

SENATE BILL NO. 530

September 26, 2023, Introduced by Senators CAVANAGH, ANTHONY, DAMOOSE, IRWIN, POLEHANKI, MCMORROW, CHANG, GEISS, SINGH, WOJNO, BAYER, KLINEFELT, BRINKS, MOSS, CAMILLERI, SHINK, BUMSTEAD and OUTMAN and referred to the Committee on Finance, Insurance, and Consumer Protection.

A bill to amend 1956 PA 218, entitled
"The insurance code of 1956,"
by amending section 3157 (MCL 500.3157), as amended by 2019 PA 21.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 3157. (1) Subject to subsections (2) to ~~(14)~~, **(7)**, a
2 physician, hospital, clinic, or other person that lawfully renders
3 treatment to an injured person for an accidental bodily injury
4 covered by personal protection insurance, or a person that provides
5 rehabilitative occupational training following the injury, may
6 charge a reasonable amount for the treatment or training. The

1 charge must not exceed the amount the person customarily charges
2 for like treatment or training in cases that do not involve
3 insurance.

4 (2) Subject to subsections (3) to ~~(14)~~, **(9)**, a physician,
5 hospital, clinic, or other person that renders treatment or
6 rehabilitative occupational training to an injured person for an
7 accidental bodily injury **that occurred after June 10, 2019 and that**
8 **is** covered by personal protection insurance ~~is not eligible for~~
9 ~~payment or reimbursement under this chapter for more than the~~
10 ~~following:~~

11 ~~(a) For treatment or training rendered after July 1, 2021 and~~
12 ~~before July 2, 2022, 200% must be reimbursed in an amount that is~~
13 **250%** of the amount payable ~~to the person for the~~ **that** treatment or
14 training under Medicare, ~~-~~

15 ~~(b) For treatment or training rendered after July 1, 2022 and~~
16 ~~before July 2, 2023, 195% of the amount payable to the person for~~
17 ~~the treatment or training under Medicare.~~

18 ~~(c) For treatment or training rendered after July 1, 2023,~~
19 ~~190% of the amount payable to the person for the treatment or~~
20 ~~training under Medicare.~~ **subject to the following conditions:**

21 **(a) For any change to the amount payable under Medicare that**
22 **occurs after the effective date of the amendatory act that added**
23 **this subdivision, the change must be applied to the amount allowed**
24 **for reimbursement under this subsection.**

25 **(b) The only aspect of Medicare that applies to an insurer's**
26 **reimbursement obligation under this subsection is the amount**
27 **payable under Medicare for the Current Procedural Technology code**
28 **that pertains to that treatment or training. All other aspects of**
29 **the billing practices, requirements, or other reimbursement**

1 limitations that apply or exist under the Medicare system do not
2 apply to an insurer's reimbursement obligation under this
3 subsection.

4 ~~(3) Subject to subsections (5) to (14), a physician, hospital,~~
5 ~~clinic, or other person identified in subsection (4) that renders~~
6 ~~treatment or rehabilitative occupational training to an injured~~
7 ~~person for an accidental bodily injury covered by personal~~
8 ~~protection insurance is eligible for payment or reimbursement under~~
9 ~~this chapter of not more than the following:~~

10 ~~(a) For treatment or training rendered after July 1, 2021 and~~
11 ~~before July 2, 2022, 230% of the amount payable to the person for~~
12 ~~the treatment or training under Medicare.~~

13 ~~(b) For treatment or training rendered after July 1, 2022 and~~
14 ~~before July 2, 2023, 225% of the amount payable to the person for~~
15 ~~the treatment or training under Medicare.~~

16 ~~(c) For treatment or training rendered after July 1, 2023,~~
17 ~~220% of the amount payable to the person for the treatment or~~
18 ~~training under Medicare.~~

19 ~~(4) Subject to subsection (5), subsection (3) only applies to~~
20 ~~a physician, hospital, clinic, or other person if either of the~~
21 ~~following applies to the person rendering the treatment or~~
22 ~~training:~~

23 ~~(a) On July 1 of the year in which the person renders the~~
24 ~~treatment or training, the person has 20% or more, but less than~~
25 ~~30%, indigent volume determined pursuant to the methodology used by~~
26 ~~the department of health and human services in determining~~
27 ~~inpatient medical/surgical factors used in measuring eligibility~~
28 ~~for Medicaid disproportionate share payments.~~

29 ~~(b) The person is a freestanding rehabilitation facility. Each~~

~~1 year the director shall designate not more than 2 freestanding
2 rehabilitation facilities to qualify for payments under subsection
3 (3) for that year. As used in this subdivision, "freestanding
4 rehabilitation facility" means an acute care hospital to which all
5 of the following apply:~~

~~6 (i) The hospital has staff with specialized and demonstrated
7 rehabilitation medicine expertise.~~

~~8 (ii) The hospital possesses sophisticated technology and
9 specialized facilities.~~

~~10 (iii) The hospital participates in rehabilitation research and
11 clinical education.~~

~~12 (iv) The hospital assists patients to achieve excellent
13 rehabilitation outcomes.~~

~~14 (v) The hospital coordinates necessary post-discharge
15 services.~~

~~16 (vi) The hospital is accredited by 1 or more third-party,
17 independent organizations focused on quality.~~

~~18 (vii) The hospital serves the rehabilitation needs of
19 catastrophically injured patients in this state.~~

~~20 (viii) The hospital was in existence on May 1, 2019.~~

~~21 (5) To qualify for a payment under subsection (4)(a), a
22 physician, hospital, clinic, or other person shall provide the
23 director with all documents and information requested by the
24 director that the director determines are necessary to allow the
25 director to determine whether the person qualifies. The director
26 shall annually review documents and information provided under this
27 subsection and, if the person qualifies under subsection (4)(a),
28 shall certify the person as qualifying and provide a list of
29 qualifying persons to insurers and other persons that provide the~~

1 ~~security required under section 3101(1). A physician, hospital,~~
 2 ~~clinic, or other person that provides 30% or more of its total~~
 3 ~~treatment or training as described under subsection (4) (a) is~~
 4 ~~entitled to receive, instead of an applicable percentage under~~
 5 ~~subsection (3), 250% of the amount payable to the person for the~~
 6 ~~treatment or training under Medicare.~~

7 ~~(6) Subject to subsections (7) to (14), a hospital that is a~~
 8 ~~level I or level II trauma center that renders treatment to an~~
 9 ~~injured person for an accidental bodily injury covered by personal~~
 10 ~~protection insurance, if the treatment is for an emergency medical~~
 11 ~~condition and rendered before the patient is stabilized and~~
 12 ~~transferred, is not eligible for payment or reimbursement under~~
 13 ~~this chapter of more than the following:~~

14 ~~(a) For treatment rendered after July 1, 2021 and before July~~
 15 ~~2, 2022, 240% of the amount payable to the hospital for the~~
 16 ~~treatment under Medicare.~~

17 ~~(b) For treatment rendered after July 1, 2022 and before July~~
 18 ~~2, 2023, 235% of the amount payable to the hospital for the~~
 19 ~~treatment under Medicare.~~

20 ~~(c) For treatment rendered after July 1, 2023, 230% of the~~
 21 ~~amount payable to the hospital for the treatment under Medicare.~~

22 **(3) ~~(7) If Subject to subsections (4) to (9), if~~** Medicare does
 23 not provide an amount payable for a treatment or rehabilitative
 24 occupational training under subsection (2), ~~(3), (5), or (6),~~ the
 25 physician, hospital, clinic, or other person that renders the
 26 treatment or training is not eligible for payment or reimbursement
 27 under this chapter of more than the following, as applicable:

28 ~~(a) For a person to which subsection (2) applies, the~~
 29 ~~applicable following percentage of the amount payable for the~~

~~1 treatment or training under the person's charge description master
2 in effect on January 1, 2019 or, if the person did not have a
3 charge description master on that date, the applicable following
4 percentage of the average amount the person charged for the
5 treatment on January 1, 2019:~~

~~6 (i) For treatment or training rendered after July 1, 2021 and
7 before July 2, 2022, 55%.~~

~~8 (ii) For treatment or training rendered after July 1, 2022 and
9 before July 2, 2023, 54%.~~

~~10 (iii) For treatment or training rendered after July 1, 2023,
11 52.5%.~~

~~12 (b) For a person to which subsection (3) applies, the
13 applicable following percentage of the amount payable for the
14 treatment or training under the person's charge description master
15 in effect on January 1, 2019 or, if the person did not have a
16 charge description master on that date, the applicable following
17 percentage of the average amount the person charged for the
18 treatment or training on January 1, 2019:~~

~~19 (i) For treatment or training rendered after July 1, 2021 and
20 before July 2, 2022, 70%.~~

~~21 (ii) For treatment or training rendered after July 1, 2022 and
22 before July 2, 2023, 68%.~~

~~23 (iii) For treatment or training rendered after July 1, 2023,
24 66.5%.~~

~~25 (c) For a person to which subsection (5) applies, 78% of the
26 amount payable for the treatment or training under the person's
27 charge description master in effect on January 1, 2019 or, if the
28 person did not have a charge description master on that date, 78%
29 of the average amount the person charged for the treatment on~~

1 ~~January 1, 2019.~~

2 ~~(d) For a person to which subsection (6) applies, the~~
3 ~~applicable following percentage of the amount payable for the~~
4 ~~treatment under the person's charge description master in effect on~~
5 ~~January 1, 2019 or, if the person did not have a charge description~~
6 ~~master on that date, the applicable following percentage of the~~
7 ~~average amount the person charged for the treatment on January 1,~~
8 ~~2019.~~

9 ~~(i) For treatment or training rendered after July 1, 2021 and~~
10 ~~before July 2, 2022, 75%.~~

11 ~~(ii) For treatment or training rendered after July 1, 2022 and~~
12 ~~before July 2, 2023, 73%.~~

13 ~~(iii) For treatment or training rendered after July 1, 2023,~~
14 ~~71%.~~

15 ~~(8) For any change to an amount payable under Medicare as~~
16 ~~provided in subsection (2), (3), (5), or (6) that occurs after the~~
17 ~~effective date of the amendatory act that added this subsection,~~
18 ~~the change must be applied to the amount allowed for payment or~~
19 ~~reimbursement under that subsection. However, an amount allowed for~~
20 ~~payment or reimbursement under subsection (2), (3), (5), or (6)~~
21 ~~must not exceed the average amount charged by the physician,~~
22 ~~hospital, clinic, or other person for the treatment or training on~~
23 ~~January 1, 2019.~~ **to the injured person for an accidental bodily**
24 **injury that occurred after June 10, 2019 and that is covered by**
25 **personal protection insurance must be reimbursed as follows:**

26 **(a) For HHA/CNA Supervision Level Services, using code S9122**
27 **with modifier 01, or a substantially similar code and modifier,**
28 **\$32.78 per hour for Metro Detroit, \$32.29 per hour for Rest of**
29 **State.**

1 (b) For HHA/CNA Basic Care Level Services, using code S9122
2 with modifier 02, or a substantially similar code and modifier,
3 \$36.57 per hour for Metro Detroit, \$34.97 per hour for Rest of
4 State.

5 (c) For HHA/CNA High-Tech Care Level Services, using code
6 S9122 with modifier 03, or a substantially similar code and
7 modifier, \$40.37 per hour for Metro Detroit, \$38.60 per hour for
8 Rest of State.

9 (d) For Licensed Practical Nurse Home Health Care Level
10 Services, using code S9124, or a substantially similar code, \$77.50
11 per hour for Metro Detroit, \$74.50 per hour for Rest of State.

12 (e) For Licensed Practical Nurse Home Health Care Level
13 Services, using code T1031, or a substantially similar code,
14 \$181.15 per visit for Metro Detroit, \$178.95 per visit for Rest of
15 State.

16 (f) For Registered Nurse Home Health Care Level Services,
17 using code S9123, or a substantially similar code, \$86.56 per hour
18 for Metro Detroit, \$82.76 per hour for Rest of State.

19 (g) For Registered Nurse Home Health Care Level Services,
20 using code T1030, or a substantially similar code, \$220.88 per
21 visit for Metro Detroit, \$211.19 per visit for Rest of State.

22 (h) For Residential Services Level 1, using code T2048 with
23 modifier 01, or a substantially similar code and modifier, \$454.65
24 per day for Metro Detroit, \$434.71 per day for Rest of State.

25 (i) For Residential Services Level 2, using code T2048 with
26 modifier 02, or a substantially similar code and modifier, \$599.62
27 per day for Metro Detroit, \$573.32 per day for Rest of State.

28 (j) For Residential Services Level 3, using code T2048 with
29 modifier 03, or a substantially similar code and modifier, \$754.46

1 per day for Metro Detroit, \$721.37 per day for Rest of State.

2 (k) For Residential Services Bed Hold, using code T2048 with
3 modifier 04, or a substantially similar code and modifier, 55% of
4 the daily rate for the applicable care level.

5 (l) For One-on-One Staffing - Aide Services, using code S5125,
6 or a substantially similar code, \$9.66 per 15 minutes for Metro
7 Detroit, \$9.24 per 15 minutes for Rest of State.

8 (m) For Day Treatment - Half Day, using code H2001 with
9 modifier 01, or a substantially similar code and modifier, \$216.77
10 per day for Metro Detroit, \$207.26 per day for Rest of State.

11 (n) For Day Treatment - Full Day, using code H2001 with
12 modifier 02, or a substantially similar code and modifier, \$433.96
13 per day for Metro Detroit, \$414.93 per day for Rest of State.

14 (o) For Day Treatment - 15 minutes, using code H2032, or a
15 substantially similar code, \$18.36 per 15 minutes for Metro
16 Detroit, \$17.81 for Rest of State.

17 (p) For Home- and Community-Based Therapies, using codes
18 97535, 97110, 97530, 97537, 92507, 97129, or 97130, with Place of
19 Service codes 12 or 99, or a substantially similar code, \$82.23 per
20 15 minutes for Metro Detroit, \$78.63 per 15 minutes for Rest of
21 State.

22 (q) For In-Home Occupational Therapy, using code S9129, or a
23 substantially similar code, \$269.55 per visit for Metro Detroit,
24 \$256.07 per visit for Rest of State.

25 (r) For In-Home Physical Therapy, using code S9131, or a
26 substantially similar code, \$267.71 per visit for Metro Detroit,
27 \$254.32 per visit for Rest of State.

28 (s) For In-Home Speech Language Pathology, using code S9128,
29 or a substantially similar code, \$291.00 per visit for Metro

1 Detroit, \$274.45 per visit for Rest of State.

2 (t) For Job Development/Job Placement, using code H2015, or a
3 substantially similar code, \$45.03 per 15 minutes for Metro
4 Detroit, \$43.06 per 15 minutes for Rest of State.

5 (u) For Job Coaching, using code H2025, or a substantially
6 similar code, \$21.44 per 15 minutes for Metro Detroit, \$20.50 per
7 15 minutes for Rest of State.

8 (v) For Enclave Work Site - Group, using code H2023, or a
9 substantially similar code, \$17.25 per 15 minutes for Metro
10 Detroit, \$16.49 per 15 minutes for Rest of State.

11 (w) For Case Management, using code T1016, or a substantially
12 similar code, \$42.90 per 15 minutes for Metro Detroit, \$41.01 per
13 15 minutes for Rest of State.

14 (x) For Pharmacy - Generic Drugs, Dispensing Fee, using an
15 unidentified code, \$6.36 per prescription for Metro Detroit, \$6.53
16 per prescription for Rest of State.

17 (y) For Pharmacy - Generic Drugs, Drug Payment, using an
18 unidentified code, 12% discount to average wholesale price for
19 Metro Detroit, 12% discount to average wholesale price for Rest of
20 State.

21 (z) For Pharmacy - Name Brand Drugs, Dispensing Fee, using an
22 unidentified code, \$4.05 per prescription for Metro Detroit, \$4.05
23 per prescription for Rest of State.

24 (aa) For Pharmacy - Name Brand Drugs, Drug Payment, using an
25 unidentified code, 12% discount to average wholesale price for
26 Metro Detroit, 12% discount to average wholesale price for Rest of
27 State.

28 (bb) For Pharmacy - Custom Compounds, Dispensing Fee, using an
29 unidentified code, \$14.45 per prescription for Metro Detroit,

1 \$14.45 per prescription for Rest of State.

2 (cc) For Pharmacy - Custom Compounds, Drug Payment, using an
3 unidentified code, 12% discount to average wholesale price for
4 Metro Detroit, 12% discount to average wholesale price for Rest of
5 State.

6 (dd) For Pharmacy - Commercially Manufactured Topicals,
7 Dispensing Fee, using an unidentified code, \$9.83 per prescription
8 for Metro Detroit, \$9.83 per prescription for Rest of State.

9 (ee) For Nonemergency Medical Transport - Charge per Mile
10 while Rider Is in the Vehicle, using code S0215, or a substantially
11 similar code, \$3.47 per mile for Metro Detroit, \$3.47 per mile for
12 Rest of State.

13 (ff) For Nonemergency Medical Transport - Wheelchair Van
14 Pickup Fee - Weekday, using code A0130 with modifier 01, or a
15 substantially similar code and modifier, \$39.30 per pickup for
16 Metro Detroit, \$39.30 per pickup for Rest of State.

17 (gg) For Nonemergency Medical Transport - Nonwheelchair Van
18 Pickup Fee - Weekday, using code A0100 with modifier 01, or a
19 substantially similar code and modifier, \$36.61 per pickup for
20 Metro Detroit, \$36.61 per pickup for Rest of State.

21 (hh) For Nonemergency Medical Transport - Wheelchair Van
22 Pickup Fee - Weekend, using code A0130 with modifier 02, or a
23 substantially similar code and modifier, \$45.37 per pickup for
24 Metro Detroit, \$45.37 per pickup for Rest of State.

25 (ii) For Nonemergency Medical Transport - Nonwheelchair Van
26 Pickup Fee - Weekend, using code A0100 with modifier 02, or a
27 substantially similar code and modifier, \$40.46 per pickup for
28 Metro Detroit, \$40.46 per pickup for Rest of State.

29 (jj) For Nonemergency Medical Transport - Wait Time, using

1 code T2007, or a substantially similar code, \$8.45 per 15 minutes
 2 for Metro Detroit, \$8.45 per 15 minutes for Rest of State.

3 (4) A personal caregiver who renders home care services to an
 4 injured person for an accidental bodily injury that occurred after
 5 June 10, 2019, and that is covered by personal protection
 6 insurance, must be reimbursed as follows:

7 (a) For HHA/CNA Supervision Level Services, \$19.67 per hour
 8 for Metro Detroit, \$19.37 per hour for Rest of State.

9 (b) For HHA/CNA Basic Care Level Services, \$21.94 per hour for
 10 Metro Detroit, \$20.98 per hour for Rest of State.

11 (c) For HHA/CNA High-Tech Care Level Services, \$24.22 per hour
 12 for Metro Detroit, \$23.16 per hour for Rest of State.

13 (d) For Licensed Practical Nurse Home Health Care Level
 14 Services, \$46.50 per hour for Metro Detroit, \$44.70 per hour for
 15 Rest of State.

16 (e) For Registered Nurse Home Health Care Level Services,
 17 \$51.94 per hour for Metro Detroit, \$49.66 per hour for Rest of
 18 State.

19 (5) A chiropractic provider that renders treatment or training
 20 to an injured person for an accidental bodily injury that occurred
 21 after June 10, 2019, and that is covered by personal protection
 22 insurance, must be reimbursed as follows:

23 (a) For low-level laser treatment, using code S8948, \$25.24
 24 per 15 minutes for Metro Detroit, \$24.61 per 15 minutes for Rest of
 25 State.

26 (b) For vertebral axial decompression, using code S9090,
 27 \$48.63 per session for Metro Detroit, \$47.41 per session for Rest
 28 of State.

29 (6) ~~(9)~~—An amount that is to be applied under subsection ~~(7)~~

1 ~~or (8), that was in effect on January 1, 2019, including any prior~~
 2 ~~adjustments to the amount made under this subsection, (3), (4), or~~
 3 ~~(5) must be adjusted annually by the percentage change in the~~
 4 ~~medical care component of the Consumer Price Index for the year~~
 5 ~~preceding the adjustment.~~

6 ~~(10) For attendant care rendered in the injured person's home,~~
 7 ~~an insurer is only required to pay benefits for attendant care up~~
 8 ~~to the hourly limitation in section 315 of the worker's disability~~
 9 ~~compensation act of 1969, 1969 PA 317, MCL 418.315. This subsection~~
 10 ~~only applies if the attendant care is provided directly, or~~
 11 ~~indirectly through another person, by any of the following:~~

12 ~~(a) An individual who is related to the injured person.~~

13 ~~(b) An individual who is domiciled in the household of the~~
 14 ~~injured person.~~

15 ~~(c) An individual with whom the injured person had a business~~
 16 ~~or social relationship before the injury.~~

17 ~~(11) An insurer may contract to pay benefits for attendant~~
 18 ~~care for more than the hourly limitation under subsection (10).~~

19 ~~(7) (12) A neurological rehabilitation clinic provider that~~
 20 ~~renders home care or residential services, or both, is not entitled~~
 21 ~~to payment or reimbursement for a treatment , or training ,~~
 22 ~~product, service, or accommodation under this section unless the~~
 23 ~~neurological rehabilitation clinic provider is accredited by the~~
 24 ~~Joint Commission on Accreditation of Healthcare Organizations, or~~
 25 ~~JCAHO, the Commission on Accreditation of Rehabilitation~~
 26 ~~Facilities, or CARF, the Community Health Accreditation Partner~~
 27 ~~Program, or CHAP, the Accreditation Commission for Health Care, or~~
 28 ~~ACHC, or a similar organization recognized by the director for~~
 29 ~~purposes of accreditation under this subsection. This subsection~~

1 does not apply to a ~~neurological rehabilitation clinic provider~~
 2 that is in **or begins** the process of becoming accredited, as
 3 ~~required under this subsection on July 1, 2021, verified by the~~
 4 **accrediting body, within 1 year after the effective date of the**
 5 **2023 amendatory act that amended this subsection**, unless 3 years
 6 have passed since the ~~beginning of that process~~ **effective date of**
 7 **the 2023 amendatory act that amended this subsection** and the
 8 ~~neurological rehabilitation clinic provider~~ is still not
 9 accredited. **The accreditation requirement under this subsection**
 10 **does not apply to a personal caregiver. For care rendered by a**
 11 **personal caregiver, the insurer is only required to pay benefits**
 12 **for not more than 16 hours per day per individual but may contract**
 13 **to pay for more than 16 hours per day per individual. A personal**
 14 **caregiver shall not seek payment from an insurer for care rendered**
 15 **to more than 2 injured persons at the same time.**

16 (8) ~~(13)~~ Subsections (2) to ~~(12)~~ **(7)** do not apply to emergency
 17 medical services rendered by an ambulance operation. As used in
 18 this subsection:

19 (a) "Ambulance operation" means that term as defined in
 20 section 20902 of the public health code, 1978 PA 368, MCL
 21 333.20902.

22 (b) "Emergency medical services" means that term as defined in
 23 section 20904 of the public health code, 1978 PA 368, MCL
 24 333.20904.

25 ~~(14) Subsections (2) to (13) apply to treatment or~~
 26 ~~rehabilitative occupational training rendered after July 1, 2021.~~

27 **(9) For all treatment or training provided to an injured**
 28 **person for an accidental bodily injury that occurred after June 10,**
 29 **2019, and that is covered by personal protection insurance, to**

1 which subsections (2) to (5) do not apply, reimbursement must be
2 issued in accordance with section 3107(1)(a) and subsection (1).

3 (10) For all treatment or training provided to an injured
4 person for an accidental bodily injury that occurred before June
5 11, 2019, and that is covered by personal protection insurance,
6 reimbursement must be issued in accordance with section 3107(1)(a)
7 and subsection (1).

8 (11) ~~(15)~~As used in this section:

9 ~~(a) "Charge description master" means a uniform schedule of~~
10 ~~charges represented by the person as its gross billed charge for a~~
11 ~~given service or item, regardless of payer type.~~

12 (a) "BADLs" means basic activities of daily living and may
13 include bathing, dressing, grooming, toileting, personal hygiene,
14 feeding, and other basic self-care activities.

15 (b) "Case Management" means services provided by a case
16 manager with a health professional degree and current license or
17 national certification in a health or human services profession.
18 Case Management includes, but is not limited to, assessing,
19 planning, implementing, coordinating, monitoring, and evaluating
20 the options and services required to meet the injured person's
21 health and human service needs.

22 (c) ~~(b)~~"Consumer Price Index" means the most comprehensive
23 index of consumer prices available for this state from the United
24 States Department of Labor, Bureau of Labor Statistics.

25 ~~(c) "Emergency medical condition" means that term as defined~~
26 ~~in section 1395dd of the social security act, 42 USC 1395dd.~~

27 ~~(d) "Level I or level II trauma center" means a hospital that~~
28 ~~is verified as a level I or level II trauma center by the American~~
29 ~~College of Surgeons Committee on Trauma.~~

1 ~~(c) "Medicaid" means a program for medical assistance~~
2 ~~established under subchapter XIX of the social security act, 42 USC~~
3 ~~1396 to 1396w-5.~~

4 (d) "Day treatment" means daytime programs that provide
5 educational, prevocational, or vocational or therapeutic activity
6 services and that are supervised by paraprofessional staff with
7 program design and oversight by health care professionals.

8 (e) "Day Treatment - 15 minute" means day treatment for which
9 15-minute units are used and reimbursed for services rendered that
10 are not otherwise covered by full day or half day codes.

11 (f) "Day Treatment - Full Day" means day treatment provided
12 for 5 to 7 hours per day.

13 (g) "Day Treatment - Half Day" means day treatment provided
14 for 2.5 to 3.5 hours per day.

15 (h) "Enclave Work Site - Group" means a community-based work
16 site of a competitive employer external to a residential services
17 program where a group of injured persons work under the supervision
18 of staff from the program.

19 (i) "HHA/CNA Basic Care Level Services" means services
20 generally performed at the care level of a home health aide or
21 certified nursing assistant for the purpose of providing personal
22 care or assisting an injured person with the performance of BADLs
23 or IADLs in the home or other place of residence.

24 (j) "HHA/CNA High-Tech Care Level Services" means services
25 generally performed at the care level of a home health aide or
26 certified nursing assistant for the purpose of providing personal
27 care, assisting with the performance of BADLs and IADLs, and
28 providing additional interventions for an injured person,
29 including, but not limited to, basic bowel and bladder program

1 management, complex transfers, basic behavior and cognitive
2 management, vital sign monitoring, orthopedic brace care, basic
3 skin integrity care, pediatric patient care, and other forms of
4 monitoring and care that do not require direct care or oversight by
5 a licensed nurse, in the home or other place of residence.

6 (k) "HHA/CNA Supervision Level Services" means services
7 generally performed at the care level of a home health aide or
8 certified nursing assistant for the purpose of providing direct
9 supervision to ensure the health and safety of an injured person in
10 the home or other place of residence.

11 (l) "Home- and Community-Based Therapies" means those services
12 that are performed by licensed, registered, or certified
13 professionals, using current procedural terminology codes within
14 their scope of practice, and performing services in the home or
15 community setting, as an extension of an outpatient rehabilitation
16 program or community-based private practice model.

17 (m) "Home care" means home health aide, nursing, and other
18 similar services provided to an injured person in the home or place
19 of residence, other than in a hospital, nursing home, or county
20 medical facility, unless ordered by a physician for safety reasons.

21 (n) "In-Home Occupational Therapy" means occupational therapy
22 services performed in the home or other place of residence.

23 (o) "In-Home Physical Therapy" means physical therapy services
24 performed in the home or other place of residence.

25 (p) "In-Home Speech Language Pathology" means speech language
26 pathology services performed in the home or other place of
27 residence.

28 (q) "IADLs" means instrumental activities of daily living and
29 may include health and medication management, money and financial

1 management, menu planning, grocery shopping, cooking, cleaning,
2 laundry, transportation, community mobility or access, planning and
3 organization, and other similar activities.

4 (r) "Job Coaching" means services performed to assist an
5 injured person with learning, accommodating, or performing specific
6 job tasks and developing interpersonal and other employment-related
7 skills.

8 (s) "Job Development/Job Placement" means services performed
9 by an individual with a bachelor's degree or higher with additional
10 vocational training for the purpose of assisting an injured person
11 with job placement and development of interpersonal and other
12 employment-related skills.

13 (t) "Licensed Practical Nurse Home Health Care Level Services"
14 means skilled nursing services performed at the care level of a
15 licensed practical nurse in the home or place of residence.

16 (u) ~~(f)~~—"Medicare" means fee for service payments under part
17 A, B, or D of the federal Medicare program established under
18 subchapter XVIII of the social security act, 42 USC 1395 to 1395lll,
19 ~~without regard to the limitations unrelated to the rates in the fee~~
20 ~~schedule such as limitation or supplemental payments~~ **but does not**
21 **include adjustments** related to utilization, readmissions,
22 ~~recaptures,~~ bad debt adjustments, or sequestration. **Medicare**
23 **includes payments to providers reimbursed under a prospective**
24 **payment system, including the inpatient acute, inpatient**
25 **psychiatric, inpatient rehabilitation, long-term acute care,**
26 **skilled nursing, hospice, and outpatient prospective payment**
27 **systems and any other hospital payment system designated by the**
28 **United States Department of Health and Human Services. Medicare**
29 **includes all facility adjustments, including, but not limited to,**

1 adjustments for acuity, area wage index, capital, direct and
 2 indirect graduate medical education, disproportionate share
 3 components, new technology, low volume, organ acquisition cost,
 4 routine and ancillary cost for allied health programs, and outlier.
 5 For sole community hospitals, rural referral centers, rural
 6 emergency hospitals, and critical access hospitals, Medicare means
 7 the equivalent hospital-specific payment for providing inpatient or
 8 outpatient services to Medicare beneficiaries.

9 ~~(g) "Neurological rehabilitation clinic" means a person that~~
 10 ~~provides post-acute brain and spinal rehabilitation care.~~

11 (v) "Metro Detroit" means services provided in the county of
 12 Wayne, Washtenaw, Oakland, or Macomb.

13 (w) "One-on-One Staffing - Aide Services" means direct
 14 supervision of a single injured person by an aide or other
 15 caregiver to ensure the injured person's health, safety, or
 16 adherence to medical recommendations or to enable the injured
 17 person to participate in therapeutic activities or other treatment.

18 (x) ~~(h)~~ "Person", as provided in section 114, includes, but is
 19 not limited to, an **agency or** institution.

20 ~~(i) "Stabilized" means that term as defined in section 1395dd~~
 21 ~~of the social security act, 42 USC 1395dd.~~

22 ~~(j) "Transfer" means that term as defined in section 1395dd of~~
 23 ~~the social security act, 42 USC 1395dd.~~

24 (y) "Personal caregiver" means an individual who is any of the
 25 following:

26 (i) An individual who is related to the injured person.

27 (ii) An individual who is domiciled in the household of the
 28 injured person.

29 (iii) An individual with whom the injured person had a business

1 or social relationship before the injury.

2 (iv) An individual who is employed or contracted to perform
3 home care services directly by an injured person or the injured
4 person's legal representative.

5 (v) An individual who is not employed or contracted to perform
6 home care services by any agency or other organization.

7 (z) "Provider" means a physician, hospital, clinic, or other
8 person that renders treatment or training to an injured person.

9 (aa) "Registered Nurse Home Health Care Level Services" means
10 skilled nursing services generally performed at the level of a
11 registered nurse, in the home or other place of residence.

12 (bb) "Residential services" means post-acute brain or spinal
13 cord rehabilitation treatment or training rendered in an accredited
14 residential program that may include direct assistance with BADLs
15 or IADLs on a continual or intermittent basis, direct supervision
16 for health and safety, and medical or behavioral oversight or
17 intervention. Residential services does not include one-on-one
18 staffing or supervision beyond program-level supervision, nursing
19 treatment or intervention, medical supplies, durable medical
20 equipment, individualized interventions and therapeutic services,
21 individual or group therapy services, vocational services and
22 supports, day programs, or transportation to appointments or
23 activities not sponsored by the program.

24 (cc) "Residential Services Bed Hold" means a temporary leave
25 of absence for an injured person from the accredited residential
26 program in which the injured person permanently resides. The first
27 2 consecutive days of any leave of absence must be reimbursed at
28 the applicable residential services level rate, and any consecutive
29 day or days of leave after the first 2 days must be reimbursed at

1 the Residential Services Bed Hold rate.

2 (dd) "Residential Services Level 1" means residential services
3 provided to an injured person who generally requires 1 or more of
4 the following:

5 (i) Minimal assistance on a routine basis to perform at least
6 some BADLs.

7 (ii) Minimal to moderate assistance to perform at least some
8 IADLs.

9 (iii) Ongoing supervision in a structured living environment.

10 (iv) Minimal assistance on a routine basis to manage 1 or more
11 medical conditions.

12 (v) Intermittent support to manage mood or promote behavioral
13 stability.

14 (ee) "Residential Services Level 2" means residential services
15 provided to an injured person who may require any of the services
16 identified in subdivision (dd) and who generally requires 1 or more
17 of the following:

18 (i) Minimal to moderate assistance or supervision to perform
19 most BADLs.

20 (ii) Minimal to moderate assistance or supervision for
21 functional mobility.

22 (iii) Moderate to maximum assistance to perform most IADLs.

23 (iv) Direct care on a routine basis to monitor and manage 1 or
24 more medical conditions.

25 (v) One or more impromptu specialized interventions to address
26 behavioral concerns, including mild to moderate verbal aggression.

27 (ff) "Residential Services Level 3" means residential services
28 provided to an injured person who may require any of the services
29 identified in subdivision (dd) or (ee) and who generally requires 1

1 or more of the following:

2 (i) Maximum to total assistance to perform most BADLs.

3 (ii) Maximum to total assistance for functional mobility.

4 (iii) Moderate to maximum assistance to perform most IADLs.

5 (iv) Daily direct care and/or oversight by a licensed health
6 care professional to manage 1 or more medical conditions.

7 (v) One or more impromptu specialized interventions or
8 individualized behavioral plans for consistent therapeutic response
9 to address behavioral or mental health concerns, including verbal
10 or physical aggression.

11 (gg) "Rest of State" means services provided in a county in
12 this state other than the counties of Wayne, Washtenaw, Oakland,
13 and Macomb.

14 (hh) ~~(k)~~"Treatment" includes, but is not limited to,
15 products, services, and accommodations.

16 Enacting section 1. This amendatory act does not take effect
17 unless Senate Bill No. 531 of the 102nd Legislature is enacted into
18 law.