

HOUSE BILL No. 5371

October 25, 2007, Introduced by Reps. Steil, Rocca and Agema and referred to the Committee on Health Policy.

A bill to amend 1939 PA 280, entitled
"The social welfare act,"
by amending section 109 (MCL 400.109), as amended by 2006 PA 576.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 109. (1) The following medical services may be provided
2 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,
6 transportation, and nursing care incident to the medical, surgical,
7 or obstetrical care. The period of inpatient hospital service shall
8 be the minimum period necessary in this type of facility for the
9 proper care and treatment of the individual. Necessary
10 hospitalization to provide dental care shall be provided if

1 certified by the attending dentist with the approval of the
2 department of community health. An individual who is receiving
3 medical treatment as an inpatient because of a diagnosis of
4 tuberculosis or mental disease may receive service under this
5 section, notwithstanding the mental health code, 1974 PA 258, MCL
6 330.1001 to 330.2106, and 1925 PA 177, MCL 332.151 to 332.164. The
7 department of community health shall pay for hospital services in
8 accordance with the state plan for medical assistance adopted under
9 section 10 and approved by the United States department of health
10 and human services.

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

19 (c) An eligible individual may receive nursing home services
20 in a state licensed nursing home, a medical care facility, or other
21 facility or identifiable unit of that facility, certified by the
22 appropriate authority as meeting established standards for a
23 nursing home under the laws and rules of this state and the United
24 States department of health and human services, to the extent found
25 necessary by the attending physician, dentist, or certified
26 Christian Science practitioner. An eligible individual may receive
27 nursing services in a short-term nursing care program established

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

19 (i) For county owned facilities with per patient day updated
20 variable costs exceeding the variable cost limit for the county
21 facility, county maintenance of effort rate means 45% of the
22 difference between per patient day updated variable cost and the
23 concomitant nursing home-class variable cost limit, the quantity
24 offset by the difference between per patient day updated variable
25 cost and the concomitant variable cost limit for the county
26 facility. The county rate shall not be less than zero.

27 (ii) For county owned facilities with per patient day updated

1 variable costs not exceeding the variable cost limit for the county
2 facility, county maintenance of effort rate means 45% of the
3 difference between per patient day updated variable cost and the
4 concomitant nursing home class variable cost limit.

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

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

20 (v) If the county maintenance of effort rate computed in
21 accordance with this section exceeds the county maintenance of
22 effort rate in effect as of September 30, 1984, the rate in effect
23 as of September 30, 1984 shall remain in effect until a time that
24 the rate computed in accordance with this section is less than the
25 September 30, 1984 rate. This limitation remains in effect until
26 December 31, 2012. For each subsequent county fiscal year the
27 maintenance of effort may not increase by more than \$1.00 per

1 patient day each year.

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

5 (d) ~~An~~ **EXCEPT AS OTHERWISE PROVIDED IN THIS SUBDIVISION, AN**
6 eligible individual may receive pharmaceutical services from a
7 licensed pharmacist of the person's choice as prescribed by a
8 licensed physician or dentist and approved by the department of
9 community health. In an emergency, but not routinely, the
10 individual may receive pharmaceutical services rendered personally
11 by a licensed physician or dentist on the same basis as approved
12 for pharmacists. **A PRESCRIPTION DRUG PROVIDED TO AN ELIGIBLE**
13 **INDIVIDUAL FOR THE TREATMENT OF ERECTILE DYSFUNCTION IS NOT A**
14 **COVERED BENEFIT UNDER THE MEDICAL ASSISTANCE PHARMACEUTICAL**
15 **SERVICES.**

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

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

23 (g) An eligible individual may receive screening, laboratory
24 services, diagnostic services, early intervention services, and
25 treatment for chronic kidney disease ~~pursuant~~ **ACCORDING** to
26 guidelines established by the department of community health. A
27 clinical laboratory performing a creatinine test on an eligible

1 individual ~~pursuant to~~ **UNDER** this subdivision shall include in the
2 lab report the glomerular filtration rate (eGFR) of the individual
3 and shall report it as a percent of kidney function remaining.

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

12 (3) As used in this act:

13 (a) "Title XVIII" means title XVIII of the social security
14 act, 42 USC 1395 to 1395b, 1395b-2, 1395b-6 to 1395b-7, 1395c to
15 1395i, 1395i-2 to 1395i-5, 1395j to 1395t, 1395u to 1395w, 1395w-2
16 to 1395w-4, 1395w-21 to 1395w-28, 1395x to 1395yy, and 1395bbb to
17 1395ggg.

18 (b) "Title XIX" means title XIX of the social security act, 42
19 USC 1396 to 1396r-6 and 1396r-8 to 1396v.

20 (c) "Title XX" means title XX of the social security act, 42
21 USC 1397 to 1397f.