

HOUSE BILL No. 4695

April 5, 1995, Introduced by Reps. Bobier, Walberg, Rhead, Tesanovich, Martinez, Geiger, Randall, Green, Bodem and Voorhees and referred to the Committee on Appropriations.

A bill to amend section 109 of Act No. 280 of the Public Acts of 1939, entitled as amended
"The social welfare act,"
as amended by Act No. 352 of the Public Acts of 1994, being section 400.109 of the Michigan Compiled Laws.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Section 1. Section 109 of Act No. 280 of the Public Acts of
- 2 1939, as amended by Act No. 352 of the Public Acts of 1994, being
- 3 section 400.109 of the Michigan Compiled Laws, is amended to read
- 4 as follows:
- 5 Sec. 109. (1) The following medical services may be pro-
- 6 vided under this act:
- 7 (a) Hospital services that an eligible person may receive
- 8 consist of medical, surgical, or obstetrical care, together with
- 9 necessary drugs, X-rays, physical therapy, prosthesis,

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- 1 transportation, and nursing care incident to the medical,
- 2 surgical, or obstetrical care. The period of inpatient hospital
- 3 service shall be the minimum period necessary in this type of
- 4 facility for the proper care and treatment of the individual.
- 5 Necessary hospitalization to provide dental care shall be pro-
- 6 vided if certified by the attending dentist with the approval of
- 7 the state department. A person who is receiving medical treat-
- 8 ment as an inpatient because of a diagnosis of tuberculosis or
- 9 mental disease may receive service under this section, notwith-
- 10 standing the mental health code, Act No. 258 of the Public Acts
- 11 of 1974, as amended, being sections 330.1001 to 330.2106 of the
- 12 Michigan Compiled Laws, and Act No. 177 of the Public Acts of
- 13 1925, as amended, being sections 332.151 to 332.164 of the
- 14 Michigan Compiled Laws. The state department shall pay for hos-
- 15 pital services in accordance with the state plan for medical
- 16 assistance adopted pursuant to section 10 and approved by the
- 17 United States department of health and human services.
- (b) An eligible person may receive physician services autho-
- 19 rized by the state department. The service may be furnished in
- 20 the office of the physician, the eligible person's home, a medi-
- 21 cal institution, or elsewhere in case of emergency. A physician
- 22 shall be paid a reasonable charge for the service rendered.
- 23 Reasonable charges shall be determined by the state department
- 24 and shall not be more than those paid in this state for services
- 25 rendered under title XVIII.
- 26 (c) An eligible person may receive nursing home services in
- 27 a state licensed nursing home, a medical care facility, or other

1 facility or identifiable unit of that facility, certified by the 2 appropriate authority as meeting established standards for a 3 nursing home under the laws and rules of this state and the 4 United States department of health and human services, to the 5 extent found necessary by the attending physician, dentist, or 6 certified Christian Science practitioner. An eligible person may 7 receive nursing services in a short-term nursing care program 8 established under section 22210 of the public health code, Act 9 No. 368 of the Public Acts of 1978, being section 333.22210 of 10 the Michigan Compiled Laws, to the extent found necessary by the 11 attending physician when the combined length of stay in the acute 12 care bed and short-term nursing care bed exceeds the average 13 length of stay for medicaid hospital diagnostic related group 14 reimbursement. The state department shall not make a final pay-15 ment pursuant to title XIX for benefits available under title 16 XVIII without documentation that title XVIII claims have been 17 filed and denied. The state department shall pay for nursing 18 home services in accordance with the state plan for medical 19 assistance adopted pursuant to section 10 and approved by the 20 United States department of health and human services. A county 21 shall reimburse a county maintenance of effort rate determined on 22 an annual basis for each patient day of medicaid nursing home 23 services provided to eligible persons in long term care facili-24 ties owned by the county and licensed to provide nursing home 25 services. For purposes of determining rates and costs described 26 in this subdivision, all of the following apply:

- (i) For county owned facilities with per patient day updated
- 2 variable costs exceeding the variable cost limit for the county
- 3 facility, county maintenance of effort rate means 45% of the dif-
- 4 ference between per patient day updated variable cost and the
- 5 concomitant nursing home-class variable cost limit, the quantity
- 6 offset by the difference between per patient day updated variable
- 7 cost and the concomitant variable cost limit for the county
- 8 facility. The county rate shall not be less than zero.
- 9 (ii) For county owned facilities with per patient day
- 10 updated variable costs not exceeding the variable cost limit for
- 11 the county facility, county maintenance of effort rate means 45%
- 12 of the difference between per patient day updated variable cost
- 13 and the concomitant nursing home class variable cost limit.
- 14 (iii) For county owned facilities with per patient day
- 15 updated variable costs not exceeding the concomitant nursing home
- 16 class variable cost limit, the county maintenance of effort rate
- 17 shall equal zero.
- (iv) For the purposes of this section: "per patient day
- 19 updated variable costs and the variable cost limit for the county
- 20 facility" shall be determined pursuant to the state plan for med-
- 21 ical assistance; for freestanding county facilities the "nursing
- 22 home class variable cost limit" shall be determined pursuant to
- 23 the state plan for medical assistance and for hospital attached
- 24 county facilities the "nursing class variable cost limit" shall
- 25 be determined pursuant to the state plan for medical assistance
- 26 plus \$5.00 per patient day; and "freestanding" and "hospital

- 1 attached" shall be determined in accordance with the federal
 2 regulations.
- 3 (v) If the county maintenance of effort rate computed in
- 4 accordance with this section exceeds the county maintenance of
- 5 effort rate in effect as of September 30, 1984, the rate in
- 6 effect as of September 30, 1984 shall remain in effect until such
- 7 time as the rate computed in accordance with this section is less
- 8 than the September 30, 1984 rate. This limitation shall remain
- 9 in effect until December 31, -1995 2000. For each subsequent
- 10 county fiscal year the maintenance of effort may not increase by
- 11 more than \$1.00 per patient day each year.
- 12 (vi) For county owned facilities, reimbursement for plant
- 13 costs will continue to be based on interest expense and deprecia-
- 14 tion allowance unless otherwise provided by law.
- (d) An eligible person may receive pharmaceutical services
- 16 from a licensed pharmacist of the person's choice as prescribed
- 17 by a licensed physician or dentist and approved by the state
- 18 department. In an emergency, but not routinely, the person may
- 19 receive pharmaceutical services rendered personally by a licensed
- 20 physician or dentist on the same basis as approved for
- 21 pharmacists.
- (e) An eligible person may receive other medical and health
- 23 services as authorized by the state department.
- 24 (f) Psychiatric care may also be provided pursuant to the
- 25 quidelines established by the state department to the extent of
- 26 appropriations made available by the legislature for the fiscal
- 27 year.

- 1 (2) The director shall provide notice to the public, in
- 2 accordance with applicable federal regulations, and shall obtain
- 3 the approval of the committees on appropriations of the house of
- 4 representatives and senate of the legislature of this state, of
- 5 any proposed change in the statewide method or level of reim-
- 6 bursement for a service, if the proposed change is expected to
- 7 increase or decrease payments for that service by 1% or more
- 8 during the 12 months after the effective date of the change.
- 9 (3) As used in this act:
- 10 (a) "Title V" means title V of the social security act,
- 11 chapter 531, 49 Stat. 620, 42 U.S.C. 701 to 704a and 705 to 709.
- (b) "Title XVIII" means title XVIII of the social security
- 13 act, chapter 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b-2,
- 14 1395c to 1395i, 1395i-2 to 1395i-4, 1395j to 1395t, 1395u to
- 15 1395w-2, -and 1395w-4 to 1395yy, AND 1395bbb TO 1395ccc.
- (c) "Title XIX" means title XIX of the social security act,
- 17 chapter 531, 49 Stat. 620, 42 U.S.C. 1396 to 1396g and 1396i to
- 18 1396v.
- (d) "Title XX" means title XX of the social security act,
- 20 chapter 531, 49 Stat. 620, 42 U.S.C. 1397 to 1397f.