

HOUSE BILL NO. 4609

May 16, 2019, Introduced by Reps. Whitsett, Eisen, Peterson, Elder, Yancey, Rendon, Hoitenga, Garza, Chirkun, Tate, Cambensy, Haadsma, Kennedy, Brenda Carter, Wozniak, Neeley, Coleman, Jones and Robinson 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 2018 PA 315.

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,



1 transportation, and nursing care incident to the medical, surgical,
2 or obstetrical care. The period of inpatient hospital service shall
3 be the minimum period necessary in this type of facility for the
4 proper care and treatment of the individual. Necessary
5 hospitalization to provide dental care shall be provided if
6 certified by the attending dentist with the approval of the
7 department. An individual who is receiving medical treatment as an
8 inpatient because of a diagnosis of mental disease may receive
9 service under this section, notwithstanding the mental health code,
10 1974 PA 258, MCL 330.1001 to 330.2106. The department shall pay for
11 hospital services according to the state plan for medical
12 assistance adopted under section 10 and approved by the United
13 States Department of Health and Human Services.

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

22 (c) An eligible individual may receive nursing home services
23 in a state licensed nursing home, a medical care facility, or other
24 facility or identifiable unit of that facility, certified by the
25 appropriate authority as meeting established standards for a
26 nursing home under the laws and rules of this state and the United
27 States Department of Health and Human Services, to the extent found
28 necessary by the attending physician, dentist, or certified
29 Christian Science practitioner. An eligible individual may receive



1 nursing services in an extended care services program established
2 under section 22210 of the public health code, 1978 PA 368, MCL
3 333.22210, to the extent found necessary by the attending physician
4 when the combined length of stay in the acute care bed and short-
5 term nursing care bed exceeds the average length of stay for
6 Medicaid hospital diagnostic related group reimbursement. The
7 department shall not make a final payment under title XIX for
8 benefits available under title XVIII without documentation that
9 title XVIII claims have been filed and denied. The department shall
10 pay for nursing home services according to the state plan for
11 medical assistance adopted according to section 10 and approved by
12 the 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
28 variable costs not exceeding the variable cost limit for the county
29 facility, county maintenance of effort rate means 45% of the



1 difference between per patient day updated variable cost and the
2 concomitant nursing home class variable cost limit.

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

7 (iv) For the purposes of this section: "per patient day updated
8 variable costs and the variable cost limit for the county facility"
9 shall be determined according to the state plan for medical
10 assistance; for freestanding county facilities the "nursing home
11 class variable cost limit" shall be determined according to the
12 state plan for medical assistance and for hospital attached county
13 facilities the "nursing class variable cost limit" shall be
14 determined according to the state plan for medical assistance plus
15 \$5.00 per patient day; and "freestanding" and "hospital attached"
16 shall be determined according to the federal regulations.

17 (v) If the county maintenance of effort rate computed under
18 this section exceeds the county maintenance of effort rate in
19 effect as of September 30, 1984, the rate in effect as of September
20 30, 1984 shall remain in effect until a time that the rate computed
21 under this section is less than the September 30, 1984 rate. This
22 limitation remains in effect until December 31, 2022. For each
23 subsequent county fiscal year, the maintenance of effort rate may
24 not increase by more than \$1.00 per patient day each year.

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

28 (d) An eligible individual may receive pharmaceutical services
29 from a licensed pharmacist of the person's choice as prescribed by



1 a licensed physician or dentist and approved by the department. In
2 an emergency, but not routinely, the individual may receive
3 pharmaceutical services rendered personally by a licensed physician
4 or dentist on the same basis as approved for pharmacists.

5 (e) An eligible individual may receive other medical and
6 health services as authorized by the department.

7 (f) Psychiatric care may also be provided according to the
8 guidelines established by the department to the extent of
9 appropriations made available by the legislature for the fiscal
10 year.

11 (g) An eligible individual may receive screening, laboratory
12 services, diagnostic services, early intervention services, and
13 treatment for chronic kidney disease under guidelines established
14 by the department. A clinical laboratory performing a creatinine
15 test on an eligible individual under this subdivision shall include
16 in the lab report the glomerular filtration rate (eGFR) of the
17 individual and shall report it as a percentage of kidney function
18 remaining.

19 (h) An eligible individual may receive medically necessary
20 acute medical detoxification for opioid use disorder, medically
21 necessary inpatient care at an approved facility, or care in an
22 appropriately licensed substance use disorder residential treatment
23 facility.

24 **(i) An eligible individual may receive diagnostic and**
25 **treatment services for Lyme disease or other related tickborne**
26 **illnesses.**

27 (2) The director shall provide notice to the public, according
28 to applicable federal regulations, and shall obtain the approval of
29 the committees on appropriations of the house of representatives



1 and senate of the legislature of this state, of a proposed change
2 in the statewide method or level of reimbursement for a service, if
3 the proposed change is expected to increase or decrease payments
4 for that service by 1% or more during the 12 months after the
5 effective date of the change.

6 (3) As used in this act:

7 (a) "Title XVIII" means title XVIII of the social security
8 act, 42 USC 1395 to 1395III.

9 (b) "Title XIX" means title XIX of the social security act, 42
10 USC 1396 to 1396w-5.

11 (c) "Title XX" means title XX of the social security act, 42
12 USC 1397 to 1397n-13.

