

**SUBSTITUTE FOR  
HOUSE BILL NO. 4310**

A bill to make appropriations for the department of health and human services for the fiscal year ending September 30, 2024; and to provide for the expenditure of the appropriations.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

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PART 1

LINE-ITEM APPROPRIATIONS

Sec. 101. There is appropriated for the department of health and human services for the fiscal year ending September 30, 2024, from the following funds:

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<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>	
<b>APPROPRIATION SUMMARY</b>	
Full-time equated unclassified positions	6.0
Full-time equated classified positions	15,772.5

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1	Average population	798.0	
2	<b>GROSS APPROPRIATION</b>		<b>\$ 35,947,451,000</b>
3	Interdepartmental grant revenues:		
4	Total interdepartmental grants and		
5	intradepartmental transfers		14,676,900
6	<b>ADJUSTED GROSS APPROPRIATION</b>		<b>\$ 35,932,774,100</b>
7	Federal revenues:		
8	Social security act, temporary assistance for		
9	needy families		544,356,900
10	Capped federal revenues		505,666,800
11	Coronavirus state fiscal recovery fund		200,000,000
12	Total other federal revenues		24,683,843,900
13	Special revenue funds:		
14	Total local revenues		149,465,200
15	Total private revenues		190,660,700
16	Michigan merit award trust fund		61,268,700
17	Total other state restricted revenues		3,009,057,700
18	<b>State general fund/general purpose</b>		<b>\$ 6,588,454,200</b>
19	<b>Sec. 102. DEPARTMENTAL ADMINISTRATION AND</b>		
20	<b>SUPPORT</b>		
21	Full-time equated unclassified positions	6.0	
22	Full-time equated classified positions	945.4	
23	Unclassified salaries--FTEs	6.0	\$ 1,363,300
24	Administrative hearings officers		9,995,400
25	Child welfare institute--FTEs	55.0	9,313,800
26	Demonstration projects--FTEs	7.0	7,070,800
27	Departmental administration and management--		
28	FTEs	653.4	106,860,800



1	Office of inspector general--FTEs	197.0	25,619,800
2	Property management		60,762,900
3	Terminal leave payments		7,091,300
4	Training and program support--FTEs	33.0	4,637,700
5	Warehouse operations		1,400,000
6	Worker's compensation		8,265,500
7	<b>GROSS APPROPRIATION</b>		<b>\$ 242,381,300</b>
8	Appropriated from:		
9	Interdepartmental grant revenues:		
10	IDG from department of education		1,939,800
11	IDG from department of technology, management,		
12	and budget - office of retirement services		600
13	Federal revenues:		
14	Social security act, temporary assistance for		
15	needy families		27,448,800
16	Capped federal revenues		19,629,300
17	Total other federal revenues		73,662,400
18	Special revenue funds:		
19	Total local revenues		86,000
20	Total private revenues		3,846,900
21	Total other state restricted revenues		1,337,300
22	<b>State general fund/general purpose</b>		<b>\$ 114,430,200</b>
23	<b>Sec. 103. CHILD SUPPORT ENFORCEMENT</b>		
24	Full-time equated classified positions	193.7	
25	Child support enforcement operations--FTEs	187.7	\$ 25,679,000
26	Child support incentive payments		24,409,600
27	Legal support contracts		113,600,300
28	State disbursement unit--FTEs	6.0	7,362,800



1	<b>GROSS APPROPRIATION</b>		<b>\$</b>	<b>171,051,700</b>
2	Appropriated from:			
3	Federal revenues:			
4	Capped federal revenues			14,839,600
5	Total other federal revenues			130,956,600
6	<b>State general fund/general purpose</b>		<b>\$</b>	<b>25,255,500</b>
7	<b>Sec. 104. COMMUNITY SERVICES AND OUTREACH</b>			
8	Full-time equated classified positions	56.0		
9	Bureau of community services and outreach--FTEs	24.0	\$	3,468,700
10	Community services and outreach administration-			
11	-FTEs	20.0		7,292,300
12	Community services block grant			25,840,000
13	Homeless programs--FTE	1.0		23,994,500
14	Housing and support services			13,031,000
15	Kids' food basket			525,000
16	Runaway and homeless youth grants			7,784,000
17	School success partnership program			1,525,000
18	Weatherization assistance			15,505,000
19	Weatherization assistance - IIJA--FTEs	11.0		40,000,000
20	<b>GROSS APPROPRIATION</b>		<b>\$</b>	<b>138,965,500</b>
21	Appropriated from:			
22	Federal revenues:			
23	Social security act, temporary assistance for			
24	needy families			11,268,400
25	Capped federal revenues			91,690,800
26	Total other federal revenues			14,329,000
27	Special revenue funds:			
28	<b>State general fund/general purpose</b>		<b>\$</b>	<b>21,677,300</b>



1	<b>Sec. 105. CHILDREN'S SERVICES AGENCY - CHILD</b>		
2	<b>WELFARE</b>		
3	Full-time equated classified positions	4,111.2	
4	Adoption subsidies		\$ 216,917,700
5	Adoption support services--FTEs	10.0	41,597,900
6	Attorney general contract		5,191,100
7	Child abuse and neglect - children's justice		
8	act--FTE	1.0	627,000
9	Child care fund		284,702,500
10	Child care fund - indirect cost allotment		3,500,000
11	Child protection		2,050,300
12	Child welfare administration travel		390,000
13	Child welfare local office staff - noncaseload		
14	compliance--FTEs	353.0	41,180,100
15	Child welfare licensing--FTEs	59.0	7,352,900
16	Child welfare medical/psychiatric evaluations		10,428,500
17	Children's protective services - caseload		
18	staff--FTEs	1,615.0	170,526,200
19	Children's protective services supervisors--		
20	FTEs	387.0	47,824,000
21	Children's services administration--FTEs	212.2	26,881,900
22	Children's trust fund--FTEs	12.0	4,735,100
23	Contractual services, supplies, and materials		9,567,600
24	Court-appointed special advocates		1,000,000
25	Education planners--FTEs	15.0	1,990,000
26	Family preservation and prevention services		
27	administration--FTEs	9.0	1,405,200
28	Family preservation programs--FTEs	34.0	57,987,700



1	Foster care payments		294,495,900
2	Foster care services - caseload staff--FTEs	966.0	97,749,000
3	Foster care services supervisors--FTEs	227.0	30,931,300
4	Guardianship assistance program		12,445,500
5	Interstate compact		179,600
6	Peer coaches--FTEs	45.5	6,267,000
7	Performance-based funding implementation--FTEs	3.0	1,353,800
8	Permanency resource managers--FTEs	28.0	3,482,400
9	Prosecuting attorney contracts		8,142,800
10	Raise the age fund		13,150,000
11	Second line supervisors and technical staff--		
12	FTEs	126.0	19,799,100
13	Settlement monitor		2,709,800
14	Strong families/safe children		12,600,000
15	Title IV-E compliance and accountability		
16	office--FTEs	4.0	457,000
17	Youth in transition--FTEs	4.5	8,178,500
18	<b>GROSS APPROPRIATION</b>		<b>\$ 1,447,797,400</b>
19	Appropriated from:		
20	Interdepartmental grant revenues:		
21	IDG from department of education		244,400
22	Federal revenues:		
23	Social security act, temporary assistance for		
24	needy families		321,358,600
25	Capped federal revenues		105,283,700
26	Total other federal revenues		267,404,400
27	Special revenue funds:		
28	Local funds - county chargeback		36,615,500



1	Private - collections		1,500,000
2	Children's trust fund		2,895,300
3	Total other state restricted revenues		2,000,000
4	<b>State general fund/general purpose</b>	<b>\$</b>	<b>710,495,500</b>
5	<b>Sec. 106. CHILDREN'S SERVICES AGENCY - JUVENILE</b>		
6	<b>JUSTICE</b>		
7	Full-time equated classified positions	132.5	
8	Bay Pines Center--FTEs	53.0	\$ 6,485,300
9	Committee on juvenile justice administration--		
10	FTEs	2.5	362,600
11	Committee on juvenile justice grants		3,000,000
12	Community support services--FTEs	3.0	1,507,600
13	County juvenile officers		3,977,600
14	Juvenile justice, administration and		
15	maintenance--FTEs	21.0	3,801,200
16	Shawono Center--FTEs	53.0	6,523,700
17	<b>GROSS APPROPRIATION</b>	<b>\$</b>	<b>25,658,000</b>
18	Appropriated from:		
19	Federal revenues:		
20	Capped federal revenues		7,929,400
21	Total other federal revenues		643,600
22	Special revenue funds:		
23	Local funds - state share education funds		1,362,600
24	Local funds - county chargeback		4,515,300
25	<b>State general fund/general purpose</b>	<b>\$</b>	<b>11,207,100</b>
26	<b>Sec. 107. PUBLIC ASSISTANCE</b>		
27	Full-time equated classified positions	1.0	
28	Emergency services local office allocations		\$ 8,813,500



1	Family independence program		72,931,400
2	Food assistance program benefits		5,273,474,400
3	Food Bank Council of Michigan		2,045,000
4	Indigent burial		4,369,100
5	Low-income home energy assistance program		174,951,600
6	Michigan energy assistance program--FTE	1.0	50,000,000
7	Refugee assistance program		3,054,200
8	State disability assistance payments		3,960,000
9	State supplementation		61,913,400
10	State supplementation administration		1,806,100
11	<b>GROSS APPROPRIATION</b>		<b>\$ 5,657,318,700</b>
12	Appropriated from:		
13	Federal revenues:		
14	Social security act, temporary assistance for		
15	needy families		65,261,600
16	Capped federal revenues		178,005,800
17	Total other federal revenues		5,268,764,400
18	Special revenue funds:		
19	Child support collections		8,798,900
20	Low-income energy assistance fund		50,000,000
21	Public assistance recoupment revenue		4,741,800
22	Supplemental security income recoveries		992,400
23	<b>State general fund/general purpose</b>		<b>\$ 80,753,800</b>
24	<b>Sec. 108. LOCAL OFFICE OPERATIONS AND SUPPORT</b>		
25	<b>SERVICES</b>		
26	Full-time equated classified positions	5,750.5	
27	Administrative support workers--FTEs	167.0	\$ 14,564,000
28	Adult services local office staff--FTEs	542.0	65,409,200



1	Contractual services, supplies, and materials		24,033,700
2	Donated funds positions--FTEs	237.0	28,530,400
3	Elder Law of Michigan MiCAFE contract		350,000
4	Electronic benefit transfer (EBT)		6,999,000
5	Employment and training support services		4,219,100
6	Food assistance reinvestment--FTEs	16.0	7,438,300
7	Local office policy and administration--FTEs	125.0	19,597,300
8	Local office staff travel		8,252,400
9	Medical/psychiatric evaluations		1,120,100
10	Nutrition education--FTEs	2.0	33,037,700
11	Pathways to potential--FTEs	231.0	25,140,700
12	Public assistance local office staff--FTEs	4,430.5	485,158,000
13	SSI advocacy legal services grant		325,000
14	<b>GROSS APPROPRIATION</b>		<b>\$ 724,174,900</b>
15	Appropriated from:		
16	Interdepartmental grant revenues:		
17	IDG from department of corrections		120,200
18	IDG from department of education		7,766,600
19	Federal revenues:		
20	Social security act, temporary assistance for		
21	needy families		73,233,900
22	Capped federal revenues		55,328,300
23	Total other federal revenues		275,065,300
24	Special revenue funds:		
25	Local funds - donated funds		4,253,600
26	Private funds - donated funds		9,795,000
27	Private revenues		214,300
28	<b>State general fund/general purpose</b>		<b>\$ 298,397,700</b>



1	<b>Sec. 109. DISABILITY DETERMINATION SERVICES</b>		
2	Full-time equated classified positions	585.4	
3	Disability determination operations--FTEs	581.3	\$ 115,537,200
4	Retirement disability determination--FTEs	4.1	636,200
5	<b>GROSS APPROPRIATION</b>		<b>\$ 116,173,400</b>
6	Appropriated from:		
7	Interdepartmental grant revenues:		
8	IDG from department of technology, management,		
9	and budget - office of retirement services		812,800
10	Federal revenues:		
11	Total other federal revenues		111,563,800
12	<b>State general fund/general purpose</b>		<b>\$ 3,796,800</b>
13	<b>Sec. 110. BEHAVIORAL HEALTH PROGRAM</b>		
14	<b>ADMINISTRATION AND SPECIAL PROJECTS</b>		
15	Full-time equated classified positions	81.0	
16	Behavioral health program administration--FTEs	45.0	\$ 55,184,900
17	Community substance use disorder prevention,		
18	education, and treatment--FTEs	9.0	80,399,700
19	Family support subsidy		12,654,900
20	Federal and other special projects		2,535,600
21	Gambling addiction--FTE	1.0	5,517,400
22	Mental health diversion council		3,850,000
23	Michigan child care collaborative		4,609,100
24	Office of recipient rights--FTEs	24.0	3,236,500
25	Opioid response activities--FTEs	2.0	90,354,600
26	Protection and advocacy services support		194,400
27	<b>GROSS APPROPRIATION</b>		<b>\$ 258,537,100</b>
28	Appropriated from:		



1	Federal revenues:		
2	Social security act, temporary assistance for		
3	needy families		12,654,900
4	Total other federal revenues		171,714,200
5	Special revenue funds:		
6	Total private revenues		2,904,700
7	Total other state restricted revenues		31,000,600
8	<b>State general fund/general purpose</b>	<b>\$</b>	<b>40,262,700</b>
9	<b>Sec. 111. BEHAVIORAL HEALTH SERVICES</b>		
10	Full-time equated classified positions	18.0	
11	Autism services		\$ 283,133,200
12	Behavioral health community supports and		
13	services--FTEs	7.0	43,945,200
14	Certified community behavioral health clinic		
15	demonstration		106,654,900
16	Civil service charges		297,500
17	Community mental health non-Medicaid services		125,578,200
18	Court-appointed guardian reimbursements		5,000,000
19	Federal mental health block grant--FTEs	4.0	24,461,100
20	Health homes		53,400,100
21	Healthy Michigan plan - behavioral health		590,959,600
22	Medicaid mental health services		3,145,163,500
23	Medicaid substance use disorder services		93,445,100
24	Multicultural integration funding		17,284,900
25	Nursing home PAS/ARR-OBRA--FTEs	7.0	13,959,300
26	State disability assistance program substance		
27	use disorder services		2,018,800
28	<b>GROSS APPROPRIATION</b>	<b>\$</b>	<b>4,505,301,400</b>



1	Appropriated from:		
2	Federal revenues:		
3	Social security act, temporary assistance for		
4	needy families		421,000
5	Capped federal revenues		184,500
6	Total other federal revenues		3,008,268,900
7	Special revenue funds:		
8	Total local revenues		5,218,700
9	Total other state restricted revenues		46,666,700
10	<b>State general fund/general purpose</b>	<b>\$</b>	<b>1,444,541,600</b>
11	<b>Sec. 112. STATE PSYCHIATRIC HOSPITALS AND</b>		
12	<b>FORENSIC MENTAL HEALTH SERVICES</b>		
13	Full-time equated classified positions	2,541.6	
14	Average population	798.0	
15	Caro Regional Mental Health Center -		
16	psychiatric hospital - adult--FTEs	529.7	\$ 59,187,400
17	Average population	145.0	
18	Center for forensic psychiatry--FTEs	623.5	98,315,800
19	Average population	240.0	
20	Developmental disabilities council and		
21	projects--FTEs	10.0	3,165,200
22	Gifts and bequests for patient living and		
23	treatment environment		1,000,000
24	Hawthorn Center - psychiatric hospital -		
25	children and adolescents--FTEs	370.4	51,510,700
26	Average population	83.0	
27	IDEA, federal special education		120,000
28	Kalamazoo Psychiatric Hospital - adult--FTEs	560.2	70,290,300



1	Average population	170.0	
2	Purchase of medical services for residents of		
3	hospitals and centers		445,600
4	Revenue recapture		750,100
5	Special maintenance		924,600
6	State hospital administration--FTEs	34.0	5,576,300
7	Walter P. Reuther Psychiatric Hospital - adult-		
8	-FTEs	413.8	67,724,900
9	Average population	160.0	
10	<b>GROSS APPROPRIATION</b>		<b>\$ 359,010,900</b>
11	Appropriated from:		
12	Federal revenues:		
13	Total other federal revenues		45,756,100
14	Special revenue funds:		
15	Total local revenues		23,283,200
16	Total private revenues		1,000,000
17	Total other state restricted revenues		15,189,200
18	<b>State general fund/general purpose</b>		<b>\$ 273,782,400</b>
19	<b>Sec. 113. HEALTH AND HUMAN SERVICES POLICY AND</b>		
20	<b>INITIATIVES</b>		
21	Full-time equated classified positions	74.3	
22	Cellular therapy for Versiti Michigan		\$ 750,000
23	Certificate of need program administration--		
24	FTEs	11.3	2,713,000
25	Child advocacy centers		1,407,000
26	Child advocacy centers - supplemental grants		2,000,000
27	Community health programs		21,900,000



1	Crime victim grants administration services--		
2	FTEs	17.0	3,038,200
3	Crime victim justice assistance grants		95,181,900
4	Crime victim rights services grants		19,869,900
5	Crime victim rights sustaining grants		20,000,000
6	Domestic violence prevention and treatment--		
7	FTEs	15.6	18,340,200
8	Human trafficking intervention services--FTE	1.0	200,000
9	Michigan essential health provider		3,519,600
10	Minority health grants and contracts--FTEs	3.0	1,145,200
11	Nurse education and research program--FTEs	3.0	814,900
12	Policy and planning administration--FTEs	19.9	2,662,300
13	Primary care services--FTEs	3.0	3,803,900
14	Rape prevention and services--FTEs	0.5	5,097,300
15	Rural health services		175,000
16	Uniform statewide sexual assault evidence kit		
17	tracking system		369,500
18	<b>GROSS APPROPRIATION</b>		<b>\$ 202,987,900</b>
19	Appropriated from:		
20	Interdepartmental grant revenues:		
21	IDG from department of education		2,400
22	IDG from department of licensing and regulatory		
23	affairs		814,900
24	IDG from department of treasury, Michigan		
25	finance authority		117,700
26	Federal revenues:		
27	Social security act, temporary assistance for		
28	needy families		6,736,000



1	Capped federal revenues		10,704,100
2	Total other federal revenues		102,704,200
3	Special revenue funds:		
4	Total private revenues		865,000
5	Child advocacy centers fund		1,407,000
6	Compulsive gambling prevention fund		1,040,500
7	Crime victim's rights fund		18,764,100
8	Crime victim's rights sustaining fund		20,000,000
9	Sexual assault victims' prevention and		
10	treatment fund		3,000,000
11	Total other state restricted revenues		3,261,400
12	<b>State general fund/general purpose</b>	<b>\$</b>	<b>33,570,600</b>
13	<b>Sec. 114. EPIDEMIOLOGY, EMERGENCY MEDICAL</b>		
14	<b>SERVICES, AND LABORATORY</b>		
15	Full-time equated classified positions	425.9	
16	Bioterrorism preparedness--FTEs	53.0	\$ 30,807,300
17	Childhood lead program--FTEs	4.5	2,330,900
18	Emergency medical services program--FTEs	27.0	8,974,200
19	Epidemiology administration--FTEs	73.5	26,094,400
20	Healthy homes program--FTEs	42.0	40,054,600
21	Laboratory services--FTEs	102.0	30,243,600
22	Newborn screening follow-up and treatment		
23	services--FTEs	10.5	9,237,300
24	PFAS and environmental contamination response--		
25	FTEs	43.0	20,346,400
26	Vital records and health statistics--FTEs	70.4	11,393,500
27	<b>GROSS APPROPRIATION</b>	<b>\$</b>	<b>179,482,200</b>
28	Appropriated from:		



1	Interdepartmental grant revenues:		
2	IDG from department of environment, Great		
3	Lakes, and energy		1,797,800
4	Federal revenues:		
5	Capped federal revenues		81,100
6	Total other federal revenues		77,138,300
7	Special revenue funds:		
8	Total private revenues		1,342,600
9	Total other state restricted revenues		31,345,600
10	<b>State general fund/general purpose</b>	<b>\$</b>	<b>67,776,800</b>
11	<b>Sec. 115. LOCAL HEALTH AND ADMINISTRATIVE</b>		
12	<b>SERVICES</b>		
13	Full-time equated classified positions	189.1	
14	AIDS prevention, testing, and care programs--		
15	FTEs	79.5	\$ 110,575,400
16	Cancer prevention and control program--FTEs	18.0	15,858,500
17	Chronic disease control and health promotion		
18	administration--FTEs	28.4	10,567,400
19	Diabetes and kidney program--FTEs	8.0	4,172,000
20	Essential local public health services		65,419,300
21	Implementation of 1993 PA 133, MCL 333.17015		20,000
22	Local health services--FTEs	3.3	6,398,200
23	Medicaid outreach cost reimbursement to local		
24	health departments		12,500,000
25	Public health administration--FTEs	8.0	2,104,200
26	Sexually transmitted disease control program--		
27	FTEs	20.0	8,483,300
28	Smoking prevention program--FTEs	15.0	4,371,900



1	Violence prevention--FTEs	8.9	13,518,800
2	<b>GROSS APPROPRIATION</b>		<b>\$ 253,989,000</b>
3	Appropriated from:		
4	Federal revenues:		
5	Social security act, temporary assistance for		
6	needy families		2,300
7	Total other federal revenues		90,246,900
8	Special revenue funds:		
9	Total local revenues		5,150,000
10	Total private revenues		74,437,700
11	Total other state restricted revenues		11,790,800
12	<b>State general fund/general purpose</b>		<b>\$ 72,361,300</b>
13	<b>Sec. 116. FAMILY HEALTH SERVICES</b>		
14	Full-time equated classified positions	137.1	
15	Child and adolescent health care and centers		\$ 41,242,700
16	Dental programs--FTEs	5.3	7,734,200
17	Drinking water declaration of emergency		4,271,000
18	Family, maternal, and child health		
19	administration--FTEs	49.0	10,660,300
20	Family planning local agreements		8,810,700
21	Immunization program--FTEs	20.8	20,652,900
22	Local MCH services		7,018,100
23	Pregnancy prevention program		1,297,900
24	Prenatal care and premature birth avoidance		
25	grant		1,000,000
26	Prenatal care outreach and service delivery		
27	support--FTEs	17.0	38,335,800
28	Special projects		6,289,100



1	Sudden and unexpected infant death and		
2	suffocation prevention program		321,300
3	Women, infants, and children program		
4	administration and special projects--FTEs	45.0	19,520,800
5	Women, infants, and children program local		
6	agreements and food costs		231,285,000
7	<b>GROSS APPROPRIATION</b>		<b>\$ 398,439,800</b>
8	Appropriated from:		
9	Federal revenues:		
10	Total other federal revenues		248,524,400
11	Special revenue funds:		
12	Total local revenues		42,817,700
13	Total private revenues		64,785,700
14	Total other state restricted revenues		4,049,500
15	<b>State general fund/general purpose</b>		<b>\$ 38,262,500</b>
16	<b>Sec. 117. CHILDREN'S SPECIAL HEALTH CARE</b>		
17	<b>SERVICES</b>		
18	Full-time equated classified positions	48.8	
19	Bequests for care and services--FTEs	2.8	\$ 2,087,100
20	Children's special health care services		
21	administration--FTEs	46.0	8,117,100
22	Medical care and treatment		287,716,400
23	Nonemergency medical transportation		921,200
24	Outreach and advocacy		6,722,200
25	<b>GROSS APPROPRIATION</b>		<b>\$ 305,564,000</b>
26	Appropriated from:		
27	Federal revenues:		
28	Total other federal revenues		173,802,000



1	Special revenue funds:		
2	Total private revenues		1,115,500
3	Total other state restricted revenues		4,933,300
4	<b>State general fund/general purpose</b>	<b>\$</b>	<b>125,713,200</b>
5	<b>Sec. 118. AGING SERVICES</b>		
6	Community services	\$	55,929,300
7	Employment assistance		3,500,000
8	Nutrition services		48,054,200
9	Respite care program		6,468,700
10	Senior volunteer service programs		4,765,300
11	<b>GROSS APPROPRIATION</b>	<b>\$</b>	<b>118,717,500</b>
12	Appropriated from:		
13	Federal revenues:		
14	Total other federal revenues		63,637,400
15	Special revenue funds:		
16	Total private revenues		300,000
17	Michigan merit award trust fund		4,068,700
18	Total other state restricted revenues		2,000,000
19	<b>State general fund/general purpose</b>	<b>\$</b>	<b>48,711,400</b>
20	<b>Sec. 119. HEALTH AND AGING SERVICES</b>		
21	<b>ADMINISTRATION</b>		
22	Full-time equated classified positions		464.0
23	Aging services administration--FTEs	43.0 \$	9,515,300
24	Health services administration--FTEs	388.0	86,755,300
25	Healthy Michigan plan administration--FTEs	33.0	31,573,800
26	<b>GROSS APPROPRIATION</b>	<b>\$</b>	<b>127,844,400</b>
27	Appropriated from:		
28	Federal revenues:		



1	Total other federal revenues	84,239,600
2	Special revenue funds:	
3	Total local revenues	37,700
4	Total private revenues	1,721,300
5	Total other state restricted revenues	336,300
6	<b>State general fund/general purpose</b>	<b>\$ 41,509,500</b>
7	<b>Sec. 120. HEALTH SERVICES</b>	
8	Adult home help services	\$ 538,587,600
9	Ambulance services	21,317,200
10	Auxiliary medical services	6,832,100
11	Dental clinic program	1,000,000
12	Dental redesign	110,000,000
13	Dental services	319,588,900
14	Federal Medicare pharmaceutical program	331,617,600
15	Health plan services	6,052,043,500
16	Healthy Michigan plan	5,731,542,200
17	Home health services	4,880,300
18	Hospice services	141,959,400
19	Hospital disproportionate share payments	45,000,000
20	Hospital services and therapy	788,221,800
21	Integrated care organizations	417,918,500
22	Long-term care services	2,138,075,000
23	Maternal and child health	18,671,500
24	Medicaid home- and community-based services	
25	waiver	477,429,200
26	Medicare premium payments	863,889,500
27	Personal care services	6,397,200
28	Pharmaceutical services	373,804,600



1	Physician services		255,498,400
2	Plan first		6,000,000
3	Program of all-inclusive care for the elderly		259,018,100
4	Recuperative care		297,600
5	School-based services		171,401,200
6	Special Medicaid reimbursement		298,774,000
7	Transportation		18,764,900
8	<b>GROSS APPROPRIATION</b>		<b>\$ 19,398,530,300</b>
9	Appropriated from:		
10	Federal revenues:		
11	Total other federal revenues		14,071,555,300
12	Special revenue funds:		
13	Total local revenues		26,124,900
14	Total private revenues		16,582,000
15	Michigan merit award trust fund		57,200,000
16	Total other state restricted revenues		2,741,496,600
17	<b>State general fund/general purpose</b>		<b>\$ 2,485,571,500</b>
18	<b>Sec. 121. INFORMATION TECHNOLOGY</b>		
19	Full-time equated classified positions	11.0	
20	Bridges information system		\$ 98,518,600
21	Child support automation		45,567,200
22	Comprehensive child welfare information system		8,259,800
23	Information technology services and projects		240,591,300
24	Michigan Medicaid information system--FTE	1.0	105,285,100
25	Michigan statewide automated child welfare		
26	information system		21,539,800
27	Technology supporting integrated service		
28	delivery--FTEs	10.0	16,053,100



1	<b>GROSS APPROPRIATION</b>	<b>\$</b>	<b>535,814,900</b>
2	Appropriated from:		
3	Interdepartmental grant revenues:		
4	IDG from department of education		1,059,700
5	Federal revenues:		
6	Social security act, temporary assistance for		
7	needy families		24,471,400
8	Capped federal revenues		21,990,200
9	Total other federal revenues		337,235,600
10	Special revenue funds:		
11	Total private revenues		5,250,000
12	Total other state restricted revenues		2,010,400
13	<b>State general fund/general purpose</b>	<b>\$</b>	<b>143,797,600</b>
14	<b>Sec. 122. ONE-TIME APPROPRIATIONS</b>		
15	Full-time equated classified positions	6.0	
16	Adolescent hair loss reimbursement fund	\$	1,000,000
17	Alternative payment study		100,000
18	ARP - behavioral health professional		
19	recruitment and retention		5,000,000
20	ARP - behavioral health workforce expansion -		
21	accelerated degree program		10,000,000
22	ARP - direct care wage supplement		70,000,000
23	ARP - home energy		50,000,000
24	ARP - local water utility affordability		40,000,000
25	ARP - pre-weatherization		25,000,000
26	Behavioral health patient health information		
27	tool		3,000,000
28	Biomedical research and science education		1,000,000



1	Certified community behavioral health clinic		
2	expansion		9,000,000
3	Children's rehabilitation hospital		10,000,000
4	Complex medical condition center		350,000
5	Community-based coverage entity		1,200,000
6	Community health programs		20,750,000
7	Community health residency program		2,000,000
8	Community information exchange		2,000,000
9	Community violence prevention - community grant		
10	program		18,000,000
11	Community violence prevention - firearm safety		2,000,000
12	Comprehensive child welfare information system-		
13	-FTEs	6.0	6,924,000
14	Court-appointed special advocates		1,500,000
15	Court-operated facility construction		25,000,000
16	Crime victim's rights sustaining fund		60,000,000
17	Crisis residential unit		500,000
18	Crisis stabilization capacity		4,000,000
19	Critical access hospital renovation		12,000,000
20	Diaper assistance payments		1,500,000
21	Direct care worker supervisory training		2,500,000
22	Direct care wage supplement		70,000,000
23	Early detection and education of teenage heart		
24	ailments		75,000
25	First responder and public safety staff mental		
26	health		5,000,000
27	Food Bank Council of Michigan		20,850,000
28	Food deserts		10,000,000



1	Foster care respite services	13,895,500
2	Genemarkers	1,600,000
3	Health centers careers training program	6,000,000
4	Healthy communities grant	3,000,000
5	Healthy homes program	12,500,000
6	Inclusive health care	15,000,000
7	Inpatient psychiatric reimbursement supplement	8,000,000
8	Kids' food basket	1,000,000
9	Level 1 and level 2 trauma centers	12,000,000
10	Maternal health services	20,920,000
11	Medicaid outreach	450,000
12	Michigan Child Care Collaborative program	4,696,100
13	Michigan medical survival flight program	100
14	Michigan relief plan	3,500,000
15	Mobile mammography	1,000,000
16	Multicultural integration funding	8,600,000
17	Narcotics awareness program	5,000,000
18	Native American health services	7,000,000
19	Nursing facility rate transition support	110,000,000
20	Psychiatric GME	8,000,000
21	Recovery community organizations	1,800,000
22	Rural obstetric services	1,500,000
23	Safe opioid use task force	500,000
24	Senior nutrition services	1,000,000
25	Sickle cell center	2,500,000
26	Skilled lactation care	5,500,000
27	Substance use rehabilitation services	3,500,000
28	Tobacco prevention and cessation programs	2,500,000



1	University autism center	4,000,000
2	University dental clinic	2,000,000
3	Water quality projects	20,000,000
4	Youth mental health center	2,500,000
5	<b>GROSS APPROPRIATION</b>	<b>\$ 779,710,700</b>
6	Appropriated from:	
7	Federal revenues:	
8	Coronavirus state fiscal recovery fund	200,000,000
9	Social security act, temporary assistance for	
10	needy families	1,500,000
11	Total other federal revenues	66,631,500
12	Special revenue funds:	
13	Total private revenues	5,000,000
14	<b>State general fund/general purpose</b>	<b>\$ 506,579,200</b>

PART 2

PROVISIONS CONCERNING APPROPRIATIONS  
FOR FISCAL YEAR 2023-2024

**GENERAL SECTIONS**

Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state sources under part 1 for fiscal year 2023-2024 is \$9,658,780,600.00 and state spending from state sources to be paid to local units of government for fiscal year 2023-2024 is \$1,829,475,200.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CHILD SUPPORT ENFORCEMENT**



1	Child support incentive payments	\$ 10,000,000
2	Legal support contracts	3,000
3	<b>COMMUNITY SERVICES AND OUTREACH</b>	
4	Homeless programs	20,000
5	Housing and support services	117,000
6	<b>CHILDREN'S SERVICES AGENCY - CHILD WELFARE</b>	
7	Child care fund	160,000,000
8	Child care fund - indirect cost allotment	3,500,000
9	Child welfare licensing	110,000
10	Child welfare medical/psychiatric evaluations	20,000
11	Children's trust fund	65,000
12	Contractual services, supplies, and materials	5,000
13	Family preservation programs	10,000
14	Foster care payments	3,000,000
15	Strong families/safe children	73,000
16	Youth in transition	200
17	<b>CHILDREN'S SERVICES AGENCY - JUVENILE JUSTICE</b>	
18	Bay Pines Center	42,000
19	Community support services	700,000
20	Shawono Center	5,000
21	<b>PUBLIC ASSISTANCE</b>	
22	Emergency services local office allocations	2,200,000
23	Family independence program	1,000
24	Indigent burial	6,000
25	Michigan energy assistance program	200,000
26	State disability assistance payments	150,000
27	<b>LOCAL OFFICE OPERATIONS AND SUPPORT SERVICES</b>	
28	Contractual services, supplies, and materials	120,000



1	Employment and training support services	5,000
2	<b>DISABILITY DETERMINATION SERVICES</b>	
3	Disability determination operations	2,100
4	<b>BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND</b>	
5	<b>SPECIAL PROJECTS</b>	
6	Behavioral health program administration	400,000
7	Community substance use disorder prevention,	
8	education, and treatment	10,000,000
9	Gambling addiction	1,500,000
10	Mental health diversion council	400,000
11	<b>BEHAVIORAL HEALTH SERVICES</b>	
12	Autism services	80,000,000
13	Behavioral health community supports and	
14	services	6,000
15	Certified community behavioral health clinic	
16	demonstration	23,200,000
17	Community mental health non-Medicaid services	125,578,200
18	Health homes	2,000,000
19	Healthy Michigan plan - behavioral health	63,000,000
20	Medicaid mental health services	1,000,000,000
21	Medicaid substance use disorder services	29,000,000
22	Nursing home PAS/ARR-OBRA	3,000,000
23	State disability assistance program substance	
24	use disorder services	2,018,000
25	<b>STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL</b>	
26	<b>HEALTH SERVICES</b>	
27	Caro Regional Mental Health Center -	
28	psychiatric hospital - adult	215,000



1	Center for forensic psychiatry	600,000
2	Hawthorn Center - psychiatric hospital -	
3	children and adolescents	68,000
4	Kalamazoo Psychiatric Hospital - adult	85,000
5	Walter P. Reuther Psychiatric Hospital - adult	55,000
6	<b>HEALTH AND HUMAN SERVICES POLICY AND</b>	
7	<b>INITIATIVES</b>	
8	Crime victim rights services grants	11,000,000
9	Domestic violence prevention and treatment	100,000
10	Primary care services	100,000
11	<b>EPIDEMIOLOGY, EMERGENCY MEDICAL SERVICES, AND</b>	
12	<b>LABORATORY</b>	
13	Epidemiology administration	315,000
14	Healthy homes program	1,300,000
15	<b>LOCAL HEALTH AND ADMINISTRATIVE SERVICES</b>	
16	AIDS prevention, testing, and care programs	2,900,000
17	Cancer prevention and control program	50,000
18	Essential local public health services	60,269,300
19	Implementation of 1993 PA 133, MCL 333.17015	400
20	Local health services	1,140,000
21	Public health administration	200
22	Sexually transmitted disease control program	650,000
23	Smoking prevention program	500,000
24	<b>FAMILY HEALTH SERVICES</b>	
25	Family planning local agreements	207,000
26	Immunization program	2,330,000
27	Pregnancy prevention program	100,000



1	Prenatal care outreach and service delivery	
2	support	8,800,000
3	<b>CHILDREN'S SPECIAL HEALTH CARE SERVICES</b>	
4	Medical care and treatment	700,000
5	Outreach and advocacy	2,700,000
6	<b>AGING SERVICES</b>	
7	Community services	28,000,000
8	Nutrition services	12,597,200
9	Respite care program	5,700,000
10	Senior volunteer service programs	900,000
11	<b>HEALTH AND AGING SERVICES ADMINISTRATION</b>	
12	Aging services administration	400,000
13	<b>HEALTH SERVICES</b>	
14	Adult home help services	130,000
15	Ambulance services	755,000
16	Dental services	1,700,000
17	Healthy Michigan plan	1,000,000
18	Home health services	1,800
19	Hospital services and therapy	3,300,000
20	Long-term care services	85,000,000
21	Medicaid home- and community-based services	
22	waiver	15,200,000
23	Personal care services	23,000
24	Pharmaceutical services	1,000
25	Physician services	2,800,000
26	Special Medicaid reimbursement	20,000
27	Transportation	225,000
28	<b>ONE-TIME APPROPRIATIONS</b>	



1	Court-operated facility construction	25,000,000
2	Crisis stabilization capacity	4,000,000
3	Direct care wage supplement	10,000,000
4	Senior nutrition services	1,000,000
5	Youth mental health center	2,500,000
6	<b>TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT</b>	<b>\$ 1,829,475,200</b>

7       Sec. 202. The appropriations authorized under this part and  
8 part 1 are subject to the management and budget act, 1984 PA 431,  
9 MCL 18.1101 to 18.1594.

10       Sec. 203. As used in this part and part 1:

11       (a) "AIDS" means acquired immunodeficiency syndrome.

12       (b) "CMHSP" means a community mental health services program  
13 as that term is defined in section 100a of the mental health code,  
14 1974 PA 258, MCL 330.1100a.

15       (c) "CMS" means the Centers for Medicare and Medicaid  
16 Services.

17       (d) "Current fiscal year" means the fiscal year ending  
18 September 30, 2024.

19       (e) "Department" means the department of health and human  
20 services.

21       (f) "Director" means the director of the department.

22       (g) "DSH" means disproportionate share hospital.

23       (h) "EPSDT" means early and periodic screening, diagnosis, and  
24 treatment.

25       (i) "Federal poverty level" means the poverty guidelines  
26 published annually in the Federal Register by the United States  
27 Department of Health and Human Services under its authority to  
28 revise the poverty line under 42 USC 9902.

29       (j) "FQHC" means federally qualified health center.



- 1 (k) "FTE" means full-time equated.
- 2 (l) "GME" means graduate medical education.
- 3 (m) "Health plan" means, at a minimum, an organization that  
4 meets the criteria for delivering the comprehensive package of  
5 services under the department's comprehensive health plan.
- 6 (n) "HEDIS" means health care effectiveness data and  
7 information set.
- 8 (o) "HMO" means health maintenance organization.
- 9 (p) "IDEA" means the individuals with disabilities education  
10 act, 20 USC 1400 to 1482.
- 11 (q) "IDG" means interdepartmental grant.
- 12 (r) "MCH" means maternal and child health.
- 13 (s) "Medicaid" means subchapter XIX of the social security  
14 act, 42 USC 1396 to 1396w-6.
- 15 (t) "Medicare" means subchapter XVIII of the social security  
16 act, 42 USC 1395 to 1395III.
- 17 (u) "MiCAFE" means Michigan's coordinated access to food for  
18 the elderly.
- 19 (v) "MiChild" means the program described in section 1670 of  
20 this part.
- 21 (w) "MiSACWIS" means Michigan statewide automated child  
22 welfare information system.
- 23 (x) "PAS/ARR-OBRA" means the preadmission screening and annual  
24 resident review required under the omnibus budget reconciliation  
25 act of 1987, section 1919(e)(7) of the social security act, 42 USC  
26 1396r.
- 27 (y) "PFAS" means perfluoroalkyl and polyfluoroalkyl  
28 substances.
- 29 (z) "PIHP" means an entity designated by the department as a



1 regional entity or a specialty prepaid inpatient health plan for  
2 Medicaid mental health services, services to individuals with  
3 developmental disabilities, and substance use disorder services.  
4 Regional entities are described in section 204b of the mental  
5 health code, 1974 PA 258, MCL 330.1204b. Specialty prepaid  
6 inpatient health plans are described in section 232b of the mental  
7 health code, 1974 PA 258, MCL 330.1232b.

8 (aa) "Previous fiscal year" means the fiscal year ending  
9 September 30, 2023.

10 (bb) "Quarterly reports" means 4 reports shall be submitted to  
11 the required recipients by the following dates: February 1, April  
12 1, July 1, and September 30 of the current fiscal year.

13 (cc) "Semiannual basis" means March 1 and September 30 of the  
14 current fiscal year.

15 (dd) "Settlement" means the settlement agreement entered in  
16 the case of *Dwayne B. v Snyder*, docket no. 2:06-cv-13548 in the  
17 United States District Court for the Eastern District of Michigan.

18 (ee) "SSI" means supplemental security income.

19 (ff) "Temporary assistance for needy families" or "TANF" or  
20 "title IV-A" means part A of subchapter IV of the social security  
21 act, 42 USC 601 to 619.

22 (gg) "Title IV-B" means part B of title IV of the social  
23 security act, 42 USC 621 to 629m.

24 (hh) "Title IV-D" means part D of title IV of the social  
25 security act, 42 USC 651 to 669b.

26 (ii) "Title IV-E" means part E of title IV of the social  
27 security act, 42 USC 670 to 679c.

28 (jj) "Title X" means subchapter VIII of the public health  
29 service act, 42 USC 300 to 300a-8, which establishes grants to



1 states for family planning services.

2 Sec. 204. The department shall use the internet to fulfill the  
3 reporting requirements of this part. This requirement shall include  
4 transmission of reports via email to the recipients identified for  
5 each reporting requirement and it shall include placement of  
6 reports on an internet site.

7 Sec. 205. To the extent permissible under section 261 of the  
8 management and budget act, 1984 PA 431, MCL 18.1261, all of the  
9 following apply to funds appropriated in part 1:

10 (a) The funds must not be used for the purchase of foreign  
11 goods or services, or both, if competitively priced and of  
12 comparable quality American goods or services, or both, are  
13 available.

14 (b) Preference must be given to goods or services, or both,  
15 manufactured or provided by Michigan businesses, if they are  
16 competitively priced and of comparable quality.

17 (c) Preference must be given to goods or services, or both,  
18 that are manufactured or provided by Michigan businesses owned and  
19 operated by veterans, if they are competitively priced and of  
20 comparable quality.

21 Sec. 206. To the extent permissible under the management and  
22 budget act, 1984 PA 431, MCL 18.1101 to 18.1594, the director shall  
23 take all reasonable steps to ensure geographically-disadvantaged  
24 business enterprises as defined in Executive Directive No. 2019-08  
25 compete for and perform contracts to provide services or supplies,  
26 or both. The director shall strongly encourage firms with which the  
27 department contracts to subcontract with geographically-  
28 disadvantaged business enterprises as defined in Executive  
29 Directive No. 2019-08 for services, supplies, or both.



1           Sec. 207. The department shall prepare a report on out-of-  
2 state travel expenses not later than January 1 of each year. The  
3 travel report shall be a listing of all travel by classified and  
4 unclassified employees outside this state in the previous fiscal  
5 year that was funded in whole or in part with funds appropriated in  
6 the department's budget. The report shall be submitted to the  
7 report recipients required in section 246 of this part. The report  
8 shall include the following information:

9           (a) The dates of each travel occurrence.

10           (b) The total transportation and related costs of each travel  
11 occurrence, including the proportion funded with state general  
12 fund/general purpose revenues, the proportion funded with state  
13 restricted revenues, the proportion funded with federal revenues,  
14 and the proportion funded with other revenues.

15           Sec. 208. Funds appropriated in part 1 shall not be used by  
16 the department to hire a person to provide legal services that are  
17 the responsibility of the attorney general. This prohibition does  
18 not apply to legal services for bonding activities and for those  
19 outside services that the attorney general authorizes.

20           Sec. 209. Not later than December 15, the state budget office  
21 shall prepare and transmit a report that provides for estimates of  
22 the total general fund/general purpose appropriation lapses at the  
23 close of the previous fiscal year. This report shall summarize the  
24 projected year-end general fund/general purpose appropriation  
25 lapses by major departmental program or program areas. The report  
26 shall be transmitted to the chairpersons of the senate and house  
27 appropriations committees, and to the report recipients required in  
28 section 246 of this part.

29           Sec. 210. (1) In addition to the funds appropriated in part 1,



1 there is appropriated an amount not to exceed \$200,000,000.00 for  
2 federal contingency authorization. Authorized funds are not  
3 available for expenditure until they have been transferred to  
4 another line item in part 1 under section 393(2) of the management  
5 and budget act, 1984 PA 431, MCL 18.1393. Federal contingency  
6 authorization must not be made available to increase TANF  
7 authorization.

8 (2) In addition to the funds appropriated in part 1, there is  
9 appropriated an amount not to exceed \$40,000,000.00 for state  
10 restricted contingency authorization. Authorized funds are not  
11 available for expenditure until they have been transferred to  
12 another line item in part 1 under section 393(2) of the management  
13 and budget act, 1984 PA 431, MCL 18.1393.

14 (3) In addition to the funds appropriated in part 1, there is  
15 appropriated an amount not to exceed \$15,000,000.00 for local  
16 contingency authorization. Authorized funds are not available for  
17 expenditure until they have been transferred to another line item  
18 in part 1 under section 393(2) of the management and budget act,  
19 1984 PA 431, MCL 18.1393.

20 (4) In addition to the funds appropriated in part 1, there is  
21 appropriated an amount not to exceed \$20,000,000.00 for private  
22 contingency authorization. Authorized funds are not available for  
23 expenditure until they have been transferred to another line item  
24 in part 1 under section 393(2) of the management and budget act,  
25 1984 PA 431, MCL 18.1393.

26 Sec. 211. The department shall cooperate with the department  
27 of technology, management, and budget to maintain a searchable  
28 website accessible by the public at no cost that includes, but is  
29 not limited to, all of the following for the department:



- 1 (a) Fiscal year-to-date expenditures by category.
- 2 (b) Fiscal year-to-date expenditures by appropriation unit.
- 3 (c) Fiscal year-to-date payments to a selected vendor,  
4 including the vendor name, payment date, payment amount, and  
5 payment description.
- 6 (d) The number of active department employees by job  
7 classification.
- 8 (e) Job specifications and wage rates.

9 Sec. 212. Within 14 days after the release of the executive  
10 budget recommendation, the department shall cooperate with the  
11 state budget office to provide the chairpersons of the senate and  
12 house appropriations committees and to the report recipients  
13 required in section 246 of this part with an annual report on  
14 estimated state restricted fund balances, state restricted fund  
15 projected revenues, and state restricted fund expenditures for the  
16 previous fiscal year and the current fiscal year.

17 Sec. 213. The department shall maintain, on a publicly  
18 accessible website, a department scorecard that identifies, tracks,  
19 and regularly updates key metrics that are used to monitor and  
20 improve the department's performance.

21 Sec. 215. If either of the following events occurs, within 30  
22 days after that event the department shall notify the report  
23 recipients required in section 246 of this part of that fact:

24 (a) A legislative objective of this part or of a bill or  
25 amendment to a bill to amend the social welfare act, 1939 PA 280,  
26 MCL 400.1 to 400.119b, cannot be implemented because implementation  
27 would conflict with or violate federal regulations.

28 (b) A federal grant, for which a notice of an award has been  
29 received, cannot be used, or will not be used.



1           Sec. 216. (1) In addition to funds appropriated in part 1 for  
2 all programs and services, there is appropriated for write-offs of  
3 accounts receivable, deferrals, and for prior year obligations in  
4 excess of applicable prior year appropriations, an amount equal to  
5 total write-offs and prior year obligations, but not to exceed  
6 amounts available in prior year revenues.

7           (2) The department's ability to satisfy appropriation fund  
8 sources in part 1 is not limited to collections and accruals  
9 pertaining to services provided in the current fiscal year, but  
10 also includes reimbursements, refunds, adjustments, and settlements  
11 from prior years.

12           Sec. 217. (1) By March 1 of the current fiscal year, the  
13 department shall report to the report recipients required in  
14 section 246 of this part on the detailed name and amounts of  
15 estimated federal, restricted, private, and local sources of  
16 revenue that support the appropriations in each of the line items  
17 in part 1.

18           (2) Upon the release of the next fiscal year executive budget  
19 recommendation, the department shall report to the same parties in  
20 subsection (1) on the amounts and detailed sources of federal,  
21 restricted, private, and local revenue proposed to support the  
22 total funds appropriated in each of the line items in part 1 of the  
23 next fiscal year executive budget proposal.

24           Sec. 218. As required under part 23 of the public health code,  
25 1978 PA 368, MCL 333.2301 to 333.2321, the appropriations in part 1  
26 must include the following:

- 27           (a) Immunizations.  
28           (b) Communicable disease control.  
29           (c) Sexually transmitted infection control.



1 (d) Tuberculosis control.

2 (e) Prevention of gonorrhoea eye infection in newborns.

3 (f) Screening newborns for the conditions listed in section  
4 5431 of the public health code, 1978 PA 368, MCL 333.5431, or  
5 recommended by the newborn screening quality assurance advisory  
6 committee created under section 5430 of the public health code,  
7 1978 PA 368, MCL 333.5430.

8 (g) Health and human services annex of the Michigan Emergency  
9 Management Plan.

10 (h) Prenatal care.

11 (i) Mental health.

12 Sec. 219. (1) The department may contract with the Michigan  
13 Public Health Institute for the design and implementation of  
14 projects and for other public health-related activities prescribed  
15 in section 2611 of the public health code, 1978 PA 368, MCL  
16 333.2611. The department may develop a master agreement with the  
17 Michigan Public Health Institute to carry out these purposes for up  
18 to a 1-year period.

19 (2) The department shall report to the report recipients  
20 required in section 246 of this part on a semiannual basis all of  
21 the following:

22 (a) A detailed description of each funded project.

23 (b) The amount allocated for each project, the appropriation  
24 line item from which the allocation is funded, and the source of  
25 financing for each project.

26 (c) The expected project duration.

27 (d) A detailed spending plan for each project, including a  
28 list of all subgrantees and the amount allocated to each  
29 subgrantee.



1 (3) On a semiannual basis, the department shall provide to the  
2 report recipients required in section 246 of this part a copy of  
3 all reports, studies, and publications produced by the Michigan  
4 Public Health Institute, its subcontractors, or the department with  
5 the funds appropriated in the department's budget in the previous  
6 fiscal year and allocated to the Michigan Public Health Institute.

7 Sec. 220. The department shall ensure that faith-based  
8 organizations are able to apply and compete for services, programs,  
9 or contracts that they are qualified and suitable to fulfill. The  
10 department shall not disqualify faith-based organizations solely on  
11 the basis of the religious nature of their organization or their  
12 guiding principles or statements of faith.

13 Sec. 221. According to section 1b of the social welfare act,  
14 1939 PA 280, MCL 400.1b, the department shall treat part 1 and this  
15 part as a time-limited addendum to the social welfare act, 1939 PA  
16 280, MCL 400.1 to 400.119b.

17 Sec. 222. (1) The department shall provide notification to the  
18 report recipients required in section 246 of this part of any major  
19 policy changes at least 30 days before the implementation date of  
20 those policy changes.

21 (2) The department shall make the entire policy and procedures  
22 manual available and accessible to the public via the department  
23 website.

24 (3) The department shall report by April 1 of the current  
25 fiscal year on each specific policy change made to implement a  
26 public act affecting the department that took effect during the  
27 prior calendar year to the senate and house appropriations  
28 committees, the joint committee on administrative rules, and to the  
29 report recipients required in section 246 of this part.



1 (4) The department shall attach each policy bulletin issued  
2 during the prior calendar year to the report issued in subsection  
3 (3).

4 Sec. 223. The department may establish and collect fees for  
5 publications, videos and related materials, conferences, and  
6 workshops. Collected fees are appropriated when received and shall  
7 be used to offset expenditures to pay for printing and mailing  
8 costs of the publications, videos and related materials, and costs  
9 of the workshops and conferences. The department shall not collect  
10 fees under this section that exceed the cost of the expenditures.  
11 When collected fees are appropriated under this section in an  
12 amount that exceeds the current fiscal year appropriation, within  
13 30 days the department shall notify the report recipients required  
14 in section 246 of this part of that fact.

15 Sec. 224. The department may retain all of the state's share  
16 of food assistance overissuance collections as an offset to general  
17 fund/general purpose costs. Retained collections shall be applied  
18 against federal funds deductions in all appropriation units where  
19 department costs related to the investigation and recoupment of  
20 food assistance overissuances are incurred. Retained collections in  
21 excess of those costs shall be applied against the federal funds  
22 deducted in the departmental administration and support  
23 appropriation unit.

24 Sec. 226. If the revenue collected by the department from fees  
25 and collections exceeds the amount appropriated in part 1, the  
26 revenue may be carried forward with the approval of the state  
27 budget director into the subsequent fiscal year. The revenue  
28 carried forward under this section shall be used as the first  
29 source of funds in the subsequent fiscal year.



1           Sec. 227. The state departments, agencies, and commissions  
2 receiving tobacco tax funds and Healthy Michigan fund revenue from  
3 part 1 shall report by April 1 of the current fiscal year to the  
4 report recipients required in section 246 of this part on the  
5 following activities during the previous fiscal year:

6           (a) Tobacco tax revenue appropriations in the Medicaid  
7 program.

8           (b) Project information for each project, including all of the  
9 following:

10           (i) Project name.

11           (ii) Appropriation line item and amount.

12           (iii) Target population.

13           (iv) Project description.

14           (v) Project outcomes or accomplishments.

15           Sec. 228. If the department is authorized under state or  
16 federal law to collect an overpayment owed to the department, the  
17 department may assess a penalty of 1% per month beginning 60 days  
18 after notification. If an overpayment is caused by department  
19 error, a penalty may not be assessed until 6 months after the  
20 initial notification date of the overpayment amount. The department  
21 shall not collect penalty interest in an amount that exceeds the  
22 amount of the original overpayment. The state share of any funds  
23 collected under this section shall be deposited in the state  
24 general fund.

25           Sec. 230. By December 31 of the current fiscal year, the  
26 department shall report to the report recipients required in  
27 section 246 of this part on the status of the implementation of any  
28 noninflationary, noncaseload, programmatic funding increases in the  
29 current fiscal year from the previous fiscal year. The report shall



1 confirm the implementation of already implemented funding increases  
2 and provide explanations for any planned implementation of funding  
3 increases that have not yet occurred. For any planned  
4 implementation of funding increases that have not yet occurred, the  
5 department shall provide an expected implementation date and the  
6 reasons for delayed implementation.

7       Sec. 231. (1) The department shall not expend the funds  
8 appropriated in part 1 to enter into any contract with a Medicaid  
9 managed care organization of MI Choice Waiver, MI Health Link, or  
10 behavioral health unless the Medicaid managed care organization  
11 agrees to do all of the following:

12           (a) Increase the direct care wage by \$2.50 per hour, of which  
13 \$1.00 per hour is on a 1-time basis, for the services noted in DHHS  
14 Medicaid provider letter L 21-76 under the Medicaid managed care  
15 organization's relevant program.

16           (b) Ensure to the greatest extent possible that the full  
17 amount for funds appropriated for a direct care worker wage  
18 increase, except for costs incurred by the employer, including  
19 payroll taxes, resulting from the increase to direct care worker  
20 wages under this section, is provided to direct care workers  
21 through maintained increased wages.

22           (c) Permit a direct care worker to elect, in writing or  
23 electronically, to not receive the wage increase provided in this  
24 section.

25           (d) Require direct care worker agencies that the Medicaid  
26 managed care organization subcontracts with to track and report  
27 annually the total amount and percentage of Medicaid reimbursements  
28 paid to that direct care worker agency that are used to pay direct  
29 care worker wages.



1 (e) Require direct care worker agencies that the Medicaid  
2 managed care provider subcontracts with to track and report  
3 annually the hourly wages paid for each direct care worker hired by  
4 the direct care worker agency.

5 (f) Track annually the hourly wages paid to each direct care  
6 worker hired directly by the Medicaid managed care organization or  
7 CMHSP.

8 (g) Report annually to the department the information required  
9 in subdivisions (d), (e), and (f).

10 (2) Upon request, the department shall provide to the  
11 legislature the report required in subsection (1)(g).

12 Sec. 232. The department shall provide the approved spending  
13 plan for each line item receiving an appropriation in the current  
14 fiscal year to the senate and house appropriations subcommittees on  
15 the department budget and the senate and house fiscal agencies  
16 within 60 days after approval by the department but not later than  
17 January 15 of the current fiscal year. Compliance with this section  
18 is not met unless a line-item appropriation name is included in all  
19 places that a line-item appropriation number is listed. The  
20 spending plan shall include the following information regarding  
21 planned expenditures for each category: allocation in the previous  
22 period, change in the allocation, and new allocation. The spending  
23 plan shall include the following information regarding each revenue  
24 source for the line item: category of the fund source indicated by  
25 general fund/general purpose, state restricted, local, private, or  
26 federal. Figures included in the approved spending plan shall not  
27 be assumed to constitute the actual final expenditures, as line  
28 items may be updated on an as-needed basis to reflect changes in  
29 projected expenditures and projected revenue. The department shall



1 supplement the spending plan information by providing a list of all  
2 active contracts and grants in the department's contract system.  
3 For amounts listed in the other contracts category of each spending  
4 plan, the department shall provide a list of all contracts and  
5 grants and amounts for the current fiscal year, and include the  
6 name of the line item and the name of the fund source related to  
7 each contract or grant and amount. For amounts listed in the all  
8 other costs category of each spending plan, the department shall  
9 provide a list detailing planned expenditures and amounts for the  
10 current fiscal year, and include the name of the line item and the  
11 name of the fund source related to each amount and expenditure.

12 Sec. 234. The department shall receive and retain copies of  
13 all reports funded from appropriations in part 1. Federal and state  
14 guidelines for short-term and long-term retention of records shall  
15 be followed. The department may electronically retain copies of  
16 reports unless otherwise required by federal and state guidelines.

17 Sec. 235. (1) Money appropriated in part 1 must not be used to  
18 restrict or interfere with actions related to diversity, equity,  
19 and inclusion (DEI); to restrict or impede a marginalized  
20 community's access to government resources, programs, or  
21 facilities; or to diminish, interfere with, or restrict an  
22 individual's ability to exercise the right to reproductive freedom.

23 (2) From the funds appropriated in part 1, local governments  
24 shall report any action or policy that attempts to restrict or  
25 interfere with the duties of the local health officer.

26 Sec. 236. (1) From the funds appropriated in part 1, the  
27 department shall do both of the following:

28 (a) Report to the house and senate appropriations committees  
29 and to the report recipients required in section 246 of this part



1 any amount of severance pay for a department director, deputy  
2 director, or other high-ranking department official not later than  
3 14 days after a severance agreement with the director or official  
4 is signed. The name of the director or official and the amount of  
5 severance pay must be included in the report required by this  
6 subdivision.

7 (b) By February 1, report to the report recipients required in  
8 section 246 of this part on the total amount of severance pay  
9 remitted to former department employees during the previous fiscal  
10 year and the total number of former department employees that were  
11 remitted severance pay during the previous fiscal year.

12 (2) As used in this section, "severance pay" means  
13 compensation that is both payable or paid upon the termination of  
14 employment and in addition to either wages or benefits earned  
15 during the course of employment or generally applicable retirement  
16 benefits.

17 Sec. 238. It is the intent of the legislature that departments  
18 maximize the efficiency of the state workforce and, where possible,  
19 prioritize in-person work. Each executive branch department,  
20 agency, board, or commission that receives funding under part 1  
21 must post its in-person, remote, or hybrid work policy on its  
22 website.

23 Sec. 239. For behavioral and physical health services provided  
24 through managed care or the fee-for-service program, the department  
25 shall require, for the nonfacility component of the reimbursement  
26 rate, at least the same reimbursement for that service, if that  
27 service is provided through telemedicine, as if the service  
28 involved face-to-face contact between the health care professional  
29 and the patient.



1           Sec. 240. Appropriations in part 1 shall, to the extent  
2 possible by the department, not be expended until all existing work  
3 project authorization available for the same purposes is exhausted.

4           Sec. 241. By March 1 of the current fiscal year, the  
5 department shall report to the report recipients required in  
6 section 246 of this part on total actual expenditures in the  
7 previous fiscal year for advertising and media outreach, including  
8 the purpose, amount, and fund source by program or appropriation  
9 line-item.

10           Sec. 244. On a monthly basis, the department shall report to  
11 the report recipients required in section 246 of this part on any  
12 line-item appropriation for which the department estimates total  
13 annual expenditures would exceed the funds appropriated for that  
14 line-item appropriation by 5% or more. The department shall provide  
15 a detailed explanation for any relevant line-item appropriation  
16 exceedance and shall identify the corrective actions undertaken to  
17 mitigate line-item appropriation expenditures from exceeding the  
18 funds appropriated for that line-item appropriation by a greater  
19 amount. This section does not apply for line-item appropriations  
20 that are part of the May revenue estimating conference caseload and  
21 expenditure estimates.

22           Sec. 246. Except as otherwise provided in this part, all  
23 reports required under this part shall be submitted to the senate  
24 and house appropriations subcommittees on the department budget,  
25 the senate and house fiscal agencies, the senate and house policy  
26 offices, and the state budget office.

27           Sec. 252. The appropriations in part 1 for Healthy Michigan  
28 plan - behavioral health, Healthy Michigan plan administration, and  
29 Healthy Michigan plan are contingent on the provisions of the



1 social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, that were  
2 contained in 2013 PA 107 not being amended, repealed, or otherwise  
3 altered to eliminate the Healthy Michigan plan. If that occurs,  
4 then, upon the effective date of the amendatory act that amends,  
5 repeals, or otherwise alters those provisions, the remaining funds  
6 in the Healthy Michigan plan - behavioral health, Healthy Michigan  
7 plan administration, and Healthy Michigan plan line items shall  
8 only be used to pay previously incurred costs and any remaining  
9 appropriations shall not be allotted to support those line items.

10 Sec. 253. (1) The department shall ensure that federally  
11 recognized tribes are able to apply and compete for services,  
12 programs, grants, or contracts.

13 (2) For competitive grant programs described in this part,  
14 federally recognized tribes are eligible to apply for grant funds  
15 made available to organizations exempt from federal income tax  
16 under section 501(c)(3) of the internal revenue code of 1986, 26  
17 USC 501, and to local units of government.

18 Sec. 263. (1) Except as otherwise provided in this subsection,  
19 before submission of a waiver, a state plan amendment, or a similar  
20 proposal to CMS or other federal agency, the department shall  
21 provide notification of the planned submission to the report  
22 recipients required in section 246 of this part. This subsection  
23 does not apply to the submission of a waiver, a state plan  
24 amendment, or similar proposal that does not propose a material  
25 change or is outside of the ordinary course of waiver, state plan  
26 amendment, or similar proposed submissions.

27 (2) The department shall provide reports on a semiannual basis  
28 to the report recipients required in section 246 of this part  
29 summarizing the status of any new or ongoing discussions with CMS,



1 the United States Department of Health and Human Services, or other  
2 federal agency regarding potential or future waiver applications as  
3 well as the status of submitted waivers that have not yet received  
4 federal approval. If, at the time a semiannual report is due, there  
5 are no reportable items, then no report is required to be provided.

6 Sec. 264. The department shall not take disciplinary action  
7 against an employee of the department in the state classified civil  
8 service for communicating with a member of the legislature or the  
9 member's staff, unless the communication is prohibited by law and  
10 the department is exercising its authority as provided by law.

11 Sec. 270. The department shall advise the legislature of the  
12 receipt of a notification from the attorney general's office of a  
13 legal action in which expenses had been recovered according to  
14 section 106(6) of the social welfare act, 1939 PA 280, MCL 400.106.  
15 By February 1 of the current fiscal year, the department shall  
16 submit a report to the report recipients required in section 246 of  
17 this part that includes, at a minimum, all of the following:

18 (a) The total amount recovered from the legal action.

19 (b) The program or service for which the money was originally  
20 expended.

21 (c) Details on the disposition of the funds recovered such as  
22 the appropriation or revenue account in which the money was  
23 deposited.

24 (d) A description of the facts involved in the legal action.

25 Sec. 274. The department, in collaboration with the state  
26 budget office, shall submit to the report recipients required in  
27 section 246 of this part 1 week after the day the governor submits  
28 to the legislature the budget for the ensuing fiscal year a report  
29 on spending and revenue projections for each of the capped federal



1 funds listed below. The report shall contain actual spending and  
2 revenue in the previous fiscal year, spending and revenue  
3 projections for the current fiscal year as enacted, and spending  
4 and revenue projections within the executive budget proposal for  
5 the fiscal year beginning October 1, 2024 for each individual line  
6 item for the department budget. The report shall also include  
7 federal funds transferred to other departments. The capped federal  
8 funds shall include, but not be limited to, all of the following:

- 9 (a) TANF.  
10 (b) Title XX social services block grant.  
11 (c) Title IV-B part I child welfare services block grant.  
12 (d) Title IV-B part II promoting safe and stable families  
13 funds.  
14 (e) Low-income home energy assistance program.

15 Sec. 275. (1) On a quarterly basis, the department, with the  
16 approval of the state budget director, is authorized to realign  
17 sources between other federal, TANF, and capped federal financing  
18 authorizations in order to maximize federal revenues. This  
19 realignment of financing shall not produce a gross increase or  
20 decrease in the department's total individual line item  
21 authorizations, nor will it produce a net increase or decrease in  
22 total federal revenues, or a net increase in TANF authorization.

23 (2) On a quarterly basis, the department shall report to the  
24 report recipients required in section 246 of this part on the  
25 realignment of federal fund sources transacted to date in the  
26 current fiscal year under the authority of subsection (1),  
27 including the dates, line items, and amounts of the transactions.  
28 If, at the time a quarterly report is due, no transactions were  
29 made under subsection (1), then no report is required to be



1 provided.

2 (3) Within 30 days after the date on which year-end book  
3 closing is completed, the department shall submit to the report  
4 recipients required in section 246 of this part a report on the  
5 realignment of federal fund sources that took place as part of the  
6 year-end closing process for the previous fiscal year.

7 Sec. 290. Any public advertisement for public assistance shall  
8 also inform the public of the welfare fraud hotline operated by the  
9 department.

10 Sec. 296. From the funds appropriated in part 1, the  
11 department to the extent permissible under section 8 of 1964 PA  
12 170, MCL 691.1408, is responsible for the necessary and reasonable  
13 attorney fees and costs incurred by private and independent legal  
14 counsel chosen by current and former classified and unclassified  
15 department employees in the defense of the employees in any state  
16 or federal lawsuit or investigation related to the water system in  
17 a city or community in which a declaration of emergency was issued  
18 because of drinking water contamination.

19 Sec. 297. On a quarterly basis, the department shall report to  
20 the senate and house appropriations committees and to the report  
21 recipients required in section 246 of this part a comparison by  
22 line item of the number of FTE positions authorized from funds  
23 appropriated in part 1 to the actual number of FTE positions  
24 employed by the department at the end of the reporting period.

25

26 **DEPARTMENTAL ADMINISTRATION AND SUPPORT**

27 Sec. 301. From the funds appropriated in part 1 for child  
28 welfare institute, the department shall train private child placing  
29 agency staff in the pre-service training requirements for child



1 welfare caseworkers and supervisors. All private child placing  
2 agency staff must be provided an opportunity to complete training  
3 at their private child placing agency facilities in a virtual  
4 format. A hybrid format that includes virtual and in-person  
5 instruction must also be available to all private child placing  
6 agency staff according to the preference of a given private child  
7 placing agency.

8  
9 **CHILD SUPPORT ENFORCEMENT**

10 Sec. 401. (1) The appropriations in part 1 assume a total  
11 federal child support incentive payment of \$26,500,000.00.

12 (2) From the federal money received for child support  
13 incentive payments, \$12,000,000.00 shall be retained by the state  
14 and expended for child support program expenses.

15 (3) From the federal money received for child support  
16 incentive payments, \$14,500,000.00 shall be paid to the counties  
17 based on each county's performance level for each of the federal  
18 performance measures as established in 45 CFR 305.2.

19 (4) If the child support incentive payment to the state from  
20 the federal government is greater than \$26,500,000.00, then 100% of  
21 the excess shall be retained by the state and is appropriated until  
22 the total retained by the state reaches \$15,397,400.00.

23 (5) If the child support incentive payment to the state from  
24 the federal government is greater than the amount needed to satisfy  
25 the provisions identified in subsections (1), (2), (3), and (4),  
26 the additional funds shall be subject to appropriation by the  
27 legislature.

28 (6) If the child support incentive payment to the state from  
29 the federal government is less than \$26,500,000.00, then the state



1 and county share shall each be reduced by 50% of the shortfall.

2 Sec. 409. (1) If statewide retained child support collections  
3 exceed \$38,300,000.00, 75% of the amount in excess of  
4 \$38,300,000.00 is appropriated to legal support contracts. This  
5 excess appropriation may be distributed to eligible counties to  
6 supplement and not supplant county title IV-D funding.

7 (2) Each county whose retained child support collections in  
8 the current fiscal year exceed its fiscal year 2004-2005 retained  
9 child support collections, excluding tax offset and financial  
10 institution data match collections in both the current fiscal year  
11 and fiscal year 2004-2005, shall receive its proportional share of  
12 the 75% excess.

13 Sec. 410. (1) If title IV-D-related child support collections  
14 are escheated, the state budget director is authorized to adjust  
15 the sources of financing for the funds appropriated in part 1 for  
16 legal support contracts to reduce federal authorization by 66% of  
17 the escheated amount and increase general fund/general purpose  
18 authorization by the same amount. This budget adjustment is  
19 required to offset the loss of federal revenue due to the escheated  
20 amount being counted as title IV-D program income in accordance  
21 with federal regulations at 45 CFR 304.50.

22 (2) The department shall notify the report recipients required  
23 in section 246 of this part not later than 30 days after the  
24 authorization adjustment under subsection (1).

25

26 **COMMUNITY SERVICES AND OUTREACH**

27 Sec. 450. (1) From the funds appropriated in part 1 for school  
28 success partnership program, the department shall allocate  
29 \$1,525,000.00 of TANF revenue by December 1 of the current fiscal



1 year to support the Northeast Michigan Community Service Agency  
2 programming. The department shall require the following performance  
3 objectives be measured and reported for the duration of the state  
4 funding for the school success partnership program:

5 (a) Increasing school attendance and decreasing chronic  
6 absenteeism.

7 (b) Increasing academic performance based on grades with  
8 emphasis on math and reading.

9 (c) Identifying barriers to attendance and success and  
10 connecting families with resources to reduce these barriers.

11 (d) Increasing parent involvement with the parent's child's  
12 school and community.

13 (2) By July 15 of the current fiscal year, the Northeast  
14 Michigan Community Service Agency shall provide reports to the  
15 department on the number of children and families served and the  
16 services that were provided to families to meet the performance  
17 objectives identified in this section. The department shall  
18 distribute the reports within 1 week after receipt to the report  
19 recipients required in section 246 of this part.

20 Sec. 453. (1) From the funds appropriated in part 1 for  
21 homeless programs, the department shall allocate funds to the  
22 emergency shelter program to support efforts of shelter providers  
23 to move homeless individuals and households into permanent housing  
24 as quickly as possible. Funding provided shall be equal to or  
25 exceed the amount a provider would receive if paid a \$19.00 per  
26 diem rate. Expected outcomes are increased shelter discharges to  
27 stable housing destinations, decreased recidivism rates for shelter  
28 clients, and a reduction in the average length of stay in emergency  
29 shelters.



1           (2) By March 1 of the current fiscal year, the department  
2 shall submit to the report recipients required in section 246 of  
3 this part a report on the total amount expended for the program in  
4 the prior 2 fiscal years, the total number of shelter nights  
5 provided, and the average length of stay in an emergency shelter.

6           Sec. 454. The department shall allocate the full amount of  
7 funds appropriated in part 1 for homeless programs to provide  
8 services for homeless individuals and families, including, but not  
9 limited to, third-party contracts for emergency shelter services.

10           Sec. 455. As a condition of receipt of federal TANF revenue,  
11 homeless shelters and human services agencies shall collaborate  
12 with the department to obtain necessary TANF eligibility  
13 information on families as soon as possible after admitting a  
14 family to the homeless shelter. From the funds appropriated in part  
15 1 for homeless programs, the department is authorized to make  
16 allocations of TANF revenue only to the homeless shelters and human  
17 services agencies that report necessary data to the department for  
18 the purpose of meeting TANF eligibility reporting requirements.  
19 Homeless shelters or human services agencies that do not report  
20 necessary data to the department for the purpose of meeting TANF  
21 eligibility reporting requirements will not receive reimbursements  
22 that exceed the per diem amount they received in fiscal year 2000.  
23 The use of TANF revenue under this section is not an ongoing  
24 commitment of funding.

25           Sec. 456. From the funds appropriated in part 1 for homeless  
26 programs, the department shall allocate \$2,000.00 to reimburse  
27 public service agencies that provide documentation of paying birth  
28 certificate fees on behalf of category 1 homeless clients at county  
29 clerk's offices. Public service agencies shall be reimbursed for



1 the cost of the birth certificate fees quarterly until this  
2 allocation is fully spent.

3 Sec. 460. From the funds appropriated in part 1 for kids' food  
4 basket, the department shall allocate \$1,525,000.00, of which  
5 \$1,000,000.00 is allocated on a 1-time basis, to fund a project  
6 with a nonprofit, community-based organization organized under the  
7 laws of this state that is exempt from federal income tax under  
8 section 501(c)(3) of the internal revenue code of 1986, 26 USC 501,  
9 and is located in a city with a population between 185,000 and  
10 200,000 according to the most recent federal decennial census and  
11 in a county with a population between 600,000 and 700,000 according  
12 to the most recent federal decennial census. The nonprofit  
13 organization recipient shall have an existing network of food  
14 delivery to low-income children to at least 3 counties in this  
15 state. The nonprofit organization shall use the funds for expansion  
16 of services to additional schools and communities. The funding may  
17 be used to cover employee costs, food and supplies, equipment, and  
18 other operational costs identified by the organization to support  
19 their mission and goals.

20 Sec. 463. From the funds appropriated in part 1 for runaway  
21 and homeless youth grants and domestic violence prevention and  
22 treatment, the department is authorized to make allocations of TANF  
23 revenue only to agencies that report necessary data to the  
24 department to meet TANF eligibility reporting requirements.

25 Sec. 465. (1) From the funds appropriated in part 1 for  
26 community services and outreach administration, \$2,950,000.00 must  
27 be distributed as provided in subsection (2). The amount  
28 distributed under this subsection must not exceed 50% of the total  
29 operating expenses of the program described in subsection (2), with



1 the remaining 50% paid by local United Way organizations and other  
2 nonprofit organizations and foundations.

3 (2) Funds distributed under subsection (1) shall be  
4 distributed to Michigan 2-1-1, a nonprofit corporation organized  
5 under the laws of this state that is exempt from federal income tax  
6 under section 501(c)(3) of the internal revenue code of 1986, 26  
7 USC 501, and whose mission is to coordinate and support a statewide  
8 2-1-1 system. Michigan 2-1-1 shall use the funds only to fulfill  
9 the Michigan 2-1-1 business plan adopted by Michigan 2-1-1 in  
10 January 2005.

11 (3) Michigan 2-1-1 shall refer to the department any calls  
12 received reporting fraud, waste, or abuse of state-administered  
13 public assistance.

14 (4) Michigan 2-1-1 shall report annually to the department,  
15 the house and senate standing committees with primary jurisdiction  
16 over matters relating to human services and telecommunications on  
17 2-1-1 system performance and the report recipients required in  
18 section 246 of this part, including, but not limited to, on call  
19 volume by health and human service needs and unmet needs identified  
20 through caller data and number and percentage of callers referred  
21 to public or private provider types.

22

23 **CHILDREN'S SERVICES AGENCY - CHILD WELFARE**

24 Sec. 501. (1) A goal is established that not more than 25% of  
25 all children in foster care at any given time during the current  
26 fiscal year, if in the best interest of the child, will have been  
27 in foster care for 24 months or more.

28 (2) By March 1 of the current fiscal year, the department  
29 shall provide to the report recipients required in section 246 of



1 this part a report describing the steps that will be taken to  
2 achieve the specific goal established under subsection (1) and on  
3 the percentage of children who currently have been in foster care a  
4 total of 24 or more months.

5 Sec. 502. From the funds appropriated in part 1 for foster  
6 care, the department shall provide 50% reimbursement to Indian  
7 tribal governments for foster care expenditures for children who  
8 are under the jurisdiction of Indian tribal courts and who are not  
9 otherwise eligible for federal foster care cost sharing. The  
10 department may provide up to 100% reimbursement to Indian tribal  
11 governments that enter into a state-tribal title IV-E agreement  
12 allowed under this state's title IV-E state plan.

13 Sec. 503. (1) In accordance with the final report of the  
14 Michigan child welfare performance-based funding task force issued  
15 in response to section 503 of article X of 2013 PA 59, the  
16 department shall continue to review, update, or develop actuarially  
17 sound case rates for necessary child welfare foster care case  
18 management services that achieve permanency by the department and  
19 private child placing agencies in a prospective payment system  
20 under a performance-based funding model.

21 (2) The department, in conjunction with members from both the  
22 house of representatives and senate, private child placing  
23 agencies, the courts, and counties shall continue to implement the  
24 recommendations that are described in the workgroup report that was  
25 provided in section 503 of article X of 2013 PA 59 to establish a  
26 performance-based funding model pilot program for public and  
27 private child welfare services providers. By July 1 of the current  
28 fiscal year, the department shall provide a report on the status of  
29 the performance-based contracting model to the report recipients



1 required in section 246 of this part as well as the senate and  
2 house standing committees on families and human services.

3       Sec. 504. (1) From the funds appropriated in part 1, the  
4 department shall implement a 3-year master agreement with an option  
5 for 2 additional years with the West Michigan Partnership for  
6 Children Consortium to maintain the performance-based child welfare  
7 contracting program. The consortium shall consist of a network of  
8 affiliated child welfare service providers that will accept and  
9 comprehensively assess referred youth, assign cases to members of  
10 its continuum or leverage services from other entities, and make  
11 appropriate case management decisions during the duration of a  
12 case.

13       (2) As a condition for receiving the funding in part 1, the  
14 West Michigan Partnership of Children Consortium shall maintain a  
15 contract agreement with the department that supports a global  
16 capitated payment model. The capitated payment amount shall be  
17 based on historical averages of the number of children served in  
18 Kent County and for the costs per foster care case. The West  
19 Michigan Partnership for Children Consortium is required to manage  
20 the cost of the child population it serves. The administrative  
21 portion of the contracted agreement must reflect the cumulative  
22 annual percentage change in the Detroit Consumer Price Index from  
23 the previous year. The capitated payment amount shall be reviewed  
24 and adjusted no less than twice during the current fiscal year or  
25 due to any policy changes implemented by the department that result  
26 in a volume of placements that differ in a statistically  
27 significant manner from the amount allocated in the annual contract  
28 between the department and the West Michigan Partnership for  
29 Children Consortium as determined by an independent actuary as well



1 as to account for changes in case volumes and any statewide rate  
2 increases that are implemented. The contract agreement requires  
3 that the West Michigan Partnership for Children Consortium shall  
4 maintain the following stipulations and conditions:

5 (a) That the service component of the capitated payment will  
6 be calculated assuming rates paid to providers under the program  
7 are generally consistent with the department's payment policies for  
8 providers throughout the rest of this state.

9 (b) To maintain a risk reserve of at least \$1,500,000.00 to  
10 ensure it can meet unanticipated expenses within a given fiscal  
11 year.

12 (c) To cooperate with the department on an independent fiscal  
13 analysis of costs incurred and revenues received.

14 (3) By March 1 of the current fiscal year, the consortium  
15 shall provide to the department and the house and senate  
16 appropriations subcommittees on the department budget a report on  
17 the consortium, including, but not limited to, actual expenditures,  
18 number of children placed by agencies in the consortium, fund  
19 balance of the consortium, and the outcomes measured.

20 Sec. 505. By March 1 of the current fiscal year, the  
21 department shall provide to the report recipients required in  
22 section 246 of this part a report on youth referred or committed to  
23 the department for care or supervision in the previous fiscal year  
24 and in the first quarter of the current fiscal year outlining the  
25 number of youth served by the department within the juvenile  
26 justice system, including the number of youth residing in private  
27 residential juvenile justice facilities, the type of setting for  
28 each youth, performance outcomes, and financial costs or savings.

29 Sec. 506. From the funds appropriated in part 1 for attorney



1 general contract, by March 1 of the current fiscal year, the  
 2 department shall submit to the report recipients required in  
 3 section 246 of this part a report on the juvenile justice system in  
 4 any county in which funds appropriated in part 1 are expended. The  
 5 report shall include, but not be limited to, the following:

6 (a) The number of youth referred or committed to the  
 7 department for care or supervision in the previous fiscal year and  
 8 in the first quarter of the current fiscal year.

9 (b) The number of youth referred or committed to the care or  
 10 supervision of the county in which funds appropriated in part 1  
 11 were expended for the previous fiscal year and the first quarter of  
 12 the current fiscal year.

13 (c) The type of setting for each youth referred or committed  
 14 for care or supervision, any applicable performance outcomes, and  
 15 identified financial costs or savings.

16 Sec. 507. The department's ability to satisfy appropriation  
 17 deductions in part 1 for foster care private collections is not  
 18 limited to collections and accruals pertaining to services provided  
 19 only in the current fiscal year but may include revenues collected  
 20 during the current fiscal year for services provided in prior  
 21 fiscal years.

22 Sec. 508. (1) In addition to the amount appropriated in part 1  
 23 for children's trust fund grants, money granted or money received  
 24 as gifts or donations to the children's trust fund created by 1982  
 25 PA 249, MCL 21.171 to 21.172, is appropriated for expenditure.

26 (2) For the funds described in subsection (1), the department  
 27 shall ensure that administrative delays are avoided and the local  
 28 grant recipients and direct service providers receive money in an  
 29 expeditious manner. The department and board shall make available



1 the children's trust fund contract funds to grantees within 31 days  
2 of the start date of the funded project.

3 Sec. 509. From the funds appropriated in part 1 for adoption  
4 support services, the department shall maintain the increase of  
5 contracted rates paid to private child placing agencies, including  
6 the \$23.00 per diem for all foster youth from the date of the case  
7 acceptance to the date of adoption petition acceptance or for 150  
8 days, whichever occurs sooner, for licensed child placing agencies  
9 contracted with the department to provide adoption services for  
10 foster youth. The per diem rate is to be separate from the outcome-  
11 based reimbursement system and must not be deducted from the total  
12 reimbursement an agency receives for the applicable placement or  
13 finalization rate of an adoption.

14 Sec. 510. The department shall provide reports on a monthly  
15 basis to the report recipients required in section 246 of this part  
16 on the number of children awaiting placement in a child caring  
17 institution in this state. The report must include the number of  
18 children awaiting placement by child caring institution and must  
19 state the reason for the delay in placement including, but not  
20 limited to, facility bed shortages, placement process delays, or  
21 other reasons.

22 Sec. 511. The department shall provide reports on a semiannual  
23 basis to the report recipients required in section 246 of this part  
24 as well as the senate and house standing committees on families and  
25 human services on the number and percentage of children who  
26 received timely physical and mental health examinations after entry  
27 into foster care. The reports shall also include the new methods  
28 the department is using since June 14, 2022, to achieve the stated  
29 goal of the program as described in this section. The goal of the



1 program is that at least 85% of children shall have an initial  
2 medical and mental health examination within 30 days after entry  
3 into foster care.

4 Sec. 513. (1) The department shall not expend funds  
5 appropriated in part 1 to pay for the direct placement by the  
6 department of a child in an out-of-state facility unless all of the  
7 following conditions are met:

8 (a) There is no appropriate placement available in this state  
9 as determined by the department's interstate compact office.

10 (b) An out-of-state placement exists that is nearer to the  
11 child's home than the closest appropriate in-state placement as  
12 determined by the department's interstate compact office.

13 (c) The out-of-state facility meets all of the licensing  
14 standards of this state for a comparable facility.

15 (d) The out-of-state facility meets all of the applicable  
16 licensing standards of the state in which it is located.

17 (e) The department has done an on-site visit to the out-of-  
18 state facility, reviewed the facility records, reviewed licensing  
19 records and reports on the facility, and believes that the facility  
20 is an appropriate placement for the child.

21 (2) The department shall not expend money for a child placed  
22 in an out-of-state facility without approval of the executive  
23 director of the children's services agency.

24 (3) The department shall submit an annual report by March 1 of  
25 the current fiscal year to the state court administrative office  
26 and the report recipients required in section 246 of this part on  
27 the number of Michigan children residing in out-of-state facilities  
28 in the previous fiscal year and shall include the total cost and  
29 average per diem cost of these out-of-state placements to this



1 state, and a list of each such placement arranged by the Michigan  
2 county of residence for each child.

3 Sec. 515. If a child protective services caseworker requests  
4 approval for another child protective services caseworker or other  
5 department employee to accompany them on a home visit because the  
6 caseworker believes it would be unsafe to conduct the home visit  
7 alone, the department shall not deny the request.

8 Sec. 516. (1) From funds appropriated in part 1 for child care  
9 fund, the administrative or indirect cost payment equal to 10% of a  
10 county's total monthly gross expenditures shall be distributed to  
11 the county on a monthly basis and a county is not required to  
12 submit documentation to the department for any of the expenditures  
13 that are covered under the 10% payment as described in section  
14 117a(4)(b)(ii) and (iv) of the social welfare act, 1939 PA 280, MCL  
15 400.117a.

16 (2) From the funds appropriated in part 1 for child care fund  
17 - indirect cost allotment, the department shall allocate  
18 \$3,500,000.00 to counties and tribal governments that receive  
19 reimbursements in part 1 from child care fund.

20 (3) The amount described in subsection (2) must be distributed  
21 to each county or tribal government in the same proportion as  
22 indirect cost allotments are provided to counties in the manner  
23 described in section 117a of the social welfare act, 1939 PA 280,  
24 MCL 400.117a.

25 Sec. 517. The department may ask a state or private child  
26 placing agency contracted by the receiving state to carry out  
27 required visits and any additional visits that the department finds  
28 necessary for a child placed in a family foster care home out of  
29 state.



1           Sec. 519. The department shall permit any private agency that  
2 has an existing contract with this state to provide foster care  
3 services to be also eligible to provide treatment foster care  
4 services.

5           Sec. 520. (1) The department shall submit a report to the  
6 report recipients required in section 246 of this part by February  
7 15 of the current fiscal year on the number of days of care and  
8 expenditures by funding source for the previous fiscal year for  
9 out-of-home placements by specific placement programs for child  
10 abuse or child neglect and juvenile justice, including, but not  
11 limited to, paid relative placement, department direct family  
12 foster care, private agency supervised foster care, private child  
13 caring institutions, county-supervised facilities, and independent  
14 living. The report shall also include the number of days of care  
15 for department-operated residential juvenile justice facilities by  
16 security classification.

17           (2) For the purposes of the report in subsection (1), living  
18 arrangements include, but are not limited to, paid relative  
19 placement, department direct family foster care, private agency  
20 supervised foster care, private child caring institutions, county-  
21 supervised facilities, and independent living.

22           Sec. 522. (1) From the funds appropriated in part 1 for youth  
23 in transition, the department shall allocate \$750,000.00 for  
24 scholarships through the fostering futures scholarship program in  
25 the Michigan education trust to youths who were in foster care  
26 because of child abuse or child neglect and are attending a college  
27 or a career technical educational institution located in this  
28 state. Of the funds appropriated, 100% shall be used to fund  
29 scholarships for the youths described in this section.



1 (2) By June 1 of the current fiscal year, the department shall  
2 provide a report to the report recipients required in section 246  
3 of this part that includes the number of youths who applied for  
4 scholarships under this section, the number of youths who received  
5 scholarships under this section and the amount of each scholarship,  
6 and the total amount of funds spent or encumbered in the current  
7 fiscal year.

8 Sec. 523. (1) By February 15 of the current fiscal year, the  
9 department shall submit to the report recipients required in  
10 section 246 of this part a report on the families first, family  
11 reunification, and families together building solutions family  
12 preservation programs. The report shall provide population and  
13 outcome data based on contractually required follow-up evaluations  
14 for families who received family preservation services and shall  
15 include information for each program on any innovations that may  
16 increase child safety and risk reduction.

17 (2) By October 1 of the current fiscal year, from the funds  
18 appropriated in part 1 for family preservation services, the  
19 department shall retain the rates established by the increase  
20 provided in section 523(3) of article 6 of 2020 PA 166.

21 Sec. 524. As a condition of receiving funds appropriated in  
22 part 1 for strong families/safe children, counties must submit the  
23 service spending plan to the department by October 1 of the current  
24 fiscal year for approval. The department shall approve the service  
25 spending plan within 30 calendar days after receipt of a properly  
26 completed service spending plan.

27 Sec. 525. The department shall implement the same on-site  
28 evaluation processes for privately operated child welfare and  
29 juvenile justice residential facilities as is used to evaluate



1 state-operated facilities. Penalties for noncompliance shall be the  
2 same for privately operated child welfare and juvenile justice  
3 residential facilities and state-operated facilities.

4 Sec. 526. From the funds appropriated in part 1 for court-  
5 appointed special advocates, the department shall allocate  
6 \$2,500,000.00, of which \$1,500,000.00 is allocated on a 1-time  
7 basis, to fund a project with a nonprofit, community-based  
8 organization organized under the laws of this state that are exempt  
9 from federal income tax under section 501(c)(3) of the internal  
10 revenue code of 1986, 26 USC 501, located in a charter township  
11 with a population of between 18,000 and 19,000 according to the  
12 most recent federal decennial census that is located in a county  
13 with a population of between 600,000 and 700,000 according to the  
14 most recent federal decennial census. The nonprofit organization  
15 recipient shall have an existing network of affiliate programs  
16 operating in at least 25 counties in this state. The nonprofit  
17 organization shall use the funds to recruit, screen, train, and  
18 supervise volunteers who provide advocacy services on behalf of  
19 abused and neglected children.

20 Sec. 528. From the funds appropriated in part 1 for child care  
21 fund, the department shall allocate \$2,366,700.00 to increase the  
22 annual basic grant to counties with a population of less than  
23 75,000 according to the most recent federal decennial census as  
24 described in section 117e of the social welfare act, 1939 PA 280,  
25 MCL 400.117e, and to eligible tribal entities. The basic grant  
26 shall be increased from \$15,000.00 per year by equally distributing  
27 the \$2,366,700.00 appropriated in part 1 to eligible counties and  
28 tribal entities.

29 Sec. 529. From the funds appropriated in part 1 for family



1 preservation programs, the department shall maintain the total  
2 combined funding levels of the families first, family  
3 reunification, and families together building solutions family  
4 preservation programs at an amount not less than the amount  
5 provided as of September 30, 2021. For the current fiscal year as  
6 the department moves toward implementation of the federal family  
7 first prevention services act, Public Law 115-123, the funding  
8 available to serve families through the existing family  
9 preservation programs shall not be reduced.

10 Sec. 530. (1) All master contracts relating to foster care and  
11 adoption services as funded by the appropriations in section 105 of  
12 part 1 shall be performance-based contracts that employ a client-  
13 centered results-oriented process that is based on measurable  
14 performance indicators and desired outcomes and includes the annual  
15 assessment of the quality of services provided.

16 (2) By February 1 of the current fiscal year, the department  
17 shall provide the report recipients required in section 246 of this  
18 part a report detailing measurable performance indicators, desired  
19 outcomes, and an assessment of the quality of services provided by  
20 the department during the previous fiscal year.

21 Sec. 531. The department shall notify the report recipients  
22 required in section 246 of this part of any changes to a child  
23 welfare master contract template, including the adoption master  
24 contract template, the independent living plus master contract  
25 template, the child placing agency foster care master contract  
26 template, and the residential foster care juvenile justice master  
27 contract template, not less than 30 days before the change takes  
28 effect.

29 Sec. 533. The department shall make payments to child placing



1 facilities for in-home and out-of-home care services and adoption  
2 services within 30 days after receiving all necessary documentation  
3 from those agencies. It is the intent of the legislature that the  
4 burden of ensuring that these payments are made in a timely manner  
5 and no payments are in arrears is upon the department.

6 Sec. 534. The department shall submit to the report recipients  
7 required in section 246 of this part, by March 1 of the current  
8 fiscal year, a report on the adoption subsidies expenditures from  
9 the previous fiscal year. The report must include, but is not  
10 limited to, the range of non-\$0.00 annual adoption support subsidy  
11 amounts, for both title IV-E eligible cases and state-funded cases,  
12 paid to adoptive families, the number of title IV-E and state-  
13 funded cases, the number of cases in which the adoption support  
14 subsidy request of adoptive parents for assistance was denied by  
15 the department, and the number of adoptive parents who requested a  
16 redetermination of adoption support subsidy.

17 Sec. 535. (1) From the funds appropriated in part 1 for foster  
18 care payments, the department shall allocate up to \$1,500,000.00 of  
19 private revenues from The New Foster Care Inc. to fund a 3-year  
20 culturally competent kinship placement, support, and licensing  
21 services pilot program in a county with a population between  
22 1,200,000 and 1,300,000 according to the most recent federal  
23 decennial census and a county with a population over 1,500,000  
24 according to the most recent federal decennial census based on the  
25 work conducted by A Second Chance Inc. The goal of the pilot  
26 program is to increase the kinship licensure rate and reduce the  
27 average length of stay for children in foster care with the intent  
28 to expand the program statewide, contingent on legislative  
29 appropriations. Efforts to reach this goal shall include the



1 following:

2 (a) Locate appropriate kinship family for out-of-home  
3 placement of children.

4 (b) Provide support to kinship care providers and facilitate  
5 connections to programs and services to assist them in meeting the  
6 needs of children.

7 (c) Assist kinship care providers in meeting state foster  
8 parent licensing requirements.

9 (d) Support parents to expedite permanency planning.

10 (2) Subject to part 1 appropriations and pursuant to an annual  
11 evaluation, the department through legislative appropriations shall  
12 reallocate any savings and revenue stemming from program services  
13 that result in a reduction in the length of stay in foster care for  
14 the children served by the program compared to the average and  
15 maximize federal funds associated with this pilot program.

16 (3) The agency selected to administer the pilot program will  
17 be selected with input from The New Foster Care, Inc. and approved  
18 by the executive director of the children's services agency.

19 Sec. 536. By March 1 of the current fiscal year, the  
20 department shall submit to the report recipients required in  
21 section 246 of this part a report on the status of the department's  
22 planned and achieved implementation of the federal family first  
23 prevention services act, Public Law 115-123. The report shall  
24 include, but not be limited to, an estimate of the 5-year spending  
25 plan for administrative and compliance costs, a summary of all  
26 historical expenditures made to date for implementation by line-  
27 item appropriation and program type, information regarding  
28 compliance with title IV-E prevention requirements, the status of  
29 statewide compliance with the qualified residential treatment



1 program requirements, a summary of provider concerns with respect  
2 to requirements under the qualified residential treatment program  
3 as that term is defined in section 1 of 1973 PA 116, MCL 722.111, a  
4 detailed methodology in determining any savings realized or  
5 estimated from a reduction in congregate care or residential  
6 placements, the department's conformity with federal model  
7 licensing standards, the department's plan for tracking and  
8 preventing child maltreatment deaths, and the department's plan for  
9 extending John H. Chafee foster care independence programs up to  
10 age 23.

11 Sec. 537. By March 1 of the current fiscal year, the  
12 department shall provide a report to the report recipients required  
13 in section 246 of this part on the following information for cases  
14 of child abuse or child neglect from the previous fiscal year:

15 (a) The total number of relative care placements.

16 (b) The total number of relative care placements into  
17 unlicensed relative homes.

18 (c) The total number of relative care placements into licensed  
19 relative homes.

20 (d) The total number of unlicensed relative placements that  
21 required and passed safety assessments or safety planning before  
22 placement.

23 (e) The total number of unlicensed relative providers with a  
24 relative placement that were denied a foster home license for not  
25 meeting the standards established for state licensing for foster  
26 care.

27 (f) A list of the reasons from a sample of cases where  
28 relatives were denied foster home licensure as documented by the  
29 department.



1 (g) The status of title IV-E claims for foster care  
2 maintenance payments and foster care administrative payments for  
3 licensed relative caregivers with placements.

4 Sec. 539. The department, in collaboration with child placing  
5 agencies, shall continue to comply with section 1150 of the social  
6 welfare act, 1939 PA 280, MCL 400.1150. Department caseworkers  
7 responsible for preparing a recommendation to a court concerning a  
8 juvenile placement shall provide, as part of the recommendation,  
9 information regarding the requirements of section 1150 of the  
10 social welfare act, 1939 PA 280, MCL 400.1150.

11 Sec. 540. If a physician or psychiatrist who is providing  
12 services to state or court wards placed in a residential facility  
13 submits a formal request to the department to change the  
14 psychotropic medication of a ward, the department shall, if the  
15 ward is a state ward, make a determination on the proposed change  
16 within 7 business days after the request or, if the ward is a  
17 temporary court ward, seek parental consent within 7 business days  
18 after the request. If parental consent is not provided within 7  
19 business days, the department shall petition the court on the  
20 eighth business day.

21 Sec. 542. (1) The department shall develop strategies to use  
22 the input from court-appointed special advocates and foster care  
23 parents throughout case management and any legal proceedings for  
24 abused and neglected children in foster care.

25 (2) By September 30 of the current fiscal year, the department  
26 shall submit to the report recipients required in section 246 of  
27 this part a report on the strategies developed by the department.

28 Sec. 546. (1) From the funds appropriated in part 1 for foster  
29 care payments and from child care fund, the department shall pay



1 providers of general foster care, independent living, and trial  
2 reunification services not less than a \$55.20 administrative rate.

3 (2) From the funds appropriated in part 1, the department  
4 shall pay providers of independent living plus services statewide  
5 per diem rates for staff-supported housing and host-home housing  
6 based on proposals submitted in response to a solicitation for  
7 pricing. The independent living plus program provides staff-  
8 supported housing and services for foster youth ages 16 through 19  
9 who, because of their individual needs and assessments, are not  
10 initially appropriate for general independent living foster care.

11 (3) If required by the federal government to meet title IV-E  
12 requirements, providers of foster care services shall submit  
13 quarterly reports on expenditures to the department to identify  
14 actual costs of providing foster care services.

15 (4) From the funds appropriated in part 1, the department  
16 shall maintain rates that are no less than the rates that were  
17 effective October 1, 2022 and were provided to each private  
18 provider of residential services.

19 Sec. 547. (1) From the funds appropriated in part 1 for the  
20 guardianship assistance program, the department shall pay a minimum  
21 rate that is not less than the approved age-appropriate payment  
22 rates for youth placed in family foster care.

23 (2) The department shall report on an annual basis to the  
24 report recipients required in section 246 of this part quarterly  
25 data on the number of children enrolled in the guardianship  
26 assistance and foster care - children with serious emotional  
27 disturbance waiver programs.

28 Sec. 550. (1) The department shall not offset against  
29 reimbursement payments to counties or seek reimbursement from



1 counties for charges that were received by the department more than  
2 12 months before the department seeks to offset against  
3 reimbursement. A county shall not request reimbursement for and  
4 reimbursement payments shall not be paid for a charge that is more  
5 than 12 months after the date of service or original status  
6 determination when initially submitted by the county.

7 (2) All service providers shall submit a request for payment  
8 within 12 months after the date of service. Any request for payment  
9 submitted 12 months or more after the date of service requires the  
10 provider to submit an exception request to the county or the  
11 department for approval or denial.

12 (3) The county is not subject to any offset, chargeback, or  
13 reimbursement liability for prior expenditures resulting from an  
14 error in foster care fund source determinations.

15 Sec. 551. The department shall respond to counties within 30  
16 days regarding any request for a clarification requested through  
17 the department's child care fund management unit email address.

18 Sec. 552. Sixty days after a county's child care fund review  
19 is completed, including the receipt of all requested documentation  
20 from the county, the department shall provide the results of the  
21 review to the county. The department shall not evaluate the  
22 relevancy, quality, effectiveness, efficiency, or impact of the  
23 services provided to youth of the county's child care fund programs  
24 in the review. Pursuant to state law, the department shall not  
25 release the results of the review to a third-party without the  
26 permission of the county being reviewed.

27 Sec. 554. From the funds appropriated in part 1 for foster  
28 care payments, the department shall allocate \$50,000.00 to a  
29 nonprofit organization organized under the laws of this state that



1 is exempt from federal income tax under section 501(c)(3) of the  
2 internal revenue code of 1986, 26 USC 501, that currently has  
3 locations in 3 cities and operates on a 100% volunteer basis with a  
4 board of directors consisting of up to 15 members, and are a  
5 dedicated community of individuals that give their time, talent,  
6 and resources to provide the best quality shopping environment they  
7 can to local children in need and provide clothing, shoes, toys,  
8 linens, nursery furniture, strollers, car seats, school supplies,  
9 hygiene products, and safety equipment to local foster children and  
10 their families free of charge.

11 Sec. 555. The department shall require that foster care  
12 parents caring for a foster child for whom a petition of adoption  
13 has been filed with the court continue to receive the regularly  
14 scheduled maintenance payments until the order placing child (OPC)  
15 is signed by the court. The department may allow adoption agencies  
16 to pause maintenance payments to foster families during this time  
17 so long as the foster families are appropriately reimbursed. By  
18 June 1 of the current fiscal year, the department shall report  
19 quarterly to the report recipients required in section 246 on the  
20 continuation of maintenance payments. If, at the time a report is  
21 due, there are no reportable items, then no report is required to  
22 be provided.

23 Sec. 557. If a vehicle that is owned by the state is available  
24 and not scheduled for use by other state workers, the department  
25 may consider it an allowable use of the vehicle for a child  
26 protective services caseworker or a foster care caseworker to drive  
27 it to foster home visits or to drive it to their own home if it  
28 would be helpful to the worker in conducting their work.

29 Sec. 559. (1) From the funds appropriated in part 1 for



1 adoption support services, the department shall allocate  
2 \$250,000.00 to the Adoptive Family Support Network by December 1 of  
3 the current fiscal year to operate and expand its adoptive parent  
4 mentor program to provide a listening ear, knowledgeable guidance,  
5 and community connections to adoptive parents and children who were  
6 adopted in this state or another state.

7 (2) The Adoptive Family Support Network shall submit to the  
8 report recipients required in section 246 of this part by March 1  
9 of the current fiscal year a report on the program described in  
10 subsection (1), including, but not limited to, the number of cases  
11 served and the number of cases in which the program prevented an  
12 out-of-home placement.

13 Sec. 560. From funds appropriated in part 1 for foster care  
14 payments, the department shall allocate \$100,000.00 to reimburse  
15 children in foster care for the costs of extracurricular activities  
16 including, but not limited to, athletics, music, band, drama, and  
17 other enrichment activities.

18 Sec. 562. The department shall provide time and travel  
19 reimbursements for foster parents who transport a foster child to  
20 parent-child visitations. As part of the foster care parent  
21 contract, the department shall provide written confirmation to  
22 foster parents that states that the foster parents have the right  
23 to request these reimbursements for all parent-child visitations.  
24 The department shall provide these reimbursements within 60 days  
25 after receiving a request for eligible reimbursements from a foster  
26 parent.

27 Sec. 564. (1) The department shall maintain a clear policy for  
28 parent-child visitations. The local county offices, caseworkers,  
29 and supervisors shall meet an 85% success rate, after accounting



1 for factors outside of the caseworkers' control.

2 (2) Per the court-ordered number of required meetings between  
3 caseworkers and a parent, the caseworkers shall achieve a success  
4 rate of 85%, after accounting for factors outside of the  
5 caseworkers' control.

6 (3) By March 1 of the current fiscal year, the department  
7 shall provide to the report recipients required in section 246 of  
8 this part a report on the following:

9 (a) The percentage of success rate for parent-child  
10 visitations and court-ordered required meetings between caseworkers  
11 referenced in subsections (1) and (2) for the previous year.

12 (b) The barriers to achieve the success rates in subsections  
13 (1) and (2) and how this information is tracked.

14 Sec. 567. The department shall submit to the report recipients  
15 required in section 246 of this part by March 1 of the current  
16 fiscal year a report on transfer of medical passports for children  
17 in foster care, including the following:

18 (a) From the total medical passports transferred, the  
19 percentage that transferred within 2 weeks after the date of  
20 placement or return to the home.

21 (b) From the total school records, the percentage that  
22 transferred within 2 weeks after the date of placement or return to  
23 the home.

24 (c) The implementation steps that have been taken to improve  
25 the outcomes for the measures in subdivision (a).

26 Sec. 568. (1) The department shall ensure youths transitioning  
27 out of foster care are given assistance with obtaining a driver  
28 license or state identification card and are issued a copy of their  
29 Social Security number as required by department policy. Assistance



1 must be provided to youths who are eligible to obtain a driver  
2 license or state identification card and a Social Security card  
3 based on the youth's citizenship and legal residency status.

4 (2) The department shall provide a report by April 1 of the  
5 current fiscal year to the report recipients required in section  
6 246 of this part on the number of youths who received assistance  
7 obtaining a driver license or state identification card, the number  
8 of youths who received assistance obtaining a Social Security card,  
9 the number of youths eligible for assistance who did not receive  
10 it, and an explanation as to why those youths did not receive  
11 assistance in obtaining the documents.

12 Sec. 569. The department shall reimburse private child placing  
13 agencies that complete adoptions at the rate according to the date  
14 on which the petition for adoption and required support  
15 documentation was accepted by the court and not according to the  
16 date the court's order placing for adoption was entered.

17 Sec. 574. (1) From the funds appropriated for foster care  
18 payments, \$1,375,000.00 is allocated to support family incentive  
19 grants to private and community-based foster care service providers  
20 to assist with home improvements and items needed to ensure  
21 compliance with licensing rule requirements, including payment for  
22 physical exams needed by foster families, and to alleviate  
23 potential safety concerns for unlicensed relatives caring for a  
24 family member through the child welfare system to accommodate  
25 children in foster care.

26 (2) By March 1 of the current fiscal year, the department  
27 shall submit to the report recipients required in section 246 of  
28 this part a report on the total amount expended in the previous  
29 year for grants to private and community-based foster care service



1 providers for home improvements or physical exams as referenced in  
2 subsection (1) and the number of grants issued.

3 Sec. 575. From the funds appropriated in part 1 for children's  
4 services administration, the department shall allocate \$200,000.00  
5 to provide support and coordinated services to the kinship  
6 caregiver advisory council. The responsibilities of the council may  
7 include all of the following:

8 (a) Establish a public awareness campaign to educate the  
9 public about kinship caregivers and the state's efforts to better  
10 serve kinship caregivers.

11 (b) Consult and coordinate with the kinship caregiver  
12 navigator program to collect aggregate data on individuals being  
13 served by the kinship caregiver navigator program, including  
14 information on what services these individuals need.

15 (c) Consult and collaborate with the provider of the kinship  
16 caregiver navigator program on the design and administration of  
17 that program.

18 (d) Establish, maintain, and update a list of local support  
19 groups and programs that provide services to kinship families, and  
20 devise a plan of action for engaging with the groups and programs  
21 on the list in order to obtain a better understanding of the issues  
22 facing kinship families.

23 (e) Develop methods to promote and improve collaboration  
24 between state, county, and local governments and agencies and  
25 private stakeholders to obtain a broad understanding of the  
26 characteristics and prevalence of kinship caregiving, to improve  
27 service delivery, and to include these in the council's  
28 recommendations.

29 Sec. 578. (1) From the funds appropriated in part 1 for foster



1 care payments, the department shall allocate up to \$1,744,100.00 in  
2 Title IV-E passthrough funds for educational pilot programs to  
3 strengthen this state's child welfare workforce. The department  
4 shall enter into contractual arrangements with state universities  
5 to provide bachelor of social work and master of social work  
6 educational training, including field placements and stipends for  
7 tuition and educational expenses. In exchange, students completing  
8 eligible educational programs shall be contractually obligated to  
9 work for Michigan child welfare agencies for a minimum of 1 year.  
10 The matching funds for the Title IV-E funds shall be provided by  
11 the participating state universities from the expenses incurred for  
12 training child welfare students who participate in the program.

13 (2) By March 1 of the current fiscal year, the department  
14 shall submit to the report recipients required in section 246 of  
15 this part a report on the status of the pilot program under  
16 subsection (1) that includes, but is not limited to, the total  
17 number of applicants, the total number of program participants, a  
18 list of state universities that participated in the pilot program,  
19 and the total amount of matching funds that each state university  
20 contributed to the program.

21 Sec. 581. From the funds appropriated in part 1 for foster  
22 care payments, the department shall allocate \$50,000.00 for  
23 caseworkers to provide immediate assistance with urgent needs such  
24 as food, clothing, and other basic necessities, for children upon  
25 removal from their home or other dangerous environment, including  
26 children who are victims of human trafficking. The department shall  
27 track the distribution of the funds and by June 1 of the current  
28 fiscal year shall submit to the report recipients required in  
29 section 246 of this part a report on the number of funds



1 distributed and the number of children impacted.

2 Sec. 583. By March 1 of the current fiscal year, the  
3 department shall provide to the report recipients required in  
4 section 246 of this part as well as the senate and house standing  
5 committees on families and human services a report that includes  
6 all of the following:

7 (a) The number and percentage of foster parents that dropped  
8 out of the program in the previous fiscal year, the reasons the  
9 foster parents left the program, and how those figures compare to  
10 prior fiscal years.

11 (b) The number and percentage of foster parents successfully  
12 retained in the previous fiscal year and how those figures compare  
13 to prior fiscal years.

14 Sec. 585. The department shall make available at least 1 pre-  
15 service training class each month in which new caseworkers for  
16 private foster care and adoption agencies can enroll.

17 Sec. 588. (1) Concurrently with public release, the department  
18 shall transmit all reports from the court-appointed settlement  
19 monitor, including, but not limited to, the needs assessment and  
20 period outcome reporting, to the report recipients required in  
21 section 246 of this part, without revision.

22 (2) By October 1 of the current fiscal year, the department  
23 shall submit to the report recipients required in section 246 of  
24 this part a detailed plan that will terminate and dismiss with  
25 prejudice the settlement by September 30 of the current fiscal  
26 year.

27 Sec. 589. (1) From the funds appropriated in part 1 for child  
28 care fund, the department shall pay 100% of the administrative rate  
29 for all new cases referred to providers of foster care services.



1           (2) On a quarterly basis, the department shall report on the  
2 monthly number of all foster care cases administered by the  
3 department and all foster care cases administered by private  
4 providers.

5           Sec. 592. The department shall submit quarterly reports to the  
6 chairs of the house and senate standing oversight committees as  
7 well as the report recipients required in section 246 of this part  
8 that include data from children's protective services staff for  
9 each of the following for the most recent quarter before the report  
10 is submitted:

11           (a) The percent of investigations commenced within 24 hours  
12 after receiving a report.

13           (b) The percent of central registry reviews performed for  
14 required individuals.

15           (c) The percent of face-to-face contacts made within the  
16 established timeframe required by the department.

17           (d) In appropriate cases, the percent of sibling placement  
18 evaluations completed when 1 or more children remain in the home  
19 after a child has been removed.

20           (e) The percent of supervisory reviews performed in a timely  
21 manner.

22           (f) The results of a department survey of child protective  
23 services investigators on the number of investigators who are  
24 concerned for their own personal safety.

25           (g) The percent of investigators using the mobile application  
26 or other tool to document compliance.

27           Sec. 593. (1) The department shall conduct an annual review in  
28 each county to determine if the county has adopted and implemented  
29 standard child abuse and child neglect investigation and interview



1 protocols as required in section 8(6) of the child protection law,  
2 1975 PA 238, MCL 722.628.

3 (2) By March 1 of the current fiscal year, the department  
4 shall submit an annual report to the chairs of the house and senate  
5 standing oversight committees, the governor's task force on child  
6 abuse and neglect, and the report recipients required in section  
7 246 of this part on the findings of each county's review described  
8 in subsection (1).

9 Sec. 594. From the funds appropriated in part 1 for foster  
10 care payments, the department shall support regional resource teams  
11 to provide for the recruitment, retention, and training of foster  
12 and adoptive parents and shall expand the Michigan youth  
13 opportunities initiative to all Michigan counties. The purpose of  
14 this funding is to increase the number of annual inquiries from  
15 prospective foster parents, increase the number of nonrelative  
16 foster homes that achieve licensure each year, increase the annual  
17 retention rate of nonrelative foster homes, reduce the number of  
18 older foster youth placed outside of family settings, and provide  
19 older youth with enhanced support in transitioning to adulthood.

20 Sec. 598. Partial child care fund reimbursements to counties  
21 for undisputed charges must be made within 45 business days after  
22 the receipt of the required forms and documentation. The department  
23 shall commence activity to investigate and resolve a disputed  
24 reimbursement charge from a county within 15 business days after  
25 receiving the request for reimbursement. The activity to  
26 investigate and resolve a disputed reimbursement request may  
27 include, but is not limited to, the use of a formal appeals  
28 process, pursuant to statute and department chargeback policy. The  
29 department shall reimburse for corrected charges within 45 business



1 days after a properly corrected submission by the county.

2  
3 **PUBLIC ASSISTANCE**

4 Sec. 601. Whenever a client agrees to the release of the  
5 client's name and address to the local housing authority, the  
6 department shall request from the local housing authority  
7 information regarding whether the housing unit for which vendoring  
8 has been requested meets applicable local housing codes. Vendoring  
9 shall be terminated for those units that the local authority  
10 indicates in writing do not meet local housing codes until the  
11 local authority indicates in writing that local housing codes have  
12 been met.

13 Sec. 602. The department shall conduct a full evaluation of an  
14 individual's assistance needs if the individual has applied for  
15 disability more than 1 time within a 1-year period.

16 Sec. 603. For any change in the income of a recipient of the  
17 food assistance program, the family independence program, or state  
18 disability assistance that results in a benefit decrease, the  
19 department must notify the affected recipient of the decrease in  
20 benefits amount no later than 15 work days before the first day of  
21 the month in which the change takes effect.

22 Sec. 604. (1) From the funds appropriated in part 1 for state  
23 disability assistance payments, the department shall operate a  
24 state disability assistance program. Except as provided in  
25 subsection (3), persons eligible for this program shall include  
26 needy citizens of the United States or aliens exempted from the  
27 supplemental security income citizenship requirement who are at  
28 least 18 years of age or emancipated minors who meet 1 or more of  
29 the following requirements:



1 (a) Is a recipient of supplemental security income, social  
2 security, or medical assistance due to disability or 65 years of  
3 age or older.

4 (b) Is an individual with a physical or mental impairment that  
5 meets federal supplemental security income disability standards,  
6 except that the minimum duration of the disability shall be 90  
7 days. Substance use disorder alone is not defined as a basis for  
8 eligibility.

9 (c) Is a resident of an adult foster care facility, a home for  
10 the aged, a county infirmary, or a substance use disorder treatment  
11 center.

12 (d) Is an individual receiving 30-day postresidential  
13 substance use disorder treatment.

14 (e) Is an individual diagnosed as having AIDS.

15 (f) Is an individual receiving special education services  
16 through a local intermediate school district.

17 (g) Is a caretaker of a disabled individual who meets the  
18 requirements specified in subdivision (a), (b), (e), or (f).

19 (2) Applicants for and recipients of the state disability  
20 assistance program shall be considered needy if they do both of the  
21 following:

22 (a) Meet the same asset test as is applied for the family  
23 independence program.

24 (b) Have a monthly budgetable income that is less than the  
25 payment standards.

26 (3) Except for an individual described in subsection (1)(c) or  
27 (d), an individual is not disabled for purposes of this section if  
28 the individual's drug addiction or alcoholism is a contributing  
29 factor material to the determination of disability. "Material to



1 the determination of disability" means that, if the individual  
2 stopped using drugs or alcohol, the individual's remaining physical  
3 or mental limitations would not be disabling. If the individual's  
4 remaining physical or mental limitations would be disabling, then  
5 the drug addiction or alcoholism is not material to the  
6 determination of disability and the individual may receive state  
7 disability assistance. Such an individual must actively participate  
8 in a substance abuse treatment program, and the assistance must be  
9 paid to a third party or through vendor payments. For purposes of  
10 this section, substance abuse treatment includes receipt of  
11 inpatient or outpatient services or participation in alcoholics  
12 anonymous or a similar program.

13 Sec. 605. The level of reimbursement provided to state  
14 disability assistance recipients in licensed adult foster care  
15 facilities shall be the same as the prevailing supplemental  
16 security income rate under the personal care category.

17 Sec. 606. County department offices shall require each  
18 recipient of family independence program and state disability  
19 assistance who has applied with the Social Security Administration  
20 for supplemental security income to sign a contract to repay any  
21 assistance rendered through the family independence program or  
22 state disability assistance program upon receipt of retroactive  
23 supplemental security income benefits.

24 Sec. 607. (1) The department's ability to satisfy  
25 appropriation deductions in part 1 for state disability  
26 assistance/supplemental security income recoveries and public  
27 assistance recoupment revenues shall not be limited to recoveries  
28 and accruals pertaining to state disability assistance, or family  
29 independence assistance grant payments provided only in the current



1 fiscal year, but may include revenues collected during the current  
2 year that are prior year related and not a part of the department's  
3 accrued entries.

4 (2) The department may use supplemental security income  
5 recoveries to satisfy the deduct in any line in which the revenues  
6 are appropriated, regardless of the source from which the revenue  
7 is recovered.

8 Sec. 608. Adult foster care facilities providing domiciliary  
9 care or personal care to residents receiving supplemental security  
10 income or homes for the aged serving residents receiving  
11 supplemental security income shall not require those residents to  
12 reimburse the home or facility for care at rates in excess of those  
13 legislatively authorized. To the extent permitted by federal law,  
14 adult foster care facilities and homes for the aged serving  
15 residents receiving supplemental security income are not prohibited  
16 from accepting third-party payments in addition to supplemental  
17 security income if the payments are not for food, clothing,  
18 shelter, or result in a reduction in the recipient's supplemental  
19 security income payment.

20 Sec. 609. The state supplementation level under the  
21 supplemental security income program for the personal care/adult  
22 foster care and home for the aged categories shall not be reduced  
23 during the current fiscal year. The legislature shall be notified  
24 not less than 30 days before any proposed reduction in the state  
25 supplementation level.

26 Sec. 610. (1) In developing good cause criteria for the state  
27 emergency relief program, the department shall grant exemptions if  
28 the emergency resulted from unexpected expenses related to  
29 maintaining or securing employment.



1           (2) For purposes of determining housing affordability  
2 eligibility for state emergency relief, a group is considered to  
3 have sufficient income to meet ongoing housing expenses if their  
4 total housing obligation does not exceed 75% of their total net  
5 income.

6           (3) State emergency relief payments shall not be made to  
7 individuals who have been found guilty of fraud in regard to  
8 obtaining public assistance.

9           (4) State emergency relief payments shall not be made  
10 available to persons who are out-of-state or nonlegal residents.

11           (5) State emergency relief payments for rent assistance shall  
12 be distributed directly to landlords and shall not be added to  
13 Michigan bridge cards.

14           Sec. 611. The state supplementation level under the  
15 supplemental security income program for the living independently  
16 or living in the household of another categories shall not exceed  
17 the minimum state supplementation level as required under federal  
18 law or regulations.

19           Sec. 613. (1) The department shall provide reimbursements for  
20 the final disposition of indigent persons. The reimbursements shall  
21 include all of the following:

22           (a) The maximum allowable reimbursement for the final  
23 disposition is \$840.00.

24           (b) The adult burial with services allowance is \$765.00.

25           (c) The adult burial without services allowance is \$530.00.

26           (d) The infant burial allowance is \$210.00.

27           (2) Reimbursement for a cremation permit fee of up to \$75.00  
28 and for mileage at the standard rate will be made available for an  
29 eligible cremation. The reimbursements under this section shall



1 take into consideration religious preferences that prohibit  
2 cremation.

3 (3) The department shall submit a report to the report  
4 recipients required in section 246 of this part by January 31 of  
5 the current fiscal year on burial services payments issued from the  
6 state emergency relief program during the previous fiscal year. The  
7 report must include the number of payments by reimbursement  
8 categories detailed in subsections (1) and (2).

9 Sec. 614. The department shall report to the report recipients  
10 required in section 246 of this part by January 15 of the current  
11 fiscal year on the number and percentage of state disability  
12 assistance recipients who were determined to be eligible for  
13 federal supplemental security income benefits in the previous  
14 fiscal year.

15 Sec. 615. Except as required by federal law or regulations,  
16 funds appropriated in part 1 shall not be used to provide public  
17 assistance to an individual who is not a United States citizen,  
18 permanent resident alien, or refugee. This section does not  
19 prohibit the department from entering into contracts with food  
20 banks, emergency shelter providers, or other human services  
21 agencies who may, as a normal part of doing business, provide food  
22 or emergency shelter.

23 Sec. 616. The department shall require retailers that  
24 participate in the electronic benefits transfer program to charge  
25 no more than \$2.50 in fees for cash back as a condition of  
26 participation.

27 Sec. 619. The department shall not deny title IV-A assistance  
28 and food assistance benefits under 21 USC 862a to any individual  
29 who has been convicted of a felony that included the possession,



1 use, or distribution of a controlled substance, for which the act  
2 that resulted in the conviction occurred after August 22, 1996, if  
3 the individual is not in violation of his or her probation or  
4 parole requirements.

5 Sec. 620. (1) The department shall make a determination of  
6 Medicaid eligibility not later than 90 days after completion of a  
7 Medicaid application if disability is an eligibility factor. For  
8 all other Medicaid applicants, including patients of a nursing  
9 home, the department shall make a determination of Medicaid  
10 eligibility within 45 days after application.

11 (2) The department shall provide quarterly reports to the  
12 report recipients required in section 246 of this part and the  
13 senate and house standing committees on families and human services  
14 on the percentage of determinations of Medicaid eligibility that  
15 were completed within the required time frame for both applications  
16 that include disability as a determination factor and applications  
17 that do not include disability as a determination factor, as  
18 described under subsection (1), and for medical review team reviews  
19 achieved statewide and at each local office by each of the 4  
20 preceding quarters.

21 Sec. 645. An individual or family is considered homeless, for  
22 purposes of eligibility for state emergency relief, if living  
23 temporarily with others in order to escape domestic violence. For  
24 purposes of this section, domestic violence is defined and verified  
25 in the same manner as in the department's policies on good cause  
26 for not cooperating with child support and paternity requirements.

27 Sec. 653. From the funds appropriated in part 1 for food  
28 assistance program benefits, an individual who is the victim of  
29 domestic violence or human trafficking and does not qualify for any



1 other exemption may be exempt from the 3-month in 36-month limit on  
2 receiving food assistance under 7 USC 2015. This exemption can be  
3 extended an additional 3 months upon demonstration of continuing  
4 need.

5 Sec. 654. The department shall notify recipients of food  
6 assistance program benefits that their benefits can be spent with  
7 their bridge cards at many farmers' markets in the state. The  
8 department shall also notify recipients about the Double Up Food  
9 Bucks program that is administered by the Fair Food Network.  
10 Recipients shall receive information about the Double Up Food Bucks  
11 program, including information that when the recipient spends  
12 \$20.00 at participating farmers' markets through the program, the  
13 recipient can receive an additional \$20.00 to buy Michigan produce.

14 Sec. 655. Within 14 days after the spending plan for low-  
15 income home energy assistance program is approved by the state  
16 budget office, the department shall provide the spending plan,  
17 including itemized projected expenditures and itemized expenditures  
18 for the previous fiscal year, to the report recipients required in  
19 section 246 of this part.

20 Sec. 669. From the funds appropriated in part 1 for family  
21 independence program, the department shall allocate \$7,230,000.00  
22 for the annual clothing allowance. The allowance shall be granted  
23 to all eligible children in a family independence program group.

24 Sec. 672. (1) The department's office of inspector general  
25 shall submit a report to the report recipients required in section  
26 246 of this part by February 15 of the current fiscal year on  
27 department efforts to reduce inappropriate use of Michigan bridge  
28 cards and food assistance program trafficking. The department shall  
29 provide information on the number of recipients of services who



1 used their Michigan bridge card inappropriately and the current  
2 status of each case, the number of recipients whose benefits were  
3 revoked, whether permanently or temporarily, as a result of  
4 inappropriate use, and the number of retailers that were fined or  
5 removed from the electronic benefit transfer program for permitting  
6 inappropriate use of the cards. The report shall also include the  
7 number of Michigan bridge card trafficking instances and overall  
8 welfare fraud referrals that includes such information as the  
9 number of investigations completed, fraud and intentional program  
10 violation dollar amounts identified, the number of referrals to  
11 prosecutors, the number of administrative hearing referrals and  
12 waivers, and the number of program disqualifications imposed. The  
13 report shall distinguish between savings and cost avoidance.  
14 Savings include receivables established from instances of fraud  
15 committed. Cost avoidance includes expenditures avoided due to  
16 front-end eligibility investigations and other preemptive actions  
17 undertaken in the prevention of fraud.

18 (2) If a fourth Michigan bridge card has been issued in a 12-  
19 month period, the department shall notify the household that they  
20 have reached the number of issued cards threshold. At their fifth  
21 and each subsequent card replacement request, a card will not be  
22 issued until the recipient has spoken directly to the local office  
23 district manager or county director. The district manager or county  
24 director may issue a new Michigan bridge card under their authority  
25 based on their assessment of the recipient's situation and  
26 explanation.

27 (3) As used in this section:

28 (a) "Food assistance trafficking" means the buying and selling  
29 of food assistance benefits for cash or items not authorized under



1 7 USC 2036b.

2 (b) "Inappropriate use" means not used to meet a family's  
3 ongoing basic needs, including food, clothing, shelter, utilities,  
4 household goods, personal care items, and general incidentals.

5 Sec. 677. (1) The department shall establish a state goal for  
6 the percentage of family independence program cases involved in  
7 employment activities. The percentage established shall not be less  
8 than 50%. The goal for long-term employment shall be 15% of cases  
9 for 6 months or more.

10 (2) The department shall provide an annual report, providing  
11 quarterly data, to the report recipients required in section 246 of  
12 this part on the number of cases referred to Partnership.

13 Accountability. Training. Hope. (PATH), the current percentage of  
14 family independence program cases involved in PATH employment  
15 activities, an estimate of the current percentage of family  
16 independence program cases that meet federal work participation  
17 requirements on the whole, and an estimate of the current  
18 percentage of the family independence program cases that meet  
19 federal work participation requirements for those cases referred to  
20 PATH.

21 (3) The department shall submit to the report recipients  
22 required in section 246 of this part an annual report, providing  
23 quarterly data, that include all of the following:

24 (a) The number and percentage of nonexempt family independence  
25 program recipients who are employed.

26 (b) The average and range of wages of employed family  
27 independence program recipients.

28 (c) The number and percentage of employed family independence  
29 program recipients who remain employed for 6 months or more.



1           Sec. 678. From the funds appropriated in part 1 for family  
2 independence program, the department shall establish a monthly  
3 \$50.00 supplement for every child under 6 years of age to families  
4 receiving cash assistance for the current fiscal year.

5           Sec. 686. (1) The department shall confirm that individuals  
6 presenting personal identification issued by another state seeking  
7 assistance through the family independence program, food assistance  
8 program, state disability assistance program, or medical assistance  
9 program are not receiving benefits from any other state.

10           (2) The department shall confirm the address provided by any  
11 individual seeking family independence program benefits or state  
12 disability assistance benefits.

13           (3) The department shall prohibit individuals with property  
14 assets assessed at a value higher than \$200,000.00 from accessing  
15 assistance through department-administered programs, unless such a  
16 prohibition would violate federal rules and guidelines.

17           (4) The department shall make a reasonable attempt to obtain  
18 an up-to-date telephone number during the eligibility determination  
19 or redetermination process for individuals seeking medical  
20 assistance benefits.

21           Sec. 687. (1) The department shall, in quarterly reports,  
22 compile and make available on its website all of the following  
23 information about the family independence program, state disability  
24 assistance, the food assistance program, indigent burial, Medicaid,  
25 and state emergency relief:

26           (a) The number of applications received.

27           (b) The number of applications approved.

28           (c) The number of applications denied.

29           (d) The number of applications pending and neither approved



1 nor denied.

2 (e) The number of cases opened.

3 (f) The number of cases closed.

4 (g) The number of cases at the beginning of the quarter and  
5 the number of cases at the end of the quarter.

6 (2) The information provided under subsection (1) shall be  
7 compiled and made available for the state as a whole and for each  
8 county and reported separately for each program listed in  
9 subsection (1).

10 (3) The department shall, in quarterly reports, compile and  
11 make available on its website the following family independence  
12 program information:

13 (a) The number of new applicants who successfully met the  
14 requirements of the 10-day assessment period for PATH.

15 (b) The number of new applicants who did not meet the  
16 requirements of the 10-day assessment period for PATH.

17 (c) The number of cases sanctioned because of the school  
18 truancy policy.

19 (d) The number of cases closed because of the 48-month and 60-  
20 month lifetime limits.

21 (e) The number of first-, second-, and third-time sanctions.

22 (f) The number of children ages 0-5 living in family  
23 independence program-sanctioned households.

24 Sec. 688. From the funds appropriated in part 1 for the low-  
25 income home energy assistance program, the department shall make an  
26 additional \$20.01 payment to each food assistance program case that  
27 is not currently eligible for the standard utility allowance to  
28 enable each case to receive expanded food assistance benefits  
29 through the program commonly known as the heat and eat program.



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**CHILDREN'S SERVICES AGENCY - JUVENILE JUSTICE**

Sec. 701. Unless required from changes to federal or state law or at the request of a provider, the department shall not alter the terms of any signed contract with a private residential facility serving children under state or court supervision without written consent from a representative of the private residential facility.

Sec. 706. Counties shall be subject to 50% chargeback for the use of alternative regional detention services, if those detention services do not fall under the basic provision of section 117e of the social welfare act, 1939 PA 280, MCL 400.117e, or if a county operates those detention services programs primarily with professional rather than volunteer staff.

Sec. 707. In order to be reimbursed for child care fund expenditures, counties are required to submit department-developed reports to enable the department to document potential federally claimable expenditures. This requirement is in accordance with the reporting requirements specified in section 117a(12) of the social welfare act, 1939 PA 280, MCL 400.117a.

Sec. 708. (1) As a condition of receiving funds appropriated in part 1 for the child care fund line item, by October 15 of the current fiscal year, counties shall have an approved service spending plan for the current fiscal year. Counties must submit the service spending plan for the following fiscal year to the department by August 15 of the current fiscal year for approval. Upon submission of the county service spending plan, the department shall approve within 30 calendar days after receipt of a properly completed service plan that complies with the requirements of the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b. The



1 department shall notify and submit county service spending plan  
2 revisions to any county whose county service spending plan is not  
3 accepted upon initial submission. The department shall not request  
4 any additional revisions to a county service spending plan outside  
5 of the requested revision notification submitted to the county by  
6 the department. The department shall notify a county within 30 days  
7 after approval that its service plan was approved.

8 (2) Counties must submit amendments to current fiscal year  
9 county service plans to the department no later than August 30.  
10 Counties must submit current fiscal year payable estimates to the  
11 department no later than September 15.

12 (3) The department shall submit a report to the report  
13 recipients required in section 246 of this part by February 15 of  
14 the current fiscal year on the number of counties that fail to  
15 submit a service spending plan by August 15 of the previous fiscal  
16 year and the number of service spending plans not approved by  
17 October 15. The report shall include the number of county service  
18 spending plans that were not approved as first submitted by the  
19 counties, as well as the number of plans that were not approved by  
20 the department after being resubmitted by the county with the first  
21 revisions that were requested by the department.

22 Sec. 709. The department's master contract for juvenile  
23 justice residential foster care services shall prohibit contractors  
24 from denying a referral for placement of a youth, or terminating a  
25 youth's placement, if the youth's assessed treatment needs are in  
26 alignment with the facility's residential program type, as  
27 identified by the court or the department. In addition, the master  
28 contract shall require that youth placed in juvenile justice  
29 residential foster care facilities must have regularly scheduled



1 treatment sessions with a licensed psychologist or a psychiatrist,  
2 or both, and access to the licensed psychologist or a psychiatrist  
3 as needed.

4 Sec. 715. (1) As a condition of receiving funds appropriated  
5 in part 1 for raise the age fund, by deadlines established and  
6 advised by the department, counties or tribal entities shall have  
7 an approved raise the age fund budget plan for the following fiscal  
8 year. Counties must submit the raise the age fund budget plan for  
9 the current fiscal year to the department by February 1 of the  
10 current fiscal year. The raise the age fund budget plan shall  
11 specifically identify the types of costs to be reimbursed,  
12 estimated costs for each item, and the total estimated cost to be  
13 reimbursed. The types of costs to be reimbursed must comply with  
14 the requirements of section 117i of the social welfare act, 1939 PA  
15 280, MCL 400.117i. \$500,000.00 of the raise the age fund shall be  
16 reserved for tribal entities. If total raise the age fund requests  
17 from tribal entities are less than \$500,000.00, the funding may be  
18 allocated to meet requests from counties. From the funds  
19 appropriated in part 1 for raise the age fund, each county and  
20 tribal entity eligible for reimbursement shall receive a minimum  
21 \$10,000.00 allocation from the raise the age fund.

22 (2) County and tribal entity reimbursement from the raise the  
23 age fund is limited to eligible youth and items specifically  
24 identified in approved raise the age fund budget plans and shall  
25 not exceed the total estimated cost included in the approved raise  
26 the age fund budget plan.

27 (3) Counties and tribal entities must submit amendments to  
28 current fiscal year raise the age fund budget plans by deadlines  
29 established and advised by the department. Counties must submit



1 current fiscal year payable estimates for raise the age funds to  
2 the department by deadlines established and advised by the  
3 department.

4 (4) As used in this section, "eligible youth" includes both of  
5 the following:

6 (a) Pre-adjudication eligible youth: A youth for whom a  
7 petition has been filed alleging the commission of a status or  
8 criminal offense on or after his or her reaching the age of 17, but  
9 before reaching the age of 18.

10 (b) Post-adjudication eligible youth: A youth who has been  
11 adjudicated for a status or criminal offense for which a petition  
12 was filed alleging the commission of a status or criminal offense  
13 on or after his or her reaching the age of 17, but before reaching  
14 the age of 18.

15

16 **LOCAL OFFICE OPERATIONS AND SUPPORT SERVICES**

17 Sec. 801. (1) The department shall report monthly to the  
18 report recipients required in section 246 of this part on the most  
19 recent food assistance program error rate derived from the active  
20 cases, reported to the United States Department of Agriculture -  
21 Food and Nutrition Services for the supplemental nutrition  
22 assistance program.

23 (2) The department shall report quarterly on the progress of  
24 the corrective action taken utilizing the funds appropriated for  
25 food assistance reinvestment in lowering the food assistance  
26 program error rate and improving program payment accuracy.

27 Sec. 802. From the funds appropriated in part 1 for local  
28 office staff travel, the department shall allocate up to  
29 \$100,000.00 annually toward reimbursing the out-of-pocket costs of



1 county board members and county department directors to attend  
2 statewide meetings of the Michigan County Social Services  
3 Association.

4 Sec. 807. From the funds appropriated in part 1 for Elder Law  
5 of Michigan MiCAFE contract, the department shall allocate not less  
6 than \$350,000.00 to the Elder Law of Michigan MiCAFE to assist this  
7 state's elderly population in participating in the food assistance  
8 program. Of the \$350,000.00 allocated under this section, the  
9 department shall use \$175,000.00, which are general fund/general  
10 purpose funds, as state matching funds for not less than  
11 \$175,000.00 in United States Department of Agriculture funding to  
12 provide outreach program activities, such as eligibility screening  
13 and information services, as part of a statewide food assistance  
14 hotline.

15 Sec. 808. By March 1 of the current fiscal year, the  
16 department shall provide a report to the report recipients required  
17 in section 246 of this part on the nutrition education program. The  
18 report must include requirements made by the agriculture  
19 improvement act of 2018, Public Law 115-334, such as how the  
20 department shall use an electronic reporting system to evaluate  
21 projects and an accounting of allowable state agency administrative  
22 costs. The report must also include documentation of the steps the  
23 department shall take to ensure that projects and subgrantee  
24 programs are evidence-based, appropriated for, and meet the  
25 criteria for an eligible individual as that term is defined in 7  
26 USC 2036a, and quantitative evidence that the programs contribute  
27 to a reduction in obesity or an increase in the consumption of  
28 healthy foods. Additionally, the report must include planned  
29 allocation and actual expenditures for the supplemental nutrition



1 assistance program education funding, planned and actual grant  
2 amounts for the supplemental nutrition assistance program education  
3 funding, the total amount of expected carryforward balance at the  
4 end of the current fiscal year for the supplemental nutrition  
5 assistance program education funding, and for each subgrantee  
6 program, a list of all supplemental nutrition assistance program  
7 education funding programs by implementing agency, and the stated  
8 purpose of each of the programs and each of the subgrantee  
9 programs.

10       Sec. 809. (1) The purpose of the pathways to potential program  
11 is to reduce chronic absenteeism, increase graduation rate, and  
12 decrease the number of students who repeat grades for schools that  
13 are current or future participants in the pathways to potential  
14 program. Before any deployment of resources into a participant  
15 school, the department and the participant school shall establish  
16 performance objectives for each participant school based on a 2-  
17 year baseline prior to pathways to potential being established in  
18 the participant school and shall evaluate the progress made in the  
19 above categories from the established baseline. By June 1 of the  
20 current fiscal year, the department shall provide to the report  
21 recipients required in section 246 of this part a report listing  
22 all participant schools, the number of staff assigned to each  
23 school by participant school, and the percentage of participating  
24 schools that achieved improved performance in each of the 3  
25 outcomes listed above compared to the previous year, by each  
26 individual outcome. It is the intent of the legislature that after  
27 a 2-year period without attaining an increase in success in meeting  
28 the 3 listed outcomes from the established baseline, the department  
29 shall work with the participant school to examine the cause of the



1 lack of progress and shall seek to implement a plan to increase  
2 success in meeting the identified outcomes. It is the intent of the  
3 legislature that progress or the lack of progress made in meeting  
4 the performance objectives shall be used as a determinant in future  
5 pathways to potential resource allocation decisions.

6 (2) As used in this section, "baseline" means the initial set  
7 of data from the center for educational performance and information  
8 in the department of technology, management, and budget of the 3  
9 measured outcomes as described in subsection (1).

10 Sec. 825. (1) From the funds appropriated in part 1, the  
11 department shall provide individuals not more than \$500.00 for  
12 vehicle repairs, including any repairs done in the previous 12  
13 months. However, the department may in its discretion pay for  
14 repairs up to \$900.00. Payments under this section shall include  
15 the combined total of payments made by the department and work  
16 participation program.

17 (2) By November 30 of the current fiscal year, the department  
18 shall provide to the report recipients required in section 246 of  
19 this part a report detailing the total number of applications  
20 received, the number of applications denied, the number of payments  
21 for repairs that exceeded \$500.00, the number of payments for  
22 repairs that cost exactly \$500.00, and the number of payments for  
23 repairs that cost exactly \$900.00 in the previous fiscal year.

24 Sec. 826. (1) From the funds appropriated in part 1 for local  
25 office policy and administration, not less than \$300,000.00 shall  
26 be allocated for the department to contract with the Prosecuting  
27 Attorneys Association of Michigan to provide the support and  
28 services necessary to increase the capability of the state's  
29 prosecutors, adult protective service system, and criminal justice



1 system to effectively identify, investigate, and prosecute elder  
2 abuse and financial exploitation.

3 (2) By March 1 of the current fiscal year, the Prosecuting  
4 Attorneys Association of Michigan shall provide a report to the  
5 department on the efficacy of the contract. The department shall  
6 submit the report to the report recipients required in section 246  
7 of this part within 30 days after receiving the report from the  
8 Prosecuting Attorneys Association of Michigan.

9 Sec. 850. (1) The department shall maintain out-stationed  
10 eligibility specialists in community-based organizations, community  
11 mental health agencies, nursing homes, adult placement and  
12 independent living settings, federally qualified health centers,  
13 and hospitals unless a community-based organization, community  
14 mental health agency, nursing home, adult placement and independent  
15 living setting, federally qualified health centers, or hospital  
16 requests that the program be discontinued at its facility.

17 (2) From the funds appropriated in part 1 for donated funds  
18 positions, the department shall enter into contracts with agencies  
19 that are able and eligible under federal law to provide the  
20 required matching funds for federal funding, as determined by  
21 federal statute and regulations.

22 (3) A contract for an assistance payments donated funds  
23 position must include, but not be limited to, the following  
24 performance metrics:

25 (a) Meeting a standard of promptness for processing  
26 applications for Medicaid and other public assistance programs  
27 under state law.

28 (b) Meeting required standards for error rates in determining  
29 programmatic eligibility as determined by the department.



1 (4) The department shall only fill additional donated funds  
2 positions after a new contract has been signed. That position shall  
3 also be abolished when the contract expires or is terminated.

4 (5) The department shall classify as limited-term FTEs any new  
5 employees who are hired to fulfill the donated funds position  
6 contracts or are hired to fill any vacancies from employees who  
7 transferred to a donated funds position.

8 (6) By March 1 of the current fiscal year, the department  
9 shall submit a report to the report recipients required in section  
10 246 of this part detailing information on the donated funds  
11 positions, including the total number of occupied positions, the  
12 total private contribution of the positions, and the total cost to  
13 the state for any nonsalary expenditure for the donated funds  
14 position employees.

15 Sec. 851. (1) From the funds appropriated in part 1 for adult  
16 services local office staff, the department shall seek to reduce  
17 the number of older adults who are victims of crime and fraud by  
18 increasing the standard of promptness in every county, as measured  
19 by commencing an investigation within 24 hours after a report is  
20 made to the department, establishing face-to-face contact with the  
21 client within 72 hours after a report is made to the department,  
22 and completing the investigation within 30 days after a report is  
23 made to the department.

24 (2) The department shall report no later than March 1 of the  
25 current fiscal year to the report recipients required in section  
26 246 of this part on the services provided to older adults who were  
27 victims of crime or fraud in the previous fiscal year. The report  
28 must include, but is not limited to, all of the following by  
29 county: the percentage of investigations commenced within 24 hours



1 after a report is made to the department, the number of face-to-  
 2 face contacts established with the client within 72 hours after a  
 3 report is made to the department, the number of investigations  
 4 completed within 30 days after a report is made to the department,  
 5 and the total number of older adults that were victims of crime or  
 6 fraud in the previous fiscal year and were provided services by the  
 7 department as a result of being victims of crime or fraud.

8  
 9 **DISABILITY DETERMINATION SERVICES**

10 Sec. 890. From the funds appropriated in part 1 for disability  
 11 determination services, the department shall maintain the unit  
 12 rates in effect on September 30, 2019 for medical consultants  
 13 performing disability determination services, including physicians,  
 14 psychologists, and speech-language pathologists.

15  
 16 **BEHAVIORAL HEALTH SERVICES ADMINISTRATION AND SPECIAL PROJECTS**

17 Sec. 901. The funds appropriated in part 1 are intended to  
 18 support a system of comprehensive community mental health services  
 19 under the full authority and responsibility of local CMHSPs or  
 20 PIHPs in accordance with the mental health code, 1974 PA 258, MCL  
 21 330.1001 to 330.2106, the Medicaid provider manual, federal  
 22 Medicaid waivers, and all other applicable federal and state laws.

23 Sec. 902. (1) From the funds appropriated in part 1, final  
 24 authorizations to CMHSPs or PIHPs shall be made upon the execution  
 25 of contracts between the department and CMHSPs or PIHPs. The  
 26 contracts shall contain an approved plan and budget as well as  
 27 policies and procedures governing the obligations and  
 28 responsibilities of both parties to the contracts. Each contract  
 29 with a CMHSP or PIHP that the department is authorized to enter



1 into under this subsection shall include a provision that the  
2 contract is not valid unless the total dollar obligation for all of  
3 the contracts between the department and the CMHSPs or PIHPs  
4 entered into under this subsection for the current fiscal year does  
5 not exceed the amount of money appropriated in part 1 for the  
6 contracts authorized under this subsection.

7 (2) The department shall immediately submit a report to the  
8 report recipients required in section 246 of this part if either of  
9 the following occurs:

10 (a) The department enters into any new contracts with CMHSPs  
11 or PIHPs that would affect rates or expenditures.

12 (b) The department amends any contracts the department has  
13 entered into with CMHSPs or PIHPs that would affect rates or  
14 expenditures.

15 (3) The report required by subsection (2) must include  
16 information about the changes to the contracts and their effects on  
17 rates and expenditures.

18 Sec. 904. (1) By May 31 of the current fiscal year, the  
19 department shall provide a report on the CMHSPs, PIHPs, and  
20 designated regional entities for substance use disorder prevention  
21 and treatment to the report recipients required in section 246 of  
22 this part that includes the information required by this section.

23 (2) The report required under subsection (1) shall contain,  
24 unless otherwise noted, information for each CMHSP, PIHP, and  
25 designated regional entity for substance use disorder prevention  
26 and treatment, and a statewide summary, each of which shall include  
27 at least the following information:

28 (a) A statewide summary of the demographic description of  
29 service recipients that, minimally, shall include reimbursement



1 eligibility, client population, age, ethnicity, housing  
2 arrangements, and diagnosis.

3 (b) Per capita expenditures in total and by client population  
4 group.

5 (c) A statewide summary of Medicaid-funded cost information  
6 for the 3 diagnosis groups of adults with a mental illness,  
7 children with a serious emotional disturbance, and individuals with  
8 an intellectual or developmental disability. The statewide summary  
9 must, minimally, include expenditures by service category for each  
10 of the 3 diagnosis groups described in this subdivision and cases,  
11 units, and cost of each specific service code index or health care  
12 common procedure coding system (HCPCS) code for each of the 3  
13 diagnosis groups.

14 (d) Financial information on non-Medicaid mental health  
15 services by general fund cost reporting category.

16 (e) Information about access to CMHSPs, PIHPs, and designated  
17 regional entities for substance use disorder prevention and  
18 treatment that includes, but is not limited to, the following:

19 (i) The number of individuals receiving requested services.

20 (ii) The number of individuals who requested services but did  
21 not receive services.

22 (f) The number of second opinions requested under the mental  
23 health code, 1974 PA 258, MCL 330.1001 to 330.2106, and the  
24 determination of any appeals.

25 (g) Lapses and carryforwards during the previous fiscal year  
26 for CMHSPs, PIHPs, and designated regional entities for substance  
27 use disorder prevention and treatment.

28 (h) Performance indicator information required to be submitted  
29 to the department in the contracts with CMHSPs, PIHPs, and



1 designated regional entities for substance use disorder prevention  
2 and treatment.

3 (i) Administrative expenditures of each CMHSP, PIHP, and  
4 designated regional entity for substance use disorder prevention  
5 and treatment that include a breakout of the salary, benefits, and  
6 pension of each executive-level staff and shall include the  
7 director, chief executive, and chief operating officers and other  
8 members identified as executive staff.

9 (3) The report in subsection (1) shall contain the following  
10 information from the previous fiscal year on substance use disorder  
11 prevention, education, and treatment programs:

12 (a) The expenditures stratified by department-designated  
13 community mental health entity, by fund source, by subcontractor,  
14 by population served, and by service type.

15 (b) The expenditures per state client, with data on the  
16 distribution of expenditures reported using a histogram approach.

17 (c) The number of services provided by subcontractor and by  
18 service type. Additionally, data on length of stay, referral  
19 source, and participation in other state programs.

20 (d) The collections from other first- or third-party payers,  
21 private donations, or other state or local programs, by department-  
22 designated community mental health entity, by subcontractor, by  
23 population served, and by service type.

24 (4) The department shall include data reporting requirements  
25 listed in subsections (2) and (3) in the annual contract with each  
26 individual CMHSP, PIHP, and designated regional entity for  
27 substance use disorder prevention and treatment.

28 (5) The department shall take all reasonable actions to ensure  
29 that the data required are complete and consistent among all



1 CMHSPs, PIHPs, and designated regional entities for substance use  
2 disorder prevention and treatment.

3 Sec. 907. (1) The amount appropriated in part 1 for community  
4 substance use disorder prevention, education, and treatment shall  
5 be expended to coordinate care and services provided to individuals  
6 with severe and persistent mental illness and substance use  
7 disorder diagnoses.

8 (2) The department shall approve managing entity fee schedules  
9 for providing substance use disorder services and charge  
10 participants in accordance with their ability to pay.

11 (3) The managing entity shall continue current efforts to  
12 collaborate on the delivery of services to those clients with  
13 mental illness and substance use disorder diagnoses with the goal  
14 of providing services in an administratively efficient manner.

15 Sec. 908. (1) As a condition of their contracts with the  
16 department, PIHPs and CMHSPs, in consultation with the Community  
17 Mental Health Association of Michigan, shall work with the  
18 department to implement section 206b of the mental health code,  
19 1974 PA 258, MCL 330.1206b, to establish a uniform community mental  
20 health services credentialing program.

21 (2) The department shall forward the report described in  
22 section 206b of the mental health code, 1974 PA 258, MCL 330.1206b,  
23 to the recipients described in section 246 of this part in the same  
24 time frame and manner as the department is required to submit the  
25 report to the legislature under section 206b of the mental health  
26 code, 1974 PA 258, MCL 330.1206b.

27 Sec. 909. From the funds appropriated in part 1 for health  
28 homes, the department shall use available revenue from the  
29 marihuana regulatory fund established in section 604 of the medical



1 marihuana facilities licensing act, 2016 PA 281, MCL 333.27604, to  
2 improve physical health, expand access to substance use disorder  
3 prevention and treatment services, and strengthen the existing  
4 prevention, treatment, and recovery systems.

5 Sec. 910. The department shall ensure that substance use  
6 disorder treatment is provided to applicants and recipients of  
7 public assistance through the department who are required to obtain  
8 substance use disorder treatment as a condition of eligibility for  
9 public assistance.

10 Sec. 911. (1) The department shall ensure that each contract  
11 with a CMHSP or PIHP requires the CMHSP or PIHP to implement  
12 programs to encourage diversion of individuals with serious mental  
13 illness, serious emotional disturbance, or developmental disability  
14 from possible jail incarceration when appropriate.

15 (2) Each CMHSP or PIHP shall have jail diversion services and  
16 shall work toward establishing working relationships with  
17 representative staff of local law enforcement agencies, including  
18 county prosecutors' offices, county sheriffs' offices, county  
19 jails, municipal police agencies, municipal detention facilities,  
20 and the courts. Written interagency agreements describing what  
21 services each participating agency is prepared to commit to the  
22 local jail diversion effort and the procedures to be used by local  
23 law enforcement agencies to access mental health jail diversion  
24 services are strongly encouraged.

25 Sec. 912. The department shall contract directly with the  
26 Salvation Army Harbor Light program, at an amount not less than the  
27 amount provided during the fiscal year ending September 30, 2020,  
28 to provide non-Medicaid substance use disorder services if the  
29 local coordinating agency or the department confirms the Salvation



1 Army Harbor Light program meets the standard of care. The standard  
2 of care shall include, but is not limited to, utilization of the  
3 medication assisted treatment option.

4 Sec. 913. (1) From the funds appropriated in part 1 for  
5 behavioral health program administration, the department shall  
6 allocate \$2,025,000.00 for the autism navigator program. The  
7 department shall require any contractor receiving funds under this  
8 section to comply with performance-related metrics to maintain  
9 eligibility for funding. The performance-related metrics shall  
10 include, but not be limited to, all of the following:

11 (a) Each contractor shall have accreditations that attest to  
12 their competency and effectiveness in providing services.

13 (b) Each contractor shall demonstrate cost-effectiveness.

14 (c) Each contractor shall ensure their ability to leverage  
15 private dollars to strengthen and maximize service provision.

16 (d) Each contractor shall provide quarterly reports to the  
17 department regarding the number of clients served by PIHP region,  
18 units of service provision by PIHP region, and ability to meet  
19 their stated goals.

20 (2) The department shall require an annual report from any  
21 contractor receiving funding from this section. The annual report,  
22 due to the department 60 days following the end of the contract  
23 period, shall include specific information on services and programs  
24 provided, the client base to which the services and programs were  
25 provided, and the expenditures for those services. The department  
26 shall provide the annual reports to the report recipients required  
27 in section 246 of this part.

28 Sec. 914. By June 1 of the current fiscal year, the department  
29 shall submit a report to the report recipients required in section



1 246 of this part on outcomes of the funds provided in part 1 to the  
2 Michigan Child Care Collaborative program (MC3). The outcomes  
3 reported must include, but is not limited to, the number of same-  
4 day telephone consultations with primary care providers and the  
5 number of local resource recommendations made to primary care  
6 providers who are providing medical care to patients who need  
7 behavioral health services.

8 Sec. 915. From the funds appropriated in part 1 for community  
9 substance use disorder prevention, education, and treatment and  
10 opioid response activities, the department shall, to the extent  
11 possible, provide grants, pursuant to federal laws, rules, and  
12 regulations, to local public entities that provide substance use  
13 disorder services and to 1 private entity that has a statewide  
14 contract to provide community-based substance use disorder  
15 services.

16 Sec. 916. From the funds appropriated in part 1 for behavioral  
17 health program administration, the department shall allocate  
18 \$100,000.00 as a grant to a nonprofit mental health clinic located  
19 in a county with a population between 290,000 and 300,000 according  
20 to the most recent federal decennial census that provides  
21 counseling services, accepts clients regardless of their ability to  
22 pay for services through sliding scale copayments and volunteer  
23 services, and uses fundraising to support their clinic.

24 Sec. 917. (1) From the funds appropriated in part 1 for opioid  
25 response activities, the department shall allocate \$23,200,000.00  
26 from the Michigan opioid healing and recovery fund created under  
27 section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253,  
28 to create or supplement opioid-related programs and services in a  
29 manner consistent with the opioid judgment, settlement, or



1 compromise of claims pertaining to violations, or alleged  
2 violations, of law related to the manufacture, marketing,  
3 distribution, dispensing, or sale of opioids.

4 (2) On a semiannual basis, the department shall provide a  
5 report to the report recipients required in section 246 of this  
6 part on all of the following:

7 (a) Total revenues deposited into and expenditures and  
8 encumbrances from the Michigan opioid healing and recovery fund  
9 since the creation of the fund.

10 (b) Revenues deposited into and expenditures and encumbrances  
11 from the Michigan opioid healing and recovery fund during the  
12 previous 6 months.

13 (c) Estimated revenues to be deposited into and the spending  
14 plan for the Michigan opioid healing and recovery fund for the next  
15 12 months.

16 Sec. 918. On a quarterly basis, providing monthly data, the  
17 department shall report to the report recipients required in  
18 section 246 of this part on the amount of funding paid to PIHPs to  
19 support the Medicaid managed mental health care program. The  
20 information shall include the total paid to each PIHP, per capita  
21 rate paid for each eligibility group for each PIHP, and number of  
22 cases in each eligibility group for each PIHP, and year-to-date  
23 summary of eligibles and expenditures for the Medicaid managed  
24 mental health care program.

25 Sec. 924. From the funds appropriated in part 1, for the  
26 purposes of actuarially sound rate certification and approval for  
27 Medicaid behavioral health managed care programs, the department  
28 shall maintain a fee schedule for autism services reimbursement  
29 rates for direct services. Expenditures used for rate setting shall



1 not exceed those identified in the fee schedule. The rates for  
 2 behavioral technicians shall not be less than \$54.85 per hour, of  
 3 which \$1.00 per hour is on a 1-time basis, and not more than \$59.85  
 4 per hour, of which \$1.00 per hour is on a 1-time basis.

5 Sec. 926. (1) From the funds appropriated in part 1 for  
 6 community substance use disorder prevention, education, and  
 7 treatment, \$1,500,000.00 is allocated for a specialized substance  
 8 use disorder detoxification project administered by a 9-1-1 service  
 9 district in conjunction with a substance use and case management  
 10 provider and at a hospital within a 9-1-1 services district with at  
 11 least 600,000 residents and 15 member communities within a county  
 12 with a population of at least 1,500,000 according to the most  
 13 recent federal decennial census.

14 (2) The substance use and case management provider receiving  
 15 funds under this section shall collect and submit to the department  
 16 data on the outcomes of the project throughout the duration of the  
 17 project and the department shall submit a report on the project's  
 18 outcomes to the report recipients required in section 246 of this  
 19 part.

20 Sec. 928. (1) Each PIHP shall provide, from internal  
 21 resources, local funds to be used as a part of the state match  
 22 required under the Medicaid program in order to increase capitation  
 23 rates for PIHPs. These funds shall not include either state funds  
 24 received by a CMHSP for services provided to non-Medicaid  
 25 recipients or the state matching portion of the Medicaid capitation  
 26 payments made to a PIHP.

27 (2) By April 1 of the current fiscal year, the department  
 28 shall report to the report recipients required in section 246 of  
 29 this part on the lapse by PIHP from the previous fiscal year and



1 the projected lapse by PIHP in the current fiscal year.

2 (3) It is the intent of the legislature that the amount of  
3 local funds used in subsection (1) be phased out and offset with  
4 state general fund/general purpose revenue in equal amounts over a  
5 5-year period.

6 (4) Until the local funds are phased out as described in  
7 subsection (3), each PIHP shall not be required to provide local  
8 funds, used as part of the state match required under the Medicaid  
9 program in order to increase capitation rates for PIHPs, at an  
10 amount greater than what each PIHP received from local units of  
11 government, either directly or indirectly, during the fiscal year  
12 ending September 30, 2018 for this purpose.

13 Sec. 929. From the funds appropriated in part 1 for Michigan  
14 child care collaborative, the department shall allocate at least  
15 \$350,000.00 to address needs in a city in which a declaration of  
16 emergency was issued because of drinking water contamination.

17 Sec. 935. A county required under the provisions of the mental  
18 health code, 1974 PA 258, MCL 330.1001 to 330.2106, to provide  
19 matching funds to a CMHSP for mental health services rendered to  
20 residents in its jurisdiction shall pay the matching funds in equal  
21 installments on not less than a quarterly basis throughout the  
22 fiscal year, with the first payment being made by October 1 of the  
23 current fiscal year.

24 Sec. 940. (1) According to section 236 of the mental health  
25 code, 1974 PA 258, MCL 330.1236, the department shall review  
26 expenditures for each CMHSP to identify CMHSPs with projected  
27 allocation surpluses and to identify CMHSPs with projected  
28 allocation shortfalls. The department shall encourage the board of  
29 a CMHSP with a projected allocation surplus to concur with the



1 department's recommendation to reallocate those funds to CMHSPs  
2 with projected allocation shortfalls.

3 (2) A CMHSP that has its funding allocation transferred out  
4 during the current fiscal year as described in subsection (1) is  
5 not eligible for any additional funding reallocations during the  
6 remainder of the current fiscal year, unless that CMHSP is  
7 responding to a public health emergency as determined by the  
8 department.

9 (3) CMHSPs shall report to the department on any proposed  
10 reallocations described in this section at least 30 days before any  
11 reallocations take effect.

12 (4) By September 30 of the current fiscal year, the department  
13 shall provide a report on the amount of funding reallocated to the  
14 report recipients required in section 246 of this part.

15 Sec. 942. A CMHSP shall provide at least 30 days' notice  
16 before reducing, terminating, or suspending services provided by a  
17 CMHSP to CMHSP clients, with the exception of services authorized  
18 by a physician that no longer meet established criteria for medical  
19 necessity.

20 Sec. 950. From the funds appropriated in part 1 for court-  
21 appointed guardian reimbursements, the department shall allocate  
22 \$5,000,000.00 to reimburse court-appointed professional guardians  
23 for individuals who do not receive any other type of reimbursement.  
24 The department shall not reimburse more than \$83.00 per individual,  
25 per month for each court-appointed professional guardian out of  
26 these funds.

27 Sec. 960. (1) From the funds appropriated in part 1 for autism  
28 services, the department shall continue to cover all Medicaid  
29 autism services to Medicaid enrollees eligible for the services



1 that were covered on January 1, 2019.

2 (2) To restrain cost increases in the autism services line  
3 item, the department shall do all of the following:

4 (a) By February 18 of the current fiscal year, develop and  
5 implement specific written guidance for standardization of Medicaid  
6 PIHPs and CMHSPs autism spectrum disorder administrative services,  
7 including, but not limited to, reporting requirements, coding, and  
8 reciprocity of credentialing and training between PIHPs and CMHSPs  
9 to reduce administrative duplication at the PIHP, CMHSP, and  
10 service provider levels.

11 (b) Require consultation with the client's evaluation  
12 diagnostician and PIHP to approve the client's ongoing therapy for  
13 3 years, unless the client's evaluation diagnostician recommended  
14 an evaluation before the 3 years or if a clinician on the treatment  
15 team recommended an evaluation for the client before the third  
16 year.

17 (c) Limit the authority to perform a diagnostic evaluation for  
18 Medicaid autism services to qualified licensed practitioners.  
19 Qualified licensed practitioners are limited to the following:

20 (i) A physician with a specialty in psychiatry or neurology.

21 (ii) A physician with a subspecialty in developmental  
22 pediatrics, development-behavioral pediatrics, or a related  
23 discipline.

24 (iii) A physician with a specialty in pediatrics or other  
25 appropriate specialty with training, experience, or expertise in  
26 autism spectrum disorders or behavioral health.

27 (iv) A psychologist with a specialty in clinical child  
28 psychology, behavioral and cognitive psychology, or clinical  
29 neuropsychology, or other appropriate specialty with training,



1 experience, or expertise in autism spectrum disorders or behavioral  
2 health.

3 (v) A clinical social worker with at least 1 year of  
4 experience working within his or her scope of practice who is  
5 qualified and experienced in diagnosing autism spectrum disorders.

6 (vi) An advanced practice registered nurse with training,  
7 experience, or expertise in autism spectrum disorders or behavioral  
8 health.

9 (vii) A physician's assistant with training, experience, or  
10 expertise in autism spectrum disorders or behavioral health.

11 (d) Require that a client whose initial diagnosis was  
12 performed by a diagnostician with master's level credentials have  
13 their diagnosis and treatment recommendations reviewed by a  
14 physician, psychiatric nurse practitioner, physician's assistant  
15 with training, experience, or expertise in autism spectrum  
16 disorders or behavioral health, or fully credentialed psychologist.

17 (e) Allow and expand the utilization of telemedicine and  
18 telepsychiatry to increase access to diagnostic evaluation  
19 services.

20 (f) Coordinate with the department of insurance and financial  
21 services on oversight for compliance with the Paul Wellstone and  
22 Pete Domenici mental health parity and addiction equity act of  
23 2008, Public Law 110-343, as it relates to autism spectrum disorder  
24 services, to ensure appropriate cost sharing between public and  
25 private payers.

26 (g) Require that Medicaid eligibility be confirmed through  
27 prior evaluations conducted by physicians, psychiatric nurse  
28 practitioners, physician's assistant with training, experience, or  
29 expertise in autism spectrum disorders or behavioral health, or



1 fully credentialed psychologists to the extent possible.

2 (h) Maintain regular statewide provider trainings on autism  
3 spectrum disorder standard clinical best practice guidelines for  
4 treatment and diagnostic services.

5 (3) By March 1 of the current fiscal year, the department  
6 shall report to the report recipients required in section 246 of  
7 this part on total autism services spending broken down by PIHP and  
8 CMHSP for the previous fiscal year and current fiscal year and  
9 total administrative costs broken down by PIHP, CMHSP, and the type  
10 of administrative cost for the previous fiscal year and current  
11 fiscal year.

12 Sec. 962. For the purposes of special projects involving high-  
13 need children or adults, including the not guilty by reason of  
14 insanity population, the department may contract directly with  
15 providers of services to these identified populations.

16 Sec. 964. By October 1 of the current fiscal year, the  
17 department shall provide a report to the report recipients required  
18 in section 246 of this part on the standardized fee schedule,  
19 rather than comparison rates, for Medicaid behavioral health  
20 services and supports. The report must also include the adequacy  
21 standards to be used in all contracts with PIHPs and CMHSPs. In the  
22 development of the standardized fee schedule, rather than  
23 comparison rates, for Medicaid behavioral health services and  
24 supports during the current fiscal year, the department must  
25 prioritize and support essential service providers and must develop  
26 a standardized fee schedule for revenue code 0204.

27 Sec. 965. From the funds appropriated in part 1, the  
28 department and the PIHPs shall maintain the comparison rates and  
29 any associated reimbursement rates of the bundled rate H0020 for



1 the administration and services of methadone at not less than  
2 \$19.00.

3 Sec. 972. From the funds appropriated in part 1 for behavioral  
4 health program administration, the department shall allocate not  
5 less than \$3,000,000.00 general fund/general purpose revenue and  
6 any associated federal match or federal grant funding, including,  
7 but not limited to, associated federal 988 grant funding for the  
8 mental health telephone access line known as the Michigan crisis  
9 and access line (MiCAL), to provide primary coverage in regions  
10 where a regional national suicide prevention lifeline center does  
11 not provide coverage and for statewide secondary coverage, to  
12 establish and make available to the public MiCAL in accordance with  
13 section 165 of the mental health code, 1974 PA 258, MCL 330.1165.

14 Sec. 974. The department and PIHPs shall allow an individual  
15 with an intellectual or developmental disability who receives  
16 supports and services from a CMHSP to instead receive supports and  
17 services from another provider if the individual shows that he or  
18 she is eligible and qualified to receive supports and services from  
19 another provider. Other providers may include, but are not limited  
20 to, MIChoice and program of all-inclusive care for the elderly  
21 (PACE).

22 Sec. 977. From the funds appropriated in part 1 for community  
23 substance use disorder prevention, education, and treatment,  
24 \$300,000.00 is allocated as grants to high schools specifically  
25 designated for students recovering from a substance use disorder in  
26 accordance with section 273a of the mental health code, 1974 PA  
27 258, MCL 330.1273a.

28 Sec. 978. From the funds appropriated in part 1 for community  
29 substance use disorder prevention, education, and treatment and



1 recovery community organizations, the department shall allocate  
2 \$3,000,000.00, with \$1,800,000.00 allocated on a 1-time basis, as  
3 grants for recovery community organizations to offer or expand  
4 recovery support center services or recovery community center  
5 services to individuals seeking long-term recovery from substance  
6 use disorders in accordance with section 273b of the mental health  
7 code, 1974 PA 258, MCL 330.1273b.

8 Sec. 995. (1) From the funds appropriated in part 1 for mental  
9 health diversion council, the department shall allocate  
10 \$3,850,000.00 to continue to implement the jail diversion pilot  
11 programs intended to address the recommendations of the mental  
12 health diversion council.

13 (2) By March 1 of the current fiscal year, the department  
14 shall report to the report recipients required in section 246 of  
15 this part on the planned allocation of the funds appropriated for  
16 mental health diversion council.

17 Sec. 996. From the funds appropriated in part 1 for family  
18 support subsidy, the department shall make monthly payments of  
19 \$300.36 to the parents or legal guardians of children approved for  
20 the family support subsidy by a CMHSP.

21 Sec. 997. The population data used in determining the  
22 distribution of substance use disorder block grant funds shall be  
23 from the most recent federal data from the United States Census  
24 Bureau.

25 Sec. 998. For distribution of state general funds to CMHSPs,  
26 if the department decides to use census data, the department shall  
27 use the most recent federal data from the United States Census  
28 Bureau.

29



1 **BEHAVIORAL HEALTH SERVICES**

2           Sec. 1001. By December 31 of the current fiscal year, each  
3 CMHSP shall submit a report to the department that identifies  
4 populations being served by the CMHSP broken down by program  
5 eligibility category. The report shall also include the percentage  
6 of the operational budget that is related to program eligibility  
7 enrollment. By February 15 of the current fiscal year, the  
8 department shall submit the report described in this section to the  
9 report recipients required in section 246 of this part.

10           Sec. 1003. The department shall notify the Community Mental  
11 Health Association of Michigan when developing policies and  
12 procedures that will impact PIHPs or CMHSPs.

13           Sec. 1004. The department shall provide the report recipients  
14 required in section 246 of this part any rebased formula changes to  
15 either Medicaid behavioral health services or non-Medicaid mental  
16 health services 90 days before implementation. The notification  
17 shall include a table showing the changes in funding allocation by  
18 PIHP for Medicaid behavioral health services or by CMHSP for non-  
19 Medicaid mental health services.

20           Sec. 1005. (1) From the funds appropriated in part 1 for  
21 health homes, the department shall maintain the number of  
22 behavioral health homes and maintain the number of substance use  
23 disorder health homes in place by PIHP region as of September 30 of  
24 the previous fiscal year. The department may expand the number of  
25 behavioral health homes and the number of substance use disorder  
26 health homes in at least 1 additional PIHP region.

27           (2) On a quarterly basis, the department shall provide a  
28 report to the report recipients required in section 246 of this  
29 part on the number of individuals being served and expenditures



1 incurred by each PIHP region by site.

2 Sec. 1008. PIHPs and CMHSPs shall do all of the following:

3 (a) Work to reduce administration costs by ensuring that PIHP  
4 and CMHSP responsible functions are efficient in allowing optimal  
5 transition of dollars to those direct services considered most  
6 effective in assisting individuals served. Any consolidation of  
7 administrative functions must demonstrate, by independent analysis,  
8 a reduction in dollars spent on administration resulting in greater  
9 dollars spent on direct services. Savings resulting from increased  
10 efficiencies shall not be applied to PIHP and CMHSP net assets,  
11 internal service fund increases, building costs, increases in the  
12 number of PIHP and CMHSP personnel, or other areas not directly  
13 related to the delivery of improved services.

14 (b) Take an active role in managing mental health care by  
15 ensuring consistent and high-quality service delivery throughout  
16 its network and promote a conflict-free care management  
17 environment.

18 (c) Ensure that direct service rate variances are related to  
19 the level of need or other quantifiable measures to ensure that the  
20 most money possible reaches direct services.

21 (d) Whenever possible, promote fair and adequate direct care  
22 reimbursement, including fair wages for direct service workers.

23 Sec. 1010. (1) The funds appropriated in part 1 for behavioral  
24 health community supports and services must be used to reduce  
25 waiting lists at state-operated hospitals and centers through cost-  
26 effective community-based and residential services, including, but  
27 not limited to, assertive community treatment (ACT), forensic  
28 assertive community treatment (FACT), crisis stabilization units in  
29 accordance with chapter 9A of the mental health code, 1974 PA 258,



1 MCL 330.1971 to 330.1979, and psychiatric residential treatment  
2 facilities in accordance with section 137a of the mental health  
3 code, 1974 PA 258, MCL 330.1137a.

4 (2) From the funds appropriated in part 1 for behavioral  
5 health community supports and services, the department shall  
6 allocate \$30,450,000.00 to reimburse private providers for  
7 intensive psychiatric treatments and services outside of state-  
8 operated hospitals and centers and support efforts related to the  
9 oversight of community-based programs placement.

10 (3) If the private provider has an existing wait list for  
11 intensive psychiatric treatments and services, any reimbursements  
12 to private providers under this section must not be conditional on  
13 private providers giving wait-list priority to state-paid  
14 individuals.

15 Sec. 1012. The department shall pursue any and all federal  
16 Medicaid waivers, or partial waivers, to maximize the use of  
17 federal Medicaid reimbursements for substance use disorder services  
18 and treatments for justice-involved individuals, including  
19 prerelease services and reentry benefits. By March 9 of the current  
20 fiscal year, the department shall provide a report on the types of  
21 substance use disorder waivers submitted by the department, whether  
22 those waivers have been approved by the Centers for Medicare and  
23 Medicaid Services, and the steps the department will take to  
24 request any and all federal Medicaid waivers to maximize the use of  
25 federal Medicaid reimbursements for substance use disorder services  
26 and treatments to the report recipients required in section 246 of  
27 this part.

28 Sec. 1014. (1) From the funds appropriated in part 1 to  
29 agencies providing physical and behavioral health services to



1 multicultural populations, the department shall award grants in  
2 accordance with the requirements of subsection (2). This state is  
3 not liable for any spending above the contract amount. The  
4 department shall not release funds until reporting requirements  
5 under section 1014 of article 6 of 2022 PA 166 are satisfied.

6 (2) The department shall require each contractor described in  
7 subsection (1) that receives greater than \$1,000,000.00 in state  
8 grant funding to comply with performance-related metrics to  
9 maintain their eligibility for funding. The performance-related  
10 metrics shall include, but not be limited to, all of the following:

11 (a) Each contractor or subcontractor shall have accreditations  
12 that attest to their competency and effectiveness as behavioral  
13 health and social service agencies.

14 (b) Each contractor or subcontractor shall have a mission that  
15 is consistent with the purpose of the multicultural agency.

16 (c) Each contractor shall validate that any subcontractors  
17 utilized within these appropriations share the same mission as the  
18 lead agency receiving funding.

19 (d) Each contractor or subcontractor shall demonstrate cost-  
20 effectiveness.

21 (e) Each contractor or subcontractor shall ensure their  
22 ability to leverage private dollars to strengthen and maximize  
23 service provision.

24 (f) Each contractor or subcontractor shall provide timely and  
25 accurate reports regarding the number of clients served, units of  
26 service provision, and ability to meet their stated goals.

27 (3) The department shall require an annual report from the  
28 contractors described in subsection (2). The annual report, due 60  
29 days following the end of the contract period, must include



1 specific information on services and programs provided, the client  
 2 base to which the services and programs were provided, information  
 3 on any wraparound services provided, and the expenditures for those  
 4 services. By February 1 of the current fiscal year, the department  
 5 shall provide the annual reports to the report recipients required  
 6 in section 246 of this part.

7 Sec. 1015. From the funds appropriated in part 1 for federal  
 8 mental health block grant, the department shall, to the extent  
 9 possible, provide grants, pursuant to federal laws, rules, and  
 10 regulations, to local public entities that provide mental health  
 11 services and to 1 private entity that has a statewide contract to  
 12 provide community-based mental health services.

13  
 14 **STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES**

15 Sec. 1051. The department shall continue a revenue recapture  
 16 project to generate additional revenues from third parties related  
 17 to cases that have been closed or are inactive. A portion of  
 18 revenues collected through project efforts may be used for  
 19 departmental costs and contractual fees associated with these  
 20 retroactive collections and to improve ongoing departmental  
 21 reimbursement management functions.

22 Sec. 1052. The purpose of gifts and bequests for patient  
 23 living and treatment environments is to use additional private  
 24 funds to provide specific enhancements for individuals residing at  
 25 state-operated facilities. Use of the gifts and bequests shall be  
 26 consistent with the stipulation of the donor. The expected  
 27 completion date for the use of gifts and bequests donations is  
 28 within 3 years unless otherwise stipulated by the donor.

29 Sec. 1055. (1) The department shall not implement any closures



1 or consolidations of state hospitals, centers, or agencies until  
2 CMHSPs or PIHPs have programs and services in place for those  
3 individuals currently in those facilities and a plan for service  
4 provision for those individuals who would have been admitted to  
5 those facilities.

6 (2) All closures or consolidations are dependent upon adequate  
7 department-approved CMHSP and PIHP plans that include a discharge  
8 and aftercare plan for each individual currently in the facility. A  
9 discharge and aftercare plan shall address the individual's housing  
10 needs. A homeless shelter or similar temporary shelter arrangements  
11 are inadequate to meet the individual's housing needs.

12 (3) Four months after the certification of closure required in  
13 section 19(6) of the state employees' retirement act, 1943 PA 240,  
14 MCL 38.19, the department shall provide a closure plan to the  
15 report recipients required in section 246 of this part.

16 (4) Upon the closure of state-run operations and after  
17 transitional costs have been paid, the remaining balances of funds  
18 appropriated for that operation shall be transferred to CMHSPs or  
19 PIHPs responsible for providing services for individuals previously  
20 served by the operations.

21 Sec. 1056. The department may collect revenue for patient  
22 reimbursement from first- and third-party payers, including  
23 Medicaid and local county CMHSP payers, to cover the cost of  
24 placement in state hospitals and centers. The department is  
25 authorized to adjust financing sources for patient reimbursement  
26 based on actual revenues earned. If the revenue collected exceeds  
27 current year expenditures, the revenue may be carried forward with  
28 approval of the state budget director. The revenue carried forward  
29 shall be used as a first source of funds in the subsequent year.



1           Sec. 1058. Effective October 1 of the current fiscal year, the  
2 department, in consultation with the department of technology,  
3 management, and budget, may maintain a bid process to identify 1 or  
4 more private contractors to provide food service and custodial  
5 services for the administrative areas at any state hospital  
6 identified by the department as capable of generating savings  
7 through the outsourcing of such services.

8           Sec. 1059. (1) The department shall identify specific outcomes  
9 and performance measures for state-operated hospitals and centers,  
10 including, but not limited to, the following:

11           (a) The average wait time from the time of the receipt of the  
12 court order for treatment for individuals determined incompetent to  
13 stand trial until admission to the center for forensic psychiatry.

14           (b) The average wait time from the time of the receipt of the  
15 court order for treatment for individuals determined incompetent to  
16 stand trial until admission to other state-operated psychiatric  
17 facilities.

18           (c) The most recent 12-month average number of individuals on  
19 the first day of each month waiting to receive admission into the  
20 center for forensic psychiatry.

21           (d) The most recent 12-month average number of individuals on  
22 the first day of each month waiting to receive admission into the  
23 other state-operated hospitals and centers.

24           (e) The average wait time for individuals awaiting admission  
25 into the other state-operated hospitals and centers through the  
26 civil admissions process.

27           (f) The number of individuals determined not guilty by reason  
28 of insanity or incompetent to stand trial by an order of a probate  
29 court that have been determined to be ready for discharge to the



1 community, and the average wait time between being determined to be  
2 ready for discharge to the community and actual community  
3 placement.

4 (g) The number of individuals denied admission into the center  
5 for forensic psychiatry.

6 (h) The number of individuals denied admission into the other  
7 state-operated hospitals and centers.

8 (2) By April 1 of the current fiscal year, the department  
9 shall report to the report recipients required in section 246 of  
10 this part on the outcomes and performance measures in subsection  
11 (1).

12 Sec. 1060. By March 1 of the current fiscal year, the  
13 department shall provide a report on mandatory overtime, staff  
14 turnover, and staff retention at the state psychiatric hospitals  
15 and centers to the report recipients required in section 246 of  
16 this part. The report shall include, but is not limited to, the  
17 following:

18 (a) The number of direct care and clinical staff positions  
19 that are currently vacant by hospital, and how that compares to the  
20 number of vacancies during the previous fiscal year.

21 (b) A breakdown of voluntary and mandatory overtime hours  
22 worked by position and by hospital, and how that compares to the  
23 breakdown of voluntary and mandatory overtime hours during the  
24 previous fiscal year.

25 (c) The ranges of wages paid by position and by hospital, and  
26 how that compares to wages paid during the previous fiscal year.

27 Sec. 1063. (1) From the funds appropriated in part 1 for  
28 Hawthorn Center - psychiatric hospital - children and adolescents,  
29 the department shall maintain a psychiatric transitional unit and



1 children's transition support team. These programs shall augment  
 2 the continuum of behavioral health services for high-need youth and  
 3 provide additional continuity of care and transition into  
 4 supportive community-based services.

5 (2) Outcomes and performance measures for these programs  
 6 include, but are not limited to, the following:

7 (a) The rate of rehospitalization for youth served through the  
 8 program at 30 and 180 days.

9 (b) The measured change in the Child and Adolescent Functional  
 10 Assessment Scale for children served through these programs.

11

12 **HEALTH AND HUMAN SERVICES POLICY AND INITIATIVES**

13 Sec. 1140. From the funds appropriated in part 1 for primary  
 14 care services, \$400,000.00 shall be allocated to free health  
 15 clinics operating in the state. The department shall distribute the  
 16 funds equally to each free health clinic. For the purpose of this  
 17 appropriation, "free health clinics" means nonprofit organizations  
 18 that use volunteer health professionals to provide care to  
 19 uninsured individuals.

20 Sec. 1143. From the funds appropriated in part 1 for primary  
 21 care services, the department shall allocate no less than  
 22 \$675,000.00 for island primary health care access and services  
 23 including island clinics, in the following amounts:

24 (a) Beaver Island, \$250,000.00.

25 (b) Mackinac Island, \$250,000.00.

26 (c) Drummond Island, \$150,000.00.

27 (d) Bois Blanc Island, \$25,000.00.

28 Sec. 1145. The department will take steps necessary to work  
 29 with Indian Health Service, tribal health program facilities, or



1 Urban Indian Health Program facilities that provide services under  
2 a contract with a Medicaid managed care entity to ensure that those  
3 facilities receive the maximum amount allowable under federal law  
4 for Medicaid services.

5 Sec. 1147. From the funds appropriated in part 1 for cellular  
6 therapy for Versiti Michigan, \$750,000.00 shall be allocated to  
7 Versiti Michigan. The funds shall be used to enhance the collection  
8 of fetal umbilical cord blood and stem cells for transplant, expand  
9 cord blood laboratory capabilities, expand the diversity of  
10 collections, and build information technology infrastructure.

11 Sec. 1151. (1) The department shall coordinate with the  
12 department of licensing and regulatory affairs, the department of  
13 the attorney general, all appropriate law enforcement agencies, and  
14 the Medicaid health plans to work with local substance use disorder  
15 agencies and addiction treatment providers to help inform Medicaid  
16 beneficiaries of all medically appropriate treatment options for  
17 opioid addiction when their treating physician stops prescribing  
18 prescription opioid medication for pain, and to address other  
19 appropriate recommendations of the prescription drug and opioid  
20 abuse task force outlined in its report of October 2015.

21 (2) By October 1 of the current fiscal year, the department  
22 shall submit a report to the senate and house appropriations  
23 subcommittees on the department budget, the senate and house fiscal  
24 agencies, the senate and house policy offices, and the state budget  
25 office on how the department is working with local substance use  
26 disorder agencies and addiction treatment providers to ensure that  
27 Medicaid beneficiaries are informed of all available and medically  
28 appropriate treatment options for opioid addiction when their  
29 treating physician stops prescribing prescription opioid medication



1 for pain, and to address other appropriate recommendations of the  
2 task force. The report shall include any potential barriers to  
3 medication-assisted treatment, as recommended by the Michigan  
4 medication-assisted treatment guidelines, for Medicaid  
5 beneficiaries in both office-based opioid treatment and opioid  
6 treatment program facility settings.

7 Sec. 1153. (1) From the funds appropriated in part 1 for crime  
8 victim justice assistance grants, the department shall allocate  
9 \$102,600.00 of state general fund/general purpose revenue for a  
10 sexual assault nurse examiners program at a hospital in a city with  
11 a population between 21,600 and 21,700 according to the most recent  
12 federal decennial census within a county with a population between  
13 64,300 and 64,400 according to the most recent federal decennial  
14 census. Funds must be used to support staff compensation and  
15 training, victim needs, and community awareness, education, and  
16 prevention programs.

17 (2) The crime victim services commission may review the uses  
18 of funds appropriated in this section to determine if it merits  
19 utilization of the crime victim's rights fund on an ongoing basis  
20 in subsequent fiscal years.

21 Sec. 1155. (1) From the funds appropriated in part 1 for the  
22 uniform statewide sexual assault evidence kit tracking system, in  
23 accordance with the final report of the Michigan sexual assault  
24 evidence kit tracking and reporting commission, \$369,500.00 is  
25 allocated to contract for the administration of a uniform statewide  
26 sexual assault evidence kit tracking system. The system shall  
27 include the following:

28 (a) A uniform statewide system to track the submission and  
29 status of sexual assault evidence kits.



1 (b) A uniform statewide system to audit untested kits that  
2 were collected on or before March 1, 2015 and were released by  
3 victims to law enforcement.

4 (c) Secure electronic access for victims.

5 (d) The ability to accommodate concurrent data entry with kit  
6 collection through various mechanisms, including web entry through  
7 computer or smartphone, and through scanning devices.

8 (2) By March 30 of the current fiscal year, the department  
9 shall submit to the report recipients required in section 246 of  
10 this part a status report on the administration of the uniform  
11 statewide sexual assault evidence kit tracking system, including  
12 operational status and any known issues regarding implementation.

13 (3) The sexual assault evidence tracking fund established in  
14 section 1451 of 2017 PA 158 shall continue to be maintained in the  
15 department of treasury. Money in the sexual assault evidence  
16 tracking fund at the close of a fiscal year remains in the sexual  
17 assault evidence tracking fund, does not revert to the general  
18 fund, and shall be appropriated as provided by law for the  
19 development and implementation of a uniform statewide sexual  
20 assault evidence kit tracking system as described in subsection  
21 (1).

22 (4) By September 30 of the current fiscal year, the department  
23 shall submit to the report recipients required in section 246 of  
24 this part a report on the findings of the annual audit of the  
25 proper submission of sexual assault evidence kits as required by  
26 the sexual assault kit evidence submission act, 2014 PA 227, MCL  
27 752.931 to 752.935. The report must include, but is not limited to,  
28 a detailed county-by-county compilation of the number of sexual  
29 assault evidence kits that were properly submitted and the number



1 that met or did not meet deadlines established in the sexual  
2 assault kit evidence submission act, 2014 PA 227, MCL 752.931 to  
3 752.935, the number of sexual assault evidence kits retrieved by  
4 law enforcement after analysis, and the physical location of all  
5 released sexual assault evidence kits collected by health care  
6 providers in that year, as of the date of the annual draft report  
7 for each reporting agency.

8 Sec. 1157. From the funds appropriated in part 1 for child  
9 advocacy centers - supplemental grants, the department shall  
10 allocate \$2,000,000.00 to continue to provide additional funding to  
11 child advocacy centers to support the general operations of child  
12 advocacy centers. The purpose of this additional funding is to  
13 increase the amount of services provided to children and their  
14 families who are victims of abuse over the amount provided in the  
15 previous fiscal year.

16 Sec. 1158. From the funds appropriated in part 1 for crime  
17 victim rights sustaining grants, the department shall allocate  
18 \$20,000,000.00 from the crime victim's rights sustaining fund to  
19 supplement the loss of federal crime victim rights funding. The  
20 department must distribute these funds consistent with the regular  
21 allocation formula for crime victim justice grants and crime victim  
22 rights services grants.

23 Sec. 1159. (1) From the funds appropriated in part 1 for  
24 community health programs, the department shall establish new  
25 infrastructure to support preventative health supports and services  
26 to regions with high health care access and outcome disparities.  
27 Eligible expenditures from this line must include:

28 (a) Financial support for the creation and operation of  
29 community-based health clinics. These clinics shall provide



1 preventative health services and be established in communities with  
 2 high social vulnerability and health disparities and be operated in  
 3 cooperation with trusted community partners with demonstrated  
 4 experience in serving as an access point for preventative health  
 5 services.

6 (b) Operation of mobile health units to provide preventative  
 7 health services for persons residing in areas with high disparities  
 8 in health care outcome and access.

9 (2) By March 1 of the current fiscal year, the department  
 10 shall submit to the report recipients required in section 246 of  
 11 this part a report on the outcome of community health programs. The  
 12 report must include, but is not limited to, all of the following:

13 (a) The list of communities served.

14 (b) The types of preventative health services offered by the  
 15 community-based health clinics and mobile health units.

16 (c) The number of vaccinations administered.

17 (d) A spending report from the grant recipients.

18

19 **EPIDEMIOLOGY, EMERGENCY MEDICAL SERVICES, AND LABORATORY**

20 Sec. 1180. From the funds appropriated in part 1 for  
 21 epidemiology administration and for childhood lead program, the  
 22 department shall maintain a public health drinking water unit and  
 23 maintain enhanced efforts to monitor child blood lead levels. The  
 24 public health drinking water unit shall ensure that appropriate  
 25 investigations of potential health hazards occur for all community  
 26 and noncommunity drinking water supplies where chemical exceedances  
 27 of action levels, health advisory levels, or maximum contaminant  
 28 limits are identified. The goals of the childhood lead program  
 29 shall include improving the identification of affected children,



1 the timeliness of case follow-up, and attainment of nurse care  
2 management for children with lead exposure, and to achieve a long-  
3 term reduction in the percentage of children in this state with  
4 elevated blood lead levels.

5 Sec. 1181. From the funds appropriated in part 1 for  
6 epidemiology administration, the department shall maintain a vapor  
7 intrusion response unit. The vapor intrusion response unit shall  
8 assess risks to public health at vapor intrusion sites and respond  
9 to vapor intrusion risks where appropriate. The goals of the vapor  
10 intrusion response unit shall include reducing the number of  
11 residents of this state exposed to toxic substances through vapor  
12 intrusion and improving health outcomes for individuals that are  
13 identified as having been exposed to vapor intrusion.

14 Sec. 1182. By April 1 of the current fiscal year, the  
15 department shall provide a report to the house and senate  
16 appropriations subcommittees on the department budget, the house  
17 and senate fiscal agencies, and the state budget office on the  
18 expenditures and activities undertaken by the lead abatement  
19 program in the previous fiscal year from the funds appropriated in  
20 part 1 for the healthy homes program. The report shall include, but  
21 is not limited to, a funding allocation schedule, the expenditures  
22 by category of expenditure and by subcontractor, the revenues  
23 received, a description of program elements, the number of housing  
24 units abated of lead-based paint hazards, and a description of  
25 program accomplishments and progress.

26 Sec. 1186. (1) From the funds appropriated in part 1 for  
27 emergency medical services program, the department shall allocate  
28 \$2,000,000.00 for a statewide stroke and STEMI system of care for  
29 time-sensitive emergencies. This system must be integrated into the



1 statewide trauma care system within the emergency medical services  
2 system and must include at least all of the following:

3 (a) The designation of facilities as stroke and STEMI  
4 facilities based on a verification that national certification or  
5 accreditation standards have been met.

6 (b) A requirement that a hospital is not required to be  
7 designated as providing certain levels of care for stroke or STEMI.

8 (c) The development and utilization of stroke and STEMI  
9 registries that utilize nationally recognized data platforms with  
10 confidentiality standards.

11 (2) By March 1 of the current fiscal year, the department  
12 shall provide a report to the report recipients required in section  
13 246 of this part on the expenditures and activities undertaken by  
14 the statewide stroke and STEMI system of care for time-sensitive  
15 emergencies in the previous fiscal year from the funds appropriated  
16 under section 1186(1) of article 6 of 2021 PA 87. The report must  
17 include, but is not limited to, a funding allocation schedule,  
18 expenditures by category of expenditure and by vendor or grantee,  
19 and a description of program accomplishments and progress.

20 (3) For the purposes of this section, "STEMI" means an ST-  
21 elevation myocardial infarction.

22

23 **LOCAL HEALTH AND ADMINISTRATIVE SERVICES**

24 Sec. 1220. The amount appropriated in part 1 for  
25 implementation of the 1993 additions of or amendments to sections  
26 9161, 16221, 16226, 17014, 17015, and 17515 of the public health  
27 code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014,  
28 333.17015, and 333.17515, shall be used to reimburse local health  
29 departments for costs incurred related to the implementation of



1 section 17015(18) of the public health code, 1978 PA 368, MCL  
2 333.17015.

3 Sec. 1221. If a county that has participated in a district  
4 health department or an associated arrangement with other local  
5 health departments takes action to cease to participate in that  
6 arrangement after October 1 of the current fiscal year, the  
7 department may assess a penalty from the local health department's  
8 operational accounts in an amount equal to no more than 6.25% of  
9 the local health department's essential local public health  
10 services funding. This penalty shall only be assessed to the local  
11 county that requests the dissolution of the health department.

12 Sec. 1222. (1) Funds appropriated in part 1 for essential  
13 local public health services shall be prospectively allocated to  
14 local health departments to support immunizations, infectious  
15 disease control, sexually transmitted disease control and  
16 prevention, hearing screening, vision services, food protection,  
17 public water supply, private groundwater supply, and on-site sewage  
18 management. Food protection shall be provided in consultation with  
19 the department of agriculture and rural development. Public water  
20 supply, private groundwater supply, and on-site sewage management  
21 shall be provided in consultation with the department of  
22 environment, Great Lakes, and energy.

23 (2) Distributions in subsection (1) shall be made only to  
24 counties that maintain local spending in the current fiscal year of  
25 at least the amount expended in fiscal year 1992-1993 for the  
26 services described in subsection (1).

27 (3) By February 1 of the current fiscal year, the department  
28 shall provide a report to the report recipients required in section  
29 246 of this part on the planned allocation of the funds



1 appropriated for essential local public health services.

2 Sec. 1227. The department shall establish criteria for all  
3 funds allocated for health and wellness initiatives. The criteria  
4 must include a requirement that all programs funded be evidence-  
5 based and supported by research, include interventions that have  
6 been shown to demonstrate outcomes that lower cost and improve  
7 quality, and be designed for statewide impact. Preference must be  
8 given to programs that utilize the funding as match for additional  
9 resources, including, but not limited to, federal sources.

10 Sec. 1231. (1) From the funds appropriated for local health  
11 services, up to \$4,750,000.00 shall be allocated for grants to  
12 local public health departments to support PFAS response and  
13 emerging public health threat activities. A portion of the funding  
14 shall be allocated by the department in a collaborative fashion  
15 with local public health departments in jurisdictions experiencing  
16 PFAS contamination. The remainder of the funding shall be allocated  
17 to address infectious and vector-borne disease threats, and other  
18 environmental contamination issues such as vapor intrusion,  
19 drinking water contamination, and lead exposure. The funding shall  
20 be allocated to address issues including, but not limited to,  
21 staffing, planning and response, and creation and dissemination of  
22 materials related to PFAS contamination issues and other emerging  
23 public health issues and threats.

24 (2) By March 1 of the current fiscal year, the department  
25 shall provide a report to the report recipients required in section  
26 246 of this part on actual expenditures in the previous fiscal year  
27 and planned spending in the current fiscal year of the funds  
28 described in subsection (1), including recipient entities, amount  
29 of allocation, general category of allocation, and detailed uses.



1           Sec. 1232. The department may work to ensure that the United  
2 States Department of Defense reimburses the state for costs  
3 associated with PFAS and environmental contamination response at  
4 military training sites and support facilities.

5           Sec. 1233. General fund and state restricted fund  
6 appropriations in part 1 shall not be expended for PFAS and  
7 environmental contamination response where federal funding or  
8 private grant funding is available for the same expenditures.

9           Sec. 1239. The department shall participate in and give  
10 necessary assistance to the Michigan PFAS action response team  
11 (MPART) pursuant to Executive Order No. 2019-03. The department  
12 shall collaborate with MPART and other departments to carry out  
13 appropriate activities, actions, and recommendations as coordinated  
14 by MPART. Efforts shall be continuous to ensure that the  
15 department's activities are not duplicative with activities of  
16 another department or agency.

17           Sec. 1240. From the funds appropriated in part 1 for chronic  
18 disease control and health promotion administration, \$70,000.00 is  
19 allocated to support a rare disease advisory council and  
20 responsibilities of the council, which may include all of the  
21 following:

22           (a) Developing a list of rare diseases.

23           (b) Posting the list of rare diseases on the department's  
24 website.

25           (c) Updating the list of rare diseases.

26           (d) Annually investigating and reporting to the legislature on  
27 1 rare disease on the list, and including legislative  
28 recommendations in the report.

29



1 **FAMILY HEALTH SERVICES**

2           Sec. 1301. (1) Before April 1 of the current fiscal year, the  
3 department shall submit a report to the report recipients required  
4 in section 246 of this part on planned allocations from the amounts  
5 appropriated in part 1 for local MCH services, prenatal care  
6 outreach and service delivery support, family planning local  
7 agreements, and pregnancy prevention programs. Using applicable  
8 federal definitions, the report shall include information on all of  
9 the following:

10           (a) Funding allocations.

11           (b) Actual number of women, children, and adolescents served  
12 and amounts expended for each group for the previous fiscal year.

13           (c) A breakdown of the expenditure of these funds between  
14 urban and rural communities.

15           (2) The department shall ensure that the distribution of funds  
16 through the programs described in subsection (1) takes into account  
17 the needs of rural communities.

18           (3) As used in this section, "rural" means a county, city,  
19 village, or township with a population of 30,000 or less, including  
20 those entities if located within a metropolitan statistical area.

21           Sec. 1306. (1) From the funds appropriated in part 1 for the  
22 drinking water declaration of emergency, the department shall  
23 allocate funds to address needs in a city in which a declaration of  
24 emergency was issued because of drinking water contamination. These  
25 funds may support, but are not limited to, the following  
26 activities:

27           (a) Nutrition assistance, nutritional and community education,  
28 food bank resources, and food inspections.

29           (b) Epidemiological analysis and case management of



1 individuals at risk of elevated blood lead levels.

2 (c) Support for child and adolescent health centers,  
3 children's health care access program, and pathways to potential  
4 programming.

5 (d) Nursing services, breastfeeding education, evidence-based  
6 home visiting programs, intensive services, and outreach for  
7 children exposed to lead coordinated through local community mental  
8 health organizations.

9 (e) Department local office operations costs.

10 (f) Lead poisoning surveillance, investigations, treatment,  
11 and abatement.

12 (g) Nutritional incentives provided to local residents through  
13 the double up food bucks expansion program.

14 (h) Genesee County health department food inspectors to  
15 perform water testing at local food service establishments.

16 (i) Transportation related to health care delivery.

17 (j) Senior initiatives.

18 (k) Lead abatement contractor workforce development.

19 (2) From the funds appropriated in part 1 for the drinking  
20 water declaration of emergency, the department shall allocate  
21 \$300,000.00 for Revive Community Health Center for health support  
22 services as the center pursues certification as a federally  
23 qualified health center.

24 (3) From the funds appropriated in part 1 for the drinking  
25 water declaration of emergency, the department shall allocate  
26 \$500,000.00 for rides to wellness through the Flint mass  
27 transportation authority.

28 Sec. 1308. From the funds appropriated in part 1 for prenatal  
29 care outreach and service delivery support, not less than



1 \$500,000.00 of funding shall be allocated for evidence-based  
2 programs to reduce infant mortality. The funds shall be used for  
3 enhanced support and education to nursing teams or other teams of  
4 qualified health professionals, client recruitment in areas  
5 designated as underserved for obstetrical and gynecological  
6 services and other high-need communities, strategic planning to  
7 expand and sustain programs, and marketing and communications of  
8 programs to raise awareness, engage stakeholders, and recruit  
9 nurses.

10 Sec. 1311. From the funds appropriated in part 1 for prenatal  
11 care outreach and service delivery support, not less than  
12 \$2,750,000.00 state general fund/general purpose funds shall be  
13 allocated for a rural home visit program. Equal consideration shall  
14 be given to all eligible evidence-based providers in all regions in  
15 contracting for rural home visitation services.

16 Sec. 1312. (1) From the funds appropriated in part 1 for  
17 prenatal care and premature birth avoidance grant, the department  
18 shall allocate \$1,000,000.00 through a competitive process for  
19 grants to improve health outcomes before, during, and after  
20 pregnancy and to reduce racial and ethnic differences in infant  
21 death rates and negative maternal outcomes after fulfilling  
22 contract obligations between the department and a federal Healthy  
23 Start Program located in a county with a population between 600,000  
24 and 700,000 according to the most recent federal decennial census.  
25 To be eligible to receive funding, organizations must be a  
26 partnership between various health agencies, and provide support to  
27 underserved populations for women's health, prenatal care, and  
28 premature birth avoidance.

29 (2) By March 1 of the current fiscal year, the department must



1 submit to the legislature a spending report from the grant  
2 recipients.

3 Sec. 1313. (1) The department shall continue developing an  
4 outreach program on fetal alcohol syndrome services, targeting  
5 health promotion, prevention, and intervention.

6 (2) The department shall explore federal grant funding to  
7 address prevention services for fetal alcohol syndrome and reduce  
8 alcohol consumption among pregnant women.

9 (3) By February 1 of the current fiscal year, the department  
10 shall provide a report to the report recipients required in section  
11 246 of this part on planned spending of appropriations within the  
12 department budget for fetal alcohol syndrome projects and services,  
13 including appropriation line item, agency or recipient entities,  
14 amount and purpose of allocation, and detailed uses. The report  
15 shall include a summary of outcomes accomplished by the funding  
16 investments and metrics used to determine outcomes, if available.

17 Sec. 1314. The department shall seek to enhance education and  
18 outreach efforts that encourage women of childbearing age to seek  
19 confirmation at the earliest indication of possible pregnancy and  
20 initiate continuous and routine prenatal care upon confirmation of  
21 pregnancy. The department shall seek to ensure that department  
22 programs, policies, and practices promote prenatal and obstetrical  
23 care by doing the following:

24 (a) Supporting access to care.

25 (b) Reducing and eliminating barriers to care.

26 (c) Supporting recommendations for best practices.

27 (d) Encouraging optimal prenatal habits such as prenatal  
28 medical visits, use of prenatal vitamins, and cessation of use of  
29 tobacco, alcohol, or drugs.



1 (e) Tracking of birth outcomes to study improvements in  
2 prevalence of neonatal substance exposure, fetal alcohol syndrome,  
3 and other preventable neonatal disease.

4 (f) Tracking of maternal increase in healthy behaviors  
5 following childbirth.

6 Sec. 1315. (1) From the funds appropriated in part 1 for  
7 dental programs, \$150,000.00 shall be allocated to the Michigan  
8 Dental Association for the administration of a volunteer dental  
9 program that provides dental services to the uninsured.

10 (2) By February 1 of the current fiscal year, the department  
11 shall report to the report recipients required in section 246 of  
12 this part the number of individual patients treated, number of  
13 procedures performed, approximate total market value of those  
14 procedures, and the location of service based on county and agency  
15 within the county from the previous fiscal year.

16 Sec. 1316. The department shall use revenue from mobile  
17 dentistry facility permit fees received under section 21605 of the  
18 public health code, 1978 PA 368, MCL 333.21605, to offset the costs  
19 of processing and issuing mobile dentistry facility permits.

20 Sec. 1317. (1) From the funds appropriated in part 1 for  
21 dental programs, \$2,750,000.00 of general fund/general purpose  
22 revenue and any associated federal match shall be distributed to  
23 local health departments who partner with a qualified nonprofit  
24 provider of dental services for the purpose of providing high-  
25 quality dental homes for seniors, children, adults enrolled in  
26 Medicaid, and individuals who are low-income and uninsured.

27 (2) In order to be considered a qualified nonprofit provider  
28 of dental services, the provider must demonstrate the following:

29 (a) An effective health insurance enrollment process for



1 uninsured patients.

2 (b) An effective process of charging patients on a sliding  
3 scale based on the patient's ability to pay.

4 (c) Utilization of additional fund sources including, but not  
5 limited to, federal Medicaid matching funds.

6 (3) Providers shall report to the department by September 30  
7 of the current fiscal year on outcomes and performance measures for  
8 the program under this section including, but not limited to, the  
9 following:

10 (a) The number of uninsured patients who visited a  
11 participating dentist over the previous year, broken down between  
12 adults and children.

13 (b) The number of patients assisted with health insurance  
14 enrollment, broken down between adults and children.

15 (c) A 5-year trend of the number of uninsured patients being  
16 served, broken down between adults and children.

17 (d) The number of unique patient visits by center.

18 (e) The number of unique Medicaid or Healthy Michigan plan  
19 patients served broken down by center.

20 (f) The number of children, seniors, and veterans served  
21 broken down by center.

22 (g) The total value of services rendered by the organization  
23 broken down by center.

24 (4) Within 15 days after receipt of the report required in  
25 subsection (3), the department shall provide a copy of the report  
26 to the report recipients required in section 246 of this part.

27 Sec. 1322. The department shall provide a report by April 15  
28 of the current fiscal year to the house and senate appropriations  
29 subcommittees on the department budget, the house and senate fiscal



1 agencies, the house and senate policy offices, and the state budget  
2 office on state immunization policy and practices. The report shall  
3 include all of the following items:

- 4 (a) A list of recommended vaccinations.  
5 (b) The basis and rationale for inclusion of each listed item.  
6 (c) The indicators, measures, and performance outcomes that  
7 document improvement in human health for each listed item.

8 Sec. 1341. The department shall utilize income eligibility and  
9 verification guidelines established by the Food and Nutrition  
10 Service agency of the United States Department of Agriculture in  
11 determining eligibility of individuals for the special supplemental  
12 nutrition program for women, infants, and children (WIC) as stated  
13 in current WIC policy.

14 Sec. 1342. (1) From the funds appropriated in part 1 for  
15 family, maternal, and child health administration, \$500,000.00  
16 shall be allocated for a school children's healthy exercise program  
17 to promote and advance physical health for school children in  
18 kindergarten through grade 8. The department shall recommend model  
19 programs for sites to implement that incorporate evidence-based  
20 best practices. The department shall grant the funds appropriated  
21 in part 1 for before- and after-school programs. The department  
22 shall establish guidelines for program sites, which may include  
23 schools, community-based organizations, private facilities,  
24 recreation centers, or other similar sites. The program format  
25 shall encourage local determination of site activities and shall  
26 encourage local inclusion of youth in the decision-making regarding  
27 site activities. Program goals shall include children experiencing  
28 improved physical health and access to physical activity  
29 opportunities, the reduction of obesity, providing a safe place to



1 play and exercise, and nutrition education. To be eligible to  
2 participate, program sites shall provide a 20% match to the state  
3 funding, which may be provided in full, or in part, by a  
4 corporation, foundation, or private partner. The department shall  
5 seek financial support from corporate, foundation, or other private  
6 partners for the program or for individual program sites.

7 (2) By February 1 of the current fiscal year, the department  
8 shall submit to the report recipients required in section 246 of  
9 this part a report on the program sites awarded grant funds and a  
10 spending report from each program site.

11 Sec. 1343. (1) From the funds appropriated in part 1 for  
12 dental programs, the department shall allocate \$1,760,000.00 of  
13 state and local funds plus any private contributions received to  
14 support the program to establish and maintain a dental oral  
15 assessment program to provide assessments to school children as  
16 provided in section 9316 of the public health code, 1978 PA 368,  
17 MCL 333.9316.

18 (2) By December 31 of the current fiscal year, the department  
19 must submit to the legislature a report that provides a summary on  
20 the number of dental screenings that occurred within each school  
21 district.

22 Sec. 1348. From the funds appropriated in part 1, the  
23 department shall submit a report by February 18 of the current  
24 fiscal year to the report recipients required in section 246 of  
25 this part on the program outcomes of any healthy moms healthy  
26 babies programs that are established.

27 Sec. 1349. Subject to federal approval, from the funds  
28 appropriated in part 1 for immunization program, the department  
29 shall allocate \$740,000.00 of general fund/general purpose plus any



1 available work project funds and federal match through an  
 2 administered contract with oversight from behavioral and physical  
 3 health and aging services administration and public health  
 4 administration. The funds shall be used to support a statewide  
 5 media campaign for improving this state's immunization rates.

6  
 7 **CHILDREN'S SPECIAL HEALTH CARE SERVICES**

8 Sec. 1360. The department may do 1 or more of the following:

9 (a) Provide special formulas for eligible clients with  
 10 specified metabolic and allergic disorders.

11 (b) Provide medical care and treatment to eligible patients  
 12 with cystic fibrosis who are 26 years of age or older.

13 (c) Provide medical care and treatment to eligible patients  
 14 with hereditary coagulation defects, commonly known as hemophilia,  
 15 who are 26 years of age or older.

16 (d) Provide human growth hormone to eligible patients.

17 (e) Provide mental health care for mental health needs that  
 18 result from, or are a symptom of, the individual's qualifying  
 19 medical condition.

20 (f) Provide medical care and treatment to eligible patients  
 21 with sickle cell disease who are 26 years of age or older.

22 Sec. 1361. From the funds appropriated in part 1 for medical  
 23 care and treatment, the department may spend those funds for the  
 24 continued development and expansion of telemedicine capacity to  
 25 allow families with children in the children's special health care  
 26 services program to access specialty providers more readily and in  
 27 a more timely manner. The department may spend funds to support  
 28 chronic complex care management of children enrolled in the  
 29 children's special health care services program to minimize



1 hospitalizations and reduce costs to the program while improving  
2 outcomes and quality of life.

3

4 **AGING SERVICES**

5 Sec. 1402. The department may encourage the Food Bank Council  
6 of Michigan to collaborate directly with each area agency on aging  
7 and any other organizations that provide senior nutrition services  
8 to secure the food access of older adults.

9 Sec. 1403. (1) By April 1 of the current fiscal year, the  
10 department shall require each area agency on aging region to report  
11 data to the aging services agency and to the report recipients  
12 required in section 246 of this part on home-delivered meals  
13 waiting lists. The report must include data on all of the  
14 following:

15 (a) The recipient's degree of frailty.

16 (b) The recipient's inability to prepare his or her own meals  
17 safely.

18 (c) Whether the recipient has another care provider available.

19 (d) Any other qualifications normally necessary for the  
20 recipient to receive home-delivered meals.

21 (2) The data required in the report under subsection (1) must  
22 be recorded only for individuals who have applied for participation  
23 in the home-delivered meals program and who are initially  
24 determined as likely to be eligible for home-delivered meals.

25 Sec. 1417. The department shall provide to the report  
26 recipients required in section 246 of this part a report by March  
27 30 of the current fiscal year that contains all of the following:

28 (a) The total allocation of state resources made to each area  
29 agency on aging by individual program and administration.



1 (b) Detailed expenditures by each area agency on aging by  
 2 individual program and administration including both state-funded  
 3 resources and locally funded resources.

4 Sec. 1421. From the funds appropriated in part 1 for community  
 5 services, \$1,100,000.00 shall be allocated to area agencies on  
 6 aging for locally determined needs.

7  
 8 **HEALTH AND AGING SERVICES ADMINISTRATION**

9 Sec. 1501. (1) By October 1 of the current fiscal year, the  
 10 department shall report on the findings of section 1501(1) of  
 11 article 6 of 2022 PA 166, and submit the provider reimbursement  
 12 rate comparison tables to the report recipients required in section  
 13 246 of this part, unless the report was submitted before September  
 14 30, 2022. The provider reimbursement rate comparison tables shall  
 15 include, but not be limited to, all of the following:

16 (a) Medicaid reimbursement rates, as of October 1, 2022,  
 17 itemized by current procedural terminology (CPT) code, by provider  
 18 type.

19 (b) Medicare reimbursement rates for Michigan Locality 01, as  
 20 of October 1 2022, itemized by CPT code, by provider type.

21 (c) Comparison between Medicaid and Medicare reimbursement  
 22 rates by CPT code detailing the current Medicaid reimbursement  
 23 rates as a percentage of the current Medicare reimbursement rates  
 24 for Michigan Locality 01, by provider type.

25 (2) As used in this section, "provider type" means all of the  
 26 following categories of procedure codes, fee screens, or other  
 27 billing reimbursement information administered by the department:

28 (a) Ambulance.

29 (b) Chiropractors.



- 1 (c) Dental.
- 2 (d) Family planning.
- 3 (e) Genetic counselors.
- 4 (f) Hearing services and hearing aid dealers.
- 5 (g) Home health.
- 6 (h) Hospice.
- 7 (i) Independent diagnostic testing facilities.
- 8 (j) Laboratory.
- 9 (k) Maternal infant health program.
- 10 (l) Medical suppliers, including, orthotists, prosthetists, and
- 11 durable medical equipment dealers.
- 12 (m) Non-physician behavioral health.
- 13 (n) Physicians, practitioners, and medical clinics.
- 14 (o) Portable X-ray suppliers.
- 15 (p) Private duty nurse.
- 16 (q) Occupational, physical, and speech therapies.
- 17 (r) Urgent care centers.
- 18 (s) Vision.

19 Sec. 1505. By March 1 of the current fiscal year, the

20 department shall submit a report to the report recipients required

21 in section 246 of this part on the actual reimbursement savings and

22 cost offsets that have resulted from the funds appropriated in part

23 1 for the office of inspector general and third party liability

24 efforts in the previous fiscal year.

25 Sec. 1507. From the funds appropriated in part 1 for office of

26 inspector general, the inspector general shall audit and recoup

27 inappropriate or fraudulent payments from Medicaid managed care

28 organizations to health care providers. Unless authorized by

29 federal or state law, the department shall not fine, temporarily



1 halt operations of, disenroll as a Medicaid provider, or terminate  
2 a managed care organization or health care provider from providing  
3 services due to the discovery of an inappropriate payment found  
4 during the course of an audit.

5 Sec. 1509. Due to the circumstances found in the department's  
6 Medicaid non-emergency medical transportation (NEMT) services  
7 program by the office of the auditor general (OAG) audit number  
8 391-0715-20, the department shall submit a report to the report  
9 recipients required in section 246 of this part by May 1 of the  
10 current fiscal year on corrective actions taken to correct  
11 deficiencies identified in the audit. The report must include, but  
12 is not limited to, the following information:

13 (a) The results of periodic random samplings of NEMT broker  
14 records to ensure compliance with provider eligibility  
15 documentation requirements.

16 (b) Actions taken and improvements made as a result of the  
17 formal vendor correction action plan implemented between the  
18 department and the department of technology, management, and budget  
19 with emphasis on improvements made in on-time performance, medical  
20 needs form deficiencies, and efforts made for active and ongoing  
21 monitoring.

22 (c) The results of periodic random samplings of NEMT broker  
23 records to review documentation requirements with attention paid to  
24 trip logs, medical needs forms, and any other information used to  
25 support NEMT encounter claims.

26 (d) The results of periodic random samplings of Medicaid  
27 health plans to ensure that NEMT encounter data is complete and  
28 accurate and encounter claims are valid.

29 (e) The amount, if any, of monetary penalties or liquidated



1 damages assessed due to insufficient NEMT claims monitoring  
2 procedures.

3 (f) The rationale and any funding limitations that prevent the  
4 department from establishing performance standards and collecting  
5 performance data for NEMT services for beneficiaries not covered  
6 through a Medicaid health plan contract or an NEMT broker.

7 Sec. 1510. Due to the circumstances found in the department's  
8 Medicaid and Children's Health Insurance Program (CHIP) eligibility  
9 determinations processes by the office of the auditor general (OAG)  
10 audit number 391-0710-19, the department shall submit a report to  
11 the report recipients required in section 246 of this part by May 1  
12 of the current fiscal year on corrective actions taken to reduce  
13 improper payments to ineligible beneficiaries, to maintain proper  
14 documentation and case files, and improvements made to the  
15 department's internal controls. The report must include, but is not  
16 limited to, the following information:

17 (a) The number of beneficiaries by type of assistance (TOA)  
18 group whose TOA group was subsequently changed after initial  
19 determination and the reasons initial classifications were  
20 incorrect in the previous fiscal year.

21 (b) The number of beneficiaries and the total amount of  
22 payments made that were ineligible for federal reimbursement, not  
23 due to a mistaken TOA category in the previous fiscal year.

24 (c) For the previous 3 audit cycles, the total amount and  
25 percentage of federal reimbursement identified as improper payments  
26 by the Federal Payment Error Rate Measurement audit.

27 (d) For each of the previous 5 fiscal years, the department's  
28 estimate of the net amount of federal reimbursement and state  
29 spending made in error.



1 (e) A list of all of the sources that the department uses to  
2 verify income for Medicaid and CHIP eligibility.

3 (f) A description of the training implemented for caseworkers  
4 to improve initial TOA eligibility determinations.

5 (g) The total number of beneficiaries in the previous fiscal  
6 year who received full health care coverage but did not have a  
7 valid Social Security number.

8 (h) A list of all changes made to ensure all Medicaid and CHIP  
9 beneficiaries have a valid Social Security number to receive full  
10 health care coverage.

11 (i) The total number of beneficiaries in the previous fiscal  
12 year who received full health care coverage but did not have an  
13 acceptable alien status.

14 (j) A list of all changes made to ensure all Medicaid and CHIP  
15 beneficiaries have an acceptable alien status to receive full  
16 health care coverage.

17 (k) Status update on the establishment of the Medicaid  
18 Eligibility Quality Assurance case review process to provide a  
19 timelier monitoring process.

20 Sec. 1512. The updated Medicaid utilization and net cost  
21 report shall continue to separate nonclinical administrative costs  
22 from actual claims and encounter costs.

23 Sec. 1518. The department shall coordinate with the department  
24 of licensing and regulatory affairs to ensure that, upon receipt of  
25 the order of suspension of a licensed adult foster care home, home  
26 for the aged, or nursing home, the department of licensing and  
27 regulatory affairs shall provide notice to the department, to the  
28 house and senate appropriations subcommittees on the department  
29 budget, and to the members of the house and senate that represent



1 the legislative districts of the county in which the facility lies.

2 Sec. 1519. By February 15 of the current fiscal year, the  
3 department shall provide a report to the report recipients required  
4 in section 246 of this part on the department's efforts to maximize  
5 the utilization of Medicaid reimbursements for maternal health  
6 services, including, but not limited to, CenteringPregancy models,  
7 perinatal quality collaboratives, and hospital incentives to  
8 improve maternal care. The report must also include any identified  
9 barriers in maximizing the utilization of Medicaid reimbursements  
10 for maternal health services.

11  
12 **HEALTH SERVICES**

13 Sec. 1601. The cost of remedial services incurred by residents  
14 of licensed adult foster care homes and licensed homes for the aged  
15 shall be used in determining financial eligibility for the  
16 medically needy. Remedial services include basic self-care and  
17 rehabilitation training for a resident.

18 Sec. 1605. The protected income level for Medicaid coverage  
19 determined pursuant to section 106(1)(b) *(iii)* of the social welfare  
20 act, 1939 PA 280, MCL 400.106, shall be 100% of the related public  
21 assistance standard.

22 Sec. 1606. For the purpose of guardian and conservator  
23 charges, the department may deduct up to \$83.00 per month as an  
24 allowable expense against a recipient's income when determining  
25 Medicaid eligibility and patient pay amounts.

26 Sec. 1607. (1) An applicant for Medicaid, whose qualifying  
27 condition is pregnancy, shall immediately be presumed to be  
28 eligible for Medicaid coverage unless the preponderance of evidence  
29 in her application indicates otherwise. The applicant who is



1 qualified as described in this subsection shall be allowed to  
2 select or remain with the Medicaid participating obstetrician of  
3 her choice.

4 (2) All qualifying applicants shall be entitled to receive all  
5 medically necessary obstetrical and prenatal care without  
6 preauthorization from a health plan. All claims submitted for  
7 payment for obstetrical and prenatal care shall be paid at the  
8 Medicaid fee-for-service rate in the event a contract does not  
9 exist between the Medicaid participating obstetrical or prenatal  
10 care provider and the managed care plan. The applicant shall  
11 receive a listing of Medicaid physicians and managed care plans in  
12 the immediate vicinity of the applicant's residence.

13 (3) In the event that an applicant, presumed to be eligible  
14 under subsection (1), is subsequently found to be ineligible, a  
15 Medicaid physician or managed care plan that has been providing  
16 pregnancy services to an applicant under this section is entitled  
17 to reimbursement for those services until they are notified by the  
18 department that the applicant was found to be ineligible for  
19 Medicaid.

20 (4) If the preponderance of evidence in an application  
21 indicates that the applicant is not eligible for Medicaid, the  
22 department shall refer that applicant to the nearest public health  
23 clinic or similar entity as a potential source for receiving  
24 pregnancy-related services.

25 (5) The department shall develop an enrollment process for  
26 pregnant women covered under this section that facilitates the  
27 selection of a managed care plan at the time of application.

28 (6) The department shall mandate enrollment of women, whose  
29 qualifying condition for Medicaid is pregnancy, into Medicaid



1 managed care plans.

2 (7) The department shall encourage physicians to provide  
3 women, whose qualifying condition for Medicaid is pregnancy, with a  
4 referral to a Medicaid participating dentist at the first  
5 pregnancy-related appointment.

6 Sec. 1611. (1) For care provided to Medicaid recipients with  
7 other third-party sources of payment, Medicaid reimbursement shall  
8 not exceed, in combination with such other resources, including  
9 Medicare, those amounts established for Medicaid-only patients. The  
10 Medicaid payment rate shall be accepted as payment in full. Other  
11 than an approved Medicaid co-payment, no portion of a provider's  
12 charge shall be billed to the recipient or any person acting on  
13 behalf of the recipient. This section does not affect the level of  
14 payment from a third-party source other than the Medicaid program.  
15 The department shall require a nonenrolled provider to accept  
16 Medicaid payments as payment in full.

17 (2) Notwithstanding subsection (1), Medicaid reimbursement for  
18 hospital services provided to dual Medicare/Medicaid recipients  
19 with Medicare part B coverage only shall equal, when combined with  
20 payments for Medicare and other third-party resources, if any,  
21 those amounts established for Medicaid-only patients, including  
22 capital payments.

23 Sec. 1616. (1) By October 1 of the current fiscal year, the  
24 department shall seek federal authority to formally enroll and  
25 recognize community health workers as providers and to utilize  
26 Medicaid matching funds for community health worker services,  
27 including the potential of leveraging of a Medicaid state plan  
28 amendment, waiver authorities, or other means to secure financing  
29 for community health worker services. The appropriate federal



1 approval must allow for community health worker services on a  
2 statewide basis and must not be a limited geography waiver. The  
3 authority should allow the application of community health worker  
4 services statewide and maximize their utility by providing  
5 financing that includes fee-for-service reimbursement, value-based  
6 payment, or a combination of both fee-for-service reimbursement and  
7 value-based payment for all services commensurate to their scope of  
8 training and abilities as provided by evidence-based research and  
9 programs.

10 (2) By September 30 of the current fiscal year, the department  
11 shall report to the report recipients required in section 246 of  
12 this part on the progress of meeting the requirements in subsection  
13 (1).

14 Sec. 1620. (1) For fee-for-service Medicaid claims, the  
15 professional dispensing fee for drugs indicated as specialty  
16 medications on the Michigan pharmaceutical products list is \$20.02  
17 or the pharmacy's submitted dispensing fee, whichever is less.

18 (2) For fee-for-service Medicaid claims, for drugs not  
19 indicated as specialty drugs on the Michigan pharmaceutical  
20 products list, the professional dispensing fee for medications is  
21 as follows:

22 (a) For medications indicated as preferred on the department's  
23 preferred drug list, \$10.80 or the pharmacy's submitted dispensing  
24 fee, whichever is less.

25 (b) For medications not on the department's preferred drug  
26 list, \$10.64 or the pharmacy's submitted dispensing fee, whichever  
27 is less.

28 (c) For medications indicated as nonpreferred on the  
29 department's preferred drug list, \$9.00 or the pharmacy's submitted



1 dispensing fee, whichever is less.

2 (3) The department shall require a prescription co-payment for  
3 Medicaid recipients not enrolled in the Healthy Michigan plan or  
4 with an income less than 100% of the federal poverty level of \$1.00  
5 for a generic drug or any drug indicated as preferred on the  
6 department's preferred drug list and \$3.00 for a brand-name drug  
7 not indicated as preferred on the department's preferred drug list,  
8 except as prohibited by federal or state law or regulation.

9 (4) The department shall require a prescription co-payment for  
10 Medicaid recipients enrolled in the Healthy Michigan plan with an  
11 income of at least 100% of the federal poverty level of \$4.00 for a  
12 generic drug or any drug indicated as preferred on the department's  
13 preferred drug list and \$8.00 for a brand-name drug not indicated  
14 as preferred on the department's preferred drug list, except as  
15 prohibited by federal or state law or regulation.

16 Sec. 1625. The department shall not enter into any contract  
17 with a Medicaid managed care organization that relies on a pharmacy  
18 benefit manager that does not do all of the following:

19 (a) For pharmacies with not more than 7 retail outlets,  
20 utilizes a pharmacy reimbursement methodology of the national  
21 average drug acquisition cost plus a professional dispensing fee  
22 comparable to the applicable professional dispensing fee provided  
23 under section 1620. The pharmacy benefit manager or the involved  
24 pharmacy services administrative organization shall not receive any  
25 portion of the additional professional dispensing fee. The  
26 department shall identify the pharmacies this subdivision applies  
27 to and provide the list of applicable pharmacies to the Medicaid  
28 managed care organizations.

29 (b) For pharmacies with not more than 7 retail outlets,



1 utilizes a pharmacy reimbursement methodology, when a national  
2 average drug acquisition cost price is not available, for brand  
3 drugs of the lesser of the wholesale acquisition cost, the average  
4 wholesale price less 16.7% plus a professional dispensing fee  
5 comparable to the applicable professional dispensing fee provided  
6 under section 1620, or the usual and customary charge by the  
7 pharmacy. The department shall identify the pharmacies this  
8 subdivision applies to and provide the list of applicable  
9 pharmacies to the Medicaid managed care organizations.

10 (c) For pharmacies with not more than 7 retail outlets,  
11 utilizes a pharmacy reimbursement methodology, when a national  
12 average drug acquisition cost price is not available, for generic  
13 drugs of the lesser of wholesale acquisition cost plus a  
14 professional dispensing fee comparable to the applicable  
15 professional dispensing fee provided under section 1620, average  
16 wholesale price less 30.0% plus a professional dispensing fee  
17 comparable to the applicable professional dispensing fee provided  
18 under section 1620, or the usual and customary charge by the  
19 pharmacy. The department shall identify the pharmacies this  
20 subdivision applies to and provide the list of applicable  
21 pharmacies to the Medicaid managed care organizations.

22 (d) Reimburses for a legally valid claim at a rate not less  
23 than the rate in effect at the time the original claim adjudication  
24 as submitted at the point of sale.

25 (e) Agrees to move to a transparent "pass-through" pricing  
26 model, in which the pharmacy benefit manager discloses the  
27 administrative fee as a percentage of the professional dispensing  
28 costs to the department.

29 (f) Agrees to not create new pharmacy administration fees and



1 to not increase current fees more than the rate of inflation. This  
2 subdivision does not apply to any federal rule or action that  
3 creates a new fee.

4 (g) Agrees to not terminate an existing contract with a  
5 pharmacy with not more than 7 retail outlets for the sole reason of  
6 the additional professional dispensing fee authorized under this  
7 section.

8 Sec. 1626. (1) By January 15 of the current fiscal year, each  
9 pharmacy benefit manager that receives reimbursements, either  
10 directly or through a Medicaid health plan, from the funds  
11 appropriated in part 1 for medical services must submit all of the  
12 following information to the department for the previous fiscal  
13 year:

14 (a) The total number of prescriptions that were dispensed.

15 (b) The aggregate fiscal year paid pharmacy claims repriced  
16 using the wholesale acquisition cost for each drug on its  
17 formulary.

18 (c) The aggregate amount of rebates, discounts, and price  
19 concessions that the pharmacy benefit manager received for each  
20 drug on its formulary. The amount of rebates shall include any  
21 utilization discounts the pharmacy benefit manager receives from a  
22 manufacturer.

23 (d) The aggregate amount of administrative fees that the  
24 pharmacy benefit manager received from all pharmaceutical  
25 manufacturers.

26 (e) The aggregate amount identified in subdivisions (b) and  
27 (c) that were retained by the pharmacy benefit manager and did not  
28 pass through to the department or to the Medicaid health plan.

29 (f) The aggregate amount of reimbursements the pharmacy



1 benefit manager pays to contracting pharmacies.

2 (g) Any other information considered necessary by the  
3 department.

4 (2) By March 1 of the current fiscal year, the department  
5 shall submit the information provided under subsection (1) to the  
6 report recipients required in section 246 of this part.

7 (3) Any nonaggregated information submitted under this section  
8 shall be confidential and shall not be disclosed to any person by  
9 the department. Such information is not considered a public record  
10 of the department.

11 Sec. 1628. From the funds appropriated in part 1 for hospital  
12 services and therapy and Healthy Michigan plan, the department  
13 shall continue to allocate \$3,000,000.00 in general fund/general  
14 purpose revenue and any associated federal match to maintain the  
15 Medicaid reimbursement rate for dental services provided at  
16 ambulatory surgical centers and outpatient hospitals. The funding  
17 provided in this section must be used to maintain the minimum rate  
18 for dental services provided in ambulatory surgical centers at  
19 \$1,495.00 and maintain the minimum rate for dental services  
20 provided in outpatient hospitals at \$2,300.00.

21 Sec. 1629. The department shall utilize maximum allowable cost  
22 pricing for generic drugs that is based on wholesaler pricing to  
23 providers that is available from at least 2 wholesalers who deliver  
24 in this state.

25 Sec. 1630. By November 1 of the current fiscal year, the  
26 department must report on the progress of the implementation of the  
27 Medicaid dental redesign to the report recipients required in  
28 section 246 of this part.

29 Sec. 1631. (1) The department shall require co-payments on



1 dental, podiatric, and vision services provided to Medicaid  
 2 recipients, except as prohibited by federal or state law or  
 3 regulation.

4 (2) Except as otherwise prohibited by federal or state law or  
 5 regulation, the department shall require Medicaid recipients not  
 6 enrolled in the Healthy Michigan plan or with an income less than  
 7 100% of the federal poverty level to pay not less than the  
 8 following co-payments:

9 (a) Two dollars for a physician office visit.

10 (b) Three dollars for a hospital emergency room visit.

11 (c) Fifty dollars for the first day of an inpatient hospital  
 12 stay.

13 (d) Two dollars for an outpatient hospital visit.

14 (3) Except as otherwise prohibited by federal or state law or  
 15 regulation, the department shall require Medicaid recipients  
 16 enrolled in the Healthy Michigan plan with an income of at least  
 17 100% of the federal poverty level to pay the following co-payments:

18 (a) Four dollars for a physician office visit.

19 (b) Eight dollars for a hospital emergency room visit.

20 (c) One hundred dollars for the first day of an inpatient  
 21 hospital stay.

22 (d) Four dollars for an outpatient hospital visit or any other  
 23 medical provider visit to the extent allowed by federal or state  
 24 law or regulation.

25 Sec. 1641. An institutional provider that is required to  
 26 submit a cost report under the Medicaid program shall submit cost  
 27 reports completed in full within 5 months after the end of its  
 28 fiscal year.

29 Sec. 1644. (1) From the funds appropriated in part 1, the



1 department shall increase the direct care wage by \$2.50 per hour,  
2 of which \$1.00 per hour is on a 1-time basis, to direct care  
3 workers employed by skilled nursing facilities for the current  
4 fiscal year. This funding must include all costs incurred by the  
5 employer, including payroll taxes, due to the wage increase. As  
6 used in this subsection, "direct care workers" means a registered  
7 professional nurse, licensed practical nurse, competency-evaluated  
8 nursing assistant, and respiratory therapist.

9 (2) From the funds appropriated in part 1, the department  
10 shall increase the direct care wage by \$2.50 per hour, of which  
11 \$1.00 per hour is on a 1-time basis, to direct care workers  
12 employed by licensed adult foster care facilities and licensed  
13 homes for the aged that provide Medicaid-funded fee-for-service  
14 personal care services that were not eligible for any direct care  
15 worker pay adjustment under Medicaid-funded managed care. This  
16 funding must include all costs incurred by the employer, including  
17 payroll taxes, due to the wage increase.

18 Sec. 1646. The department and nursing facility representatives  
19 shall evaluate the quality measure incentive program's  
20 effectiveness on quality, measured by the change in the CMS 5-star  
21 quality measure domain rating since the implementation of quality  
22 measure incentive program. By March 1 of the current fiscal year,  
23 the department shall report to the report recipients required in  
24 section 246 of this part on the findings of the evaluation.

25 Sec. 1657. (1) Reimbursement for Medicaid to screen and  
26 stabilize a Medicaid recipient, including stabilization of a  
27 psychiatric crisis, in a hospital emergency room shall not be made  
28 contingent on obtaining prior authorization from the recipient's  
29 HMO. If the recipient is discharged from the emergency room, the



1 hospital shall notify the recipient's HMO within 24 hours of the  
2 diagnosis and treatment received.

3 (2) If the treating hospital determines that the recipient  
4 will require further medical service or hospitalization beyond the  
5 point of stabilization, that hospital shall receive authorization  
6 from the recipient's HMO prior to admitting the recipient.

7 (3) Subsections (1) and (2) do not require an alteration to an  
8 existing agreement between an HMO and its contracting hospitals and  
9 do not require an HMO to reimburse for services that are not  
10 considered to be medically necessary.

11 Sec. 1662. (1) The department shall ensure that an external  
12 quality review of each contracting HMO is performed that results in  
13 an analysis and evaluation of aggregated information on quality,  
14 timeliness, and access to health care services that the HMO or its  
15 contractors furnish to Medicaid beneficiaries.

16 (2) The department shall require Medicaid HMOs to provide  
17 EPSDT utilization data through the encounter data system, and HEDIS  
18 well child health measures in accordance with the National  
19 Committee for Quality Assurance prescribed methodology.

20 (3) The department shall provide a copy of the analysis of the  
21 Medicaid HMO annual audited HEDIS reports and the annual external  
22 quality review report to the report recipients required in section  
23 246 of this part within 30 days after the department's receipt of  
24 the final reports from the contractors.

25 Sec. 1670. (1) The appropriation in part 1 for the MICHild  
26 program is to be used to provide comprehensive health care to all  
27 children under age 19 who reside in families with income at or  
28 below 212% of the federal poverty level, who are uninsured and have  
29 not had coverage by other comprehensive health insurance within 6



1 months of making application for MIChild benefits, and who are  
2 residents of this state. The department shall develop detailed  
3 eligibility criteria through the behavioral and physical health and  
4 aging services administration public concurrence process,  
5 consistent with the provisions of this part and part 1.

6 (2) The department may provide up to 1 year of continuous  
7 eligibility to children eligible for the MIChild program unless the  
8 family fails to pay the monthly premium, a child reaches age 19, or  
9 the status of the children's family changes and its members no  
10 longer meet the eligibility criteria as specified in the state  
11 plan.

12 (3) The department may make payments on behalf of children  
13 enrolled in the MIChild program as described in the MIChild state  
14 plan approved by the United States Department of Health and Human  
15 Services, or from other medical services.

16 Sec. 1673. The department may establish premiums for MIChild  
17 eligible individuals in families with income at or below 212% of  
18 the federal poverty level. The monthly premiums shall be \$10.00 per  
19 month.

20 Sec. 1677. The MIChild program shall provide, at a minimum,  
21 all benefits available under the Michigan benchmark plan that are  
22 delivered through contracted providers and consistent with federal  
23 law, including, but not limited to, the following medically  
24 necessary services:

25 (a) Inpatient mental health services, other than substance use  
26 disorder treatment services, including services furnished in a  
27 state-operated mental hospital and residential or other 24-hour  
28 therapeutically planned structured services.

29 (b) Outpatient mental health services, other than substance



1 use disorder services, including services furnished in a state-  
2 operated mental hospital and community-based services.

3 (c) Durable medical equipment and prosthetic and orthotic  
4 devices.

5 (d) Dental services as outlined in the approved MIChild state  
6 plan.

7 (e) Substance use disorder treatment services that may include  
8 inpatient, outpatient, and residential substance use disorder  
9 treatment services.

10 (f) Care management services for mental health diagnoses.

11 (g) Physical therapy, occupational therapy, and services for  
12 individuals with speech, hearing, and language disorders.

13 (h) Emergency ambulance services.

14 Sec. 1682. (1) In addition to the appropriations in part 1,  
15 the department is authorized to receive and spend penalty money  
16 received as the result of noncompliance with Medicaid certification  
17 regulations. Penalty money, characterized as private funds,  
18 received by the department shall increase authorizations and  
19 allotments in the long-term care accounts.

20 (2) Any unexpended penalty money, at the end of the year,  
21 shall carry forward to the following year.

22 (3) By March 1 of the current fiscal year, the department  
23 shall report to the report recipients required in section 246 of  
24 this part on penalty money received by the department as described  
25 in subsection (1). The report shall include, but is not limited to,  
26 the following information:

27 (a) The amount of penalty monies received by the department  
28 received in the previous fiscal year listed by the assessed entity.

29 (b) A list of the entities who were assessed penalties in the



1 previous fiscal year with the rationale for each penalty.

2       Sec. 1692. (1) The department is authorized to pursue  
3 reimbursement for eligible services provided in Michigan schools  
4 from the federal Medicaid program. The department and the state  
5 budget director are authorized to negotiate and enter into  
6 agreements, together with the department of education, with local  
7 and intermediate school districts regarding the sharing of federal  
8 Medicaid services funds received for these services. The department  
9 is authorized to receive and disburse funds to participating school  
10 districts pursuant to such agreements and state and federal law.

11       (2) From the funds appropriated in part 1 for health services  
12 school-based services payments, the department is authorized to do  
13 all of the following:

14       (a) Finance activities within the behavioral and physical  
15 health and aging services administration related to this project.

16       (b) Reimburse participating school districts pursuant to the  
17 fund-sharing ratios negotiated in the state-local agreements  
18 authorized in subsection (1).

19       (c) Offset general fund costs associated with the Medicaid  
20 program.

21       Sec. 1693. The special Medicaid reimbursement appropriation in  
22 part 1 may be increased if the department submits a Medicaid state  
23 plan amendment pertaining to this line item at a level higher than  
24 the appropriation. The department is authorized to appropriately  
25 adjust financing sources in accordance with the increased  
26 appropriation.

27       Sec. 1694. From the funds appropriated in part 1 for special  
28 Medicaid reimbursement, \$2,621,400.00 of general fund/general  
29 purpose revenue and any associated federal match shall be



1 distributed for poison control services to an academic health care  
2 system that has a high indigent care volume.

3 Sec. 1697. The department shall require that Medicaid health  
4 plans administering Healthy Michigan plan benefits maintain a  
5 network of dental providers in sufficient numbers, mix, and  
6 geographic locations throughout their respective service areas in  
7 order to provide adequate dental care for Healthy Michigan plan  
8 enrollees.

9 Sec. 1698. From the funds appropriated in part 1 for dental  
10 services, the department shall maintain the rates on the  
11 department's dental fee schedule for adult fee-for-service Medicaid  
12 claims.

13 Sec. 1699. (1) The department may make separate payments in  
14 the amount of \$45,000,000.00 directly to qualifying hospitals  
15 serving a disproportionate share of indigent patients and to  
16 hospitals providing GME training programs. If direct payment for  
17 GME and DSH is made to qualifying hospitals for services to  
18 Medicaid recipients, hospitals shall not include GME costs or DSH  
19 payments in their contracts with HMOs.

20 (2) The department shall allocate \$45,000,000.00 in DSH  
21 funding using the distribution methodology used in fiscal year  
22 2003-2004.

23 Sec. 1700. By December 1 of the current fiscal year, the  
24 department shall report to the report recipients required in  
25 section 246 of this part on the distribution of funding provided,  
26 and the net benefit if the special hospital payment is not financed  
27 with general fund/general purpose revenue, to each eligible  
28 hospital during the previous fiscal year from the following special  
29 hospital payments:



1 (a) DSH, separated out by unique DSH pool.

2 (b) GME.

3 (c) Special rural hospital payments provided under section  
4 1802(2) of this part.

5 (d) Lump-sum payments to rural hospitals for obstetrical care  
6 provided under section 1802(1) of this part.

7 Sec. 1702. From the funds appropriated in part 1, the  
8 department shall maintain the rates in place as of September 30,  
9 2023 for private duty nursing services for Medicaid beneficiaries  
10 under the age of 21. These additional funds must be used to attract  
11 and retain highly qualified registered nurses and licensed  
12 practical nurses to provide private duty nursing services so that  
13 medically fragile individuals can be cared for in the most homelike  
14 setting possible.

15 Sec. 1704. (1) From the funds appropriated in part 1 for  
16 health plan services, the department shall maintain the Medicaid  
17 adult dental benefit for pregnant women enrolled in a Medicaid  
18 program.

19 (2) By April 15 of the current fiscal year, the department  
20 shall report to the report recipients required in section 246 of  
21 this part on the following:

22 (a) The number of pregnant women enrolled in Medicaid who  
23 visited a dentist over the previous fiscal year.

24 (b) The number of dentists statewide who participate in  
25 providing dental services to pregnant women enrolled in Medicaid.

26 Sec. 1757. The department shall obtain proof from all Medicaid  
27 recipients that they are United States citizens or otherwise  
28 legally residing in this country and that they are residents of  
29 this state before approving Medicaid eligibility.



1           Sec. 1764. The department shall annually certify whether rates  
2 paid to Medicaid health plans and specialty PIHPs are actuarially  
3 sound in accordance with federal requirements and shall provide a  
4 copy of the rate certification and approval of rates paid to  
5 Medicaid health plans and specialty PIHPs for any fiscal year by  
6 October 1 for Medicaid capitation rate certifications and by  
7 February 15, May 15, and August 15 for any Medicaid capitation rate  
8 amendments to the report recipients required in section 246 of this  
9 part. Following the rate certification, the department shall ensure  
10 that no new or revised state Medicaid policy bulletin that is  
11 promulgated materially impacts the capitation rates that have been  
12 certified.

13           Sec. 1775. (1) By March 1 of the current fiscal year, the  
14 department shall submit a report to the report recipients required  
15 in section 246 of this part on progress in implementing changes to  
16 the waiver to implement managed care for individuals who are  
17 eligible for both Medicare and Medicaid, known as MI Health Link.  
18 This report must include progress updates on the transition to dual  
19 eligible special needs plans, in compliance with CMS regulations.

20           (2) The department shall ensure the existence of an ombudsman  
21 program that is not associated with any project service manager or  
22 provider to assist MI Health Link beneficiaries with navigating  
23 complaint and dispute resolution mechanisms and to identify  
24 problems in the demonstrations and in the complaint and dispute  
25 resolution mechanisms.

26           Sec. 1786. From the funds appropriated in part 1, the  
27 department shall maintain Medicaid reimbursement for the  
28 administration of injectable vaccines at \$16.13 and administration  
29 of oral vaccines at \$12.25.



1           Sec. 1788. From the funds appropriated in part 1, the  
2 department shall provide Medicaid reimbursement rates, including  
3 Medicaid reimbursements from the ambulance provider quality  
4 assurance assessment, for ground ambulance services at not less  
5 than 100% of the Medicare allowable rates for Locality 01 for those  
6 services in effect on January 1, 2023.

7           Sec. 1790. The department shall maintain the current  
8 practitioner rates paid for current procedural terminology (CPT)  
9 codes 90791 through 90899 for psychiatric procedures through  
10 Medicaid fee-for-service and through the comprehensive Medicaid  
11 health plans for psychiatric procedures provided for Medicaid  
12 recipients under the age of 21.

13           Sec. 1791. From the funds appropriated in part 1 for health  
14 plan services and physician services, the department shall provide  
15 Medicaid reimbursement rates for neonatal services at 100% of the  
16 Medicare rate received for those services in effect on the date the  
17 services are provided to eligible Medicaid recipients. The current  
18 procedural terminology (CPT) codes that are eligible for this  
19 reimbursement rate increase are 99468, 99469, 99471, 99472, 99475,  
20 99476, 99477, 99478, 99479, and 99480.

21           Sec. 1792. By April 30 of the current fiscal year, the  
22 department shall evaluate pharmacy encounter data through the first  
23 2 quarters of the fiscal year to determine, in consultation with  
24 the Medicaid health plans, if rates must be recertified. By May 30  
25 of the current fiscal year, the department shall report the  
26 evaluation results to the report recipients required in section 246  
27 of this part and the Medicaid health plans.

28           Sec. 1801. From the funds appropriated in part 1 for physician  
29 services and health plan services, the department shall continue



1 the increase to Medicaid rates for primary care services provided  
2 only by primary care providers. Providers performing a service and  
3 whose primary practice is as a non-primary-care subspecialty are  
4 not eligible for the increase. The department shall establish  
5 policies that most effectively limit the increase to primary care  
6 providers for primary care services only. As used in this section,  
7 "primary care provider" means a physician, or a practitioner  
8 working in collaboration with a physician, who is either licensed  
9 under part 170 or part 175 of the public health code, 1978 PA 368,  
10 MCL 333.17001 to 333.17097 and 333.17501 to 333.17556, and working  
11 as a primary care provider in general practice or board-eligible or  
12 certified with a specialty designation of family medicine, general  
13 internal medicine, or pediatric medicine, or a provider who  
14 provides the department with documentation of equivalency.

15       Sec. 1802. (1) From the funds appropriated in part 1 for  
16 hospital services and therapy, \$7,995,200.00 in general  
17 fund/general purpose revenue shall be provided as lump-sum payments  
18 to noncritical access hospitals that qualified for rural hospital  
19 access payments in fiscal year 2013-2014 and that provide  
20 obstetrical care in the current fiscal year. Payment amounts shall  
21 be based on the volume of obstetrical care cases and newborn care  
22 cases for all such cases billed by each qualified hospital in the  
23 most recent year for which data is available. Payments shall be  
24 made by January 1 of the current fiscal year.

25       (2) From the funds appropriated in part 1 for hospital  
26 services and therapy and Healthy Michigan plan, \$13,904,800.00 in  
27 general fund/general purpose revenue and any associated federal  
28 match shall be awarded as rural access payments to noncritical  
29 access hospitals that meet criteria established by the department



1 for services to low-income rural residents. One of the  
2 reimbursement components of the distribution formula shall be  
3 assistance with labor and delivery services. The department shall  
4 ensure that the rural access payments described in this subsection  
5 are distributed in a manner that ensures both of the following:

6 (a) A hospital does not receive more than 10.0% of the total  
7 rural access funding referenced in this subsection.

8 (b) The methodology for distribution under this subsection and  
9 its applicable data that are used to determine the payment amounts  
10 are provided to each hospital by August 1 of the current fiscal  
11 year.

12 (3) The department shall publish the distribution of payments  
13 for the current fiscal year and the previous fiscal year.

14 Sec. 1804. The department may utilize the federal public  
15 assistance reporting information system to continue to work to  
16 identify Medicaid recipients who are veterans and who may be  
17 eligible for federal veterans' health care benefits or other  
18 benefits and shall continue to refer veterans to the department of  
19 military and veterans affairs for assistance in securing additional  
20 benefits.

21 Sec. 1810. In advance of the annual rate setting development,  
22 Medicaid health plans shall be given at least 60 days to dispute  
23 and correct any discarded encounter data before rates are  
24 certified. The department shall notify each contracting Medicaid  
25 health plan of any encounter data that have not been accepted for  
26 the purposes of rate setting.

27 Sec. 1812. By June 1 of the current fiscal year, and using the  
28 most recent available cost reports, the department shall complete a  
29 report of all direct and indirect costs associated with residency



1 training programs for each hospital that receives funds  
2 appropriated in part 1 for graduate medical education or through  
3 the MiDocs consortium. The report shall be submitted to the report  
4 recipients required in section 246 of this part.

5 Sec. 1820. (1) In order to avoid duplication of efforts, the  
6 department shall utilize applicable national accreditation review  
7 criteria to determine compliance with corresponding state  
8 requirements for Medicaid health plans that have been reviewed and  
9 accredited by a national accrediting entity for health care  
10 services.

11 (2) The department shall continue to comply with state and  
12 federal law and shall not initiate an action that negatively  
13 impacts beneficiary safety.

14 (3) As used in this section, "national accrediting entity"  
15 means the National Committee for Quality Assurance, the URAC,  
16 formerly known as the Utilization Review Accreditation Commission,  
17 or other appropriate entity, as approved by the department.

18 Sec. 1837. The department shall continue, and expand where  
19 appropriate, utilization of telemedicine and telepsychiatry as  
20 strategies to increase access to services for Medicaid recipients.

21 Sec. 1846. From the funds appropriated in part 1 for graduate  
22 medical education, the department shall distribute the funds with  
23 an emphasis on the following health care workforce goals:

24 (a) The encouragement of the training of physicians in  
25 specialties, including primary care, that are necessary to meet the  
26 future needs of residents of this state.

27 (b) The training of physicians in settings that include  
28 ambulatory sites and rural locations.

29 (c) The training of practitioners providing pediatric



1 psychiatry services.

2 Sec. 1850. The department may allow Medicaid health plans to  
3 assist with maintaining eligibility through outreach activities to  
4 ensure continuation of Medicaid eligibility and enrollment in  
5 managed care. This may include mailings, telephone contact, or  
6 face-to-face contact with beneficiaries enrolled in the individual  
7 Medicaid health plan. Health plans may offer assistance in  
8 completing paperwork for beneficiaries enrolled in their plan.

9 Sec. 1854. The funds appropriated in part 1 for program of  
10 all-inclusive care for the elderly (PACE) must support a current  
11 fiscal year enrollment cap that is not less than 7,553.

12 Sec. 1855. From the funds appropriated in part 1 for program  
13 of all-inclusive care for the elderly (PACE), to the extent that  
14 funding is available in the PACE line item and unused program slots  
15 are available, the department may do the following:

16 (a) Increase the number of slots for an already-established  
17 local PACE program if the local PACE program has provided  
18 appropriate documentation to the department indicating its ability  
19 to expand capacity to provide services to additional PACE clients.

20 (b) Suspend the 10 member per month individual PACE program  
21 enrollment increase cap in order to allow unused and unobligated  
22 slots to be allocated to address unmet demand for PACE services.

23 Sec. 1856. (1) From the funds appropriated in part 1 for  
24 hospice services, \$5,000,000.00 shall be expended to provide room  
25 and board for Medicaid recipients who meet hospice eligibility  
26 requirements and receive services at Medicaid enrolled hospice  
27 residences in this state. The department shall distribute funds  
28 through grants based on the total beds located in all eligible  
29 residences that have been providing these services as of October 1,



1 2017. Any eligible grant applicant may inform the department of the  
2 applicant's request to reduce the grant amount allocated for the  
3 applicant's residence and the funds shall be distributed  
4 proportionally to increase the total grant amount of the remaining  
5 grant-eligible residences. Grant amounts shall be paid out monthly  
6 with 1/12 of the total grant amount distributed each month to the  
7 grantees.

8 (2) By September 15 of the current fiscal year, each Medicaid-  
9 enrolled hospice with a residence that receives funds under this  
10 section shall provide a report to the department on the utilization  
11 of the grant funding provided in subsection (1). The report shall  
12 be provided in a format prescribed by the department and shall  
13 include the following:

14 (a) The number of patients served.

15 (b) The number of days served.

16 (c) The daily room and board rates for the patients served.

17 (d) If there is not sufficient funding to cover the total room  
18 and board need, the number of patients who did not receive care due  
19 to insufficient grant funding.

20 (3) If funds remain at the end of the current fiscal year, the  
21 Medicaid-enrolled hospice with a residence shall return funding to  
22 the state.

23 Sec. 1858. By April 1 of the current fiscal year, the  
24 department shall report to the report recipients required in  
25 section 246 of this part on all of the following elements related  
26 to the current Medicaid pharmacy carve-out of pharmaceutical  
27 products as provided for in section 109h of the social welfare act,  
28 1939 PA 280, MCL 400.109h:

29 (a) The number of prescriptions paid by the department during



1 the previous fiscal year.

2 (b) The total amount of expenditures for prescriptions paid by  
3 the department during the previous fiscal year.

4 (c) The number of and total expenditures for prescriptions  
5 paid for by the department for generic equivalents during the  
6 previous fiscal year.

7 Sec. 1859. The department shall partner with the Michigan  
8 Association of Health Plans (MAHP) and Medicaid health plans to  
9 develop and implement strategies for the use of information  
10 technology services for Medicaid research activities. The  
11 department shall make available state medical assistance program  
12 data, including Medicaid behavioral data, to MAHP and Medicaid  
13 health plans or any vendor considered qualified by the department  
14 for the purpose of research activities consistent with this state's  
15 goals of improving health; increasing the quality, reliability,  
16 availability, and continuity of care; and reducing the cost of care  
17 for the eligible population of Medicaid recipients.

18 Sec. 1860. By March 1 of the current fiscal year, the  
19 department shall provide a report to the report recipients required  
20 in section 246 of this part on uncollected co-pays and premiums in  
21 the Healthy Michigan plan. The report shall include information on  
22 the number of participants who have not paid their co-pays and  
23 premiums, the total amount of uncollected co-pays and premiums, and  
24 steps taken by the department and health plans to ensure greater  
25 collection of co-pays and premiums.

26 Sec. 1862. From the funds appropriated in part 1, the  
27 department shall maintain payment rates for Medicaid obstetrical  
28 services at 95% of Medicare levels effective October 1, 2014.

29 Sec. 1870. (1) From the funds appropriated in part 1 for



1 hospital services and therapy, the department shall appropriate  
2 \$6,400,000.00 in general fund/general purpose revenue plus any  
3 contributions from public entities, up to \$5,000,000.00, and any  
4 associated federal match to the MiDocs consortium to create new  
5 primary care residency slots in underserved communities. The new  
6 primary care residency slots must be in 1 of the following  
7 specialties: family medicine, general internal medicine, general  
8 pediatrics, general OB-GYN, psychiatry, or general surgery.

9 (2) The department shall seek any necessary approvals from CMS  
10 to allow the department to implement the program described in this  
11 section.

12 (3) Assistance with repayment of medical education loans, loan  
13 interest payments, or scholarships provided by MiDocs shall be  
14 contingent upon a minimum 2-year commitment to practice in an  
15 underserved community in this state post-residency.

16 (4) The MiDocs shall work with the department to integrate the  
17 Michigan inpatient psychiatric admissions discussion (MIPAD)  
18 recommendations and, when possible, prioritize training  
19 opportunities in state psychiatric hospitals and community mental  
20 health organizations.

21 (5) The department shall maintain the MiDocs initiative  
22 advisory council to help support implementation of the program  
23 described in this section, and provide oversight. The advisory  
24 council shall be composed of the MiDocs consortium, the Michigan  
25 Area Health Education Centers, the Michigan Primary Care  
26 Association, the Michigan Center for Rural Health, the Michigan  
27 Academy of Family Physicians, and any other appointees designated  
28 by the department.

29 (6) By September 1 of the current fiscal year, MiDocs shall



1 report to the report recipients required in section 246 of this  
2 part on the following:

3 (a) Audited financial statement of per-resident costs.

4 (b) Education and clinical quality data.

5 (c) Roster of trainees, including areas of specialty and  
6 locations of training.

7 (d) Medicaid revenue by training site.

8 (7) Outcomes and performance measures for this program  
9 include, but are not limited to, the following:

10 (a) Increasing this state's ability to recruit, train, and  
11 retain primary care physicians and other select specialty  
12 physicians in underserved communities.

13 (b) Maximizing training opportunities with community health  
14 centers, rural critical access hospitals, solo or group private  
15 practice physician practices, schools, and other community-based  
16 clinics, in addition to required rotations at inpatient hospitals.

17 (c) Increasing the number of residency slots for family  
18 medicine, general internal medicine, general pediatrics, general  
19 OB-GYN, psychiatry, and general surgery.

20 (8) Unexpended and unencumbered funds up to a maximum  
21 \$6,400,000.00 in general fund/general purpose revenue plus any  
22 contributions from public entities, up to \$5,000,000.00, and any  
23 associated federal match remaining in accounts appropriated in part  
24 1 for hospital services and therapy are designated as work project  
25 appropriations, and any unencumbered or unallotted funds shall not  
26 lapse at the end of the fiscal year and shall be available for  
27 expenditures for the MiDocs consortium to create new primary care  
28 residency slots in underserved communities under this section until  
29 the work project has been completed. All of the following are in



1 compliance with section 451a(1) of the management and budget act,  
2 1984 PA 431, MCL 18.1451a:

3 (a) The purpose of the work project is to fund the cost of the  
4 MiDocs consortium to create new primary care residency slots in  
5 underserved communities.

6 (b) The work project will be accomplished by contracting with  
7 the MiDocs consortium to oversee the creation of new primary care  
8 residency slots.

9 (c) The total estimated completion cost of the work project is  
10 \$20,200,000.00.

11 (d) The tentative completion date is September 30, 2028.

12 Sec. 1871. The funds appropriated in part 1 for the Healthy  
13 Michigan plan healthy behaviors incentives program shall only  
14 provide reductions in cost-sharing responsibilities and shall not  
15 include other financial rewards such as gift cards.

16 Sec. 1872. From the funds appropriated in part 1 for personal  
17 care services, the department shall maintain the monthly Medicaid  
18 personal care supplement paid to adult foster care facilities and  
19 homes for the aged that provide personal care services to Medicaid  
20 recipients in place during the previous fiscal year.

21 Sec. 1874. The department shall ensure, in counties where  
22 program of all-inclusive care for the elderly or PACE services are  
23 available, that the program of all-inclusive care for the elderly  
24 (PACE) is included as an option in all options counseling and  
25 enrollment brokering for aging services and managed care programs,  
26 including, but not limited to, Area Agencies on Aging, centers for  
27 independent living, and the MiChoice home and community-based  
28 waiver. Such options counseling must include approved marketing and  
29 discussion materials.



1           Sec. 1879. (1) The department shall maintain a single,  
2 standard preferred drug list to be used by all contracted Medicaid  
3 managed health care programs. Changes to the preferred drug list  
4 shall be made in consultation with all contracted managed health  
5 care programs and the Michigan pharmacy and therapeutics committee  
6 to ensure sufficient access to medically necessary drugs for each  
7 disease state. The department has final authority over the list and  
8 shall design the list to ensure access to clinically effective and  
9 appropriate drug therapies and maximize federal rebates and  
10 supplemental rebates.

11           (2) By July 15 of the current fiscal year, the department  
12 shall submit a report to the report recipients required in section  
13 246 of this part that compares the managed care pharmacy  
14 expenditures, utilization, and rebates before implementing a  
15 single, standard preferred drug list to managed care pharmacy  
16 expenditures, utilization, and rebates after implementing a single,  
17 standard preferred drug list. The report shall include data on  
18 collected rebates, pharmacy utilization, and expenditures by  
19 quarter for at least 8 quarters before implementing a single,  
20 standard preferred drug list, and the experienced rebates, pharmacy  
21 utilization, and expenditures for at least 14 quarters, and the  
22 projected rebates, pharmacy utilization, and expenditures for  
23 quarters 15 through 20 after implementing a single, standard  
24 preferred drug list. The data shall be aggregated by the department  
25 so as not to disclose the proprietary or confidential drug-specific  
26 information, or the proprietary or confidential information that  
27 directly or indirectly identifies financial information linked to a  
28 single manufacturer.

29           Sec. 1888. The department shall establish contract performance



1 standards associated with the capitation withhold provisions for  
2 Medicaid health plans at least 3 months before the implementation  
3 of those standards. The determination of whether performance  
4 standards have been met shall be based primarily on recognized  
5 concepts such as 1-year continuous enrollment and the health care  
6 effectiveness data and information set, HEDIS, audited data.

7 Sec. 1894. By March 1 of the current fiscal year, the  
8 department shall report to the report recipients required in  
9 section 246 of this part on the Healthy Kids Dental program. The  
10 report shall include, but is not limited to, the following:

11 (a) The number of children enrolled in the Healthy Kids Dental  
12 program who visited the dentist during the previous fiscal year  
13 broken down by dental benefit manager.

14 (b) The number of dentists who accept payment from the Healthy  
15 Kids Dental program broken down by dental benefit manager.

16 (c) The annual change in dental utilization of children  
17 enrolled in the Healthy Kids Dental program broken down by dental  
18 benefit manager.

19 (d) Service expenditures for the Healthy Kids Dental program  
20 broken down by dental benefit manager.

21 (e) Administrative expenditures for the Healthy Kids Dental  
22 program broken down by dental benefit manager.

23 Sec. 1896. From the funds appropriated in part 1, the  
24 department shall establish a Medicaid recuperative care and  
25 transitional services benefit for beneficiaries experiencing  
26 homelessness. These services, which include medical and care  
27 coordination support, must be provided to eligible beneficiaries as  
28 part of a hospital discharge process.

29



1 **INFORMATION TECHNOLOGY**

2           Sec. 1901. (1) The department shall provide a report on a  
3 semiannual basis to the report recipients required in section 246  
4 of this part on all of the following information:

5           (a) The process used to define requests for proposals for each  
6 expansion of information technology projects, including timelines,  
7 project milestones, and intended outcomes.

8           (b) If the department decides not to contract the services out  
9 to design and implement each element of the information technology  
10 expansion, the department's own project plan that includes, at a  
11 minimum, the requirements in subdivision (a).

12           (c) A recommended project management plan with milestones and  
13 time frames.

14           (d) The proposed benefits from implementing the information  
15 technology expansion, including customer service improvement, form  
16 reductions, potential time savings, caseload reduction, and return  
17 on investment.

18           (e) Details on the implementation of the integrated service  
19 delivery project, and the progress toward meeting the outcomes and  
20 performance measures listed in section 1904(2) of this part.

21           (f) A list of projects approved in the previous 6 months and  
22 the purpose for approving each project including any federal,  
23 state, court, or legislative requirement for each project.

24           (2) Once an award for an expansion of information technology  
25 is made, the department shall report to the report recipients  
26 required in section 246 of this part a projected cost of the  
27 expansion broken down by use and type of expense.

28           Sec. 1904. (1) From the funds appropriated in part 1 for the  
29 technology supporting integrated service delivery line item, the



1 department shall maintain information technology tools and enhance  
2 existing systems to improve the eligibility and enrollment process  
3 for citizens accessing department administered programs. This  
4 information technology system shall consolidate beneficiary  
5 information, support department caseworker efforts in building a  
6 success plan for beneficiaries, and better support department staff  
7 in supporting enrollees in assistance programs.

8 (2) Outcomes and performance measures for the initiative under  
9 subsection (1) include, but are not limited to, the following:

10 (a) Successful consolidation of data warehouses maintained by  
11 the department.

12 (b) The amount of time a department caseworker devotes to data  
13 entry when initiating an enrollee application.

14 (c) A reduction in wait times for persons enrolled in  
15 assistance programs to speak with department staff and get  
16 necessary changes made.

17 (d) A reduction in department caseworker workload.

18 Sec. 1905. (1) The department shall report on a semiannual  
19 basis to the report recipients required in section 246 of this  
20 part, the chairs of the senate and house standing committees on  
21 appropriations, and the senate and house appropriations  
22 subcommittees on the general government budget on all of the  
23 following:

24 (a) Fiscal year-to-date information technology spending for  
25 the current fiscal year by service and project and by line-item  
26 appropriation.

27 (b) Planned information technology spending for the remainder  
28 of the current fiscal year by service and project and by line-item  
29 appropriation.



1 (c) Total fiscal year-to-date information technology spending  
2 and planned spending for the current fiscal year by service and  
3 project and by line-item appropriation.

4 (d) A list of all information technology projects estimated to  
5 cost more than \$250,000.00 that exceed their allotted budget as  
6 well as all information technology projects that have exceeded  
7 their allotted budget by 25% or more.

8 (2) As used in subsection (1), "project" includes, but is not  
9 limited to, all of the following major projects:

10 (a) Community health automated Medicaid processing system  
11 (CHAMPS).

12 (b) Bridges and MiBridges eligibility determination.

13 (c) MiSACWIS.

14 (d) Integrated service delivery.

15 Sec. 1906. From the funds appropriated in part 1 for  
16 information technology services and projects, the department shall  
17 allocate \$1,750,000.00 general fund/general purpose revenue, and  
18 all associated federal matching revenue, to a public and private  
19 nonprofit collaboration that is designated as this state's  
20 statewide health information exchange by cooperative agreement, to  
21 implement health information technology strategies for health  
22 information exchange development, data management, and population  
23 health at a statewide level.

24 Sec. 1909. (1) From the funds appropriated in part 1 for child  
25 support automation, the department shall only encumber or expend  
26 funds for the operation, maintenance, and improvements of the  
27 Michigan child support enforcement system (MiCSES).

28 (2) From the funds appropriated in part 1 for bridges  
29 information system, the department shall only encumber or expend



1 funds for the operation, maintenance, and improvements of Bridges  
2 and MIBridges.

3 (3) From the funds appropriated in part 1 for technology  
4 supporting integrated service delivery, the department shall only  
5 encumber or expend funds for the operation, maintenance, and  
6 improvements of integrated service delivery.

7 (4) From the funds appropriated in part 1 for Michigan  
8 Medicaid information system, the department shall only encumber or  
9 expend funds for the operation, maintenance, and improvements of  
10 the community health automated Medicaid processing system (CHAMPS).

11 (5) From the funds appropriated in part 1 for Michigan  
12 statewide automated child welfare information system, the  
13 department shall only encumber or expend funds for the operation,  
14 maintenance, and improvements of MiSACWIS.

15 (6) From the funds appropriated in part 1 for comprehensive  
16 child welfare information system, the department shall only  
17 encumber or expend funds for the operation, maintenance, and  
18 improvements to the comprehensive child welfare information system.

19 (7) From the funds appropriated in part 1 for comprehensive  
20 child welfare information system, the department shall allocate  
21 \$15,183,800.00 to develop a new information system to replace  
22 MiSACWIS consistent with the plan provided by the department to the  
23 United States District Court for Eastern District of Michigan as a  
24 part of the settlement. The development of the comprehensive child  
25 welfare information system shall adhere to department of  
26 technology, management, and budget and IT Investment Fund (ITIF)  
27 policies and practices, including use of the state unified  
28 information technology environment methodology and agile  
29 development. The project team shall also participate in and comply



1 with the enterprise portfolio management office process and product  
2 quality assurance. To ensure full transparency, the project shall  
3 be included in the ITIF portfolio for executive, legislative, and  
4 external reporting purposes. As a component of the ITIF portfolio,  
5 the project is subject to governance and oversight by the IT  
6 investment management board.

7  
8 **ONE-TIME APPROPRIATIONS**

9       Sec. 1911. From the funds appropriated in part 1 for  
10 adolescent hair loss reimbursement fund, the department shall  
11 allocate \$1,000,000.00 to compensate state certified hair  
12 restoration technicians who provide cranial hair prosthesis to an  
13 eligible individual who is less than 19 years of age, is a resident  
14 of this state, and has cranial hair loss as a result of a medical  
15 condition or as a result of a treatment for a medical condition.  
16 The amount of reimbursement shall not exceed \$1,000.00 per  
17 individual, per fiscal year.

18       Sec. 1912. (1) From the funds appropriated in part 1 for  
19 alternative payment study, the department shall allocate  
20 \$100,000.00 to contract with a third party to evaluate the merits  
21 of transitioning the Medicaid reimbursement methodology for FQHCs  
22 from a prospective payment system to an alternative payment  
23 methodology. The alternative payment methodology must be a  
24 population-based capitated payment system that is based on a per-  
25 patient per-month reimbursement for each Medicaid recipient  
26 assigned to each federally qualified health center.

27       (2) By March 1 of the current fiscal year, the department  
28 shall report on the findings of the evaluation required under  
29 subsection (1) to the report recipients required in section 246 of



1 this part.

2 Sec. 1913. From the funds appropriated in part 1 for ARP -  
3 behavioral health professional recruitment and retention, the  
4 department shall allocate \$5,000,000.00 to implement programs  
5 intended to improve recruitment and retention of behavioral health  
6 professionals.

7 Sec. 1914. (1) From the funds appropriated in part 1 for ARP -  
8 behavioral health workforce expansion - accelerated degree program,  
9 the department shall allocate \$10,000,000.00 to provide \$30,000.00  
10 grants per individual to at least 300 individuals who have obtained  
11 a bachelor's degree in social work that agree to immediately enter  
12 an accelerated, 1-year, master's of social work program. Grant  
13 recipients must also commit to a minimum of 2 years of public  
14 sector behavioral health work in the state, immediately following  
15 completion of an accelerated, 1-year, master's of social work  
16 program, in areas including, but not limited to, community mental  
17 health, substance use disorder programs, crisis intervention, local  
18 crisis call centers, mobile crisis care, crisis stabilization,  
19 psychiatric emergency services, and rapid postcrisis care.

20 (2) The unexpended funds appropriated in part 1 for public  
21 behavioral health workforce student recruitment are designated as a  
22 work project appropriation, and any unencumbered or unallotted  
23 funds shall not lapse at the end of the fiscal year and shall be  
24 available for expenditures under this section until the project has  
25 been completed. The following are in compliance with section 451a  
26 of the management and budget act, 1984 PA 431, MCL 18.1451a:

27 (a) The purpose of the work project is to accelerate the  
28 introduction of new behavioral health providers into the public  
29 sector behavioral health workforce.



1 (b) The work project will be accomplished by providing grants  
 2 to individuals with a bachelor's degree in social work that agree  
 3 to immediately enter an accelerated, 1-year, master's of social  
 4 work program.

5 (c) The total estimated completion cost of the work project is  
 6 \$10,000,000.00.

7 (d) The tentative completion date is September 30, 2027.

8 Sec. 1915. (1) From the funds appropriated in part 1 for ARP -  
 9 home energy, the department shall expend \$50,000,000.00 to support  
 10 deep energy retrofits, home heating and cooling upgrades, and  
 11 access to renewable energy systems.

12 (2) The unexpended funds appropriated in part 1 for ARP - home  
 13 energy are designated as a work project appropriation, and any  
 14 unencumbered or unallotted funds shall not lapse at the end of the  
 15 fiscal year and shall be available for expenditures for projects  
 16 under this section until the projects have been completed. The  
 17 following is in compliance with section 451a of the management and  
 18 budget act, 1984 PA 431, MCL 18.1451a:

19 (a) The purpose of the project is to support deep energy  
 20 retrofits, home heating and cooling upgrades, and access to  
 21 renewable energy systems.

22 (b) The project will be accomplished by utilizing state  
 23 employees or contracts with service providers, or both.

24 (c) The total estimated cost of the project is \$50,000,000.00.

25 (d) The tentative completion date is September 30, 2026.

26 Sec. 1916. (1) From the funds appropriated in Part 1 for ARP -  
 27 local water utility affordability, the department shall allocate  
 28 \$40,000,000.00 to support efforts by community water systems to  
 29 ensure the affordability of water. Eligible expenditures from these



1 funds will be income based and must include:

- 2 (a) Capping or lowering utility bills.
- 3 (b) Reducing consumer debt.
- 4 (c) Improving in-home plumbing.
- 5 (d) Protecting participating residents from water shutoffs.

6 (2) The unexpended funds appropriated in part 1 for ARP -  
 7 local water utility affordability are designated as a work project  
 8 appropriation, and any unencumbered or unallotted funds shall not  
 9 lapse at the end of the fiscal year and shall be available for  
 10 expenditures for projects under this section until the projects  
 11 have been completed. The following is in compliance with section  
 12 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

13 (a) The purpose of the project is to provide assistance to  
 14 low-income water utility consumers at risk of losing water service  
 15 for their home.

16 (b) The project will be accomplished by utilizing state  
 17 employees or contracts with service providers, or both.

18 (c) The total estimated cost of the project is \$40,000,000.00.

19 (d) The tentative completion date is September 30, 2026.

20 Sec. 1917. (1) The funds appropriated in part 1 for ARP - pre-  
 21 weatherization shall be used to improve homes, reduce energy usage,  
 22 and lower utility bills.

23 (2) The unexpended funds appropriated in part 1 for ARP - pre-  
 24 weatherization are designated as a work project appropriation, and  
 25 any unencumbered or unallotted funds shall not lapse at the end of  
 26 the fiscal year and shall be available for expenditures for  
 27 projects under this section until the projects have been completed.  
 28 The following is in compliance with section 451a of the management  
 29 and budget act, 1984 PA 431, MCL 18.1451a:



1 (a) The purpose of the project is to improve homes, reduce  
2 energy usage, and lower utility bills.

3 (b) The project will be accomplished by utilizing state  
4 employees or contracts with service providers, or both.

5 (c) The total estimated cost of the project is \$25,000,000.00.

6 (d) The tentative completion date is September 30, 2026.

7 Sec. 1918. From the funds appropriated in part 1 for  
8 behavioral health patient health information tool, the department  
9 shall allocate \$3,000,000.00 to create and administer an online and  
10 interactive version of the protected health information consent  
11 tool and make any revisions to the tool to reflect any recent  
12 legislative changes. The contracting entity that receives the funds  
13 appropriated in this section shall also develop accompanying  
14 trainings and resources for users. Additionally, the contracting  
15 entity that receives the funds appropriated in this section shall  
16 work closely with the Michigan health information network and the  
17 department to develop the technical specifications for integrating  
18 the protected health information consent tool with other relevant  
19 systems and applications, including, but not limited to,  
20 CareConnect 360.

21 Sec. 1919. From the funds appropriated in part 1 for  
22 biomedical research and science education, the department shall  
23 allocate \$1,000,000.00 as a grant to an independent biomedical  
24 research and science education organization in a county with a  
25 population between 600,000 and 700,000 and in a city with a  
26 population over 185,000 according to the most recent federal  
27 decennial census to be used for matching federal funds, private and  
28 nonprofit grants, and private contributions.

29 Sec. 1920. From the funds appropriated in part 1 for certified



1 community behavioral health clinic expansion, the department shall  
2 allocate \$9,000,000.00 to provide grants to local health clinics in  
3 this state that meet the basic federal criteria for certified  
4 community behavioral health clinics (CCBHC) for the purpose of  
5 expanding the statewide CCBHC demonstration project in accordance  
6 with the Michigan Medicaid state plan.

7 Sec. 1921. From the funds appropriated in part 1 for  
8 children's rehabilitation hospital, the department shall allocate  
9 \$10,000,000.00 to a rehabilitation hospital originally established  
10 in 1911 that is headquartered in a city with a population of  
11 between 190,000 and 200,000 according to the most recent federal  
12 decennial census for construction of a children's rehabilitation  
13 hospital.

14 Sec. 1922. (1) From the funds appropriated in part 1 for  
15 complex medical condition center, the department shall allocate  
16 \$350,000.00 as a grant to a nonprofit organization that operates a  
17 facility in a county with a population of between 600,000 and  
18 700,000 according to the most recent federal decennial census and  
19 where children up to age 26 with weak immune systems can fulfill  
20 their social, emotional, and physical needs. The facility must  
21 provide a safe and infection-controlled environment consisting of  
22 MERV 14 air filtration, building pressurization, antimicrobial  
23 surfaces, and other hospital-grade features. Programming must be  
24 specifically designed for children with complex medical conditions  
25 and their immediate family to interact socially and to feel a sense  
26 of belonging through the use of therapeutic, evidence-based, and  
27 organizational-led activities targeted to address both behavioral  
28 and physical health outcomes.

29 (2) The nonprofit organization shall partner with the largest



1 provider-owned nonprofit Medicaid health maintenance organization  
2 headquartered in the same county for which the nonprofit  
3 organization is providing services to identify and enroll 100  
4 qualifying children up to age 26 for programmatic services. The  
5 provider-owned nonprofit Medicaid health maintenance organization  
6 shall be responsible for the collection of data and metric  
7 identification for each of the 100 enrollees, including, but not  
8 limited to, utilization trends and health outcomes associated with  
9 isolation and loneliness, mental health concerns, emergency  
10 department visits, and hospitalizations.

11 (3) The provider-owned nonprofit Medicaid health maintenance  
12 organization shall create and utilize a new pilot program code to  
13 track the metrics identified in subsection (2). This program code  
14 shall encompass a group of services provided by the nonprofit  
15 organization, some of which align with existing reimbursable  
16 service codes such as care management and group therapy already  
17 authorized under this state's Medicaid program, and select other  
18 services, including, but not limited to, play therapy, parent  
19 support services, and transportation services for which no program  
20 code exists currently or program codes are not currently authorized  
21 under this state's Medicaid program as reimbursable. Under the  
22 terms of this grant, the pilot program code shall include the full  
23 bundle of services, including those nonreimbursable services. The  
24 following existing codes shall be included in the new pilot program  
25 code, group therapy: 90853, and care management: 99487, 99495,  
26 99496, 98968, 98962, 99484, G9001, G9002, and G9007. All of the  
27 following services without existing codes must be required:

- 28 (a) Social support or social support programming.  
29 (b) Play therapy or recreation therapy.



1 (c) Educational support services.

2 (d) Parent or caregiver respite or support.

3 (4) By September 30 of the current fiscal year, the grant  
4 recipient shall submit a report to the department, demonstrating  
5 the effectiveness of the program in fulfilling the social,  
6 emotional, and physical needs of the patients served by the grant  
7 recipient. This report must include the data and metrics identified  
8 in subsection (2).

9 (5) The department shall explore Medicaid waiver options  
10 available from the Centers for Medicare and Medicaid, which, upon  
11 approval, would authorize the department to expend Medicaid funds  
12 on similar supports and services as those offered under this  
13 program and pilot program code for Medicaid recipients.

14 Sec. 1923. From the funds appropriated in part 1 for  
15 community-based coverage entity, the department shall allocate  
16 \$1,200,000.00 to a health care coverage program located in a county  
17 with a population between 175,000 and 176,000 according to the most  
18 recent federal decennial census, for low-income workers in a  
19 "three-share model" where costs are shared between local  
20 businesses, local workers, and the public. The funds appropriated  
21 in this section must, at a minimum, be used to support the public  
22 share of the health coverage program.

23 Sec. 1924. (1) From the funds appropriated in part 1 for  
24 community health programs, the department shall allocate funds to  
25 address disparities in health care access and outcomes. Eligible  
26 expenditures from this line shall include:

27 (a) Information technology adjustments and other necessary  
28 changes to improve the ability of department staff to access and  
29 understand data related to disparate health access and outcomes.



1 (b) Grants to support eligible applicants for funds to support  
2 the creation of community-based health clinics.

3 (c) Grants to support eligible application for funds to  
4 support local healthy community zones.

5 (d) Planning, evaluation, and technical assistance associated  
6 with the development of local healthy community zones.

7 (2) The unexpended funds appropriated in part 1 for community  
8 health programs are designated as a work project appropriation, and  
9 any unencumbered or unallotted funds shall not lapse at the end of  
10 the fiscal year and shall be available for expenditures for  
11 projects under this section until the projects have been completed.  
12 The following is in compliance with section 451a of the management  
13 and budget act, 1984 PA 431, MCL 18.1451a:

14 (a) The purpose of the project is to fund efforts to reduce  
15 disparities in health care access and outcomes.

16 (b) The project will be accomplished by utilizing state  
17 employees or contracts with service providers, or both.

18 (c) The total estimated cost of the project is \$20,750,000.00.

19 (d) The tentative completion date is September 30, 2028.

20 Sec. 1925. (1) From the funds appropriated in part 1 for  
21 community health residency programs, the department shall allocate  
22 \$2,000,000.00 to implement a residency program in a nonprofit  
23 health center in a city with a population of between 61,000 and  
24 63,000 and within a county with a population between 1,270,000 and  
25 1,275,000 according to the most recent federal decennial census.

26 (2) The unexpended portion of funds appropriated in part 1 for  
27 the residency program is designated as a work project  
28 appropriation. Any unencumbered or unallotted funds shall not lapse  
29 at the end of the fiscal year and shall be available for



1 expenditure for the project under this section until the project  
2 has been completed. The following is in compliance with section  
3 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

4 (a) The purpose of the work project is to provide funding for  
5 the start-up costs and ensure the first cohort graduates within  
6 three years while awaiting federal funding.

7 (b) The total estimated cost of the work project is  
8 \$2,000,000.00 of general fund/general purpose revenue.

9 (c) The estimated completion date is September 30, 2028.

10 Sec. 1926. From the funds appropriated in part 1 for community  
11 information exchange, the department shall allocate \$2,000,000.00  
12 to Michigan 2-1-1, a nonprofit corporation organized under the laws  
13 of this state that is exempt from federal income tax under section  
14 501(c)(3) of the internal revenue code of 1986, 26 USC 501, and  
15 whose mission is to coordinate and support a statewide 2-1-1  
16 system, to support programmatic and technical innovations through  
17 new continuum of service delivery models.

18 Sec. 1927. (1) From the funds appropriated in part 1 for  
19 community violence prevention community grant program, the  
20 department's office of community violence intervention shall expend  
21 \$18,000,000.00 to support community providers of violence  
22 intervention services.

23 (2) Not more than \$4,000,000.00 in private revenue may be used  
24 to support the programs detailed in subsection (1).

25 (3) The unexpended funds appropriated in part 1 for community  
26 violence prevention - community grant program are designated as a  
27 work project appropriation. Unencumbered or unallotted funds shall  
28 not lapse at the end of the fiscal year and shall be available for  
29 expenditures under this section until the project has been



1 completed. The following are in compliance with section 451a of the  
2 management and budget act, 1984 PA 431, MCL 18.1451a:

3 (a) The purpose of the project is to provide grant funding for  
4 community violence intervention and gun prevention programs.

5 (b) The project will be accomplished by utilizing state  
6 employees or contracts with service providers, or both.

7 (c) The estimated cost of the project is \$18,000,000.00.

8 (d) The tentative completion date is September 30, 2028.

9 Sec. 1928. (1) From the funds appropriated in part 1 for  
10 community violence prevention gun safety and training, the  
11 department's office of community violence intervention shall expend  
12 \$2,000,000.00 to support initiatives to prevent injuries and  
13 fatalities related to misuse of firearms. Eligible expenditures  
14 from these funds include:

15 (a) Distribution of trigger locks and gun safety boxes to  
16 households where a child is present.

17 (b) Education and outreach materials and services to  
18 interested private community organizations, firearm retailers, and  
19 operators of gun ranges related to suicide prevention.

20 (c) Other gun violence prevention programs demonstrated to be  
21 effective in reducing firearm injury or death.

22 (2) Not more than \$1,000,000.00 in private revenue may be used  
23 to support the programs detailed in subsection (1).

24 (3) The unexpended funds appropriated in part 1 for community  
25 violence prevention - gun safety and training are designated as a  
26 work project appropriation. Unencumbered or unallotted funds shall  
27 not lapse at the end of the fiscal year and shall be available for  
28 expenditures under this section until the project has been  
29 completed. The following are in compliance with section 451a of the



1 management and budget act, 1984 PA 431, MCL 18.1451a:

2 (a) The purpose of the project is to support initiatives  
3 intended to reduce firearm injury and death.

4 (b) The project will be accomplished by utilizing state  
5 employees or contracts with service providers, or both.

6 (c) The estimated cost of the project is \$2,000,000.00.

7 (d) The tentative completion date is September 30, 2028.

8 Sec. 1929. From the funds appropriated in part 1 for court-  
9 operated facility construction, the department shall allocate  
10 \$25,000,000.00 to a county with a population between 95,000 and  
11 96,000 according to the most recent federal decennial census to  
12 construct a 32-bed court-operated facility for youth involved in  
13 the court system.

14 Sec. 1930. (1) The crime victim's rights sustaining fund is  
15 created within the department.

16 (2) From the funds appropriated in part 1 for the crime  
17 victim's rights sustaining fund, \$60,000,000.00 shall be deposited  
18 into the crime victim's rights sustaining fund.

19 (3) Funds may be spent from the crime victim's rights  
20 sustaining fund only upon appropriation or legislative transfer  
21 pursuant to section 393(2) of the management and budget act, 1984  
22 PA 431, MCL 18.1393.

23 (4) Interest and earnings from the investment of funds  
24 deposited in the crime victim's rights sustaining fund shall be  
25 deposited in the general fund.

26 (5) Funds in the crime victim's rights sustaining fund at the  
27 close of the fiscal year shall remain in the crime victim's rights  
28 sustaining fund and shall not lapse to the general fund.

29 (6) As used in this section, "crime victim's rights sustaining



1 fund" means the crime victim's rights sustaining fund created in  
2 subsection (1).

3 Sec. 1931. From the funds appropriated in part 1 for crisis  
4 residential unit, the department shall allocate \$500,000.00 to a  
5 nonprofit hospital headquartered within a city with a population  
6 between 14,700 and 14,725 within a county with a population between  
7 67,500 and 70,000 according to the most recent federal decennial  
8 census to renovate a health care facility to become a 6-bed crisis  
9 residential unit for individuals of a lower acuity who require  
10 behavioral health supports.

11 Sec. 1932. From the funds appropriated in part 1 for crisis  
12 stabilization capacity, the department shall allocate \$4,000,000.00  
13 to a mental health authority serving 3 counties with a combined  
14 population between 473,000 and 475,000 according to the most recent  
15 federal decennial census to increase crisis stabilization capacity.

16 Sec. 1933. From the funds appropriated in part 1 for critical  
17 access hospital renovation, the department shall allocate  
18 \$12,000,000.00 to a critical access hospital located in a county  
19 with a population between 3,750 and 5,750 according to the most  
20 recent federal decennial census to implement multiple  
21 infrastructure renovations, including all of the following, to  
22 improve patient care:

23 (a) Remodeling and upgrading family clinics to meet current  
24 codes and practices.

25 (b) Expanding operating room and recovery facilities for basic  
26 orthopedic surgeries.

27 (c) Improving windows, parking lots, and other areas.

28 Sec. 1934. (1) From the funds appropriated in part 1 for  
29 diaper assistance payments, \$1,500,000.00 of TANF revenue must be



1 allocated as grants to diaper assistance programs, maternity homes,  
2 and other nonprofit agencies that distribute diapers free of charge  
3 and were established as of January 1, 2020.

4 (2) By March 1 of the current fiscal year, the department  
5 shall provide to the report recipients required in section 246 of  
6 this part a report on the distribution of diaper assistance grant  
7 funds that includes, but is not limited to, the names and locations  
8 of grant recipients, the total amount of grant funding distributed  
9 to each recipient, and the total amount of private revenue that  
10 each grant recipient received in addition to diaper assistance  
11 grant funds.

12 Sec. 1935. From the funds appropriated in part 1 for direct  
13 care worker supervisory training, the department shall allocate  
14 \$2,500,000.00 for a grant to an association in this state that  
15 supports assisted living services, for the purpose of developing  
16 and implementing a training program for direct care supervisory  
17 staff working in adult foster care and homes for the aged.

18 Sec. 1936. From the funds appropriated in part 1 for early  
19 detection and education of teenage heart ailments, the department  
20 shall allocate \$75,000.00 to a foundation supporting early  
21 detection and education of teenage heart ailments. The funding must  
22 be used to provide free heart screening clinics to teenagers and  
23 automatic external defibrillators to youth-centered facilities.

24 Sec. 1937. (1) From the funds appropriated in part 1 for first  
25 responder and public safety staff mental health, the department  
26 shall allocate \$5,000,000.00 toward a program to support  
27 firefighters, police officers, emergency medical services  
28 personnel, public safety tele-communicators, local correctional  
29 officers, juvenile detention employees, prosecutors, and



1 individuals working on special teams such as internet sex crimes,  
2 sexual crimes against children, or traffic fatalities suffering  
3 from post-traumatic stress syndrome and other mental health  
4 conditions. The grant program must primarily provide grants to  
5 behavioral health providers and may also include funding to the  
6 Michigan crisis and action line established under section 165 of  
7 the mental health code, 1974 PA 258, MCL 330.1165, to improve  
8 information and referrals for these services. The program must  
9 coordinate and integrate with the Michigan crisis and access line  
10 established under section 165 of the mental health code, 1974 PA  
11 258, MCL 330.1165.

12 (2) The unexpended funds appropriated in part 1 for first  
13 responder and public safety staff mental health are designated as a  
14 work project appropriation. Unencumbered or unallotted funds shall  
15 not lapse at the end of the fiscal year and shall be available for  
16 expenditures under this section until the project has been  
17 completed. All of the following are in compliance with section 451a  
18 of the management and budget act, 1984 PA 431, MCL 18.1451a:

19 (a) The purpose of the project is to ensure that first  
20 responder and public safety staff who are dealing with post-  
21 traumatic stress syndrome and other mental health conditions have  
22 access to enhanced mental health services.

23 (b) The project will be accomplished by utilizing state  
24 employees, contracting with vendors, or working with local  
25 partners.

26 (c) The estimated cost of the project is \$5,000,000.00.

27 (d) The tentative completion date is September 30, 2027.

28 Sec. 1938. From the funds appropriated in part 1 for Food Bank  
29 Council of Michigan, the department shall allocate \$20,850,000.00



1 to do all of the following:

2 (a) Increase the amount of surplus agricultural products  
3 purchased and distributed by the Food Bank Council of Michigan.

4 (b) Increase access to food for older adults residing in this  
5 state.

6 (c) Support the food and other resources (FOR) helpline.

7 Sec. 1939. (1) From the funds appropriated in part 1 for food  
8 deserts, the department shall allocate \$10,000.000.00 to provide a  
9 grant to a regional retailers association to aid grocers,  
10 convenience stores, and gas stations located in this state to  
11 provide and increase access to healthy food and beverage options.

12 (2) As a provision of this grant, the department shall require  
13 the grantee to report on the name and location of each grocer,  
14 convenience store, and gas station supported by the grant described  
15 in subsection (1), and a listing of food and beverages provided as  
16 "healthy food and beverage options" by the retailers that were  
17 supported by this grant.

18 (3) No later than September 30 of the current fiscal year, the  
19 department shall report on the information provided in subsection  
20 (2) to the report recipients required in section 246 of this part.

21 Sec. 1940. (1) From the funds appropriated in part 1 for  
22 foster care respite services, the department shall allocate  
23 \$13,895,500.00 to provide supplemental respite care services for  
24 licensed foster parents and unlicensed relative caregivers caring  
25 for children in foster care in addition to respite services that  
26 are already provided through Medicaid.

27 (2) By March 1 of the current fiscal year, the department  
28 shall provide the report recipients required in section 246 of this  
29 part a report on the total number of licensed foster parents and



1 unlicensed relative caregivers that were provided respite services,  
2 the average amount of respite time per week, and the total amount  
3 of funding spent on respite services during the first 6 months of  
4 the current fiscal year.

5       Sec. 1941. From the funds appropriated in part 1 for  
6 genemarkers, the department shall allocate \$1,600,000.00 to Ferris  
7 State University to develop and provide for a test that identifies  
8 genetic risk factors correlated with opioid use disorder.

9       Sec. 1942. (1) From the funds appropriated in part 1 for  
10 health centers careers training program, the department shall  
11 allocate \$6,000,000.00 for training and employment of new health  
12 care workers through on-the-job training and registered  
13 apprenticeship programs.

14       (2) The unexpended funds appropriated in part 1 for health  
15 centers careers training program shall be designated as a work  
16 project appropriation. Unencumbered or unallotted funds shall not  
17 lapse at the end of the fiscal year and shall be available for  
18 expenditures under this section until the project has been  
19 completed. The following are in compliance with section 451a of the  
20 management and budget act, 1984 PA 431, MCL 18.1451a:

21       (a) The purpose of the project is to sustain on-the-job  
22 training and registered apprenticeship programs that surmount  
23 barriers to entering health professions and rapidly grow the health  
24 care workforce needed to serve low-income and medically underserved  
25 communities.

26       (b) The project will be accomplished by contracts with service  
27 providers.

28       (c) The estimated cost of the project is \$6,000,000.00.

29       (d) The tentative completion date is September 30, 2027.



1           Sec. 1943. From the funds appropriated in part 1 for healthy  
2 community grant, the department shall allocate \$3,000,000.00 to a  
3 nonprofit providing recreational therapy, healthy living, and  
4 substance use intervention services within a county with a  
5 population greater than 1,700,000 according to the most recent  
6 federal decennial census. The nonprofit must use the funding for  
7 all of the following:

8           (a) To support youth with intellectual and developmental  
9 disabilities and autism spectrum disorder to develop and master  
10 life skills.

11           (b) To improve nutrition education services to address healthy  
12 food access and prevent obesity.

13           (c) To prevent substance abuse for youth fighting drug and  
14 alcohol misuse.

15           Sec. 1944. From the funds appropriated in part 1 for health  
16 homes program, the department shall allocate \$12,500,000.00 to  
17 address water distribution needs and to expand lead investigation,  
18 abatement, and testing activities.

19           Sec. 1945. (1) From the funds appropriated in part 1 for  
20 inclusive health care, the department shall allocate \$15,000,000.00  
21 as grants to nonprofit organizations to provide LGBTQ+-focused  
22 health-related programming to support individuals of all sexual  
23 orientations and gender identities.

24           (2) By March 1 of the current fiscal year, the department  
25 shall provide to the report recipients required in section 246 of  
26 this part a report containing a list of the request for proposal  
27 recipients, a spending report from each organization, and program  
28 outcomes, including, but not limited to, the following:

29           (a) The number of individuals being served.



1 (b) A list of health care services provided through each  
2 organization.

3 Sec. 1946. (1) From the funds appropriated in part 1 for  
4 inpatient psychiatric reimbursement supplement, the department  
5 shall allocate \$8,000,000.00 to supplement Medicaid reimbursement  
6 rates for inpatient psychiatric services so the Medicaid  
7 reimbursement rates meet or exceed 95% of the upper payment limit  
8 after the existing Medicaid managed care organization supplemental  
9 payment per diem is included. The department must also concurrently  
10 implement the tiered rate methodology approved by the workgroup  
11 created in section 1513 of 2019 PA 67 to determine an equitable and  
12 adequate reimbursement methodology for Medicaid inpatient  
13 psychiatric hospital care. Medicaid managed care organizations must  
14 include this supplemental increase in their reimbursement rates to  
15 inpatient psychiatric facilities.

16 (2) As used in this section, "upper payment limit" means the  
17 upper payment limit established under 42 CFR 447.272 for inpatient  
18 hospital services and 42 CFR 447.321 for outpatient hospital  
19 services.

20 Sec. 1947. From the funds appropriated in part 1 for level 1  
21 and level 2 trauma centers, the department shall allocate  
22 \$12,000,000.00 for the purpose of recognizing increased costs for  
23 hospitals to maintain a high-level trauma status. The funds  
24 appropriated in this section must be distributed based on a formula  
25 that is agreed to by the department and the Michigan Health and  
26 Hospital Association.

27 Sec. 1948. From the funds appropriated in part 1 for maternal  
28 health services, the department shall allocate \$10,000,000.00 to  
29 support prenatal health care providers operating in this state to



1 expand services for existing group-based prenatal care programs  
2 that include 1 or more health care professionals leading small  
3 groups of expectant mothers - in the same phase of pregnancy - in  
4 discussions and other health services that promote the well-being  
5 and health of mothers and babies.

6 Sec. 1949. From the funds appropriated in part 1 for maternal  
7 health services, the department shall allocate \$5,000,000.00 to  
8 support hospitals in this state to administer and expand a data-  
9 driven maternal safety and quality improvement initiative, based on  
10 interdisciplinary, consensus-based practices to improve maternal  
11 safety and outcomes. The initiative expansion must focus on  
12 mitigating pregnancy-associated injury and death, work to improve  
13 outcomes for underserved groups, and address problems related to  
14 substance use disorders.

15 Sec. 1950. From the funds appropriated in part 1 for maternal  
16 health services, the department shall allocate \$5,500,000.00 to  
17 support grants to local collaboratives to enhance their ability to  
18 coordinate and improve maternal and infant health outcomes. Local  
19 collaboratives must be a part of a perinatal quality collaborative  
20 that provides for screening and treatment for perinatal substance  
21 use disorder.

22 Sec. 1951. From the funds appropriated in part 1 for maternal  
23 health services, the department shall allocate \$420,000.00 in  
24 general fund/general purpose revenue to support a 9.5% inflationary  
25 increase to maintain sustainability at existing nurse family  
26 partnership sites in a county with a population between 250,000 and  
27 270,000 according to the most recent federal decennial census and  
28 to include an additional outreach worker position.

29 Sec. 1952. From the funds appropriated in part 1 for Medicaid



1 outreach, the department shall allocate \$450,000.00 as a grant to a  
2 Michigan branch of a national foundation that specializes in the  
3 prevention of kidney disease, to support the expansion of Medicaid  
4 outreach and chronic disease management awareness statewide.

5 Sec. 1953. From the funds appropriated in part 1 for Michigan  
6 Child Care Collaborative program, the department shall allocate  
7 \$4,696,100.00 to a program that provides behavioral health  
8 consultations to primary care providers in this state who are  
9 managing patients with behavioral health problems. The funding must  
10 be used to assist providers managing patients through the age of 26  
11 or women contemplating pregnancy, pregnant, or postpartum.

12 Sec. 1954. (1) From the funds appropriated in part 1 for  
13 Michigan relief plan, the department shall allocate \$3,500,000.00  
14 to provide a grant to a 1-to-1 youth mentoring organization, that  
15 operates across 13 agencies in this state, to support costs  
16 associated with training and placing adult volunteers that will  
17 provide mentoring to youth in need.

18 (2) As a provision of this grant, the department shall require  
19 the grantee to report on the number of volunteers trained, where in  
20 this state the volunteers serve, and the outcomes resulting from  
21 the grant funding.

22 (3) By September 30 of the current fiscal year, the department  
23 shall report the information required in subsection (2) to the  
24 report recipients required in section 246 of this part.

25 Sec. 1955. From the funds appropriated in part 1 for mobile  
26 mammography, the department shall allocate \$1,000,000.00 to a  
27 nonprofit, faith-based hospital in a city with a population between  
28 198,000 and 200,000 according to the most recent federal decennial  
29 census to provide a new mobile mammography unit to support patients



1 in underserved rural and urban areas.

2       Sec. 1956. (1) From the funds appropriated in part 1 for  
3 narcotics awareness program, the department shall allocate  
4 \$5,000,000.00 to a nonprofit organization organized under the laws  
5 of this state that is exempt from federal income tax under section  
6 501(c)(3) of the internal revenue code of 1986, 26 USC 501, and  
7 with headquarters in a charter township with a population between  
8 100,000 and 105,000 according to the most recent federal decennial  
9 census within a county with a population between 700,000 and  
10 1,000,000 according to the most recent federal decennial census. To  
11 be eligible to receive funding, the nonprofit organization must  
12 have a stated mission to offer community-based, compassionate,  
13 best-practice/evidence-based services to those suffering from  
14 addiction, as well as their loved ones, and to erase the stigma of  
15 addiction and instill compassion and hope.

16       (2) The unexpended funds appropriated in part 1 for narcotics  
17 awareness program are designated as a work project appropriation.  
18 Unencumbered or unallotted funds shall not lapse at the end of the  
19 fiscal year and shall be available for expenditures under this  
20 section until the project has been completed. The following are in  
21 compliance with section 451a of the management and budget act, 1984  
22 PA 431, MCL 18.1451a:

23       (a) The purpose of the project is to offer community-based,  
24 compassionate, best-practice/evidence-based services to those  
25 suffering from addiction, as well as their loved ones, and to erase  
26 the stigma of addiction and instill compassion and hope.

27       (b) The project will be accomplished by a nonprofit 501(c)(3)  
28 organization.

29       (c) The estimated cost of the project is \$5,000,000.00.



1 (d) The tentative completion date is September 30, 2027.

2 Sec. 1957. (1) From the funds appropriated in part 1 for  
3 Native American health services, the department shall allocate  
4 \$7,000,000.00 for a grant to an organization that specializes in  
5 American Indian health services and has a clientele that is  
6 comprised of a majority of Medicaid recipients to build a medical,  
7 behavioral health, and community wellness center located in a city  
8 with a population greater than 600,000 and located within a county  
9 with a population greater than 1,500,000 according to the most  
10 recent decennial census.

11 (2) As a provision of the grant described in subsection (1),  
12 the department shall require the grantee to provide periodic  
13 updates on the construction of the facility until it is open and  
14 operational.

15 (3) By September 30 of the current fiscal year, the department  
16 shall report on the updates described in subsection (2) to the  
17 report recipients required in section 246 of this part.

18 Sec. 1958. (1) From the funds appropriated in part 1 for  
19 nursing facility rate transition support, the department shall  
20 allocate funding to assist long-term care providers in  
21 transitioning to a new nursing facility reimbursement model, as  
22 follows:

23 (a) Not more than \$50,000,000.00 shall be allocated toward the  
24 transition support described in this subsection in the current  
25 fiscal year.

26 (b) No more than \$10,000,000.00 shall be allocated toward  
27 information technology improvements to support implementation of a  
28 new Medicaid nursing facility reimbursement model.

29 (2) The unexpended funds appropriated in part 1 for nursing



1 facility rate transition support are designated as a work project  
2 appropriation. Unencumbered or unallotted funds shall not lapse at  
3 the end of the fiscal year and shall be available for expenditures  
4 under this section until the project has been completed. The  
5 following is in compliance with section 451a of the management and  
6 budget act, 1984 PA 431, MCL 18.1451a:

7 (a) The purpose of the project is to aid the transition away  
8 from cost-settlement-based nursing facility reimbursement.

9 (b) The project shall be accomplished by the department.

10 (c) The total estimated cost of the project is  
11 \$110,000,000.00.

12 (d) The tentative completion date is September 30, 2026.

13 Sec. 1959. (1) From the funds appropriated in part 1 for  
14 psychiatric GME, the department shall allocate \$8,000,000.00 as a  
15 grant to a health system in this state that is comprised of a  
16 health system that is located in a city with a population between  
17 190,000 and 200,000 and within a county with a population between  
18 650,000 and 700,000 according to the most recent federal decennial  
19 census, and a health system located in a city with a population  
20 between 75,000 and 80,000 and within a county with a population  
21 between 1,200,000 and 1,300,000 according to the most recent  
22 federal decennial census.

23 (2) The grant described in subsection (1) must support one or  
24 more outpatient health clinics that participate in psychiatric  
25 graduate medical education training and provide wrap-around  
26 behavioral health services to individuals discharged from inpatient  
27 services.

28 Sec. 1960. From the funds appropriated in part 1 for rural  
29 obstetric services, the department shall allocate \$1,500,000.00 to



1 a nonprofit Michigan health care system organized under the laws of  
2 this state that is exempt from federal income tax under section  
3 501(c)(3) of the internal revenue code of 1986, 26 USC 501, and  
4 that is located in a county with a population between 31,000 and  
5 32,000 according to the most recent federal decennial census, for  
6 the purpose of providing obstetric services to residents in the  
7 upper thumb area of this state.

8 Sec. 1961. From the funds appropriated in part 1 for safe  
9 opioid use task force, the department shall allocate \$500,000.00 to  
10 the Michigan Osteopathic Association for its task force on safe  
11 opioid use.

12 Sec. 1962. From the funds appropriated in part 1 for senior  
13 nutrition services, the department shall allocate \$1,000,000.00 to  
14 the area agencies on aging to support home-delivered meals  
15 programming for older adults residing in this state.

16 Sec. 1963. From the funds appropriated in part 1 for sickle  
17 cell center, the department shall allocate \$2,500,000.00 to the  
18 Sickle Cell Disease Association of America, to the Sickle Cell  
19 Center of Excellence.

20 Sec. 1964. (1) From the funds appropriated in part 1 for  
21 skilled lactation care, the department shall allocate \$5,500,000.00  
22 to a nonprofit organization organized under the laws of this state  
23 that is exempt from federal income tax under section 501(c)(3) of  
24 the internal revenue code of 1986, 26 USC 501, to provide  
25 breastfeeding services, including skilled lactation care, through  
26 local, community-based organizations.

27 (2) By March 1 of the current fiscal year, the department  
28 shall provide to the report recipients required in section 246 of  
29 this part a report of the community-based organization recipients,



1 the counties served through the services, and program outcomes,  
2 including, but not limited to, the following:

3 (a) The number of women accessing breastfeeding support  
4 groups, doula services, and lactation or safe sleep counseling.

5 (b) The number of meals prepared and delivered to postpartum  
6 clients.

7 (c) A spending report from each community-based organization.

8 Sec. 1965. From the funds appropriated in part 1 for substance  
9 use rehabilitation services, the department shall allocate  
10 \$3,500,000.00 to the Sacred Heart Rehabilitation Center for the  
11 purchase of a new building to continue to provide addiction  
12 treatment programming.

13 Sec. 1966. From the funds appropriated in part 1 for tobacco  
14 prevention and cessation programs, the department shall allocate  
15 \$2,500,000.00 to a cancer advocacy nonprofit to support tobacco  
16 control programs.

17 Sec. 1967. From the funds appropriated in part 1 for  
18 university autism center, the department shall allocate  
19 \$4,000,000.00 to Western Michigan University's Kalamazoo Autism  
20 Center for the expansion and development of services to include  
21 evidence-based biobehavioral assessment treatment services for  
22 children with severe intellectual developmental disabilities and  
23 severe problem behaviors.

24 Sec. 1968. From the funds appropriated in part 1 for  
25 university dental clinic, the department shall allocate  
26 \$2,000,000.00 as a grant to a university operating a dental clinic  
27 in this state that provides essential dental education and services  
28 to low-income residents, and that is located in a city with a  
29 population greater than 600,000 according to the most recent



1 federal decennial census.

2       Sec. 1969. (1) The funds appropriated in part 1 for water  
3 quality projects shall be used to support public health, data  
4 sharing infrastructure, filter distribution and inspection, and  
5 faucet and full plumbing replacement activities in significantly  
6 overburdened communities as defined under parts 53 and 54 of the  
7 natural resources and environmental protection act, 1994 PA 451,  
8 MCL 324.5301 to 324.5316 and 324.5401 to 324.5418.

9       (2) The unexpended portion of funds appropriated for water  
10 quality projects is considered a work project appropriation and any  
11 unencumbered or unallotted funds shall not lapse at the end of the  
12 fiscal year and shall be available for expenditure for the project  
13 under this section until the project has been completed. The  
14 following is in compliance with section 451a of the management and  
15 budget act, 1984 PA 431, MCL 18.1451a:

16       (a) The purpose of the project is to improve public health  
17 data sharing capabilities, distribute and inspect lead-reducing  
18 filters, and replace lead-containing faucets and plumbing in  
19 significantly overburdened communities and support the department's  
20 administration of this process.

21       (b) The project will be accomplished by utilizing state  
22 resources, contracts, or grants.

23       (c) The total estimated cost of the project is \$20,000,000.00.

24       (d) The tentative completion date is September 30, 2028.

25       Sec. 1970. From the funds appropriated in part 1 for youth  
26 mental health center, the department shall allocate \$2,500,000.00  
27 to a township with a population between 98,000 and 99,000 and  
28 within a county with a population between 1,700,000 and 1,800,000  
29 according to the most recent federal decennial census, for building



- 1 renovations to house programming for youth with histories of
- 2 trauma, substance use, and juvenile delinquency.