## **HOUSE BILL No. 5356**

February 11, 2016, Introduced by Reps. Zemke, Crawford, Hughes, Glardon, Lucido, Geiss and Callton and referred to the Committee on Education.

A bill to amend 1939 PA 280, entitled

"The social welfare act,"

by amending section 109 (MCL 400.109), as amended by 2012 PA 48.

## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 109. (1) The following medical services may be provided
 under this act:

3 (a) Hospital services that an eligible individual may receive
4 consist of medical, surgical, or obstetrical care, together with
5 necessary drugs, X-rays, physical therapy, prosthesis,

transportation, and nursing care incident to the medical, surgical, or obstetrical care. The period of inpatient hospital service shall be the minimum period necessary in this type of facility for the

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1 proper care and treatment of the individual. Necessary 2 hospitalization to provide dental care shall be provided if certified by the attending dentist with the approval of the 3 4 department. of community health. An individual who is receiving 5 medical treatment as an inpatient because of a diagnosis of tuberculosis or mental disease may receive service under this 6 section, notwithstanding the mental health code, 1974 PA 258, MCL 7 330.1001 to 330.2106, and 1925 PA 177, MCL 332.151 to 332.164. The 8 9 department of community health shall pay for hospital services 10 according to the state plan for medical assistance adopted under 11 section 10 and approved by the United States department of health 12 and human services. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

13 (b) An eligible individual may receive physician services 14 authorized by the department. of community health. The service may be furnished in the physician's office, the eligible individual's 15 home, a medical institution, or elsewhere in case of emergency. A 16 17 physician shall be paid a reasonable charge for the service 18 rendered. Reasonable charges shall be determined by the department 19 of community health and shall not be more than those paid in this 20 state for services rendered under title XVIII.

(c) An eligible individual may receive nursing home services in a state licensed nursing home, a medical care facility, or other facility or identifiable unit of that facility, certified by the appropriate authority as meeting established standards for a nursing home under the laws and rules of this state and the United States department of health and human services, DEPARTMENT OF HEALTH AND HUMAN SERVICES, to the extent found necessary by the

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attending physician, dentist, or certified Christian Science 1 2 practitioner. An eligible individual may receive nursing services in an extended care services program established under section 3 4 22210 of the public health code, 1978 PA 368, MCL 333.22210, to the 5 extent found necessary by the attending physician when the combined length of stay in the acute care bed and short-term nursing care 6 bed exceeds the average length of stay for medicaid MEDICAID 7 hospital diagnostic related group reimbursement. The department of 8 community health shall not make a final payment under title XIX for 9 benefits available under title XVIII without documentation that 10 title XVIII claims have been filed and denied. The department of 11 12 community health shall pay for nursing home services according to 13 the state plan for medical assistance adopted according to section 14 10 and approved by the United States department of health and human services. DEPARTMENT OF HEALTH AND HUMAN SERVICES. A county shall 15 reimburse a county maintenance of effort rate determined on an 16 17 annual basis for each patient day of medicaid MEDICAID nursing home 18 services provided to eligible individuals in long-term care 19 facilities owned by the county and licensed to provide nursing home 20 services. For purposes of determining rates and costs described in 21 this subdivision, all of the following apply:

(i) For county owned facilities with per patient day updated variable costs exceeding the variable cost limit for the county facility, county maintenance of effort rate means 45% of the difference between per patient day updated variable cost and the concomitant nursing home-class variable cost limit, the quantity offset by the difference between per patient day updated variable

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cost and the concomitant variable cost limit for the county
 facility. The county rate shall not be less than zero.

3 (ii) For county owned facilities with per patient day updated
4 variable costs not exceeding the variable cost limit for the county
5 facility, county maintenance of effort rate means 45% of the
6 difference between per patient day updated variable cost and the
7 concomitant nursing home class variable cost limit.

8 (iii) For county owned facilities with per patient day updated
9 variable costs not exceeding the concomitant nursing home class
10 variable cost limit, the county maintenance of effort rate shall
11 equal zero.

12 (*iv*) For the purposes of this section: "per patient day updated variable costs and the variable cost limit for the county 13 14 facility" shall be determined according to the state plan for medical assistance; for freestanding county facilities the "nursing 15 home class variable cost limit" shall be determined according to 16 17 the state plan for medical assistance and for hospital attached county facilities the "nursing class variable cost limit" shall be 18 19 determined pursuant ACCORDING to the state plan for medical 20 assistance plus \$5.00 per patient day; and "freestanding" and 21 "hospital attached" shall be determined according to the federal 22 regulations.

(v) If the county maintenance of effort rate computed under
this section exceeds the county maintenance of effort rate in
effect as of September 30, 1984, the rate in effect as of September
30, 1984 shall remain in effect until a time that the rate computed
under this section is less than the September 30, 1984 rate. This

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limitation remains in effect until December 31, 2017. For each
 subsequent county fiscal year the maintenance of effort may not
 increase by more than \$1.00 per patient day each year.

4 (vi) For county owned facilities, reimbursement for plant
5 costs will continue to be based on interest expense and
6 depreciation allowance unless otherwise provided by law.

7 (d) An eligible individual may receive pharmaceutical services 8 from a licensed pharmacist of the person's choice as prescribed by 9 a licensed physician or dentist and approved by the department. of 10 community health. In an emergency, but not routinely, the 11 individual may receive pharmaceutical services rendered personally 12 by a licensed physician or dentist on the same basis as approved 13 for pharmacists.

14 (e) An eligible individual may receive other medical and
15 health services as authorized by the department. of community
16 health.

17 (f) Psychiatric care may also be provided according to the 18 guidelines established by the department of community health to the 19 extent of appropriations made available by the legislature for the 20 fiscal year.

(g) An eligible individual may receive screening, laboratory services, diagnostic services, early intervention services, and treatment for chronic kidney disease under guidelines established by the department. of community health. A clinical laboratory performing a creatinine test on an eligible individual under this subdivision shall include in the lab report the glomerular filtration rate (eGFR) of the individual and shall report it as a

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1 percent of kidney function remaining.

2 (H) AN ELIGIBLE SCHOOL-AGED CHILD MAY RECEIVE SERVICES
3 REQUIRED UNDER SECTION 1176(3)(B) OF THE REVISED SCHOOL CODE, 1976
4 PA 451, MCL 380.1176.

5 (2) The director shall provide notice to the public, according 6 to applicable federal regulations, and shall obtain the approval of the committees on appropriations of the house of representatives 7 and senate of the legislature of this state, of a proposed change 8 in the statewide method or level of reimbursement for a service, if 9 10 the proposed change is expected to increase or decrease payments 11 for that service by 1% or more during the 12 months after the 12 effective date of the change.

13 (3) As used in this act:

14 (a) "Title XVIII" means title XVIII of the social security
15 act, 42 USC 1395 to 1395kkk-1 1395LLL.

16 (b) "Title XIX" means title XIX of the social security act, 4217 USC 1396 to 1396w-5.

18 (c) "Title XX" means title XX of the social security act, 4219 USC 1397 to 1397m-5.

20 Enacting section 1. This amendatory act takes effect 90 days21 after the date it is enacted into law.

22 Enacting section 2. This amendatory act does not take effect
23 unless all of the following bills of the 98th Legislature are
24 enacted into law:

25 (a) Senate Bill No. or House Bill No. 5307 (request no.
26 03705'15).

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(b) Senate Bill No.\_\_\_\_ or House Bill No. 5355 (request no.

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**1** 03705'15 a).

2 (c) Senate Bill No.\_\_\_\_ or House Bill No.\_\_\_\_ (request no. 3 03731'15).