reconciliation – NEW***

Identifies savings assumptions from the 2-way risk corridor for Medicaid managed care organizations, requires a report and requires DHHS to make any relevant adjustments to the rates to Medicaid managed care organizations to occur outside of the May caseload consensus, and states intent that a 2-way risk corridor will not be in effect next fiscal year.

**INFORMATION TECHNOLOGY**

***Sec. 1909. Information Technology Spending Restrictions – REVISED***

Restricts the department from expending funds appropriated for major information technology programs on any other program or project and requires a legislative transfer of appropriations from the Information Technology Contingency and One-Time Information Technology Contingency line items to another line item before those funds may be expended. Revises to remove Information Technology Contingency restrictions; and provides for the requirements on replacing MiSACWIS with the new CCWIS information technology system, and requires the department to use the agile development methodology of IT development and comply with the Enterprise Portfolio Management Office process and quality assurance.



BEHAVIORAL HEALTH

BAY ARENAC BEHAVIORAL HEALTH AUTHORITY  
BOARD OF DIRECTORS

Resolution #20-09-010

RESOLUTION TO ADOPT THE ANNUAL OPERATION BUDGET FOR FISCAL YEAR ENDING  
SEPTEMBER 30, 2021

- WHEREAS,** The Uniform Budgeting and Accounting Act, Public Act 621 of 1978, requires that each local unit of government adopt a balanced budget for all required funds, and;
- WHEREAS,** Pursuant to section VII of the Bay Arenac Behavioral Health Authority Bylaws and section 230 of the Mental Health Code, Public Act 258 of 1974, the Chief Executive Officer has full managerial control of the agency, and;
- WHEREAS,** It is implied that the Chief Executive Officer has full control of the operating budget of the Authority, and;
- WHEREAS,** The Chief Executive Officer has submitted to the Bay Arenac Behavioral Health Authority Board of Directors an estimate of revenues, transfers, and expenditures for the fiscal year ending September 30, 2021, and;
- WHERE AS,** It is the opinion of the Bay Arenac Behavioral Health Authority Board of Directors that the operating budget as adopted complies with the Uniform Budget and Accounting Act as amended;

**THEREFORE, BE IT RESOLVED THAT:**

The Bay Arenac Behavioral Health Authority Board of Directors adopts the following schedule of operating revenues, transfers, and expenditures:

<u>General Operating Budget</u>	
Beginning Unrestricted Fund Balance:	\$ 2,621,590
Projected Revenues and Transfers-In:	\$ 54,498,513
Projected Expenses and Transfers-Out	\$ (53,791,389)
Projected Ending Unrestricted Fund Balance	\$ 3,328,714

This resolution was adopted at a special meeting of the Bay Arenac Behavioral Health Authority Board of Directors held on September 23, 2020 pursuant to the Open Meetings Act, Public Act 267 of 1976, , and per Governor Whitmer’s Executive Order 2020-154 due to the COVID-19 pandemic, on a motion by \_\_\_\_\_ and supported by \_\_\_\_\_ with the following votes:

Yeas:  
Nays:  
Excused:

\_\_\_\_\_  
Richard Byrne, Board Chair

\_\_\_\_\_  
Colleen Maillette, Board Secretary

**Bay-Arenac Behavioral Health  
Special Board Meeting  
Summary of Proposed Contracts  
September 23, 2020**

			Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Low/Mod/High)
<b>SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES</b>							
Clinical Services							
1	N	Michigan Rehabilitation Services (MRS) Cash Match Agreement		\$30,000/year	10/1/20-9/30/21	Y	N/A
<b>SECTION III. STATE OF MICHIGAN GRANT CONTRACTS</b>							
2	R	Mid-State Health Network FY21 Medicaid subcontract	\$47,982,194	\$50,003,906	10/1/20-9/30/21	Y	N

R = Renewal with rate increase since previous contract  
 D = Renewal with rate decrease since previous contract  
 S = Renewal with same rate as previous contract  
 ES = Extension

M = Modification  
 N = New Contract/Provider  
 NC = New Consumer  
 T = Termination

**Footnotes:**





## BOARD OF DIRECTORS

Resolution #20-09-011

REVISED RESOLUTION EXEMPTING/EXCLUDING BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY ELIGIBLE HEALTH CARE PROVIDERS AND EMERGENCY RESPONDERS FROM THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT & AUTHORIZING EXTENDED, ADDITIONAL AND/OR MODIFIED TEMPORARY COVID-19 PAID LEAVE & POLICIES TO SUCH ELIGIBLE EXEMPTED/EXCLUDED EMERGENCY RESPONDERS & HEALTH CARE PROVIDERS

SEPTEMBER 23, 2020

- WHEREAS,** On March 18, 2020, the Families First Coronavirus Response Act (“FFCRA”) was signed into law. The FFCRA includes two (2) provisions that provide temporary emergency COVID-19 related paid/partially-paid leave to certain employees covered by the FFCRA: (1) the Emergency Paid Sick Leave Act (“EPSLA”); and (2) the Emergency Family and Medical Leave Expansion Act (“EFMLEA”); and
- WHEREAS,** The FFCRA authorizes and the Department of Labor encouraged employers to exempt/exclude employees who are healthcare providers or emergency responders from coverage or application from the EFMLEA’s expanded leave and/or from the definition of employee under the EPSLA; and
- WHEREAS,** The healthcare providers and emergency responders exemptions/exclusions authority appears to be in recognition of the reality that in an emergency pandemic, the public depends on emergency responders and healthcare providers to be available to deliver critical and essential emergency response and public health services to the community whom it is the Authority’s mission to serve, particularly under emergency pandemic conditions which by their very nature create a strain on both available staffing and an increased demand for such critical services; and
- WHEREAS,** The FFCRA’s effective date of April 1, 2020 and, on March 30, 2020 the Department of Labor (“DOL”) provided online guidance as to many of the provisions of the FFCRA (the “ Original DOL Guidance”); The Original DOL Guidance defined excludable “Healthcare Providers” to include, in relevant part “any employee employed” at the Authority To like effect, the Original DOL Guidance defined excludable “Emergency Responder” to include, in relevant part an employee who is necessary for the provision of transport, care, **health care, comfort, and nutrition of such patients,...**This includes but is not limited to ... **physicians, nurses, public health personnel, ...**, and persons with skills or training in operating specialized equipment or other skills needed to provide aid in a declared emergency **as well as individuals who work for such facilities employing these individuals and whose work is necessary to maintain the operation of the facility;** and

- WHEREAS,** In express reliance upon the Original DOL Guidance, the Bay-Arenac Behavioral Health Authority identified and exempted Healthcare Providers as defined in the Original DOL Guidance, which included public health and clinical care employees, as well as individuals within the Authority whose work is necessary to maintain the operations of these facilities, including but not limited to, information technology, finance and human resources and additional programs or positions as identified by the Authority; and
- WHEREAS,** In further reliance upon the Original DOL Guidance, and to address additional COVID related leave needs of exempted Authority employees, the Authority promulgated and granted an additional and supplemental Temporary Emergency Leave Policy Applicable to Exempted/Excluded HealthCare Providers and Emergency Responders which was applicable to all Authority Employees; and
- WHEREAS,** On September 16, 2020 the Department of Labor published revised guidance addressing, among other topics, revised definition of “healthcare providers” excludable from the FFCRA (the “New DOL Guidance”); and
- WHEREAS,** Bay-Arenac Behavioral Health is taking reasonable measures to safeguard the health of its employees and to serve the people of Bay and Arenac Counties while maintaining limited operations in an effective and efficient manner and continuing to perform critical and essential services to the public.

**THEREFORE, BE IT RESOLVED:**

In order to seek to maintain sufficient staffing to provide critical and essential healthcare and emergency response services necessary for the protection and preservation of life and the public, the Board of Directors hereto exempts/excludes those Authority employees who are, or reassigned or redeployed to act as in the capacity of a Healthcare Provider or Emergency Responder from coverage or application from the EFMLEA and/or from the definition of employee under the EPSLA. The positions included within the definition of Healthcare Providers or Emergency Responders shall be as defined to the broadest extent permitted by law and shall include those employees identified by the Authority as health care providers, or those employees capable of providing diagnostic, preventive, or treatment services or services integrated with such services, and employees necessary to provision of diagnostic, preventive, or treatment services or services which, if not provided, would adversely impact patient care. Such necessary services may include but are not limited to patient care such as bathing, dressing, feeding, monitoring, and transporting patients and samples.

**BE IT FURTHER RESOLVED:**

That the Temporary Emergency Leave Policy Applicable to Exempted/Excluded HealthCare Providers and Emergency Responders shall continue to be applicable to Authority Employees who are exempted Healthcare Providers or First Responders through December 31, 2020 or such time to which the FFCRA is extended,

The Temporary Emergency Leave Policy Applicable to Exempted/Excluded HealthCare Providers and Emergency Responders shall no longer be applicable to Authority Employees who are no longer identified by the Authority as Healthcare Providers or First Responders based upon changes of law or DOL Guidance. If otherwise eligible, such non-exempted employees will be eligible for the paid, partially paid, or unpaid leave provisions of the EPSLA and/or EFMLEA. Further, unless prohibited by law, previous leave time granted to now non-exempt employees under the Authority's Temporary Emergency Leave Policy Applicable to Exempted/Excluded HealthCare Providers and Emergency Responders shall be reallocated as leave expended under the appropriate FFCRA provisions

**BE IT FURTHER *RESOLVED*:**

That the eligibility for, application of, or procedures for grant or compensation of COVID-19 related compensation or leave may be modified by the Chief Executive Officer in consultation with the Strategic Leadership Team to comply with changing circumstance, staffing requirements, the law, anticipated future DOL regulations or as recommended by Labor Counsel.

This resolution was adopted at a special meeting of the Bay Arenac Behavioral Health Authority Board of Directors held on September 23, 2020 pursuant to the Open Meetings Act, Public Act 267 of 1976 as amended, and by Governor Whitmer's Executive Order 2020-154, on a motion by \_\_ and supported by \_\_ with the following votes:

Yeas:  
Nays:  
Excused:

\_\_\_\_\_  
Richard Byrne, Board Chair

\_\_\_\_\_  
Colleen Maillette, Board Secretary

Behavioral Health Center, 201 Mulholland, Bay City, MI 48708

# BAY ARENAC BEHAVIORAL HEALTH

Prepared by: Angela Garner

Effective Date: January 1, 2021



Benefit Design In-Network	Census	Hartford Current Medicare Supplemental	Hartford Renewal Medicare Supplemental	BCBS Option 1 Medicare Advantage	BCBS Option 2 Medicare Advantage	Humana
<b>Rates</b>						
Monthly Rate	49	\$303.03	\$311.99	\$232.65	\$259.37	
Monthly Totals		\$14,848	\$15,288	\$11,400	\$12,709	\$0
Annual Totals		\$178,182	\$183,450	\$136,798	\$152,510	\$0
Annual Increase/(Decrease)			\$5,268	(\$41,383)	(\$30,941)	(\$178,182)
% Increase/Decrease			2.96%	-23.23%	-14.41%	-100.00%
<b>Benefit Comparison</b>						
<b>In Network Benefits</b>						
Deductible		\$500	\$500	\$500	\$500	
Coinsurance		50% of Pt B Coinsurance	50% of Pt B Coinsurance	15%	0%	
Out of Pocket Max		\$1,000	\$1,000	\$1,000	\$1,000	
Physician Services		All but \$185 Ded + 10% of Coinsurance	All but \$185 Ded + 10% of Coinsurance	Ded, Coinsurance Applies	\$10	
Specialist Services		All but \$185 Ded + 10% of Coinsurance	All but \$185 Ded + 10% of Coinsurance	Ded, Coinsurance Applies	\$15	
Emergency Room		All but \$185 Ded + 10% of Coinsurance	All but \$185 Ded + 10% of Coinsurance	\$50	\$50	
Urgent Care		All but \$185 Ded + 10% of Coinsurance	All but \$185 Ded + 10% of Coinsurance	\$15	\$15	
Chiropractic		All but \$185 Ded + 10% of Coinsurance	All but \$185 Ded + 10% of Coinsurance	\$20	\$10	
Ambulance		All but \$185 Ded + 10% of Coinsurance	All but \$185 Ded + 10% of Coinsurance	Ded, Coinsurance Applies	Ded, Coinsurance Applies	
Foreign Travel Emergency		included	included	included	included	
DME		All but \$185 Ded + 10% of Coinsurance	All but \$185 Ded + 10% of Coinsurance	Ded, Coinsurance Applies	Ded, Coinsurance Applies	
<b>Standard Pharmacy</b>						
Generic		\$0	\$0	\$0	\$0	
Preferred Generic		\$10	\$10	\$10	\$10	
Preferred Brand		\$40	\$40	\$40	\$40	
Non Preferred Brand		\$70	\$70	\$70	\$70	
90 Days		2x	2x	2x	2x	
Notes						
<b>Preferred Pharmacy</b>						
Generic		\$0	\$0	\$0	\$0	
Preferred Generic		\$10	\$10	\$5	\$5	
Preferred Brand		\$40	\$40	\$35	\$35	
Non Preferred Brand		\$70	\$70	\$65	\$65	
90 Days		2x	2x	2x	2x	