

**SUBSTITUTE FOR
SENATE BILL NO. 190**

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:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

APPROPRIATION SUMMARY

Full-time equated unclassified positions	6.0
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Full-time equated classified positions	15,728.0
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1	Average population	798.0	
2	GROSS APPROPRIATION		\$ 35,484,062,500
3	Interdepartmental grant revenues:		
4	Total interdepartmental grants and		
5	intradepartmental transfers		14,676,900
6	ADJUSTED GROSS APPROPRIATION		\$ 35,469,385,600
7	Federal revenues:		
8	Capped federal revenues		505,666,800
9	Social security act, temporary assistance for		
10	needy families		550,622,300
11	Total other federal revenues		24,684,928,200
12	Special revenue funds:		
13	Total local revenues		154,718,100
14	Total private revenues		185,660,700
15	Michigan merit award trust fund		61,268,700
16	Total other state restricted revenues		2,989,057,700
17	State general fund/general purpose		\$ 6,337,463,100
18	Sec. 102. DEPARTMENTAL ADMINISTRATION AND		
19	SUPPORT		
20	Full-time equated unclassified positions	6.0	
21	Full-time equated classified positions	930.4	
22	Unclassified salaries--FTEs	6.0	\$ 1,363,300
23	Administrative hearings officers		9,995,400
24	Child welfare institute--FTEs	55.0	9,313,800
25	Demonstration projects--FTEs	7.0	7,070,800
26	Departmental administration and management--		
27	FTEs	653.4	106,960,800
28	Legal services		12,300,000



1	Office of inspector general--FTEs	197.0	25,869,800
2	Property management		61,762,900
3	Terminal leave payments		7,091,300
4	Training and program support--FTEs	18.0	2,610,500
5	Warehouse operations		1,400,000
6	Worker's compensation		8,515,500
7	GROSS APPROPRIATION		\$ 254,254,100
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		73,135,400
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	State general fund/general purpose		\$ 126,830,000
23	Sec. 103. CHILD SUPPORT ENFORCEMENT		
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	GROSS APPROPRIATION		\$	171,051,700
2	Appropriated from:			
3	Federal revenues:			
4	Capped federal revenues			14,839,600
5	Total other federal revenues			130,956,600
6	State general fund/general purpose		\$	25,255,500
7	Sec. 104. COMMUNITY SERVICES AND OUTREACH			
8	Full-time equated classified positions	56.0		
9	Bureau of community services and outreach--FTEs	24.0	\$	4,268,700
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		24,082,500
14	Housing and support services			13,031,000
15	Kids' food basket			525,000
16	Runaway and homeless youth grants			17,784,000
17	School success partnership program			525,000
18	Weatherization assistance			15,505,000
19	Weatherization assistance IIJA--FTEs	11.0		40,000,000
20	GROSS APPROPRIATION		\$	148,853,500
21	Appropriated from:			
22	Federal revenues:			
23	Social security act, temporary assistance for			
24	needy families			18,121,500
25	Capped federal revenues			91,690,800
26	Total other federal revenues			14,329,000
27	State general fund/general purpose		\$	24,712,200



1	Sec. 105. CHILDREN'S SERVICES AGENCY - CHILD		
2	WELFARE		
3	Full-time equated classified positions	4,111.2	
4	Adoption subsidies		\$ 222,199,700
5	Adoption support services--FTEs	10.0	41,347,900
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		284,951,100
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 field 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	57,837,700



1	Foster care payments		295,901,300
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		12,739,000
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	9,178,500
18	GROSS APPROPRIATION		\$ 1,455,626,900
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		322,421,600
25	Capped federal revenues		105,283,700
26	Total other federal revenues		270,282,500
27	Special revenue funds:		
28	Local funds - county chargeback		36,896,600



1	Private - collections		1,500,000
2	Children's trust fund		2,895,300
3	Total other state restricted revenues		2,000,000
4	State general fund/general purpose	\$	714,102,800
5	Sec. 106. CHILDREN'S SERVICES AGENCY - JUVENILE		
6	JUSTICE		
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	GROSS APPROPRIATION	\$	25,658,000
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	State general fund/general purpose	\$	11,207,100
26	Sec. 107. PUBLIC ASSISTANCE		
27	Full-time equated classified positions	1.0	
28	Emergency services local office allocations		\$ 8,813,500



1	Family independence program		61,547,000
2	Family independence program - clothing		
3	allowance		10,000,000
4	Family independence program - small child		
5	supplemental payment		4,154,400
6	Food assistance program benefits		5,273,474,400
7	Food assistance program benefits - state		
8	supplementation		5,000,000
9	Food Bank Council of Michigan		12,045,000
10	Indigent burial		4,369,100
11	Low-income home energy assistance program		174,951,600
12	Michigan energy assistance program--FTE	1.0	50,000,000
13	Refugee assistance program		3,054,200
14	State disability assistance payments		3,960,000
15	State supplementation		61,913,400
16	State supplementation administration		1,806,100
17	GROSS APPROPRIATION		\$ 5,675,088,700
18	Appropriated from:		
19	Federal revenues:		
20	Social security act, temporary assistance for		
21	needy families		65,110,900
22	Capped federal revenues		178,005,800
23	Total other federal revenues		5,268,764,400
24	Special revenue funds:		
25	Child support collections		8,798,900
26	Low-income energy assistance fund		50,000,000
27	Public assistance recoupment revenue		4,741,800
28	Supplemental security income recoveries		992,400



1	State general fund/general purpose		\$	98,674,500
2	Sec. 108. LOCAL OFFICE OPERATIONS AND SUPPORT			
3	SERVICES			
4	Full-time equated classified positions	5,738.5		
5	Administrative support workers--FTEs	167.0	\$	14,515,000
6	Adult services local office staff--FTEs	530.0		63,609,600
7	Contractual services, supplies, and materials			25,033,700
8	Critical health and wellness center operations			1,500,000
9	Donated funds positions--FTEs	237.0		28,462,200
10	Elder Law of Michigan MiCAFE contract			350,000
11	Electronic benefit transfer (EBT)			8,499,000
12	Employment and training support services			4,219,100
13	Equity and minority health			1,000,200
14	Food assistance reinvestment--FTEs	16.0		7,438,300
15	Local office policy and administration--FTEs	125.0		20,409,300
16	Local office staff travel			8,252,400
17	Medical/psychiatric evaluations			1,120,100
18	Nutrition education--FTEs	2.0		33,037,700
19	Pathways to potential--FTEs	231.0		25,390,700
20	Public assistance local office staff--FTEs	4,430.5		485,454,100
21	Social determinants of health hub			500,000
22	SSI advocacy legal services grant			375,000
23	GROSS APPROPRIATION		\$	729,166,400
24	Appropriated from:			
25	Interdepartmental grant revenues:			
26	IDG from department of corrections			120,200
27	IDG from department of education			7,766,600
28	Federal revenues:			



1	Social security act, temporary assistance for		
2	needy families		73,233,900
3	Capped federal revenues		55,328,300
4	Total other federal revenues		274,623,200
5	Special revenue funds:		
6	Local funds - donated funds		4,253,600
7	Private funds - donated funds		9,759,300
8	Private revenues		250,000
9	State general fund/general purpose	\$	303,831,300
10	Sec. 109. DISABILITY DETERMINATION SERVICES		
11	Full-time equated classified positions	585.4	
12	Disability determination operations--FTEs	581.3	\$ 115,537,200
13	Retirement disability determination--FTEs	4.1	636,200
14	GROSS APPROPRIATION		\$ 116,173,400
15	Appropriated from:		
16	Interdepartmental grant revenues:		
17	IDG from department of technology, management,		
18	and budget - office of retirement services		812,800
19	Federal revenues:		
20	Total other federal revenues		111,563,800
21	State general fund/general purpose	\$	3,796,800
22	Sec. 110. BEHAVIORAL HEALTH PROGRAM		
23	ADMINISTRATION AND SPECIAL PROJECTS		
24	Full-time equated classified positions	83.0	
25	Behavioral health program administration--FTEs	45.0	\$ 53,959,900
26	Community substance use disorder prevention,		
27	education, and treatment--FTEs	9.0	80,199,700
28	Family support subsidy		12,654,900



1	Federal and other special projects		2,535,600
2	Gambling addiction--FTE	1.0	5,517,400
3	Mental health diversion council		3,850,000
4	Office of recipient rights--FTEs	26.0	3,563,800
5	Opioid response activities--FTEs	2.0	90,354,600
6	Protection and advocacy services support		194,400
7	GROSS APPROPRIATION		\$ 252,830,300
8	Appropriated from:		
9	Federal revenues:		
10	Social security act, temporary assistance for		
11	needy families		12,654,900
12	Total other federal revenues		170,105,100
13	Special revenue funds:		
14	Total private revenues		2,904,700
15	Total other state restricted revenues		31,000,600
16	State general fund/general purpose		\$ 36,165,000
17	Sec. 111. BEHAVIORAL HEALTH SERVICES		
18	Full-time equated classified positions	18.0	
19	Autism services		\$ 283,133,200
20	Behavioral health community supports and		
21	services--FTEs	7.0	43,945,200
22	Certified community behavioral health clinic		
23	demonstration		106,654,900
24	Civil service charges		297,500
25	Community mental health non-Medicaid services		125,578,200
26	Court-appointed guardian reimbursements		5,000,000
27	Federal mental health block grant--FTEs	4.0	24,461,100
28	Health homes		53,400,100



1	Healthy Michigan plan - behavioral health		590,959,600
2	Medicaid mental health services		3,088,701,000
3	Medicaid substance use disorder services		93,445,100
4	Multicultural integration funding		17,284,900
5	Nursing home PAS/ARR-OBRA--FTEs	7.0	13,959,300
6	State disability assistance program substance		
7	use disorder services		2,018,800
8	GROSS APPROPRIATION		\$ 4,448,838,900
9	Appropriated from:		
10	Federal revenues:		
11	Social security act, temporary assistance for		
12	needy families		421,000
13	Capped federal revenues		184,500
14	Total other federal revenues		2,971,387,600
15	Special revenue funds:		
16	Total local revenues		10,190,500
17	Total other state restricted revenues		46,666,700
18	State general fund/general purpose		\$ 1,419,988,600
19	Sec. 112. STATE PSYCHIATRIC HOSPITALS AND		
20	FORENSIC MENTAL HEALTH SERVICES		
21	Full-time equated classified positions	2,536.6	
22	Average population	798.0	
23	Caro Regional Mental Health Center -		
24	psychiatric hospital - adult--FTEs	528.7	\$ 59,040,300
25	Average population	145.0	
26	Center for forensic psychiatry--FTEs	622.5	98,168,600
27	Average population	240.0	



1	Developmental disabilities council and		
2	projects--FTEs	10.0	3,165,200
3	Gifts and bequests for patient living and		
4	treatment environment		1,000,000
5	Hawthorn Center - psychiatric hospital -		
6	children and adolescents--FTEs	369.4	51,363,600
7	Average population	83.0	
8	IDEA, federal special education		120,000
9	Kalamazoo Psychiatric Hospital - adult--FTEs	559.2	70,143,200
10	Average population	170.0	
11	Purchase of medical services for residents of		
12	hospitals and centers		445,600
13	Revenue recapture		750,100
14	Special maintenance		924,600
15	State hospital administration--FTEs	34.0	5,576,300
16	Walter P. Reuther Psychiatric Hospital - adult-		
17	-FTEs	412.8	67,577,800
18	Average population	160.0	
19	GROSS APPROPRIATION		\$ 358,275,300
20	Appropriated from:		
21	Federal revenues:		
22	Total other federal revenues		45,756,100
23	Special revenue funds:		
24	Total local revenues		23,283,200
25	Total private revenues		1,000,000
26	Total other state restricted revenues		15,189,200
27	State general fund/general purpose		\$ 273,046,800



1	Sec. 113. HEALTH AND HUMAN SERVICES POLICY AND		
2	INITIATIVES		
3	Full-time equated classified positions	74.3	
4	Cellular therapy program		\$ 750,000
5	Certificate of need program administration--		
6	FTEs	11.3	2,713,000
7	Child advocacy centers		1,407,000
8	Child advocacy centers - supplemental grants		2,000,000
9	Community health programs		5,000,000
10	Crime victim grants administration services--		
11	FTEs	17.0	3,038,200
12	Crime victim justice assistance grants		98,579,300
13	Crime victim rights services grants		24,269,900
14	Domestic violence prevention and treatment--		
15	FTEs	15.6	18,340,200
16	Healthy and resilient communities		5,000,000
17	High social vulnerability index community		4,000,000
18	Human trafficking intervention services--FTE	1.0	200,000
19	Michigan essential health provider		3,519,600
20	Minority health grants and contracts--FTEs	3.0	1,145,200
21	Nurse education and research program--FTEs	3.0	814,900
22	Policy and planning administration--FTEs	19.9	2,662,300
23	Primary care services--FTEs	3.0	3,803,900
24	Rape prevention and services--FTEs	0.5	5,097,300
25	Rural health services		175,000
26	Uniform statewide sexual assault evidence kit		
27	tracking system		369,500
28	GROSS APPROPRIATION		\$ 182,885,300



1	Appropriated from:		
2	Interdepartmental grant revenues:		
3	IDG from department of education		2,400
4	IDG from department of licensing and regulatory		
5	affairs		814,900
6	IDG from department of treasury, Michigan		
7	finance authority		117,700
8	Federal revenues:		
9	Social security act, temporary assistance for		
10	needy families		6,736,000
11	Capped federal revenues		10,704,100
12	Total other federal revenues		99,704,200
13	Special revenue funds:		
14	Total private revenues		865,000
15	Total other state restricted revenues		27,473,000
16	State general fund/general purpose	\$	36,468,000
17	Sec. 114. EPIDEMIOLOGY, EMERGENCY MEDICAL		
18	SERVICES, AND LABORATORY		
19	Full-time equated classified positions	409.4	
20	Bioterrorism preparedness--FTEs	53.0	\$ 30,807,300
21	Childhood lead program--FTEs	4.5	2,330,900
22	Emergency medical services program--FTEs	27.0	8,974,200
23	Epidemiology administration--FTEs	73.5	26,094,400
24	Healthy homes program--FTEs	25.5	56,287,900
25	Laboratory services--FTEs	102.0	30,243,600
26	Newborn screening follow-up and treatment		
27	services--FTEs	10.5	9,237,300



1	PFAS and environmental contamination response--		
2	FTEs	43.0	20,346,400
3	Vital records and health statistics--FTEs	70.4	11,393,500
4	GROSS APPROPRIATION		\$ 195,715,500
5	Appropriated from:		
6	Interdepartmental grant revenues:		
7	IDG from department of environment, Great		
8	Lakes, and energy		1,797,800
9	Federal revenues:		
10	Capped federal revenues		81,100
11	Total other federal revenues		77,138,300
12	Special revenue funds:		
13	Total private revenues		1,342,600
14	Total other state restricted revenues		31,345,600
15	State general fund/general purpose		\$ 84,010,100
16	Sec. 115. LOCAL HEALTH AND ADMINISTRATIVE		
17	SERVICES		
18	Full-time equated classified positions	189.1	
19	AIDS prevention, testing, and care programs--		
20	FTEs	79.5	\$ 110,575,400
21	Cancer prevention and control program--FTEs	18.0	15,858,500
22	Chronic disease control and health promotion		
23	administration--FTEs	28.4	10,247,400
24	Diabetes and kidney program--FTEs	8.0	4,172,000
25	Essential local public health services		81,419,300
26	Implementation of 1993 PA 133, MCL 333.17015		20,000
27	Local health services--FTEs	3.3	8,704,800



1	Medicaid outreach cost reimbursement to local		
2	health departments		12,500,000
3	Public health administration--FTEs	8.0	2,104,200
4	Sexually transmitted disease control program--		
5	FTEs	20.0	8,483,300
6	Smoking prevention program--FTEs	15.0	4,621,900
7	Violence prevention--FTEs	8.9	13,518,800
8	GROSS APPROPRIATION		\$ 272,225,600
9	Appropriated from:		
10	Federal revenues:		
11	Social security act, temporary assistance for		
12	needy families		2,300
13	Total other federal revenues		90,246,900
14	Special revenue funds:		
15	Total local revenues		5,150,000
16	Total private revenues		74,437,700
17	Total other state restricted revenues		11,790,800
18	State general fund/general purpose		\$ 90,597,900
19	Sec. 116. HEALTHY MOMS, HEALTHY BABIES		
20	Full-time equated classified positions	2.0	
21	Healthy moms, healthy babies -		
22	CenteringPregnancy		5,000,000
23	Healthy moms, healthy babies - child welfare		
24	home visiting programs		1,700,000
25	Healthy moms, healthy babies - diaper		
26	assistance program		4,404,400
27	Healthy moms, healthy babies - enhance family		
28	health		125,000



1	Healthy moms, healthy babies - evidence-based		
2	home visiting services		1,431,000
3	Healthy moms, healthy babies - maternal infant		
4	health program		1,400,000
5	Healthy moms, healthy babies - Medicaid		
6	postpartum coverage		20,680,100
7	Healthy moms, healthy babies - MI-AIM bundles		10,000,000
8	Healthy moms, healthy babies - Michigan		
9	childhood collaborative care program		4,609,100
10	Healthy moms, healthy babies - perinatal		
11	quality initiatives--FTEs	2.0	5,000,000
12	Healthy moms, healthy babies - plan first		6,200,000
13	Healthy moms, healthy babies - strong		
14	beginnings		1,000,000
15	Healthy moms, healthy babies - substance use		
16	disorder services		530,000
17	Healthy moms, healthy babies - waiting period		
18	elimination		26,359,200
19	GROSS APPROPRIATION		\$ 88,438,800
20	Appropriated from:		
21	Federal revenues:		
22	Total other federal revenues		43,896,000
23	State general fund/general purpose		\$ 44,542,800
24	Sec. 117. FAMILY HEALTH SERVICES		
25	Full-time equated classified positions	137.1	
26	Child and adolescent health care and centers		\$ 41,242,700
27	Dental programs--FTEs	5.3	7,734,200
28	Drinking water declaration of emergency		4,271,000



1	Family, maternal, and child health		
2	administration--FTEs	49.0	10,660,300
3	Family planning local agreements		8,810,700
4	Immunization program--FTEs	20.8	20,652,900
5	Local MCH services		7,018,100
6	Pregnancy prevention program		1,297,900
7	Prenatal care outreach and service delivery		
8	support--FTEs	17.0	33,424,800
9	Special projects		6,289,100
10	Sudden and unexpected infant death and		
11	suffocation prevention program		321,300
12	Women, infants, and children program		
13	administration and special projects--FTEs	45.0	19,520,800
14	Women, infants, and children program local		
15	agreements and food costs		231,285,000
16	GROSS APPROPRIATION		\$ 392,528,800
17	Appropriated from:		
18	Federal revenues:		
19	Total other federal revenues		248,524,400
20	Special revenue funds:		
21	Total local revenues		42,817,700
22	Total private revenues		64,785,700
23	Total other state restricted revenues		4,049,500
24	State general fund/general purpose		\$ 32,351,500
25	Sec. 118. CHILDREN'S SPECIAL HEALTH CARE		
26	SERVICES		
27	Full-time equated classified positions	48.8	
28	Bequests for care and services--FTEs	2.8	\$ 2,087,100



1	Children's special health care services		
2	administration--FTEs	46.0	8,117,200
3	Medical care and treatment		288,637,600
4	Outreach and advocacy		6,722,200
5	GROSS APPROPRIATION	\$	305,564,100
6	Appropriated from:		
7	Federal revenues:		
8	Total other federal revenues		173,802,000
9	Special revenue funds:		
10	Total private revenues		1,115,500
11	Total other state restricted revenues		4,933,300
12	State general fund/general purpose	\$	125,713,300
13	Sec. 119. AGING SERVICES		
14	Community services	\$	56,474,400
15	Employment assistance		3,500,000
16	Nutrition services		48,054,200
17	Respite care program		6,468,700
18	Senior volunteer service programs		4,765,300
19	GROSS APPROPRIATION	\$	119,262,600
20	Appropriated from:		
21	Federal revenues:		
22	Total other federal revenues		63,637,400
23	Special revenue funds:		
24	Total private revenues		300,000
25	Michigan merit award trust fund		4,068,700
26	Total other state restricted revenues		2,000,000
27	State general fund/general purpose	\$	49,256,500



1	Sec. 120. HEALTH AND AGING SERVICES		
2	ADMINISTRATION		
3	Full-time equated classified positions	464.0	
4	Aging services administration--FTEs	43.0	\$ 9,515,300
5	Health services administration--FTEs	421.0	118,254,100
6	GROSS APPROPRIATION		\$ 127,769,400
7	Appropriated from:		
8	Federal revenues:		
9	Total other federal revenues		84,077,100
10	Special revenue funds:		
11	Total local revenues		37,700
12	Total private revenues		1,721,300
13	Total other state restricted revenues		336,300
14	State general fund/general purpose		\$ 41,597,000
15	Sec. 121. HEALTH SERVICES		
16	Adult home help services		\$ 515,269,000
17	Ambulance services		21,317,200
18	Auxiliary medical services		6,982,100
19	Dental clinic program		1,000,000
20	Dental redesign		110,000,000
21	Dental services		319,588,900
22	Federal Medicare pharmaceutical program		331,617,600
23	Health plan services		6,065,327,300
24	Healthy Michigan plan		5,784,701,500
25	Home health services		4,880,300
26	Hospice services		141,959,400
27	Hospital disproportionate share payments		45,000,000
28	Hospital services and therapy		803,147,200



1	Integrated care organizations		409,635,100
2	Long-term care services		2,188,866,200
3	Maternal and child health		18,671,500
4	Medicaid home- and community-based services		
5	waiver		467,331,700
6	Medicare premium payments		863,889,500
7	Personal care services		6,397,200
8	Pharmaceutical services		372,138,300
9	Physician services		258,125,300
10	Program of all-inclusive care for the elderly		259,018,100
11	Recuperative care		297,600
12	School-based services		171,401,200
13	Special Medicaid reimbursement		297,652,600
14	Transportation		18,764,900
15	GROSS APPROPRIATION		\$ 19,482,979,700
16	Appropriated from:		
17	Federal revenues:		
18	Total other federal revenues		14,135,119,000
19	Special revenue funds:		
20	Total local revenues		26,124,900
21	Total private revenues		16,582,000
22	Michigan merit award trust fund		57,200,000
23	Total other state restricted revenues		2,741,496,600
24	State general fund/general purpose		\$ 2,506,457,200
25	Sec. 122. INFORMATION TECHNOLOGY		
26	Full-time equated classified positions	11.0	
27	Bridges information system--FTE	10.0	\$ 114,571,700
28	Child support automation		45,567,200



1	Comprehensive child welfare information system		8,259,800
2	Information technology services and projects		240,591,300
3	Michigan Medicaid information system--FTE	1.0	105,285,100
4	Michigan statewide automated child welfare		
5	information system		21,539,800
6	GROSS APPROPRIATION		\$ 535,814,900
7	Appropriated from:		
8	Interdepartmental grant revenues:		
9	IDG from department of education		1,059,700
10	Federal revenues:		
11	Social security act, temporary assistance for		
12	needy families		24,471,400
13	Capped federal revenues		21,990,200
14	Total other federal revenues		337,235,600
15	Special revenue funds:		
16	Total private revenues		5,250,000
17	Total other state restricted revenues		2,010,400
18	State general fund/general purpose		\$ 143,797,600
19	Sec. 123. ONE-TIME APPROPRIATIONS		
20	Full-time equated classified positions	6.0	
21	Adult day center		\$ 1,000,000
22	Affordable housing project		2,000,000
23	Alternative payment model transition		15,000,000
24	Behavioral health care services and facilities		3,000,000
25	Biomarker testing		7,000,000
26	Caregiver resource center		9,400,000
27	Children's health care		5,000,000
28	Children's health care access program		500,000



1	Community house capital grant		1,000,000
2	Community opportunity hub		1,000,000
3	Comprehensive child welfare information system-		
4	-FTEs	6.0	100
5	Developmental milestones toolkit		1,000,000
6	Disability and independent living program		150,000
7	Domestic and sexual violence prevention and		
8	treatment		3,610,300
9	Emergency homeless shelter repair and services		
10	grant		1,000,000
11	Environmental public health program		1,000,000
12	Farm day program		150,000
13	Federally qualified health center		1,500,000
14	First responder and public safety staff mental		
15	health		5,000,000
16	Food market expansion		1,400,000
17	Health care facility expansion		1,500,000
18	Healthy communities grant		1,500,000
19	Homeless shelter operations		1,000,000
20	Homelessness prevention pilot program		2,000,000
21	Hospital equipment modernization		2,000,000
22	Jail diversion fund		5,000,000
23	Lifesharing community center		2,000,000
24	Medical debt relief pilot program		10,000,000
25	Mobile health units		3,500,000
26	Multicultural integration funding		8,600,000
27	Nursing facility rate transition support		100
28	Permanent supportive housing		13,000,000



1	Prenatal and infant cash allowance pilot	
2	program	100
3	Psychiatric outpatient clinic	8,000,000
4	Public health authority operations	5,000,000
5	Rides to wellness	250,000
6	Senior center administration	1,000,000
7	Senior citizen home renovation	3,000,000
8	Sickle cell center	2,500,000
9	Social determinants of health hub - one-time	1,000,000
10	Substance use disorder center capital costs	1,500,000
11	Substance use treatment center	10,000,000
12	Water quality projects	1,000,000
13	Women's health grant backfill	2,000,000
14	GROSS APPROPRIATION	\$ 145,060,600
15	Appropriated from:	
16	State general fund/general purpose	\$ 145,060,600

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 \$9,387,789,500.00 and state spending from state sources to be paid to local units of government for fiscal year 2023-2024 is \$1,823,331,800.00. The itemized statement below identifies appropriations from which spending to local units of government will occur:



1	DEPARTMENT OF HEALTH AND HUMAN SERVICES	
2	CHILD SUPPORT ENFORCEMENT	
3	Child support incentive payments	\$ 10,000,000
4	Legal support contracts	3,000
5	COMMUNITY SERVICES AND OUTREACH	
6	Crime victim rights services grants	11,000,000
7	Domestic violence prevention and treatment	100,000
8	Homeless programs	20,000
9	Housing and support services	117,000
10	CHILDREN'S SERVICES AGENCY - CHILD WELFARE	
11	Child care fund	160,000,000
12	Child care fund - indirect cost allotment	3,500,000
13	Child welfare licensing	110,000
14	Child welfare medical/psychiatric evaluations	20,000
15	Children's trust fund	65,000
16	Contractual services, supplies, and materials	120,000
17	Family preservation programs	10,000
18	Foster care payments	3,000,000
19	Prosecuting attorney contracts	1,400,000
20	Raise the age fund	3,000,000
21	Strong families/safe children	73,000
22	Youth in transition	200
23	CHILDREN'S SERVICES AGENCY - JUVENILE JUSTICE	
24	Bay Pines Center	42,000
25	Community support services	700,000
26	Shawono Center	5,000
27	PUBLIC ASSISTANCE	
28	Emergency services local office allocations	2,200,000



1	Family independence program	1,000
2	Indigent burial	6,000
3	Michigan energy assistance program	200,000
4	State disability assistance payments	150,000
5	FIELD OPERATIONS AND SUPPORT SERVICES	
6	Contractual services, supplies, and materials	5,000
7	Employment and training support services	5,000
8	DISABILITY DETERMINATION SERVICES	
9	Disability determination operations	2,000
10	Retirement disability determination	100
11	BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND	
12	SPECIAL PROJECTS	
13	Behavioral health program administration	400,000
14	Community substance use disorder prevention,	
15	education, and treatment	10,000,000
16	Gambling addiction	1,500,000
17	Mental health diversion council	400,000
18	BEHAVIORAL HEALTH SERVICES	
19	Autism services	80,000,000
20	Behavioral health community supports and	
21	services	6,000
22	Certified community behavioral health clinic	
23	demonstration	23,200,000
24	Community mental health non-Medicaid services	125,000,000
25	Health homes	2,000,000
26	Healthy Michigan plan - behavioral health	63,000,000
27	Medicaid mental health services	1,000,000,000
28	Medicaid substance use disorder services	29,000,000



1	Multicultural integration funding	1,400,000
2	Nursing home PAS/ARR-OBRA	3,000,000
3	State disability assistance program substance	
4	use disorder services	2,018,800
5	STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL	
6	HEALTH SERVICES	
7	Caro Regional Mental Health Center -	
8	psychiatric hospital - adult	215,000
9	Center for forensic psychiatry	600,000
10	Hawthorn Center - psychiatric hospital -	
11	children and adolescents	68,000
12	Kalamazoo Psychiatric Hospital - adult	85,000
13	Walter P. Reuther Psychiatric Hospital - adult	55,000
14	HEALTH AND HUMAN SERVICES POLICY AND	
15	INITIATIVES	
16	Primary care services	100,000
17	EPIDEMIOLOGY, EMERGENCY MEDICAL SERVICES, AND	
18	LABORATORY	
19	Childhood lead program	30,000
20	Epidemiology administration	315,000
21	Healthy homes program	21,325,000
22	LOCAL HEALTH AND ADMINISTRATIVE SERVICES	
23	AIDS prevention, testing, and care programs	2,900,000
24	Cancer prevention and control program	50,000
25	Essential local public health services	75,000,000
26	Implementation of 1993 PA 133, MCL 333.17015	400
27	Local health services	1,140,000
28	Public health administration	200



1	Sexually transmitted disease control program	650,000
2	Smoking prevention program	750,000
3	FAMILY HEALTH SERVICES	
4	Drinking water declaration of emergency	221,000
5	Family planning local agreements	207,000
6	Immunization program	2,330,000
7	Pregnancy prevention program	100,000
8	Prenatal care outreach and service delivery	
9	support	8,800,000
10	CHILDREN'S SPECIAL HEALTH CARE SERVICES	
11	Medical care and treatment	700,000
12	Outreach and advocacy	2,700,000
13	HEALTH AND AGING SERVICES ADMINISTRATION	
14	Aging services administration	400,000
15	Community services	29,958,000
16	Nutrition services	12,597,200
17	Respite care program	5,700,000
18	Senior volunteer service programs	900,000
19	HEALTH SERVICES	
20	Adult home help services	130,000
21	Ambulance services	755,000
22	Dental services	1,700,000
23	Healthy Michigan plan	1,000,000
24	Home health services	1,800
25	Hospital services and therapy	3,300,000
26	Long-term care services	85,000,000
27	Medicaid home- and community-based services	
28	waiver	15,200,000



1	Personal care services	23,000
2	Pharmaceutical services	1,000
3	Physician services	2,800,000
4	Special Medicaid reimbursement	20,000
5	Transportation	225,000
6	ONE-TIME APPROPRIATIONS	
7	Prenatal and infant cash allowance pilot	
8	program	100
9	Public health authority operations	5,000,000
10	Senior center administration	500,000
11	Senior citizen renovation	3,000,000
12	TOTAL OF PAYMENTS TO LOCAL UNITS OF GOVERNMENT	\$ 1,823,331,800

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

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

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

18 (b) "CMHSP" means a community mental health services program
19 as that term is defined in section 100a of the mental health code,
20 1974 PA 258, MCL 330.1100a.

21 (c) "CMS" means the Centers for Medicare and Medicaid
22 Services.

23 (d) "Current fiscal year" means the fiscal year ending
24 September 30, 2024.

25 (e) "Department" means the department of health and human
26 services.

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

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

29 (h) "EPSDT" means early and periodic screening, diagnosis, and



1 treatment.

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

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

7 (k) "FTE" means full-time equated.

8 (l) "GME" means graduate medical education.

9 (m) "Health plan" means, at a minimum, an organization that
10 meets the criteria for delivering the comprehensive package of
11 services under the department's comprehensive health plan.

12 (n) "HEDIS" means healthcare effectiveness data and
13 information set.

14 (o) "HMO" means health maintenance organization.

15 (p) "IDEA" means the individuals with disabilities education
16 act, 20 USC 1400 to 1482.

17 (q) "IDG" means interdepartmental grant.

18 (r) "MCH" means maternal and child health.

19 (s) "Medicaid" means subchapter XIX of the social security
20 act, 42 USC 1396 to 1396w-6.

21 (t) "Medicare" means subchapter XVIII of the social security
22 act, 42 USC 1395 to 1395III.

23 (u) "MiCAFE" means Michigan's coordinated access to food for
24 the elderly.

25 (v) "MiChild" means the program described in section 1670 of
26 this part.

27 (w) "MiSACWIS" means Michigan statewide automated child
28 welfare information system.

29 (x) "PAS/ARR-OBRA" means the preadmission screening and annual



1 resident review required under the omnibus budget reconciliation
2 act of 1987, section 1919(e)(7) of the social security act, 42 USC
3 1396r.

4 (y) "PFAS" means perfluoroalkyl and polyfluoroalkyl
5 substances.

6 (z) "PIHP" means an entity designated by the department as a
7 regional entity or a specialty prepaid inpatient health plan for
8 Medicaid mental health services, services to individuals with
9 developmental disabilities, and substance use disorder services.
10 Regional entities are described in section 204b of the mental
11 health code, 1974 PA 258, MCL 330.1204b. Specialty prepaid
12 inpatient health plans are described in section 232b of the mental
13 health code, 1974 PA 258, MCL 330.1232b.

14 (aa) "Previous fiscal year" means the fiscal year ending
15 September 30, 2023.

16 (bb) "Quarterly reports" means 4 reports shall be submitted to
17 the required recipients by the following dates: February 1, April
18 1, July 1, and September 30 of the current fiscal year.

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

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

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

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

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



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

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

5 (jj) "Title X" means subchapter VIII of the public health
6 service act, 42 USC 300 to 300a-8, which establishes grants to
7 states for family planning services.

8 Sec. 204. The departments and agencies receiving
9 appropriations in part 1 shall use the internet to fulfill the
10 reporting requirements of this part. This requirement shall include
11 transmission of reports via email to the recipients identified for
12 each reporting requirement and it shall include placement of
13 reports on an internet site.

14 Sec. 205. To the extent permissible under section 261 of the
15 management and budget act, 1984 PA 431, MCL 18.1261, all of the
16 following apply:

17 (a) Funds appropriated in part 1 must not be used for the
18 purchase of foreign goods or services, or both, if competitively
19 priced and of comparable quality American goods or services, or
20 both, are available.

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

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

28 Sec. 206. To the extent permissible under the management and
29 budget act, 1984 PA 431, MCL 18.1101 to 18.1594, the director shall



1 take all reasonable steps to ensure geographically disadvantaged
2 business enterprises compete for and perform contracts to provide
3 services or supplies, or both. The director shall strongly
4 encourage firms with which the department contracts to subcontract
5 with certified businesses in depressed and deprived communities for
6 services, supplies, or both.

7 Sec. 207. Consistent with section 217 of the management and
8 budget act, 1984 PA 431, MCL. 18.1217, the departments and agencies
9 receiving appropriations in part 1 shall prepare a report on out-
10 of-state travel expenses not later than January 1 of each year. The
11 travel report shall be a listing of all travel by classified and
12 unclassified employees outside this state in the previous fiscal
13 year that was funded in whole or in part with funds appropriated in
14 the department's budget. The report must be submitted to the report
15 recipients required in section 246 of this part. The report must
16 include the following information:

17 (a) The dates of each travel occurrence.

18 (b) The total transportation and related costs of each travel
19 occurrence, including the proportion funded with state general
20 fund/general purpose revenues, the proportion funded with state
21 restricted revenues, the proportion funded with federal revenues,
22 and the proportion funded with other revenues.

23 Sec. 208. Funds appropriated in part 1 shall not be used by
24 the department to hire a person to provide legal services that are
25 the responsibility of the attorney general. This prohibition does
26 not apply to legal services for bonding activities and for those
27 outside services that the attorney general authorizes.

28 Sec. 209. Not later than November 30, the state budget office
29 shall prepare and transmit a report that provides for estimates of



1 the total general fund/general purpose appropriation lapses at the
2 close of the previous fiscal year. This report shall summarize the
3 projected year-end general fund/general purpose appropriation
4 lapses by major departmental program or program areas. The report
5 shall be transmitted to the chairpersons of the senate and house
6 appropriations committees, and the senate and house fiscal
7 agencies.

8 Sec. 210. (1) In addition to the funds appropriated in part 1,
9 there is appropriated an amount not to exceed \$20,000,000.00 for
10 federal contingency authorization. These funds are not available
11 for expenditure until they have been transferred to another line
12 item in part 1 under section 393(2) of the management and budget
13 act, 1984 PA 431, MCL 18.1393. These funds shall not be made
14 available to increase TANF authorization.

15 (2) In addition to the funds appropriated in part 1, there is
16 appropriated an amount not to exceed \$20,000,000.00 for state
17 restricted contingency authorization. These funds are not available
18 for expenditure until they have been transferred to another line
19 item in part 1 under section 393(2) of the management and budget
20 act, 1984 PA 431, MCL 18.1393.

21 (3) In addition to the funds appropriated in part 1, there is
22 appropriated an amount not to exceed \$5,000,000.00 for local
23 contingency authorization. These funds are not available for
24 expenditure until they have been transferred to another line item
25 in part 1 under section 393(2) of the management and budget act,
26 1984 PA 431, MCL 18.1393.

27 (4) In addition to the funds appropriated in part 1, there is
28 appropriated an amount not to exceed \$2,000,000.00 for private
29 contingency authorization. These funds are not available for



1 expenditure until they have been transferred to another line item
2 in part 1 under section 393(2) of the management and budget act,
3 1984 PA 431, MCL 18.1393.

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

8 (a) Fiscal year-to-date expenditures by category.

9 (b) Fiscal year-to-date expenditures by appropriation unit.

10 (c) Fiscal year-to-date payments to a selected vendor,
11 including the vendor name, payment date, payment amount, and
12 payment description.

13 (d) The number of active department employees by job
14 classification.

15 (e) Job specifications and wage rates.

16 Sec. 212. Within 14 days after the release of the executive
17 budget recommendation, the department shall cooperate with the
18 state budget office to provide the chairpersons of the senate and
19 house appropriations committees, the chairpersons of the senate and
20 house appropriations subcommittees on the department budget, and
21 the senate and house fiscal agencies with an annual report on
22 estimated state restricted fund balances, state restricted fund
23 projected revenues, and state restricted fund expenditures for the
24 previous fiscal year and the current fiscal year.

25 Sec. 213. The department shall maintain, on a publicly
26 accessible website, a department scorecard that identifies, tracks,
27 and regularly updates key metrics that are used to monitor and
28 improve the department's performance.

29 Sec. 214. By October 1 of the current fiscal year, the



1 department shall submit a report to the report recipients required
2 in section 246 of this part that must include the estimated total
3 authorized appropriations from all sources under part 1 for legacy
4 costs for the current fiscal year, the estimated total department
5 appropriations for pension-related legacy costs, and the estimated
6 total department appropriations for retiree health care legacy
7 costs.

8 Sec. 215. If either of the following events occurs, within 30
9 days after that event the department shall notify the state budget
10 director, the chairs of the house and senate appropriations
11 subcommittees on the department budget, and the house and senate
12 fiscal agencies and policy offices of that fact:

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

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

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

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



1 Sec. 217. (1) By February 1 of the current fiscal year, the
2 department shall submit a report to the report recipients required
3 in section 246 of this part on the detailed name and amounts of
4 estimated federal, restricted, private, and local sources of
5 revenue that support the appropriations in each of the line items
6 in part 1.

7 (2) On the release of the next fiscal year executive budget
8 recommendation, the department shall submit a report to the report
9 recipients required in section 246 of this part on the amounts and
10 detailed sources of federal, restricted, private, and local revenue
11 proposed to support the total funds appropriated in each of the
12 line items in part 1 of the next fiscal year executive budget
13 proposal.

14 Sec. 218. As required under part 23 of the public health code,
15 1978 PA 368, MCL 333.2301 to 333.2321, the appropriations in part 1
16 include the following:

- 17 (a) Immunizations.
18 (b) Communicable disease control.
19 (c) Sexually transmitted infection control.
20 (d) Tuberculosis control.
21 (e) Prevention of gonorrhoea eye infection in newborns.
22 (f) Screening newborns for the conditions listed in section
23 5431 of the public health code, 1978 PA 368, MCL 333.5431, or
24 recommended by the newborn screening quality assurance advisory
25 committee created under section 5430 of the public health code,
26 1978 PA 368, MCL 333.5430.
27 (g) Health and human services annex of the Michigan emergency
28 management plan.
29 (h) Prenatal care.



1 Sec. 219. (1) The department may contract with the Michigan
2 Public Health Institute for the design and implementation of
3 projects and for other public health-related activities prescribed
4 in section 2611 of the public health code, 1978 PA 368, MCL
5 333.2611. The department may develop a master agreement with the
6 Michigan Public Health Institute to carry out these purposes for up
7 to a 1-year period.

8 (2) The department shall submit a report to the report
9 recipients required in section 246 of this part, on a semiannual
10 basis, on all of the following:

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

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

15 (c) The expected project duration.

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

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

25 Sec. 220. The department shall ensure that faith-based
26 organizations are able to apply and compete for services, programs,
27 or contracts that they are qualified and suitable to fulfill. The
28 department shall not disqualify faith-based organizations solely on
29 the basis of the religious nature of their organization or their



1 guiding principles or statements of faith.

2 Sec. 221. According to section 1b of the social welfare act,
3 1939 PA 280, MCL 400.1b, the department shall treat part 1 and this
4 part as a time-limited addendum to the social welfare act, 1939 PA
5 280, MCL 400.1 to 400.119b.

6 Sec. 222. (1) The department shall provide written
7 notification to the report recipients required in section 246 of
8 this part of any major policy changes at least 30 days before the
9 implementation date of those policy changes.

10 (2) The department shall make the entire policy and procedures
11 manual available and accessible to the public via the department
12 website.

13 (3) The department shall report by April 1 of the current
14 fiscal year on each specific policy change made to implement a
15 public act affecting the department that took effect during the
16 prior calendar year to the senate and house appropriations
17 committees, the senate and house appropriations subcommittees on
18 the department budget, the joint committee on administrative rules,
19 and the senate and house fiscal agencies.

20 (4) The department shall attach each policy bulletin issued
21 during the prior calendar year to the report issued in subsection
22 (3).

23 Sec. 223. The department may establish and collect fees for
24 publications, videos and related materials, conferences, and
25 workshops. Collected fees are appropriated when received and shall
26 be used to offset expenditures to pay for printing and mailing
27 costs of the publications, videos and related materials, and costs
28 of the workshops and conferences. The department shall not collect
29 fees under this section that exceed the cost of the expenditures.



1 When collected fees are appropriated under this section in an
2 amount that exceeds the current fiscal year appropriation, within
3 30 days the department shall notify the chairs of the house and
4 senate appropriations subcommittees on the department budget, the
5 house and senate fiscal agencies and policy offices, and the state
6 budget director of that fact.

7 Sec. 224. The department may retain all of the state's share
8 of food assistance overissuance collections as an offset to general
9 fund/general purpose costs. Retained collections shall be applied
10 against federal funds deductions in all appropriation units where
11 department costs related to the investigation and recoupment of
12 food assistance overissuances are incurred. Retained collections in
13 excess of those costs shall be applied against the federal funds
14 deducted in the departmental administration and support
15 appropriation unit.

16 Sec. 226. If the revenue collected by the department from fees
17 and collections exceeds the amount appropriated in part 1, the
18 revenue may be carried forward with the approval of the state
19 budget director into the subsequent fiscal year. The revenue
20 carried forward under this section shall be used as the first
21 source of funds in the subsequent fiscal year.

22 Sec. 227. The state departments, agencies, and commissions
23 receiving tobacco tax funds and Healthy Michigan fund revenue from
24 part 1 shall report by April 1 of the current fiscal year to the
25 senate and house appropriations committees, the senate and house
26 fiscal agencies, and the state budget director on the following:

27 (a) A detailed spending plan by appropriation line item,
28 including a description of programs and a summary of organizations
29 receiving these funds.



1 (b) A description of allocations or bid processes, including
2 any need or demand indicator used to determine allocations.

3 (c) Eligibility criteria for program participation and maximum
4 benefit levels, where applicable.

5 (d) Outcome measures used to evaluate programs, including the
6 measures of the effectiveness of these programs in improving the
7 health of residents of this state.

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

18 (2) By September 30 of the current fiscal year, the department
19 shall submit a report to the report recipients required in section
20 246 of this part on penalty amounts assessed and paid by account
21 during the current fiscal year, the reason for the penalty, and the
22 current status of the account.

23 Sec. 229. From the \$370,000.00 of TANF revenue appropriated in
24 part 1 for training and program support, the department shall
25 extend the interagency agreement with the office of employment and
26 training within the department of labor and economic opportunity
27 for the duration of the current fiscal year, which concerns TANF
28 funding to provide job readiness and welfare-to-work programming.
29 \$10,000.00 of TANF revenue is appropriated in part 1 for the



1 department to submit a report on the following specific outcome and
2 performance measures to the senate and house appropriations
3 subcommittees on general government and the report recipients
4 required in section 246 of this part by January 1 of the current
5 fiscal year for the previous fiscal year:

6 (a) An itemized spending report on TANF funding, including all
7 of the following:

8 (i) Direct services to recipients.

9 (ii) Administrative expenditures.

10 (b) The number of family independence program (FIP) recipients
11 served through the TANF funding, including all of the following:

12 (i) The number and percentage who obtained employment through
13 Michigan Works!

14 (ii) The number and percentage who fulfilled their TANF work
15 requirement through other job readiness programming.

16 (iii) Average TANF spending per recipient.

17 (iv) The number and percentage of recipients who were referred
18 to Michigan Works! but did not receive a job or job readiness
19 placement and the reasons why.

20 (c) The following data itemized by Michigan Works! agency:

21 (i) The number of referrals to Michigan Works! job readiness
22 programs.

23 (ii) The number of referrals to Michigan Works! job readiness
24 programs who became a participant in the Michigan Works! job
25 readiness programs.

26 (iii) The number of participants who obtained employment, and
27 the cost per participant case.

28 Sec. 230. By December 31 of the current fiscal year, the
29 department shall submit a report to the report recipients required



1 in section 246 of this part on the status of the implementation of
2 any noninflationary, noncaseload, programmatic funding increases in
3 the current fiscal year from the previous fiscal year. The report
4 shall confirm the implementation of already implemented funding
5 increases and provide explanations for any planned implementation
6 of funding increases that have not yet occurred. For any planned
7 implementation of funding increases that have not yet occurred, the
8 department shall provide an expected implementation date and the
9 reasons for delayed implementation.

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

15 (a) Continue the direct care wage increase funded at \$2.35 per
16 hour and provide sufficient funding to increase the wages paid to
17 direct care workers by the equivalent of \$0.65 per hour more than
18 the previous fiscal year for the services noted in DHHS Medicaid
19 provider letter L 21-76 under the Medicaid managed care
20 organization's relevant program.

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

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



1 (d) Require direct care worker agencies that the Medicaid
 2 managed care organization subcontracts with to track and report
 3 annually the total amount and percentage of Medicaid reimbursements
 4 paid to that direct care worker agency that are used to pay direct
 5 care worker wages.

6 (e) Require direct care worker agencies that the Medicaid
 7 managed care provider subcontracts with to track and report
 8 annually the hourly wages paid for each direct care worker hired by
 9 the direct care worker agency.

10 (f) Track annually the hourly wages paid to each direct care
 11 worker hired directly by the Medicaid managed care organization or
 12 CMHSP.

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

15 (2) On request, the department shall provide to the
 16 legislature the report required in subsection (1)(g).

17 Sec. 232. (1) The department shall provide the approved
 18 spending plan for each line item receiving an appropriation in the
 19 current fiscal year to the senate and house appropriations
 20 subcommittees on the department budget and the senate and house
 21 fiscal agencies within 60 days after approval by the department but
 22 not later than January 15 of the current fiscal year. Compliance
 23 with this section is not met unless a line-item appropriation name
 24 is included in all places that a line-item appropriation number is
 25 listed. The spending plan shall include the following information
 26 regarding planned expenditures for each category: allocation in the
 27 previous period, change in the allocation, and new allocation. The
 28 spending plan shall include the following information regarding
 29 each revenue source for the line item: category of the fund source



1 indicated by general fund/general purpose, state restricted, local,
2 private, or federal. Figures included in the approved spending plan
3 shall not be assumed to constitute the actual final expenditures,
4 as line items may be updated on an as-needed basis to reflect
5 changes in projected expenditures and projected revenue. The
6 department shall supplement the spending plan information by
7 providing a list of all active contracts and grants in the
8 department's contract system. For amounts listed in the other
9 contracts category of each spending plan, the department shall
10 provide a list of all contracts and grants and amounts for the
11 current fiscal year, and include the name of the line item and the
12 name of the fund source related to each contract or grant and
13 amount. For amounts listed in the all other costs category of each
14 spending plan, the department shall provide a list detailing
15 planned expenditures and amounts for the current fiscal year, and
16 include the name of the line item and the name of the fund source
17 related to each amount and expenditure.

18 (2) Notwithstanding any other appropriation authority granted
19 in part 1, the department shall not appropriate any additional
20 general fund/general purpose funds or any related federal and state
21 restricted funds without providing a written 30-day notice to the
22 senate and house appropriations subcommittees on the department
23 budget, the senate and house fiscal agencies, and the senate and
24 house policy offices.

25 Sec. 234. The departments and agencies receiving
26 appropriations in part 1 shall receive and retain copies of all
27 reports funded from appropriations in part 1. Federal and state
28 guidelines for the short-term and long-term retention of records
29 must be followed. The department may electronically retain copies



1 of reports unless otherwise required by federal and state
2 guidelines.

3 Sec. 236. (1) From the funds appropriated in part 1, the
4 department shall do all of the following:

5 (a) Submit a report to the report recipients required in
6 section 246 of this part on any amount of severance pay for a
7 department director, deputy director, or other high-ranking
8 department official not later than 14 days after a severance
9 agreement with the director or official is signed. The name of the
10 director or official and the amount of severance pay must be
11 included in the report required by this subdivision.

12 (b) Maintain an internet website that posts any severance pay
13 in excess of 6 weeks of wages, regardless of the position held by
14 the former department employee receiving severance pay.

15 (c) By February 1, submit a report to the report recipients
16 required in section 246 of this part on the total amount of
17 severance pay remitted to former department employees during the
18 previous fiscal year and the total number of former department
19 employees that were remitted severance pay during the previous
20 fiscal year.

21 (2) As used in this section, "severance pay" means
22 compensation that is both payable or paid on the termination of
23 employment and in addition to either wages or benefits earned
24 during the course of employment or generally applicable retirement
25 benefits.

26 Sec. 238. It is the intent of the legislature that departments
27 maximize the efficiency of the state workforce and, where possible,
28 prioritize in-person work. Each executive branch department,
29 agency, board, or commission that receives funding under part 1



1 must post its in-person, remote, or hybrid work policy on its
2 website.

3 Sec. 239. For behavioral and physical health services provided
4 through managed care or the fee-for-service program, the department
5 shall require, for the nonfacility component of the reimbursement
6 rate, at least the same reimbursement for that service, if that
7 service is provided through telemedicine, as if the service
8 involved face-to-face contact between the health care professional
9 and the patient.

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

13 Sec. 241. 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 total actual expenditures in the
16 previous fiscal year for advertising and media outreach, including
17 the purpose, amount, and fund source by program or appropriation
18 line item.

19 Sec. 242. From the funds appropriated in part 1 for
20 departmental administration and management, \$100,000.00 is
21 allocated to produce a description of programs report for the
22 current fiscal year by March 1 of the current fiscal year. The
23 report shall be submitted to the senate and house appropriations
24 committees, the senate and house fiscal agencies, and the senate
25 and house policy offices. The report shall include the
26 appropriation unit, the line-item name and number, the
27 appropriation history, the program name, the program overview, the
28 financing detail, and where applicable, the legal basis for the
29 program and program effectiveness and outcomes.



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

13 Sec. 246. Except as otherwise provided in this part, all
14 reports required under this part shall be submitted to the senate
15 and house appropriations subcommittees on the department budget,
16 the senate and house fiscal agencies, the senate and house policy
17 offices, and the state budget office.

18 Sec. 252. The appropriations in part 1 for Healthy Michigan
19 plan - behavioral health and Healthy Michigan plan are contingent
20 on the provisions of the social welfare act, 1939 PA 280, MCL 400.1
21 to 400.119b, that were contained in 2013 PA 107 not being amended,
22 repealed, or otherwise altered to eliminate the Healthy Michigan
23 plan. If that occurs, then, on the effective date of the amendatory
24 act that amends, repeals, or otherwise alters those provisions, the
25 remaining funds in the Healthy Michigan plan - behavioral health
26 and Healthy Michigan plan line items must be used only to pay
27 previously incurred costs and any remaining appropriations shall
28 not be allotted to support those line items.

29 Sec. 253. (1) The department shall ensure that federally



1 recognized tribes are able to apply and compete for services,
2 programs, grants, or contracts.

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

8 Sec. 258. (1) In collaboration with the department of
9 education and the department of state police, the department shall
10 promote and support initiatives in schools and other educational
11 organizations that include, but are not limited to, training for
12 educators, teachers, and other personnel in school settings for all
13 of the following:

14 (a) The utilization of trauma-informed practices.

15 (b) Age-appropriate education and information on human
16 trafficking.

17 (c) Age-appropriate education and information on sexual abuse
18 prevention.

19 (2) The collaboration shall include the child welfare
20 institute within the department, which provides training and
21 education for public and private employees who work within the
22 child protective services, foster care, adoption, and juvenile
23 justice systems.

24 (3) The department shall submit a report by March 1 of the
25 current fiscal year on the activities and status of implementation
26 of the requirements described in subsections (1) and (2) to the
27 report recipients required in section 246 of this part.

28 Sec. 263. (1) Except as otherwise provided in this subsection,
29 before submission of a waiver, a state plan amendment, or a similar



1 proposal to CMS or other federal agency, the department shall
2 provide written notification of the planned submission to the
3 report recipients required in section 246 of this part. This
4 subsection does not apply to the submission of a waiver, a state
5 plan amendment, or similar proposal that does not propose a
6 material change or is outside of the ordinary course of waiver,
7 state plan amendment, or similar proposed submissions.

8 (2) The department shall provide written reports on a
9 semiannual basis to the report recipients required in section 246
10 of this part summarizing the status of any new or ongoing
11 discussions with CMS, the United States Department of Health and
12 Human Services, or other federal agency regarding potential or
13 future waiver applications as well as the status of submitted
14 waivers that have not yet received federal approval. If, at the
15 time a semiannual report is due, there are no reportable items,
16 then no report is required to be provided.

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

22 Sec. 270. The department shall advise the legislature of the
23 receipt of a notification from the attorney general's office of a
24 legal action in which expenses had been recovered according to
25 section 106(6) of the social welfare act, 1939 PA 280, MCL 400.106.
26 By February 1 of the current fiscal year, the department shall
27 submit a written report to the report recipients required in
28 section 246 of this part that includes, at a minimum, all of the
29 following:



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

2 (b) The program or service for which the money was originally
3 expended.

4 (c) Details on the disposition of the funds recovered, such as
5 the appropriation or revenue account in which the money was
6 deposited.

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

8 Sec. 274. (1) The department, in collaboration with the state
9 budget office, shall submit to the report recipients required in
10 section 246 of this part, 1 week after the day the governor submits
11 to the legislature the budget for the ensuing fiscal year, a report
12 on spending and revenue projections for each of the capped federal
13 funds listed below. The report shall contain actual spending and
14 revenue in the previous fiscal year, spending and revenue
15 projections for the current fiscal year as enacted, and spending
16 and revenue projections within the executive budget proposal for
17 the fiscal year beginning October 1, 2024 for each individual line
18 item for the department budget. The report shall also include
19 federal funds transferred to other departments. The capped federal
20 funds shall include, but not be limited to, all of the following:

21 (a) TANF.

22 (b) Title XX social services block grant.

23 (c) Title IV-B part I child welfare services block grant.

24 (d) Title IV-B part II promoting safe and stable families
25 funds.

26 (e) Low-income home energy assistance program.

27 (2) It is the intent of the legislature that the department,
28 in collaboration with the state budget office, not utilize capped
29 federal funding for economics adjustments for FTEs or other



1 economics costs that are included as part of the budget submitted
 2 to the legislature by the governor for the ensuing fiscal year,
 3 unless there is a reasonable expectation for increased federal
 4 funding to be available to the department from that capped revenue
 5 source in the ensuing fiscal year.

6 (3) By February 15 of the current fiscal year, the department
 7 shall prepare an annual report of its efforts to identify TANF
 8 maintenance of effort sources and rationale for any increases or
 9 decreases from all of the following, but not limited to:

- 10 (a) Other departments.
- 11 (b) Local units of government.
- 12 (c) Private sources.

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

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

29 (3) Within 30 days after the date on which year-end book



1 closing is completed, the department shall submit to the report
2 recipients required in section 246 of this part a report on the
3 realignment of federal fund sources that took place as part of the
4 year-end closing process for the previous fiscal year.

5 Sec. 280. By March 1 of the current fiscal year, the
6 department shall submit a report to the report recipients required
7 in section 246 of this part that provides all of the following for
8 each line item in part 1 containing personnel-related costs,
9 including the specific individual amounts for salaries and wages,
10 payroll taxes, and fringe benefits:

11 (a) FTE authorization.

12 (b) Spending authorization for personnel-related costs, by
13 fund source, under the spending plan.

14 (c) Actual year-to-date expenditures for personnel-related
15 costs, by fund source, through the end of the prior month.

16 (d) The projected year-end balance or shortfall for personnel-
17 related costs, by fund source, based on actual monthly spending
18 levels through the end of the prior month.

19 (e) A specific plan for addressing any projected shortfall for
20 personnel-related costs at either the gross or fund source level.

21 Sec. 289. By March 1 of the current fiscal year, the
22 department shall submit to the report recipients required in
23 section 246 of this part an annual report on the supervisor-to-
24 staff ratio by department divisions and subdivisions.

25 Sec. 290. Any public advertisement for public assistance shall
26 also inform the public of the welfare fraud hotline operated by the
27 department.

28 Sec. 296. From the funds appropriated in part 1, the
29 department to the extent permissible under section 8 of 1964 PA



1 170, MCL 691.1408, is responsible for the necessary and reasonable
2 attorney fees and costs incurred by private and independent legal
3 counsel chosen by current and former classified and unclassified
4 department employees in the defense of the employees in any state
5 or federal lawsuit or investigation related to the water system in
6 a city or community in which a declaration of emergency was issued
7 because of drinking water contamination.

8 Sec. 297. (1) On a quarterly basis, the department shall
9 submit a report to the report recipients required in section 246 of
10 this part with the following information:

11 (a) The number of FTE positions in pay status by civil service
12 classification.

13 (b) A comparison by line item of the number of FTE positions
14 authorized from funds appropriated in part 1 to the actual number
15 of FTE positions employed by the department at the end of the
16 reporting period.

17 (2) By March 1 of the current fiscal year, the department
18 shall report to the senate and house appropriations committees, the
19 senate and house appropriations subcommittees on the department
20 budget, and the senate and house fiscal agencies the following
21 information:

22 (a) The number of employees that were engaged in remote work
23 in 2023.

24 (b) The number of employees of the department authorized to
25 work remotely and the actual number of those working remotely in
26 the current reporting period.

27 (c) Estimated net cost savings achieved by the department by
28 remote work.

29 (d) The reduced use of office space associated with remote



1 work.

2

3 **CHILD SUPPORT ENFORCEMENT**

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

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

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

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

17 (5) If the child support incentive payment to the state from
18 the federal government is greater than the amount needed to satisfy
19 the provisions identified in subsections (1), (2), (3), and (4),
20 the additional funds shall be subject to appropriation by the
21 legislature.

22 (6) If the child support incentive payment to the state from
23 the federal government is less than \$26,500,000.00, then the state
24 and county share shall each be reduced by 50% of the shortfall.

25 Sec. 409. (1) If statewide retained child support collections
26 exceed \$38,300,000.00, 75% of the amount in excess of
27 \$38,300,000.00 is appropriated to legal support contracts. This
28 excess appropriation may be distributed to eligible counties to
29 supplement and not supplant county title IV-D funding.



1 (2) Each county whose retained child support collections in
 2 the current fiscal year exceed its fiscal year 2004-2005 retained
 3 child support collections, excluding tax offset and financial
 4 institution data match collections in both the current fiscal year
 5 and fiscal year 2004-2005, shall receive its proportional share of
 6 the 75% excess.

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

16 (2) The department shall submit a report on any authorization
 17 adjustments made as permitted under subsection (1) to the report
 18 recipients required in section 246 of this part.

19

20 **COMMUNITY SERVICES AND OUTREACH**

21 Sec. 450. (1) From the funds appropriated in part 1 for school
 22 success partnership program, the department shall allocate
 23 \$525,000.00 of TANF revenue by December 1 of the current fiscal
 24 year to support the Northeast Michigan Community Service Agency
 25 programming. The department shall require the following performance
 26 objectives be measured and reported for the duration of the state
 27 funding for the school success partnership program:

28 (a) Increasing school attendance and decreasing chronic
 29 absenteeism.



1 (b) Increasing academic performance based on grades with
2 emphasis on math and reading.

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

5 (d) Increasing parent involvement.

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

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

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

28 Sec. 454. The department shall allocate the full amount of
29 funds appropriated in part 1 for homeless programs to provide



1 services for homeless individuals and families, including, but not
2 limited to, third-party contracts for emergency shelter services.

3 Sec. 455. As a condition of receipt of federal TANF revenue,
4 homeless shelters and human services agencies shall collaborate
5 with the department to obtain necessary TANF eligibility
6 information on families as soon as possible after admitting a
7 family to the homeless shelter. From the funds appropriated in part
8 1 for homeless programs, the department is authorized to make
9 allocations of TANF revenue only to the homeless shelters and human
10 services agencies that report necessary data to the department for
11 the purpose of meeting TANF eligibility reporting requirements.
12 Homeless shelters or human services agencies that do not report
13 necessary data to the department for the purpose of meeting TANF
14 eligibility reporting requirements will not receive reimbursements
15 that exceed the per diem amount they received in fiscal year 2000.
16 The use of TANF revenue under this section is not an ongoing
17 commitment of funding.

18 Sec. 456. From the funds appropriated in part 1 for homeless
19 programs, the department shall allocate \$90,000.00 to reimburse
20 public service agencies that provide documentation of paying birth
21 certificate fees on behalf of category 1 homeless clients at county
22 clerk's offices. Public service agencies shall be reimbursed for
23 the cost of the birth certificate fees quarterly until this
24 allocation is fully spent.

25 Sec. 460. From the funds appropriated in part 1 for kids' food
26 basket, the department shall allocate \$525,000.00 to fund a project
27 with a nonprofit, community-based organization organized under the
28 laws of this state that is exempt from federal income tax under
29 section 501(c)(3) of the internal revenue code of 1986, 26 USC 501,



1 and is located in a city with a population between 185,000 and
2 200,000 according to the most recent federal decennial census and
3 in a county with a population between 600,000 and 700,000 according
4 to the most recent federal decennial census. The nonprofit
5 organization recipient shall have an existing network of food
6 delivery to low-income children to at least 3 counties in this
7 state. The nonprofit organization shall use the funds for increased
8 operational costs due to the coronavirus pandemic and for expansion
9 of services to additional schools and communities. The funding may
10 be used to cover employee costs, food and supplies, equipment, and
11 other operational costs identified by the organization to support
12 their mission and goals.

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

18 Sec. 465. (1) From the funds appropriated in part 1 for
19 community services and outreach administration, \$2,950,000.00 must
20 be distributed as provided in subsection (2). The amount
21 distributed under this subsection must not exceed 50% of the total
22 operating expenses of the program described in subsection (2), with
23 the remaining 50% paid by local United Way organizations and other
24 nonprofit organizations and foundations.

25 (2) Funds distributed under subsection (1) shall be
26 distributed to Michigan 2-1-1, a nonprofit corporation organized
27 under the laws of this state that is exempt from federal income tax
28 under section 501(c)(3) of the internal revenue code of 1986, 26
29 USC 501, and whose mission is to coordinate and support a statewide



1 2-1-1 system. Michigan 2-1-1 shall use the funds only to fulfill
2 the Michigan 2-1-1 business plan adopted by Michigan 2-1-1 in
3 January 2005.

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

7 (4) Michigan 2-1-1 shall report annually to the department,
8 the house and senate standing committees with primary jurisdiction
9 over matters relating to human services and telecommunications on
10 2-1-1 system performance, the senate and house appropriations
11 subcommittees on the department budget, and the senate and house
12 fiscal agencies, including, but not limited to, call volume by
13 health and human service needs and unmet needs identified through
14 caller data and number and percentage of callers referred to public
15 or private provider types.

16 Sec. 466. From the funds appropriated in part 1 for runaway
17 and homeless youth grants, the department shall allocate
18 \$10,000,000.00 to support the expansion of runaway and homeless
19 youth capacity. The funding must be comprised of \$2,146,900.00 in
20 GF/GP revenue and \$7,853,100.00 of TANF revenue. The funding must
21 be allocated as follows:

22 (a) \$6,000,000.00 to cover the 18 counties that are presently
23 unserved by any runaway and homeless youth program and to expand
24 the capacity for counties that are underserved.

25 (b) \$2,000,000.00 across 19 providers statewide to provide
26 infrastructure support for expanded staff, supervision, and
27 training to continue to meet the complex mental health needs of the
28 population being served.

29 (c) \$2,000,000.00 across 19 providers statewide to support



1 upgrading technology and facilities to maintain safety in
 2 environments where youth are sheltered.

3

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

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

9 (2) By March 1 of the current fiscal year, the department
 10 shall provide to the report recipients required in section 246 of
 11 this part a report describing the steps that will be taken to
 12 achieve the goal established under subsection (1). The report must
 13 also include an explanation of the most significant barriers that
 14 prevent long-term foster children from permanent placements.

15 Sec. 502. From the funds appropriated in part 1 for foster
 16 care, the department shall provide 50% reimbursement to Indian
 17 tribal governments for foster care expenditures for children who
 18 are under the jurisdiction of Indian tribal courts and who are not
 19 otherwise eligible for federal foster care cost sharing. The
 20 department may provide up to 100% reimbursement to Indian tribal
 21 governments that enter into a state-tribal title IV-E agreement
 22 allowed under this state's title IV-E state plan.

23 Sec. 503. (1) In accordance with the final report of the
 24 Michigan child welfare performance-based funding task force issued
 25 in response to section 503 of article X of 2013 PA 59, the
 26 department shall continue to review, update, or develop actuarially
 27 sound case rates for necessary child welfare foster care case
 28 management services that achieve permanency by the department and
 29 private child placing agencies in a prospective payment system



1 under a performance-based funding model.

2 (2) The department, in conjunction with members from both the
3 house of representatives and senate, private child placing
4 agencies, the courts, and counties shall continue to implement the
5 recommendations that are described in the workgroup report that was
6 provided in section 503 of article X of 2013 PA 59 to establish a
7 performance-based funding model pilot program for public and
8 private child welfare services providers. By July 1 of the current
9 fiscal year, the department shall provide a report on the status of
10 the performance-based contracting model to the report recipients
11 required in section 246 of this part.

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

22 (2) As a condition for receiving the funding in part 1, the
23 West Michigan Partnership of Children Consortium shall maintain a
24 contract agreement with the department that supports a global
25 capitated payment model. The capitated payment amount shall be
26 based on historical averages of the number of children served in
27 Kent County and for the costs per foster care case. The West
28 Michigan Partnership for Children Consortium is required to manage
29 the cost of the child population it serves. The administrative



1 portion of the contracted agreement must reflect the cumulative
2 annual percentage change in the Detroit Consumer Price Index from
3 the previous year. The capitated payment amount shall be reviewed
4 and adjusted no less than twice during the current fiscal year or
5 due to any policy changes implemented by the department that result
6 in a volume of placements that differ in a statistically
7 significant manner from the amount allocated in the annual contract
8 between the department and the West Michigan Partnership for
9 Children Consortium as determined by an independent actuary as well
10 as to account for changes in case volumes and any statewide rate
11 increases that are implemented. The contract agreement requires
12 that the West Michigan Partnership for Children Consortium shall
13 maintain the following stipulations and conditions:

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

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

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

23 (3) By March 1 of the current fiscal year, the consortium
24 shall provide to the department and the report recipients required
25 in section 246 of this part a report on the consortium, including,
26 but not limited to, actual expenditures, number of children placed
27 by agencies in the consortium, fund balance of the consortium, and
28 the outcomes measured.

29 Sec. 505. By March 1 of the current fiscal year, the



1 department shall provide a report to the report recipients required
2 in section 246 of this part on youth referred or committed to the
3 department for care or supervision in the previous fiscal year and
4 in the first quarter of the current fiscal year outlining the
5 number of youth served by the department within the juvenile
6 justice system, the type of setting for each youth, performance
7 outcomes, and financial costs or savings.

8 Sec. 506. From the funds appropriated in part 1 for attorney
9 general contract, by March 1 of the current fiscal year, the
10 department shall submit to the report recipients required in
11 section 246 of this part a report on the juvenile justice system in
12 any county in which funds appropriated in part 1 are expended. The
13 report shall include, but not be limited to, the following:

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

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

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

24 Sec. 507. The department's ability to satisfy appropriation
25 deducts in part 1 for foster care private collections is not
26 limited to collections and accruals pertaining to services provided
27 only in the current fiscal year but may include revenues collected
28 during the current fiscal year for services provided in prior
29 fiscal years.



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

5 (2) For the funds described in subsection (1), the department
6 shall ensure that administrative delays are avoided and the local
7 grant recipients and direct service providers receive money in an
8 expeditious manner. The department and board shall make available
9 the children's trust fund contract funds to grantees within 31 days
10 of the start date of the funded project.

11 Sec. 510. (1) From the funds appropriated in part 1 for child
12 care fund and foster care payments, the department shall allocate
13 funds to cover a capacity model for a specified number of beds
14 based on projected needs for privately operated child welfare and
15 juvenile justice residential facilities. A contract entered into
16 under this subsection must provide guaranteed payment for
17 anticipated utilization, with the condition that providers shall
18 accept youth up to the contracted capacity who are determined
19 through independent assessment as meeting the program entrance
20 criteria. The contract rate must allow for full staffing and the
21 ability to accommodate the highest acuity cases. By March 1 of the
22 current fiscal year, the department shall submit to the report
23 recipients required in section 246 of this part a report on the
24 status of the program that includes the participating facilities
25 under the program, the number of children placed, and the program
26 types of the children placed.

27 (2) The department shall provide reports on a monthly basis to
28 the report recipients required in section 246 of this part on the
29 number of children awaiting placement in a child caring institution



1 in this state. The report must include the number of children
2 awaiting placement by child caring institution and must state the
3 reason for the delay in placement, including, but not limited to,
4 facility bed shortages, placement process delays, or other reasons.

5 Sec. 511. The department shall provide reports on a semiannual
6 basis to the senate and house appropriations subcommittees on the
7 department budget, the senate and house standing committees on
8 families and human services, and the senate and house fiscal
9 agencies and policy offices on the number and percentage of
10 children who received timely physical and mental health
11 examinations after entry into foster care. The reports shall also
12 include the new methods the department is using since June 14,
13 2022, to achieve the stated goal of the program as described in
14 this section. The goal of the program is that at least 85% of
15 children shall have an initial medical and mental health
16 examination within 30 days after entry into foster care.

17 Sec. 512. By March 1 of the current fiscal year, the
18 department shall submit a report to the report recipients required
19 in section 246 of this part on the following information for cases
20 of child abuse or child neglect from the previous fiscal year:

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

22 (b) The total number of relatives with a placement who became
23 licensed.

24 (c) A list of the reasons from a sample of cases where
25 relatives were denied foster home licensure as documented by the
26 department.

27 Sec. 513. (1) The department shall not expend funds
28 appropriated in part 1 to pay for the direct placement by the
29 department of a child in an out-of-state facility unless all of the



1 following conditions are met:

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

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

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

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

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

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

18 (3) The department shall submit an annual report by March 1 of
19 the current fiscal year to the state court administrative office,
20 the house and senate appropriations subcommittees on the department
21 budget, the house and senate fiscal agencies, the house and senate
22 policy offices, and the state budget office on the number of
23 Michigan children residing in out-of-state facilities in the
24 previous fiscal year and shall include the total cost and average
25 per diem cost of these out-of-state placements to this state, and a
26 list of each such placement arranged by the Michigan county of
27 residence for each child.

28 Sec. 514. From the funds appropriated in part 1 for foster
29 care payments, the department shall allocate \$100.00 to establish a



1 statewide respite care services network available to licensed
2 foster parents and unlicensed relative caregivers caring for
3 children in foster care.

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

9 Sec. 516. From funds appropriated in part 1 for child care
10 fund, the administrative or indirect cost payment equal to 10% of a
11 county's total monthly gross expenditures shall be distributed to
12 the county on a monthly basis and a county is not required to
13 submit documentation to the department for any of the expenditures
14 that are covered under the 10% payment as described in section
15 117a(4)(b)(ii) and (iv) of the social welfare act, 1939 PA 280, MCL
16 400.117a.

17 Sec. 517. The department may ask a state or private child
18 placing agency contracted by the receiving state to carry out
19 required visits and any additional visits that the department finds
20 necessary for a child placed in a family foster care home out of
21 state.

22 Sec. 518. The department shall submit a report to the report
23 recipients required in section 246 of this part by February 1 of
24 the current fiscal year on the annual child care fund expenditures
25 of in-home juvenile justice care that are eligible for the 75%
26 state and 25% local split. Eligible in-home expenses include
27 community-based juvenile supervision, services and related
28 practices, and per diem rates for the use of respite and shelter
29 for less than 30 days. The report must include the expenditures by



1 county, type of service provided, number of youth receiving care,
2 and number of days of care.

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

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

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

25 Sec. 521. (1) From the funds appropriated in part 1 for child
26 care fund - indirect cost allotment, the department shall allocate
27 \$3,500,000.00 to counties and tribal governments that receive
28 reimbursements in part 1 from child care fund.

29 (2) The amount described in subsection (1) shall be



1 distributed to each county or tribal government in the same
2 proportion as indirect cost allotments are provided to counties in
3 the manner described in section 117a of the social welfare act,
4 1939 PA 280, MCL 400.117a.

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

13 (2) By June 1 of the current fiscal year, the department shall
14 provide a report to the report recipients required in section 246
15 of this part that includes the number of youths who applied for
16 scholarships under this section, the number of youths who received
17 scholarships under this section, the regions the recipients are
18 from by zip code, and the amount of each scholarship, and the total
19 amount of funds spent or encumbered in the current fiscal year.

20 Sec. 523. (1) By February 15 of the current fiscal year, the
21 department shall submit to the report recipients required in
22 section 246 of this part a report on the families first, family
23 reunification, and families together building solutions family
24 preservation programs. The report shall provide population and
25 outcome data based on contractually required follow-up evaluations
26 for families who received family preservation services and shall
27 include information for each program on any innovations that may
28 increase child safety and risk reduction.

29 (2) By October 1 of the current fiscal year, from the funds



1 appropriated in part 1 for family preservation services, the
2 department shall retain the rates established by the increase
3 provided in section 523(3) of article 6 of 2020 PA 166.

4 Sec. 524. As a condition of receiving funds appropriated in
5 part 1 for strong families/safe children, counties must submit the
6 service spending plan to the department by October 1 of the current
7 fiscal year for approval. The department shall approve the service
8 spending plan within 30 calendar days after receipt of a properly
9 completed service spending plan.

10 Sec. 525. The department shall implement the same on-site
11 evaluation processes for privately operated child welfare and
12 juvenile justice residential facilities as is used to evaluate
13 state-operated facilities. Penalties for noncompliance shall be the
14 same for privately operated child welfare and juvenile justice
15 residential facilities and state-operated facilities.

16 Sec. 526. From the funds appropriated in part 1 for court-
17 appointed special advocates, the department shall allocate
18 \$1,000,000.00 to fund a project with a nonprofit, community-based
19 organization organized under the laws of this state that are exempt
20 from federal income tax under section 501(c)(3) of the internal
21 revenue code of 1986, 26 USC 501, located in a charter township
22 with a population of between 18,000 and 19,000 according to the
23 most recent federal decennial census that is located in a county
24 with a population of between 600,000 and 700,000 according to the
25 most recent federal decennial census. The nonprofit organization
26 recipient shall have an existing network of affiliate programs
27 operating in at least 25 counties in this state. The nonprofit
28 organization shall use the funds to recruit, screen, train, and
29 supervise volunteers who provide advocacy services on behalf of



1 abused and neglected children.

2 Sec. 527. From the funds appropriated in part 1 for youth in
3 transition, the department shall allocate \$1,000,000.00 to support
4 transitional and housing costs for youth aging out of foster care
5 or the juvenile justice system.

6 Sec. 528. From the funds appropriated in part 1 for child care
7 fund, the department shall allocate \$2,366,700.00 to increase the
8 annual basic grant to counties with a population of less than
9 75,000 according to the most recent federal decennial census as
10 described in section 117e of the social welfare act, 1939 PA 280,
11 MCL 400.117e, and to eligible tribal entities. The basic grant
12 shall be increased from \$15,000.00 per year by equally distributing
13 the \$2,366,700.00 appropriated in part 1 to eligible counties and
14 tribal entities.

15 Sec. 529. From the funds appropriated in part 1 for family
16 preservation programs, the department shall maintain the total
17 combined funding levels of the families first, family
18 reunification, and families together building solutions family
19 preservation programs at an amount not less than the amount
20 provided as of September 30, 2021. For the current fiscal year as
21 the department moves towards implementation of the federal family
22 first prevention services act, Public Law 115-123, the funding
23 available to serve families through the existing family
24 preservation programs shall not be reduced.

25 Sec. 530. (1) All master contracts relating to foster care and
26 adoption services as funded by the appropriations in section 105 of
27 part 1 shall be performance-based contracts that employ a client-
28 centered results-oriented process that is based on measurable
29 performance indicators and desired outcomes and includes the annual



1 assessment of the quality of services provided.

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

7 Sec. 531. The department shall notify the house and senate
8 appropriations subcommittees on the department budget, the house
9 and senate fiscal agencies, and the house and senate policy offices
10 of any changes to a child welfare master contract template,
11 including the adoption master contract template, the independent
12 living plus master contract template, the child placing agency
13 foster care master contract template, and the residential foster
14 care juvenile justice master contract template, not less than 30
15 days before the change takes effect.

16 Sec. 533. The department shall make payments to child placing
17 facilities for in-home and out-of-home care services and adoption
18 services within 30 days after receiving all necessary documentation
19 from those agencies. It is the intent of the legislature that the
20 burden of ensuring that these payments are made in a timely manner
21 and no payments are in arrears is on the department.

22 Sec. 534. The department shall submit to the report recipients
23 required in section 246 of this part, by March 1 of the current
24 fiscal year, a report on the adoption subsidies expenditures from
25 the previous fiscal year. The report shall include, but is not
26 limited to, the range of non-\$0.00 annual adoption support subsidy
27 amounts, for both title IV-E eligible cases and state-funded cases,
28 paid to adoptive families, the number of title IV-E and state-
29 funded cases, the number of cases in which the adoption support



1 subsidy request of adoptive parents for assistance was denied by
2 the department, and the number of adoptive parents who requested a
3 redetermination of adoption support subsidy.

4 Sec. 535. (1) From the funds appropriated in part 1 for foster
5 care payments, the department shall allocate up to \$1,500,000.00 of
6 private revenues from The New Foster Care Inc. to fund a 3-year
7 culturally competent kinship placement, support, and licensing
8 services pilot program in a county with a population between
9 1,200,000 and 1,300,000 according to the most recent federal
10 decennial census and a county with a population over 1,500,000
11 according to the most recent federal decennial census based on the
12 work conducted by A Second Chance Inc. The goal of the pilot
13 program is to increase the kinship licensure rate and reduce the
14 average length of stay for children in foster care with the intent
15 to expand the program statewide, contingent on legislative
16 appropriations. Efforts to reach this goal shall include the
17 following:

18 (a) Locate appropriate kinship family for out-of-home
19 placement of children.

20 (b) Provide support to kinship care providers and facilitate
21 connections to programs and services to assist them in meeting the
22 needs of children.

23 (c) Assist kinship care providers in meeting state foster
24 parent licensing requirements.

25 (d) Support parents to expedite permanency planning.

26 (2) Subject to part 1 appropriations and pursuant to an annual
27 evaluation, the department through legislative appropriations shall
28 reallocate any savings and revenue stemming from program services
29 that result in a reduction in the length of stay in foster care for



1 the children served by the program compared to the average and
2 maximize federal funds associated with this pilot program.

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

6 Sec. 536. By March 1 of the current fiscal year, the
7 department shall submit to the report recipients required in
8 section 246 of this part a report on the status of the department's
9 planned and achieved implementation of the federal family first
10 prevention services act, Public Law 115-123. The report shall
11 include, but not be limited to, an estimate of the 5-year spending
12 plan for administrative and compliance costs, a summary of all
13 historical expenditures made to date for implementation by line-
14 item appropriation and program type, information regarding
15 compliance with title IV-E prevention requirements, the status of
16 statewide compliance with the qualified residential treatment
17 program requirements, a summary of provider concerns with respect
18 to requirements under the qualified residential treatment program
19 as that term is defined in section 1 of 1973 PA 116, MCL 722.111, a
20 detailed methodology in determining any savings realized or
21 estimated from a reduction in congregate care or residential
22 placements, the department's conformity with federal model
23 licensing standards, the department's plan for tracking and
24 preventing child maltreatment deaths, and the department's plan for
25 extending John H. Chafee foster care independence programs up to
26 age 23.

27 Sec. 537. By March 1 of the current fiscal year, the
28 department shall submit to the report recipients required in
29 section 246 of this part a report on the number of unlicensed



1 relative providers with a relative placement denied a foster home
2 license for not meeting the standards established for state
3 licensing for foster care. The report shall also include the status
4 of title IV-E claims for foster care maintenance payments and
5 foster care administrative payments for licensed relative
6 caregivers with placements.

7 Sec. 538. By October 1 of the current fiscal year, the
8 department shall submit to the report recipients required in
9 section 246 of this part a report on the status of the department's
10 program improvement plan associated with round 3 of the child and
11 family services review (CFSR). The report shall also include, but
12 not be limited to, a specific and detailed plan to provide an
13 update on areas of substantial nonconformity identified in the CFSR
14 such as the inadequacy of caseworker training provided by the
15 department, the estimated costs necessary to reduce travel time for
16 service delivery to rural areas, plans to improve caseworker
17 engagement to reduce maltreatment in care, and steps undertaken by
18 the department to emphasize permanency in case planning.
19 Additionally, the department shall include the status for items
20 currently being implemented and the description and cost estimate
21 for the implementation for items that will be implemented in the
22 current fiscal year.

23 Sec. 539. The department, in collaboration with child placing
24 agencies, shall continue to comply with section 1150 of the social
25 welfare act, 1939 PA 280, MCL 400.1150. Department caseworkers
26 responsible for preparing a recommendation to a court concerning a
27 juvenile placement shall provide, as part of the recommendation,
28 information regarding the requirements of section 1150 of the
29 social welfare act, 1939 PA 280, MCL 400.1150.



1 Sec. 540. If a physician or psychiatrist who is providing
2 services to state or court wards placed in a residential facility
3 submits a formal request to the department to change the
4 psychotropic medication of a ward, the department shall, if the
5 ward is a state ward, make a determination on the proposed change
6 within 7 business days after the request or, if the ward is a
7 temporary court ward, seek parental consent within 7 business days
8 after the request. If parental consent is not provided within 7
9 business days, the department shall petition the court on the
10 eighth business day.

11 Sec. 541. The department shall explore the implementation of a
12 program to help foster care caseworkers achieve forgiveness for
13 their student loan debt. By July 1 of the current fiscal year, the
14 department shall submit to the report recipients required in
15 section 246 of this part a report on the department's findings.

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

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

23 Sec. 543. The department shall develop a clear policy that
24 caseworkers ensure that children who are victims of child abuse or
25 child neglect have the ability either in the courtroom or in the
26 judge's chambers to speak directly to, or be interviewed by, the
27 judge or magistrate who is overseeing their case, in order to give
28 children the opportunity to provide input into the legal
29 proceedings.



1 Sec. 544. The department may require all foster care parents,
2 caseworkers, and guardians ad litem to receive trauma-informed
3 training that includes a human trafficking awareness component.

4 Sec. 546. (1) From the funds appropriated in part 1 for foster
5 care payments and from child care fund, the department shall pay
6 providers of general foster care, independent living, and trial
7 reunification services not less than a \$55.20 administrative rate.

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

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

21 (4) From the funds appropriated in part 1, the department
22 shall maintain rates that are no less than the rates in place on
23 October 1, 2022 provided to each private provider of residential
24 services.

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

29 (2) The department shall submit a report on an annual basis to



1 the report recipients required in section 246 of this part with
2 quarterly data on the number of children enrolled in the
3 guardianship assistance and foster care - children with serious
4 emotional disturbance waiver programs.

5 Sec. 550. (1) The department shall not offset against
6 reimbursement payments to counties or seek reimbursement from
7 counties for charges that were received by the department more than
8 12 months before the department seeks to offset against
9 reimbursement. A county shall not request reimbursement for and
10 reimbursement payments shall not be paid for a charge that is more
11 than 12 months after the date of service or original status
12 determination when initially submitted by the county.

13 (2) All service providers shall submit a request for payment
14 within 12 months after the date of service. Any request for payment
15 submitted 12 months or more after the date of service requires the
16 provider to submit an exception request to the county or the
17 department for approval or denial.

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

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

24 Sec. 552. Sixty days after a county's child care fund on-site
25 review is completed, including the receipt of all requested
26 documentation from the county, the department shall provide the
27 results of the review to the county. The department shall not
28 evaluate the relevancy, quality, effectiveness, efficiency, or
29 impact of the services provided to youth of the county's child care



1 fund programs in the review. Pursuant to state law, the department
2 shall not release the results of the review to a third-party
3 without the permission of the county being reviewed.

4 Sec. 554. From the funds appropriated in part 1 for foster
5 care payments, the department shall allocate \$50,000.00 to a
6 nonprofit organization organized under the laws of this state that
7 is exempt from federal income tax under section 501(c)(3) of the
8 internal revenue code of 1986, 26 USC 501, that currently has
9 locations in 3 cities and operates on a 100% volunteer basis with a
10 board of directors consisting of up to 15 members, and are a
11 dedicated community of individuals that give their time, talent,
12 and resources to provide the best quality shopping environment they
13 can to local children in need and provide clothing, shoes, toys,
14 linens, nursery furniture, strollers, car seats, school supplies,
15 hygiene products, and safety equipment to local foster children and
16 their families free of charge.

17 Sec. 556. From the funds appropriated in part 1 for child
18 welfare licensing, the department shall work to develop and
19 implement a simpler and more streamlined process for the annual
20 renewal of the license for family foster care homes, and shall
21 explore the development of a simpler and more efficient version of
22 the application form for renewal of the license for family foster
23 care homes.

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



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

6 Sec. 562. The department shall provide time and travel
7 reimbursements for foster parents who transport a foster child to
8 parent-child visitations. As part of the foster care parent
9 contract, the department shall provide written confirmation to
10 foster parents that states that the foster parents have the right
11 to request these reimbursements for all parent-child visitations.
12 The department shall provide these reimbursements within 60 days
13 after receiving a request for eligible reimbursements from a foster
14 parent.

15 Sec. 564. (1) The department shall maintain a clear policy for
16 parent-child visitations. The local county offices, caseworkers,
17 and supervisors shall meet an 85% success rate, after accounting
18 for factors outside of the caseworkers' control.

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

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

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

29 (b) The barriers to achieve the success rates in subsections



1 (1) and (2) and how this information is tracked.

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

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

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

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

14 Sec. 568. (1) The department shall ensure youths transitioning
15 out of foster care are given assistance with obtaining a driver
16 license or state identification card and are issued a copy of their
17 Social Security number as required by department policy. Assistance
18 must be provided to youths who are eligible to obtain a driver
19 license or state identification card and a Social Security card
20 based on the youth's citizenship and legal residency status.

21 (2) The department shall provide a report by April 1 of the
22 current fiscal year to the report recipients required in section
23 246 of this part on the number of youths who received assistance
24 obtaining a driver license or state identification card, the number
25 of youths who received assistance obtaining a Social Security card,
26 the number of youths eligible for assistance who did not receive
27 it, and an explanation as to why those youths did not receive
28 assistance in obtaining the documents.

29 Sec. 569. The department shall reimburse private child placing



1 agencies that complete adoptions at the rate according to the date
2 on which the petition for adoption and required support
3 documentation was accepted by the court and not according to the
4 date the court's order placing for adoption was entered.

5 Sec. 574. (1) From the funds appropriated in part 1 for foster
6 care payments, \$1,375,000.00 is allocated to support family
7 incentive grants to private and community-based foster care service
8 providers to assist with home improvement items needed to ensure
9 compliance with licensing rule requirements, including, but not
10 limited to, payment for physical exams needed by foster families
11 and to alleviate potential safety concerns for unlicensed relatives
12 caring for a family member through the child welfare system to
13 accommodate children in foster care.

14 (2) By March 1 of the current fiscal year, the department
15 shall submit to the report recipients required in section 246 of
16 this part a report on the total amount expended in the previous
17 fiscal year for grants to private and community-based foster care
18 service providers for home improvements or physical exams as
19 referenced in subsection (1) and the number of grants issued.

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

25 (a) Establish a public awareness campaign to educate the
26 public about kinship caregivers and the state's efforts to better
27 serve kinship caregivers.

28 (b) Consult and coordinate with the kinship caregiver
29 navigator program to collect aggregate data on individuals being



1 served by the kinship caregiver navigator program, including
2 information on what services these individuals need.

3 (c) Consult and collaborate with the provider of the kinship
4 caregiver navigator program on the design and administration of
5 that program.

6 (d) Establish, maintain, and update a list of local support
7 groups and programs that provide services to kinship families, and
8 devise a plan of action for engaging with the groups and programs
9 on the list in order to obtain a better understanding of the issues
10 facing kinship families.

11 (e) Develop methods to promote and improve collaboration
12 between state, county, and local governments and agencies and
13 private stakeholders to obtain a broad understanding of the
14 characteristics and prevalence of kinship caregiving, to improve
15 service delivery, and to include these in the council's
16 recommendations.

17 Sec. 579. The department shall require caseworkers ensure a
18 motion is filed with the court to request that children who are
19 victims of child abuse or child neglect have court redetermination
20 hearings more frequently than every 90 days when in the best
21 interest of the child. The intent of this language is to decrease
22 the time it will take for permanency to be finalized for the child.

23 Sec. 581. From the funds appropriated in part 1 for foster
24 care payments, the department shall allocate \$50,000.00 for
25 caseworkers to provide immediate assistance with urgent needs,
26 including, but not limited to, food and clothing, for children on
27 removal from their home or other dangerous environment, including
28 children who are victims of human trafficking. The department shall
29 adhere to the relevant policies for the use and access to these



1 funds.

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 a report that includes all of the
5 following:

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

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

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

16 Sec. 588. (1) Concurrently with public release, the department
17 shall transmit all reports from the court-appointed settlement
18 monitor, including, but not limited to, the needs assessment and
19 period outcome reporting, to the state budget office, the senate
20 and house appropriations subcommittees on the department budget,
21 and the senate and house fiscal agencies and policy offices,
22 without revision.

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

28 Sec. 589. (1) From the funds appropriated in part 1 for child
29 care fund, the department shall pay 100% of the administrative rate



1 for all new cases referred to providers of foster care services.

2 (2) On a quarterly basis, the department shall submit a report
3 on the monthly number of all foster care cases administered by the
4 department and all foster care cases administered by private
5 providers to the report recipients required in section 246 of this
6 part.

7 Sec. 592. The department shall submit quarterly reports to the
8 report recipients required in section 246 of this part that include
9 data from children's protective services staff for each of the
10 following for the most recent 30-day period before the report is
11 submitted:

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

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

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

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

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

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

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

28 Sec. 593. The department shall conduct an annual review in
29 each county to determine if the county has adopted and implemented



1 standard child abuse and child neglect investigation and interview
2 protocols as required in section 8(6) of the child protection law,
3 1975 PA 238, MCL 722.628.

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

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

26

27 **PUBLIC ASSISTANCE**

28 Sec. 601. Whenever a client agrees to the release of the
29 client's name and address to the local housing authority, the



1 department shall request from the local housing authority
2 information regarding whether the housing unit for which vendoring
3 has been requested meets applicable local housing codes. Vendoring
4 shall be terminated for those units that the local authority
5 indicates in writing do not meet local housing codes until the
6 local authority indicates in writing that local housing codes have
7 been met.

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

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

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

25 (a) Is a recipient of supplemental security income, social
26 security, or medical assistance due to disability or 65 years of
27 age or older.

28 (b) Is an individual with a physical or mental impairment that
29 meets federal supplemental security income disability standards,



1 except that the minimum duration of the disability shall be 90
2 days. Substance use disorder alone is not defined as a basis for
3 eligibility.

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

7 (d) Is an individual receiving 30-day post-residential
8 substance use disorder treatment.

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

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

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

14 (2) Applicants for and recipients of the state disability
15 assistance program shall be considered needy if they do both of the
16 following:

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

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

21 (3) Except for an individual described in subsection (1)(c) or
22 (d), an individual is not disabled for purposes of this section if
23 the individual's drug addiction or alcoholism is a contributing
24 factor material to the determination of disability. "Material to
25 the determination of disability" means that, if the individual
26 stopped using drugs or alcohol, the individual's remaining physical
27 or mental limitations would not be disabling. If the individual's
28 remaining physical or mental limitations would be disabling, then
29 the drug addiction or alcoholism is not material to the



1 determination of disability and the individual may receive state
2 disability assistance. Such an individual must actively participate
3 in a substance abuse treatment program, and the assistance must be
4 paid to a third party or through vendor payments. For purposes of
5 this section, substance abuse treatment includes receipt of
6 inpatient or outpatient services or participation in alcoholics
7 anonymous or a similar program.

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

12 Sec. 606. County department offices shall require each
13 recipient of family independence program and state disability
14 assistance who has applied with the Social Security Administration
15 for supplemental security income to sign a contract to repay any
16 assistance rendered through the family independence program or
17 state disability assistance program on receipt of retroactive
18 supplemental security income benefits.

19 Sec. 607. (1) The department's ability to satisfy
20 appropriation deductions in part 1 for state disability
21 assistance/supplemental security income recoveries and public
22 assistance recoupment revenues shall not be limited to recoveries
23 and accruals pertaining to state disability assistance, or family
24 independence assistance grant payments provided only in the current
25 fiscal year, but may include revenues collected during the current
26 year that are prior year related and not a part of the department's
27 accrued entries.

28 (2) The department may use supplemental security income
29 recoveries to satisfy the deduct in any line in which the revenues



1 are appropriated, regardless of the source from which the revenue
2 is recovered.

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

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

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

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



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

4 (4) State emergency relief payments shall not be made
5 available to persons who are out-of-state residents or illegal
6 immigrants.

7 (5) State emergency relief payments for rent assistance shall
8 be distributed directly to landlords and shall not be added to
9 Michigan bridge cards.

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

15 Sec. 613. (1) The department shall provide reimbursements for
16 the final disposition of indigent persons. The reimbursements shall
17 include all of the following:

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

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

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

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

23 (2) Reimbursement for a cremation permit fee of up to \$75.00
24 and for mileage at the standard rate will be made available for an
25 eligible cremation. The reimbursements under this section shall
26 take into consideration religious preferences that prohibit
27 cremation.

28 (3) The department shall submit a report to the report
29 recipients required in section 246 of this part by January 31 of



1 the current fiscal year on burial services payments issued from the
2 state emergency relief program during the previous fiscal year. The
3 report shall include the number of payments by burial services
4 category for the following:

- 5 (a) Fetus or infant under age 1 month.
- 6 (b) Burial with memorial service.
- 7 (c) Burial without memorial service.
- 8 (d) Cremation with memorial service.
- 9 (e) Cremation without memorial service.
- 10 (f) Transportation of a donated or unclaimed body being
11 cremated.
- 12 (g) Cremation permit fee for an unclaimed body.
- 13 (h) Disposition of an unclaimed body.
- 14 (i) Payment where an irrevocable funeral agreement exists.
- 15 (j) An unclaimed body received by a university.

16 Sec. 614. The department shall submit a report to the report
17 recipients required in section 246 of this part by January 15 of
18 the current fiscal year on the number and percentage of state
19 disability assistance recipients who were determined to be eligible
20 for federal supplemental security income benefits in the previous
21 fiscal year.

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



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

5 Sec. 619. The department shall not deny title IV-A assistance
6 and food assistance benefits under 21 USC 862a to any individual
7 who has been convicted of a felony that included the possession,
8 use, or distribution of a controlled substance, for which the act
9 that resulted in the conviction occurred after August 22, 1996, if
10 the individual is not in violation of the individual's probation or
11 parole requirements.

12 Sec. 620. (1) The department shall make a determination of
13 Medicaid eligibility not later than 90 days after completion of a
14 Medicaid application if disability is an eligibility factor. For
15 all other Medicaid applicants, including patients of a nursing
16 home, the department shall make a determination of Medicaid
17 eligibility within 45 days after application.

18 (2) The department shall provide a semiannual report to the
19 report recipients required in section 246 of this part on the
20 number of recipients who were ineligible for Medicaid after
21 Medicaid eligibility redeterminations resumed after federal
22 continuous enrollment requirements. The report must include, in a
23 monthly data format, the number of recipients who had their
24 eligibility examined directly, through an ex parte eligibility
25 process, or through passive eligibility process. The report must
26 also include all baseline and monthly reports provided to CMS for
27 unwinding data reporting and the number of recipients who did not
28 respond to department contact through eligibility outreach or data
29 requests.



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

7 Sec. 653. From the funds appropriated in part 1 for food
8 assistance program benefits, an individual who is the victim of
9 domestic violence or human trafficking and does not qualify for any
10 other exemption may be exempt from the 3-month in 36-month limit on
11 receiving food assistance under 7 USC 2015. This exemption can be
12 extended an additional 3 months on demonstration of continuing
13 need.

14 Sec. 654. The department shall notify recipients of food
15 assistance program benefits that their benefits can be spent with
16 their bridge cards at many farmers' markets in the state. The
17 department shall also notify recipients about the Double Up Food
18 Bucks program that is administered by the Fair Food Network.
19 Recipients shall receive information about the Double Up Food Bucks
20 program, including information that when the recipient spends
21 \$20.00 at participating farmers' markets through the program, the
22 recipient can receive an additional \$20.00 to buy Michigan produce.

23 Sec. 655. Within 14 days after the spending plan for low-
24 income home energy assistance program is approved by the state
25 budget office, the department shall provide the spending plan,
26 including itemized projected expenditures and itemized expenditures
27 for the previous fiscal year, to the chairpersons of the senate and
28 house appropriations subcommittees on the department budget, the
29 senate and house fiscal agencies, the senate and house policy



1 offices, and the state budget office.

2 Sec. 660. From the funds appropriated in part 1 for Food Bank
3 Council of Michigan, the department shall allocate \$12,045,000.00
4 for the procurement and distribution of the Michigan agricultural
5 surplus system to distribute surplus produce to low-income
6 residents of this state.

7 Sec. 669. From the funds appropriated in part 1 for family
8 independence program - clothing allowance, the department shall
9 allocate \$10,000,000.00 for the annual clothing allowance. The
10 allowance shall be granted to all eligible children in a family
11 independence program group.

12 Sec. 670. From the funds appropriated in part 1 for food
13 assistance benefits - state supplementation, the department shall
14 allocate \$5,000,000.00 to food assistance program groups that
15 experienced a reduction in federal food assistance benefits due to
16 the cessation of pandemic-related increases. This supplementation
17 benefit is available only to food assistance program benefit groups
18 with an income that is at or below 50% of the federal poverty level
19 or a food assistance program benefit group with an individual at or
20 above 65 years of age with an income at or below 100% of the
21 federal poverty level.

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



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

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

25 (3) As used in this section:

26 (a) "Food assistance trafficking" means the buying and selling
27 of food assistance benefits for cash or items not authorized under
28 7 USC 2036b.

29 (b) "Inappropriate use" means not used to meet a family's



1 ongoing basic needs, including food, clothing, shelter, utilities,
2 household goods, personal care items, and general incidentals.

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

8 Sec. 678. From the funds appropriated in part 1 for family
9 independence program - small child supplemental payment, the
10 department shall provide a \$300.00 supplement semiannually for
11 every child under 6 years of age to families receiving cash
12 assistance for the current fiscal year.

13 Sec. 686. (1) The department shall confirm that individuals
14 presenting personal identification issued by another state seeking
15 assistance through the family independence program, food assistance
16 program, state disability assistance program, or medical assistance
17 program are not receiving benefits from any other state.

18 (2) The department shall confirm the address provided by any
19 individual seeking family independence program benefits or state
20 disability assistance benefits.

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

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

29 Sec. 687. (1) The department shall, in quarterly reports,



1 compile and make available on its website all of the following
2 information about the family independence program, state disability
3 assistance, the food assistance program, Medicaid, and state
4 emergency relief:

5 (a) The number of applications received.

6 (b) The number of applications approved.

7 (c) The number of applications denied.

8 (d) The number of applications pending and neither approved
9 nor denied.

10 (e) The number of cases opened.

11 (f) The number of cases closed.

12 (g) The number of cases at the beginning of the quarter and
13 the number of cases at the end of the quarter.

14 (2) The information provided under subsection (1) shall be
15 compiled and made available for the state as a whole and for each
16 county and reported separately for each program listed in
17 subsection (1).

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

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

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

25 (c) The number of cases sanctioned because of the school
26 truancy policy.

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

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



1 (f) The number of children 0-5 years of age living in family
2 independence program-sanctioned households.

3 Sec. 688. From the funds appropriated in part 1 for the low-
4 income home energy assistance program, the department shall make an
5 additional \$20.01 payment to each food assistance program case that
6 is not currently eligible for the standard utility allowance to
7 enable each case to receive expanded food assistance benefits
8 through the program commonly known as the heat and eat program.
9

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

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

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

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

28 Sec. 708. (1) As a condition of receiving funds appropriated
29 in part 1 for the child care fund line item, by October 15 of the



1 current fiscal year, counties shall have an approved service
2 spending plan for the current fiscal year. Counties must submit the
3 service spending plan for the following fiscal year to the
4 department by August 15 of the current fiscal year for approval. On
5 submission of the county service spending plan, the department
6 shall approve within 30 calendar days after receipt of a properly
7 completed service plan that complies with the requirements of the
8 social welfare act, 1939 PA 280, MCL 400.1 to 400.119b. The
9 department shall notify and submit county service spending plan
10 revisions to any county whose county service spending plan is not
11 accepted on initial submission. The department shall not request
12 any additional revisions to a county service spending plan outside
13 of the requested revision notification submitted to the county by
14 the department. The department shall notify a county within 30 days
15 after approval that its service plan was approved.

16 (2) Counties must submit amendments to current fiscal year
17 county service plans to the department no later than August 30.
18 Counties must submit current fiscal year payable estimates to the
19 department no later than September 15.

20 (3) The department shall submit a report to the report
21 recipients required in section 246 of this part by February 15 of
22 the current fiscal year on the number of counties that fail to
23 submit a service spending plan by August 15 of the previous fiscal
24 year and the number of service spending plans not approved by
25 October 15. The report shall include the number of county service
26 spending plans that were not approved as first submitted by the
27 counties, as well as the number of plans that were not approved by
28 the department after being resubmitted by the county with the first
29 revisions that were requested by the department.



1 Sec. 709. The department's master contract for juvenile
2 justice residential foster care services shall prohibit contractors
3 from denying a referral for placement of a youth, or terminating a
4 youth's placement, if the youth's assessed treatment needs are in
5 alignment with the facility's residential program type, as
6 identified by the court or the department. In addition, the master
7 contract shall require that youth placed in juvenile justice
8 residential foster care facilities must have regularly scheduled
9 treatment sessions with a licensed psychologist or a psychiatrist,
10 or both, and access to the licensed psychologist or a psychiatrist
11 as needed.

12 Sec. 715. (1) As a condition of receiving funds appropriated
13 in part 1 for raise the age fund, by deadlines established and
14 advised by the department, counties or tribal entities shall have
15 an approved raise the age fund budget plan for the following fiscal
16 year. Counties must submit the raise the age fund budget plan for
17 the current fiscal year to the department by February 1 of the
18 current fiscal year. The raise the age fund budget plan shall
19 specifically identify the types of costs to be reimbursed,
20 estimated costs for each item, and the total estimated cost to be
21 reimbursed. The types of costs to be reimbursed must comply with
22 the requirements of section 117i of the social welfare act, 1939 PA
23 280, MCL 400.117i. \$500,000.00 of the raise the age fund shall be
24 reserved for tribal entities. If total raise the age fund requests
25 from tribal entities are less than \$500,000.00, the funding may be
26 allocated to meet requests from counties. From the funds
27 appropriated in part 1 for raise the age fund, each county and
28 tribal entity eligible for reimbursement shall receive a minimum
29 \$10,000.00 allocation from the raise the age fund.



1 (2) County and tribal entity reimbursement from the raise the
 2 age fund is limited to eligible youth and items specifically
 3 identified in approved raise the age fund budget plans and shall
 4 not exceed the total estimated cost included in the approved raise
 5 the age fund budget plan.

6 (3) Counties must submit current fiscal year payable estimates
 7 for raise the age funds to the department by deadlines established
 8 and advised by the department. Counties and tribal entities must
 9 submit amendments to current fiscal year raise the age fund budget
 10 plans by deadlines established and advised by the department.

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

13 (a) Pre-adjudication eligible youth: A youth for whom a
 14 petition has been filed alleging the commission of a status or
 15 criminal offense on or after reaching 17 years of age, but before
 16 reaching 18 years of age.

17 (b) Post-adjudication eligible youth: A youth who has been
 18 adjudicated for a status or criminal offense for which a petition
 19 was filed alleging the commission of a status or criminal offense
 20 on or after reaching 17 years of age, but before reaching 18 years
 21 of age.

22

23 **LOCAL OFFICE OPERATIONS AND SUPPORT SERVICES**

24 Sec. 801. (1) The department shall submit a monthly report to
 25 the report recipients required in section 246 of this part on the
 26 most recent food assistance program error rate derived from the
 27 active cases, reported to the United States Department of
 28 Agriculture - Food and Nutrition Services for the supplemental
 29 nutrition assistance program.



1 (2) The department shall submit a report by April 1 to the
2 report recipients required in section 246 of this part on the
3 corrective action plan undertaken to lower food assistance program
4 error rates. The report must include the 10 local offices in the
5 prior fiscal year with the highest error rates and list the
6 specific actions and remedies undertaken in those offices. The
7 report must include the error rate by each local office, by month,
8 prior to an intervention, and then the monthly error rate for each
9 month after any intervention. The report must also include the
10 status of each local office that received a 4-month
11 precertification case read intervention completed by central office
12 staff in the prior fiscal year. The status update must include a
13 list of each local office that received the 4-month
14 precertification case reads and the measurements undertaken by the
15 department to ensure that the corrective action plans were
16 implemented and led to food assistance error rate decreases.

17 Sec. 802. From the funds appropriated in part 1 for local
18 office staff travel, the department shall allocate up to
19 \$100,000.00 annually toward reimbursing the out-of-pocket costs of
20 county board members and county department directors to attend
21 statewide meetings of the Michigan County Social Services
22 Association.

23 Sec. 805. (1) From the funds appropriated in part 1 for
24 critical health and wellness center operations, the department
25 shall allocate \$1,500,000.00 to operate a health and wellness hub
26 located in a county with a population between 66,600 and 66,700
27 according to the most recent federal decennial census that includes
28 an FQHC located on-site. The health and wellness hub shall provide
29 health services and child care services in a manner that increases



1 access to affordable services.

2 (2) With the funding described in this section, \$750,000.00
3 shall be allocated to a nonprofit organization organized under the
4 laws of this state that is exempt from federal income tax under
5 section 501(c)(3) of the internal revenue code of 1986, 26 USC 501,
6 located in a county with a population between 600,000 and 700,000
7 according to the most recent federal decennial census.

8 (3) With the funding described in this section, \$750,000.00
9 shall be allocated to an FQHC that operates in 6 counties in this
10 state and with the main office located in a county with a
11 population between 600,000 and 700,000 according to the most recent
12 federal decennial census.

13 Sec. 806. (1) From the funds appropriated in part 1 for equity
14 and minority health, the department shall allocate \$1,000,200.00 to
15 the office of equity and minority health within the department to
16 inform and disseminate the report required under section 2227 of
17 the public health code, 1978 PA 368, MCL 333.2227, to health care
18 providers, local health departments, nonprofit groups, and other
19 entities with an interest in equity and minority health.

20 (2) From the funds appropriated in part 1 for social
21 determinants of health hub, the department shall allocate
22 \$500,000.00 to a nonprofit organization organized under the laws of
23 this state that is exempt from federal income tax under section
24 501(c)(3) of the internal revenue code of 1986, 26 USC 501, located
25 in a city with a population between 80,000 and 82,000 according to
26 the most recent federal decennial census, that runs health equity
27 programs. The funding must be used to create a social determinants
28 of health hub, offer technical assistance to other communities
29 across the state, and provide multisector coordination necessary to



1 become a social determinants of health hub.

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

13 Sec. 808. By March 1 of the current fiscal year, the
14 department shall provide a report to the report recipients required
15 in section 246 of this part on the nutrition education program. The
16 report must include planned allocation and actual expenditures for
17 the supplemental nutrition assistance program education funding by
18 location of programs, planned and actual grant amounts for the
19 supplemental nutrition assistance program education funding by
20 location of programs, the total amount of expected carryforward
21 balance at the end of the current fiscal year for the supplemental
22 nutrition assistance program education funding, and for each
23 subgrantee program, a list of all supplemental nutrition assistance
24 program education funding programs by implementing agency with the
25 amount of funding allocated.

26 Sec. 825. From the funds appropriated in part 1, the
27 department shall provide individuals not more than \$2,000.00 for
28 vehicle repairs, including any repairs done in the previous 12
29 months. Payments under this section shall include the combined



1 total of payments made by the department and work participation
2 program.

3 Sec. 826. (1) From the funds appropriated in part 1 for local
4 office policy and administration, not less than \$300,000.00 shall
5 be allocated for the department to contract with the Prosecuting
6 Attorneys Association of Michigan to provide the support and
7 services necessary to increase the capability of the state's
8 prosecutors, adult protective service system, and criminal justice
9 system to effectively identify, investigate, and prosecute elder
10 abuse and financial exploitation.

11 (2) By March 1 of the current fiscal year, the Prosecuting
12 Attorneys Association of Michigan shall provide a report to the
13 department on the efficacy of the contract. The department shall
14 submit the report to the report recipients required in section 246
15 of this part within 30 days after receiving the report from the
16 Prosecuting Attorneys Association of Michigan.

17 Sec. 827. (1) From the funds appropriated in part 1 for local
18 office policy and administration, the department shall allocate
19 \$812,000.00 to implement a pilot program with the goals of creating
20 a statewide peer-led reentry program, establishing industry
21 standards for peer mentoring focused on reentry, and creating
22 economic mobility for formerly incarcerated people through
23 workforce development.

24 (2) Funding under subsection (1) must be used to provide peer-
25 led group mentoring along with 1-on-1 mentoring to improve housing,
26 education, employment, and access to health care and insurance.
27 Funding for the pilot program must also be used to improve access
28 to transportation, provide positive peer social support, and
29 improve civic engagement outcomes.



1 (3) The independent program evaluation of the pilot program is
2 to be conducted by Wayne State University and must be made
3 available to all members of the senate and house subcommittees on
4 the department budget.

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

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

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

21 (a) Meeting a standard of promptness for processing
22 applications for Medicaid and other public assistance programs
23 under state law.

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

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

29 (5) The department shall classify as limited-term FTEs any new



1 employees who are hired to fulfill the donated funds position
 2 contracts or are hired to fill any vacancies from employees who
 3 transferred to a donated funds position.

4 Sec. 851. From the funds appropriated in part 1 for adult
 5 services local office staff, the department shall seek to reduce
 6 the number of older adults who are victims of crime and fraud by
 7 increasing the standard of promptness in every county, as measured
 8 by commencing an investigation within 24 hours after a report is
 9 made to the department, establishing face-to-face contact with the
 10 client within 72 hours after a report is made to the department,
 11 and completing the investigation within 30 days after a report is
 12 made to the department.

13

14 **DISABILITY DETERMINATION SERVICES**

15 Sec. 890. From the funds appropriated in part 1 for disability
 16 determination services, the department shall maintain the unit
 17 rates in effect on September 30, 2019 for medical consultants
 18 performing disability determination services, including physicians,
 19 psychologists, and speech-language pathologists.

20

21 **BEHAVIORAL HEALTH SERVICES ADMINISTRATION AND SPECIAL PROJECTS**

22 Sec. 901. The funds appropriated in part 1 are intended to
 23 support a system of comprehensive community mental health services
 24 under the full authority and responsibility of local CMHSPs or
 25 PIHPs in accordance with the mental health code, 1974 PA 258, MCL
 26 330.1001 to 330.2106, the Medicaid provider manual, federal
 27 Medicaid waivers, and all other applicable federal and state laws.

28 Sec. 902. (1) From the funds appropriated in part 1, final
 29 authorizations to CMHSPs or PIHPs shall be made on the execution of



1 contracts between the department and CMHSPs or PIHPs. The contracts
2 shall contain an approved plan and budget as well as policies and
3 procedures governing the obligations and responsibilities of both
4 parties to the contracts. Each contract with a CMHSP or PIHP that
5 the department is authorized to enter into under this subsection
6 shall include a provision that the contract is not valid unless the
7 total dollar obligation for all of the contracts between the
8 department and the CMHSPs or PIHPs entered into under this
9 subsection for the current fiscal year does not exceed the amount
10 of money appropriated in part 1 for the contracts authorized under
11 this subsection.

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

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

17 (b) The department amends any contracts the department has
18 entered into with CMHSPs or PIHPs that would affect rates or
19 expenditures.

20 (3) The report required by subsection (2) shall include
21 information about the changes to the contracts and their effects on
22 rates and expenditures.

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

28 (2) The report required under subsection (1) shall contain,
29 unless otherwise noted, information for each CMHSP, PIHP, and



1 designated regional entity for substance use disorder prevention
2 and treatment, and a statewide summary, each of which shall include
3 at least the following information:

4 (a) A statewide summary of the demographic description of
5 service recipients that, minimally, shall include reimbursement
6 eligibility, client population, age, ethnicity, housing
7 arrangements, and diagnosis.

8 (b) Per capita expenditures in total and by client population
9 group.

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

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

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

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

25 (ii) The number of individuals who requested services but did
26 not receive services.

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



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

4 (h) Performance indicator information required to be submitted
5 to the department in the contracts with CMHSPs, PIHPs, and
6 designated regional entities for substance use disorder prevention
7 and treatment.

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

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

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

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

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

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

29 (4) The department shall include data reporting requirements



1 listed in subsections (2) and (3) in the annual contract with each
2 individual CMHSP, PIHP, and designated regional entity for
3 substance use disorder prevention and treatment.

4 (5) The department shall take all reasonable actions to ensure
5 that the data required are complete and consistent among all
6 CMHSPs, PIHPs, and designated regional entities for substance use
7 disorder prevention and treatment.

8 Sec. 907. (1) The amount appropriated in part 1 for community
9 substance use disorder prevention, education, and treatment shall
10 be expended to coordinate care and services provided to individuals
11 with severe and persistent mental illness and substance use
12 disorder diagnoses.

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

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

20 Sec. 909. From the funds appropriated in part 1 for health
21 homes, the department shall use available revenue from the
22 marihuana regulatory fund established in section 604 of the medical
23 marihuana facilities licensing act, 2016 PA 281, MCL 333.27604, to
24 improve physical health, expand access to substance use disorder
25 prevention and treatment services, and strengthen the existing
26 prevention, treatment, and recovery systems.

27 Sec. 910. The department shall ensure that substance use
28 disorder treatment is provided to applicants and recipients of
29 public assistance through the department who are required to obtain



1 substance use disorder treatment as a condition of eligibility for
2 public assistance.

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

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

18 Sec. 912. The department shall contract directly with the
19 Salvation Army Harbor Light program, at an amount not less than the
20 amount provided during the fiscal year ending September 30, 2020,
21 to provide non-Medicaid substance use disorder services if the
22 local coordinating agency or the department confirms the Salvation
23 Army Harbor Light program meets the standard of care. The standard
24 of care shall include, but is not limited to, utilization of the
25 medication assisted treatment option.

26 Sec. 913. (1) From the funds appropriated in part 1 for
27 behavioral health program administration, the department shall
28 allocate \$1,025,000.00 for the autism navigator program. The
29 department shall require any contractor receiving funds under this



1 section to comply with performance-related metrics to maintain
2 eligibility for funding. The performance-related metrics shall
3 include, but not be limited to, all of the following:

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

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

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

9 (d) Each contractor shall provide quarterly reports to the
10 department regarding the number of clients served by PIHP region,
11 units of service provision by PIHP region, and ability to meet
12 their stated goals.

13 (2) The department shall require an annual report from any
14 contractor receiving funding from this section. The annual report,
15 due to the department 60 days following the end of the contract
16 period, shall include specific information on services and programs
17 provided, the client base to which the services and programs were
18 provided, and the expenditures for those services. The department
19 shall submit the annual reports to the report recipients required
20 in section 246 of this part.

21 Sec. 914. By June 1 of the current fiscal year, the department
22 shall submit a report to the report recipients required in section
23 246 of this part on outcomes of the funds provided in part 1 to the
24 Michigan Child Collaborative Care (MC3). The outcomes reported must
25 include, but is not limited to, the number of same-day telephone
26 consultations with primary care providers and the number of local
27 resource recommendations made to primary care providers who are
28 providing medical care to patients who need behavioral health
29 services.



1 Sec. 915. From the funds appropriated in part 1 for community
2 substance use disorder prevention, education, and treatment and
3 opioid response activities, the department shall, to the extent
4 possible, provide grants, pursuant to federal laws, rules, and
5 regulations, to local public entities that provide substance use
6 disorder services and to 1 private entity that has a statewide
7 contract to provide community-based substance use disorder
8 services.

9 Sec. 917. From the funds appropriated in part 1 for opioid
10 response activities, the department shall allocate \$23,200,000.00
11 from the Michigan opioid healing and recovery fund created under
12 section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253,
13 in the following manner:

14 (a) The department shall allocate \$1,000,000.00 to a coalition
15 located in a county with a population of at least 1,500,000
16 according to the most recent federal decennial census with an aim
17 to lead and support communities to dispel the myths and stigmas
18 about drug addiction through public education, sharing stories of
19 recovery, partnering with local and state leaders, creating
20 positive social changes, and providing recovery support services
21 for those in need.

22 (b) The department shall allocate \$3,500,000.00 to a coalition
23 located in a county with a population of at least 1,500,000
24 according to the most recent federal decennial census with an aim
25 to provide a continuum of services to stabilize and improve
26 symptoms of substance abuse disorder and opioid use disorder, and
27 to engage individuals in an appropriate treatment service to
28 address the problem that led to the crisis.

29 (c) The department shall allocate a grant of \$5,000,000.00 to



1 a substance use recovery community collaborative made up of a
2 partnership of recovery focused organizations in order to provide
3 funding of up to \$250,000.00 per grant award to a recovery
4 community organization as described in section 237b of the mental
5 health code, 1974 PA 258, MCL 330.1273b.

6 (d) The department shall allocate \$2,500,000.00 to a nonprofit
7 organization organized under the laws of this state that is exempt
8 from federal income tax under section 501(c)(3) of the internal
9 revenue code of 1986, 26 USC 501, and that has its headquarters in
10 a charter township with a population between 100,000 and 105,000
11 and is within a county with a population between 700,000 and
12 1,000,000, according to the most recent federal decennial census.
13 To be eligible to receive funding, the nonprofit organization must
14 have a stated mission to offer community-based, compassionate,
15 best-practice/evidence-based services to those suffering from
16 addiction, as well as their loved ones, and to erase the stigma of
17 addiction and instill compassion and hope.

18 (e) The department shall allocate a grant of \$2,800,000.00 for
19 costs related to a women's recovery center and a men's campus to a
20 nonprofit organization organized under the laws of this state that
21 is exempt from federal income tax under section 501(c)(3) of the
22 internal revenue code of 1986, 26 USC 501, and accredited by CARF
23 international with a mission to empower recovery through hope and
24 change and that provides a variety of behavioral health services
25 across the Upper Peninsula.

26 Sec. 918. On a quarterly basis, providing monthly data, the
27 department shall submit a report to the report recipients required
28 in section 246 of this part on the amount of funding paid to PIHPs
29 to support the Medicaid managed mental health care program. The



1 information shall include the total paid to each PIHP, per capita
2 rate paid for each eligibility group for each PIHP, and number of
3 cases in each eligibility group for each PIHP, and year-to-date
4 summary of eligibles and expenditures for the Medicaid managed
5 mental health care program.

6 Sec. 920. (1) As part of the Medicaid rate-setting process for
7 behavioral health services, the department shall work with PIHP
8 network providers and actuaries to include any state and federal
9 wage and compensation increases that directly impact staff who
10 provide Medicaid-funded community living supports, personal care
11 services, respite services, skill-building services, and other
12 similar supports and services as part of the Medicaid rate.

13 (2) It is the intent of the legislature that any increased
14 Medicaid rate related to state minimum wage increases shall also be
15 distributed to direct care employees.

16 Sec. 924. From the funds appropriated in part 1 for autism
17 services, for the purposes of actuarially sound rate certification
18 and approval for Medicaid behavioral health managed care programs,
19 the department shall maintain a fee schedule for autism services
20 reimbursement rates for direct services. Expenditures used for rate
21 setting shall not exceed those identified in the fee schedule. The
22 rates for behavioral technicians shall not be less than \$52.35 per
23 hour and not more than \$57.35 per hour.

24 Sec. 926. (1) From the funds appropriated in part 1 for
25 community substance use disorder prevention, education, and
26 treatment, \$1,000,000.00 is allocated for a specialized substance
27 use disorder detoxification project administered by a 9-1-1 service
28 district in conjunction with a substance use and case management
29 provider and at a hospital within a 9-1-1 services district with at



1 least 600,000 residents and 15 member communities within a county
2 with a population of at least 1,500,000 according to the most
3 recent federal decennial census.

4 (2) The substance use and case management provider receiving
5 funds under this section shall collect and submit to the department
6 data on the outcomes of the project throughout the duration of the
7 project and the department shall submit a report on the project's
8 outcomes to the report recipients required in section 246 of this
9 part.

10 Sec. 927. (1) The department shall, in consultation with the
11 Community Mental Health Association of Michigan, establish,
12 maintain, and review as necessary, a uniform community mental
13 health services auditing process for use by CMHSPs and PIHPs.

14 (2) The uniform auditing process required under this section
15 must do all of the following:

16 (a) Create uniformity in the collection of data and consistent
17 measurement of the quality, efficacy, and cost effectiveness of
18 provided services and supports.

19 (b) Establish a uniform audit tool that contains information
20 necessary for the uniform community mental health services auditing
21 process and adheres to national standards.

22 (c) Strive to meet the needs of community mental health
23 service beneficiaries and meet all statewide audit requirements.

24 (d) Maintain audit responsibility at the local agency level.

25 (3) By March 1 of the current fiscal year, the department
26 shall submit a report to the report recipients required in section
27 246 of this part on the implementation status of the uniform
28 auditing process and any barriers to implementation.

29 (4) A state department or agency that provides, either



1 directly or through a contract, community mental health services
2 and supports must comply with the uniform auditing process and
3 utilize the audit tool maintained by the department. All forms,
4 processes, and contracts used by the state that relate to the
5 provision of community mental health services and supports must
6 comply with the uniform auditing process.

7 (5) As used in this section, "national standards" means
8 standards established by a national accrediting entity such as the
9 Joint Commission, Commission on Accreditation of Rehabilitation
10 Facilities, Council on Accreditation, National Committee for
11 Quality Assurance, or other credible body approved by the
12 department.

13 Sec. 928. (1) Each PIHP shall provide, from internal
14 resources, local funds to be used as a part of the state match
15 required under the Medicaid program in order to increase capitation
16 rates for PIHPs. These funds must not include either state funds
17 received by a CMHSP for services provided to non-Medicaid
18 recipients or the state matching portion of the Medicaid capitation
19 payments made to a PIHP.

20 (2) It is the intent of the legislature that any funds that
21 lapse from the funds appropriated in part 1 for Medicaid mental
22 health services are redistributed to individual CMHSPs as a
23 reimbursement of local funds on a proportional basis to those
24 CMHSPs whose local funds were used as state Medicaid match. By
25 April 1 of the current fiscal year, the department shall submit a
26 report to the report recipients required in section 246 of this
27 part on the lapse by PIHP from the previous fiscal year and the
28 projected lapse by PIHP in the current fiscal year.

29 Sec. 935. A county required under the provisions of the mental



1 health code, 1974 PA 258, MCL 330.1001 to 330.2106, to provide
2 matching funds to a CMHSP for mental health services rendered to
3 residents in its jurisdiction shall pay the matching funds in equal
4 installments on not less than a quarterly basis throughout the
5 fiscal year, with the first payment being made by October 1 of the
6 current fiscal year.

7 Sec. 940. (1) According to section 236 of the mental health
8 code, 1974 PA 258, MCL 330.1236, the department shall review
9 expenditures for each CMHSP to identify CMHSPs with projected
10 allocation surpluses and to identify CMHSPs with projected
11 allocation shortfalls. The department shall encourage the board of
12 a CMHSP with a projected allocation surplus to concur with the
13 department's recommendation to reallocate those funds to CMHSPs
14 with projected allocation shortfalls.

15 (2) A CMHSP that has its funding allocation transferred out
16 during the current fiscal year as described in subsection (1) is
17 not eligible for any additional funding reallocations during the
18 remainder of the current fiscal year, unless that CMHSP is
19 responding to a public health emergency as determined by the
20 department.

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

24 (4) The department shall notify the chairs of the
25 appropriation subcommittees on the department budget when a request
26 is made and when the department grants approval for reallocation as
27 described in subsection (1). By September 30 of the current fiscal
28 year, the department shall submit a report on the amount of funding
29 reallocated to the report recipients required in section 246 of



1 this part.

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

7 Sec. 950. (1) The department shall create a workgroup that
8 includes representatives of the department, the Michigan
9 Guardianship Association, probate court judges that oversee cases
10 with court-appointed guardians, and the Community Mental Health
11 Association of Michigan to develop a funding method for clients for
12 which a court-appointed guardian receives no fee.

13 (2) The funding method developed by the workgroup under
14 subsection (1) must include all of the following:

15 (a) A certification requirement and process for obtaining
16 certification for court-appointed professional guardians.

17 (b) A requirement that funding distributed under this section
18 is only used to reimburse certified court-appointed professional
19 guardians. This does not include family guardians or guardians of
20 minor children.

21 (c) A process by which the certified court-appointed
22 professional guardian shall register with the state as a vendor for
23 provision of court-appointed guardian services. This process may be
24 the same as the process used for court-appointed guardians who hold
25 a contract with the department for oversight of adult protective
26 services cases.

27 (d) A requirement that a certified court-appointed
28 professional guardian is reimbursed \$83.00 per eligible client per
29 month.



1 (e) A requirement that if a certified court-appointed
 2 professional guardian receives payment for a case from any other
 3 source of funding, the \$83.00 per eligible client per month is
 4 reduced by an amount equal to the amount of funding received from
 5 any other source of funding.

6 (f) A requirement that funds are dispersed on a monthly basis
 7 for cases overseen in the previous month.

8 (g) A requirement that only indigent cases are cases eligible
 9 for reimbursement under this section.

10 (3) The department shall submit a report by February 1 of the
 11 current fiscal year to the report recipients required in section
 12 246 of this part on the funding methodology developed under this
 13 section. The report must include all of the following:

14 (a) The estimated cost broken down by 1-time implementation
 15 costs and ongoing costs.

16 (b) The anticipated number of cases funded through the
 17 proposed methodology.

18 (c) A timeline for implementation of the proposed methodology.

19 Sec. 960. (1) From the funds appropriated in part 1 for autism
 20 services, the department shall continue to cover all Medicaid
 21 autism services to Medicaid enrollees eligible for the services
 22 that were covered on January 1, 2019.

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

25 (a) By March 1 of the current fiscal year, develop and
 26 implement specific written guidance for standardization of Medicaid
 27 PIHPs and CMHSPs autism spectrum disorder administrative services,
 28 including, but not limited to, reporting requirements, coding, and
 29 reciprocity of credentialing and training between PIHPs and CMHSPs



1 to reduce administrative duplication at the PIHP, CMHSP, and
2 service provider levels.

3 (b) Require consultation with the client's evaluation
4 diagnostician and PIHP to approve the client's ongoing therapy for
5 3 years, unless the client's evaluation diagnostician recommended
6 an evaluation before the 3 years or if a clinician on the treatment
7 team recommended an evaluation for the client before the third
8 year.

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

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

13 (ii) A physician with a subspecialty in developmental
14 pediatrics, development-behavioral pediatrics, or a related
15 discipline.

16 (iii) A physician with a specialty in pediatrics or other
17 appropriate specialty with training, experience, or expertise in
18 autism spectrum disorders or behavioral health.

19 (iv) A psychologist with a specialty in clinical child
20 psychology, behavioral and cognitive psychology, or clinical
21 neuropsychology, or other appropriate specialty with training,
22 experience, or expertise in autism spectrum disorders or behavioral
23 health.

24 (v) A clinical social worker with at least 1 year of
25 experience working within the clinical social worker's scope of
26 practice who is qualified and experienced in diagnosing autism
27 spectrum disorders.

28 (vi) An advanced practice registered nurse with training,
29 experience, or expertise in autism spectrum disorders or behavioral



1 health.

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

4 (d) Require that a client whose initial diagnosis was
5 performed by a diagnostician with master's level credentials have
6 their diagnosis and treatment recommendations reviewed by a
7 physician, psychiatric nurse practitioner, physician's assistant
8 with training, experience, or expertise in autism spectrum
9 disorders or behavioral health, or fully credentialed psychologist.

10 (e) Allow and expand the utilization of telemedicine and
11 telepsychiatry to increase access to diagnostic evaluation
12 services.

13 (f) Coordinate with the department of insurance and financial
14 services on oversight for compliance with the Paul Wellstone and
15 Pete Domenici mental health parity and addiction equity act of
16 2008, Public Law 110-343, as it relates to autism spectrum disorder
17 services, to ensure appropriate cost sharing between public and
18 private payers.

19 (g) Require that Medicaid eligibility be confirmed through
20 prior evaluations conducted by physicians, psychiatric nurse
21 practitioners, physician's assistant with training, experience, or
22 expertise in autism spectrum disorders or behavioral health, or
23 fully credentialed psychologists to the extent possible.

24 (h) Maintain regular statewide provider trainings on autism
25 spectrum disorder standard clinical best practice guidelines for
26 treatment and diagnostic services.

27 (3) By March 1 of the current fiscal year, the department
28 shall submit a report to the report recipients required in section
29 246 of this part on total autism services spending broken down by



1 PIHP and CMHSP for the previous fiscal year and current fiscal year
2 and total administrative costs broken down by PIHP, CMHSP, and the
3 type of administrative cost for the previous fiscal year and
4 current fiscal year.

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

9 Sec. 964. By October 1 of the current fiscal year, the
10 department shall submit a report to the report recipients required
11 in section 246 of this part on the status of implementing the
12 standardized fee schedule for Medicaid behavioral health services
13 and supports and on the limitations preventing the implementation.

14 Sec. 965. From the funds appropriated in part 1, the
15 department and the PIHPs shall maintain the comparison rates and
16 any associated reimbursement rates of the bundled rate H0020 for
17 the administration and services of methadone at \$19.00.

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

29 Sec. 974. The department and PIHPs shall allow an individual



1 with an intellectual or developmental disability who receives
2 supports and services from a CMHSP to instead receive supports and
3 services from another provider if the individual shows that the
4 individual is eligible and qualified to receive supports and
5 services from another provider. Other providers may include, but
6 are not limited to, MIChoice and program of all-inclusive care for
7 the elderly (PACE). The department may contract with an independent
8 person-planning company to coordinate the services described in
9 this section.

10 Sec. 977. From the funds appropriated in part 1 for community
11 substance use disorder prevention, education, and treatment,
12 \$600,000.00 is allocated as grants to high schools specifically
13 designated for students recovering from a substance use disorder in
14 accordance with section 273a of the mental health code, 1974 PA
15 258, MCL 330.1273a.

16 Sec. 978. From the funds appropriated in part 1 for community
17 substance use disorder prevention, education, and treatment, the
18 department shall allocate \$1,200,000.00 as grants for recovery
19 community organizations to offer or expand recovery support center
20 services or recovery community center services to individuals
21 seeking long-term recovery from substance use disorders in
22 accordance with section 273b of the mental health code, 1974 PA
23 258, MCL 330.1273b.

24 Sec. 979. If funds become available, the department shall seek
25 the appropriate federal approvals to allow for the utilization of
26 Medicaid funding for services provided at adult psychiatric
27 residential treatment facilities. By March 1 of the current fiscal
28 year, the department shall submit a report on its progress toward
29 receiving the appropriate federal approvals to allow for federal



1 Medicaid reimbursements for services provided at adult psychiatric
 2 residential treatment facilities to the report recipients required
 3 in section 246 of this part.

4 Sec. 995. (1) From the funds appropriated in part 1 for mental
 5 health diversion council, the department shall allocate
 6 \$3,850,000.00 to continue to implement the jail diversion pilot
 7 programs intended to address the recommendations of the mental
 8 health diversion council.

9 (2) By March 1 of the current fiscal year, the department
 10 shall submit a report to the report recipients required in section
 11 246 of this part on the planned allocation of the funds
 12 appropriated for mental health diversion council.

13 Sec. 996. From the funds appropriated in part 1 for family
 14 support subsidy, the department shall make monthly payments of
 15 \$300.36 to the parents or legal guardians of children approved for
 16 the family support subsidy by a CMHSP.

17 Sec. 997. The population data used in determining the
 18 distribution of substance use disorder block grant funds shall be
 19 from the most recent federal data from the United States Census
 20 Bureau.

21 Sec. 998. For distribution of state general funds to CMHSPs,
 22 if the department decides to use census data, the department shall
 23 use the most recent federal data from the United States Census
 24 Bureau.

25

26 **BEHAVIORAL HEALTH SERVICES**

27 Sec. 1001. By December 31 of the current fiscal year, each
 28 CMHSP shall submit a report to the department that identifies
 29 populations being served by the CMHSP broken down by program



1 eligibility category. The report shall also include the percentage
2 of the operational budget that is related to program eligibility
3 enrollment. By February 15 of the current fiscal year, the
4 department shall submit the report described in this section to the
5 report recipients required in section 246 of this part.

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

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

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

22 (2) By September 30 of the current fiscal year, the department
23 shall provide a report to the report recipients required in section
24 246 of this part on the number of individuals being served and
25 expenditures incurred by each PIHP region by site.

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

27 (a) Work to reduce administration costs by ensuring that PIHP
28 and CMHSP responsible functions are efficient in allowing optimal
29 transition of dollars to those direct services considered most



1 effective in assisting individuals served. Any consolidation of
 2 administrative functions must demonstrate, by independent analysis,
 3 a reduction in dollars spent on administration resulting in greater
 4 dollars spent on direct services. Savings resulting from increased
 5 efficiencies shall not be applied to PIHP and CMHSP net assets,
 6 internal service fund increases, building costs, increases in the
 7 number of PIHP and CMHSP personnel, or other areas not directly
 8 related to the delivery of improved services.

9 (b) Take an active role in managing mental health care by
 10 ensuring consistent and high-quality service delivery throughout
 11 its network and promote a conflict-free care management
 12 environment.

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

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

18 Sec. 1010. (1) The funds appropriated in part 1 for behavioral
 19 health community supports and services must be used to reduce
 20 waiting lists at state-operated hospitals and centers through cost-
 21 effective community-based and residential services, including, but
 22 not limited to, assertive community treatment (ACT), forensic
 23 assertive community treatment (FACT), crisis stabilization units in
 24 accordance with chapter 9A of the mental health code, 1974 PA 258,
 25 MCL 330.1971 to 330.1979, and psychiatric residential treatment
 26 facilities in accordance with section 137a of the mental health
 27 code, 1974 PA 258, MCL 330.1137a.

28 (2) From the funds appropriated in part 1 for behavioral
 29 health community supports and services, the department shall



1 allocate \$30,450,000.00 to reimburse private providers for
2 intensive psychiatric treatments and services outside of state-
3 operated hospitals and centers and support efforts related to the
4 oversight of community-based programs placement.

5 (3) If the private provider has an existing wait list for
6 intensive psychiatric treatments and services, any reimbursements
7 to private providers under this section must not be conditional on
8 private providers giving wait-list priority to state-paid
9 individuals.

10 Sec. 1011. To the extent permissible under section 919 of the
11 mental health code, 1974 PA 258, MCL 330.1919, the funds
12 appropriated in part 1 for behavioral health services may be used
13 to reimburse out-of-state providers of crisis resolution services
14 and outpatient services if the out-of-state provider is enrolled as
15 a state Medicaid provider and the out-of-state provider is located
16 closer to the client's home than an in-state provider.

17 Sec. 1012. From the funds appropriated in part 1, the
18 department shall expand the scope of Michigan 1115 Behavioral
19 Health Demonstration waiver number 11-W-00305/5 by seeking approval
20 to authorize federal Medicaid matching funds for reimbursement to
21 institutions for mental diseases for inpatient, residential, and
22 other services provided to Medicaid enrolled individuals with
23 behavioral health diagnoses, including serious mental illnesses,
24 serious emotional disturbances, and substance use disorders. The
25 amended waiver must include Medicaid coverage for services,
26 including care management, clinical consultation, peer services,
27 and pharmaceutical management, up to 30 days prior to discharge for
28 individuals who have long-term stays in state psychiatric centers
29 and hospitals and a substance use disorder. Services provided must



1 include, but not be limited to, crisis services, respite, step down
2 and short-term residential services, intensive community support
3 services, and crisis diversion centers. The primary goals of the
4 waiver amendment include a reduction of inpatient and transitional
5 residential length of stays, community integration and maintenance
6 with a focus on recovery, and an overall reduced cost of care. By
7 May 1 of the current fiscal year, the department shall submit a
8 report to the report recipients required in section 246 of this
9 part on the status of the amended waiver submission and steps
10 undertaken to implement the waiver.

11 Sec. 1014. (1) From the funds appropriated in part 1 to
12 agencies providing physical and behavioral health services to
13 multicultural populations, the department shall award grants in
14 accordance with the requirements of subsection (2). This state is
15 not liable for any spending above the contract amount. The
16 department shall not release funds until reporting requirements
17 under section 1014 of article 6 of 2021 PA 87 are satisfied.

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

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

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

28 (c) Each contractor shall validate that any subcontractors
29 utilized within these appropriations share the same mission as the



1 lead agency receiving funding.

2 (d) Each contractor or subcontractor shall demonstrate cost-
3 effectiveness.

4 (e) Each contractor or subcontractor shall ensure their
5 ability to leverage private dollars to strengthen and maximize
6 service provision.

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

10 (3) The department shall require an annual report from the
11 contractors described in subsection (2). The annual report, due 60
12 days following the end of the contract period, shall include
13 specific information on services and programs provided, the client
14 base to which the services and programs were provided, information
15 on any wraparound services provided, and the expenditures for those
16 services. By February 1 of the current fiscal year, the department
17 shall submit the annual reports to the report recipients required
18 in section 246 of this part.

19 Sec. 1015. From the funds appropriated in part 1 for federal
20 mental health block grant, the department shall, to the extent
21 possible, provide grants, pursuant to federal laws, rules, and
22 regulations, to local public entities that provide mental health
23 services and to 1 private entity that has a statewide contract to
24 provide community-based mental health services.

25

26 **STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES**

27 Sec. 1051. The department shall continue a revenue recapture
28 project to generate additional revenues from third parties related
29 to cases that have been closed or are inactive. A portion of



1 revenues collected through project efforts may be used for
2 departmental costs and contractual fees associated with these
3 retroactive collections and to improve ongoing departmental
4 reimbursement management functions.

5 Sec. 1052. The purpose of gifts and bequests for patient
6 living and treatment environments is to use additional private
7 funds to provide specific enhancements for individuals residing at
8 state-operated facilities. Use of the gifts and bequests shall be
9 consistent with the stipulation of the donor. The expected
10 completion date for the use of gifts and bequests donations is
11 within 3 years unless otherwise stipulated by the donor.

12 Sec. 1055. (1) The department shall not implement any closures
13 or consolidations of state hospitals, centers, or agencies until
14 CMHSPs or PIHPs have programs and services in place for those
15 individuals currently in those facilities and a plan for service
16 provision for those individuals who would have been admitted to
17 those facilities.

18 (2) All closures or consolidations are dependent on adequate
19 department-approved CMHSP and PIHP plans that include a discharge
20 and aftercare plan for each individual currently in the facility. A
21 discharge and aftercare plan shall address the individual's housing
22 needs. A homeless shelter or similar temporary shelter arrangements
23 are inadequate to meet the individual's housing needs.

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

28 (4) On the closure of state-run operations and after
29 transitional costs have been paid, the remaining balances of funds



1 appropriated for that operation shall be transferred to CMHSPs or
2 PIHPs responsible for providing services for individuals previously
3 served by the operations.

4 Sec. 1056. The department may collect revenue for patient
5 reimbursement from first- and third-party payers, including
6 Medicaid and local county CMHSP payers, to cover the cost of
7 placement in state hospitals and centers. The department is
8 authorized to adjust financing sources for patient reimbursement
9 based on actual revenues earned. If the revenue collected exceeds
10 current year expenditures, the revenue may be carried forward with
11 approval of the state budget director. The revenue carried forward
12 shall be used as a first source of funds in the subsequent year.

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

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

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

26 (b) The average wait time from the time of the receipt of the
27 court order for treatment for individuals determined incompetent to
28 stand trial until admission to other state-operated psychiatric
29 facilities.



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

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

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

10 (f) The number of individuals determined not guilty by reason
11 of insanity or incompetent to stand trial by an order of a probate
12 court that have been determined to be ready for discharge to the
13 community, and the average wait time between being determined to be
14 ready for discharge to the community and actual community
15 placement.

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

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

20 (2) By March 1 of the current fiscal year, the department
21 shall submit a report to the report recipients required in section
22 246 of this part on the outcomes and performance measures in
23 subsection (1).

24 Sec. 1060. By March 1 of the current fiscal year, the
25 department shall submit a report on mandatory overtime, staff
26 turnover, and staff retention at the state psychiatric hospitals
27 and centers to the report recipients required in section 246 of
28 this part. The report shall include, but is not limited to, the
29 following:



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

4 (b) A breakdown of voluntary and mandatory overtime hours
 5 worked by position and by hospital, and how that compares to the
 6 breakdown of voluntary and mandatory overtime hours during the
 7 previous fiscal year.

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

10 Sec. 1061. The funds appropriated in part 1 for Caro Regional
 11 Mental Health Center shall only be utilized to support a
 12 psychiatric hospital located at its current location. It is the
 13 intent of the legislature that the Caro Regional Mental Health
 14 Center shall remain open and operational at its current location on
 15 an ongoing basis. Capital outlay funding shall be utilized for
 16 planning and construction of a new or updated facility at the
 17 current location instead of at a new location.

18 Sec. 1063. (1) From the funds appropriated in part 1 for
 19 Hawthorn Center - psychiatric hospital - children and adolescents,
 20 the department shall maintain a psychiatric transitional unit and
 21 children's transition support team. These programs shall augment
 22 the continuum of behavioral health services for high-need youth and
 23 provide additional continuity of care and transition into
 24 supportive community-based services.

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

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

29 (b) The measured change in the Child and Adolescent Functional



1 Assessment Scale for children served through these programs.

2
3 **HEALTH AND HUMAN SERVICES POLICY AND INITIATIVES**

4 Sec. 1140. From the funds appropriated in part 1 for primary
5 care services, \$400,000.00 shall be allocated to free health
6 clinics operating in the state. The department shall distribute the
7 funds equally to each free health clinic. For the purpose of this
8 appropriation, "free health clinics" means nonprofit organizations
9 that use volunteer health professionals to provide care to
10 uninsured individuals.

11 Sec. 1143. From the funds appropriated in part 1 for primary
12 care services, the department shall allocate no less than
13 \$675,000.00 for island primary health care access and services
14 including island clinics, in the following amounts:

- 15 (a) Beaver Island, \$250,000.00.
16 (b) Mackinac Island, \$250,000.00.
17 (c) Drummond Island, \$150,000.00.
18 (d) Bois Blanc Island, \$25,000.00.

19 Sec. 1145. The department will take steps necessary to work
20 with Indian Health Service, tribal health program facilities, or
21 Urban Indian Health Program facilities that provide services under
22 a contract with a Medicaid managed care entity to ensure that those
23 facilities receive the maximum amount allowable under federal law
24 for Medicaid services.

25 Sec. 1147. From the funds appropriated in part 1 for cellular
26 therapy program, \$750,000.00 shall be allocated to Versiti Blood
27 Center for a cord blood bank. The funds shall be used to enhance
28 the collection of fetal umbilical cord blood and stem cells for
29 transplant, expand cord blood laboratory capabilities, and expand



1 the diversity of collections.

2 Sec. 1151. (1) The department shall coordinate with the
3 department of licensing and regulatory affairs, the department of
4 the attorney general, all appropriate law enforcement agencies, and
5 the Medicaid health plans to work with local substance use disorder
6 agencies and addiction treatment providers to help inform Medicaid
7 beneficiaries of all medically appropriate treatment options for
8 opioid addiction when their treating physician stops prescribing
9 prescription opioid medication for pain, and to address other
10 appropriate recommendations of the prescription drug and opioid
11 abuse task force outlined in its report of October 2015.

12 (2) By October 1 of the current fiscal year, the department
13 shall submit a report to the report recipients required in section
14 246 of this part on how the department is working with local
15 substance use disorder agencies and addiction treatment providers
16 to ensure that Medicaid beneficiaries are informed of all available
17 and medically appropriate treatment options for opioid addiction
18 when their treating physician stops prescribing prescription opioid
19 medication for pain, and to address other appropriate
20 recommendations of the task force. The report shall include any
21 potential barriers to medication-assisted treatment, as recommended
22 by the Michigan medication-assisted treatment guidelines, for
23 Medicaid beneficiaries in both office-based opioid treatment and
24 opioid treatment program facility settings.

25 Sec. 1152. (1) From the funds appropriated in part 1 for
26 healthy and resilient communities, the department shall allocate
27 \$5,000,000.00 to a public health authority created through an
28 interlocal agreement located in a city with a population greater
29 than 500,000 according to the most recent federal decennial census



1 to create and implement an evidence-based program to increase
2 access to quality food and nutrition among disadvantaged
3 populations. The evidence-based program shall do all of the
4 following:

5 (a) Operate a mobile health center with a demonstration
6 kitchen, incorporating nutrition education and cooking skills with
7 culturally appropriate recipes and provide immunizations,
8 screenings, and other health services.

9 (b) Employ community health workers to serve as extenders of
10 mobile units to link residents to the mobile center.

11 (c) Purchase and install equipment located in convenience
12 store locations to maintain the placement of fresh and nutritious
13 food.

14 (d) Support a "fresh prescription" program to introduce
15 chronically ill residents to the health benefits of a diet that
16 includes more fresh fruits and vegetables to better control their
17 conditions and lead healthier lives.

18 (2) By April 1 of the current fiscal year, the department
19 shall submit a report to the report recipients required in section
20 246 of this part that must include, but is not limited to, how the
21 funding in this section enhanced the quality and coordination of
22 medical care, increased access to care, increased access to fresh
23 and nutritious food, and improved preventative health care among
24 those served by the program.

25 Sec. 1155. (1) From the funds appropriated in part 1 for the
26 uniform statewide sexual assault evidence kit tracking system, in
27 accordance with the final report of the sexual assault evidence kit
28 tracking and reporting commission, \$369,500.00 is allocated to
29 contract for the administration of a uniform statewide sexual



1 assault evidence kit tracking system. The system shall include the
2 following:

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

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

8 (c) Secure electronic access for victims.

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

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

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



1 evidence submission act, 2014 PA 227, MCL 752.931 to 752.935, the
2 number of sexual assault evidence kits retrieved by law enforcement
3 after analysis, and the physical location of all released sexual
4 assault evidence kits collected by health care providers in that
5 year, as of the date of the annual draft report for each reporting
6 agency.

7 Sec. 1156. From the funds appropriated in part 1 for crime
8 victim rights services grants, the department shall allocate
9 \$2,000,000.00 from the crime victim's rights fund to maintain
10 increased grant funding to support the further use of crime victim
11 advocates in the criminal justice system. The purpose of the
12 additional funding is to increase available grant funding for crime
13 victim advocates to ensure that the advocates have the resources,
14 training, and funding needed to respond to the physical and
15 emotional needs of crime victims and to provide victims with the
16 necessary services, information, and assistance in order to help
17 them understand and participate in the criminal justice system and
18 experience a measure of safety and security throughout the legal
19 process.

20 Sec. 1157. From the funds appropriated in part 1 for child
21 advocacy centers - supplemental grants, the department shall
22 allocate \$2,000,000.00 to continue to provide additional funding to
23 child advocacy centers to support the general operations of child
24 advocacy centers by allocating the funding to each center
25 proportionally based on the number of children served at each
26 center during the previous fiscal year compared to the number of
27 total children served under this section. The purpose of this
28 additional funding is to increase the amount of services provided
29 to children and their families who are victims of abuse over the



1 amount provided in the previous fiscal year.

2 Sec. 1158. The general fund/general purpose revenue
3 appropriated in part 1 for crime victim rights services grants
4 shall be deposited into the crime victim's rights fund created
5 under section 4 of 1989 PA 196, MCL 780.904.

6 Sec. 1159. From the funds appropriated in part 1 for community
7 health programs, the department shall allocate \$5,000,000.00 for
8 the operation of mobile health units to provide preventive health
9 services for persons residing in areas with high disparities in
10 health care outcomes and access. The funds must be distributed as
11 follows:

12 (a) \$1,000,000.00 to a wellness center dedicated to enhancing
13 the well-being of individuals by providing an array of
14 comprehensive behavioral and physical health services in a trauma-
15 informed environment and promoting quality of life, continuous
16 improvement, social awareness, and healing. The wellness center
17 must have its administrative office located in a county with a
18 population of at least 1,750,000, and in a city with a population
19 between 109,000 and 111,000, according to the most recent federal
20 decennial census, and be accredited by CARF International.

21 (b) \$1,000,000.00 to a nonprofit organization organized under
22 the laws of this state that is exempt from federal income tax under
23 section 501(c)(3) of the internal revenue code of 1986, 26 USC 501,
24 with headquarters located in a township with a population between
25 31,000 and 38,000 and in a county with a population between 900,000
26 and 1,500,000, according to the most recent federal decennial
27 census. To be eligible for funds under this subdivision, the
28 nonprofit organization must have a stated mission to provide
29 treatment options for drug and alcohol addiction that have been



1 proven effective in decreasing relapse rates while increasing
2 treatment availability to a population that is largely underserved.

3 (c) \$3,000,000.00 to a 4-year state university located in a
4 city with a population greater than 600,000 according to the most
5 recent federal decennial census.

6 Sec. 1160. From the funds appropriated in part 1 for high
7 social vulnerability index community, the department shall allocate
8 \$4,000,000.00 to support long-term strategies to address access to
9 healthy food, affordable housing, safety networks, and other social
10 determinants of health. The funding must be allocated as follows:

11 (a) \$1,333,300.00 to a county with a population between 35,000
12 and 36,500 according to the most recent federal decennial census.

13 (b) \$1,333,300.00 to a county with a population between
14 180,000 and 193,000 according to the most recent federal decennial
15 census.

16 (c) \$1,333,400.00 to a city with a population greater than
17 600,000 according to the most recent federal decennial census.

18 Sec. 1162. (1) From the funds appropriated in part 1 for crime
19 victim justice assistance grants, the department shall allocate
20 \$6,666,000.00 for a 3-year trauma recovery center pilot program
21 project at 2 sites. The location of the pilot programs must be at
22 an adult level I Michigan designated trauma facility. One pilot
23 program shall be located in a city with a population of greater
24 than 500,000 according to the most recent federal decennial census
25 and the other pilot program must be located in a county with a
26 population between 600,000 and 700,000 according to the most recent
27 federal decennial census. A pilot program must utilize the
28 evidence-informed integrated trauma recovery services model for
29 service provision and delivery; comply with applicable statutory



1 requirements for administration, operation, service requirements,
2 and funding; and demonstrate adherence to all guidelines for
3 implementing and operating a trauma recovery center, as developed
4 by the National Alliance of Trauma Recovery Centers. The department
5 may award the funding to an adult level I Michigan designated
6 trauma facility that does not currently adhere to all guidelines
7 for implementing and operating a trauma recovery center but can
8 demonstrate the ability to comply with the guidelines on receipt of
9 the funds described in subsection (2).

10 (2) The allocated funding in subsection (1) must be
11 administered in the following manner:

12 (a) \$200,000.00 for technical assistance in operating and
13 implementing trauma recovery centers that adhere to the guidelines
14 developed by the National Alliance of Trauma Recovery Centers.

15 (b) \$3,000,000.00 per pilot program for the operational and
16 service delivery costs of administering the trauma recovery center.

17 (c) \$150,000.00 for data and outcomes of the pilot program at
18 both locations and to produce a report prior to the conclusion of
19 the pilot period.

20 (d) \$316,000.00 for administrative costs related to the pilot
21 program over the duration of the pilot program.

22 (3) The unexpended funds appropriated in part 1 for crime
23 victim justice assistance grants associated with trauma recovery
24 pilot program are designated as a work project appropriation.
25 Unencumbered or unallotted funds must not lapse at the end of the
26 fiscal year and must be available for expenditures under this
27 section until the project has been completed. All of the following
28 are in compliance with section 451a of the management and budget
29 act, 1984 PA 431, MCL 18.1451a:



1 (a) The purpose of the project is to ensure that the pilot
2 locations in the adult level I Michigan designated trauma
3 facilities are developing a model for trauma service provision and
4 delivery.

5 (b) The project will be accomplished by utilizing state
6 employees, contracting with vendors, or working with local
7 partners.

8 (c) The estimated cost of the project is \$6,666,000.00.

9 (d) The tentative completion date is September 30, 2028.

10 Sec. 1163. From the funds appropriated in part 1 for crime
11 victim justice assistance grants any federal victims of crime act
12 revenue as described in 34 USC 20101 to 20145 received in the
13 current fiscal year or any previous fiscal year must be allocated
14 by the department in the following manner and in the following
15 priority:

16 (a) The department shall allocate \$6,666,000.00 to the trauma
17 recovery center pilot program described in section 1162 of this
18 part.

19 (b) The department shall allocate \$12,000,000.00 for child
20 advocacy centers.

21 (c) The department shall allocate \$19,400,000.00 for domestic
22 violence services.

23 (d) The department shall allocate \$13,500,000.00 for sexual
24 assault victim services.

25 (e) The department shall allocate any remaining federal
26 victims of crime act revenue received to other services that are
27 eligible to qualify for funding under crime victim justice
28 assistance grants rules and regulations.

29



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

2 Sec. 1180. From the funds appropriated in part 1 for
3 epidemiology administration and for childhood lead program, the
4 department shall maintain a public health drinking water unit and
5 maintain enhanced efforts to monitor child blood lead levels. The
6 public health drinking water unit shall ensure that appropriate
7 investigations of potential health hazards occur for all community
8 and noncommunity drinking water supplies where chemical exceedances
9 of action levels, health advisory levels, or maximum contaminant
10 limits are identified. The goals of the childhood lead program
11 shall include improving the identification of affected children,
12 the timeliness of case follow-up, and attainment of nurse care
13 management for children with lead exposure, and to achieve a long-
14 term reduction in the percentage of children in this state with
15 elevated blood lead levels.

16 Sec. 1181. From the funds appropriated in part 1 for
17 epidemiology administration, the department shall maintain a vapor
18 intrusion response unit. The vapor intrusion response unit shall
19 assess risks to public health at vapor intrusion sites and respond
20 to vapor intrusion risks where appropriate. The goals of the vapor
21 intrusion response unit shall include reducing the number of
22 residents of this state exposed to toxic substances through vapor
23 intrusion and improving health outcomes for individuals that are
24 identified as having been exposed to vapor intrusion.

25 Sec. 1182. By April 1 of the current fiscal year, the
26 department shall submit a report to the report recipients required
27 in section 246 of this part on the expenditures and activities
28 undertaken by the lead abatement program in the previous fiscal
29 year from the funds appropriated in part 1 for the healthy homes



1 program. The report shall include, but is not limited to, a funding
 2 allocation schedule, the expenditures by category of expenditure
 3 and by subcontractor, the revenues received, a description of
 4 program elements, the number of housing units abated of lead-based
 5 paint hazards, and a description of program accomplishments and
 6 progress.

7 Sec. 1186. (1) From the funds appropriated in part 1 for
 8 emergency medical services program, the department shall allocate
 9 \$2,000,000.00 for a statewide stroke and STEMI system of care for
 10 time-sensitive emergencies. This system must be integrated into the
 11 statewide trauma care system within the emergency medical services
 12 system and must include at least all of the following:

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

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

18 (c) The development and utilization of stroke and STEMI
 19 registries that utilize nationally recognized data platforms with
 20 confidentiality standards.

21 (2) By March 1 of the current fiscal year, the department
 22 shall submit a report to the report recipients required in section
 23 246 of this part on the expenditures and activities undertaken by
 24 the statewide stroke and STEMI system of care for time-sensitive
 25 emergencies in the previous fiscal year from the funds appropriated
 26 under section 1186(1) of article 6 of 2021 PA 87. The report must
 27 include, but is not limited to, a funding allocation schedule,
 28 expenditures by category of expenditure and by vendor or grantee,
 29 and a description of program accomplishments and progress.



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

3 Sec. 1187. From the funds appropriated in part 1 for healthy
 4 homes program, the department shall allocate \$20,025,000.00 to a
 5 regional water authority located in a city with a population
 6 greater than 500,000 according to the most recent federal decennial
 7 census to relieve outstanding debt and payments owed to the
 8 regional water system on behalf of a city with a population between
 9 8,000 and 9,000 according to the most recent federal decennial
 10 census and in a county with a population over 1,500,000 according
 11 to the most recent federal decennial census. The funding in this
 12 section shall be applied to the amounts due to the regional water
 13 system with the longest payment arrearage duration.

14
 15 **LOCAL HEALTH AND ADMINISTRATIVE SERVICES**

16 Sec. 1220. The amount appropriated in part 1 for
 17 implementation of the 1993 additions of or amendments to sections
 18 9161, 16221, 16226, 17014, 17015, and 17515 of the public health
 19 code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014,
 20 333.17015, and 333.17515, shall be used to reimburse local health
 21 departments for costs incurred related to the implementation of
 22 section 17015(18) of the public health code, 1978 PA 368, MCL
 23 333.17015.

24 Sec. 1221. If a county that has participated in a district
 25 health department or an associated arrangement with other local
 26 health departments takes action to cease to participate in that
 27 arrangement after October 1 of the current fiscal year, the
 28 department may assess a penalty from the local health department's
 29 operational accounts in an amount equal to no more than 6.25% of



1 the local health department's essential local public health
2 services funding. This penalty shall only be assessed to the local
3 county that requests the dissolution of the health department.

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

15 (2) Local public health departments shall be held to
16 contractual standards for the services in subsection (1).

17 (3) Distributions in subsection (1) shall be made only to
18 counties that maintain local spending in the current fiscal year of
19 at least the amount expended in fiscal year 1992-1993 for the
20 services described in subsection (1).

21 (4) By February 1 of the current fiscal year, the department
22 shall submit a report to the report recipients required in section
23 246 of this part on the planned allocation of the funds
24 appropriated for essential local public health services.

25 (5) The department shall continue implementation of the
26 distribution formula for the allocation of essential local public
27 health services funding to local health departments as specified by
28 section 1234 of article X of 2018 PA 207.

29 (6) From the funds appropriated in part 1 for essential local



1 public health services, each local public health department is
2 allocated not less than the amount allocated to that local public
3 health department during the previous fiscal year.

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

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

26 (2) By March 1 of the current fiscal year, the department
27 shall submit a report to the report recipients required in section
28 246 of this part on actual expenditures in the previous fiscal year
29 and planned spending in the current fiscal year of the funds



1 described in subsection (1), including recipient entities, amount
2 of allocation, general category of allocation, and detailed uses.

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

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

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

19

20 **HEALTHY MOMS, HEALTHY BABIES**

21 Sec. 1250. (1) From the funds appropriated in part 1 for
22 Healthy moms, healthy babies - CenteringPregnancy, by April 1 of
23 the current fiscal year, the department shall submit a report to
24 the report recipients required in section 246 of this part that
25 must include a list of the locations of CenteringPregnancy sites,
26 amount of funding by site, number of participants by site, preterm
27 birthrate data by site before implementing the CenteringPregnancy
28 model funded in part 1, and preterm birthrate data by site after
29 implementing the CenteringPregnancy model funded in part 1.



1 (2) As used in this section, "preterm birthrate data"
2 includes, but is not limited to, rates of disparity in preterm
3 birth rates by race, low birth weight births, lengths of stay in a
4 neonatal intensive care unit, breastfeeding rates, medical provider
5 satisfaction rates, and the total cost of care.

6 Sec. 1251. (1) From the funds appropriated in part 1 for
7 Healthy moms, healthy babies - MI-AIM bundles, by April 1 of the
8 current fiscal year, the department shall submit a report to the
9 report recipients required in section 246 of this part that shall
10 include hospitals that have implemented MI-AIM patient safety
11 bundles, hospitals that will implement MI-AIM patient safety
12 bundles with the funding included in part 1 for the current fiscal
13 year, amount of funding by hospital, a description of patient
14 safety bundles by hospital, maternal health quality data by
15 hospital prior to implementation of the MI-AIM patient safety
16 bundle funded in part 1, and maternal health quality data by
17 hospital after implementing MI-AIM patient safety bundle funded in
18 part 1.

19 (2) As used in this section, "maternal health quality data"
20 includes, but is not limited to, rates of disparity in maternal
21 death by race, rates of disparity in severe maternal morbidity by
22 race, rates of disparity in obstetric hemorrhage by race, rates of
23 disparity in severe hypertension by race, and rates of disparity in
24 maternal sepsis by race.

25 Sec. 1252. From the funds appropriated in part 1 for Healthy
26 moms, healthy babies - perinatal quality initiatives by April 1 of
27 the current fiscal year, the department shall submit a report to
28 the report recipients required in section 246 of this part that
29 must include a list of the locations of perinatal quality



1 collaborative sites, the amount of funding by site, a description
2 of programming, the amount of funding per location by programming
3 type, and a description of measurement techniques to determine if
4 funding in part 1 addresses poor health outcomes and health
5 inequities.

6 Sec. 1253. From the funds appropriated in part 1 for healthy
7 moms, healthy babies - Michigan child collaborative care, the
8 department shall allocate at least \$350,000.00 to address needs in
9 a city in which a declaration of emergency was issued because of
10 drinking water contamination.

11 Sec. 1254. (1) From the funds appropriated in part 1 for
12 healthy moms, healthy babies - diaper assistance program,
13 \$4,404,400.00 of state general fund/general purpose revenue must be
14 allocated as grants to diaper assistance programs, maternity homes,
15 and other nonprofit agencies that distribute diapers free of charge
16 and were established as of January 1, 2020. The funds must be used
17 only to purchase diapering supplies and related administrative
18 costs.

19 (2) The department shall expend no more than 5.0% of the funds
20 appropriated in part 1 for healthy moms, healthy babies - diaper
21 assistance program for administrative purposes.

22 (3) Funds appropriated for healthy moms, healthy babies -
23 diaper assistance program shall be considered work project funds,
24 shall not lapse at the close of the fiscal year, and shall be
25 available for expenditures for projects under this section until
26 the projects have been completed. The following are in compliance
27 with section 451a of the management and budget act, 1984 PA 431,
28 MCL 18.1451a:

29 (a) The purpose of the work project is to provide funding for



1 grants for eligible entities to distribute diapers free of charge.

2 (b) The work project will be accomplished through partnerships
3 with diaper assistance programs, maternity homes, and other
4 nonprofit agencies.

5 (c) The total estimated cost of the work project is
6 \$4,404,400.00.

7 (d) The tentative completion date is September 30, 2028.

8 Sec. 1255. From the funds appropriated in part 1 for healthy
9 moms, healthy babies - strong beginnings, the department shall
10 allocate \$1,000,000.00 through a competitive grant process after
11 fulfilling contract obligations between the department and a
12 federal Healthy Start Program located in a county with a population
13 between 600,000 and 700,000 according to the most recent federal
14 decennial census. The purpose of the grants is to improve health
15 outcomes before, during, and after pregnancy and to reduce racial
16 and ethnic differences in infant death rates and negative maternal
17 outcomes. To be eligible to receive funding, organizations must be
18 a partnership between various health agencies and provide support
19 to underserved populations for women's health, prenatal care, and
20 premature birth avoidance.

21 Sec. 1256. From the funds appropriated in part 1, the
22 department shall submit a report by March 1 to the report
23 recipients required in section 246 of this part on the outcomes and
24 performance measures of the healthy moms, healthy babies
25 initiatives. The report must include, but is not limited to, all of
26 the following:

27 (a) A summary of any request for proposals issued by this
28 state for the healthy moms, healthy babies initiatives.

29 (b) A summary of any healthy moms, healthy babies initiatives



1 that are established.

2 (c) Actual expenditures in the previous fiscal year and
 3 planned expenditures in the current fiscal year of the funds
 4 appropriated to support the healthy moms, healthy babies
 5 initiatives, broken down by individual initiative. The information
 6 must include all of the following individual initiatives:

7 (i) The expansion of Medicaid coverage to women from 60 days
 8 postpartum to 12 months postpartum.

9 (ii) The expansion of home visiting program capacity.

10 (iii) The PlanFirst! Medicaid family planning benefit.

11 (iv) Perinatal Quality Collaboratives.

12 (v) The elimination of the 5-year waiting period for Medicaid
 13 eligibility for lawfully residing children and pregnant women.

14 (vi) The expansion of the Michigan Alliance for Innovation in
 15 Maternal Health (MiAIM) program.

16 (d) The change in severe eclampsia cases in the current fiscal
 17 year compared to the previous fiscal year, broken down by each
 18 hospital that participates in the MiAIM program.

19 (e) The change in the number of births by cesarean section in
 20 the current fiscal year compared to the previous fiscal year,
 21 broken down by each hospital that participates in the MiAIM
 22 program.

23 (f) The statewide maternal mortality rate, broken down by
 24 ethnicity for the current fiscal year and the statewide maternal
 25 mortality rate broken down by ethnicity for the previous fiscal
 26 year.

27

28 **FAMILY HEALTH SERVICES**

29 Sec. 1301. (1) Before April 1 of the current fiscal year, the



1 department shall submit a report to the house and senate fiscal
 2 agencies and the state budget director on planned allocations from
 3 the amounts appropriated in part 1 for local MCH services, prenatal
 4 care outreach and service delivery support, family planning local
 5 agreements, and pregnancy prevention programs. Using applicable
 6 federal definitions, the report shall include information on all of
 7 the following:

8 (a) Funding allocations.

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

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

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

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

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

25 (a) Nutrition assistance, nutritional and community education,
 26 food bank resources, and food inspections.

27 (b) Epidemiological analysis and case management of
 28 individuals at risk of elevated blood lead levels.

29 (c) Support for child and adolescent health centers,



1 children's healthcare access program, and pathways to potential
2 programming.

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

7 (e) Department local office operations costs.

8 (f) Lead poisoning surveillance, investigations, treatment,
9 and abatement.

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

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

14 (i) Transportation related to health care delivery.

15 (j) Senior initiatives.

16 (k) Lead abatement contractor workforce development.

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

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

26 Sec. 1308. From the funds appropriated in part 1 for prenatal
27 care outreach and service delivery support, not less than
28 \$500,000.00 of funding shall be allocated for evidence-based
29 programs to reduce infant mortality. The funds shall be used for



1 enhanced support and education to nursing teams or other teams of
2 qualified health professionals, client recruitment in areas
3 designated as underserved for obstetrical and gynecological
4 services and other high-need communities, strategic planning to
5 expand and sustain programs, and marketing and communications of
6 programs to raise awareness, engage stakeholders, and recruit
7 nurses.

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

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

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

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

- 27 (a) Supporting access to care.
28 (b) Reducing and eliminating barriers to care.
29 (c) Supporting recommendations for best practices.



1 (d) Encouraging optimal prenatal habits such as prenatal
2 medical visits, use of prenatal vitamins, and cessation of use of
3 tobacco, alcohol, or drugs.

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

7 (f) Tracking of maternal increase in healthy behaviors
8 following childbirth.

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

13 (2) By February 1 of the current fiscal year, the department
14 shall submit a report to the report recipients required in section
15 246 of this part on the number of individual patients treated,
16 number of procedures performed, and approximate total market value
17 of those procedures from the previous fiscal year.

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

22 Sec. 1317. (1) From the funds appropriated in part 1 for
23 dental programs, \$2,750,000.00 of general fund/general purpose
24 revenue and any associated federal match shall be distributed to
25 local health departments who partner with a qualified nonprofit
26 provider of dental services for the purpose of equipment and
27 technology upgrades needed to expand capacity and ensure
28 operational efficiencies.

29 (2) In order to be considered a qualified nonprofit provider



1 of dental services, the provider must demonstrate the following:

2 (a) An effective health insurance enrollment process for
3 uninsured patients.

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

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

8 Sec. 1321. From the funds appropriated in part 1 for the
9 Michigan model for health comprehensive health education curriculum
10 in the family, maternal, and child health administration line item,
11 the department may, in consultation with the department of
12 education, the Michigan domestic and sexual violence prevention and
13 treatment board, and the Michigan Coalition to End Domestic and
14 Sexual Violence, redraft the curriculum for the "Growing Up &
15 Staying Healthy" and "Healthy & Responsible Relationships" modules
16 to include age-appropriate information about each of the following:

17 (a) The importance of consent, setting and respecting personal
18 boundaries, and the prevention of child sexual abuse as outlined in
19 section 1505 of the revised school code, 1976 PA 451, MCL 380.1505,
20 and consistent with the recommendations and guidelines set by the
21 task force on the prevention of sexual abuse of children created
22 under section 12b of the child protection law, 1975 PA 238, MCL
23 722.632b.

24 (b) The prevention of sexual assault and dating violence.

25 (c) The prevention of human trafficking.

26 Sec. 1341. The department shall utilize income eligibility and
27 verification guidelines established by the Food and Nutrition
28 Service agency of the United States Department of Agriculture in
29 determining eligibility of individuals for the special supplemental



1 nutrition program for women, infants, and children (WIC) as stated
2 in current WIC policy.

3 Sec. 1342. From the funds appropriated in part 1 for family,
4 maternal, and child health administration, \$500,000.00 shall be
5 allocated for a school children's healthy exercise program to
6 promote and advance physical health for school children in
7 kindergarten through grade 8. The department shall recommend model
8 programs for sites to implement that incorporate evidence-based
9 best practices. The department shall grant the funds appropriated
10 in part 1 for before- and after-school programs. The department
11 shall establish guidelines for program sites, which may include
12 schools, community-based organizations, private facilities,
13 recreation centers, or other similar sites. The program format
14 shall encourage local determination of site activities and shall
15 encourage local inclusion of youth in the decision-making regarding
16 site activities. Program goals shall include children experiencing
17 improved physical health and access to physical activity
18 opportunities, the reduction of obesity, providing a safe place to
19 play and exercise, and nutrition education. To be eligible to
20 participate, program sites shall provide a 20% match to the state
21 funding, which may be provided in full, or in part, by a
22 corporation, foundation, or private partner. The department shall
23 seek financial support from corporate, foundation, or other private
24 partners for the program or for individual program sites.

25 Sec. 1343. From the funds appropriated in part 1 for dental
26 programs, the department shall allocate \$1,760,000.00 of state and
27 local funds plus any private contributions received to support the
28 program to establish and maintain a dental oral assessment program
29 to provide assessments to school children as provided in section



1 9316 of the public health code, 1978 PA 368, MCL 333.9316.

2 Sec. 1349. Subject to federal approval, from the funds
3 appropriated in part 1 for immunization program, the department
4 shall allocate \$740,000.00 of general fund/general purpose plus any
5 available work project funds and federal match through an
6 administered contract with oversight from behavioral and physical
7 health and aging services administration and public health
8 administration. The funds shall be used to support a statewide
9 media campaign for improving this state's immunization rates.

10
11 **CHILDREN'S SPECIAL HEALTH CARE SERVICES**

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

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

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

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

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

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

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

26 Sec. 1361. From the funds appropriated in part 1 for medical
27 care and treatment, the department may spend those funds for the
28 continued development and expansion of telemedicine capacity to
29 allow families with children in the children's special health care



1 services program to access specialty providers more readily and in
 2 a more timely manner. The department may spend funds to support
 3 chronic complex care management of children enrolled in the
 4 children's special health care services program to minimize
 5 hospitalizations and reduce costs to the program while improving
 6 outcomes and quality of life.

7 Sec. 1363. From the funds appropriated in part 1 for
 8 children's special health care services administration, the
 9 department shall allocate \$100.00 as a grant to an independent
 10 biomedical research and science education organization in a county
 11 with a population between 600,000 and 700,000 and in a city with a
 12 population over 185,000 according to the most recent federal
 13 decennial census to be used for matching federal funds, private and
 14 nonprofit grants, and private contributions.

15

16 **AGING SERVICES**

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

21 Sec. 1417. The department shall submit to the report
 22 recipients required in section 246 of this part a report by March
 23 30 of the current fiscal year that contains all of the following:

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

26 (b) Detailed expenditures by each area agency on aging by
 27 individual program and administration including both state-funded
 28 resources and locally funded resources.

29 Sec. 1421. From the funds appropriated in part 1 for community



1 services, \$1,100,000.00 shall be allocated to area agencies on
2 aging for locally determined needs.

3 Sec. 1425. The department shall coordinate with the department
4 of licensing and regulatory affairs to ensure that, on receipt of
5 the order of suspension of a licensed adult foster care home, home
6 for the aged, or nursing home, the department of licensing and
7 regulatory affairs shall provide notice to the department, to the
8 house and senate appropriations subcommittees on the department
9 budget, and to the members of the house and senate that represent
10 the legislative districts of the county in which the facility lies.

11

12 **HEALTH AND AGING SERVICES ADMINISTRATION**

13 Sec. 1505. 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 the actual reimbursement savings and
16 cost offsets that have resulted from the funds appropriated in part
17 1 for the office of inspector general and third-party liability
18 efforts in the previous fiscal year.

19 Sec. 1507. From the funds appropriated in part 1 for office of
20 inspector general, the inspector general shall audit and recoup
21 inappropriate or fraudulent payments from Medicaid managed care
22 organizations to health care providers. Unless authorized by
23 federal or state law, the department shall not fine, temporarily
24 halt operations of, disenroll as a Medicaid provider, or terminate
25 a managed care organization or health care provider from providing
26 services due to the discovery of an inappropriate payment found
27 during the course of an audit.

28 Sec. 1509. Due to the circumstances found in the department's
29 Medicaid non-emergency medical transportation (NEMT) services



1 program by the office of the auditor general (OAG) audit number
2 391-0715-20, the department shall submit a report to the report
3 recipients required in section 246 of this part by March 1 of the
4 current fiscal year on corrective actions taken to correct
5 deficiencies identified in the audit. The report must include, but
6 is not limited to, the following information:

7 (a) The results of periodic random samplings of NEMT broker
8 records to ensure compliance with provider eligibility
9 documentation requirements.

10 (b) Actions taken and improvements made as a result of the
11 formal vendor correction action plan implemented between the
12 department and the department of technology, management, and budget
13 with emphasis on improvements made in on-time performance, medical
14 needs form deficiencies, and efforts made for active and ongoing
15 monitoring.

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

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

23 (e) The amount, if any, of monetary penalties or liquidated
24 damages assessed due to insufficient NEMT claims monitoring
25 procedures.

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



1 Sec. 1510. Due to the circumstances found in the department's
2 Medicaid and Children's Health Insurance Program (CHIP) eligibility
3 determinations processes by the office of the auditor general (OAG)
4 audit number 391-0710-19, the department shall submit a report to
5 the report recipients required in section 246 of this part by March
6 1 of the current fiscal year on corrective actions taken to reduce
7 improper payments to ineligible beneficiaries, to maintain proper
8 documentation and case files, and improvements made to the
9 department's internal controls in the previous fiscal year. The
10 report must include, but is not limited to, the following
11 information:

12 (a) The number of beneficiaries by type of assistance (TOA)
13 group whose TOA group was subsequently changed after initial
14 determination, the reasons initial classifications were incorrect
15 in the previous fiscal year, and a quantitative trend analysis
16 documenting an improved initial determination process from the
17 previous 2 fiscal years.

18 (b) The number of beneficiaries and the total amount of
19 payments made that were ineligible for federal reimbursement, not
20 due to a mistaken TOA category in the previous 2 fiscal years.

21 (c) For each of the previous 2 fiscal years, the department's
22 estimate of the net amount of federal reimbursement and state
23 spending made in error.

24 (d) A list of all of the sources that the department uses to
25 verify income for Medicaid and CHIP eligibility from the previous
26 fiscal year with the amount and percentage that each source was
27 used for verification and the total number of income verifications.

28 (e) The total number of beneficiaries in the previous fiscal
29 year who received full healthcare coverage but did not have a valid



1 Social Security number.

2 (f) The total number of beneficiaries in the previous fiscal
3 year who received full health care coverage as lawfully residing
4 children and pregnant women without a 5-year waiting period.

5 Sec. 1512. The updated Medicaid utilization and net cost
6 report shall continue to separate nonclinical administrative costs
7 from actual claims and encounter costs.

8 Sec. 1517. By October 1 of the current fiscal year, the
9 department shall submit a report to the report recipients required
10 in section 246 of this part on the progress of the implementation
11 of the specialty Medicaid managed care health plan for children in
12 foster care, as required under section 1517 of article 6 of 2021 PA
13 87.

14

15 **HEALTH SERVICES**

16 Sec. 1601. The cost of remedial services incurred by residents
17 of licensed adult foster care homes and licensed homes for the aged
18 shall be used in determining financial eligibility for the
19 medically needy. Remedial services include basic self-care and
20 rehabilitation training for a resident.

21 Sec. 1605. The protected income level for Medicaid coverage
22 determined pursuant to section 106(1)(b) (iii) of the social welfare
23 act, 1939 PA 280, MCL 400.106, shall be 100% of the related public
24 assistance standard.

25 Sec. 1606. For the purpose of guardian and conservator
26 charges, the department may deduct up to \$83.00 per month as an
27 allowable expense against a recipient's income when determining
28 Medicaid eligibility and patient pay amounts.

29 Sec. 1607. (1) An applicant for Medicaid, whose qualifying



1 condition is pregnancy, shall immediately be presumed to be
2 eligible for Medicaid coverage unless the preponderance of evidence
3 in the applicant's application indicates otherwise. The applicant
4 who is qualified as described in this subsection shall be allowed
5 to select or remain with the Medicaid participating obstetrician of
6 the applicant's choice.

7 (2) All qualifying applicants shall be entitled to receive all
8 medically necessary obstetrical and prenatal care without
9 preauthorization from a health plan. All claims submitted for
10 payment for obstetrical and prenatal care shall be paid at the
11 Medicaid fee-for-service rate in the event a contract does not
12 exist between the Medicaid participating obstetrical or prenatal
13 care provider and the managed care plan. The applicant shall
14 receive a listing of Medicaid physicians and managed care plans in
15 the immediate vicinity of the applicant's residence.

16 (3) In the event that an applicant, presumed to be eligible
17 under subsection (1), is subsequently found to be ineligible, a
18 Medicaid physician or managed care plan that has been providing
19 pregnancy services to an applicant under this section is entitled
20 to reimbursement for those services until they are notified by the
21 department that the applicant was found to be ineligible for
22 Medicaid.

23 (4) If the preponderance of evidence in an application
24 indicates that the applicant is not eligible for Medicaid, the
25 department shall refer that applicant to the nearest public health
26 clinic or similar entity as a potential source for receiving
27 pregnancy-related services.

28 (5) The department shall develop an enrollment process for
29 pregnant women covered under this section that facilitates the



1 selection of a managed care plan at the time of application.

2 (6) The department shall mandate enrollment of women, whose
3 qualifying condition for Medicaid is pregnancy, into Medicaid
4 managed care plans.

5 (7) The department shall encourage physicians to provide
6 women, whose qualifying condition for Medicaid is pregnancy, with a
7 referral to a Medicaid participating dentist at the first
8 pregnancy-related appointment.

9 Sec. 1611. (1) For care provided to Medicaid recipients with
10 other third-party sources of payment, Medicaid reimbursement shall
11 not exceed, in combination with such other resources, including
12 Medicare, those amounts established for Medicaid-only patients. The
13 Medicaid payment rate shall be accepted as payment in full. Other
14 than an approved Medicaid co-payment, no portion of a provider's
15 charge shall be billed to the recipient or any person acting on
16 behalf of the recipient. This section does not affect the level of
17 payment from a third-party source other than the Medicaid program.
18 The department shall require a nonenrolled provider to accept
19 Medicaid payments as payment in full.

20 (2) Notwithstanding subsection (1), Medicaid reimbursement for
21 hospital services provided to dual Medicare/Medicaid recipients
22 with Medicare part B coverage only shall equal, when combined with
23 payments for Medicare and other third-party resources, if any,
24 those amounts established for Medicaid-only patients, including
25 capital payments.

26 Sec. 1615. (1) To minimize errors and overpayments, and to
27 ensure the quality of actuarial rate setting of capitated rates,
28 the department shall provide effective oversight and ensure the
29 integrity of encounter claims submitted to the department by



1 Medicaid health plans.

2 (2) The department may require Medicaid health plans to
3 provide medical records to support claims data, on request by the
4 department. This subsection shall not require the disclosure of
5 personal identifying information or any information that would be
6 in violation of the health insurance portability and accountability
7 act of 1996, Public Law 104-191.

8 (3) It is the intent of the legislature that the department
9 perform annual internal audits of Medicaid claims provided by
10 Medicaid health plans and submit a report of the findings to the
11 report recipients required in section 246 of this part. Internal
12 audits performed under this subsection shall be conducted utilizing
13 quantitative methodologies that provide for valid statistical
14 results to include, but not be limited to, minimizing the impact of
15 selection bias and insufficient sample sizes.

16 (4) If an internal audit performed in accordance with this
17 section identifies discrepancies in the quality of actuarial rates,
18 the department shall develop and implement actuarial procedures to
19 reconcile encounter claims data and shall provide for a publicly
20 available explanation of these procedures on the department's
21 website.

22 Sec. 1616. (1) By September 30 of the current fiscal year, the
23 department shall seek federal authority to formally enroll and
24 recognize community health workers as providers and to utilize
25 Medicaid matching funds for community health worker services,
26 including the potential of leveraging of a Medicaid state plan
27 amendment, waiver authorities, or other means to secure financing
28 for community health worker services. The appropriate federal
29 approval must allow for community health worker services on a



1 statewide basis and must not be a limited geography waiver. The
2 authority should allow the application of community health worker
3 services statewide and maximize their utility by providing
4 financing that includes fee-for-service reimbursement, value-based
5 payment, or a combination of both fee-for-service reimbursement and
6 value-based payment for all services commensurate to their scope of
7 training and abilities as provided by evidence-based research and
8 programs.

9 (2) By September 30 of the current fiscal year, the department
10 shall submit a report to the report recipients required in section
11 246 of this part on the progress of meeting the requirements in
12 subsection (1).

13 Sec. 1617. (1) The department shall evaluate the merits of
14 transitioning the Medicaid reimbursement methodology for federally
15 qualified health centers from a prospective payment system to an
16 alternative payment methodology. The alternative payment
17 methodology must be a population-based capitated payment system
18 that is based on a per-patient per-month reimbursement for each
19 Medicaid recipient assigned to each federally qualified health
20 center.

21 (2) By September 30 of the current fiscal year, the department
22 shall submit a report on the findings of the evaluation required
23 under subsection (1) to the report recipients required in section
24 246 of this part.

25 Sec. 1620. (1) For fee-for-service Medicaid claims, the
26 professional dispensing fee for drugs indicated as specialty
27 medications on the Michigan pharmaceutical products list is \$20.02
28 or the pharmacy's submitted dispensing fee, whichever is less.

29 (2) For fee-for-service Medicaid claims, for drugs not



1 indicated as specialty drugs on the Michigan pharmaceutical
2 products list, the professional dispensing fee for medications is
3 as follows:

4 (a) For medications indicated as preferred on the department's
5 preferred drug list, \$10.80 or the pharmacy's submitted dispensing
6 fee, whichever is less.

7 (b) For medications not on the department's preferred drug
8 list, \$10.64 or the pharmacy's submitted dispensing fee, whichever
9 is less.

10 (c) For medications indicated as nonpreferred on the
11 department's preferred drug list, \$9.00 or the pharmacy's submitted
12 dispensing fee, whichever is less.

13 (3) The department shall require a prescription co-payment for
14 Medicaid recipients not enrolled in the Healthy Michigan plan or
15 with an income less than 100% of the federal poverty level of \$1.00
16 for a generic drug or any drug indicated as preferred on the
17 department's preferred drug list and \$3.00 for a brand-name drug
18 not indicated as preferred on the department's preferred drug list,
19 except as prohibited by federal or state law or regulation.

20 (4) The department shall require a prescription co-payment for
21 Medicaid recipients enrolled in the Healthy Michigan plan with an
22 income of at least 100% of the federal poverty level of \$4.00 for a
23 generic drug or any drug indicated as preferred on the department's
24 preferred drug list and \$8.00 for a brand-name drug not indicated
25 as preferred on the department's preferred drug list, except as
26 prohibited by federal or state law or regulation.

27 Sec. 1625. The department shall not enter into any contract
28 with a Medicaid managed care organization that relies on a pharmacy
29 benefit manager that does not do all of the following:



1 (a) For pharmacies with not more than 7 retail outlets,
2 utilizes a pharmacy reimbursement methodology of the national
3 average drug acquisition cost plus a professional dispensing fee
4 comparable to the applicable professional dispensing fee provided
5 under section 1620. The pharmacy benefit manager or the involved
6 pharmacy services administrative organization shall not receive any
7 portion of the additional professional dispensing fee. The
8 department shall identify the pharmacies this subdivision applies
9 to and provide the list of applicable pharmacies to the Medicaid
10 managed care organizations.

11 (b) For pharmacies with not more than 7 retail outlets,
12 utilizes a pharmacy reimbursement methodology, when a national
13 average drug acquisition cost price is not available, for brand
14 drugs of the lesser of the wholesale acquisition cost, the average
15 wholesale price less 16.7% plus a professional dispensing fee
16 comparable to the applicable professional dispensing fee provided
17 under section 1620, or the usual and customary charge by the
18 pharmacy. The department shall identify the pharmacies this
19 subdivision applies to and provide the list of applicable
20 pharmacies to the Medicaid managed care organizations.

21 (c) For pharmacies with not more than 7 retail outlets,
22 utilizes a pharmacy reimbursement methodology, when a national
23 average drug acquisition cost price is not available, for generic
24 drugs of the lesser of wholesale acquisition cost plus a
25 professional dispensing fee comparable to the applicable
26 professional dispensing fee provided under section 1620, average
27 wholesale price less 30.0% plus a professional dispensing fee
28 comparable to the applicable professional dispensing fee provided
29 under section 1620, or the usual and customary charge by the



1 pharmacy. The department shall identify the pharmacies this
2 subdivision applies to and provide the list of applicable
3 pharmacies to the Medicaid managed care organizations.

4 (d) Reimburses for a legally valid claim at a rate not less
5 than the rate in effect at the time the original claim adjudication
6 as submitted at the point of sale.

7 (e) Agrees to move to a transparent "pass-through" pricing
8 model, in which the pharmacy benefit manager discloses the
9 administrative fee as a percentage of the professional dispensing
10 costs to the department.

11 (f) Agrees to not create new pharmacy administration fees and
12 to not increase current fees more than the rate of inflation. This
13 subdivision does not apply to any federal rule or action that
14 creates a new fee.

15 (g) Agrees to not terminate an existing contract with a
16 pharmacy with not more than 7 retail outlets for the sole reason of
17 the additional professional dispensing fee authorized under this
18 section.

19 Sec. 1626. (1) By January 15 of the current fiscal year, each
20 pharmacy benefit manager that receives reimbursements, either
21 directly or through a Medicaid health plan, from the funds
22 appropriated in part 1 for medical services must submit all of the
23 following information to the department for the previous fiscal
24 year:

25 (a) The total number of prescriptions that were dispensed.

26 (b) The aggregate wholesale acquisition cost for each drug on
27 its formulary.

28 (c) The aggregate amount of rebates, discounts, and price
29 concessions that the pharmacy benefit manager received for each



1 drug on its formulary. The amount of rebates shall include any
2 utilization discounts the pharmacy benefit manager receives from a
3 manufacturer.

4 (d) The aggregate amount of administrative fees that the
5 pharmacy benefit manager received from all pharmaceutical
6 manufacturers.

7 (e) The aggregate amount identified in subdivisions (b) and
8 (c) that were retained by the pharmacy benefit manager and did not
9 pass through to the department or to the Medicaid health plan.

10 (f) The aggregate amount of reimbursements the pharmacy
11 benefit manager pays to contracting pharmacies.

12 (g) Any other information considered necessary by the
13 department.

14 (2) By March 1 of the current fiscal year, the department
15 shall submit the information provided under subsection (1) to the
16 report recipients required in section 246 of this part.

17 (3) Any nonaggregated information submitted under this section
18 shall be confidential and shall not be disclosed to any person by
19 the department. Such information is not considered a public record
20 of the department.

21 Sec. 1627. By April 1 of the current fiscal year, the
22 department shall provide a report to the report recipients required
23 in section 246 of this part on both of the following:

24 (a) The cost per Medicaid prescription for the fee-for-service
25 population and separately the cost per Medicaid prescription for
26 the managed care population for the fiscal years ending September
27 30, 2017 through the previous fiscal year.

28 (b) Projected cost per Medicaid prescription for the fee-for-
29 service population and projected cost per Medicaid prescription for



1 the managed care population for the current fiscal year.

2 Sec. 1628. From the funds appropriated in part 1 for hospital
3 services and therapy and Healthy Michigan plan, the department
4 shall continue to allocate \$3,000,000.00 in general fund/general
5 purpose revenue and any associated federal match to maintain the
6 Medicaid reimbursement rate for dental services provided at
7 ambulatory surgical centers and outpatient hospitals. The funding
8 provided in this section must be used to maintain the minimum rate
9 for dental services provided in ambulatory surgical centers at
10 \$1,495.00 and maintain the minimum rate for dental services
11 provided in outpatient hospitals at \$2,300.00.

12 Sec. 1629. The department shall utilize maximum allowable cost
13 pricing for generic drugs that is based on wholesaler pricing to
14 providers that is available from at least 2 wholesalers who deliver
15 in this state.

16 Sec. 1630. From the funds appropriated in part 1 for Medicaid
17 dental services, by April 1 of the current fiscal year, the
18 department shall submit a report to the report recipients required
19 in section 246 of this part on the dental service benefit. The
20 report must cover all of the following areas:

21 (a) Information on the implementation of the Adult Medicaid
22 dental benefit redesign including all of the following:

23 (i) Information on the implementation of increased dental
24 service rates including the status of the integration of the adult
25 dental benefit into Medicaid health plans, ranking of current
26 reimbursement rates with other states within the Midwest, and
27 discussion of the rebase of the dental rate parity process.

28 (ii) Information on the number of dental providers, by Medicaid
29 health plan in this state who provided 1 or more Medicaid dental



1 services in fiscal year 2021-2022 and the number of additional
2 providers who were added in the previous fiscal year, with a
3 particular focus on the correlation between the average payment per
4 visit and number of enrolled dental providers before and after the
5 implementation of the adult dental benefit redesign.

6 (iii) Information on the status of enhanced care coordination
7 and data that tracks the utilization of preventive care and
8 reductions in avoidable costs in the periods before the adult
9 dental redesign and in the periods after the adult dental redesign.

10 (iv) Information on the array of covered dental benefits and
11 services before the adult dental redesign and how the available
12 benefits and services changed or expanded after the adult dental
13 redesign.

14 (b) Information on Medicaid dental services provided to
15 pregnant women and individuals including the number of pregnant
16 women enrolled in Medicaid who visited a dentist in the previous
17 fiscal year and the number of dentists statewide who participate in
18 providing dental services to pregnant women and individuals
19 enrolled in Medicaid.

20 (c) Information on the Healthy Kids Dental program including
21 all of the following:

22 (i) The number of children enrolled in the Healthy Kids Dental
23 program who visited the dentist in the previous fiscal year broken
24 down by dental benefit manager.

25 (ii) The number of dentists who accept payment from the Healthy
26 Kids Dental program broken down by dental benefit manager.

27 (iii) The annual change in dental utilization of children
28 enrolled in the Healthy Kids Dental program broken down by dental
29 benefit manager.



1 (iv) Service expenditures for the Healthy Kids Dental program
2 broken down by dental benefit manager.

3 (v) Administrative expenditures for the Healthy Kids Dental
4 program broken down by dental benefit manager.

5 Sec. 1631. (1) The department shall require co-payments on
6 dental, podiatric, and vision services provided to Medicaid
7 recipients, except as prohibited by federal or state law or
8 regulation.

9 (2) Except as otherwise prohibited by federal or state law or
10 regulation, the department shall require Medicaid recipients not
11 enrolled in the Healthy Michigan plan or with an income less than
12 100% of the federal poverty level to pay not less than the
13 following co-payments:

14 (a) Two dollars for a physician office visit.

15 (b) Three dollars for a hospital emergency room visit.

16 (c) Fifty dollars for the first day of an inpatient hospital
17 stay.

18 (d) Two dollars for an outpatient hospital visit.

19 (3) Except as otherwise prohibited by federal or state law or
20 regulation, the department shall require Medicaid recipients
21 enrolled in the Healthy Michigan plan with an income of at least
22 100% of the federal poverty level to pay the following co-payments:

23 (a) Four dollars for a physician office visit.

24 (b) Eight dollars for a hospital emergency room visit.

25 (c) One hundred dollars for the first day of an inpatient
26 hospital stay.

27 (d) Four dollars for an outpatient hospital visit or any other
28 medical provider visit to the extent allowed by federal or state
29 law or regulation.



1 Sec. 1641. An institutional provider that is required to
2 submit a cost report under the Medicaid program shall submit cost
3 reports completed in full within 5 months after the end of its
4 fiscal year.

5 Sec. 1644. (1) From the funds appropriated in part 1, the
6 department shall increase the direct care wage by \$0.65 per hour to
7 direct care workers employed by skilled nursing facilities from the
8 previous fiscal year. This funding must include all costs incurred
9 by the employer, including payroll taxes, due to the wage increase.
10 As used in this subsection, "direct care workers" means a
11 registered professional nurse, licensed practical nurse,
12 competency-evaluated nursing assistant, and respiratory therapist.

13 (2) From the funds appropriated in part 1, the department
14 shall increase the direct care wage by \$0.65 per hour to direct
15 care workers employed by licensed adult foster care facilities and
16 licensed homes for the aged from the previous fiscal year that
17 provide Medicaid-funded fee-for-service personal care services that
18 were not eligible for any direct care worker pay adjustment under
19 Medicaid-funded managed care. This funding must include all costs
20 incurred by the employer, including payroll taxes, due to the wage
21 increase.

22 Sec. 1645. (1) It is the intent of the legislature that the
23 department establish the class I nursing facility current asset
24 value bed limit based on the rolling 15-year history of new
25 construction.

26 (2) It is the intent of the legislature that, for the fiscal
27 year beginning October 1, 2023, the department modify the class I
28 nursing facility current asset value bed limit based on the rolling
29 15-year history of new construction. The increase in the current



1 asset value bed limit shall not exceed 4% of the limit for the
2 previous fiscal year.

3 Sec. 1646. (1) From the funds appropriated in part 1 for long-
4 term care services, the department shall continue to administer a
5 nursing facility quality measure initiative program. The initiative
6 shall be financed through the quality assurance assessment for
7 nursing homes and hospital long-term care units, and the funds
8 shall be distributed according to the following criteria:

9 (a) The department shall award more dollars to nursing
10 facilities that have a higher CMS 5-star quality measure domain
11 rating, then adjusted to account for both positive and negative
12 aspects of a patient satisfaction survey.

13 (b) A nursing facility with a CMS 5-star quality measure
14 domain star rating of 1 or 2 must file an action plan with the
15 department describing how it intends to use funds appropriated
16 under this section to increase quality outcomes before funding
17 shall be released.

18 (c) The total incentive dollars must reflect the following
19 Medicaid utilization scale:

20 (i) For nursing facilities with a Medicaid participation rate
21 of above 63%, the facility shall receive 100% of the incentive
22 payment.

23 (ii) For nursing facilities with a Medicaid participation rate
24 between 50% and 63%, the facility shall receive 75% of the
25 incentive payment.

26 (iii) For nursing facilities with a Medicaid participation rate
27 of less than 50%, the facility shall receive a payment
28 proportionate to their Medicaid participation rate.

29 (iv) For nursing facilities not enrolled in Medicaid, the



1 facility shall not receive an incentive payment.

2 (d) Facilities designated as special focus facilities are not
3 eligible for any payment under this section.

4 (e) Number of licensed beds.

5 (2) The department and nursing facility representatives shall
6 evaluate the quality measure incentive program's effectiveness on
7 quality, measured by the change in the CMS 5-star quality measure
8 domain rating since the implementation of quality measure incentive
9 program. By March 1 of the current fiscal year, the department
10 shall submit a report to the report recipients required in section
11 246 of this part on the findings of the evaluation.

12 Sec. 1647. By October 1 of the current fiscal year, the
13 department shall submit a report to the report recipients required
14 in section 246 of this part on the status of *Maple Manor Rehab*
15 *Center of Wayne v Mich Dep't of Treasury*, Docket No. 359235.

16 Sec. 1657. (1) Reimbursement for Medicaid to screen and
17 stabilize a Medicaid recipient, including stabilization of a
18 psychiatric crisis, in a hospital emergency room shall not be made
19 contingent on obtaining prior authorization from the recipient's
20 HMO. If the recipient is discharged from the emergency room, the
21 hospital shall notify the recipient's HMO within 24 hours of the
22 diagnosis and treatment received.

23 (2) If the treating hospital determines that the recipient
24 will require further medical service or hospitalization beyond the
25 point of stabilization, that hospital shall receive authorization
26 from the recipient's HMO prior to admitting the recipient.

27 (3) Subsections (1) and (2) do not require an alteration to an
28 existing agreement between an HMO and its contracting hospitals and
29 do not require an HMO to reimburse for services that are not



1 considered to be medically necessary.

2 Sec. 1662. (1) The department shall ensure that an external
3 quality review of each contracting HMO is performed that results in
4 an analysis and evaluation of aggregated information on quality,
5 timeliness, and access to health care services that the HMO or its
6 contractors furnish to Medicaid beneficiaries.

7 (2) The department shall require Medicaid HMOs to provide
8 EPSDT utilization data through the encounter data system, and HEDIS
9 well child health measures in accordance with the National
10 Committee for Quality Assurance prescribed methodology.

11 (3) The department shall provide a copy of the analysis of the
12 Medicaid HMO annual audited HEDIS reports and the annual external
13 quality review report to the report recipients required in section
14 246 of this part within 30 days after the department's receipt of
15 the final reports from the contractors.

16 Sec. 1670. (1) The appropriation in part 1 for the MICHild
17 program is to be used to provide comprehensive health care to all
18 children under age 19 who reside in families with income at or
19 below 212% of the federal poverty level, who are uninsured and have
20 not had coverage by other comprehensive health insurance within 6
21 months of making application for MICHild benefits, and who are
22 residents of this state. The department shall develop detailed
23 eligibility criteria through the behavioral and physical health and
24 aging services administration public concurrence process,
25 consistent with the provisions of this part and part 1.

26 (2) The department may provide up to 1 year of continuous
27 eligibility to children eligible for the MICHild program unless the
28 family fails to pay the monthly premium, a child reaches age 19, or
29 the status of the children's family changes and its members no



1 longer meet the eligibility criteria as specified in the state
2 plan.

3 (3) The department may make payments on behalf of children
4 enrolled in the MICHild program as described in the MICHild state
5 plan approved by the United States Department of Health and Human
6 Services, or from other medical services.

7 Sec. 1677. The MICHild program shall provide, at a minimum,
8 all benefits available under the Michigan benchmark plan that are
9 delivered through contracted providers and consistent with federal
10 law, including, but not limited to, the following medically
11 necessary services:

12 (a) Inpatient mental health services, other than substance use
13 disorder treatment services, including services furnished in a
14 state-operated mental hospital and residential or other 24-hour
15 therapeutically planned structured services.

16 (b) Outpatient mental health services, other than substance
17 use disorder services, including services furnished in a state-
18 operated mental hospital and community-based services.

19 (c) Durable medical equipment and prosthetic and orthotic
20 devices.

21 (d) Dental services as outlined in the approved MICHild state
22 plan.

23 (e) Substance use disorder treatment services that may include
24 inpatient, outpatient, and residential substance use disorder
25 treatment services.

26 (f) Care management services for mental health diagnoses.

27 (g) Physical therapy, occupational therapy, and services for
28 individuals with speech, hearing, and language disorders.

29 (h) Emergency ambulance services.



1 Sec. 1682. (1) In addition to the appropriations in part 1,
 2 the department is authorized to receive and spend penalty money
 3 received as the result of noncompliance with Medicaid certification
 4 regulations. Penalty money, characterized as private funds,
 5 received by the department shall increase authorizations and
 6 allotments in the long-term care accounts.

7 (2) Any unexpended penalty money, at the end of the year,
 8 shall carry forward to the following year.

9 (3) By March 1 of the current fiscal year, the department
 10 shall submit a report to the report recipients required in section
 11 246 of this part on penalty money received by the department as
 12 described in subsection (1). The report shall include, but is not
 13 limited to, the following information:

14 (a) The amount of penalty monies received by the department
 15 received in the previous fiscal year listed by the assessed entity.

16 (b) A list of the entities who were assessed penalties in the
 17 previous fiscal year with the rationale for each penalty.

18 Sec. 1692. (1) The department is authorized to pursue
 19 reimbursement for eligible services provided in Michigan schools
 20 from the federal Medicaid program. The department and the state
 21 budget director are authorized to negotiate and enter into
 22 agreements, together with the department of education, with local
 23 and intermediate school districts regarding the sharing of federal
 24 Medicaid services funds received for these services. The department
 25 is authorized to receive and disburse funds to participating school
 26 districts pursuant to such agreements and state and federal law.

27 (2) From the funds appropriated in part 1 for health services
 28 school-based services payments, the department is authorized to do
 29 all of the following:



1 (a) Finance activities within the behavioral and physical
2 health and aging services administration related to this project.

3 (b) Reimburse participating school districts pursuant to the
4 fund-sharing ratios negotiated in the state-local agreements
5 authorized in subsection (1).

6 (c) Offset general fund costs associated with the Medicaid
7 program.

8 Sec. 1693. The special Medicaid reimbursement appropriation in
9 part 1 may be increased if the department submits a Medicaid state
10 plan amendment pertaining to this line item at a level higher than
11 the appropriation. The department is authorized to appropriately
12 adjust financing sources in accordance with the increased
13 appropriation.

14 Sec. 1694. From the funds appropriated in part 1 for special
15 Medicaid reimbursement, \$1,500,000.00 of general fund/general
16 purpose revenue and any associated federal match shall be
17 distributed for poison control services to an academic health care
18 system that has a high indigent care volume.

19 Sec. 1697. The department shall require that Medicaid health
20 plans administering Healthy Michigan plan benefits maintain a
21 network of dental providers in sufficient numbers, mix, and
22 geographic locations throughout their respective service areas in
23 order to provide adequate dental care for Healthy Michigan plan
24 enrollees.

25 Sec. 1699. (1) The department may make separate payments in
26 the amount of \$45,000,000.00 directly to qualifying hospitals
27 serving a disproportionate share of indigent patients and to
28 hospitals providing GME training programs. If direct payment for
29 GME and DSH is made to qualifying hospitals for services to



1 Medicaid recipients, hospitals shall not include GME costs or DSH
2 payments in their contracts with HMOs.

3 (2) The department shall allocate \$45,000,000.00 in DSH
4 funding using the distribution methodology used in fiscal year
5 2003-2004.

6 Sec. 1700. By December 1 of the current fiscal year, the
7 department shall submit a report to the report recipients required
8 in section 246 of this part on the distribution of funding
9 provided, and the net benefit if the special hospital payment is
10 not financed with general fund/general purpose revenue, to each
11 eligible hospital during the previous fiscal year from the
12 following special hospital payments:

13 (a) DSH, separated out by unique DSH pool.

14 (b) GME.

15 (c) Special rural hospital payments provided under section
16 1802(2) of this part.

17 (d) Lump-sum payments to rural hospitals for obstetrical care
18 provided under section 1802(1) of this part.

19 Sec. 1702. From the funds appropriated in part 1, the
20 department shall maintain the rates in place as of September 30,
21 2023 for private duty nursing services for Medicaid beneficiaries
22 under 26 years of age. It is the intent of the legislature for the
23 rate to increase by 30%, but not less than 10%, for the services
24 described under this section. These additional funds must be used
25 to attract and retain highly qualified registered nurses and
26 licensed practical nurses to provide private duty nursing services
27 so that medically fragile individuals can be cared for in the most
28 homelike setting possible.

29 Sec. 1757. The department shall obtain proof from all Medicaid



1 recipients that they are United States citizens or otherwise
 2 legally residing in this country and that they are residents of
 3 this state before approving Medicaid eligibility.

4 Sec. 1764. The department shall annually certify whether rates
 5 paid to Medicaid health plans and specialty PIHPs are actuarially
 6 sound in accordance with federal requirements and shall provide a
 7 copy of the rate certification and approval of rates paid to
 8 Medicaid health plans and specialty PIHPs for any fiscal year by
 9 October 15 for Medicaid capitation rate certifications and by
 10 February 15, May 15, and August 15 for any Medicaid capitation rate
 11 amendments to the report recipients required in section 246 of this
 12 part. Following the rate certification, the department shall ensure
 13 that no new or revised state Medicaid policy bulletin that is
 14 promulgated materially impacts the capitation rates that have been
 15 certified.

16 Sec. 1775. (1) By March 1 of the current fiscal year, the
 17 department shall submit a report to the report recipients required
 18 in section 246 of this part on progress in implementing changes to
 19 the waiver to implement managed care for individuals who are
 20 eligible for both Medicare and Medicaid, known as MI Health Link.
 21 The report must include progress updates on the transition to dual
 22 eligible special needs plans in compliance with CMS regulations.

23 (2) The department shall ensure the existence of an ombudsman
 24 program that is not associated with any project service manager or
 25 provider to assist MI Health Link beneficiaries with navigating
 26 complaint and dispute resolution mechanisms and to identify
 27 problems in the demonstrations and in the complaint and dispute
 28 resolution mechanisms.

29 Sec. 1786. (1) From the funds appropriated in part 1, the



1 department shall maintain Medicaid reimbursement for the
2 administration of injectable vaccines at \$16.13 and administration
3 of oral vaccines at \$12.25.

4 (2) The intent of the rate increases in subsection (1) is to
5 improve immunization rates among Medicaid beneficiaries and reduce
6 the spread of preventable illness.

7 Sec. 1788. From the funds appropriated in part 1, the
8 department shall provide Medicaid reimbursement rates, including
9 Medicaid reimbursements from the ambulance provider quality
10 assurance assessment, for ground ambulance services at not less
11 than 100% of the full allowable Medicare rates for Locality 01 for
12 those services in effect on January 1, 2023.

13 Sec. 1790. The department shall maintain the current
14 practitioner rates paid for current procedural terminology (CPT)
15 codes 90791 through 90899 for psychiatric procedures through
16 Medicaid fee-for-service and through the comprehensive Medicaid
17 health plans for psychiatric procedures provided for Medicaid
18 recipients under 21 years of age.

19 Sec. 1791. From the funds appropriated in part 1 for health
20 plan services and physician services, the department shall provide
21 Medicaid reimbursement rates for neonatal services at 100% of the
22 Medicare rate received for those services in effect on the date the
23 services are provided to eligible Medicaid recipients. The current
24 procedural terminology (CPT) codes that are eligible for this
25 reimbursement rate increase are 99468, 99469, 99471, 99472, 99475,
26 99476, 99477, 99478, 99479, and 99480.

27 Sec. 1792. By April 30 of the current fiscal year, the
28 department shall evaluate pharmacy encounter data through the first
29 2 quarters of the fiscal year to determine, in consultation with



1 the Medicaid health plans, if rates must be recertified. By May 30
2 of the current fiscal year, the department shall submit a report on
3 the evaluation results to the report recipients required in section
4 246 of this part, and the Medicaid health plans.

5 Sec. 1801. From the funds appropriated in part 1 for physician
6 services and health plan services, the department shall continue
7 the increase to Medicaid rates for primary care services provided
8 only by primary care providers. Providers performing a service and
9 whose primary practice is as a non-primary-care subspecialty are
10 not eligible for the increase. The department shall establish
11 policies that most effectively limit the increase to primary care
12 providers for primary care services only. As used in this section,
13 "primary care provider" means a physician, or a practitioner
14 working in collaboration with a physician, who is either licensed
15 under part 170 or part 175 of the public health code, 1978 PA 368,
16 MCL 333.17001 to 333.17097 and 333.17501 to 333.17556, and working
17 as a primary care provider in general practice or board-eligible or
18 certified with a specialty designation of family medicine, general
19 internal medicine, or pediatric medicine, or a provider who
20 provides the department with documentation of equivalency.

21 Sec. 1802. (1) From the funds appropriated in part 1 for
22 hospital services and therapy, \$7,995,200.00 in general
23 fund/general purpose revenue shall be provided as lump-sum payments
24 to noncritical access hospitals that qualified for rural hospital
25 access payments in fiscal year 2013-2014 and that provide
26 obstetrical care in the current fiscal year. Payment amounts shall
27 be based on the volume of obstetrical care cases and newborn care
28 cases for all such cases billed by each qualified hospital in the
29 most recent year for which data is available. Payments shall be



1 made by January 1 of the current fiscal year.

2 (2) From the funds appropriated in part 1 for hospital
3 services and therapy and Healthy Michigan plan, \$15,204,800.00 in
4 general fund/general purpose revenue and any associated federal
5 match shall be awarded as rural access payments to noncritical
6 access hospitals that meet criteria established by the department
7 for services to low-income rural residents. One of the
8 reimbursement components of the distribution formula shall be
9 assistance with labor and delivery services. The department shall
10 ensure that the rural access payments described in this subsection
11 are distributed in a manner that ensures all of the following:

12 (a) A hospital does not receive more than 10.0% of the total
13 rural access funding referenced in this subsection.

14 (b) The methodology for distribution under this subsection and
15 its applicable data that are used to determine the payment amounts
16 are provided to each hospital by August 1 of the current fiscal
17 year.

18 (c) Noncritical access hospitals shall be eligible if the
19 hospital is located in a county with a population of not more than
20 165,000 according to the most recent federal decennial census and
21 within a city, village, or township with a population of not more
22 than 15,000 according to the most recent federal decennial census.

23 (3) The department shall publish the distribution of payments
24 for the current fiscal year and the previous fiscal year.

25 Sec. 1804. The department shall utilize the federal public
26 assistance reporting information system to continue to work to
27 identify Medicaid recipients who are veterans and who may be
28 eligible for federal veterans' health care benefits or other
29 benefits and shall continue to refer veterans to the department of



1 military and veterans affairs for assistance in securing additional
2 benefits.

3 Sec. 1810. In advance of the annual rate setting development,
4 Medicaid health plans shall be given at least 60 days to dispute
5 and correct any discarded encounter data before rates are
6 certified. The department shall notify each contracting Medicaid
7 health plan of any encounter data that have not been accepted for
8 the purposes of rate setting.

9 Sec. 1812. By June 1 of the current fiscal year, and using the
10 most recent available cost reports, the department shall submit a
11 report on all direct and indirect costs associated with residency
12 training programs for each hospital that receives funds
13 appropriated in part 1 for graduate medical education or through
14 the MiDocs consortium to the report recipients required in section
15 246 of this part.

16 Sec. 1815. From the funds appropriated in part 1 for health
17 plan services, Healthy Michigan plan, and hospital services and
18 therapy, the department shall allocate \$10,000,000.00 in general
19 fund/general purpose revenue and any associated federal match to
20 increase Medicaid reimbursement rates. The rates shall be increased
21 in all of the following areas:

22 (a) \$3,470,000.00 in general fund/general purpose revenue and
23 any associated federal match to increase moms and babies inpatient
24 rates defined as all patient refined diagnosis related groups codes
25 539 through 640.

26 (b) \$4,360,000.00 in general fund/general purpose revenue and
27 any associated federal match to increase hospital outpatient rates,
28 including those paid as part of a bundle, those paid separately,
29 and fee schedule items.



1 (c) \$2,040,000.00 in general fund/general purpose revenue and
2 any associated federal match to increase inpatient psychiatric base
3 rates.

4 (d) \$130,000.00 in general fund/general purpose revenue and
5 any associated federal match to increase rates for professional
6 obstetric rates.

7 Sec. 1820. (1) In order to avoid duplication of efforts, the
8 department shall utilize applicable national accreditation review
9 criteria to determine compliance with corresponding state
10 requirements for Medicaid health plans that have been reviewed and
11 accredited by a national accrediting entity for health care
12 services.

13 (2) The department shall continue to comply with state and
14 federal law and shall not initiate an action that negatively
15 impacts beneficiary safety.

16 (3) As used in this section, "national accrediting entity"
17 means the National Committee for Quality Assurance, the URAC,
18 formerly known as the Utilization Review Accreditation Commission,
19 or other appropriate entity, as approved by the department.

20 Sec. 1821. From the funds appropriated in part 1 for health
21 plan services, Healthy Michigan plan, and hospital services and
22 therapy, the department shall allocate \$6,500,000.00 in general
23 fund/general purpose revenue and any associated federal match to
24 increase Medicaid reimbursement rates paid to level I and level II
25 designated trauma facilities to recognize increased cost in
26 maintaining level I or level II trauma status.

27 Sec. 1837. The department shall continue, and expand where
28 appropriate, utilization of telemedicine and telepsychiatry as
29 strategies to increase access to services for Medicaid recipients.



1 Sec. 1846. From the funds appropriated in part 1 for graduate
2 medical education, the department shall distribute the funds with
3 an emphasis on the following health care workforce goals:

4 (a) The encouragement of the training of physicians in
5 specialties, including primary care, that are necessary to meet the
6 future needs of residents of this state.

7 (b) The training of physicians in settings that include
8 ambulatory sites and rural locations.

9 (c) The training of practitioners providing pediatric
10 psychiatry services.

11 Sec. 1850. The department may allow Medicaid health plans to
12 assist with maintaining eligibility through outreach activities to
13 ensure continuation of Medicaid eligibility and enrollment in
14 managed care. This may include mailings, telephone contact, or
15 face-to-face contact with beneficiaries enrolled in the individual
16 Medicaid health plan. Health plans may offer assistance in
17 completing paperwork for beneficiaries enrolled in their plan.

18 Sec. 1852. The department shall do both of the following with
19 the funds appropriated in part 1 for program of all-inclusive care
20 for the elderly:

21 (a) Eliminate monthly enrollment caps.

22 (b) Remove card cut-off dates.

23 Sec. 1854. The funds appropriated in part 1 for program of
24 all-inclusive care for the elderly (PACE) must support a current
25 fiscal year enrollment cap that is not less than 7,288.

26 Sec. 1855. From the funds appropriated in part 1 for program
27 of all-inclusive care for the elderly (PACE), to the extent that
28 funding is available in the PACE line item and unused program slots
29 are available, the department may do the following:



1 (a) Increase the number of slots for an already-established
2 local PACE program if the local PACE program has provided
3 appropriate documentation to the department indicating its ability
4 to expand capacity to provide services to additional PACE clients.

5 (b) Suspend the 10 member per month individual PACE program
6 enrollment increase cap in order to allow unused and unobligated
7 slots to be allocated to address unmet demand for PACE services.

8 Sec. 1856. (1) From the funds appropriated in part 1 for
9 hospice services, \$5,000,000.00 shall be expended through contracts
10 with providers to provide room and board for Medicaid recipients
11 who meet hospice eligibility requirements and receive services at
12 Medicaid enrolled hospice residences in this state. The qualifying
13 hospice residences must have been enrolled with Medicaid by October
14 1, 2017. The department shall make funding available based on the
15 number of licensed beds at each participating facility.

16 (2) If funds remain at the end of the current fiscal year, the
17 Medicaid-enrolled hospice with a residence shall return funding to
18 the state.

19 Sec. 1857. By July 1 of the current fiscal year, the
20 department shall explore the implementation of a managed care long-
21 term support service.

22 Sec. 1858. By April 1 of the current fiscal year, the
23 department shall submit a report to the report recipients required
24 in section 246 of this part on all of the following elements
25 related to the current Medicaid pharmacy carve-out of
26 pharmaceutical products as provided for in section 109h of the
27 social welfare act, 1939 PA 280, MCL 400.109h:

28 (a) The number of prescriptions paid by the department during
29 the previous fiscal year.



1 (b) The total amount of expenditures for prescriptions paid by
2 the department during the previous fiscal year.

3 (c) The number of and total expenditures for prescriptions
4 paid for by the department for generic equivalents during the
5 previous fiscal year.

6 Sec. 1859. The department shall partner with the Michigan
7 Association of Health Plans (MAHP) and Medicaid health plans to
8 develop and implement strategies for the use of information
9 technology services for Medicaid research activities. The
10 department shall make available state medical assistance program
11 data, including Medicaid behavioral data, to MAHP and Medicaid
12 health plans or any vendor considered qualified by the department
13 for the purpose of research activities consistent with this state's
14 goals of improving health; increasing the quality, reliability,
15 availability, and continuity of care; and reducing the cost of care
16 for the eligible population of Medicaid recipients.

17 Sec. 1862. From the funds appropriated in part 1, the
18 department shall maintain payment rates for Medicaid obstetrical
19 services at 95% of Medicare levels effective October 1, 2014.

20 Sec. 1867. (1) The department shall continue a workgroup that
21 includes psychiatrists, other relevant prescribers, and pharmacists
22 to identify best practices and to develop a protocol for
23 psychotropic medications. Any changes proposed by the workgroup
24 shall protect a Medicaid beneficiary's current psychotropic
25 pharmaceutical treatment regimen by not requiring a physician
26 currently prescribing any treatment to alter or adjust that
27 treatment.

28 (2) By March 1 of the current fiscal year, the department
29 shall provide the workgroup's recommendations to the report



1 recipients required in section 246 of this part.

2 Sec. 1870. (1) From the funds appropriated in part 1 for
3 hospital services and therapy, the department shall appropriate
4 \$6,400,000.00 in general fund/general purpose revenue plus any
5 contributions from public entities, up to \$5,000,000.00, and any
6 associated federal match to the MiDocs consortium to create new
7 primary care residency slots in underserved communities. The new
8 primary care residency slots must be in 1 of the following
9 specialties: family medicine, general internal medicine, general
10 pediatrics, general OB-GYN, psychiatry, or general surgery.

11 (2) The department shall seek any necessary approvals from CMS
12 to allow the department to implement the program described in this
13 section.

14 (3) Assistance with repayment of medical education loans, loan
15 interest payments, or scholarships provided by MiDocs shall be
16 contingent on a minimum 2-year commitment to practice in an
17 underserved community in this state post-residency and an agreement
18 to forego any sub-specialty training for at least 2 years post-
19 residency with the exception of a child and adolescent psychiatry
20 fellowship that must be integrated with a psychiatry residency
21 training program in a MiDocs affiliated institution.

22 (4) The MiDocs shall work with the department to integrate the
23 Michigan inpatient psychiatric admissions discussion (MIPAD)
24 recommendations and, when possible, prioritize training
25 opportunities in state psychiatric hospitals and community mental
26 health organizations.

27 (5) The department shall maintain the MiDocs initiative
28 advisory council to help support implementation of the program
29 described in this section, and provide oversight. The advisory



1 council shall be composed of the MiDocs consortium, the Michigan
2 Area Health Education Centers, the Michigan Primary Care
3 Association, the Michigan Center for Rural Health, the Michigan
4 Academy of Family Physicians, and any other appointees designated
5 by the department.

6 (6) By September 1 of the current fiscal year, MiDocs shall
7 submit a report to the report recipients required in section 246 of
8 this part on the following:

9 (a) Audited financial statement of per-resident costs.

10 (b) Education and clinical quality data.

11 (c) Roster of trainees, including areas of specialty and
12 locations of training.

13 (d) Medicaid revenue by training site.

14 (7) Outcomes and performance measures for this program
15 include, but are not limited to, the following:

16 (a) Increasing this state's ability to recruit, train, and
17 retain primary care physicians and other select specialty
18 physicians in underserved communities.

19 (b) Maximizing training opportunities with community health
20 centers, rural critical access hospitals, solo or group private
21 practice physician practices, schools, and other community-based
22 clinics, in addition to required rotations at inpatient hospitals.

23 (c) Increasing the number of residency slots for family
24 medicine, general internal medicine, general pediatrics, general
25 OB-GYN, psychiatry, and general surgery.

26 (8) Unexpended and unencumbered funds up to a maximum
27 \$6,400,000.00 in general fund/general purpose revenue plus any
28 contributions from public entities, up to \$5,000,000.00, and any
29 associated federal match remaining in accounts appropriated in part



1 1 for hospital services and therapy are designated as work project
2 appropriations, and any unencumbered or unallotted funds shall not
3 lapse at the end of the fiscal year and shall be available for
4 expenditures for the MiDocs consortium to create new primary care
5 residency slots in underserved communities under this section until
6 the work project has been completed. All of the following are in
7 compliance with section 451a of the management and budget act, 1984
8 PA 431, MCL 18.1451a:

9 (a) The purpose of the work project is to fund the cost of the
10 MiDocs consortium to create new primary care residency slots in
11 underserved communities.

12 (b) The work project will be accomplished by contracting with
13 the MiDocs consortium to oversee the creation of new primary care
14 residency slots.

15 (c) The total estimated completion cost of the work project is
16 \$20,200,000.00.

17 (d) The tentative completion date is September 30, 2027.

18 Sec. 1872. From the funds appropriated in part 1 for personal
19 care services, the department shall maintain the monthly Medicaid
20 personal care supplement paid to adult foster care facilities and
21 homes for the aged that provide personal care services to Medicaid
22 recipients in place during the previous fiscal year.

23 Sec. 1874. The department shall ensure, in counties where
24 program of all-inclusive care for the elderly or PACE services are
25 available, that the program of all-inclusive care for the elderly
26 (PACE) is included as an option in all options counseling and
27 enrollment brokering for aging services and managed care programs,
28 including, but not limited to, Area Agencies on Aging, centers for
29 independent living, and the MiChoice home and community-based



1 waiver. Such options counseling must include approved marketing and
2 discussion materials.

3 Sec. 1879. (1) The department shall maintain a single,
4 standard preferred drug list to be used by all contracted Medicaid
5 managed health care programs. Changes to the preferred drug list
6 shall be made in consultation with all contracted managed health
7 care programs and the Michigan pharmacy and therapeutics committee
8 to ensure sufficient access to medically necessary drugs for each
9 disease state. The department has final authority over the list and
10 shall design the list to ensure access to clinically effective and
11 appropriate drug therapies and maximize federal rebates and
12 supplemental rebates.

13 (2) By July 15 of the current fiscal year, the department
14 shall submit a report to the report recipients required in section
15 246 of this part that compares the managed care pharmacy
16 expenditures, utilization, and rebates before implementing a
17 single, standard preferred drug list to managed care pharmacy
18 expenditures, utilization, and rebates after implementing a single,
19 standard preferred drug list. The report shall include data on
20 collected rebates, pharmacy utilization, and expenditures by
21 quarter for at least 8 quarters before implementing a single,
22 standard preferred drug list, and the experienced rebates, pharmacy
23 utilization, and expenditures for at least 14 quarters, and the
24 projected rebates, pharmacy utilization, and expenditures for
25 quarters 15 through 20 after implementing a single, standard
26 preferred drug list. The data shall be aggregated by the department
27 so as not to disclose the proprietary or confidential drug-specific
28 information, or the proprietary or confidential information that
29 directly or indirectly identifies financial information linked to a



1 single manufacturer.

2 Sec. 1888. The department shall establish contract performance
3 standards associated with the capitation withhold provisions for
4 Medicaid health plans at least 3 months before the implementation
5 of those standards. The determination of whether performance
6 standards have been met shall be based primarily on recognized
7 concepts such as 1-year continuous enrollment and the health care
8 effectiveness data and information set, HEDIS, audited data.

9 Sec. 1895. From the funds appropriated in part 1 for long-term
10 care services, the department shall adjust the variable cost
11 component (VCC) and plant cost component of Medicaid reimbursement
12 to class I, class III, and class IV nursing home providers as
13 follows:

14 (a) An interim VCC rate and plant cost component rate for each
15 facility must be established at 100.0% of the interim rate provided
16 on October 1 of the previous fiscal year.

17 (b) The quality assurance supplement (QAS) amount will be
18 calculated for nursing home providers using the following factors:

19 (i) For class I providers, the QAS must be based on the updated
20 interim VCC for this fiscal year multiplied by 21.76%.

21 (ii) For governmental class III providers, the QAS must be
22 subject to the class I updated variable cost limit (VCL).

23 (iii) For nongovernmental class III providers, the QAS must be
24 based on their VCC or VCL, as applicable, multiplied by 21.76%.

25 (c) The department shall audit the final 2024 VCC and plant
26 costs to establish the final audited rate provided to facilities
27 for services provided in the current fiscal year.

28 Sec. 1896. From the funds appropriated in part 1 for
29 recuperative care, the department shall establish a Medicaid



1 recuperative care and transitional services benefit for
 2 beneficiaries experiencing homelessness. These services, which
 3 include medical and care coordination support, must be provided to
 4 eligibility beneficiaries as part of a hospital discharge process.

5
 6 **INFORMATION TECHNOLOGY**

7 Sec. 1901. (1) The department shall provide a report on a
 8 semiannual basis to the report recipients required in section 246
 9 of this part on all of the following information:

10 (a) The process used to define requests for proposals for each
 11 expansion of information technology projects, including timelines,
 12 project milestones, and intended outcomes.

13 (b) If the department decides not to contract the services out
 14 to design and implement each element of the information technology
 15 expansion, the department's own project plan that includes, at a
 16 minimum, the requirements in subdivision (a).

17 (c) A recommended project management plan with milestones and
 18 time frames.

19 (d) The proposed benefits from implementing the information
 20 technology expansion, including customer service improvement, form
 21 reductions, potential time savings, caseload reduction, and return
 22 on investment.

23 (e) Details on the implementation of the integrated service
 24 delivery project, and the progress toward meeting the outcomes and
 25 performance measures.

26 (f) A list of projects approved in the previous 6 months and
 27 the purpose for approving each project including any federal,
 28 state, court, or legislative requirement for each project.

29 (2) Once an award for an expansion of information technology



1 is made, the department shall submit a report to the report
2 recipients required in section 246 of this part on the projected
3 cost of the expansion broken down by use and type of expense.

4 Sec. 1903. (1) The department shall submit a report to the
5 report recipients required in section 246 of this part by November
6 1 of the current fiscal year the status of an implementation plan
7 regarding the appropriation in part 1 to modernize the MiSACWIS.
8 The report shall include, but not be limited to, an update on the
9 status of the settlement and efforts to bring the system in
10 compliance with the settlement and other federal guidelines set
11 forth by the United States Department of Health and Human Services
12 Administration for Children and Families.

13 (2) The department shall submit a quarterly status report to
14 the report recipients required in section 246 of this part on the
15 planning, implementation, and operation, regardless of the current
16 operational status, regarding the appropriation in part 1 to
17 implement the MiSACWIS. The report shall provide details on the
18 planning, implementation, and operation of the MiSACWIS, including,
19 but not limited to, all of the following:

20 (a) Areas where implementation went as planned, and in each
21 area including whether the implementation results in either
22 enhanced user interface or portal access, conversion to new
23 modules, or substantial operation improvement to the MiSACWIS.

24 (b) The number of known issues.

25 (c) The average number of help tickets submitted per day.

26 (d) Any additional overtime or other staffing costs to address
27 known issues and volume of help tickets.

28 (e) Any contract revisions to address known issues and volume
29 of help tickets.



1 (f) Other strategies undertaken to improve implementation, and
2 for each strategy area including whether the implementation results
3 in either enhanced user interface or portal access, conversion to
4 new modules, or substantial operation improvement to the MiSACWIS.

5 (g) Progress developing cross-system trusted data exchange
6 with the MiSACWIS.

7 (h) Progress in moving away from a statewide automated child
8 welfare information system (SACWIS) to a comprehensive child
9 welfare information system (CCWIS).

10 (i) Progress developing and implementing a program to monitor
11 data quality.

12 (j) Progress developing and implementing custom integrated
13 systems for private agencies.

14 (k) A list of all change orders, planned or in progress.

15 (l) The status of all change orders, planned or in progress.

16 (m) The estimated costs for all planned change orders.

17 (n) The estimated and actual costs for all change orders in
18 progress.

19 (3) By July 1 of the current fiscal year, the department shall
20 submit to the report recipients required in section 246 of this
21 part a report on the department's efforts and recommendations to
22 develop and implement a simpler and more streamlined process for
23 the annual renewal of the licenses for family foster care homes,
24 and the development of a simpler and more efficient version of the
25 application form for renewal of the licenses for family foster care
26 homes.

27 Sec. 1905. (1) The department shall submit a report on a
28 semiannual basis to the chairs of the senate and house standing
29 committees on appropriations, the senate and house appropriations



1 subcommittees on the general government budget, and the report
2 recipients required in section 246 of this part on all of the
3 following:

4 (a) Fiscal year-to-date information technology spending for
5 the current fiscal year by service and project and by line-item
6 appropriation.

7 (b) Planned information technology spending for the remainder
8 of the current fiscal year by service and project and by line-item
9 appropriation.

10 (c) Total fiscal year-to-date information technology spending
11 and planned spending for the current fiscal year by service and
12 project and by line-item appropriation.

13 (d) A list of all information technology projects estimated to
14 cost more than \$250,000.00 that exceed their allotted budget as
15 well as all information technology projects that have exceeded
16 their allotted budget by 25% or more.

17 (2) As used in subsection (1), "project" includes, but is not
18 limited to, all of the following major projects:

19 (a) Community health automated Medicaid processing system
20 (CHAMPS).

21 (b) Bridges and MiBridges eligibility determination.

22 (c) MiSACWIS.

23 (3) The department shall develop a strategic plan for
24 information technology services and projects for the department.
25 The strategic plan shall identify any scheduled changes in the
26 federal and state shares of costs related to information technology
27 services and projects over the 5-year period. As part of the
28 strategic plan, the department shall include total information
29 technology expenditures from the previous fiscal year by fund



1 source and total information technology appropriations as a
2 percentage of total department appropriations by fund source, by
3 completed project, for all information technology expenditures in
4 the previous fiscal year. All projects beginning after October 1,
5 2021 will follow department of management and budget benefits
6 realization methodology, for reporting when completed in a future
7 fiscal year's report. The strategic plan shall also develop
8 benchmarks for comparison that include, for the previous 5 fiscal
9 years, the department's information technology spending compared to
10 the spending in the areas of public health, Medicaid, child
11 protective services, child welfare, family and social services,
12 human services, and child support enforcement for similar
13 departments in 3 other states located in the Midwest.

14 Sec. 1906. From the funds appropriated in part 1 for
15 information technology services and projects, the department shall
16 allocate \$1,750,000.00 general fund/general purpose revenue, and
17 all associated federal matching revenue, to a public and private
18 nonprofit collaboration that is designated as this state's
19 statewide health information exchange by cooperative agreement, to
20 implement health information technology strategies for health
21 information exchange development, data management, and population
22 health at a statewide level.

23 Sec. 1907. By March 1 of the current fiscal year, the
24 department shall submit a report to the report recipients required
25 in section 246 of this part on all current, contracted information
26 technology-related projects, total contractual costs, spending in
27 previous fiscal years, planned spending for the current fiscal
28 year, and fiscal year-to-date spending, by project.

29 Sec. 1909. (1) From the funds appropriated in part 1 for child



1 support automation, the department shall only encumber or expend
2 funds for the operation, maintenance, and improvements of the
3 Michigan child support enforcement system (MiCSES).

4 (2) From the funds appropriated in part 1 for bridges
5 information system, the department shall only encumber or expend
6 funds for the operation, maintenance, and improvements of Bridges
7 and MIBridges.

8 (3) From the funds appropriated in part 1 for Michigan
9 Medicaid information system, the department shall only encumber or
10 expend funds for the operation, maintenance, and improvements of
11 the community health automated Medicaid processing system (CHAMPS).

12 (4) From the funds appropriated in part 1 for Michigan
13 statewide automated child welfare information system, the
14 department shall only encumber or expend funds for the operation,
15 maintenance, and improvements of MiSACWIS.

16 (5) From the funds appropriated in part 1 for comprehensive
17 child welfare information system, the department shall only
18 encumber or expend funds for the operation, maintenance, and
19 improvements to the comprehensive child welfare information system.

20 (6) From the funds appropriated in part 1 for comprehensive
21 child welfare information system, the department shall allocate
22 \$8,259,800.00 to develop a new information system to replace
23 MiSACWIS consistent with the plan provided by the department to the
24 United States District Court for Eastern District of Michigan as a
25 part of the settlement. The development of the comprehensive child
26 welfare information system shall adhere to department of
27 technology, management, and budget and IT Investment Fund (ITIF)
28 policies and practices, including use of the state unified
29 information technology environment methodology and agile



1 development. The project team shall also participate in and comply
2 with the enterprise portfolio management office process and product
3 quality assurance. To ensure full transparency, the project shall
4 be included in the ITIF portfolio for executive, legislative, and
5 external reporting purposes. As a component of the ITIF portfolio,
6 the project is subject to governance and oversight by the IT
7 investment management board.

8 Sec. 1910. (1) From the funds appropriated in part 1,
9 \$535,814,900.00 is appropriated for information technology services
10 and projects including:

11 (a) \$114,571,700.00 for bridges information system.

12 (b) \$21,539,800.00 for Michigan statewide automated child
13 welfare information system.

14 (c) \$105,285,100.00 for Michigan Medicaid information system.

15 (d) \$45,567,200.00 for child support automation.

16 (e) \$8,259,800.00 for comprehensive child welfare information
17 system.

18 (2) For all expenditures of funds appropriated in subsection
19 (1), the department shall submit a report to the report recipients
20 required in section 246 of this part by April 1 of the current
21 fiscal year total information technology expenditures from the
22 previous fiscal year and all information technology expenditures
23 made under an agile software development plan from the previous
24 fiscal year with details on the agile software implementation.

25 (3) From the funds appropriated as described in subsection
26 (1)(e) for comprehensive child welfare information system, this
27 state shall be the owner of any software purchased or developed
28 from the expenditures made under this subsection or it shall be
29 committed to the public domain.



1 (4) From the funds appropriated as described in subsection
2 (1)(e) for comprehensive child welfare information system,
3 \$1,000,000.00 of these funds shall be used by the department to
4 choose a product owner that will implement a user-centered design
5 that includes user stories into the development of a comprehensive
6 child welfare information system. The department shall report by
7 March 1 of the current fiscal year to the senate and house
8 appropriations subcommittees on the department budget, the senate
9 and house fiscal agencies, and the senate and house policy offices
10 on the selection of a product owner for the comprehensive child
11 welfare information system.

12 (5) From the funds appropriated as described in subsection
13 (1)(e) for comprehensive child welfare information system,
14 \$1,000,000.00 of these funds shall be used by the department to
15 provide updates as requested by the chairs of the house and senate
16 appropriations committees or the chairs of the house and senate
17 appropriations subcommittees on the department budget. Information
18 updates provided by the department, upon request, shall also be
19 accessible to the house and senate fiscal agencies, the house and
20 senate policy offices, and the state budget office on the status of
21 the work completed to date. The updates shall include
22 demonstrations of the completed work during the sprint period.
23 During these demonstrations, the department shall provide a quality
24 assessment surveillance plan as shown in appendix B of "De-risking
25 custom technology projects" from the United States General Services
26 Administration. At each demonstration, the department shall
27 validate which user stories have been included into the software
28 development and the remaining user stories that will be included
29 into the product.



1 (6) As used in this section:

2 (a) "Agile software development" means the use of development
3 methodologies using iterative development with work completed by
4 cross-functional teams of software development.

5 (b) "Product owner" means a department employee who
6 iteratively prioritizes and defines the work for the product team,
7 works with users, stakeholders, technologists, and the software
8 vendor to envision the direction for the product, and ensures that
9 value is being delivered to end users as quickly as possible.

10 (c) "User-centered design" means software development that
11 places the highest priority on the needs of the specific people who
12 are expected to use the software.

13 (d) "User stories" means a task that the agile software
14 development team will focus on over a given 2-week development
15 period and includes clearly labeled progress toward meeting the
16 needs of the end users.

17

18 **ONE-TIME APPROPRIATIONS**

19 Sec. 1950. (1) From the funds appropriated in part 1 for
20 nursing facility rate transition support, the department shall
21 allocate \$100.00 to assist long-term care providers in
22 transitioning to a new Medicaid nursing facility reimbursement
23 model. The funds appropriated under this section must be
24 distributed as follows:

25 (a) No more than \$50,000,000.00 shall be allocated toward the
26 transition assistance described in this subsection in the current
27 fiscal year.

28 (b) No more than \$10,000,000.00 shall be allocated toward
29 information technology improvements to support implementation of a



1 new Medicaid nursing facility reimbursement model.

2 (2) The unexpended funds appropriated in part 1 for nursing
3 facility rate transition support are designated as a work project
4 appropriation. Unencumbered or unallotted funds shall not lapse at
5 the end of the fiscal year and shall be available for expenditures
6 under this section until the project has been completed. The
7 following is in compliance with section 451a of the management and
8 budget act, 1984 PA 431, MCL 18.1451a:

9 (a) The purpose of the project is to aid the transition away
10 from cost-settlement-based nursing facility reimbursement.

11 (b) The project shall be accomplished by the department.

12 (c) The total estimated cost of the project is
13 \$110,000,000.00.

14 (d) The tentative completion date is September 30, 2028.

15 Sec. 1951. (1) From the funds appropriated in part 1 for water
16 quality projects, the department shall allocate \$1,000,000.00 to
17 support public health, data sharing infrastructure, filter
18 distribution and inspection, and faucet and full plumbing
19 replacement activities in significantly overburdened communities as
20 that term is defined by the department of environment, Great Lakes,
21 and energy under the authority granted under parts 53 and 54 of the
22 natural resources and environmental protection act, 1994 PA 451,
23 MCL 324.5301 to 324.5316 and 324.5401 to 324.5418.

24 (2) The unexpended portion of funds appropriated for water
25 quality projects is considered a work project appropriation and any
26 unencumbered or unallotted funds shall not lapse at the end of the
27 fiscal year and shall be available for expenditure for the project
28 under this section until the project has been completed. The
29 following is in compliance with section 451a of the management and



1 budget act, 1984 PA 431, MCL 18.1451a:

2 (a) The purpose of the project is to improve public health
3 data sharing capabilities, distribute and inspect lead-reducing
4 filters and replace lead-containing faucets and plumbing in
5 significantly overburdened communities, and support department
6 administration of this process.

7 (b) The project will be accomplished by utilizing state
8 resources, contracts, or grants.

9 (c) The total estimated cost of the project is \$1,000,000.00.

10 (d) The tentative completion date is September 30, 2028.

11 Sec. 1952. (1) From the funds appropriated in part 1 for
12 medical debt relief pilot program, the department shall allocate
13 \$10,000,000.00 to a national nonprofit organization organized under
14 the laws of this state that is exempt from federal income tax under
15 section 501(c)(3) of the internal revenue code of 1986, 26 USC 501,
16 and established in 2014 for the purpose of purchasing bundles of
17 medical debt on secondary markets or directly from providers to
18 abolish the medical debt for a group or groups of patients. The
19 department shall ensure the following conditions and criteria are
20 met before awarding grants under this section:

21 (a) The grant recipient may only use an award under this
22 section to eliminate medical debt to patients with an income below
23 the federal poverty level with a financial need or who face
24 insolvency.

25 (b) The grant recipient shall ensure that there are no adverse
26 tax or income implications for the patient due to the elimination
27 of the medical debt.

28 (c) The grant recipient shall provide evidence to the
29 department that they have a track record of performing the work



1 described in this section.

2 (d) The grant recipient shall work with local units of
3 government to eliminate medical debt for residents of those local
4 units of government. The grant recipient shall give preference to
5 local units of government that provide a dollar of matching funds
6 for every dollar appropriated under this section.

7 (2) The unexpended funds appropriated in part 1 for medical
8 debt relief pilot program are designated as a work project
9 appropriation. Unencumbered or unallotted funds shall not lapse at
10 the end of the fiscal year and shall be available for expenditures
11 under this section until the project has been completed. All of the
12 following are in compliance with section 451a of the management and
13 budget act, 1984 PA 431, MCL 18.1451a:

14 (a) The purpose of the project is to purchase bundles of
15 medical debt on secondary markets or directly from providers to
16 abolish the medical debt for a group or groups of patients.

17 (b) The project will be accomplished by a national nonprofit
18 501(c)(3) organization.

19 (c) The estimated cost of the project is \$10,000,000.00.

20 (d) The tentative completion date is September 30, 2028.

21 Sec. 1953. (1) From the funds appropriated in part 1 for
22 biomarker testing, the department shall allocate \$7,000,000.00 to a
23 wellness center to provide pharmacogenetic testing to reduce the
24 risk of developing an opioid use disorder. The wellness center must
25 meet all of the following requirements:

26 (a) Be dedicated to enhancing the well-being of individuals by
27 providing an array of comprehensive behavioral and physical health
28 services in a trauma-informed environment and promoting quality of
29 life, continuous improvement, social awareness, and healing.



1 (b) Have its administrative office located in a county with a
 2 population of at least 1,750,000 in a city with a population
 3 between 109,000 and 111,000 according to the most recent federal
 4 decennial census.

5 (c) Be accredited by CARF International.

6 (2) The unexpended funds appropriated in part 1 for biomarker
 7 testing are designated as a work project appropriation.
 8 Unencumbered or unallotted funds shall not lapse at the end of the
 9 fiscal year and shall be available for expenditures under this
 10 section until the project has been completed. All of the following
 11 are in compliance with section 451a of the management and budget
 12 act, 1984 PA 431, MCL 18.1451a:

13 (a) The purpose of the project is to provide pharmacogenetic
 14 testing to reduce the risk of developing an opioid use disorder.

15 (b) The project will be accomplished by a CARF International
 16 accredited wellness center.

17 (c) The estimated cost of the project is \$7,000,000.00.

18 (d) The tentative completion date is September 30, 2028.

19 Sec. 1954. (1) From the funds appropriated in part 1 for first
 20 responder and public safety staff mental health, the department
 21 shall allocate \$5,000,000.00 toward a program to support
 22 firefighters, police officers, emergency medical services
 23 personnel, public safety tele-communicators, correctional officers,
 24 juvenile detention employees, and individuals working on special
 25 teams such as internet sex crimes, sexual crimes against children,
 26 or traffic fatalities suffering from post-traumatic stress syndrome
 27 and other mental health conditions. The grant program must
 28 primarily provide grants to behavioral health providers and may
 29 also include funding to the Michigan crisis and action line



1 established under section 165 of the mental health code, 1974 PA
2 258, MCL 330.1165, to improve information and referrals for these
3 services. The program must coordinate and integrate with the
4 Michigan crisis and access line established under section 165 of
5 the mental health code, 1974 PA 258, MCL 330.1165.

6 (2) The unexpended funds appropriated in part 1 for first
7 responder and public safety staff mental health are designated as a
8 work project appropriation. Unencumbered or unallotted funds shall
9 not lapse at the end of the fiscal year and shall be available for
10 expenditures under this section until the project has been
11 completed. All of the following are in compliance with section 451a
12 of the management and budget act, 1984 PA 431, MCL 18.1451a:

13 (a) The purpose of the project is to ensure that first
14 responder and public safety staff who are dealing with post-
15 traumatic stress syndrome and other mental health conditions have
16 access to enhanced mental health services.

17 (b) The project will be accomplished by utilizing state
18 employees, contracting with vendors, or working with local
19 partners.

20 (c) The estimated cost of the project is \$5,000,000.00.

21 (d) The tentative completion date is September 30, 2028.

22 Sec. 1955. (1) From the funds appropriated in part 1 for
23 environmental public health program, the department shall allocate
24 \$1,000,000.00 to a community development corporation organized
25 under the laws of this state that is exempt from federal income tax
26 under section 501(c)(3) of the internal revenue code of 1986, 26
27 USC 501, located in a city with a population greater than 600,000
28 according to the most recent federal decennial census to complete
29 home assessments and coordinate health action plans to improve safe



1 and quality housing for low-income individuals and families. To be
2 eligible for funding under this section, a community development
3 coordination must have partnered with an FQHC to establish a health
4 center and have a stated mission of supporting residents and
5 businesses in building a healthy and thriving community.

6 (2) The unexpended funds appropriated in part 1 for
7 environmental public health program are designated as a work
8 project appropriation. Unencumbered or unallotted funds shall not
9 lapse at the end of the fiscal year and shall be available for
10 expenditures under this section until the project has been
11 completed. All of the following are in compliance with section 451a
12 of the management and budget act, 1984 PA 431, MCL 18.1451a:

13 (a) The purpose of the project is to complete home assessments
14 and coordinate health action plans to improve safe and quality
15 housing for low-income individuals and families.

16 (b) The project will be accomplished by a nonprofit 501(c)(3)
17 organization.

18 (c) The estimated cost of the project is \$1,000,000.00.

19 (d) The tentative completion date is September 30, 2028.

20 Sec. 1956. (1) From the funds appropriated in part 1 for
21 emergency homeless shelter repair and services grant, the
22 department shall allocate \$1,000,000.00 to a nonprofit, community-
23 based organization organized under the laws of this state that is
24 exempt from federal income tax under section 501(c)(3) of the
25 internal revenue code of 1986, 26 USC 501, located in a city with a
26 population between 600,000 and 650,000 according to the most recent
27 federal decennial census. In order to be eligible for the funding
28 under this section, the entity must use the grant to make capital
29 and infrastructure repairs to structures in order to convert the



1 structures into emergency homeless shelters for women and children
2 and shelters for individuals who are parolees from the department
3 of corrections.

4 (2) The unexpended funds appropriated in part 1 for emergency
5 homeless shelter repair and services grant are designated as a work
6 project appropriation. Unencumbered or unallotted funds shall not
7 lapse at the end of the fiscal year and shall be available for
8 expenditures under this section until the project has been
9 completed. All of the following are in compliance with section 451a
10 of the management and budget act, 1984 PA 431, MCL 18.1451a:

11 (a) The purpose of the project is to make capital and
12 infrastructure repairs to structures in order to convert the
13 structures into emergency homeless shelters for women and children
14 and shelters for individuals who are parolees from the department
15 of corrections.

16 (b) The project will be accomplished by a nonprofit 501(c)(3)
17 organization.

18 (c) The estimated cost of the project is \$1,000,000.00.

19 (d) The tentative completion date is September 30, 2028.

20 Sec. 1957. (1) From the funds appropriate in part 1 for
21 substance use treatment center, the department shall appropriate
22 \$10,000,000.00 to a nonprofit, community-based organization
23 organized under the laws of this state that is exempt from federal
24 income tax under section 501(c)(3) of the internal revenue code of
25 1986, 26 USC 501, located in a city with a population between
26 90,000 and 105,000 and located in a county with a population
27 greater than 1,500,000 according to the most recent federal
28 decennial census. The nonprofit, community-based organization must
29 be a licensed mental health and substance use treatment provider



1 with a stated mission to empower communities to improve their
2 health and their economic, social, and cultural well-being.

3 (2) The unexpended funds appropriated in part 1 for substance
4 use treatment center are designated as a work project
5 appropriation. Unencumbered or unallotted funds shall not lapse at
6 the end of the fiscal year and shall be available for expenditures
7 under this section until the project has been completed. All of the
8 following are in compliance with section 451a of the management and
9 budget act, 1984 PA 431, MCL 18.1451a:

10 (a) The purpose of the project is to purchase, renovate, and
11 equip a disused medical office building to provide comprehensive
12 outpatient substance use disorder treatment services.

13 (b) The project will be accomplished by a nonprofit 501(c)(3)
14 organization.

15 (c) The estimated cost of the project is \$10,000,000.00.

16 (d) The tentative completion date is September 30, 2028.

17 Sec. 1958. From the funds appropriated in part 1 for health
18 care facility expansion, the department shall appropriate
19 \$1,500,000.00 to a nonprofit organization organized under the laws
20 of this state that is exempt from federal income tax under section
21 501(c)(3) of the internal revenue code of 1986, 26 USC 501, that
22 provides physical and behavioral health services and community and
23 cultural wellness services, that was founded before 1979, and that
24 is located in a city with a population greater than 600,000
25 according to the most recent federal decennial census for the
26 expansion of a health care facility.

27 Sec. 1959. From the funds appropriated in part 1 for healthy
28 communities grant, \$1,500,000.00 shall be allocated for a 1-time
29 grant to a nonprofit, community-based organization organized under



1 the laws of this state that is exempt from federal income tax under
2 section 501(c)(3) of the internal revenue code of 1986, 26 USC 501,
3 located in a city with a population between 100,000 and 600,000 and
4 in a county with a population greater than 1,500,000 according to
5 the most recent federal decennial census to prevent substance use,
6 expand community support for fighting drug and alcohol misuse, and
7 improve and expand nutrition education services.

8 Sec. 1960. (1) From the funds appropriated in part 1 for
9 psychiatric outpatient clinic, the department shall appropriate
10 \$8,000,000.00 general fund/general purpose revenue as a grant to a
11 nonprofit Michigan health system organized under the laws of this
12 state that is exempt from federal income tax under section
13 501(c)(3) of the internal revenue code of 1986, 26 USC 501, that
14 operates not fewer than 3 licensed adult psychiatric inpatient
15 programs located in counties with a population not less than
16 1,000,000 according to the most recent federal decennial census and
17 with a hospital dedicated to mental health located in a city with a
18 population between 108,000 and 120,000 according to the most recent
19 federal decennial census for the purpose of supporting a new
20 psychiatric residency training program.

21 (2) The unexpended funds appropriated in part 1 for
22 psychiatric outpatient clinic are designated as a work project
23 appropriation. Unencumbered or unallotted funds shall not lapse at
24 the end of the fiscal year and shall be available for expenditures
25 under this section until the project has been completed. All of the
26 following are in compliance with section 451a of the management and
27 budget act, 1984 PA 431, MCL 18.1451a:

28 (a) The purpose of the project is to support a new psychiatric
29 residency training program.



1 (b) The project will be accomplished by a Michigan health
2 system that is a nonprofit 501(c)(3) organization.

3 (c) The estimated cost of the project is \$8,000,000.00.

4 (d) The tentative completion date is September 30, 2028.

5 Sec. 1961. (1) From the funds appropriated in part 1 for jail
6 diversion fund, the department shall allocate \$5,000,000.00 to
7 support the jail diversion fund created by section 207c of the
8 mental health code, 1974 PA 258, MCL 330.1207c.

9 (2) The department shall distribute grants from the jail
10 diversion fund in accordance with sections 207d to 207f of the
11 mental health code, 1974 PA 258, MCL 330.1207d to 330.1207f.

12 Sec. 1962. (1) From the funds appropriated in part 1 for
13 alternative payment model transition, the department shall allocate
14 \$15,000,000.00 in general fund/general purpose revenue and any
15 associated federal match or federal grant funding, to transition
16 the Medicaid reimbursement methodology for federally qualified
17 health centers from a prospective payment system to an alternative
18 payment methodology. The alternative payment methodology must be a
19 population-based capitated payment system that is based on a per-
20 patient per-month reimbursement for each Medicaid recipient
21 assigned to each federally qualified health center.

22 (2) It is the intent of the legislature that the transition
23 described in subsection (1) is phased in over a period of 5 fiscal
24 years.

25 (3) The department shall coordinate with the Michigan Primary
26 Care Association to identify FQHCs or areas of the state that are
27 able to implement the necessary information technology, or other
28 system changes, required for transition to the alternative payment
29 methodology described in subsection (1).



1 Sec. 1963. From the funds appropriated in part 1 for women's
2 health grant backfill, the department shall appropriate
3 \$2,000,000.00 to a 4-year state university located in a city with a
4 population greater than 600,000 according to the most recent
5 federal decennial census to support the office of women's health
6 located at the university.

7 Sec. 1964. (1) From the funds appropriated in part 1 for
8 homeless shelter operations, the department shall allocate
9 \$1,000,000.00 to a nonprofit organization organized under the laws
10 of this state that is exempt from federal income tax under section
11 501(c)(3) of the internal revenue code of 1986, 26 USC 501, and
12 that is located in a city with a population greater than 20,000 in
13 a county with a population between 154,500 and 160,000 according to
14 the most recent federal decennial census to support and sustain
15 homeless shelter operations. To be eligible for funding under this
16 section, the nonprofit organization must have been established in
17 2015, with a stated mission to rebuild the community, restore
18 families, and repurpose individuals.

19 (2) The unexpended funds appropriated in part 1 for homeless
20 shelter operations are designated as a work project appropriation.
21 Unencumbered or unallotted funds shall not lapse at the end of the
22 fiscal year and shall be available for expenditures under this
23 section until the project has been completed. All of the following
24 are in compliance with section 451a of the management and budget
25 act, 1984 PA 431, MCL 18.1451a:

26 (a) The purpose of the project is to support and sustain
27 homeless shelter operations.

28 (b) The project will be accomplished by a nonprofit 501(c)(3)
29 organization.



1 (c) The estimated cost of the project is \$1,000,000.00.

2 (d) The tentative completion date is September 30, 2028.

3 Sec. 1965. From the funds appropriated in part 1 for domestic
4 and sexual violence prevention and treatment, the department shall
5 allocate \$3,610,300.00 to nonprofit organizations organized under
6 the laws of this state that are exempt from federal income tax
7 under section 501(c)(3) of the internal revenue code of 1986, 26
8 USC 501, and receive appropriations in part 1 funded with victims
9 of crime act grant dollars for domestic violence and sexual assault
10 prevention.

11 Sec. 1966. From the funds appropriated in part 1 for community
12 house capital grant, the department shall allocate \$1,000,000.00 to
13 renovate an existing site as well as expand affordable senior
14 housing and child care options in a city with a population between
15 80,000 and 200,000 in a county with a population between 450,000
16 and 850,000 according to the most recent federal decennial census.
17 To be eligible for the funding in this section, the entity must be
18 a nonprofit, community-based organization organized under the laws
19 of this state that is exempt from federal income tax under section
20 501(c)(3) of the internal revenue code of 1986, 26 USC 501,
21 established in 1902 with a mission statement of increasing the
22 ability of children, youth, adults, and families to succeed in a
23 diverse community.

24 Sec. 1967. (1) From the funds appropriated in part 1 for
25 senior citizen home renovation, the department shall appropriate
26 \$3,000,000.00 to a city with a population greater than 600,000
27 according to the most recent federal decennial census to provide
28 home repairs and renovations to ensure that homes are compliant
29 with the Americans with disabilities act of 1990, 42 USC 12101 to



1 12213. In order to be eligible for home repairs and renovations
2 under this section, an individual must be a resident of the city
3 and must be 65 years of age or older or disabled.

4 (2) The unexpended funds appropriated in part 1 for senior
5 citizen home renovation are designated as a work project
6 appropriation. Unencumbered or unallotted funds shall not lapse at
7 the end of the fiscal year and shall be available for expenditures
8 under this section until the project has been completed. All of the
9 following are in compliance with section 451a of the management and
10 budget act, 1984 PA 431, MCL 18.1451a:

11 (a) The purpose of the project is to provide home repairs and
12 renovations to ensure that homes are ADA compliant.

13 (b) The project will be accomplished through a partnership
14 with a city with a population greater than 600,000 according to the
15 most recent federal decennial census.

16 (c) The estimated cost of the project is \$3,000,000.00.

17 (d) The tentative completion date is September 30, 2028.

18 Sec. 1968. From the funds appropriated in part 1 for
19 affordable housing project, the department shall allocate
20 \$2,000,000.00 to a nonprofit organization organized under the laws
21 of this state that is exempt from federal income tax under section
22 501(c)(3) of the internal revenue code of 1986, 26 USC 501, that
23 has a headquarters in a city with a population between 60,000 and
24 135,000 and is located in a county with a population between
25 700,000 and 1,000,000, according to the most recent federal
26 decennial census, for capital costs resulting from construction of
27 an affordable housing apartment complex. To be eligible for funds
28 under this section the nonprofit organization must have been
29 established in 2006 and be dedicated to improving the stability,



1 health, and wellness of those served through advocacy,
 2 acculturation, community development, and cultural preservation.

3 Sec. 1969. (1) From the funds appropriated in part 1 for
 4 homelessness prevention pilot program, the department shall
 5 appropriate \$2,000,000.00 to a nonprofit organization organized
 6 under the laws of this state that is exempt from federal income tax
 7 under section 501(c)(3) of the internal revenue code of 1986, 26
 8 USC 501, that is located in a county with a population between
 9 900,000 and 1,500,000 according to the most recent federal
 10 decennial census, and that operates as that county's continuum of
 11 care provider to establish a pilot program to prevent homelessness
 12 in the county. The pilot program must provide emergency assistance
 13 to help individuals stay in their homes.

14 (2) Eligible expenditures from the funds identified in
 15 subsection (1) must include:

- 16 (a) Payment of rent.
- 17 (b) Payment of utility bills.
- 18 (c) Payment of home repairs.
- 19 (d) Costs associated with moving.

20 (3) To be eligible to receive funds under this section, a
 21 household must have an average median household income equal to or
 22 less than 100% of the average median household income in a county
 23 with a population between 900,000 and 1,500,000 according to the
 24 most recent federal decennial census.

25 (4) A household may not receive more than \$3,600.00 from the
 26 funds appropriated in this section.

27 Sec. 1970. From the funds appropriated in part 1 for
 28 disability and independent living program, the department shall
 29 allocate \$150,000.00 to a nonprofit organization organized under



1 the laws of this state that is exempt from federal income tax under
2 section 501(c)(3) of the internal revenue code of 1986, 26 USC 501,
3 and that is located in a city with a population between 2,600 and
4 3,200 in a county with a population greater than 1,500,000
5 according to the most recent federal decennial census. To be
6 eligible for funds under this section, the nonprofit organization
7 must have a stated mission to enhance the lives of the
8 organization's participants with disabilities and that through
9 therapeutic, social, work-based, and community engagement, it seeks
10 to support, enrich, inspire, and embolden the organization's
11 participants and the participants' families so that the
12 participants can achieve the participants' goals.

13 Sec. 1971. From the funds appropriated in part 1 for
14 children's healthcare access program, the department shall allocate
15 \$500,000.00 to a children's healthcare access program that serves
16 children in counties with populations greater than 700,000
17 according to the most recent federal decennial census to provide
18 vaccinations, lead testing, and developmental screenings to
19 children enrolled in Medicaid.

20 Sec. 1972. From the funds appropriated in part 1 for farm day
21 program, the department shall allocate \$150,000.00 to a nonprofit
22 organization organized under the laws of this state that is exempt
23 from federal income tax under section 501(c)(3) of the internal
24 revenue code of 1986, 26 USC 501, and that is located in a township
25 with a population between 20,000 and 22,000 located in a county
26 with a population between 900,000 and 1,500,000 according to the
27 most recent federal decennial census, to provide support to
28 individuals with autism or other disabilities, provide special
29 education services, and operate a supported employment program. In



1 order to be eligible for funds under this section, the nonprofit
2 organization must have a stated mission of empowering and
3 supporting adults with disabilities to live a life of purpose,
4 inclusion, and dignity.

5 Sec. 1973. From the funds appropriated in part 1 for substance
6 use disorder center capital costs, the department shall appropriate
7 \$1,500,000.00 to a nonprofit behavioral health care organization
8 organized under the laws of this state that is exempt from federal
9 income tax under section 501(c)(3) of the internal revenue code of
10 1986, 26 USC 501, that was established in 1967, and that is the
11 sole provider of withdrawal management and residential services
12 located in a county with a population between 135,000 and 154,500
13 according to the most recent federal decennial census.

14 Sec. 1974. From the funds appropriated in part 1 for
15 children's health care, the department shall allocate \$5,000,000.00
16 to a nonprofit health care facility with fewer than 190 beds that
17 is affiliated with a physician partner group to build a children's
18 rehabilitation hospital. To be eligible for funding under this
19 section, the nonprofit health care facility must be located in a
20 county with a population between 450,000 and 850,000 in a city with
21 a population between 80,000 and 250,000 according to the most
22 recent federal decennial census.

23 Sec. 1975. From the funds appropriated in part 1 for caregiver
24 resource center, the department shall appropriate \$9,400,000.00 to
25 the area agencies on aging to establish unpaid caregiver respite
26 centers. The department shall distribute the funds as a lump sum
27 payment divided equally between the area agencies on aging.

28 Sec. 1976. From the funds appropriated in part 1 for senior
29 center administration, the department shall allocate \$1,000,000.00



1 to senior centers operating in this state. The department shall
2 distribute the funds as a lump sum payment to each senior center
3 proportional to the number of participants at each center.

4 Sec. 1977. From the funds appropriated in part 1 for
5 behavioral health care services and facilities, the department
6 shall allocate \$3,000,000.00 for a public-private partnership to
7 open a behavioral health center with no fewer than 40 inpatient
8 beds during phase I of operation and no fewer than 100 inpatient
9 beds during phase II of operation. The behavioral health center
10 must be located in a city with a population between 2,500 and
11 20,000 located in a county with a population between 96,000 and
12 103,000 according to the most recent federal decennial census.

13 Sec. 1978. (1) From the funds appropriated in part 1 for adult
14 day center, the department shall allocate \$1,000,000.00 to a
15 nonprofit organization organized under the laws of this state that
16 is exempt from federal income tax under section 501(c)(3) of the
17 internal revenue code of 1986, 26 USC 501, that provides adult and
18 teen mental health services located in a city with a population
19 between 135,000 and 195,000 located in a county with a population
20 between 700,000 and 1,000,000 according to the most recent federal
21 decennial census. To be eligible for funding under this section,
22 the nonprofit organization must have a stated mission to provide
23 and coordinate support services and programs that help clients stay
24 active and healthier both physically and mentally; to be committed
25 to the wellness of individuals, their families, and the community
26 through prevention, intervention, treatment, and education; to
27 assist individuals and families in the enhancement of their
28 emotional, mental, and physical well-being; and also to provide an
29 engaging and safe place that enhances dignity, uniqueness, and



1 independence for adults.

2 (2) The unexpended funds appropriated in part 1 for adult day
3 center are designated as a work project appropriation. Unencumbered
4 or unallotted funds shall not lapse at the end of the fiscal year
5 and shall be available for expenditures under this section until
6 the project has been completed. All of the following are in
7 compliance with section 451a of the management and budget act, 1984
8 PA 431, MCL 18.1451a:

9 (a) The purpose of the project is to provide adult day care
10 services.

11 (b) The project will be accomplished by a nonprofit 501(c)(3)
12 organization.

13 (c) The estimated cost of the project is \$1,000,000.00.

14 (d) The tentative completion date is September 30, 2028.

15 Sec. 1979. (1) From the funds appropriated in part 1 for
16 prenatal and infant cash allowance pilot program, the department
17 shall allocate \$100.00 to establish a pilot program in a city with
18 a population greater than 50,000 in a county with a population
19 between 375,000 and 600,000 according to the most recent federal
20 decennial census. The pilot program must do both of the following:

21 (a) Provide a 1-time prenatal allowance of \$1,500.00 to all
22 expectant mothers residing in the city described in this
23 subsection.

24 (b) Provide a \$500.00 per month allowance for all infants
25 between 0 years of age and 1 year of age residing in the city
26 described in this subsection.

27 (2) The department must partner with a pediatric public health
28 initiative house in a 4-year state university located in a county
29 with a population between 265,000 and 290,000 according to the most



1 recent decennial census and a nonprofit organization organized
 2 under the laws of this state that is exempt from federal income tax
 3 under section 501(c)(3) of the internal revenue code of 1986, 26
 4 USC 501, located in a city with a population greater than 50,000 in
 5 a county with a population between 375,000 and 600,000 according to
 6 the most recent federal decennial census with a stated mission to
 7 improve the health status of our residents and improve the quality
 8 and cost-effectiveness of the health care system in our community
 9 to implement the pilot program described in this section.

10 (3) It is the intent of the legislature that the funds
 11 appropriated in this section be used to operate the first year of a
 12 5-year pilot program.

13 (4) Funds appropriated in part 1 for prenatal and infant cash
 14 allowance pilot shall be considered work project funds and shall
 15 not lapse at the close of the fiscal year and shall be available
 16 for expenditures for projects under this section until the projects
 17 have been completed. The following is in compliance with section
 18 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:

19 (a) The purpose of the work project is to provide 1-time
 20 prenatal allowances and monthly allowances for children 0 years of
 21 age to 1 year of age to combat the effects of economic instability.

22 (b) The project will be accomplished through partnerships with
 23 a 4-year state university and a nonprofit 501(c)(3) organization.

24 (c) The total estimated cost of the work project is \$100.00.

25 (d) The tentative completion date is September 30, 2028.

26 Sec. 1980. (1) From the funds appropriated in part 1 for
 27 developmental milestones toolkit, the department shall allocate
 28 \$1,000,000.00 to a nonprofit organization organized under the laws
 29 of this state that is exempt from federal income tax under section



1 501(c) (3) of the internal revenue code of 1986, 26 USC 501,
2 educating the public about prevention efforts in an effort to
3 reduce medical costs and improve the quality of life for those
4 living at risk of a mental disability to increase their operations
5 to provide developmental milestones toolkits to low-income families
6 located in a county with a population greater than 1,500,000
7 according to the most recent federal decennial census. The
8 nonprofit organization must be located in a city with a population
9 between 90,000 and 105,000 according to the most recent federal
10 decennial census with a stated mission of providing evidence-
11 informed strategies and training to parents, educators, community
12 stakeholders, and policymakers to ameliorate common childhood
13 conditions.

14 (2) The unexpended funds appropriated in part 1 for
15 developmental milestones toolkit are designated as a work project
16 appropriation. Unencumbered or unallotted funds shall not lapse at
17 the end of the fiscal year and shall be available for expenditures
18 under this section until the project has been completed. All of the
19 following are in compliance with section 451a of the management and
20 budget act, 1984 PA 431, MCL 18.1451a:

21 (a) The purpose of the project is to provide developmental
22 milestones toolkits to low-income families located in a county with
23 a population greater than 1,500,000 according to the most recent
24 federal decennial census.

25 (b) The project will be accomplished by a nonprofit 501(c) (3)
26 organization.

27 (c) The estimated cost of the project is \$1,000,000.00.

28 (d) The tentative completion date is September 30, 2028.

29 Sec. 1981. From the funds appropriated in part 1 for rides to



1 wellness, the department shall allocate \$250,000.00 to the entity
2 described in subsection (3) of section 1306 of this part.

3 Sec. 1982. From the funds appropriated in part 1 for food
4 market expansion, the department shall appropriate \$1,400,000.00 to
5 a nonprofit organization organized under the laws of this state
6 that is exempt from federal income tax under section 501(c)(3) of
7 the internal revenue code of 1986, 26 USC 501, and that is located
8 in a city with a population between 77,000 and 85,000 in a county
9 with a population between 900,000 and 1,500,000 according to the
10 most recent federal decennial census, for expansion of a food
11 market that operates to support a food pantry. In order to be
12 eligible for funding under this section, the nonprofit organization
13 must have a stated mission to offer comprehensive support services
14 for individuals and their families in and around the area that are
15 in need or have limited access to everyday necessities due to
16 insufficient financial resources or family instability.

17 Sec. 1983. (1) From the funds appropriated in part 1 for
18 permanent supportive housing, the department shall appropriate
19 \$13,000,000.00 to expand supportive housing services. The funds
20 must be prioritized to serve people living in supportive housing
21 who need additional services to maintain employment and stability,
22 and currently homeless individuals moving into supportive housing
23 with rental support. The funds should prioritize households whose
24 children are at risk of being placed in out-of-home care,
25 households that are working toward reunification with children who
26 are out of home, and youth aging out of the foster care system.

27 (2) Funds appropriated for permanent supportive housing shall
28 be considered work project funds, shall not lapse at the close of
29 the fiscal year, and shall be available for expenditures for



1 projects under this section until the projects have been completed.
2 The following are in compliance with section 451a of the management
3 and budget act, 1984 PA 431, MCL 18.1451a:

4 (a) The purpose of the work project is to provide funding for
5 grants for eligible entities to provide permanent supportive
6 housing services for eligible households.

7 (b) The work project will be accomplished through partnerships
8 with community-based agencies that provide supportive housing
9 services, the Michigan state housing development authority, and
10 local governments.

11 (c) The total estimated cost of the work project is
12 \$13,000,000.00.

13 (d) The tentative completion date is September 30, 2028.

14 Sec. 1984. From the funds appropriated in part 1 for community
15 opportunity hub, the department shall appropriate \$1,000,000.00 to
16 a nonprofit organization organized under the laws of this state
17 that is exempt from federal income tax under section 501(c)(3) of
18 the internal revenue code of 1986, 26 USC 501, that was established
19 in 2010, and that is located in a city with a population greater
20 than 500,000 according to the most recent federal decennial census,
21 to renovate and repurpose former school buildings into opportunity
22 hubs, repair owner-occupied homes, and provide other community
23 wraparound supports. To be eligible for funds under this section,
24 the nonprofit organization must organize an annual 6-day event to
25 beautify the area surrounding the opportunity hub.

26 Sec. 1985. From the funds appropriated in part 1 for public
27 health authority operations, the department shall allocate
28 \$5,000,000.00 to a public health authority located in a city with a
29 population between 100,000 and 600,000 in a county with a



1 population greater than 1,500,000 according to the most recent
2 federal decennial census, to expand services, provide public health
3 interventions that are culturally competent, and safeguard the
4 health of residents.

5 Sec. 1986. From the funds appropriated in part 1 for federally
6 qualified health center, the department shall appropriate
7 \$1,500,000.00 to an FQHC with a main clinic located in a city with
8 a population greater than 50,000 in a county with a population
9 between 375,000 and 600,000 according to the most recent federal
10 decennial census, and that was originally established in 1982, for
11 the construction of a new clinic location.

12 Sec. 1987. From the funds appropriated in part 1 for
13 lifesharing community center, the department shall allocate
14 \$2,000,000.00 to a nonprofit organization organized under the laws
15 of this state that is exempt from federal income tax under section
16 501(c)(3) of the internal revenue code of 1986, 26 USC 501, for
17 capital costs related to the construction of a lifesharing
18 community located in a county with a population between 300,000 and
19 400,000 according to the most recent federal decennial census. The
20 proposed community must be located on no less than 75 acres of land
21 and be comprised of at least 8 homes. An eligible nonprofit
22 organization must have a stated mission to build and sustain
23 quality care, housing, learning, and activities for those with a
24 disability while educating the next generation of service
25 professionals using a lifesharing model.

26 Sec. 1988. From the funds appropriated in part 1 for social
27 determinants of health hub - one-time, the department shall
28 allocate \$1,000,000.00 to a nonprofit organization organized under
29 the laws of this state that is exempt from federal income tax under



1 section 501(c)(3) of the internal revenue code of 1986, 26 USC 501,
2 located in a city with a population between 80,000 and 82,000
3 according to the most recent federal decennial census that runs
4 health equity programs. The funding must be used for start-up costs
5 necessary to create a social determinants of health hub, to offer
6 technical assistance to other communities across this state, and to
7 provide multisector coordination necessary to become a social
8 determinants of health hub.

9 Sec. 1989. From the funds appropriated in part 1 for hospital
10 equipment modernization, the department shall allocate
11 \$2,000,000.00 to a hospital verified as a level III trauma center
12 by the American College of Surgeons located in a city with a
13 population between 13,000 and 16,400 in a county with a population
14 greater than 1,500,000 according to the most recent federal
15 decennial census, for physical facility improvement and equipment
16 modernization.

17 Sec. 1990. From the funds appropriated in part 1 for sickle
18 cell center, the department shall allocate \$2,500,000.00 to the
19 Sickle Cell Disease Association of America, to the Sickle Cell
20 Center of Excellence.

21 Sec. 1991. From the funds appropriated in part 1 for mobile
22 health units, the department shall allocate \$3,500,000.00 to
23 support 1-time marketing, staffing, and supply costs to establish
24 the mobile health units described in section 1159 of this part.

