



DEPARTMENT OF HEALTH AND HUMAN SERVICES FY 2025-26 DECISION DOCUMENT PART 2 BOILERPLATE

EXECUTIVE RECOMMENDATION

HOUSE APPROPRIATIONS SUBCOMMITTEES ON HEALTH AND HUMAN SERVICES

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Kent Dell, Senior Fiscal Analyst

Sydney Brown, Fiscal Analyst

Cassidy Uchman, Fiscal Analyst

April 2, 2025



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<p><u>GENERAL SECTIONS</u></p> <p><i>State Spending to Local Governments</i></p> <p>Sec. 201. In accordance with section 30 of article IX of the state constitution of 1963, for the current fiscal year, total state spending under part 1 from state sources is \$10,639,253,500.00 and state spending under part 1 from state sources to be paid to local units of government is \$2,032,618,200.00. The following itemized statement identifies appropriations from which spending to local units of government will occur:</p> <p>[Includes table based on Part 1 appropriations]</p>	<p>Sec. 201. In accordance with Pursuant to section 30 of article IX of the state constitution of 1963, for the current fiscal year, total state spending under part 1 from state sources under part 1 for the fiscal year 2026 is \$10,639,253,500.00 \$11,396,198,700.00 and state spending under part 1 from state sources to be paid to local units of government for fiscal year 2026 is \$2,032,618,200.00 \$1,944,954,500.00. The following itemized statement below identifies appropriations from which spending to local units of government will occur:</p> <p>[Includes table based on Part 1 appropriations]</p>			
<p><i>Appropriations Subject to Management and Budget Act</i></p> <p>Sec. 202. The appropriations under this part and part 1 are subject to the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594.</p>	<p>Sec. 202. No changes from current law.</p>			



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<p>Terms and Acronyms</p> <p>Sec. 203. As used in this part and part 1:</p> <p>(a) “AIDS” means acquired immunodeficiency syndrome.</p> <p>(b) “CCBHC” means certified community behavioral health clinic.</p> <p>(c) “CMHSP” means a community mental health services program as that term is defined in section 100a of the mental health code, 1974 PA 258, MCL 330.1100a.</p> <p>(d) “CMS” means the Centers for Medicare and Medicaid Services.</p> <p>(e) “CPT” means current procedural terminology.</p> <p>(f) “Current fiscal year” means the fiscal year ending September 30, 2025.</p> <p>(g) “Department” means the department of health and human services.</p> <p>(h) “Director” means the director of the department.</p> <p>(i) “EPSDT” means early and periodic screening, diagnosis, and treatment.</p> <p>(j) “Federal poverty level” means the poverty guidelines revised periodically and published in the Federal Register by the Secretary of the United States Department of Health and Human Services under the Secretary’s authority to revise the poverty line under 42 USC 9902.</p> <p>(k) “FQHC” means federally qualified health center.</p> <p>(l) “FTE” means full-time equated.</p> <p>(m) “GME” means graduate medical education.</p> <p>(n) “Health plan” means, at a minimum, an organization that meets the criteria for delivering the comprehensive package of services under the department’s comprehensive health plan.</p> <p>(o) “HEDIS” means health care effectiveness data and information set.</p>	<p>Sec. 203. As used in this part and part 1 article:</p> <p>No changes from current law except:</p> <p>(f) “Current fiscal year” means the fiscal year ending September 30, 2025.</p>			



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(p) “HMO” means health maintenance organization. (q) “IDEA” means the individuals with disabilities education act, 20 USC 1400 to 1482. (r) “IDG” means interdepartmental grant. (s) “MCH” means maternal and child health. (t) “Medicaid” means subchapter XIX of the social security act, 42 USC 1396 to 1396w-7. (u) “Medicare” means subchapter XVIII of the social security act, 42 USC 1395 to 1395III. (v) “MiCAFE” means Michigan’s coordinated access to food for the elderly. (w) “MChild” means the program described in section 1670 of this part. (x) “MiSACWIS” means Michigan statewide automated child welfare information system. (y) “PACE” means program of all-inclusive care for the elderly. (z) “PAS/ARR-OBRA” means the preadmission screening and annual resident review required under the omnibus budget reconciliation act of 1987, section 1919(e)(7) of the social security act, 42 USC 1396r. (aa) “PATH” means Partnership. Accountability. Training. Hope. (bb) “PFAS” means perfluoroalkyl and polyfluoroalkyl substances. (cc) “PIHP” means an entity designated by the department as a regional entity or a specialty prepaid inpatient health plan for Medicaid mental health services, services to individuals with developmental disabilities, and substance use disorder services. Regional entities are described in section 204b of the mental health code, 1974 PA 258, MCL 330.1204b. Specialty prepaid inpatient health plans are described in section 232b of the mental health code, 1974 PA 258, MCL 330.1232b.				



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<p>(dd) “Previous fiscal year” means the fiscal year ending September 30, 2024.</p> <p>(ee) “Quarterly basis” means February 1, April 1, July 1, and September 30 of the current fiscal year.</p> <p>(ff) “Semiannual basis” means March 1 and September 30 of the current fiscal year.</p> <p>(gg) “Settlement” means the settlement agreement entered in the case of Dwayne B. v Snyder, Docket No. 2:06-cv-13548 in the United States District Court for the Eastern District of Michigan.</p> <p>(hh) “SSI” means supplemental security income.</p> <p>(ii) “Standard report recipients” means the senate and house of representatives appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house of representatives policy offices, and the state budget office.</p> <p>(jj) “Temporary assistance for needy families” or “TANF” or “title IV-A” means part A of subchapter IV of the social security act, 42 USC 601 to 619.</p> <p>(kk) “Title IV-B” means part B of title IV of the social security act, 42 USC 621 to 629m. (ll) “Title IV-D” means part D of title IV of the social security act, 42 USC 651 to 669b.</p> <p>(mm) “Title IV-E” means part E of title IV of the social security act, 42 USC 670 to 679c.</p> <p>(nn) “Title X” means subchapter VIII of the public health service act, 42 USC 300 to 300a-8, which establishes grants to states for family planning services.</p>	<p>(dd) “Previous fiscal year” means the fiscal year ending September 30, 2024.</p> <p>(ii) (gg) “Standard report recipients” means the senate and house of representatives appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house of representatives policy offices, and the state budget office.</p>			



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<p><i>Internet Reporting Requirements</i></p> <p>Sec. 204. The department shall use the internet to fulfill the reporting requirements of this part. This requirement includes transmitting reports to the standard report recipients and any other required recipients by email and posting the reports on an internet site.</p>	<p>Sec. 204. The department or agency shall use the internet to fulfill the reporting requirements of this part. This requirement includes transmitting reports to the standard report recipients and any other required recipients by email and posting the reports on an internet site.</p>			
<p><i>Purchasing Preference for American, Michigan, and Veteran Goods or Services</i></p> <p>Sec. 205. To the extent permissible under section 261 of the management and budget act, 1984 PA 431, MCL 18.1261, all of the following apply to the expenditure of funds appropriated in part 1:</p> <p>(a) The funds must not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available.</p> <p>(b) Preference must be given to goods or services, or both, manufactured or provided by Michigan businesses, if they are competitively priced and of comparable quality.</p> <p>(c) Preference must be given to goods or services, or both, that are manufactured or provided by Michigan businesses owned and operated by veterans, if they are competitively priced and of comparable quality.</p>	<p>Sec. 205. No changes from current law.</p>			



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<p><i>Geographically-Disadvantaged Business Enterprises</i></p> <p>Sec. 206. To the extent permissible under the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594, the director shall take all reasonable steps to ensure geographically-disadvantaged business enterprises compete for and perform contracts to provide services or supplies, or both. The director shall strongly encourage firms with which the department contracts to subcontract with certified geographically-disadvantaged business enterprises for services, supplies, or both. As used in this section, “geographically-disadvantaged business enterprises” means that term as defined in Executive Directive No. 2023-1.</p>	<p>[Move to Sec. 214.]</p> <p>Sec. 206 214. To the extent permissible under the management and budget act, 1984 PA 431, MCL 18.1101 to 18.1594, the director of each department or agency receiving appropriations in part 1 shall take all reasonable steps to ensure geographically-disadvantaged business enterprises compete for and perform contracts to provide services or supplies, or both. The Each director shall strongly encourage firms with which the department or agency contracts to subcontract with certified geographically-disadvantaged business enterprises for services, supplies, or both. As used in this section, “geographically-disadvantaged business enterprises” means that term as defined in Executive Directive No. 2023-1.</p>			



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<p><i>Out-of-State Travel Report</i></p> <p>Sec. 207. Consistent with section 217 of the management and budget act, 1984 PA 431, MCL 18.1217, the department shall prepare a report on out-of-state travel expenses not later than January 1. The report must list all travel by classified and unclassified employees outside this state in the previous fiscal year that was funded in whole or in part with funds appropriated in the department's budget. The department shall submit the report to the standard report recipients and to the senate and house of representatives appropriations committees. The report must include all of the following information:</p> <p>(a) The dates of each travel occurrence.</p> <p>(b) The total transportation and related expenses of each travel occurrence and the proportions funded with state general fund/general purpose revenues, state restricted revenues, federal revenues, and other revenues.</p>	<p>Sec. 207. Consistent with section 217 of the management and budget act, 1984 PA 431, MCL 18.1217, the each department and agency receiving appropriations in part 1 shall prepare a report on out-of-state travel expenses not later than January 1. The report must list all travel by classified and unclassified employees outside this state in the previous fiscal year that was funded in whole or in part with funds appropriated in the department's or agency's budget. The department or agency shall submit the report to the standard report recipients and to the house of representatives and senate and house of representatives appropriations committees. The report must include all of the following information:</p> <p>(a) The dates of each travel occurrence.</p> <p>(b) The total transportation and related expenses of each travel occurrence and the proportions funded with state general fund/general purpose revenues, state restricted revenues, federal revenues, and other revenues.</p>			



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<i>Legal Services of Attorney General</i> Sec. 208. The department shall not use funds appropriated in part 1 to hire a person to provide legal services that are the responsibility of the attorney general. This section does not apply to legal services for bonding activities or to outside services that the attorney general authorizes.	Sec. 208. The A principal executive department, state agency, or authority shall not use funds appropriated in part 1 to hire a person to provide legal services that are the responsibility of the attorney general. This section does not apply to legal services for bonding activities or to outside services that the attorney general authorizes.			
<i>General Fund/General Purpose Appropriation Lapse Report</i> Sec. 209. Not later than December 15, the state budget office shall prepare and submit a report that provides estimates of the total general fund/general purpose appropriation lapses at the close of the previous fiscal year. The report must summarize the projected year-end general fund/general purpose appropriation lapses by major departmental program or program areas. The state budget office shall submit the report to the standard report recipients and to the chairpersons of the senate and house of representatives appropriations committees.	Sec 209. No changes from current law.			



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<p>Legislative Contingency Transfer Authorization</p> <p>Sec. 210. (1) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$100,000,000.00 for federal contingency authorization. Amounts appropriated under this subsection are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393. Federal contingency authorization must not be made available to increase TANF authorization.</p>	<p>Sec. 210. (1) No changes from current law.</p>			
<p>(2) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$50,000,000.00 for state restricted contingency authorization. Amounts appropriated under this subsection are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(2) No changes from current law.</p>			
<p>(3) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$30,000,000.00 for local contingency authorization. Amounts appropriated under this subsection are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(3) No changes from current law.</p>			
<p>(4) In addition to the funds appropriated in part 1, there is appropriated an amount not to exceed \$45,000,000.00 for private contingency authorization. Amounts appropriated under this subsection are not available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.</p>	<p>(4) No changes from current law.</p>			



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<p><i>Accessible Website Data on Expenditures and Payments</i></p> <p>Sec. 211. The department shall cooperate with the department of technology, management, and budget to maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following for the department:</p> <p>(a) Fiscal year-to-date expenditures by category.</p> <p>(b) Fiscal year-to-date expenditures by appropriation unit.</p> <p>(c) Fiscal year-to-date payments to a selected vendor, including the vendor name, payment date, payment amount, and payment description.</p> <p>(d) The number of active department employees by job classification.</p> <p>(e) Job specifications and wage rates.</p>	<p>Sec. 211. The A department or agency shall cooperate with the department of technology, management, and budget to maintain a searchable website accessible by the public at no cost that includes, but is not limited to, all of the following for the each department or agency:</p> <p>(a) - (e) No changes from current law.</p>			
<p><i>State Restricted Funds Report</i></p> <p>Sec. 212. Not later than 14 days after the release of the executive budget recommendation, the department shall cooperate with the state budget office to provide an annual report on estimated state restricted fund balances, state restricted fund projected revenues, and state restricted fund expenditures for the previous 2 fiscal years. The report must be submitted to the standard report recipients and to the chairpersons of the senate and house of representatives appropriations committees.</p>	<p>Striking current law.</p>			
<p><i>Geographically-Disadvantaged Business Enterprises</i></p> <p>Sec. 206. Move to Sec. 214. with revisions.</p>	<p>Moves Sec. 206. 214. as revised here.</p>			



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<p><i>Notification When Legislative Objectives Conflict with Federal Regulation or When Grant Unused</i></p> <p>Sec. 215. If either of the following events occurs, not later than 30 days after the event occurs, the department shall notify the standard report recipients of that fact:</p> <p>(a) A legislative objective of this part or of a bill or amendment to a bill to amend the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b, cannot be implemented because implementation would conflict with or violate federal law.</p> <p>(b) A federal grant for which a notice of an award has been received cannot be used or will not be used.</p>	Striking current law.			
<p><i>Use of Prior-Year Revenue</i></p> <p>Sec. 216. (1) In addition to funds appropriated in part 1 for all programs and services, there is appropriated, for write-offs of accounts receivable, deferrals, and for prior year obligations in excess of applicable prior year appropriations, an amount equal to total write-offs and prior year obligations, but not to exceed amounts available in prior year revenues.</p>	Striking current law.			
<p>(2) The department's ability to satisfy appropriation fund sources in part 1 is not limited to collections and accruals pertaining to services provided in the current fiscal year and includes reimbursements, refunds, adjustments, and settlements from prior years.</p>	Striking current law.			



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<i>Detailed Fund Sources Report</i> Sec. 217. Not later than February 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the detailed names and amounts of estimated federal, restricted, private, and local sources of revenue that support the appropriations in each of the line items in part 1 for the previous fiscal year. The report must itemize, rather than aggregate, specific revenue sources deposited into the generic statewide integrated governmental management application (SIGMA) fund numbers 1200, 1274, 4000, and 5000.	Striking current law.			
<i>Basic Health Services</i> Sec. 218. As required under part 23 of the public health code, 1978 PA 368, MCL 333.2301 to 333.2321, the appropriations in part 1 must include the following: (a) Immunizations. (b) Communicable disease control. (c) Sexually transmitted infection control. (d) Tuberculosis control. (e) Prevention of gonorrhea eye infection in newborns. (f) Screening newborn infants for the conditions listed in section 5431 of the public health code, 1978 PA 368, MCL 333.5431, or recommended by the newborn screening quality assurance advisory committee created under section 5430 of the public health code, 1978 PA 368, MCL 333.5430. (g) Health and human services annex of the Michigan Emergency Management Plan. (h) Prenatal care. (i) Mental health.	Sec. 218. No changes from current law.			



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<i>Contract with Michigan Public Health Institute and Reports</i> Sec. 219. (1) The department may contract with the Michigan Public Health Institute for the design and implementation of projects and for other public health-related activities prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the Michigan Public Health Institute to carry out the activities described in this subsection for up to a 1-year period.	Sec. 219. (1) No changes from current law.			
(2) On a semiannual basis, the department shall submit, to the standard report recipients, a report that includes all of the following: (a) A detailed description of each funded project. (b) The amount allocated for each project, the appropriation line item from which the allocation is funded, and the source of financing for each project. (c) The expected project duration. (d) A detailed spending plan for each project, including a list of all subgrantees and the amount allocated to each subgrantee.	(2) No changes from current law.			
(3) On a semiannual basis, the department shall provide, to the standard report recipients, a copy of all reports, studies, and publications produced by the Michigan Public Health Institute, its subcontractors, or the department with the funds appropriated in the department's budget in the previous fiscal year and allocated to the Michigan Public Health Institute.	(3) No changes from current law.			



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<i>Faith-Based Contracts and Services</i> Sec. 220. The department shall ensure that faith-based organizations are able to apply and compete for services, programs, or contracts that the organizations are qualified and suitable to fulfill. The department shall not disqualify faith-based organizations solely on the basis of the religious nature of the organizations or the guiding principles or statements of faith for the organizations.	Sec. 220. No changes from current law.			
<i>Time-Limited Addendum to Social Welfare Act</i> Sec. 221. In accordance with section 1b of the social welfare act, 1939 PA 280, MCL 400.1b, the department shall treat part 1 and this part as a time-limited addendum to the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b.	Sec. 221. No changes from current law.			
<i>Notification and Report of Policy Changes</i> Sec. 222. (1) Not later than 30 days before the implementation date of a major policy change, the department shall report the change to the standard report recipients.	Striking current law.			
(2) The department shall make the department's entire policy and procedures manual available and accessible to the public on the department's website.	Striking current law.			
(3) Not later than April 1 of the current fiscal year, the department shall report on each specific policy change made to implement a public act affecting the department that took effect during the previous calendar year. The department shall submit the report to the standard report recipients, the senate and house of representatives appropriations committees, and to the joint committee on administrative rules.	Striking current law.			



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(4) The department shall attach each policy bulletin issued during the previous calendar year to the report under subsection (3).	Striking current law.			
<i>Fees for Publications, Videos, Conferences, and Workshops</i> Sec. 223. The department may establish and collect fees for publications, videos and related materials, conferences, and workshops. Collected fees are appropriated when received and must be used to offset expenditures for publication printing and mailing, costs of the publications, videos and related materials, conferences, and workshops. The department shall not collect fees under this section that exceed the cost of the expenditures. If collected fees are appropriated under this section in an amount that exceeds the current fiscal year appropriation, not later than 30 days after the collected fee appropriation, the department shall notify the standard report recipients of that fact.	Sec. 223. No changes from current law.			
<i>Food Assistance Overissuance Collections</i> Sec. 224. The department may retain all of this state's share of food assistance overissuance collections as an offset to general fund/general purpose costs. Retained collections must be applied against federal funds deductions in all appropriation units where department costs related to the investigation and recoupment of food assistance overissuances are incurred. Retained collections in excess of the investigation and recoupment costs must be applied against the federal funds deducted in the departmental administration and support appropriation unit.	Sec. 224. No changes from current law.			



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<p><i>Fee Revenue Carryforward</i></p> <p>Sec. 226. If the revenue collected by the department from fees and collections exceeds the amount appropriated in part 1, the revenue may be carried forward with the approval of the state budget director into the subsequent fiscal year. The revenue carried forward under this section must be used as the first source of funds in the subsequent fiscal year.</p>	<p>Sec. 226. No changes from current law.</p>			
<p><i>Tobacco Tax Funds and Healthy Michigan Fund Report</i></p> <p>Sec. 227. If the department receives tobacco tax funds and Healthy Michigan fund revenue from part 1, not later than April 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on both of the following activities during the previous fiscal year:</p> <p>(a) Tobacco tax revenue appropriations in the Medicaid program.</p> <p>(b) Information for each project implemented with revenue under this section, including all of the following:</p> <p>(i) The project's name.</p> <p>(ii) The appropriation line item and amount.</p> <p>(iii) The project's target population.</p> <p>(iv) A description of the project.</p> <p>(v) The outcomes or accomplishments of the project.</p>	<p>Striking current law.</p>			



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<p><i>Interest Payable to DHHS on Late Payments</i></p> <p>Sec. 228. If the department is authorized under federal law or the law of this state to collect an overpayment owed to the department, beginning 60 days after the initial notification date of the overpayment amount, the department may assess a penalty of 1% per month. If an overpayment is caused by department error, a penalty may be assessed 6 months after the initial notification date of the overpayment amount. The department shall not collect penalty interest in an amount that exceeds the amount of the original overpayment. This state's share of any funds collected under this section must be deposited in the general fund of this state.</p>	<p>Sec. 228. No changes from current law.</p>			
<p><i>Implementation of Prior Year Funding Increases Report</i></p> <p>Sec. 230. Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the status of the implementation of any noninflationary, noncaseload, programmatic funding increases in the current fiscal year from the previous fiscal year. The report must confirm the implementation of already-implemented funding increases and provide an explanation for any planned implementation of funding increases that have not yet occurred. For any planned implementation of funding increases that have not yet occurred, the report must include an expected implementation date and the reason for delayed implementation.</p>	<p>Striking current law.</p>			



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<p><i>Direct Care Worker Wage Increase and Report</i></p> <p>Sec. 231. (1) The department shall not expend the funds appropriated in part 1 to enter into any contract with a Medicaid managed care organization of MI Choice Waiver, MI Health Link, or behavioral health unless the Medicaid managed care organization agrees to do all of the following:</p> <p>(a) Continue the direct care wage increase funded at \$3.20 per hour and provide sufficient funding to increase the wages paid to direct care workers by \$0.20 per hour more than the previous fiscal year for the services noted in the department's Medicaid provider letter L 21-76 under the Medicaid managed care organization's relevant program.</p> <p>(b) Ensure, to the greatest extent possible, that the full amount of funds appropriated for direct care worker wages, except for costs incurred by the employer, including payroll taxes, is provided to direct care workers through maintained increased wages.</p> <p>(c) Permit a direct care worker to elect, in writing or electronically, to not receive the wage increase provided in this section.</p>	<p>Sec. 231. (1) The department shall not expend the funds appropriated in part 1 to enter into any contract with a Medicaid managed care organization of MI Choice Waiver, MI Health Link, MI Coordinated Health or behavioral health unless the Medicaid managed care organization agrees to do all of the following:</p> <p>(a) - (c) No changes from current law.</p>			
<p>(2) Not later than March 1 of the current fiscal year, the department shall submit a report to the standard report recipients that includes the following information by program and provider type for the previous fiscal year:</p> <p>(a) Hours of service that qualified for the direct care worker wage increase.</p> <p>(b) The aggregate increase in wages attributable to the funding appropriated in part 1.</p> <p>(c) A comparison of the projected increase included in the capitation rates and the reported amount expended on the wage increase.</p>	<p>(2) No changes from current law.</p>			



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<p><i>Line Item Spending Plans Report</i></p> <p>Sec. 232. The department shall provide the approved spending plan for each line item receiving an appropriation in the current fiscal year to the senate and house of representatives appropriations subcommittees on the department budget and the senate and house fiscal agencies not later than 60 days after approval by the department or not later than January 15 of the current fiscal year, whichever is earlier. In all places that a line- item appropriation number is listed, a line-item appropriation name must be included. The spending plan must include the following information regarding planned expenditures for each category: allocation in the previous period, change in the allocation, and new allocation. The spending plan must include the following information regarding each revenue source for the line item: category of the fund source indicated by general fund/general purpose, state restricted, local, private, or federal. Figures included in the approved spending plan must not be assumed to constitute the actual final expenditures, as line items may be updated on an as-needed basis to reflect changes in projected expenditures and projected revenue. The department shall supplement the spending plan information by providing a list of all active contracts and grants in the department's contract system. For amounts listed in the other contracts category of each spending plan, the department shall include the name of the line item and the name of the fund source for each contract, grant, and amount for the current fiscal year. For amounts listed in the all other costs category of each spending plan, the department shall provide a list detailing planned expenditures and amounts for the current fiscal year and include the name of the line item and the name of the fund source related to each expenditure and amount.</p>	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<i>Receipt and Retention of Reports</i> Sec. 234. The department shall receive and retain copies of all reports funded from appropriations in part 1. The department shall follow federal and state guidelines for short-term and long-term retention of records. The department may electronically retain copies of reports unless otherwise required by federal and state guidelines.	Striking current law.			
<i>Access to State and Local Services</i> Sec. 235. (1) Funds appropriated in part 1 must not be used to restrict or impede a marginalized community's access to government resources, programs, or facilities. (2) From the funds appropriated in part 1, local governments shall report any action or policy that attempts to restrict or interfere with the duties of the local health officer.	Sec. 235. (1) No changes from current law. (2) No changes from current law.			
<i>Medicaid Reimbursement for Telemedicine</i> Sec. 239. For behavioral and physical health services provided through managed care or the fee-for-service program, the department shall require, for the nonfacility component of the reimbursement rate, at least the same reimbursement for that service, if that service is provided through telemedicine, as if the service involved face-to-face contact between the health care professional and the patient.	Sec. 239. No changes from current law except: "non-facility"			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<p><i>Use of Existing Work Project Authorization – UNENFORCEABLE</i></p> <p>Sec. 240. To the extent possible, the department shall not expend appropriations under part 1 until all existing authorized work project funds available for the same purposes are exhausted.</p> <p><i>(Governor’s signing letter states section is unenforceable)</i></p>	Striking current law.			
<p><i>Advertising and Media Outreach Expenditures Report</i></p> <p>Sec. 241. Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on total actual expenditures in the previous fiscal year for advertising and media outreach, including the purpose, amount, and fund source by program or appropriation line item.</p>	Striking current law.			
<p><i>Description of Programs Report</i></p> <p>Sec. 242. Not later than March 1 of the current fiscal year, the department shall submit a description of programs report to the standard report recipients. For each program, the report must include the appropriation unit; the line item name and number; the appropriation history; the program name; the program overview; a financing summary; and, where applicable, the program’s legal basis, effectiveness, and outcomes.</p>	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<p>Over Expenditure Reporting</p> <p>Sec. 244. On a monthly basis, the department shall submit, to the standard report recipients, a report on any line-item appropriation for which the department estimates total annual expenditures would exceed the funds appropriated for the line-item appropriation by 5% or more. The department shall provide a detailed explanation for any relevant line-item appropriation exceedance and identify the corrective actions undertaken to mitigate line-item appropriation expenditures from exceeding the funds appropriated for the line-item appropriation by a greater amount. This section does not apply for line-item appropriations that are part of the May revenue estimating conference caseload and expenditure estimates.</p>	<p>Sec. 244. Same as current law expect changes “monthly” to “Quarterly”.</p>			
<p>Single Recipient Grants</p> <p>Sec. 250. (1) For any grant program or project funded in part 1 intended for a single recipient organization or unit of local government, the grant program or project is for a public purpose and the department shall follow procurement statutes of this state, including any bidding requirements, unless the department can fully validate, through information detailed in this part or public supporting documents, both of the following:</p> <p>(a) The specific organization or unit of local government that will receive or administer the funds.</p> <p>(b) How the funds will be administered and expended.</p>	<p>Striking current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
(2) Notwithstanding any other conditions or requirements for direct appropriation grants, the department shall perform at least all of the following activities to administer the grants described in subsection (1): (a) Develop a standard application process, grantee reporting requirements, and any other necessary documentation, including sponsorship information as specified under subsection (3). (b) Establish a process to review, complete, and execute a grant agreement with a grant recipient. The department shall not execute a grant agreement unless all necessary documentation has been submitted and reviewed. (c) Verify to the extent possible that a grant recipient will use funds for a public purpose that serves the economic prosperity, health, safety, or general welfare of the residents of this state.	Striking current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<p>(d) Review and verify all necessary information to ensure the grant recipient is reasonably able to execute the grant agreement, perform its fiduciary duty, and comply with all applicable state and federal statutes. To be eligible to receive a grant, a recipient must be a unit of local government, public authority or other political instrumentality as authorized by law, institution of higher education, other state department, entity registered with the department of licensing and regulatory affairs or the department of attorney general that has been in existence for at least the 12 months preceding the effective date of this act, or other entity that can demonstrate, through state or federal tax filings or other state or federal government records, that it has been in existence for at least the 12 months preceding the effective date of this act. The department may deduct the cost of background checks and any other efforts performed as part of this verification from the amount of the designated grant award.</p> <p>(e) Establish a standard timeline to review all documents submitted by grant recipients and provide a response within 45 business days stating whether submitted documents by a grant recipient are sufficient or in need of additional information.</p> <p>(f) Make an initial disbursement of up to 50% of the grant to the grant recipient not later than 60 days after a grant agreement has been executed. Disbursements must be consistent with part II, chapter 10, section 200 of the Financial Management Guide.</p> <p>(g) Disburse the funds remaining after the initial disbursement under subdivision (f) per the grant disbursement schedule in the executed grant agreement on a reimbursement basis after the grantee has provided sufficient documentation, as determined by the department, to verify that expenditures were made in accordance with the project purpose.</p>	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES -
Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
(3) A sponsor of a grant described in subsection (1) must be a legislator or the department. A legislative sponsor must be identified through a letter submitted by that legislator's office to the department and state budget director containing the name of the grant recipient, the intended amount of the grant, a certification from that legislator that the grant is for a public purpose, and specific citation of the section and subsection of the public act that authorizes the grant, as applicable. If a legislative sponsor is not identified before December 13, 2024, the department shall do 1 of the following: (a) Identify the department as the sponsor. (b) Decline to execute the grant agreement and lapse the associated funds at the end of the fiscal year.	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<p>(4) An executed grant agreement under this section between the department and a grant recipient must include at least all of the following:</p> <p>(a) All necessary identifying information for the grant recipient, including any tax and financial information for the department to administer funds under this section.</p> <p>(b) A description of the project for which the grant funds will be expended, including tentative timelines and the estimated budget. The department shall not reimburse expenditures that are outside of the project purpose, as stated in the executed grant agreement, from appropriations in part 1. The grantee shall return to the treasury any interest in excess of \$1,000.00 earned on the grant funds while unexpended and in possession of the grantee.</p> <p>(c) Unless otherwise specified in department policy, a requirement that funds appropriated for the grants described in subsection (1) may be used only for expenditures that occur on or after the effective date of this act.</p> <p>(d) A requirement for reporting by the grant recipient to the department and the legislative sponsor that provides the status of the project and an accounting of all funds expended by the grant recipient, as determined by the department.</p> <p>(e) A claw-back provision that allows the department of treasury to recoup or otherwise collect any funds that are declined, unspent, or otherwise misused.</p> <p>(f) The signed legislative sponsorship letter required under subsection (3), incorporated into the grant agreement and included as an appendix or attachment.</p>	Striking current law.			
<p>(5) If appropriate to improve the administration or oversight of a grant described in subsection (1), the department may adopt a memorandum of understanding with another state department to perform the required duties under this section.</p>	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
(6) A grant recipient shall respond to all reasonable information requests from the department related to grant expenditures and retain grant records for not less than 7 years, and the grant may be subject to monitoring, site visits, and audits as determined by the department. The grant agreement required under this section must include signed assurance by the chief executive officer or other executive officer of the grant recipient that the requirements of this subsection will be met.	Striking current law.			
(7) The grant recipient shall expend all funds awarded and complete all projects not later than September 30, 2029. If at that time any unexpended funds remain, the grant recipient shall return those funds to the state treasury. If a grant recipient does not provide information sufficient to execute a grant agreement not later than June 1, 2025, the department shall return funds associated with the grant to the state treasury.	Striking current law.			
(8) Any funds that are granted to a state department are appropriated in that department for the purpose of the intended grant.	Striking current law.			
(9) The state budget director may, on a case-by-case basis, extend the deadline in subsection (7) on request by a grant recipient. The state budget director shall notify the chairs of the senate and house of representatives appropriations committees not later than 5 days after an extension is granted.	Striking current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
(10) Except as otherwise provided in subsection (11), beginning March 15 of the current fiscal year, the department shall post a report in a publicly accessible location on its website. The report must list the grant recipient, project purpose, and location of the project for each grant described in subsection (1), the status of funds allocated and disbursed under the grant agreement, and the legislative sponsor, if applicable. The department shall update the report and shall post an updated report not later than June 15 of the current fiscal year and again not later than September 15 of the current fiscal year. The department shall include in the report the most comprehensive information the department has available at the time of posting for grants awarded.	Striking current law.			
(11) If the state budget office determines that it is more efficient for the state budget office to compile all affected departments' information and post a report of the compiled information rather than the report required under subsection (10) being posted by individual departments, the state budget office may compile that information across all affected departments and post the compiled report and any updates on the same time schedule as identified in subsection (10).	Striking current law.			
(12) As applicable, the legislative sponsor of a grant described in subsection (1) shall not sponsor a grant, or ask another legislator to sponsor a grant, if there is a conflict of interest related to the grant recipient.	Striking current law.			
(13) If the department reasonably determines that the funds allocated for an executed grant agreement under this section were misused or that use of the funds was misrepresented by the grant recipient, the department shall not award any additional funds under the executed grant agreement and shall refer the grant for review following internal audit protocols.	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<i>Tribal Access to Program and Grants</i> Sec. 253. (1) The department shall ensure that each federally recognized tribe is able to apply and compete for services, programs, grants, and contracts. (2) For competitive grant programs described in this part, federally recognized tribes are eligible to apply for grant funds made available to organizations exempt from federal income tax under section 501(c)(3) of the internal revenue code of 1986, 26 USC 501, and to local units of government.	Sec. 253. (1) No changes from current law. (2) No changes from current law.			
<i>Communications with Legislature Regarding Waivers</i> Sec. 263. (1) Except as provided in this subsection, before submission of a waiver, state plan amendment, or similar proposal to CMS or another federal agency, the department shall notify the standard report recipients of the planned submission. This subsection does not apply to the submission of a waiver, state plan amendment, or similar proposal that does not propose a material change or is outside of the ordinary course of a waiver, state plan amendment, or similar proposal. (2) On a semiannual basis, the department shall submit, to the standard report recipients, a report that summarizes the status of any new or ongoing discussions with CMS, the United States Department of Health and Human Services, or another federal agency regarding any potential or future waiver applications and the status of any submitted waivers that have not yet received federal approval. If there is not a reportable item at the time that a semiannual report is due, a report is not required.	Sec. 263. (1) No changes from current law. (2) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<p><i>DHHS Employee Communication with Legislature – UNENFORCEABLE</i></p> <p>Sec. 264. The department shall not take disciplinary action against an employee of the department for communicating with a member of the senate or house of representatives or a member's staff, unless the communication is prohibited by law and the department is exercising its authority as provided by law.</p> <p><i>(Governor's signing letter states section is unenforceable)</i></p>	Striking current law.			
<p><i>Expenses Recovered from Legal Actions as Notified by Attorney General</i></p> <p>Sec. 270. The department shall advise the legislature of the receipt of a notification from the attorney general's office of a legal action in which expenses had been recovered under section 106(6) of the social welfare act, 1939 PA 280, MCL 400.106. If applicable, not later than February 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report that includes, but is not limited to, all of the following:</p> <p>(a) The total amount recovered from the legal action.</p> <p>(b) The program or service for which the money was originally expended.</p> <p>(c) Details on the disposition of the funds recovered, such as the appropriation or revenue account in which the money was deposited.</p> <p>(d) A description of the facts involved in the legal action.</p>	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<p><i>Capped Federal Funds Report</i></p> <p>Sec. 274. On the day that is 1 week after the day that the governor submits the executive budget proposal for the ensuing fiscal year to the legislature, the department, in collaboration with the state budget office, shall submit, to the standard report recipients, a report on spending and revenue projections for each of the capped federal funds listed in this subsection. The report must contain actual spending and revenue in the previous fiscal year, spending and revenue projections for the current fiscal year as enacted, and spending and revenue projections in the executive budget proposal for the immediately ensuing fiscal year for each individual line item for the department budget. The report must also include federal funds transferred to other departments. The capped federal funds include, but are not limited to, all of the following:</p> <p>(a) TANF.</p> <p>(b) Title XX social services block grant.</p> <p>(c) Title IV-B subpart I child welfare services block grant.</p> <p>(d) Title IV-B subpart II promoting safe and stable families funds.</p> <p>(e) Low-income home energy assistance program..</p>	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<i>Federal Funds Adjustments Quarterly and Year-End</i> Sec. 275. (1) On a quarterly basis, the department, with the approval of the state budget director, is authorized to realign sources between other federal, TANF, and capped federal financing authorizations to maximize federal revenues. The realignment of financing must not produce any of the following: (a) A gross increase or decrease in the department's total individual line item authorizations. (b) A net increase or decrease in total federal revenues. (c) A net increase in TANF authorization. (2) On a quarterly basis, the department shall submit, to the standard report recipients, a report on the realignment of federal fund sources transacted to date in the current fiscal year under subsection (1), including the dates, line items, and amounts of the transactions. If, at the time a quarterly report is due, a transaction was not made under subsection (1), a report is not required. (3) Not later than 30 days after the date on which year-end book closing is completed, the department shall submit, to the standard report recipients, a report on the realignment of federal fund sources that took place as part of the year-end closing process for the previous fiscal year.	Sec. 275. (1) No changes from current law.			
	Striking current law.			
	Striking current law.			
<i>Welfare Fraud Hotline</i> Sec. 290. Any public advertisement for public assistance must inform the public of the welfare fraud hotline operated by the department.	Sec. 290. No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<p><i>Healthy Moms/Healthy Babies Report</i></p> <p>Sec. 295. Not later than April 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on funds appropriated for the healthy moms, healthy babies initiative. The report must include the budgeted amount, year-to-date expenditures, remaining balance of appropriations, and the percent of budget spent for each appropriation related to the initiative. The report must also include information on how the funds have assisted with meeting the goals and outcomes of the initiative.</p>	<p>Sec. 295. No changes from current law.</p>			
<p><i>Employee Legal Costs Related to Flint Water System</i></p> <p>Sec. 296. From the funds appropriated in part 1, the department, to the extent permissible under section 8 of 1964 PA 170, MCL 691.1408, is responsible for the necessary and reasonable attorney fees and costs incurred by private and independent legal counsel chosen by current and former classified and unclassified department employees in the defense of the employees in any state or federal lawsuit or investigation related to the water system in a city or community in which a declaration of emergency was issued because of drinking water contamination.</p>	<p>Striking current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES -
Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<p><i>FTE Reports</i></p> <p>Sec. 297. On a quarterly basis, the department shall report on the number of full-time equated positions in pay status by civil service classification, including a comparison by line item of the number of full-time equated positions authorized from funds appropriated in part 1 to the actual number of full-time equated positions employed by the department at the end of the reporting period. The report must be submitted to the senate and house of representatives appropriations committees and to the standard report recipients.</p>	<p>Sec. 297. No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for General Sections

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
<p><i>State Fiscal Recovery Fund (SFRF)</i></p> <p>Sec. 298. (1) The state budget director shall take steps to ensure that all state fiscal recovery funds allocated to this state under the American rescue plan act of 2021, Public Law 117-2, are expended by December 31, 2026, as required by law. The state budget director may reallocate appropriated funds for the purpose of fully utilizing state fiscal recovery funds that are in jeopardy of not meeting the expenditure deadline for reasons that may include, but are not limited to, completed projects coming in under budget or funds unable to be fully used by subrecipients. The state budget director shall reallocate any of the funds reallocated under this subsection to the programs or purposes specified in this section. Any funds reallocated are unappropriated and immediately reappropriated for the following purposes:</p> <p>(a) To reclassify general fund/general purpose appropriations for payroll and covered benefits for eligible public health and safety employees at the department of corrections.</p> <p>(b) To reclassify general fund/general purpose appropriations for payroll and covered benefits for eligible public health and safety employees at the department of state police.</p>	<p>Sec. 298. (1) No changes from current law.</p>			
<p>(2) All applicable guidance, implementation, and reporting provisions of Public Law 117-2 must be followed for state fiscal recovery funds reallocated and reappropriated under subsection (1).</p>	<p>(2) No changes from current law.</p>			
<p>(3) The state budget director shall notify the senate and house appropriations committees not later than 10 business days after making any reallocations under subsection (1). The notification must include the authorized program under which funds were originally appropriated, the amount of the reallocation, the program, or programs, or purpose, and the department to which the funds are being reallocated under subsection (1), and the amount reallocated to each program or purpose.</p>	<p>(3) No changes from current law.</p>			



**DEPARTMENT OF HEALTH AND HUMAN SERVICES -
Boilerplate for General Sections**

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	SENATE	HOUSE	CONFERENCE
(4) The state budget director and the impacted departments may make the accounting transactions necessary to implement the reallocation and subsequent appropriation of funds as authorized in this section.	(3) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES -
Boilerplate for Departmentwide Administration

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><u>DEPARTMENTAL ADMINISTRATION AND SUPPORT</u></p> <p><i>Child Welfare Training Institute</i></p> <p>Sec. 301. From the funds appropriated in part 1 for child welfare institute, the department shall train private child placing agency staff in the pre-service training requirements for child welfare caseworkers and supervisors. Private child placing agency staff must be provided an opportunity to complete the training in a virtual format at the staff's private child placing agency facility. If a private child placing agency prefers a hybrid training format that includes virtual and in-person instruction, the training must be available to the private child placing agency staff.</p> <p><i>Designated as unenforceable in FY 2024-25</i></p>	Striking current law			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for Departmentwide Administration

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Autism Navigator</i></p> <p>Sec. 913. (1) From the funds appropriated in part 1 for behavioral health program administration, the department shall allocate \$2,025,000.00 for the autism navigator program. The department shall require a contractor receiving funds under this section to comply with performance-related metrics established by the department to maintain eligibility for funding. The performance-related metrics must include, but not be limited to, all of the following:</p> <p>(a) Each contractor shall have an accreditation that attests to the contractor's competency and effectiveness in providing services.</p> <p>(b) Each contractor shall demonstrate cost-effectiveness.</p> <p>(c) Each contractor shall ensure the contractor's ability to leverage private dollars to strengthen and maximize service provision.</p> <p>(d) Each contractor shall provide quarterly reports to the department on the number of clients served by PIHP region, units of service provision by PIHP region, and ability to meet their stated goals.</p>	<p>[Move to Sec. 302.]</p> <p>Sec. 913. 302. (1) No changes from current law, except:</p> <p>"behavioral health program administration Coordinated Children's Healthcare Policy and Supports"</p>			
<p>(2) The department shall require a report from a contractor receiving funds under this section. A contractor shall submit the report to the department not later than 60 days after the end of the contract period. The report must include specific information on services and programs provided by the contractor, the client base to which the services and programs were provided by the contractor, and the contractor's expenditures for the services. The department shall submit the reports to the standard report recipients.</p>	<p>(2) No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Child Support Enforcement

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>CHILD SUPPORT ENFORCEMENT</u> <i>Child Support Incentive Payments and Enforcement System Requirements</i> Sec. 401. (1) The appropriations in part 1 assume a total federal child support incentive payment of \$26,500,000.00.	Sec. 401. (1) No changes from current law.			
(2) From the federal money received for child support incentive payments, \$12,000,000.00 must be retained by this state and expended for child support program expenses.	(2) No changes from current law.			
(3) From the federal money received for child support incentive payments, \$14,500,000.00 must be paid to counties based on each county's performance level for each of the performance measures under 45 CFR 305.2.	(3) No changes from current law.			
(4) If the child support incentive payment to this state from the federal government is greater than \$26,500,000.00, then 100% of the amount in excess must be retained by this state and is appropriated until the total retained by this state reaches \$15,397,400.00.	(4) No changes from current law.			
(5) If the child support incentive payment to this state from the federal government is greater than the amount needed to satisfy subsections (1), (2), (3), and (4), the additional funds are subject to appropriation by the legislature.	(5) No changes from current law.			
(6) If the child support incentive payment to this state from the federal government is less than \$26,500,000.00, then the state share and the county share must each be reduced by 50% of the shortfall.	(6) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Child Support Enforcement

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>County Incentive for Child Support Collections</i> Sec. 409. (1) If statewide retained child support collections exceed \$38,300,000.00, 75% of the amount in excess of \$38,300,000.00 is appropriated to legal support contracts. The excess appropriation may be distributed to eligible counties to supplement, but not supplant, county title IV-D funding.	Sec. 409. (1) No changes from current law.			
(2) Each county whose retained child support collections in the current fiscal year exceed its fiscal year 2004-2005 retained child support collections, excluding tax offset and financial institution data match collections in both the current fiscal year and fiscal year 2004-2005, shall receive its proportional share of the 75% excess appropriation.	(2) No changes from current law.			
<i>Escheated Child Support Collections Authorization Adjustment</i> Sec. 410. (1) If title IV-D related child support collections are escheated, the state budget director is authorized to adjust the sources of financing for the funds appropriated in part 1 for legal support contracts to reduce federal authorization by 66% of the escheated amount and increase general fund/general purpose authorization by the same amount. The adjustment is required to offset the loss of federal revenue due to the escheated amount being counted as title IV-D program income in accordance with 45 CFR 304.50.	Sec. 410. (1) No changes from current law.			
(2) Not later than 30 days after an adjustment under subsection (1), the department shall notify the standard report recipients of the adjustment.	(2) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Community Services and Outreach

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>COMMUNITY SERVICES AND OUTREACH</u> <i>School Success Partnership Program</i> Sec. 450. (1) From the funds appropriated in part 1 for school success partnership program, not later than December 1 of the current fiscal year, the department shall allocate \$1,525,000.00 of TANF revenue to support Northeast Michigan Community Service Agency programming. The department shall require the Northeast Michigan Community Service Agency to measure and report the following performance objectives for the duration of the state funding for the school success partnership program: (a) Increasing school attendance and decreasing chronic absenteeism. (b) Increasing grade-based academic performance, with emphasis on math and reading. (c) Identifying barriers to attendance and success and connecting families with resources to reduce the barriers. (d) Increasing parent involvement. (2) By July 15 of the current fiscal year, the Northeast Michigan Community Service Agency shall submit reports to the department on the number of children and families served and the services that were provided to families to meet the performance objectives identified in this section. The department shall distribute the reports within 1 week after receipt to the report recipients required in section 246 of this part.	Sec. 450. (1) No changes from current law.			
	(2) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Community Services and Outreach

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Homeless Programs Per Diem Rate</i> Sec. 453. (1) From the funds appropriated in part 1 for homeless programs, the department shall allocate funds to the emergency shelter program to support efforts of shelter providers to move homeless individuals and households into permanent housing as quickly as possible. The funds must be equal to or exceed the amount that a provider would receive if the provider is paid a \$19.00 per diem rate. Expected outcomes are increased shelter discharges to stable housing destinations, decreased recidivism rates for shelter clients, and a reduction in the average length of stay in emergency shelters.	Sec. 453. (1) No changes from current law.			
(2) Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the total amount expended for the emergency shelter program in the prior 2 fiscal years, the total number of shelter nights provided, and the average length of stay in an emergency shelter.	(2) No changes from current law.			
<i>Homeless Programs Funding</i> Sec. 454. The department shall allocate the full amount of funds appropriated in part 1 for homeless programs to provide services for homeless individuals and families, including, but not limited to, third-party contracts for emergency shelter services.	Sec. 454. No changes from current law.			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Homeless Programs TANF Eligibility Reporting</p> <p>Sec. 455. As a condition of receipt of federal TANF revenue, after admitting a family to a homeless shelter, the homeless shelter and human services agencies shall collaborate with the department to obtain necessary TANF eligibility information on the family as soon as possible. From the funds appropriated in part 1 for homeless programs, the department is authorized to make allocations of TANF revenue only to the homeless shelters and human services agencies that report necessary data to the department to meet TANF eligibility reporting requirements. Homeless shelters or human services agencies that do not report necessary data to the department to meet TANF eligibility reporting requirements shall not receive reimbursements that exceed the per diem amount the homeless shelters or human service agencies received in fiscal year 2000. The use of TANF revenue under this section is not an ongoing commitment of funding.</p>	<p>Sec. 455. No changes from current law.</p>			
<p>Birth Certificate Fees for Homeless Individuals</p> <p>Sec. 456. From the funds appropriated in part 1 for homeless programs, the department shall allocate \$10,000.00 to reimburse public service agencies that provide documentation of paying birth certificate fees on behalf of category 1 homeless clients at county clerk's offices. Each public service agency must be reimbursed for the cost of the birth certificate fees quarterly until the allocation is fully spent.</p>	<p>Sec. 456. No changes from current law.</p>			



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TANF Housing Assistance Sec. 457. From the funds appropriated in part 1 for homeless programs, the department shall allocate \$8,500,000.00 of TANF revenue to support family shelters or families who are homeless and at risk of being homeless. Funds appropriated under this section must be used as follows: (a) \$3,000,000.00 for emergency hotels for families experiencing homelessness. (b) \$3,500,000.00 for assistance and supports to families engaged with child welfare. This may include, but is not limited to, eviction diversion, first month's rent and deposit, and utility arrears. (c) \$2,000,000.00 for creating additional spaces at family homeless shelters that have been in operation for at least 24 months.	Sec. 457. No changes from current law.			
Homeless Shelter Data Sec. 458. From the funds appropriated in part 1 for homeless programs, the department shall require any entities receiving direct or indirect state funds to report data to a Homeless Management Information System that satisfies the baseline data collection requirements.	Striking current law.			



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<p><i>Tiny Home Village/Non-Congregate Shelter</i></p> <p>Sec. 459. From the funds appropriated in part 1 for homeless programs, the department shall allocate \$2,000,000.00 of TANF revenue to acquire and develop for individuals and families noncongregate shelter that utilizes options under a Housing First model and prioritizes providing stable and permanent housing without preconditions or requirements, such as sobriety or participation in treatment programs. Eligible uses for this funding may include, but are not limited to, hotels, motels, dormitories, recuperative care facilities, and other facilities that offer noncongregate shelter.</p>	<p>Sec. 459. No changes from current law.</p>			
<p><i>Kids' Food Basket</i></p> <p>Sec. 460. From the funds appropriated in part 1 for kids' food basket, the department shall allocate \$525,000.00 to fund a project with a nonprofit, community-based organization organized under the laws of this state that is exempt from federal income tax under section 501(c)(3) of the internal revenue code of 1986, 26 USC 501, and is located in a city with a population between 185,000 and 200,000 and in a county with a population between 600,000 and 700,000, according to the most recent federal decennial census. The nonprofit organization recipient must have an existing network of food delivery to low-income children in not less than 3 counties in this state. The nonprofit organization shall use the funds to expand its services to additional schools and communities. The funding may be used to cover employee costs, food and supplies, equipment, and other operational costs identified by the organization to support its mission and goals.</p>	<p>Sec. 460. No changes from current law.</p>			



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<p><i>Senior University</i></p> <p>Sec. 462. From the funds appropriated in part 1 for senior university, the department shall allocate \$400,000.00 to a community action alliance located in a city with a population over 500,000 according to the most recent federal decennial census to improve connectivity and computer skills to seniors.</p>	<p>Sec. 462. No changes from current law.</p>			
<p><i>Runaway and Homeless Youth Grants TANF Authorization</i></p> <p>Sec. 463. From the funds appropriated in part 1 for runaway and homeless youth grants and domestic violence prevention and treatment, the department is authorized to make allocations of TANF revenue only to agencies that report necessary data to the department to meet TANF eligibility reporting requirements.</p>	<p>Sec. 463. No changes from current law.</p>			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Diaper Assistance Grants</i></p> <p>Sec. 464. (1) From the funds appropriated in part 1 for diaper assistance grant, the department shall purchase diapering supplies in bulk and allocate those supplies to diaper assistance programs, maternity homes, local county offices, and other nonprofit agencies that distribute diapers free of charge and were established as of January 1, 2020. The funds must be used only to purchase diapering supplies and to cover related administrative costs. Not more than 15% of the funds appropriated in part 1 are expendable for administrative purposes.</p>	<p>Sec. 464. (1) From the funds appropriated in part 1 for diaper assistance grant, the department shall purchase diapering supplies in bulk and allocate those supplies to diaper assistance programs, maternity homes, local county offices, and other nonprofit agencies that distribute diapers free of charge and were established as of January 1, 2020. The funds must be used only to purchase diapering supplies and to cover related administrative costs. Not more than 15% of the funds appropriated in part 1 are expendable for administrative purposes.</p>			
<p>(2) Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the distribution of diapering supplies that includes, but is not limited to, the names and locations of the entities described in subsection (1) that distribute diaper supplies and the total amount of diapering supplies distributed to each entity.</p>	<p>Striking current law.</p>			



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<p>(3) Funds appropriated for diaper assistance grant are considered work project funds, do not lapse at the end of the fiscal year, and are available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a:</p> <p>(a) The purpose of the work project is to provide funding for grants for eligible entities to distribute diapers free of charge.</p> <p>(b) The work project will be accomplished through partnerships with diaper assistance programs, maternity homes, and other nonprofit agencies.</p> <p>(c) The total estimated cost of the work project is \$6,404,000.00.</p> <p>(d) The tentative completion date for the work project is September 30, 2029.</p>	Striking current law.			
<p>2-1-1 Statewide Calling System</p> <p>Sec. 465. (1) From the funds appropriated in part 1 for community services and outreach administration, \$2,950,000.00 must be distributed as provided in subsection (2). The amount distributed as provided in subsection (2) must not exceed 50% of the total operating expenses of Michigan 2-1-1, which is described in subsection (2), with the remaining 50% paid by local United Way organizations and other nonprofit organizations and foundations.</p>	<p>Sec. 465. (1) From the funds appropriated in part 1 for community services and outreach administration, \$2,950,000.00 must be distributed as provided in subsection (2). The amount distributed as provided in subsection (2) must not exceed 50% of the total operating expenses of Michigan 2-1-1, which is described in subsection (2), with the remaining 50% paid by local United Way organizations and other nonprofit organizations and foundations.</p>			



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(2) Funds distributed under subsection (1) must be distributed to Michigan 2-1-1, a nonprofit corporation organized under the laws of this state that is exempt from federal income tax under section 501(c)(3) of the internal revenue code of 1986, 26 USC 501, and whose mission is to coordinate and support a statewide 2-1-1 system. Michigan 2-1-1 shall use the funds only to fulfill the Michigan 2-1-1 business plan adopted by Michigan 2-1-1 in January 2005.	(2) No changes from current law.			
(3) Michigan 2-1-1 shall refer any received calls that report fraud, waste, or abuse of state-administered public assistance to the department.	(3) No changes from current law.			
(4) Michigan 2-1-1 shall submit, to the department, the senate and house of representatives standing committees with primary jurisdiction over matters relating to human services and telecommunications on 2-1-1 system performance, and the standard report recipients, a report that includes, but is not limited to, call volume by health and human service needs and unmet needs identified through caller data and number and the percentage of callers referred to public or private provider types.	(4) No changes from current law.			



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<p><i>Runaway and Homeless Youth Grants</i></p> <p>Sec. 466. (1) From the funds appropriated in part 1 for runaway and homeless youth grants, the department shall allocate \$5,342,100.00 that consists of \$1,146,900.00 in general fund/general purpose revenue and \$4,195,200.00 of TANF revenue to support runaway and homeless youth capacity. The funding must be allocated based on a methodology that includes geographic coverage, population demographics, scope of services provided, and need. Provider agencies must provide continued infrastructure improvements and support for expanded staff, supervision, and training to continue to meet the complex mental health needs of the population served and the expansion of direct services for client stabilization.</p>	Striking current law.			
<p>(2) Not later than March 1 of the current fiscal year, the department shall submit to the standard report recipients a report on the runaway homeless youth program that includes, but is not limited to, all of the following:</p> <p>(a) A list of counties served and the amount of funding allocated to each county.</p> <p>(b) The amount of funding being allocated to previously underserved communities and how capacity has been expanded or is planned to be expanded in those communities.</p> <p>(c) Identified barriers that have hindered providers from expanding capacity.</p>	Striking current law.			



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<u>CHILDREN'S SERVICES AGENCY – CHILD WELFARE</u> <i>Foster Care Time Limit Goals</i> Sec. 501. (1) A goal is established that not more than 25% of all children in foster care at any given time during the current fiscal year, unless contrary to the best interest of the child, will have been in foster care for 24 months or more.	Sec. 501. (1) No changes from current law.			
(2) Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report describing the steps that will be taken to achieve the goal under subsection (1). The report must also include the following: (a) An explanation of the most significant barriers that prevent long-term foster children from permanent placements. (b) The number of children currently in foster care for longer than 24 months and the percentage of those children that had paid Medicaid behavioral health claims or encounters within the last year.	(2) No changes from current law.			
<i>Indian Tribal Government Foster Care Reimbursement</i> Sec. 502. From the funds appropriated in part 1 for foster care, the department shall reimburse Indian tribal governments for 50% of the foster care expenditures for children who are under the jurisdiction of Indian tribal courts and are not otherwise eligible for federal foster care cost sharing. However, the department may reimburse up to 100% of the foster care expenditures for an Indian tribal government that enters into a state-tribal title IV-E agreement allowed under this state's title IV-E state plan.	Sec. 502. No changes from current law.			



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<i>Child Welfare Performance-Based Funding</i> Sec. 503. In accordance with the final report of the Michigan child welfare performance-based funding task force issued in response to section 503 of article X of 2013 PA 59, the department shall review, update, or develop actuarially sound case rates for necessary child welfare foster care case management services that achieve permanency by the department and private child placing agencies in a prospective payment system under a performance-based funding model.	Striking current law.			
<i>West Michigan Partnership for Children Consortium</i> Sec. 504. (1) From the funds appropriated in part 1, the department shall implement a 3-year master agreement, with an option for 2 additional years, with the West Michigan Partnership for Children Consortium to maintain a performance-based child welfare contracting program. The Consortium must consist of a network of affiliated child welfare service providers that will accept and comprehensively assess referred youth, assign cases to its members or leverage services from other entities, and make appropriate case management decisions during the duration of a case.	Striking current law.			



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(2) As a condition for receiving the funding in part 1, the West Michigan Partnership of Children Consortium shall maintain a contract agreement with the department that supports a global capitated payment model. The capitated payment amount must be based on historical averages of both the number of children served in Kent County and the costs per foster care case. The West Michigan Partnership for Children Consortium shall manage the cost of the child population it serves. The administrative portion of the contracted agreement must reflect the cumulative annual percentage change in the Detroit Consumer Price Index from the previous year. The capitated payment amount must be reviewed and adjusted not less than 2 times during the current fiscal year or for 1 or more of the following: (a) Changes implemented by the department that result in a volume of placements that differ in a statistically significant manner from the amount allocated in the annual contract between the department and the West Michigan Partnership for Children Consortium, as determined by an independent actuary. (b) Changes in case volumes and any statewide rate increases that are implemented.	Striking current law.			



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(3) The contract agreement under this section must require the following stipulations and conditions: (a) That the service component of the capitated payment will be calculated under the assumption that rates paid to providers under the program are generally consistent with the department's payment policies for providers throughout the rest of this state. (b) That the West Michigan Partnership for Children Consortium maintain a risk reserve of not less than \$1,500,000.00 to ensure it can meet unanticipated expenses within a given fiscal year. (c) That the West Michigan Partnership for Children Consortium cooperate with the department on an independent fiscal analysis of costs incurred and revenues received.	Striking current law.			
(4) Not later than March 1 of the current fiscal year, the Consortium shall submit, to the standard report recipients, a report on the Consortium, including, but not limited to, its actual expenditures, the number of children placed by agencies in the Consortium, the fund balance of the Consortium, and the outcomes measured.	Striking current law.			
DHHS Juvenile Justice Report Sec. 505. Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on youth referred or committed to the department for care or supervision in the previous fiscal year that outlines the number of youth served by the department in the juvenile justice system by the type of setting for each youth.	Sec. 505. No changes from current law.			



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<p>Wayne County Juvenile Justice Data Report</p> <p>Sec. 506. From the funds appropriated in part 1 for attorney general contract, not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the juvenile justice system in any county in which funds appropriated in part 1 are expended. The report must include, but not be limited to, all of the following:</p> <p>(a) The number of youth referred or committed to the department for care or supervision in the previous fiscal year and in the first quarter of the current fiscal year.</p> <p>(b) The number of youth referred or committed to the care or supervision of the county in which funds appropriated in part 1 were expended for the previous fiscal year and the first quarter of the current fiscal year.</p> <p>(c) The type of setting for each youth referred or committed for care or supervision, any applicable performance outcomes, and identified financial costs or savings.</p> <p>(d) The required and actual staff-to-youth ratios.</p>	Striking current law.			
<p>Foster Care Private Collections</p> <p>Sec. 507. The department's ability to satisfy appropriation deductions in part 1 for foster care private collections is not limited to collections and accruals pertaining to services provided only in the current fiscal year and may include revenues collected during the current fiscal year for services provided in prior fiscal years.</p>	Sec. 507. No changes from current law.			



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<i>Children Trust Fund (CTF) Revenues and Joint Projects</i> Sec. 508. (1) In addition to the amount appropriated in part 1 for children's trust fund, money granted or money received as gifts or donations to the children's trust fund created in 1982 PA 249, MCL 21.171 to 21.172, is appropriated for expenditure.	Sec. 508. (1) No changes from current law, except: "children's trust fund Michigan "			
(2) For the funds described in subsection (1), the department shall ensure that administrative delays are avoided and local grant recipients and direct service providers receive money in an expeditious manner. The department and the state board as that term is defined in section 2 of the child abuse and neglect prevention act, 1982 PA 250, MCL 722.601, shall make the children's trust fund contract funds available to grantees not later than 31 days after the start date of the funded project.	Striking current law.			
<i>Adoption Placement Rate Increase</i> Sec. 509. (1) From the funds appropriated in part 1 for adoption support services, the department shall implement a rate structure that pays for cases based on the average length of time it takes to reach adoption finalization by case characteristics for licensed child placing agencies contracted with the department that provide adoption services for youth in foster care.	Sec. 509. (1) No changes from current law, except: "the department shall implement maintain "			



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(2) For cases accepted before the implementation of the new rate structure described in subsection (1), the department shall maintain the increase of contracted rates paid to private child placing agencies, including the \$23.00 per diem for all foster youth from the date of the case acceptance to the date of adoption petition acceptance or 150 days, whichever occurs sooner, for licensed child placing agencies contracted with the department to provide adoption services for foster youth. The per diem rate must be separate from the outcome-based reimbursement system and must not be deducted from the total reimbursement an agency receives for the applicable placement or finalization rate of an adoption.	(2) No changes from current law.			
<i>Youth Awaiting Placement and CCI Incentive Report</i> Sec. 510. The department shall submit reports on a monthly basis to the standard report recipients on all of the following: (a) The number of children awaiting placement in a residential setting by child caring institution. (b) The reason for the delay in placement, including, but not limited to, facility bed shortages, placement process delays, or other reasons. (c) The number of incentive payments that were awarded by the department by child caring institution. (d) The number of incentive payments that were denied by the department by child caring institution. (e) Of the denials identified in subdivision (d), the department shall provide the rationale for denial of incentive payments including, but not limited to, refusal of placement, lack of staffing, or other reasons.	Sec. 510. No changes from current law, except: “submit reports on a monthly quarterly ”			



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<p><i>Physical and Mental Health Assessment Report</i></p> <p>Sec. 511. The department shall submit, to the standard report recipients and the senate and house of representatives standing committees that cover subject matters dealing with families and human services, reports on a semiannual basis that include the number and percentage of children who received timely physical and mental health examinations after entry into foster care. The goal of the program is for not less than 85% of children to have an initial medical and mental health examination that is not later than 30 days after entry into foster care.</p>	<p>Sec. 511. No changes from current law.</p>			
<p><i>Foster Care Luggage</i></p> <p>Sec. 512. (1) From the funds appropriated in part 1 for foster care payments, the department shall allocate \$500,000.00 of TANF revenue to provide luggage to a child who is being removed from the child's home or changing placement and is a TANF eligible individual. The luggage provided under this section is considered to belong to the child and may not be confiscated by the department or the child's foster parent. The department is not required to provide new luggage under this section to a child who is changing placement and has had luggage previously provided by the department.</p>	<p>Sec. 512. (1) From the funds appropriated in part 1 for foster care payments, the department shall allocate \$500,000.00 of TANF revenue to provide luggage to a child who is being removed from the child's home or changing placement and is a TANF eligible individual. The luggage provided under this section is considered to belong to the child and may not be confiscated by the department or the child's foster parent. The department is not required to provide new luggage under this section to a child who is changing placement and has had luggage previously provided by the department.</p>			



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(2) The department may partner with local charities to establish and maintain the supply of luggage to be used to transport a child's personal belongings. Additionally, the department may accept donations of luggage to fulfill the requirements of this section. (3) As used in this section, "luggage" means any of the following: (a) A suitcase of any size. (b) A duffel bag that holds at least 30 liters.	(2) No changes from current law.			
<i>Child Placements in Out-of-State Facilities</i> Sec. 513. (1) The department shall not expend funds appropriated in part 1 to pay for the department's direct placement of a child in an out-of-state facility unless all of the following conditions are met: (a) An appropriate placement is not available in this state, as determined by the department's interstate compact office. (b) An out-of-state placement exists that is nearer to the child's home than the closest appropriate in-state placement, as determined by the department's interstate compact office. (c) The out-of-state facility meets all of the licensing standards for a comparable facility in this state. (d) The out-of-state facility meets all of the applicable licensing standards of the state in which it is located. (e) The department has visited the site of the out-of-state facility; has reviewed the facility records, licensing records, and reports; and believes that the facility is an appropriate placement for the child.	Sec. 513. (1) No changes from current law.			
(2) The department shall not expend money for a child placed in an out-of-state facility without approval of the executive director of the children's services agency.	(2) No changes from current law.			



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(3) Not later than March 1 of the current fiscal year, the department shall submit, to the state court administrative office and the standard report recipients, a report on the number of Michigan children residing in out-of-state facilities in the previous fiscal year, the total cost and average per diem cost of the out-of-state placements to this state, and a list of each out-of-state placement arranged by the Michigan county of residence for each child.	(3) No changes from current law.			
Foster Care Respite Program Sec. 514. (1) From the funds appropriated in part 1 for foster care payments, the department shall maintain a statewide respite care services network available to licensed foster parents and unlicensed relative caregivers that care for children in foster care.	Sec. 514. (1) No changes from current law.			
(2) Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the total number of licensed foster parents and unlicensed relative caregivers that were provided respite services, the average amount of respite time per month, and the total amount of funding spent on respite services during the previous fiscal year.	(2) No changes from current law.			
Child Protection Services (CPS) Caseworker Home Visit Safety Sec. 515. If a children's protective services caseworker requests approval for another children's protective services caseworker or other department employee to accompany the caseworker on a home visit because the caseworker believes that it would be unsafe to conduct the home visit alone, the department shall not deny the request.	Striking current law.			



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<i>County Child Care Fund (CCF) Indirect Cost Payments</i> Sec. 516. (1) From funds appropriated in part 1 for child care fund, the administrative or indirect cost payment equal to 10% of a county's total monthly gross expenditures must be distributed to the county on a monthly basis, and a county is not required to submit documentation to the department for any of the expenditures that are covered under the 10% payment as described in section 117a(4)(b)(ii) and (iv) of the social welfare act, 1939 PA 280, MCL 400.117a.	Sec. 516. (1) No changes from current law.			
(2) From the funds appropriated in part 1 for child care fund – indirect cost allotment, the department shall allocate \$3,500,000.00 to counties and tribal governments that receive reimbursements in part 1 from child care fund.	(2) No changes from current law.			
(3) The amount described in subsection (2) must be distributed to each county or tribal government in the same proportion as indirect cost allotments are provided to counties in the same manner described in section 117a of the social welfare act, 1939 PA 280, MCL 400.117a.	(3) No changes from current law.			
<i>Required Visits for Child Placements Out-of-State</i> Sec. 517. For a child placed in a family foster care home located out of this state, the department may ask a state or private child placing agency contracted by the receiving state to carry out required visits and any additional visits that the department finds necessary.	Sec. 517. No changes from current law.			



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<p><i>Child Care Fund Reimbursement Report</i></p> <p>Sec. 518. Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the cumulative child care fund expenditures of in-home juvenile justice care that are eligible for the 75% state and 25% local split required under section 117a(4)(i) of the social welfare act, 1939 PA 280, MCL 400.117a. Eligible expenditures include community-based juvenile supervision, services, and related practices, and per diem rates for the use of respite and shelter for less than 30 days. The report must also include the expenditures by county and type of service provided, the number of youth receiving care, and the number of days of care.</p>	<p>Sec. 518. Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the cumulative child care fund expenditures of in-home juvenile justice care that are eligible for the 75% state and 25% local split required under section 117a(4)(i) of the social welfare act, 1939 PA 280, MCL 400.117a. Eligible expenditures include community-based juvenile supervision, services, and related practices, and per diem rates for the use of respite and shelter for less than 30 days. The report must include the expenditures by county, and the type of service provided, and the number of youth receiving care, and the number of days of care.</p>			
<p><i>Performance-Based Funding Model Examination</i></p> <p>Sec. 519. (1) The department shall complete a review of the effectiveness of the performance-based contracting program described in section 504(1) of article 6 of 2023 PA 119, to determine whether the contract should be continued.</p>	<p>Striking current law.</p>			



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(2) The review described in subsection (1) may include contractor performance in meeting contract performance measures related to child permanency, safety, and well-being, and the cost effectiveness and efficiency of the program.	Striking current law.			
(3) The department shall submit to the standard report recipients a report on the findings of the review described in subsection (1) not later than 30 days after the review has been completed.	Striking current law.			
<i>Out-of-Home Placements Report</i> Sec. 520. Not later than February 15 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the number of days of care and expenditures by funding source for the previous fiscal year for out-of-home placements by specific placement programs for child abuse or child neglect and juvenile justice, including, but not limited to, paid relative placement, department direct family foster care, private- agency-supervised foster care, private child caring institutions, county-supervised facilities, and independent living. The report must also include the number of days of care for department-operated residential juvenile justice facilities by security classification.	Sec. 520. No changes from current law except: “ by security classification. ”			
<i>Fostering Futures Scholarship Program</i> Sec. 522. (1) From the funds appropriated in part 1 for youth in transition, the department shall allocate \$750,000.00 for scholarships through the fostering futures scholarship program in the Michigan education trust to youth who were in foster care because of child abuse or child neglect and are attending a college or a career technical educational institution located in this state. One hundred percent of the funds appropriated must be used to fund scholarships for the youth described in this section.	Sec. 522. (1) No changes from current law.			



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(2) Not later than June 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report that includes the number of youth who applied for scholarships under this section, the number of youth who received scholarships under this section and the amount of each scholarship, and the total amount of funds spent or encumbered in the current fiscal year.	(2) No changes from current law.			
<i>Family Preservation Program Report and TANF Eligibility Reporting</i> Sec. 523. (1) Not later than February 15 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the families first, family reunification, and families together building solutions family preservation programs. The report must include both of the following: (a) Population and outcome data based on families served. (b) For each program, information on any innovations that may increase child safety and reduce risk.	Sec. 523. (1) No changes from current law.			
(2) Not later than October 1 of the current fiscal year, from the funds appropriated in part 1 for family preservation services, the department shall increase the rates established by the increase under section 523(3) of article 6 of 2020 PA 166.	Striking current law.			
<i>Strong Families/Safe Children Spending Plan</i> Sec. 524. As a condition of receiving funds appropriated in part 1 for strong families/safe children, not later than October 1 of the current fiscal year, counties shall submit the service spending plan to the department for approval. Not later than 30 calendar days after receipt of a properly completed service spending plan, the department shall approve the service spending plan.	Sec. 524. No changes from current law.			



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<p><i>On-Site Evaluations</i></p> <p>Sec. 525. The department shall implement the same on-site evaluation processes for privately operated child welfare and juvenile justice residential facilities as is used to evaluate state-operated facilities. Penalties for noncompliance must be the same for privately operated child welfare and juvenile justice residential facilities and state-operated facilities.</p>	<p>Sec. 525. No changes from current law, except:</p> <p>“The department shall implement maintain”</p>			
<p><i>Court-Appointed Special Advocates</i></p> <p>Sec. 526. From the funds appropriated in part 1 for court-appointed special advocates, the department shall allocate \$2,250,000.00 to fund a project with a nonprofit, community-based organization organized under the laws of this state that is exempt from federal income tax under section 501(c)(3) of the internal revenue code of 1986, 26 USC 501, located in a charter township with a population between 18,000 and 19,000 that is located in a county with a population between 600,000 and 700,000, according to the most recent federal decennial census. The nonprofit organization recipient must have an existing network of affiliate programs operating in not less than 25 counties in this state. The recipient nonprofit organization shall use the funds to recruit, screen, train, and supervise volunteers who provide advocacy services on behalf of abused and neglected children.</p>	<p>Sec. 526. No changes from current law.</p>			



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<i>Child Care Funds Basic Grants</i> Sec. 528. From the funds appropriated in part 1 for child care fund, the department shall allocate \$3,730,300.00 to support the annual basic grant to counties with a population of less than 75,000, according to the most recent federal decennial census, and as described in section 117e of the social welfare act, 1939 PA 280, MCL 400.117e, and to eligible tribal entities. The basic grant must be \$56,520.00 to eligible counties and tribal entities.	Sec. 528. No changes from current law.			
<i>Family Preservation Program</i> Sec. 529. From the funds appropriated in part 1 for family preservation programs, the department shall increase the total combined funding levels of the families first, family reunification, and families together building solutions family preservation programs at an amount not less than the amount provided as of September 30, 2021.	Striking current law.			
<i>Performance-Based Contracting</i> Sec. 530. (1) All master contracts relating to foster care and adoption services as funded by the appropriations in section 105 of part 1 must be performance-based contracts that employ a client-centered and results-oriented process that is based on measurable performance indicators and desired outcomes and includes an annual assessment of the quality of services provided.	Sec. 530. (1) No changes from current law.			
(2) Not later than February 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report detailing measurable performance indicators, desired outcomes, and an assessment of the quality of services provided by the department during the previous fiscal year.	(2) No changes from current law.			



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<p><i>Adoption Subsidies Report</i></p> <p>Sec. 534. Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the adoption subsidies expenditures from the previous fiscal year. The report must include, but is not limited to, the range of non-\$0.00 annual adoption support subsidy amounts, for both title IV-E eligible cases and state-funded cases, paid to adoptive families; the number of title IV-E and state-funded cases; the number of cases in which an adoption support subsidy request by an adoptive parent was denied by the department; and the number of adoptive parents who requested an adoption support subsidy redetermination.</p>	<p>Sec. 534. Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the adoption subsidies expenditures from the previous fiscal year. The report must include, but is not limited to, the range of non-\$0.00 annual adoption support subsidy amounts, for both title IV-E eligible cases and state-funded cases, paid to adoptive families; the number of title IV-E and state-funded cases; the number of cases in which an adoption support subsidy request by an adoptive parent was denied by the department; and the number of adoptive parents who requested an a renegotiation of their adoption support subsidy redetermination contract.</p>			



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<p>Report on Federal IV-E Claims for Foster Care Payments to Unlicensed Relatives</p> <p>Sec. 537. Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the following information for cases of child abuse or child neglect from the previous fiscal year:</p> <p>(a) The total number of relative care placements.</p> <p>(b) The total number of relative care placements into unlicensed relative homes.</p> <p>(c) The total number of relative care placements into licensed relative homes.</p> <p>(d) The total number of unlicensed relative providers with a relative placement that were denied a foster home license due to not meeting the standards established for foster care licensing in this state.</p> <p>(e) From a sample of cases, a list of the reasons documented by the department for denial of relative foster home licensure.</p> <p>(f) For licensed relative caregivers without placements, the status of title IV-E claims for foster care maintenance payments and foster care administrative payments.</p>	<p>Sec. 537. No changes from current law.</p>			



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<p><i>Psychotropic Medication For Youth in Out-of-Home Placements</i></p> <p>Sec. 540. If a physician or psychiatrist who is providing services to a state or court ward placed in a residential facility submits a formal request to the department to change the psychotropic medication for a ward, the department shall, if the ward is a state ward, make a determination on the proposed change not later than 7 business days after the request or, if the ward is a temporary court ward, seek parental consent not later than 7 business days after the request. If the determination or parental consent is not provided by the seventh business day, the department shall petition the court for the determination or consent on the eighth business day.</p>	<p>Sec. 540. No changes from current law.</p>			



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<p>Foster Care Agency Administrative Rates</p> <p>Sec. 546. (1) From the funds appropriated in part 1 for foster care payments and from child care fund, the department shall pay an administrative rate of not less than \$60.20 to providers of general foster care, independent living, and trial reunification services.</p>	<p>Sec. 546. (1) From the funds appropriated in part 1 for foster care payments and from child care fund, the department shall pay an administrative rate of not less than \$60.20 to providers of general foster care, independent living, and trial reunification services unless the contractor fails to (a) ensure children placed in foster are provided visitation sessions with siblings placed elsewhere at least 85 percent of the time in accordance with state policy or (b) ensure children receive face-to-face visits from their caseworker not less than 95 percent of the time in accordance with state policy. In the event the criteria in subsection (a) or (b) are not met, the administrative rate shall be paid at a rate of \$54.18 until the standards in subsection (a) or (b) are met at which time the rate shall return to \$60.20.</p>			



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(2) From the funds appropriated in part 1, the department shall pay providers of independent living plus services per diem statewide rates for staff-supported housing and host-home housing that are based on proposals submitted in response to a solicitation for pricing. The independent living plus program provides staff-supported housing and services for foster youth 16 years of age to 19 years of age who, because of their individual needs and assessments, are not initially appropriate for general independent living foster care.	(2) From the funds appropriated in part 1, the department shall pay providers of independent living plus services per diem statewide rates for staff-supported housing at a rate of \$252.30 and host-home housing at a rate of \$119.05 that are based on proposals submitted in response to a solicitation for pricing. The independent living plus program provides staff-supported housing and services for foster youth 16 years of age to 19 26 years of age who, because of their individual needs and assessments, are not initially appropriate for general independent living foster care.			
(3) If required by the federal government to meet title IV-E requirements, on a quarterly basis, providers of foster care services shall submit a report on expenditures to the department to identify actual costs of providing foster care services.	Striking current law.			
Guardianship Assistance Rates Sec. 547. (1) From the funds appropriated in part 1 for the guardianship assistance program, the department shall pay a minimum rate that is not less than the approved age-appropriate payment rates for youth placed in family foster care.	Sec. 547. (1) No changes from current law.			
(2) The department shall submit, to the standard report recipients, a report that includes quarterly data on the number of children enrolled in the guardianship assistance and foster care – children with serious emotional disturbance waiver programs.	(2) No changes from current law.			



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<i>Child Care Fund (CCF) - County Reimbursement Restrictions</i> Sec. 550. (1) The department shall not offset against reimbursements to counties or seek reimbursement from counties for charges that were received by the department more than 12 months before the department seeks to offset against reimbursement. A county shall not request reimbursement, and reimbursements must not be paid, for a charge that is more than 12 months after the date of service or original status determination when initially submitted by the county.	Sec. 550. (1) No changes from current law.			
(2) Not later than 12 months after a date of service, a service provider shall submit a request for payment. A request for payment submitted later than 12 months after the date of service requires the provider to submit an exception request to the county or the department for approval or denial.	(2) No changes from current law.			
(3) A county is not subject to any offset, chargeback, or reimbursement liability for a prior expenditure resulting from an error in a foster care fund source determination.	(3) No changes from current law.			
<i>CCF County Clarification Requests Response Deadline – UNENFORCEABLE</i> Sec. 551. Not later than 30 days after a county requests a clarification through the department's child care fund management unit email address, the department shall respond to the request. <i>(Document from the State Budget Office dated September 3 noted this section is unenforceable.)</i>	Striking current law.			



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County CCF Review Results Sec. 552. Sixty days after a county's child care fund review is completed, including the receipt of all requested documentation from the county, the department shall provide the results of the review to the county. In the review, the department shall not evaluate the relevancy, quality, effectiveness, efficiency, or impact of the services provided to youth by the county's child care fund programs. The department shall not release the results of a county's child care fund review to a third party without the permission of the county.	Sec. 552. No changes from current law.			
Foster Care Closets Sec. 554. From the funds appropriated in part 1 for foster care payments, the department shall allocate \$50,000.00 to a nonprofit organization organized under the laws of this state that is exempt from federal income tax under section 501(c)(3) of the internal revenue code of 1986, 26 USC 501; currently has locations in 3 cities; operates on a 100% volunteer basis with a board of directors consisting of not more than 15 members; is a dedicated community of individuals that give their time, talent, and resources to provide the best quality shopping environment that they can to local children in need; and provides clothing, shoes, toys, linens, nursery furniture, strollers, car seats, school supplies, hygiene products, and safety equipment to local foster children and their families free of charge.	Sec. 554. No changes from current law.			



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<i>State Vehicle Use for Foster Care Caseworkers</i> Sec. 557. If a vehicle that is owned by the state is available and not scheduled for use by other state workers, the department may consider a children's protective services caseworker or a foster care caseworker driving the vehicle to a foster home visit or driving the vehicle to the caseworker's own home as an allowable use of the vehicle if the driving would be helpful to the caseworker in conducting the caseworker's work.	Sec. 557. No changes from current law.			
<i>Parent-to-Parent</i> Sec. 559. (1) From the funds appropriated in part 1 for adoption support services, not later than December 1 of the current fiscal year, the department shall allocate \$500,000.00 to the Adoptive Family Support Network to operate and expand its adoptive parent mentor program to provide a listening ear, knowledgeable guidance, and community connections to adoptive parents and children who were adopted in this state or another state.	Sec. 559. (1) No changes from current law.			
(2) Not later than March 1 of the current fiscal year, the Adoptive Family Support Network shall submit, to the standard report recipients, a report on the program described in subsection (1), including, but not limited to, the number of cases served and the number of cases in which the program prevented an out-of-home placement.	(2) No changes from current law.			
<i>Foster Care Let-Them-Play</i> Sec. 560. From funds appropriated in part 1 for foster care payments, the department shall allocate \$100,000.00 to reimburse children in foster care for the costs of extracurricular activities, which include, but are not limited to, athletics, music, band, drama, and other enrichment activities.	Sec. 560. No changes from current law.			



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<p><i>Time and Travel Reimbursements for Foster Parents</i></p> <p>Sec. 562. If a foster parent transports a foster child to parent-child visitation, the department shall reimburse the foster parent for the foster parent's time and travel. As part of the foster care parent contract, the department shall provide written confirmation to foster parents that states that the foster parents have the right to request reimbursement for all parent-child visitations. Not later than 60 days after receiving a request from a foster parent for eligible reimbursement, the department shall provide the reimbursement.</p>	<p>Sec. 562. No changes from current law.</p>			
<p><i>Parent-Child and Parent-Caseworker Visitations</i></p> <p>Sec. 564. (1) The department shall maintain a clear policy for parent-child visitations. The local county offices, caseworkers, and supervisors shall meet an 85% success rate, after accounting for factors outside of caseworker control.</p>	<p>Sec. 564. (1) The department shall maintain a clear policy for parent-child visitations. The local county offices and private child placing agency, caseworkers, and supervisors shall meet an 85% success rate, after accounting for factors outside of caseworker control.</p>			
<p>(2) In accordance with the court-ordered number of required meetings between caseworkers and a parent, the caseworkers shall achieve a success rate of 85%, after accounting for factors outside of caseworker control.</p>	<p>(2) No changes from current law.</p>			



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(3) Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the following: (a) The percentage of success rates for parent-child visitations and court-ordered required meetings under subsections (1) and (2) for the previous fiscal year. (b) The barriers to achieve the success rates described in subsections (1) and (2) and how this information is tracked.	(3) No changes from current law.			
Foster Care Documentation Assistance Sec. 568. (1) The department shall ensure each youth transitioning out of foster care is given assistance with obtaining a driver license or state identification card and is issued a copy of the youth's Social Security number, as required by department policy. Assistance must be provided to each youth who is eligible to obtain a driver license or state identification card and, based on the youth's citizenship and legal residency status, a Social Security card.	Sec. 568. (1) . No changes from current law.			
(2) Not later than April 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the number of youth who received assistance with obtaining a driver license or state identification card, the number of youth who received assistance with obtaining a Social Security card, and the number of youth who were eligible for assistance but did not receive the assistance and an explanation as to why the youth did not receive the assistance.	Striking current law.			



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<p>Private Agency Adoption Completion Payment Rate</p> <p>Sec. 569. The department shall reimburse each private child placing agency that completes an adoption at the rate on the date when the petition for adoption and the required support documentation were accepted by the court and not the rate on the date when the court's order placing for adoption was entered.</p>	Striking current law.			
<p>Family Incentive Grants to Foster Care Service Providers</p> <p>Sec. 574. (1) From the funds appropriated in part 1 for foster care payments, \$1,375,000.00 is allocated to support family incentive grants to private and community-based foster care service providers for assistance with home improvements and items needed to ensure compliance with licensing rule requirements, including payment for physical exams needed by foster families, and, to accommodate children in foster care, alleviating potential safety concerns for unlicensed relatives caring for a family member through the child welfare system.</p>	<p>Sec. 574. (1) From the funds appropriated in part 1 for foster care payments, \$1,375,000.00 \$1,975,000.00 is allocated to support family incentive grants to private and community-based foster care service providers and relative caregivers for assistance with home improvements to alleviate safety concerns and /or obtain items needed to ensure compliance with licensing rule requirements, including payment for physical exams needed by foster families, and, to accommodate children in foster care. alleviating potential safety concerns for unlicensed relatives caring for a family member through the child welfare system.</p>			



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(2) Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the total amount expended in the previous year for grants to private and community-based foster care service providers for home improvements or physical exams described in subsection (1) and the number of grants issued.	(2) No changes from current law.			



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<p><i>Kinship Caregiver Advisory Council</i></p> <p>Sec. 575. From the funds appropriated in part 1 for children's services administration, the department shall allocate \$200,000.00 to provide support and coordinated services to the kinship caregiver advisory council. The responsibilities of the council may include all of the following:</p> <p>(a) Establishing a public awareness campaign to educate the public about kinship caregivers and this state's efforts to better serve kinship caregivers.</p> <p>(b) Consulting and coordinating with the kinship caregiver navigator program to collect aggregate data on individuals being served by the kinship caregiver navigator program, including information on what services the individuals need.</p> <p>(c) Consulting and collaborating with the provider of the kinship caregiver navigator program on the design and administration of the program.</p> <p>(d) Establishing, maintaining, and updating a list of local support groups and programs that provide services to kinship families and, in order to obtain a better understanding of the issues facing kinship families, devising a plan of action for engaging with the groups and programs on the list.</p> <p>(e) Developing methods to promote and improve collaboration between state, county, and local governments and agencies and private stakeholders for all of the following reasons:</p> <p>(i) To obtain a broad understanding of the characteristics and prevalence of kinship caregiving.</p> <p>(ii) To improve service delivery.</p> <p>(iii) To include the methods in the council's recommendations.</p>	<p>Sec. 575. No changes from current law, except:</p> <p>From the funds appropriated in part 1 for children's services administration, the department shall allocate \$200,000.00 419,800.00"</p>			



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<p><i>Foster Care Worker Education Pilot Program</i></p> <p>Sec. 578. (1) From the funds appropriated in part 1 for foster care payments, the department shall allocate up to \$1,744,100.00 in title IV-E passthrough funds for educational pilot programs to strengthen this state's child welfare workforce. The department shall enter into contractual arrangements with state universities to provide bachelor of social work and master of social work educational training, including field placements and stipends for tuition and educational expenses. In exchange, students completing eligible educational programs are contractually obligated to work for Michigan child welfare agencies for a minimum of 4 months for every semester they receive the stipend. The matching funds for the Title IV-E funds must be provided by the participating state universities from the expenses incurred for training child welfare students who participate in the program.</p>	<p>Sec. 578. (1) No changes from current law.</p>			
<p>(2) Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients, a report on the status of pilot programs under subsection (1) that includes, but is not limited to, the total number of applicants, the total number of program participants, a list of state universities that participated in the pilot programs, and the total amount of matching funds that each state university contributed to the programs.</p>	<p>(2) No changes from current law.</p>			



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<p>Immediate Assistance Funding</p> <p>Sec. 581. From the funds appropriated in part 1 for foster care payments, the department shall allocate \$50,000.00 for caseworkers to provide immediate assistance with urgent needs, including, but not limited to, food, clothing, and other basic necessities, for children, including children who are victims of human trafficking, on the children's removal from the children's homes or other dangerous environments. The department shall track the distribution of the funds and, not later than June 1 of the current fiscal year, submit, to the standard report recipients, a report on the amount of funds distributed and the number of children impacted.</p>	<p>Sec. 581. From the funds appropriated in part 1 for foster care payments, the department shall allocate \$50,000.00 for caseworkers to provide immediate assistance with urgent needs, including, but not limited to, food, clothing, and other basic necessities, for children, including children who are victims of human trafficking, on the children's removal from the children's homes or other dangerous environments. The department shall track the distribution of the funds and, not later than June 1 of the current fiscal year, submit, to the standard report recipients, a report on the amount of funds distributed and the number of children impacted.</p>			



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<p><i>Foster Parents Report</i></p> <p>Sec. 583. Not later than March 1 of the current fiscal year, the department shall submit, to the standard report recipients and the senate and house of representatives standing committees that cover subject matters dealing with families and human services, a report that includes all of the following:</p> <p>(a) The number and percentage of foster parents that closed their license in the previous fiscal year, the reasons the foster parents left, and how the figures compare to the figures for prior fiscal years.</p> <p>(b) The number and percentage of foster parents successfully retained in the previous fiscal year and how the figures compare to the figures for prior fiscal years.</p> <p>(c) The number and percentage of licensed foster homes that closed their license because they adopted their foster child.</p>	<p>Sec. 583. No changes from current law.</p>			
<p><i>Private Agency Staff Training</i></p> <p>Sec. 585. Each month, the department shall make available at least 1 pre-service training class in which new caseworkers for private foster care and adoption agencies can enroll.</p>	<p>Sec. 585. No changes from current law.</p>			
<p><i>Reports from Children's Rights Settlement Monitor</i></p> <p>Sec. 588. (1) Concurrently with public release, the department shall transmit, without revision, all reports from the court-appointed settlement monitor, including, but not limited to, the needs assessment and period outcome reporting, to the standard report recipients.</p>	<p>Sec. 588. (1) No changes from current law.</p>			



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(2) Not later than October 1 of the current fiscal year, the department shall submit, to the standard report recipients, a detailed plan that addresses the status and progress toward exiting the settlement by September 30 of the current fiscal year. The report must include an update on the department's child welfare initiative.	(2) No changes from current law.			
<i>Payment of Foster Care Administrative Rate</i> Sec. 589. (1) From the funds appropriated in part 1 for child care fund, the department shall pay 100% of the administrative rate for all new cases referred to providers of foster care services.	Sec. 589. (1) No changes from current law.			
(2) On a quarterly basis, the department shall submit a report, to the standard report recipients, on the monthly number of all foster care cases administered by the department and all foster care cases administered by private providers.	(2) No changes from current law.			



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<p><i>Child Protective Services Data</i></p> <p>Sec. 592. On a quarterly basis, the department shall submit, to the chairs of the senate and house of representatives standing oversight committees and the standard report recipients, a report that includes data from children's protective services staff for each of the following for the most recent quarter before the applicable report is submitted:</p> <p>(a) The percent of investigations commenced in 24 hours immediately after receiving a report.</p> <p>(b) The percent of central registry reviews performed for required individuals.</p> <p>(c) The percent of face-to-face contacts made within the established timeframe required by the department.</p> <p>(d) In appropriate cases, the percent of sibling placement evaluations completed when 1 or more children remain in the home after a child has been removed.</p> <p>(e) The percent of supervisory reviews performed in a timely manner.</p> <p>(f) The results of a department survey of children's protective services investigators on the number of investigators who are concerned for their own personal safety.</p> <p>(g) The percent of investigators using the mobile application or another tool to document compliance.</p>	Striking current law.			
<p><i>County Child Abuse and Child Neglect Investigation and Interview Protocols</i></p> <p>Sec. 593. The department shall conduct an annual review in each county to determine if the county has adopted and implemented standard child abuse and child neglect investigation and interview protocols under section 8(6) of the child protection law, 1975 PA 238, MCL 722.628.</p>	Sec. 593. No changes from current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Foster Care Parent Retention and Michigan Youth Opportunities Initiative (MYOI) Funding</i></p> <p>Sec. 594. From the funds appropriated in part 1 for foster care payments, the department shall support regional resource teams to provide for the recruitment, retention, and training of foster and adoptive parents and shall expand the Michigan youth opportunities initiative to all counties of this state. The purpose of the funding is to increase the number of annual inquiries from prospective foster parents, increase the number of nonrelative foster homes that achieve licensure each year, increase the annual retention rate of nonrelative foster homes, reduce the number of older foster youth placed outside of family settings, and provide older youth with enhanced support in transitioning to adulthood.</p>	<p>Sec. 594. No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Children's Services Agency – Child Welfare

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Child Care Fund (CCF) County Partial Reimbursements Requirement – UNENFORCEABLE</i></p> <p>Sec. 598. Partial child care fund reimbursements to counties for undisputed charges must not be made later than 45 business days after receipt of the required forms and documentation. Not later than 15 business days after receiving a request from a county for reimbursement of a disputed charge, the department shall commence activity to investigate and resolve the disputed reimbursement charge. The activity to investigate and resolve a disputed reimbursement charge may include, but is not limited to, the use of a formal appeals process under applicable law and the department chargeback policy. Not later than 45 business days after a properly corrected submission by the county, the department shall reimburse the county for the corrected charge or charges.</p> <p><i>(Document from the State Budget Office dated September 3 noted this section is unenforceable.)</i></p>	<p>Sec. 598. No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Public Assistance

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>PUBLIC ASSISTANCE</u> <i>Shelter Vendor Payments</i> Sec. 601. After a client agrees to the release of the client's name and address to the local housing authority, the department shall request from the local housing authority information regarding whether the housing unit for which vendoring has been requested meets applicable local housing codes. Vendoring must be terminated if the local housing authority indicates in writing that the unit does not meet local housing codes and until the local housing authority indicates in writing that the local housing codes have been met.	Sec. 601. No changes from current law.			
<i>Multiple Disability Applications</i> Sec. 602. The department shall conduct a full evaluation of an individual's assistance needs if the individual has applied for disability more than 1 time in a 1-year period.	Sec. 602. No changes from current law.			
<i>Public Assistance Benefits Notification – UNENFORCEABLE</i> Sec. 603. For any change in the income of a recipient of the food assistance program, the family independence program, or state disability assistance that results in a benefit decrease, the department shall notify the recipient of the amount of the decrease not later than 15 work days before the first day of the month in which the decrease takes effect. <i>(Document from the State Budget Office dated September 3 noted this section is unenforceable.)</i>	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Public Assistance

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>State Disability Assistance (SDA) Program</p> <p>Sec. 604. (1) From the funds appropriated in part 1 for state disability assistance payments, the department shall operate a state disability assistance program. Except as provided in subsection (3), to be eligible for the program, an individual must be a needy citizen of the United States or alien exempted from the SSI citizenship requirement who is not less than 18 years of age, or an emancipated minor, and meets 1 or more of the following requirements:</p> <p>(a) Is a recipient of SSI, Social Security, or medical assistance due to disability or being 65 years of age or older.</p> <p>(b) Is an individual with a physical or mental impairment that meets federal SSI disability standards, except that the minimum duration of the disability must be 90 days. Substance use disorder alone is not a basis for eligibility.</p> <p>(c) Is a resident of an adult foster care facility, a home for the aged, a county infirmary, or a substance use disorder treatment center.</p> <p>(d) Is an individual receiving 30-day postresidential substance use disorder treatment.</p> <p>(e) Is an individual diagnosed as having AIDS.</p> <p>(f) Is an individual receiving special education services through a local intermediate school district.</p> <p>(g) Is a caretaker of a disabled individual who meets the requirements specified in subdivision (a), (b), (e), or (f).</p>	<p>Sec. 604. (1) No changes from current law.</p>			
<p>(2) An applicant for or recipient of state disability assistance is considered needy if the applicant or recipient does both of the following:</p> <p>(a) Meets the same asset test as is applied for the family independence program.</p> <p>(b) Has a monthly budgetable income that is less than the payment standards.</p>	<p>(2) No changes from current law.</p>			



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(3) Except for an individual described in subsection (1)(c) or (d), an individual is not disabled under this section if the individual's drug addiction or alcoholism is a contributing factor material to the determination of disability.	(3) No changes from current law.			
(4) As used in this section: (a) "Material to the determination of disability" means that, if the individual stopped using drugs or alcohol, the individual's remaining physical or mental limitations would not be disabling. If the individual's remaining physical or mental limitations would be disabling, then the drug addiction or alcoholism is not material to the determination of disability and the individual may receive state disability assistance, but the individual must actively participate in a substance abuse treatment program, and the assistance must be paid to a third party or through vendor payments. (b) "Substance abuse treatment" includes receipt of inpatient or outpatient services or participation in Alcoholics Anonymous or a similar program.	(4) No changes from current law.			
SDA Reimbursement Sec. 605. The level of reimbursement provided to state disability assistance recipients in licensed adult foster care facilities must be the same as the prevailing SSI rate under the personal care category.	Sec. 605. No changes from current law.			
Repayment Agreements for Retroactive Supplemental Security Income (SSI) Payments Sec. 606. County department offices shall require each recipient of family independence program and state disability assistance who has applied with the Social Security Administration for SSI to sign a contract to repay any assistance rendered through the family independence program or state disability assistance program on receipt of retroactive SSI benefits.	Sec. 606. No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Public Assistance

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Public Assistance Recovery and Recoupment Revenue</i> Sec. 607. (1) The department's ability to satisfy appropriation deductions in part 1 for state disability assistance/supplemental security income recoveries and public assistance recoupment revenues is not limited to recoveries and accruals pertaining to state disability assistance, or family independence assistance grant payments provided only in the current fiscal year and may include revenues collected during the current year that are prior-year-related and not a part of the department's accrued entries.	Sec. 607. (1) No changes from current law except: family independence assistance program grant payments			
(2) The department may use SSI recoveries to satisfy the deduct in any line in which the revenues are appropriated, regardless of the source from which the revenue is recovered.	(2) No changes from current law.			
<i>Adult Foster Care and Homes for the Aged Payment Limits</i> Sec. 608. An adult foster care facility that provides domiciliary care or personal care to a resident receiving SSI or a home for the aged serving a resident receiving SSI shall not require a resident described in this section to reimburse the home for the aged or adult foster care facility for care at a rate in excess of a rate that is authorized by the legislature. To the extent permitted by federal law, an adult foster care facility and home for the aged that serves a resident receiving SSI is not prohibited from accepting a third-party payment in addition to SSI if the payment is not for food, clothing, or shelter, or would result in a reduction in the resident's SSI payment.	Sec. 608. No changes from current law.			

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>SSI State Supplementation</p> <p>Sec. 609. The department shall not reduce the state supplementation level under the SSI program for the personal care/adult foster care and home for the aged categories during the current fiscal year. Not later than 30 days before a proposed reduction in the state supplementation level, the department shall notify the legislature of the proposed reduction.</p>	<p>Sec. 609. No changes from current law.</p>			
<p>State Emergency Relief (SER)</p> <p>Sec. 610. (1) In developing good-cause criteria for the state emergency relief program, the department shall grant an exemption from the good-cause criteria if an emergency results from an unexpected expense related to maintaining or securing employment.</p>	<p>Sec. 610. (1) In developing good-cause criteria for the state emergency relief program, the The department shall grant an exemption from the good-cause criteria for the state emergency relief program if an emergency results from an unexpected expense related to maintaining or securing employment.</p>			
<p>(2) In determining housing affordability eligibility for state emergency relief, a group is considered to have sufficient income to meet ongoing housing expenses if the group's total housing obligation does not exceed 75% of the group's total net income.</p>	<p>(2) No changes from current law.</p>			
<p>(3) The department shall not make a state emergency relief payment to an individual who has been found guilty of fraud in obtaining public assistance.</p>	<p>(3) No changes from current law.</p>			
<p>(4) The department shall not make a state emergency relief payment to an individual who is an out-of-state or nonlegal resident.</p>	<p>(4) No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Public Assistance

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(5) The department shall distribute a state emergency relief payment for rent assistance directly to a landlord and shall not add the payment to a Michigan bridge card.	(5) No changes from current law.			
<i>State Supplementation Rate Restriction</i> Sec. 611. The state supplementation level under the SSI program for the living independently category or living in the household of another category must not exceed the minimum state supplementation level as required under federal law.	Sec. 611. No changes from current law.			
<i>Indigent Burial</i> Sec. 613. (1) From the funds appropriated in part 1 for indigent burial, the department shall provide a reimbursement for the final disposition of an indigent individual. A reimbursement under this section must comply with all of the following: (a) The maximum allowable reimbursement for the final disposition is \$900.00. (b) The adult burial with services allowance is \$820.00. (c) The adult burial without services allowance is \$570.00. (d) The infant burial allowance is \$225.00.	Sec. 613. (1) No changes from current law.			
(2) The department shall reimburse up to \$80.00 for a cremation permit fee and for mileage at the standard rate for an eligible cremation. A reimbursement under this subsection must take into consideration whether an indigent individual's religious preference prohibits cremation.	(2) No changes from current law.			



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(3) An application for burial services must be made no later than 20 business days after the burial, cremation, or donation takes place. A friend or relative of the indigent individual may supplement the burial payment in any amount up to \$6,000.00 for additional services. A funeral director, with written authorization provided by a relative of the indigent individual, is deemed an authorized representative for burial benefits.	(3) No changes from current law.			
(4) By January 31 of the current fiscal year, the department shall submit a report to the standard report recipients on burial service payments issued from the state emergency relief program during the previous fiscal year. The report must include the number of applicants denied and the number of payments by the following burial service categories: (a) Fetus or infant less than 1 month of age. (b) Burial with memorial service. (c) Burial without memorial service. (d) Cremation with memorial service. (e) Cremation without memorial service. (f) Transportation of a donated or unclaimed body being cremated. (g) Cremation permit fee for an unclaimed body. (h) Disposition of an unclaimed body. (i) Payment if an irrevocable funeral agreement exists. (j) An unclaimed body received by a university.	Striking current law.			
SDA Recipients Eligible for SSI Benefits Report Sec. 614. By January 15 of the current fiscal year, the department shall submit a report to the standard report recipients on the number and percentage of state disability assistance recipients who were determined to be eligible for federal SSI benefits in the previous fiscal year.	Striking current law.			



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<i>Illegal Alien Public Assistance Prohibition</i> Sec. 615. Except as required by federal law, the department shall not use funds appropriated in part 1 to provide public assistance to an individual who is not a United States citizen, permanent resident alien, or refugee. This section does not prohibit the department from entering into a contract with a food bank, emergency shelter provider, or another human service agency that may, as a normal part of doing business, provide food or emergency shelter.	Sec. 615. No changes from current law.			
<i>Electronic Benefit Transfer (EBT) Fees</i> Sec. 616. The department shall require a retailer that participates in the electronic benefits transfer program to charge no more than a \$2.50 fee for cash back as a condition of participation.	Sec. 616. No changes from current law. [Note: drafting error duplicated the language from Sec. 615 also as language for Sec. 616.]			
<i>Title IV-A (TANF) and Food Assistance Benefit Exemption</i> Sec. 619. The department shall not deny a title IV-A assistance and food assistance benefit under 21 USC 862a to an individual who has been convicted of a felony for the possession, use, or distribution of a controlled substance, if both of the following are met: (a) The act that resulted in the conviction occurred after August 22, 1996. (b) The individual is not in violation of the individual's probation or parole requirements.	Sec. 619. No changes from current law.			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Medicaid Eligibility Determination Standards of Promptness</i> Sec. 620. (1) The department shall determine a Medicaid applicant's Medicaid eligibility not later than 90 days after the Medicaid applicant completes a Medicaid application if the Medicaid applicant's disability is an eligibility factor. For other Medicaid applicants, including an applicant who is a patient of a nursing home, the department shall determine the applicant's Medicaid eligibility within 45 days after receiving the Medicaid applicant's application.	Sec. 620. (1) No changes from current law.			
(2) On a quarterly basis, the department shall submit a report to the standard report recipients on the number of recipients who were ineligible for Medicaid after Medicaid eligibility redeterminations resumed after federal continuous enrollment requirements ended. The report must include, in a monthly data format, the number of recipients who had their eligibility examined directly, through an ex parte eligibility process or through a passive eligibility process. The report must also include a copy of each baseline and monthly report that the department provides to CMS for unwinding data reporting and the number of recipients who did not respond to the department through eligibility outreach or data requests.	(2) No changes from current law except: On a quarterly an annual basis, the department shall submit a report			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
SSI Advocacy Grant Sec. 625. From the funds appropriated in part 1 for SSI advocacy legal services grant, the department shall allocate \$975,000.00 as a grant to the Legal Services Association of Michigan (LSAM). The purpose of the grant is to assist current or potential recipients of state disability assistance who have applied for or wish to apply for SSI or other federal disability benefits. LSAM shall provide a list of newly eligible SSI recipients to the department to verify that services are provided to department referrals.	Sec. 625. No changes from current law.			
<i>Domestic Violence Homeless Criteria for State Emergency Relief</i> Sec. 645. The department shall consider an individual or family to be homeless for purposes of eligibility for state emergency relief, if the individual or family is living temporarily with another in order to escape domestic violence. The department shall define and verify domestic violence in the same manner as the department defines and verifies that term in the department's policies on good cause for not cooperating with child support and paternity requirements.	Sec. 645. No changes from current law.			
<i>Domestic Violence Exemption to Food Assistance Requirements</i> Sec. 653. From the funds appropriated in part 1 for food assistance program benefits, an individual who is the victim of domestic violence or human trafficking and who does not qualify for any other exemption may be exempt from the 3-month in 36-month limit on receiving food assistance under 7 USC 2015. The department may extend the exemption for an additional 3 months if an individual described in this section demonstrates to the department a continuing need.	Sec. 653. No changes from current law.			



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<p><i>Food Assistance Program (FAP) Double Up Food Bucks Program</i></p> <p>Sec. 654. The department shall notify a recipient of food assistance program benefits that the recipient's benefits can be spent with the recipient's Michigan bridge card at many farmers markets in this state. The department shall also provide a recipient with information about the double up food bucks program that is administered by the Fair Food Network. The information about the double up food bucks program must include, but is not limited to, information that if the recipient spends \$20.00 at a participating farmers market through the program, the recipient may receive an additional \$20.00 to buy Michigan produce.</p>	<p>Sec. 654. No changes from current law.</p>			
<p><i>Low Income Home Energy Assistance Program (LIHEAP) Spending Plan</i></p> <p>Sec. 655. Not later than 14 days after the spending plan for low-income home energy assistance program is approved by the state budget office, the department shall provide the spending plan, including itemized projected expenditures and itemized expenditures for the previous fiscal year, to the standard report recipients.</p>	<p>Sec. 655. No changes from current law.</p>			
<p><i>Food Bank Council of Michigan</i></p> <p>Sec. 660. From the funds appropriated in part 1 for Food Bank Council of Michigan, the department shall allocate \$12,045,000.00 for procuring and distributing the Michigan agricultural surplus system to distribute surplus produce to low-income residents of this state.</p>	<p>Sec. 660. No changes from current law.</p>	Striking current law		



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Annual FIP Clothing Allowance</i></p> <p>Sec. 669. From the funds appropriated in part 1 for family independence program – clothing allowance, the department shall allocate \$10,000,000.00 for the annual clothing allowance. The department shall grant the allowance to eligible children in a family independence program group.</p>	<p>Sec. 669. No changes from current law.</p>			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Electronic Benefit Transfer Card Abuse Report</i></p> <p>Sec. 672. (1) By February 15 of the current fiscal year, the department's office of inspector general shall submit a report to the standard report recipients on the department's efforts to reduce the inappropriate use of Michigan bridge cards and food assistance program trafficking. The department shall provide information on the number of recipients of services who used their Michigan bridge card inappropriately and the current status of each case, the number of recipients whose benefits were permanently and temporarily revoked as a result of inappropriately using their Michigan bridge cards, and the number of retailers that were fined or removed from the electronic benefit transfer program for permitting the inappropriate use of Michigan bridge cards. The report must also include the number of Michigan bridge card trafficking instances and overall welfare fraud referrals, that includes, but is not limited to, information on the number of investigations completed, fraud and intentional program violation dollar amounts identified, the number of referrals to prosecutors, the number of administrative hearing referrals and waivers, and the number of program disqualifications imposed. The report must distinguish between savings and cost avoidance. As used in this subsection:</p> <p>(a) "Savings" includes receivables established from instances of fraud committed.</p> <p>(b) "Cost avoidance" includes expenditures avoided due to front-end eligibility investigations and other preemptive actions undertaken in the prevention of fraud.</p>	Striking current law.			



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(2) If a fourth Michigan bridge card has been issued to a household in a 12-month period, the department shall notify the household that the household has reached the number of issued cards threshold. At a household's fifth and each subsequent card replacement request, a card will not be issued until a recipient from the household has spoken directly to the local office district manager or county director. The district manager or county director may issue a new Michigan bridge card based on the district manager's or county director's assessment of the recipient's situation and the recipient's explanation.	Striking current law.			
(3) As used in this section: (a) "Food assistance trafficking" means the buying and selling of food assistance benefits for cash or items not authorized under 7 USC 2036b. (b) "Inappropriate use" means not used to meet a family's ongoing basic needs, including, but not limited to, food, clothing, shelter, utilities, household goods, personal care items, and general incidentals.	Striking current law.			
Family Independence Program (FIP) Goals Sec. 677. (1) The department shall establish a state goal for the percentage of family independence program cases involved in employment activities. The percentage established must not be less than 50%. The goal for long-term employment must be 15% of cases for 6 months or more.	Sec. 677. (4) No changes from current law.			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(2) The department shall submit an annual report, providing quarterly data, to the standard report recipients on the number of cases referred to PATH, the current percentage of family independence program cases involved in PATH employment activities, an estimate of the current percentage of family independence program cases that meet federal work participation requirements on the whole, and an estimate of the current percentage of the family independence program cases that meet federal work participation requirements for those cases referred to PATH.	Striking current law.			
(3) The department shall submit a report to the standard report recipients. The report must include quarterly data on all of the following: (a) The number and percentage of nonexempt family independence program recipients who are employed. (b) The average and range of wages of employed family independence program recipients. (c) The number and percentage of employed family independence program recipients who remain employed for 6 months or more.	Striking current law.			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
Annual FIP Child Supplemental Payment Sec. 678. (1) From the funds appropriated in part 1 for family independence program – child supplemental payment, the department shall allocate \$16,240,100.00 of TANF revenue to provide a supplemental payment for the current fiscal year for each child under 6 years of age within a family receiving cash assistance. Not later than November 30 of the current fiscal year, the department shall distribute an equal payment based on the funds available in part 1 and the total number of children under 6 years of age who are within a family receiving cash assistance.	Sec. 678. (1) From the funds appropriated in part 1 for family independence program — child — supplemental payment, the department shall allocate \$16,240,100.00 of TANF revenue to provide a supplemental payment for the current fiscal year for each child under 6 years of age within a family receiving cash assistance. Not later than November 30 of the current fiscal year, the department shall distribute an equal payment based on the funds available in part 1 and the total number of children under 6 years of age who are within a family receiving cash assistance. establish a monthly supplemental payment for households with children.	Split funding; include new amount and 70% young, 30% older kids		
(2) From the funds appropriated in part 1 for family independence program – child supplemental payment, the department shall allocate \$7,000,000.00 of TANF revenue to provide a supplemental payment for the current fiscal year for each child 6 years of age or older but under 14 years of age within a family receiving cash assistance. Not later than November 30 of the current fiscal year, the department shall distribute an equal payment based on the funds available in part 1 and the total number of children who are 6 years of age or older but under 14 years of age within a family receiving cash assistance.	Striking current law.	Split funding		



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(3) By February 1 of the current fiscal year, the department shall submit a report to the standard report recipients on the amount of funding distributed under this section and shall include the number of family independence program cases, the number of family independence program eligible children by age group, and the amount of funding distributed by age category.	(3) (2) No changes from current law.			
Caseworker Public Assistance Policies Sec. 686. (1) The department shall confirm that an individual who presents a personal identification issued by another state and is seeking assistance through the family independence program, food assistance program, state disability assistance program or medical assistance program is not receiving benefits from another state.	Sec. 686. No changes from current law.			
(2) The department shall confirm the address provided by an individual who is seeking family independence program benefits or state disability assistance benefits.	(2) No changes from current law.			
(3) The department shall prohibit an individual who has property assets assessed at a value higher than \$200,000.00 from receiving assistance through a department-administered program, unless prohibiting assistance would violate a federal law or guideline.	(3) No changes from current law.			
(4) The department shall make a reasonable attempt to obtain an up-to-date telephone number for an individual seeking medical assistance benefits during the eligibility determination or redetermination process for the individual.	(4) No changes from current law.			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Application and Case Closure Information</i> Sec. 687. (1) On a quarterly basis, the department shall compile and make available a report on its website that contains all of the following information about the family independence program, state disability assistance, the food assistance program, indigent burial, Medicaid, and state emergency relief: (a) The number of applications received. (b) The number of applications approved. (c) The number of applications denied. (d) The number of applications pending and neither approved nor denied. (e) The number of cases opened. (f) The number of cases closed. (g) The number of cases at the beginning of the quarter and the number of cases at the end of the quarter.	Sec. 687. (1) No changes from current law.			
(2) The department shall compile and make the information provided under subsection (1) available for this state as a whole and for each county and shall report the information separately for each program listed in subsection (1).	(2) No changes from current law.			



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<p>(3) On a quarterly basis, the department shall compile and make available a report on its website of the following family independence program information:</p> <p>(a) The number of new applicants who successfully met the requirements of the 10-day assessment period for PATH.</p> <p>(b) The number of new applicants who did not meet the requirements of the 10-day assessment period for PATH.</p> <p>(c) The number of cases sanctioned because of a school truancy policy.</p> <p>(d) The number of cases closed because of the lifetime limits.</p> <p>(e) The number of first-, second-, and third-time sanctions.</p> <p>(f) The number of children 0 to 5 years of age who are living in a family independence program-sanctioned household.</p>	(3) No changes from current law.			
<p>Heat and Eat Program</p> <p>Sec. 688. From the funds appropriated in part 1 for the low-income home energy assistance program, the department shall make an additional \$20.01 payment to each food assistance program case that is not currently eligible for the standard utility allowance to allow each case to receive expanded food assistance benefits through the program commonly known as the heat and eat program.</p>	Sec. 688. No changes from current law.			
<p>Prenatal and Infant Support Program</p> <p>Sec. 689. (1) From the funds appropriated in part 1 for prenatal and infant support program, the department shall allocate \$20,000,000.00 of TANF revenue for programs that are intended to improve the economic stability of households with very young children.</p>	Sec. 689. (1) No changes from current law.			



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<p>(2) In allocating the funds referenced in subsection (1), the department shall give preference to programs that demonstrate the following:</p> <p>(a) Effectiveness in improving the economic stability of households with pregnant women at a minimum of 20 weeks gestation, and with young children.</p> <p>(b) Partnerships with local health care providers and nonprofit human service agencies that provide for improved maternal and infant health outcomes.</p> <p>(c) Compliance with TANF requirements established by the Administration for Children and Families within the United States Department of Health and Human Services.</p>	(2) No changes from current law.			
<p>(3) By September 30 of the current fiscal year, the department, through agreements with contracted implementing agencies, shall report to the standard report recipients information through June 30 of the current fiscal year on the aggregated demographic data of all program recipients regardless of underlying funding source. The report must include, but not be limited to, aggregated recipient data from contracted implementing agencies with each contracted implementing agency providing the age, race, ethnicity, Hispanic or Latino origin, federal poverty level, funding source, and zip codes of all program recipients.</p>	<p>(3) By September March 30 of the current fiscal year, the department, through agreements with contracted implementing agencies, shall report to the standard report recipients information through June 30 of the current for the prior fiscal year on the aggregated demographic data of all program recipients regardless of underlying funding source. The report must include, but not be limited to, aggregated recipient data from contracted implementing agencies with each contracted implementing agency providing the age, race, ethnicity, Hispanic or Latino origin, federal poverty level, funding source, and zip codes of all program recipients.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Children's Services Agency – Juvenile Justice

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>CHILDREN'S SERVICES AGENCY - JUVENILE JUSTICE</u> <i>Residential Facility Contracts – UNENFORCEABLE</i> Sec. 701. Unless required by a change to federal law or the law of this state or at the request of a provider, the department shall not alter the terms of a signed contract with a private residential facility that serves children who are under state or court supervision without receiving written consent from a representative of the private residential facility. <i>(Document from the State Budget Office dated September 3 noted this section is unenforceable.)</i>	Striking current law.			
<i>Alternative Regional Detention Services County Charge-Back</i> Sec. 706. A county is subject to a 50% chargeback for the use of an alternative regional detention service, if the detention service does not fall under the basic grant provision of section 117e of the social welfare act, 1939 PA 280, MCL 400.117e, or if a county operates the detention service program primarily with professional rather than volunteer staff.	Sec. 706. No changes from current law.			
<i>Child Care Fund Reimbursement TANF Eligibility Reporting Requirements</i> Sec. 707. To be reimbursed for child care fund expenditures, a county shall submit to the department the report required under section 117a(11) of the social welfare act, 1939 PA 280, MCL 400.117a, to enable the department to document a potential federally claimable expenditure.	Sec. 707. No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Children's Services Agency – Juvenile Justice

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>County Child Care Fund Spending Plan</i> Sec. 708. (1) As a condition of receiving funds appropriated in part 1 for the child care fund line item, by October 15 of the current fiscal year, a county shall have an approved service spending plan for the current fiscal year. Not later than August 15 of the current fiscal year, a county shall submit the county's service spending plan for the following fiscal year to the department for approval. The department shall approve a county's service spending plan not later than 30 calendar days after the department receives a properly completed service spending plan from the county that complies with the requirements of the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b. The department shall notify and submit revisions to a service spending plan to a county whose service spending plan is not approved after initial submission. The department shall not request any additional revisions to a county's service spending plan outside of the requested revision notification submitted to the county by the department. The department shall notify a county that its service spending plan is approved not later than 30 days after the department considers the county's revisions to the county's service spending plan.	Sec. 708. (1) No changes from current law,			
(2) A county shall submit an amendment to its county service spending plan for the current fiscal year to the department not later than August 30 of the current fiscal year. A county shall submit payable estimates for the current fiscal year to the department not later than September 15 of the current fiscal year.	(2) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Children's Services Agency – Juvenile Justice

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(3) Not later than February 15 of the current fiscal year, the department shall submit a report to the standard report recipients on the number of counties that fail to submit a service spending plan by August 15 of the previous fiscal year and the number of service spending plans not approved by October 15. The report must include the number of county service spending plans that were not initially approved by the department and the number of service spending plans that were not approved by the department after being resubmitted by the county after revisions were requested by the department under subsection (1).	Striking current law.			
<i>Juvenile Justice Residential Foster Care Services Master Contracts</i> Sec. 709. The department's master contract for juvenile justice residential foster care services must prohibit a contractor from denying a referral for placing a youth, or terminating a youth's placement, if the youth's assessed treatment needs are in alignment with the facility's residential program type, as identified by a court or the department. The master contract must also require that a youth placed in a juvenile justice residential foster care facility has regularly scheduled treatment sessions with a licensed psychologist or a psychiatrist, or both, and access to the licensed psychologist or a psychiatrist as needed.	Sec. 709. No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for Local Office Operations and Support Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>LOCAL OFFICE OPERATIONS AND SUPPORT SERVICES</u> <i>Food Assistance Program Error Rate</i> Sec. 801. The department shall submit a monthly report to the standard report recipients on the most recent food assistance program error rate derived from the active cases, reported to the United States Department of Agriculture Food and Nutrition Service for the supplemental nutrition assistance program.	Sec. 801. No changes from current law except: The department shall submit a monthly quarterly report, containing monthly data,			
<i>Travel Reimbursement to Local County Board Members and Directors</i> Sec. 802. From the funds appropriated in part 1 for local office staff travel, the department shall allocate up to \$100,000.00 annually toward reimbursing the out-of-pocket costs of county board members and county department directors to attend statewide meetings of the Michigan County Social Services Association.	Sec. 802. No changes from current law.			
<i>Michigan MiCAFE Contract</i> Sec. 807. From the funds appropriated in part 1 for Elder Law of Michigan MiCAFE contract, the department shall allocate not less than \$450,000.00 to the Elder Law of Michigan MiCAFE to assist this state's elderly population in participating in the food assistance program. Of the \$450,000.00 allocated under this section, the department shall use \$225,000.00 of general fund/general purpose revenue as state matching funds to receive not less than \$225,000.00 in funding from the United States Department of Agriculture to provide outreach program activities as part of a statewide food assistance hotline. The outreach program activities may include eligibility screening and information services	Sec. 807. No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for Local Office Operations and Support Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Nutrition Education Program Report</i></p> <p>Sec. 808. Not later than March 1 of the current fiscal year, the department shall submit a report to the standard report recipients on the nutrition education program. The report must include all of the following information:</p> <p>(a) All of the following for the supplemental nutrition assistance program education funding:</p> <p>(i) The planned allocation and actual expenditures, by location of programs.</p> <p>(ii) Planned and actual grant amounts, by location of programs.</p> <p>(iii) The total amount of expected carryforward balance at the end of the current fiscal year.</p> <p>(b) For each subgrantee program, a list of all supplemental nutrition assistance program education funding programs by implementing agency with the amount of funding allocated.</p>	<p>Sec. 808. No changes from current law.</p>			
<p><i>Vehicle Repairs</i></p> <p>Sec. 825. From the funds appropriated in part 1, the department shall provide an individual with not more than \$2,000.00 for vehicle repairs, including a repair done in the previous 12 months. The \$2,000.00 limit described in this section includes the combined total of payments made by the department and the work participation program.</p>	<p>Sec. 825. No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for Local Office Operations and Support Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Elder Abuse Prosecuting Attorney Contract</i> Sec. 826. (1) From the funds appropriated in part 1 for local office policy and administration, not less than \$300,000.00 is allocated for the department to contract with the Prosecuting Attorneys Association of Michigan to provide the support and services necessary to increase the capability of this state's prosecutors, adult protective service system, and criminal justice system to effectively identify, investigate, and prosecute elder abuse and financial exploitation.	Sec. 826. (1) No changes from current law.			
(2) Not later than March 1 of the current fiscal year, the Prosecuting Attorneys Association of Michigan shall submit a report to the department on the efficacy of the contract. The department shall submit the report to the standard report recipients not later than 30 days after the department receives the report from the Prosecuting Attorneys Association of Michigan.	Striking current law.			
<i>Out-Stationed Eligibility Specialists</i> Sec. 850. (1) The department shall maintain each out-stationed eligibility specialist in a community-based organization, community mental health agency, nursing home, adult placement and independent living setting, FQHC, and hospital, unless the community-based organization, community mental health agency, nursing home, adult placement and independent living setting, FQHC, or hospital requests to discontinue the positions at its facility.	Sec. 850. (1) No changes from current law.			
(2) From the funds appropriated in part 1 for donated funds positions, the department shall enter into a contract with any agency that is able and eligible under federal law to provide the required matching funds for federal funding, as determined by federal law.	(2) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for Local Office Operations and Support Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(3) A contract for a donated funds position for assistance payments must include, but not be limited to, performance metrics on both of the following topics: (a) Meeting a standard of promptness for processing an application for Medicaid and other public assistance programs under the law of this state. (b) Meeting required standards for error rates in determining programmatic eligibility, as determined by the department.	(3) No changes from current law.			
(4) The department shall fill an additional donated funds position only after a new contract has been signed with an agency. The position must be abolished when the contract expires or is terminated.	(4) No changes from current law.			
(5) The department shall classify as a limited-term FTE a new employee who is hired to fill a donated funds position contract or is hired to fill a vacancy from an employee who transferred to a donated funds position.	(5) No changes from current law.			
(6) By March 1 of the current fiscal year, the department shall submit a report to the standard report recipients detailing information on the donated funds positions. The report must include, but is not limited to, the total number of occupied positions, the total private contribution of the positions, and the total cost to this state for a nonsalary expenditure for the donated funds position employees.	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES - Boilerplate for Local Office Operations and Support Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Adult Services Field Staff Ratios – UNENFORCEABLE</p> <p>Sec. 851. From the funds appropriated in part 1 for adult services local office staff, the department shall seek to reduce the number of older adults who are victims of crime and fraud by increasing the standard of promptness in every county, as measured by commencing an investigation not later than 24 hours after a report is made to the department, establishing face-to-face contact with the client not later than 72 hours after a report is made to the department, and completing the investigation not later than 30 days after a report is made to the department.</p> <p><i>(Document from the State Budget Office dated September 3 noted this section is unenforceable.)</i></p>	<p>Sec. 851. From the funds appropriated in part 1 for adult services local office staff, the department shall seek to reduce the number of older adults who are victims of crime and fraud by increasing the standard of promptness in every county, as measured by commencing an investigation not later than 24 hours after a report is made to the department, establishing face-to-face contact with the client not later than 72 hours after a report is made to the department, and completing the investigation not later than 30 days after a report is made to the department.</p>			
<p><u>DISABILITY DETERMINATION SERVICES</u></p> <p>Unit Rate Increase for Medical Consultants</p> <p>Sec. 890. From the funds appropriated in part 1 for disability determination services, the department shall maintain the unit rates in effect on September 30, 2019 for medical consultants performing disability determination services, including physicians, psychologists, and speech-language pathologists.</p>	<p>Sec. 890. No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>BEHAVIORAL HEALTH SERVICES</u> <i>Comprehensive System of Community Mental Health Services</i> Sec. 901. The department shall use the funds appropriated in part 1 to support a system of comprehensive community mental health services under the full authority and responsibility of local CMHSPs or PIHPs in accordance with the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, the Medicaid provider manual, federal Medicaid waivers, and all other applicable federal law and the law of this state.	Sec. 901. No changes from current law.			
<i>Contracts Between DHHS and CMHSPs/PIHPs – UNENFORCEABLE</i> Sec. 902. (1) From the funds appropriated in part 1, the department shall make a final authorization to a CMHSP or PIHP on the execution of a contract between the department and the CMHSP or PIHP. The contract must contain an approved plan and budget and any policy and procedure governing the obligations and responsibilities of each party to the contract. Each contract with a CMHSP or PIHP that the department is authorized to enter into under this subsection must include a provision that the contract is not valid unless the total dollar obligation for all of the contracts between the department and the CMHSPs or PIHPs entered into under this subsection for the current fiscal year does not exceed the amount of money appropriated in part 1 for the contracts authorized under this subsection.	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(2) The department shall immediately submit a report to the standard report recipients if either of the following occurs: (a) The department enters into a new contract with a CMHSP or PIHP that would affect a rate or expenditure. (b) The department amends a contract that the department has entered into with a CMHSP or PIHP that would affect a rate or expenditure.	Striking current law.			
(3) The report required by subsection (2) must include information about the changes to the contracts and their effects on rates and expenditures. <i>(Document from the State Budget Office dated September 3 noted this section is unenforceable)</i>	Striking current law.			
CMHSPs, PIHPs, and Designated Regional Entities for Substance Use Disorders Report Sec. 904. (1) Not later than September 30 of the current fiscal year, the department shall provide a report on the CMHSPs, PIHPs, and designated regional entities for substance use disorder prevention and treatment to the standard report recipients that includes the information required by this section.	Sec. 904. (1) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(2) The report required under subsection (1) must contain, unless otherwise noted, information for each CMHSP, PIHP, and designated regional entity for substance use disorder prevention and treatment, and a statewide summary, as follows: (a) A statewide summary of the demographic description of service recipients that, minimally, includes reimbursement eligibility, client population, age, ethnicity, housing arrangements, and diagnosis. (b) Per capita expenditures in total and by client population group. (c) A statewide summary of Medicaid-funded cost information for the 3 diagnosis groups of adults with a mental illness, children with a serious emotional disturbance, and individuals with an intellectual or developmental disability. The statewide summary must, minimally, include expenditures by service category for each of the 3 diagnosis groups described in this subdivision and cases, units, and cost of each specific service code index or health care common procedure coding system code for each of the 3 diagnosis groups. (d) Financial information on non-Medicaid mental health services by general fund cost reporting category.	(2) The report required under subsection (1) must contain, unless otherwise noted, information for each CMHSP, and PIHP, and designated regional entity for substance use disorder prevention and treatment , and a statewide summary, as follows: (a) - (d) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(e) Information about access to each CMHSP, PIHP, and designated regional entity for substance use disorder prevention and treatment, that includes, but is not limited to, all of the following: (i) The number of individuals receiving requested services. (ii) The number of individuals who requested services but did not receive services. (f) The number of second opinions requested under the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, and the determination of any appeals. (g) Lapses and carryforwards during the previous fiscal year for each CMHSP, PIHP, and designated regional entity for substance use disorder prevention and treatment. (h) Performance indicator information required to be submitted to the department in the contracts with each CMHSP, PIHP, and designated regional entity for substance use disorder prevention and treatment. (i) Administrative expenditures of each CMHSP, PIHP, and designated regional entity for substance use disorder prevention and treatment that include a breakout of the salary, benefits, and pension of each executive- level staff, which includes, but is not limited to, the director, chief executive, and chief operating officer.	(e) (f) Striking current law. (g) (e) No changes from current law. (h) (f) Performance indicator information required to be submitted to the department in the contracts with each CMHSP, PIHP, and designated regional entity for substance use disorder prevention and treatment. (i) (g) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>(3) The report required under subsection (1) must contain the following information from the previous fiscal year on substance use disorder prevention, education, and treatment programs:</p> <p>(a) The expenditures stratified by department-designated community mental health entity, by fund source, by subcontractor, by population served, and by service type.</p> <p>(b) The expenditures per state client, with data on the distribution of expenditures reported using a histogram approach.</p> <p>(c) The number of services provided by subcontractor and by service type. Additionally, data on length of stay, referral source, and participation in other state programs.</p> <p>(d) The collections from other first- or third-party payers, private donations, or other state or local programs, by department-designated community mental health entity, by subcontractor, by population served, and by service type.</p>	<p>(3) No changes from current law, except adding:</p> <p>(a) A statewide summary of the demographic description of service recipients that, minimally, shall include reimbursement eligibility, primary substance of abuse, age, ethnicity, housing arrangements, and sex at birth.</p> <p>(ab) The expenditures stratified by department-designated community mental health regional entities for substance use disorder prevention and treatment...</p> <p>(de) The collections from other first- or third-party payers, private donations, or other state or local programs, by department-designated community mental health regional entities for substance use disorder prevention and treatment...</p> <p>(f) Information about access to CMHSPs, PIHPs, and designated regional entities for substance use disorder prevention and treatment that includes, but is not limited to, the following:</p> <p>(i) The number of individuals receiving requested services.</p> <p>(ii) The number of individuals who requested services but did not receive services.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(4) The department shall include the data reporting requirements described in subsections (2) and (3) in the department's annual contract with each CMHSP, PIHP, and designated regional entity for substance use disorder prevention and treatment.	(4) No changes from current law.			
(5) The department shall take all reasonable actions to ensure that the data required are complete and consistent among all CMHSPs, PIHPs, and designated regional entities for substance use disorder prevention and treatment.	(5) No changes from current law.			
Community Substance Use Disorder Prevention, Education, and Treatment Sec. 907. (1) The department shall expend the amount appropriated in part 1 for community substance use disorder prevention, education, and treatment to coordinate care and services provided to individuals with severe and persistent mental illness and substance use disorder diagnoses.	Sec. 907. (1) No changes from current law.			
(2) Each managing entity shall continue current efforts to collaborate on the delivery of services to clients with mental illness and substance use disorder diagnoses, with the goal of providing services in an administratively efficient manner.	(2) No changes from current law.			
Medical Marihuana Regulatory Fund Sec. 909. From the funds appropriated in part 1 for health homes, the department shall use available revenue from the marihuana regulatory fund established in section 604 of the medical marihuana facilities licensing act, 2016 PA 281, MCL 333.27604, to improve physical health, expand access to substance use disorder prevention and treatment services, and strengthen the existing prevention, treatment, and recovery systems.	Sec. 909. No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Substance Use Disorder Treatment for Public Assistance Recipients</i></p> <p>Sec. 910. The department shall ensure that substance use disorder treatment is provided to applicants and recipients of public assistance through the department who are required to obtain substance use disorder treatment as a condition of eligibility for public assistance.</p>	<p>Sec. 910. No changes from current law.</p>			
<p><i>Jail Diversion Services for Persons with Mental Illness or Developmental Disability</i></p> <p>Sec. 911. (1) The department shall ensure that a contract with a CMHSP or PIHP requires the CMHSP or PIHP to implement programs to encourage the diversion of individuals with a serious mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration, when appropriate.</p>	<p>Sec. 911. (1) No changes from current law.</p>			
<p>(2) Each CMHSP or PIHP shall have jail diversion services and shall work toward establishing working relationships with representative staff of local law enforcement agencies, including county prosecutors' offices, county sheriffs' offices, county jails, municipal police agencies, municipal detention facilities, and the courts. Written interagency agreements describing what services each participating agency is prepared to commit to the local jail diversion effort and the procedures to be used by local law enforcement agencies to access mental health jail diversion services are strongly encouraged.</p>	<p>(2) No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Salvation Army Harbor Light Program – UNENFORCEABLE</p> <p>Sec. 912. The department shall contract directly with the Salvation Army Harbor Light program, at an amount not less than the amount provided during the fiscal year ending September 30, 2020, to provide non-Medicaid substance use disorder services if the local coordinating agency or the department confirms the Salvation Army Harbor Light program meets the standard of care established by the department. The standard of care must include, but is not limited to, using a medication assisted treatment option.</p> <p><i>(Document from the State Budget Office dated September 3 noted this section is unenforceable)</i></p>	Striking current law			
<p>Autism Navigator</p> <p>Sec. 913. (1) From the funds appropriated in part 1 for behavioral health program administration, the department shall allocate \$2,025,000.00 for the autism navigator program. The department shall require a contractor receiving funds under this section to comply with performance-related metrics established by the department to maintain eligibility for funding. The performance-related metrics must include, but not be limited to, all of the following:</p> <p>(a) Each contractor shall have an accreditation that attests to the contractor's competency and effectiveness in providing services.</p> <p>(b) Each contractor shall demonstrate cost-effectiveness.</p> <p>(c) Each contractor shall ensure the contractor's ability to leverage private dollars to strengthen and maximize service provision.</p> <p>(d) Each contractor shall provide quarterly reports to the department on the number of clients served by PIHP region, units of service provision by PIHP region, and ability to meet their stated goals.</p>	Moves to Sec. 302. and changes line item name.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(2) The department shall require a report from a contractor receiving funds under this section. A contractor shall submit the report to the department not later than 60 days after the end of the contract period. The report must include specific information on services and programs provided by the contractor, the client base to which the services and programs were provided by the contractor, and the contractor's expenditures for the services. The department shall submit the reports to the standard report recipients.	Moves to Sec. 302.			
<i>Michigan Clinical Consultation and Care (MC3) Report</i> Sec. 914. Not later than June 1 of the current fiscal year, the department shall submit a report to the standard report recipients on outcomes of the funds provided in part 1 to the Michigan Clinical Consultation and Care program (MC3). The outcomes reported must include, but are not limited to, the number of same-day telephone consultations with primary care providers and the number of local resource recommendations made to primary care providers who are providing medical care to patients who need behavioral health services.	Sec. 914. No changes from current law.			
<i>Substance Abuse Prevention and Treatment Block Grant and Opioid Response Activities</i> Sec. 915. From the funds appropriated in part 1 for community substance use disorder prevention, education, and treatment and opioid response activities, the department shall, to the extent possible, provide grants, pursuant to federal law, to local public entities that provide substance use disorder services and to 1 private entity that has a statewide contract to provide community-based substance use disorder services.	Sec. 915. No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Mosaic Counseling</i> Sec. 916. From the funds appropriated in part 1 for behavioral health program administration, the department shall allocate \$100,000.00 as a grant to a nonprofit mental health clinic located in a county with a population between 290,000 and 300,000 according to the most recent federal decennial census that provides counseling services, accepts clients regardless of their ability to pay for services through sliding scale copayments and volunteer services, and uses fundraising to support their clinic.	Sec. 916. No changes from current law.			
<i>Michigan Opioid Healing and Recovery Fund and Report</i> Sec. 917. (1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$19,202,300.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.	Sec. 917. (1) No changes from current law except: “\$19,202,300.00 \$55,000,000.00 “			
(2) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$4,000,000.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253, to establish a peer recovery support services program for eligible participants by providing the services described under Healthcare Common Procedure Coding System (HCPCS) code H0038.	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(3) On a semiannual basis, the department shall submit to the standard report recipients a report on all of the following: (a) Total revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the creation of the fund. (b) Revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund during the previous 6 months. (c) Estimated revenues to be deposited into and the spending plan for the Michigan opioid healing and recovery fund for the next 12 months.	(3) (2) No changes from current law.			
Medicaid Mental Health Payments and Cases Report Sec. 918. On a quarterly basis, providing monthly data, the department shall submit a report to the standard report recipients on the amount of funding paid to PIHPs to support the Medicaid managed mental health care program. The report must include information on the total paid to each PIHP, per capita rate paid for each eligibility group for each PIHP, the number of cases in each eligibility group for each PIHP, and a year-to-date summary of eligibles and expenditures for the Medicaid managed mental health care program.	Sec. 918. No changes from current law.			
Rate-Setting Process for PIHPs Sec. 920. As part of the Medicaid rate-setting process for behavioral health services, the department shall work with PIHP network providers and actuaries to include, as part of the Medicaid rate, state and federal wage and compensation increases that directly impact staff who provide Medicaid-funded community living supports, personal care services, respite services, skill-building services, and other supports and services that the department determines are similar.	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Altarum Behavioral Health Programming</i></p> <p>Sec. 922. From the funds appropriated in part 1 for behavioral health program administration, the department shall allocate \$600,000.00 to a nonprofit organization organized under the laws of this state that is exempt from federal income tax under section 501(c)(3) of the internal revenue code of 1986, 26 USC 501, and is located in a city with a population between 66,000 and 67,000, according to the most recent federal decennial census, to administer an online and interactive version of the protected health information consent tool and make any revisions to the tool to reflect any recent legislative changes. The contracting entity that receives funds appropriated under this section shall also develop accompanying trainings and resources for users. Additionally, the contracting entity that receives funds appropriated under this section shall work closely with the Michigan Health Information Network Shared Services and the department to develop the technical specifications for integrating the protected health information consent tool with other relevant systems and applications, including, but not limited to, CareConnect360.</p>	<p>Sec. 922. No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Behavioral Health Services

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Autism Services Fee Schedule – UNENFORCEABLE</p> <p>Sec. 924. From the funds appropriated in part 1, for the purposes of actuarially sound rate certification and approval for Medicaid behavioral health managed care programs, the department shall maintain a fee schedule for autism services reimbursement rates for direct services. Expenditures used for rate setting shall not exceed the rates identified in the fee schedule. The fee schedule must include a rate for behavioral technicians that is not less than \$66.00 per hour.</p> <p><i>(Document from the State Budget Office dated September 3 noted this section is unenforceable)</i></p>	Striking current law.			
<p>Conference of Western Wayne Substance Use Disorder Project</p> <p>Sec. 926. (1) From the funds appropriated in part 1 for community substance use disorder prevention, education, and treatment, \$1,000,000.00 is allocated for a specialized substance use disorder detoxification project administered by a 9-1-1 service district in conjunction with a substance use and case management provider. The project must be located at a hospital within a 9-1-1 service district with at least 600,000 residents and 15 member communities and that is located within a county with a population of at least 1,500,000 according to the most recent federal decennial census.</p>	Sec. 926. (1) No changes from current law.			
<p>(2) The substance use and case management provider receiving funds under this section shall collect and submit to the department data on the outcomes of the project throughout the duration of the project and the department shall submit a report on the project's outcomes to the standard report recipients.</p>	(2) No changes from current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
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<i>Local Funds for Capitation Rates Increase for PIHPs and Lapse Report</i> Sec. 928. (1) Each PIHP shall provide, from the PIHP's internal resources, local funds to be used as a part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. The local funds must not include either of the following: (a) State funds received by a CMHSP for services provided to non-Medicaid recipients. (b) The state matching portion of the Medicaid capitation payments made to a PIHP.	Sec. 928. (1) No changes from current law.			
(2) Not later than April 1 of the current fiscal year, the department shall report to the standard report recipients on the lapse by PIHP from the previous fiscal year and the projected lapse by PIHP in the current fiscal year.	(2) No changes from current law.			
<i>Flint Michigan Clinical Consultation and Care (MC3)</i> Sec. 929. From the funds appropriated in part 1 for Michigan Clinical Consultation and Care, the department shall allocate at least \$350,000.00 to address needs in a city in which a declaration of emergency was issued because of drinking water contamination.	Sec. 929. No changes from current law except: " \$350,000.00 \$325,000.00 "			
<i>County Matching Funds to CMHSP</i> Sec. 935. A county required under the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106, to provide matching funds to a CMHSP for mental health services rendered to residents in the county's jurisdiction shall pay the matching funds in equal installments on not less than a quarterly basis throughout the fiscal year, with the first payment being made by October 1 of the current fiscal year.	Sec. 935. No changes from current law.			



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<i>Transferring CMHSP Allocations</i> Sec. 940. (1) In accordance with section 236 of the mental health code, 1974 PA 258, MCL 330.1236, the department shall review expenditures for each CMHSP to identify any CMHSP with a projected allocation surplus and to identify any CMHSP with a projected allocation shortfall. The department shall encourage the board of a CMHSP with a projected allocation surplus to concur with the department's recommendation to reallocate the projected surplus to a CMHSP with a projected allocation shortfall.	Sec. 940. (1) No changes from current law.			
(2) A CMHSP that has its projected surplus reallocated during the current fiscal year as described in subsection (1) is not eligible for an additional funding reallocation during the remainder of the current fiscal year, unless the CMHSP is responding to a public health emergency as determined by the department.	(2) No changes from current law.			
(3) A CMHSP shall report to the department on a proposed reallocation described in this section at least 30 days before the reallocation takes effect.	(3) No changes from current law.			
(4) The department shall notify the chairs of the appropriation subcommittees on the department budget when a request is made and when the department grants approval for a reallocation described in subsection (1). Not later than February 1 of the current fiscal year, the department shall submit a report on the amount of funding reallocated in the previous fiscal year to the standard report recipients.	(4) No changes from current law.			



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<i>CMHSP Notice of Reduction, Termination, or Suspension of CMHSP Provided Services</i> Sec. 942. A CMHSP shall provide at least 30 days' notice before reducing, terminating, or suspending a service provided by the CMHSP to a CMHSP client, unless the service is authorized by a physician and the service no longer meets established criteria for medical necessity.	Sec. 942. No changes from current law.			
<i>Autism Services Provision and Cost Containment</i> Sec. 960. (1) From the funds appropriated in part 1 for autism services, the department shall continue to cover all Medicaid autism services to Medicaid enrollees eligible for the services that were covered on January 1, 2019.	Sec. 960. (1) No changes from current law.			



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<p>(2) To restrain cost increases in the autism services line item, the department shall do all of the following:</p> <p>(a) Not later than March 1 of the current fiscal year, develop and implement specific written guidance for standardization of Medicaid PIHPs and CMHSPs autism spectrum disorder administrative services, including, but not limited to, reporting requirements, coding, and reciprocity of credentialing and training between PIHPs and CMHSPs to reduce administrative duplication at the PIHP, CMHSP, and service provider levels.</p> <p>(b) Require consultation with the client's evaluation diagnostician and PIHP to approve the client's ongoing therapy for 3 years, unless the client's evaluation diagnostician recommended an evaluation before the 3 years or if a clinician on the treatment team recommended an evaluation for the client before the third year.</p> <p>(c) Limit the authority to perform a diagnostic evaluation for Medicaid autism services to qualified licensed practitioners as determined by the department and CMHSPs.</p>	<p>(2) No changes from current law except:</p> <p>(c) Limit the authority to perform a diagnostic evaluation for Medicaid autism services to qualified licensed practitioners as determined by the department and CMHSPs.</p>			



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(d) Allow and expand the utilization of telemedicine and telepsychiatry to increase access to diagnostic evaluation services. (e) Coordinate with the department of insurance and financial services on oversight for compliance with the Paul Wellstone and Pete Domenici mental health parity and addiction equity act of 2008, Public Law 110-343, as it relates to autism spectrum disorder services, to ensure appropriate cost sharing between public and private payers. (f) Require that Medicaid eligibility be confirmed through prior evaluations conducted by qualified licensed practitioners as determined by the department and CMHSPs. (g) Maintain regular statewide provider trainings on autism spectrum disorder standard clinical best practice guidelines for treatment and diagnostic services.	(d) – (g) No changes from current law.			
(3) By March 1 of the current fiscal year, the department shall submit a report to the report recipients required in section 246 of this part on total autism services spending broken down by PIHP and CMHSP for the previous fiscal year and current fiscal year and total administrative costs broken down by PIHP, CMHSP, and the type of administrative cost for the previous fiscal year and current fiscal year.	(3) No changes from current law.			
<i>Providers of Services to High-Need Children or Adults</i> Sec. 962. For special projects involving high-need children or adults, including the not guilty by reason of insanity population, the department may contract directly with providers of services to the children and adults described in this section.	Sec. 962. No changes from current law.			



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<i>Methadone Medication Assisted Treatment</i> Sec. 965. From the funds appropriated in part 1, the department and each PIHP shall maintain the comparison rate and any associated reimbursement rate of the bundled rate H0020 for the administration and services of methadone at not less than \$19.00.	Sec. 965. No changes from current law.			
<i>Michigan Crisis and Access Line (MiCAL)</i> Sec. 972. From the funds appropriated in part 1 for behavioral health program administration, the department shall allocate not less than \$9,386,400.00 of general fund/general purpose revenue and any associated federal match or federal grant funding, including, but not limited to, associated federal 988 grant funding for the mental health telephone access line known as the Michigan crisis and access line (MiCAL), to provide for both of the following in accordance with section 165 of the mental health code, 1974 PA 258, MCL 330.1165: (a) Primary coverage in a region where a regional national suicide prevention lifeline center does not provide coverage. (b) Statewide secondary coverage.	Sec. 972. No changes from current law.			
<i>Intellectual or Developmental Disability Service Delivery</i> Sec. 974. The department and a PIHP shall allow an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to instead receive supports and services from another provider if the individual is eligible and qualified to receive supports and services from another provider. Other providers may include, but are not limited to, MIChoice and PACE.	Sec. 974. No changes from current law.			



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<p><i>Recovery Community Organization</i></p> <p>Sec. 978. From the funds appropriated in part 1 for community substance use disorder prevention, education, and treatment and recovery community organizations, the department shall allocate \$1,200,000.00 as grants for recovery community organizations in accordance with section 273b of the mental health code, 1974 PA 258, MCL 330.1273b. A grant must be used to offer or expand recovery support center services or recovery community center services to individuals seeking long-term recovery from substance use disorders.</p>	<p>Sec. 978. No changes from current law.</p>			
<p><i>Mental Health Diversion Council</i></p> <p>Sec. 995. (1) From the funds appropriated in part 1 for mental health diversion council, the department shall allocate \$3,850,000.00 to continue to implement the jail diversion pilot programs that are intended to address the recommendations of the mental health diversion council.</p>	<p>Sec. 995. (1) From the funds appropriated in part 1 for mental health diversion council, the department shall allocate \$3,850,000.00 to continue to implement the jail diversion pilot programs that are intended to address the recommendations of the mental health diversion council.</p>			
<p>(2) Not later than March 1 of the current fiscal year, the department shall submit a report to the standard report recipients on the planned allocation of the funds appropriated for the mental health diversion council.</p>	<p>(2) No changes from current law.</p>			
<p>(3) As used in this section, “mental health diversion council” means the council as that term is defined in section 207e of the mental health code, 1974 PA 258, MCL 330.1207e.</p>	<p>(3) No changes from current law.</p>			



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<i>Family Support Subsidy</i> Sec. 996. From the funds appropriated in part 1 for family support subsidy, the department shall make monthly payments of \$300.36 to a parent or legal guardian of a child approved for the family support subsidy by a CMHSP.	Sec. 996. No changes from current law.			
<i>Distribution of Substance Use Disorder Block Grant Funds</i> Sec. 997. The department shall use population data from the most recent federal data from the United States Census Bureau in determining the distribution of substance use disorder block grant funds.	Sec. 997. No changes from current law.			
<i>Distribution of General Funds to CMHSPs</i> Sec. 998. If the department decides to use census data to distribute state general funds to CMHSPs, the department shall use the most recent federal data from the United States Census Bureau.	Sec. 998. No changes from current law.			
<u>BEHAVIORAL HEALTH SERVICES</u> <i>CMHSP Populations Served Report</i> Sec. 1001. Not later than May 15 of the current fiscal year, each CMHSP shall submit a report to the department that identifies populations being served by the CMHSP broken down by program eligibility category. The report must also include the percentage of the operational budget that is related to program eligibility enrollment. Not later than February 15 of the current fiscal year, the department shall submit the reports described in this section to the standard report recipients.	Sec. 1001. No changes from current law except: "February 15 June 30"			



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CCBHC Organization Criteria Sec. 1002. (1) The department shall expand the certified community behavioral health clinic demonstration to include organizations that meets both of the following criteria: (a) Are a current CMHSP or an eligible organization as defined in section 223(a)(2)(F) of the protecting access to Medicare act of 2014, Public Law 113-93, with a CCBHC grant from the federal substance abuse and mental health services administration for at least 1 year. (b) Achieve CCBHC certification by meeting all state and federal requirements by September 1, 2024, unless otherwise specified in the CCBHC Demonstration Handbook.	Striking current law.			
(2) From the funds appropriated in part 1 for CCBHC administration, funding must be utilized to provide CCBHC outreach services to encourage a CMHSP or an eligible organization located in a county that does not already have a CCBHC to apply for CCBHC certification.	Striking current law.			
Policies and Procedures for PIHPs or CMHSPs Sec. 1003. The department shall notify the Community Mental Health Association of Michigan when developing a policy or procedure that will impact a PIHP or CMHSP.	Striking current law.			



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<i>CMHSP and PIHP Rebasing Notification</i> Sec. 1004. The department shall submit a report to the standard report recipients on any rebased formula changes to either Medicaid behavioral health services or non-Medicaid mental health services 90 days before the department implements the formula change. The notification must include a table showing the changes in funding allocation by PIHP for Medicaid behavioral health services or by CMHSP for non-Medicaid mental health services.	Striking current law.			
<i>Health Home Programs</i> Sec. 1005. (1) From the funds appropriated in part 1 for health homes, the department shall maintain the number of behavioral health homes and maintain the number of substance use disorder health homes, in place by PIHP region as of September 30 of the previous fiscal year. The department may expand the number of behavioral health homes and the number of substance use disorder health homes in a PIHP region added after October 1 of the current fiscal year.	Sec. 1005. (1) No changes from current law.			
(2) On a semiannual basis, the department shall submit a report to the report recipients required in section 246 of this part on the number of individuals being served and expenditures incurred by each PIHP region by site.	(2) No changes from current law.			



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<p>CCBHC Report</p> <p>Sec. 1006. From the funds appropriated in part 1 for certified community behavioral health clinics, not later than May 1 of the current fiscal year the department shall submit to the standard report recipients an outcomes report for CCBHCs during the previous fiscal year that includes both statewide and CCBHC site-specific information on all of the following:</p> <p>(a) The total number of distinct individuals served by the CCBHCs.</p> <p>(b) The percentage of individuals served by the CCBHCs that were Medicaid recipients.</p> <p>(c) The percentage of individuals served by the CCBHCs that were not Medicaid recipients.</p> <p>(d) The total number of CCBHC daily visits.</p> <p>(e) Total number of CCBHC services provided, broken down by the 9 core CCBHC services.</p> <p>(f) Total expenditures from base and supplemental payments.</p> <p>(g) Staffing and staff vacancy levels of the CCBHCs.</p> <p>(h) The amount of prospective payment system rates for each CCBHC over the entire demonstration period allocated across the 9 service types.</p> <p>(i) The total expenditures by CCBHC in the previous fiscal year.</p> <p>(j) The total cost factors and implications in interpreting how CCBHCs deliver care over the course of the demonstration period.</p> <p>(k) The comparison of costs for a random sample of enrollees between care provided by a CCBHC provider and a Medicaid provider that is not a CCBHC. The sample must include participants known to have received services at CCBHC providers and Medicaid providers that are not CCBHCs.</p>	<p>[New Executive Language]</p> <p>Sec. 1006. From the funds appropriated in part 1 for certified community behavioral health clinics, the department shall submit the CCBHC cost efficiency evaluation to the standard report recipients within 7 business days after the department's receipt of the final information required from the contractors</p>			



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<p><i>PIHP and CMHSP Administrative Costs, Mental Health Care, Service Rates, and Direct Care Reimbursement</i></p> <p>Sec. 1008. A PIHP and CMHSP shall do all of the following:</p> <p>(a) Work to reduce administration costs by ensuring that PIHP and CMHSP responsible functions are efficient in allowing optimal transition of dollars to the direct services considered most effective in assisting individuals served. Any consolidation of administrative functions must demonstrate, by independent analysis, a reduction in dollars spent on administration resulting in greater dollars spent on direct services. Savings resulting from increased efficiencies must not be applied to PIHP and CMHSP net assets, internal service fund increases, building costs, increases in the number of PIHP and CMHSP personnel, or other areas not directly related to the delivery of improved services.</p> <p>(b) Take an active role in managing mental health care by ensuring consistent and high-quality service delivery throughout its network and promote a conflict-free care management environment.</p> <p>(c) Ensure that direct service rate variances are related to the level of need or other quantifiable measures to ensure that the most money possible reaches direct services.</p> <p>(d) Whenever possible, promote fair and adequate direct care reimbursement, including, but not limited to, fair wages for direct service workers.</p>	<p>Sec. 1008. No changes from current law.</p>			



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<i>Behavioral Health Community Supports and Services</i> Sec. 1010. (1) The department shall use the funds appropriated in part 1 for behavioral health community supports and services to reduce waiting lists at state-operated hospitals and centers through cost-effective community-based and residential services, including, but not limited to, assertive community treatment, forensic assertive community treatment, crisis stabilization units in accordance with chapter 9A of the mental health code, 1974 PA 258, MCL 330.1971 to 330.1979, and psychiatric residential treatment facilities in accordance with section 137a of the mental health code, 1974 PA 258, MCL 330.1137a.	Sec. 1010. (1) No changes from current law.			
(2) From the funds appropriated in part 1 for behavioral health community supports and services, the department shall allocate \$30,450,000.00 to reimburse private providers for intensive psychiatric treatments and services that are provided outside of state-operated hospitals and centers and for support efforts related to overseeing community-based programs placement.	(2) No changes from current law.			
(3) If a private provider has an existing wait list for intensive psychiatric treatments and services, a reimbursement to the private provider under this section must not be conditioned on the private provider giving wait-list priority to individuals placed with funds appropriated in this section.	(3) No changes from current law.			



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(4) Not later than March 1 of the current fiscal year, the department shall submit a report to the standard report recipients on all of the following: (a) The types of community supports and services purchased. (b) The quantity, measured by days or other relevant unit of service, of each community support and service purchased. (c) The quantifiable impact of the purchase of community supports and services, including the number of individuals served, the number of successful discharges, and the number of re-escalations to either the discharging entity or a state psychiatric hospital.	(4) No changes from current law.			
<i>National Association of Yemeni Americans (NAYA)</i> Sec. 1011. From the funds appropriated in part 1 for behavioral health community supports and services, the department shall allocate \$400,000.00 to a qualified Yemeni nonprofit organization to provide communities with the best services suited to the communities according to their time and needs, with no prejudice, and regardless of religion, culture, or ethnic background. As used in this section, “qualified Yemeni nonprofit organization” means an organization that was established in 2000, is organized under the laws of this state, is exempt from federal income tax under section 501(c)(3) of the internal revenue code of 1986, 26 USC 501, and has its administrative office located in a county with a population of at least 1,750,000 and in a city with a population between 109,000 and 110,000.	Sec. 1011. No changes from current law.			



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<i>Multicultural Integration Funding</i> Sec. 1014. (1) From the funds appropriated in part 1 to agencies providing physical and behavioral health services to multicultural populations, the department shall award grants in accordance with the requirements of subsection (2). This state is not liable for any spending above the contract amount. The department shall not release funds until reporting requirements under section 1014 of article 6 of 2023 PA 119 are satisfied.	Sec. 1014. (1) No changes from current law except” “until section 1014 of article 6 of 2023 PA 119 2024 PA 121 are satisfied.”			
(2) The department shall require each contractor described in subsection (1) that receives greater than \$1,000,000.00 in state grant funding to comply with performance-related metrics to maintain their eligibility for funding. The performance-related metrics shall include, but not be limited to, all of the following: (a) Each contractor or subcontractor shall have accreditations that attest to their competency and effectiveness as behavioral health and social service agencies. (b) Each contractor or subcontractor shall have a mission that is consistent with the purpose of the multicultural agency. (c) Each contractor shall validate that any subcontractors utilized within these appropriations share the same mission as the lead agency receiving funding. (d) Each contractor or subcontractor shall demonstrate cost-effectiveness. (e) Each contractor or subcontractor shall ensure their ability to leverage private dollars to strengthen and maximize service provision. (f) Each contractor or subcontractor shall provide timely and accurate reports regarding the number of clients served, units of service provision, and ability to meet their stated goals.	(2) No changes from current law.			



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(3) The department shall require an annual report from the contractors described in subsection (2). The annual report, due 60 days following the end of the contract period, must include specific information on services and programs provided, the client base to which the services and programs were provided, information on any wraparound services provided, and the expenditures for those services. Not later than February 1 of the current fiscal year, the department must submit the annual reports to the standard report recipients.	Striking current law.			
<i>Mental Health Block Grant</i> Sec. 1015. From the funds appropriated in part 1 for federal mental health block grant, the department shall, to the extent possible, provide grants pursuant to federal law to local public entities that provide mental health services and to 1 private entity that has a statewide contract to provide community-based mental health services.	Sec. 1015. No changes from current law.			
<u>STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES</u> <i>Third-Party Payments and Revenue Recapture Project</i> Sec. 1051. The department shall continue a revenue recapture project to generate additional revenues from third parties related to cases that have been closed or are inactive. A portion of revenues collected through the project's efforts may be used for departmental costs and contractual fees associated with retroactive collections under the project and to improve ongoing departmental reimbursement management functions.	Striking current law.			



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<i>Gifts and Bequests</i> Sec. 1052. The department shall use gifts and bequests received for patient living and treatment environments for additional private funds to provide specific enhancements for individuals residing at state-operated facilities. The department shall use the gifts and bequests consistent with the stipulation of the donor. The department shall use gift and bequest donations within 3 years unless otherwise stipulated by the donor.	Sec. 1052. No changes from current law.			
<i>Closures or Consolidations of State Hospitals and Centers</i> Sec. 1055. (1) The department shall not implement a closure or consolidation of a state hospital, center, or agency, until each CMHSP or PIHP affected by the closure or consolidation has programs and services in place for the individuals currently in the hospital, center, or agency that is to be closed or consolidated, and has a plan for providing services to the individuals who would have been admitted to the hospital, center, or agency.	Sec. 1055. (1) The department shall not implement a closure or consolidation of a state hospital, center , or agency, until each CMHSP or PIHP affected by the closure or consolidation has programs and services in place for the individuals currently in the hospital, center , or agency that is to be closed or consolidated, and has a plan for providing services to the individuals who would have been admitted to the hospital, center, or agency.			



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(2) A closure or consolidation is dependent on adequate department-approved CMHSP and PIHP plans that include a discharge and aftercare plan for each individual currently in a facility described in subsection (1). A discharge and aftercare plan must address an individual's housing needs. A homeless shelter or similar temporary shelter arrangement is inadequate to meet an individual's housing needs.	(2) A closure or consolidation is dependent on adequate department-approved CMHSP and PIHP plans that include a discharge and aftercare plan for each individual currently in a facility hospital described in subsection (1). A discharge and aftercare plan must address an individual's housing needs. A homeless shelter or similar temporary shelter arrangement is inadequate to meet an individual's housing needs.			
(3) Four months after a closure is certified under section 19(6) of the state employees' retirement act, 1943 PA 240, MCL 38.19, the department shall provide a closure plan to the standard report recipients.	(3) No changes from current law.			
(4) On the closure of a hospital, center, or agency and after transitional costs have been paid, the remaining balances of funds appropriated for the hospital, center, or agency must be transferred to CMHSPs or PIHPs responsible for providing services for individuals previously served by the hospital, center, or agency.	(4) On the closure of a hospital, center , or agency and after transitional costs have been paid, the remaining balances of funds appropriated for the hospital, center , or agency must be transferred to CMHSPs or PIHPs responsible for providing services for individuals previously served by the hospital, center, or agency.			



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<p><i>Patient Reimbursement</i></p> <p>Sec. 1056. The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid and local county CMHSP payers, to cover the cost of patient placement in state hospitals and centers. The department may adjust financing sources for patient reimbursement based on actual revenues earned. If the revenue collected exceeds current year expenditures, the revenue may be carried forward with approval of the state budget director. The department shall use the revenue carried forward as a first source of funds in the subsequent year.</p>	<p>Sec. 1056. The department may collect revenue for patient reimbursement from first- and third-party payers, including Medicaid and local county CMHSP payers, to cover the cost of patient placement in state hospitals and centers. The department may adjust financing sources for patient reimbursement based on actual revenues earned. If the revenue collected exceeds current year expenditures, the revenue may be carried forward with approval of the state budget director. The department shall use the revenue carried forward as a first source of funds in the subsequent year.</p>			
<p><i>Privatization of Food and Custodial Services</i></p> <p>Sec. 1058. Effective October 1 of the current fiscal year, the department, in consultation with the department of technology, management, and budget, may maintain a bid process to identify 1 or more private contractors to provide food and custodial services for the administrative areas at a state hospital identified by the department as capable of generating savings through the outsourcing of food and custodial services.</p>	<p>Sec. 1058. No changes from current law.</p>			



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<i>State Psychiatric Hospital and Center for Forensic Psychiatry Performance Report</i> Sec. 1059. (1) The department shall identify specific outcomes and performance measures for state-operated hospitals and centers, including, but not limited to, the following: (a) The average wait time from the time of the receipt of a court order for the treatment of an individual who is determined incompetent to stand trial until the individual's admission to the center for forensic psychiatry or other state-operated psychiatric facility. (b) The average number of individuals determined not guilty by reason of insanity by an order of the probate court who, on the first day of each month, are waiting to receive admission into the center for forensic psychiatry or other state-operated psychiatric facility. The average described in this subdivision must be calculated based on the most recent 12 months. (c) The average number of adults who, on the first day of each month, are waiting to receive admission into another state-operated hospital or center through the civil admissions process. The average described in this subdivision must be calculated based on the most recent 12 months. (d) The average number of children who, on the first day of each month, are waiting to receive admission into another state-operated hospital or center through the civil admissions process. The average described in this subdivision must be calculated based on the most recent 12 months.		Sec. 1059. (1) The department shall identify specific outcomes and performance measures for state-operated hospitals, and centers, including, but not limited to, the following unless otherwise specified, the outcomes and performance measures shall be calculated on an average monthly basis from the previous calendar year, as follows : (a) The average wait time from the time of the receipt of a court order for the treatment of an individual who is determined incompetent to stand trial until the individual's admission to the center for forensic psychiatry or other state-operated psychiatric facility hospital . (b) The average number of individuals determined not guilty by reason of insanity by an order of the probate criminal court who, on the first day of each month, are waiting to receive admission into the center for forensic psychiatry or other state-operated psychiatric facility hospital . The average described in this subdivision must be calculated based on the most recent 12 months. (c) The average number of adults who, on the first day of each month, are waiting to receive admission into another state-operated hospital or center through the civil admissions process. The average described in this subdivision must be calculated based on the most recent 12 months. (d) The average number of children who, on the first day of each month, are waiting to receive admission into another state-operated hospital or center through the civil admissions process. The average described in this subdivision must be calculated based on the most recent 12 months.			



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<p>(e) The average wait time for an adult who is awaiting admission into another state-operated hospital or center through the civil admissions process. The average described in this subdivision must be calculated based on the most recent 12 months.</p> <p>(f) The average wait time for a child who is awaiting admission into another state-operated hospital or center through the civil admissions process. The average described in this subdivision must be calculated based on the most recent 12 months.</p> <p>(g) The number of individuals determined not guilty by reason of insanity or incompetent to stand trial by an order of a probate court that have been determined to be ready for discharge to the community, and the average wait time between being determined to be ready for discharge to the community and actual community placement.</p> <p>(h) The number of adults admitted through the civil admission process that have been determined to be ready for discharge to the community, and the average wait time between being determined to be ready for discharge to the community and actual community placement.</p> <p>(i) The number of children admitted through the civil admission process that have been determined to be ready for discharge to the community, and the average wait time between being determined to be ready for discharge to the community and actual community placement.</p> <p>(j) The most recent 12-month total number of individuals determined not guilty by reason of insanity by an order of the probate court ordering the individual to be admitted into the center for forensic psychiatry or other state-operated psychiatric facility.</p>		<p>(e) The average wait time for an adult who is awaiting admission into another state-operated hospital or center through the civil admissions process. The average described in this subdivision must be calculated based on the most recent 12 months.</p> <p>(f) The average wait time for a child who is awaiting admission into another state-operated hospital or center through the civil admissions process. The average described in this subdivision must be calculated based on the most recent 12 months.</p> <p>(g) The number of individuals determined not guilty by reason of insanity or incompetent to stand trial by an order of a probate criminal court that have been determined to be ready for discharge to the community, and the average wait time between being determined to be ready for discharge to the community and actual community placement.</p> <p>(h) The number of adults admitted through the civil admission process that have been determined to be ready for discharge to the community, and the average wait time between being determined to be ready for discharge to the community and actual community placement.</p> <p>(i) The number of children admitted through the civil admission process that have been determined to be ready for discharge to the community, and the average wait time between being determined to be ready for discharge to the community and actual community placement.</p> <p>(j) The most recent 12-month total number of individuals determined not guilty by reason of insanity by an order of the probate criminal court ordering the individual to be admitted into the center for forensic psychiatry or other state-operated psychiatric facility hospital.</p>			



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<p>(k) The most recent 12-month total number of adults requested to be admitted to a state-operated hospital or center through the civil admissions process.</p> <p>(l) The most recent 12-month total number of children requested to be admitted to a state-operated hospital or center through the civil admissions process.</p> <p>(m) The number of individuals determined not guilty by reason of insanity by an order of the probate court that were removed from the admissions waiting list and the reason for the removal from the admissions waiting list.</p> <p>(n) The number of adults awaiting admission through the civil admission process removed from the admission waiting list and the reason for the removal from the admission waiting list.</p> <p>(o) The number of children awaiting admission through the civil admission process removed from the admission waiting list and the reason for the removal from the admission waiting list.</p> <p>(p) The number of individuals determined not guilty by reason of insanity by an order of the probate court and not admitted into the center for forensic psychiatry or other state-operated hospital or center, and the rationale for the individual not being admitted.</p> <p>(q) The number of adults not admitted into the other state-operated hospitals or centers through the civil admissions process and the rationale for the individual not being admitted.</p> <p>(r) The number of children not admitted into a state-operated hospital or center through the civil admission process and the rationale for the individual not being admitted.</p>		<p>(k) The most recent 12-month total number of adults requested to be admitted to a state-operated hospital or center through the civil admissions process.</p> <p>(l) The most recent 12-month total number of children requested to be admitted to a state-operated hospital or center through the civil admissions process.</p> <p>(m) The number of individuals determined not guilty by reason of insanity by an order of the probate criminal court that were removed from the admissions waiting list and the reason for the removal from the admissions waiting list.</p> <p>(n) The number of adults awaiting admission through the civil admission process removed from the admission waiting list and the reason for the removal from the admission waiting list.</p> <p>(o) The number of children awaiting admission through the civil admission process removed from the admission waiting list and the reason for the removal from the admission waiting list.</p> <p>(p) The number of individuals determined not guilty by reason of insanity by an order of the probate criminal court and not admitted into the center for forensic psychiatry or other state-operated hospital or center, and the rationale for the individual not being admitted.</p> <p>(q) The number of adults not admitted into the other state-operated hospitals or centers through the civil admissions process and the rationale for the individual not being admitted.</p> <p>(r) The number of children not admitted into a state-operated hospital or center through the civil admission process and the rationale for the individual not being admitted.</p>			
(2) Not later than April 1 of the current fiscal year, the department shall submit a report to the standard report recipients of this part on the outcomes and performance measures required under subsection (1).		(2) No changes from current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>State Psychiatric Hospital Vacancy and Overtime Report</i></p> <p>Sec. 1060. Not later than March 1 of the current fiscal year, the department shall submit a report on mandatory overtime, staff turnover, and staff retention at the state psychiatric hospitals and centers to the standard report recipients. The report must include, but is not limited to, the following:</p> <p>(a) The number of direct care and clinical staff positions that are currently vacant by hospital, and how that number compares to the number of vacancies during the previous fiscal year.</p> <p>(b) A breakdown of voluntary and mandatory overtime hours worked by position and by hospital, and how that breakdown compares to the breakdown of voluntary and mandatory overtime hours during the previous fiscal year.</p> <p>(c) The ranges of wages paid by position and by hospital, and how the ranges of wages paid compare to wages paid during the previous fiscal year.</p>	<p>Sec. 1060. Not later than March 1 of the current fiscal year, the department shall submit a report on mandatory overtime, staff turnover, and staff retention at the state psychiatric hospitals and centers to the standard report recipients. The report must include, but is not limited to, the following:</p> <p>(a) - (c) No changes from current law.</p>			
<p><i>New Psychiatric Hospital Status Report</i></p> <p>Sec. 1061. (1) On a semiannual basis, the department shall report to the standard report recipients a status update on the construction of the new state psychiatric facility that will house both children and adults. The report must include, but is not limited to, an estimated timeline for completion and any obstacles that have caused a delay in construction progress.</p>	<p>Sec. 1061. (1) On a semiannual basis, the department shall report to the standard report recipients a status update on the construction of the new state psychiatric facility hospital that will house both children and adults. The report must include, but is not limited to, an estimated timeline for completion and any obstacles that have caused a delay in construction progress.</p>			



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(2) By September 30 of the current fiscal year, the department shall report to the standard report recipients a proposed transition plan for the transfer of children and adults currently residing at the Walter P. Reuther Psychiatric Hospital to the newly constructed state psychiatric facility. Additionally, the report must include a plan for either the future use or the demolition of the Walter P. Reuther Psychiatric Hospital, and an estimated cost for the proposed plan.	(2) By September 30 of the current fiscal year, the department shall report to the standard report recipients a proposed transition plan for the transfer of children and adults currently residing at the Walter P. Reuther Psychiatric Hospital to the newly constructed state psychiatric facility hospital . Additionally, the report must include a plan for either the future use or the demolition of the Walter P. Reuther Psychiatric Hospital, and an estimated cost for the proposed plan.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>5-Year Bed Psychiatric Bed Plan</p> <p>Sec. 1062. Not later than March 1 of the current fiscal year, the department shall provide an update on their 5-year plan from the fiscal year ending September 30, 2022 to address the need for adult and children's inpatient psychiatric beds to the standard report recipients. The report must include updated recommendations for utilizing both public and private partnership beds, including the following information:</p> <p>(a) The recommended number of public adult beds for individuals determined not guilty by reason of insanity or incompetent to stand trial by an order of the probate court versus the current number of available beds for this purpose.</p> <p>(b) The recommended number of public civil admission adult beds versus the current number of available beds for this purpose.</p> <p>(c) The recommended number of public civil admission children beds versus the current number of available beds for this purpose.</p> <p>(d) The recommended number of public-private partnership adult beds for individuals determined not guilty by reason of insanity or incompetent to stand trial by an order of the probate court versus the current number of available beds for this purpose.</p> <p>(e) The recommended number of public-private partnership civil admission adult beds versus the current number of available beds for this purpose.</p> <p>(f) The recommended number of public-private partnership civil admission children beds versus the current number of available beds for this purpose.</p>	Striking current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Psychiatric Residential Treatment Facility and Children's Transition Support Team</i></p> <p>Sec. 1063. (1) From the funds appropriated in part 1 for Walter P. Reuther - psychiatric hospital - adult, children and adolescents, the department shall maintain a psychiatric transitional unit and children's transition support team. The unit and support team described in this subsection shall augment the continuum of behavioral health services for high-need youth and provide additional continuity of care and transition into supportive community-based services.</p>	<p>Sec. 1063. (1) No changes from current law except:</p> <p>"Walter P. Reuther - psychiatric hospital - adult, children and adolescents State psychiatric hospitals"</p>			
<p>(2) The outcome and performance measures for the unit and support team described in subsection (1) include, but are not limited to, the following:</p> <p>(a) The rate of rehospitalization for youth served through the unit or support team at 30 and 180 days.</p> <p>(b) The measured change in the Child and Adolescent Functional Assessment Scale for children served through the unit or support team.</p>	<p>(2) The outcome and performance measures for the unit and support team described in subsection (1) include, but are not limited to, the following:</p> <p>(a) The rate of rehospitalization for youth served through the unit or support team at 30 and 180 days.</p> <p>(b) The measured change in the Child and Adolescent Functional Assessment Scale for children Michigan Child and Adolescent Needs and Strengths tool for youth and families served through the unit or support team.</p>			

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><u>HEALTH AND HUMAN SERVICES POLICY AND INITIATIVES</u></p> <p><i>Free Health Clinic Funding</i></p> <p>Sec. 1140. From the funds appropriated in part 1 for primary care services, \$400,000.00 is allocated to free health clinics operating in this state. The department shall distribute the funds equally to each free health clinic. As used in this section, “free health clinic” means a nonprofit organization that uses a volunteer health professional to provide care to an uninsured individual.</p>	<p>Sec. 1140. No changes from current law.</p>			
<p><i>Island Primary Care Allocations</i></p> <p>Sec. 1143. From the funds appropriated in part 1 for primary care services, the department shall allocate no less than \$675,000.00 for island primary health care access and services including island clinics, in the following amounts: (a) Beaver Island, \$250,000.00. (b) Mackinac Island, \$250,000.00. (c) Drummond Island, \$150,000.00. (d) Bois Blanc Island, \$25,000.00.</p>	<p>Sec. 1143. No changes from current law.</p>			
<p><i>Payments to Indian or Tribal Facilities for Medical Services</i></p> <p>Sec. 1145. The department shall take steps necessary to work with the Indian Health Service, tribal health program facilities, or Urban Indian Health Program facilities, that provide services under a contract with a Medicaid managed care entity to ensure that the facilities described in this section receive the maximum amount allowable under federal law for Medicaid services.</p>	<p>Sec. 1145. No changes from current law.</p>			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Michigan Coalition to End Domestic Violence/Uniting Three Fires</p> <p>Sec. 1146. From the funds appropriated in part 1 for domestic violence prevention and treatment, the department shall allocate \$1,000,000.00 to support programs that serve survivors of domestic violence, sexual violence, and human trafficking. The funds appropriated in this section must be allocated in the following manner:</p> <p>(a) \$500,000.00 must be allocated to a nonprofit organization organized under the laws of this state that is exempt from federal income tax under section 501(c)(3) of the internal revenue code of 1986, 26 USC 501, that is located in a city with a population between 10,000 and 15,000 and in a county with a population between 35,000 and 36,900, according to the most recent federal decennial census. To be eligible for funding under this subsection, the nonprofit organization must be a statewide tribal domestic violence and sexual assault coalition serving the tribes located in this state.</p> <p>(b) \$500,000.00 must be allocated to a nonprofit organization organized under the laws of this state that is exempt from federal income tax under section 501(c)(3) of the internal revenue code of 1986, 26 USC 501, with a stated mission of being dedicated to the empowerment of all the state's survivors of domestic violence, sexual violence, and human trafficking and to develop and promote comprehensive efforts aimed at eliminating all forms of domestic and sexual violence, including human trafficking, in Michigan.</p>	<p>Sec. 1146. No changes from current law.</p>			



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Blood Bank Programs Sec. 1147. From the funds appropriated in part 1 for cellular therapy for Versiti Michigan, \$750,000.00 is allocated to Versiti Michigan. The funds must be used to enhance the collection of fetal umbilical cord blood and stem cells for transplant, expand cord blood laboratory capabilities, expand the diversity of collections, and build information technology infrastructure.	Sec. 1147. No changes from current law.			
Sexual Assault Nurse Examiner (SANE) Sec. 1153. From the funds appropriated in part 1 for crime victim rights sustaining grants, the department shall allocate \$102,600.00 of state general fund/general purpose revenue for a sexual assault nurse examiners program at a hospital that is located in a city with a population between 21,600 and 21,700 in a county with a population between 64,300 and 64,400, according to the most recent federal decennial census. The funds allocated under this section must be used to support staff compensation and training, victim needs, and community awareness, education, and prevention programs.	Sec. 1153. No changes from current law.			

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<p><i>Uniform Statewide Sexual Assault Evidence Kit Tracking System</i></p> <p>Sec. 1155. (1) From the funds appropriated in part 1 for the uniform statewide sexual assault evidence kit tracking system, in accordance with the final report of the Michigan sexual assault evidence kit tracking and reporting commission, the department shall allocate \$369,500.00 for administering a uniform statewide sexual assault evidence kit tracking system. The system must include all of the following:</p> <p>(a) A uniform statewide system to track the submission and status of sexual assault evidence kits.</p> <p>(b) A uniform statewide system to audit untested kits that were collected on or before March 1, 2015 and were released by victims to law enforcement.</p> <p>(c) Secure electronic access for victims.</p> <p>(d) The ability to accommodate concurrent data entry with kit collection through mechanisms that include, but are not limited to, web entry through computers or smartphones, and through scanning devices.</p>	<p>Sec. 1155. (1) No changes from current law.</p>			
<p>(2) The sexual assault evidence tracking fund established in section 1451 of 2017 PA 158 shall continue to be maintained in the department of treasury. Money in the sexual assault evidence tracking fund at the close of a fiscal year remains in the sexual assault evidence tracking fund, does not revert to the general fund, and is appropriated as provided by law for the development and implementation of a uniform statewide sexual assault evidence kit tracking system as described in subsection (1).</p>	<p>(2) No changes from current law.</p>			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Child Advocacy Centers – Supplemental Grants</i></p> <p>Sec. 1157. From the funds appropriated in part 1 for child advocacy centers - supplemental grants, the department shall allocate \$2,000,000.00 to provide additional funding to child advocacy centers to support the general operations of child advocacy centers. The department shall allocate the additional funding to each center according to the formula under this section. The department shall set a formula in consultation with children's advocacy centers of Michigan (CAC-MI) to allocate the additional funding. The formula must include base funding for each program and factors, such as the number of children in the service area, square miles of the service area, and prior service levels. The purpose of the additional funding is to increase the amount of services provided to children and their families who are victims of abuse over the amount provided in the previous fiscal year.</p>	<p>Sec. 1157. No changes from current law.</p>			
<p><i>Crime Victims Rights Sustaining Grants</i></p> <p>Sec. 1158. From the funds appropriated in part 1 for crime victim rights sustaining grants, the department shall allocate \$29,897,400.00 to supplement the loss of federal victims of crime act and state crime victim rights funding. The department must distribute the funds consistent with the regular allocation formula for crime victim justice grants and crime victim rights services grants.</p>	<p>Sec. 1158. No changes from current law, except:</p> <p>“..department shall allocate \$29,897,400.00 49,897,400.00...”</p>			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Community Health Access and Outcome Disparity Programming</i></p> <p>Sec. 1159. (1) From the funds appropriated in part 1 for community health programs, the department shall support preventive health supports and services in regions with high health care access and outcome disparities. The department shall use the funds appropriated pursuant to this section to provide for all of the following:</p> <p>(a) Financial support for the operation of community-based health clinics. A community-based health clinic shall provide preventive health supports and services, be established in communities with high social vulnerability and health disparities, and be operated in cooperation with trusted community partners with demonstrated experience in serving as an access point for preventive health supports and services.</p> <p>(b) Financial support for the operation of healthy community zones. The healthy community zones must utilize long-term strategies to address access to healthy food, affordable housing, and safety networks.</p> <p>(c) Financial support for the operation of mobile health units to provide preventive health supports and services for individuals residing in areas with high disparities in health care outcomes and access.</p>	<p>Sec. 1159. (1) From the funds appropriated in part 1 for community health programs, the department shall support preventive health supports and services in regions with high health care access and outcome disparities. The department shall use the funds appropriated pursuant to this section to advance the recommendations of the racial disparities task force including, but not limited to, provide for all of the following:</p> <p>(a) -(c) No changes from current law.</p>			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(2) Not later than March 1 of the current fiscal year, the department shall submit to the standard report recipients a report on the outcome of the community health programs described in subsection (1). The report must include, but is not limited to, all of the following: (a) The list of communities served. (b) The types of health services offered by grant recipients. (c) A spending report from the grant recipients.	(2) No changes from current law.			
<u>EPIDEMIOLOGY, EMERGENCY MEDICAL SERVICES, AND LABORATORY</u> <i>Public Health Drinking Water and Childhood Lead Initiatives</i> Sec. 1180. From the funds appropriated in part 1 for epidemiology administration and for childhood lead program, the department shall maintain a public health drinking water unit and maintain enhanced efforts to monitor child blood lead levels. The public health drinking water unit shall ensure that appropriate investigations of potential health hazards occur for all community and noncommunity drinking water supplies where chemical exceedances of action levels, health advisory levels, or maximum contaminant limits are identified. The goals of the childhood lead program must include improving the identification of children affected by lead exposure, improving the timeliness of case follow-up, and attaining nurse care management for children with lead exposure, and to achieve a long-term reduction in the percentage of children in this state with elevated blood lead levels.	Sec. 1180. No changes from current law, except: “...public health drinking water unit program...”			

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Vapor Intrusion Response</i></p> <p>Sec. 1181. From the funds appropriated in part 1 for epidemiology administration, the department shall maintain a vapor intrusion response unit. The vapor intrusion response unit shall assess risks to public health at vapor intrusion sites and respond to vapor intrusion risks if appropriate. The goals of the vapor intrusion response unit must include reducing the number of individuals who are exposed to toxic substances through vapor intrusion and improving health outcomes for individuals who are identified as having been exposed to vapor intrusion.</p>	<p>Sec. 1181. From the funds appropriated in part 1 for epidemiology administration, the department shall maintain a vapor intrusion response unit program. The vapor intrusion response unit program shall assess risks to public health at vapor intrusion sites and respond to vapor intrusion risks if appropriate. The goals of the vapor intrusion response unit program must include reducing the number of individuals who are exposed to toxic substances through vapor intrusion and improving health outcomes for individuals who are identified as having been exposed to vapor intrusion.</p>			
<p><i>Lead Abatement of Homes Report</i></p> <p>Sec. 1182. Not later than April 1 of the current fiscal year, the department shall submit a report to the standard report recipients on the expenditures and activities undertaken by the lead abatement program during the previous fiscal year using the funds previously appropriated for the healthy homes program. The report must include, but is not limited to, a funding allocation schedule, the expenditures by category of expenditure and by subcontractor, the revenues received, a description of program elements, the number of housing units abated of lead-based paint hazards by zip code, and a description of program accomplishments and progress.</p>	<p>Sec. 1182. No changes from current law, except, strike the following:</p> <p>“...the revenues received...”</p>			

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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Stroke and STEMI Initiative</p> <p>Sec. 1186. (1) From the funds appropriated in part 1 for emergency medical services program, the department shall allocate \$2,000,000.00 for a stroke and STEMI system. The department shall integrate the stroke and STEMI system into the statewide trauma care system within the emergency medical services system and shall ensure that the stroke and STEMI system complies with at least all of the following requirements:</p> <p>(a) A requirement that a facility is designated as a stroke and STEMI facility if the department verifies that national certification or accreditation standards for the facility have been met.</p> <p>(b) A requirement that a hospital is not required to be designated as providing certain levels of care for stroke or STEMI.</p> <p>(c) A requirement to develop and use stroke and STEMI registries that utilize nationally recognized data platforms with confidentiality standards.</p>	<p>Sec. 1186. (1) No changes from current law.</p>			
<p>(2) Not later than March 1 of the current fiscal year, the department shall submit a report to the standard report recipients on the expenditures and activities undertaken by the stroke and STEMI system in the previous fiscal year from the funds appropriated under section 1186(1) of article 6 of 2021 PA 87. The report must include, but is not limited to, a funding allocation schedule, expenditures by category of expenditure and by vendor or grantee, and a description of program accomplishments and progress.</p>	<p>Striking current law.</p>			
<p>(3) As used in this section:</p> <p>(a) "STEMI" means an ST-elevation myocardial infarction.</p> <p>(b) "Stroke and STEMI system" means a statewide stroke and STEMI system of care for time-sensitive emergencies.</p>	<p>(3) (2) No changes from current law.</p>			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>LOCAL HEALTH AND ADMINISTRATIVE SERVICES</u> <i>Reimbursement of Local Costs Related to Informed Consent Law</i> Sec. 1220. The amount appropriated in part 1 for implementation of the 1993 additions of or amendments to sections 9161, 16221, 16226, 17014, 17015, and 17515 of the public health code, 1978 PA 368, MCL 333.9161, 333.16221, 333.16226, 333.17014, 333.17015, and 333.17515, must be used to reimburse local health departments for costs incurred to implement section 17015(18) of the public health code, 1978 PA 368, MCL 333.17015.	Sec. 1220. No changes from current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Penalty for Dissolution of Multi-County Local Health Department</i></p> <p>Sec. 1221. If a county that participates in a district health department or has an associated arrangement with another local health department takes action to stop participating in that arrangement after October 1 of the current fiscal year, the department may assess a penalty from the local health department's operational accounts in an amount equal to no more than 6.25% of the local health department's essential local public health services funding. The department shall assess a penalty only if a county requests the dissolution of the county's local health department.</p>	<p>Sec. 1221. If a county that participates in a district health department or has an associated arrangement with another local health department takes action to stop participating in that arrangement after October 1 of the current fiscal year, the department may assess a penalty from the local health department's operational accounts in an amount equal to no more than 6.25% of the local health department's essential local public health services funding. The department shall assess a penalty only if a county requests the dissolution of the county's local health department.</p>			

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Essential Local Public Health Services</i></p> <p>Sec. 1222. (1) The department shall prospectively allocate funds appropriated in part 1 for essential local public health services to local health departments to support immunizations, infectious disease control, sexually transmitted disease control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management. The department shall consult with the department of agriculture and rural development before allocating funds for food protection under this section. The department shall consult with the department of environment, Great Lakes, and energy before allocating funds for public water supply, private groundwater supply, and on-site sewage management under this section.</p>	<p>Sec. 1222. (1) No changes from current law.</p>			
<p>(2) The department shall not distribute funds under subsection (1) to a county unless the county maintains local spending in the current fiscal year in an amount that is equal to or exceeds the amount the county expended in fiscal year 1992-1993 for the services described in subsection (1).</p>	<p>(2) No changes from current law.</p>			
<p>(3) Not later than February 1 of the current fiscal year, the department shall submit a report to the standard report recipients on the planned allocation of the funds appropriated for essential local public health services.</p>	<p>(3) No changes from current law.</p>			
<p>(4) The department shall continue to implement the distribution formula for allocating essential local public health services funding to local health departments as specified in section 1234 of article X of 2018 PA 207.</p>	<p>(4) No changes from current law.</p>			
<p>(5) From the funds appropriated in part 1 for essential local public health services, each local public health department is allocated not less than the amount allocated to that local public health department during the previous fiscal year.</p>	<p>(5) No changes from current law.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Population Health

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Health and Wellness Initiatives Criteria</i></p> <p>Sec. 1227. The department shall establish criteria for all funds allocated for health and wellness initiatives. The criteria must include a requirement that a program receiving funding is evidence-based and supported by research, includes interventions that have been shown to demonstrate outcomes that lower cost and improve quality, and is designed for statewide impact. The department shall give preference to a program that uses the funding as match for additional resources, including, but not limited to, federal sources.</p>	<p>Sec. 1227. No changes from current law.</p>			
<p><i>PFAS Contamination and Other Public Health Threats – Local Health Department Response</i></p> <p>Sec. 1231. (1) From the funds appropriated for local health services, up to \$4,750,000.00 is allocated for grants to local health departments to support PFAS response and emerging public health threat activities. The department shall allocate a portion of the funding in a collaborative fashion with local health departments in jurisdictions experiencing PFAS contamination. The department shall allocate the remainder of the funding to address infectious and vector-borne disease threats, and other environmental contamination issues, including, but not limited to, vapor intrusion, drinking water contamination, and lead exposure. The department shall allocate the funding to address issues including, but not limited to, staffing, planning and response, and creating and disseminating materials related to PFAS contamination issues and other emerging public health issues and threats.</p>	<p>Sec. 1231. (1) No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Population Health

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(2) Not later than March 1 of the current fiscal year, the department shall submit a report to the standard report recipients on actual expenditures in the previous fiscal year and planned spending in the current fiscal year of the funds described in subsection (1). The report must include recipient entities, the amount of allocation, the general category of allocation, and detailed uses.	Striking current law.			
<i>Reimbursement for PFAS Environmental Contamination Response</i> Sec. 1232. The department may work to ensure that the United States Department of Defense reimburses the state for costs associated with PFAS and environmental contamination response at military training sites and support facilities.	Sec. 1232. No changes from current law.			
<i>Expenditure of Funding for PFAS Contamination Response</i> Sec. 1233. The department shall not expend general fund and state restricted fund appropriations in part 1 for PFAS and environmental contamination response if federal funding or private grant funding is available for the same expenditures.	Sec. 1233. No changes from current law.			
<i>MPART Participation</i> Sec. 1239. The department shall participate in and give necessary assistance to the Michigan PFAS action response team (MPART) pursuant to Executive Order No. 2019-03. The department shall collaborate with MPART and other departments to carry out appropriate activities, actions, and recommendations as coordinated by MPART. Efforts must be continuous to ensure that the department's activities are not duplicative with activities of another department or agency.	Sec. 1239. No changes from current law.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Population Health

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Rare Disease Advisory Council</i></p> <p>Sec. 1240. From the funds appropriated in part 1 for chronic disease control and health promotion administration, \$70,000.00 is allocated to support a rare disease advisory council and the responsibilities of the rare disease advisory council, which may include all of the following: (a) Developing a list of rare diseases. (b) Posting the list of rare diseases on the department's website. (c) Updating the list of rare diseases. (d) Annually investigating and reporting to the legislature on 1 rare disease on the list, and including legislative recommendations in the report.</p>	<p>Sec. 1240. No changes from current law.</p>			
<p><u>FAMILY HEALTH SERVICES</u></p> <p><i>Pregnancy Planning, Prenatal, and Maternal and Child Health Programs Report</i></p> <p>Sec. 1301. (1) Not later than April 1 of the current fiscal year, the department shall submit to the standard report recipients a report on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report must include information on all of the following: (a) The funding allocations. (b) The actual number of women, children, and adolescents served and the amounts expended for each group for the previous fiscal year. (c) A breakdown of the expenditure of the funds between urban and rural communities.</p>	<p>Striking current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Population Health

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(2) The department shall ensure that the distribution of funds through the programs described in subsection (1) takes into account the needs of rural communities.	Striking current law.			
(3) As used in this section, "rural community" means any of the following: (a) A county, city, village, or township with a population of 30,000 or less. (b) A county, city, village, or township described in subdivision (a), if it is located within a metropolitan statistical area.	Striking current law.			
Maternal Infant Health Program Car Seats Sec. 1302. From the funds appropriated in part 1 for special projects, the department shall allocate \$500,000.00 of TANF revenue to purchase child restraint systems for newborn children who are TANF eligible. The child restraint systems must meet the standards of all applicable federal law and the laws of this state, be purchased in volume by this state, and be distributed through maternal infant health program providers.	Sec. 1302. From the funds appropriated in part 1 for special projects, the department shall allocate \$500,000.00 of TANF revenue to purchase child restraint systems for newborn children who are TANF eligible. The child restraint systems must meet the standards of all applicable federal law and the laws of this state, be purchased in volume by this state, and be distributed through maternal infant health program providers.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Population Health

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Drinking Water Declaration of Emergency</i></p> <p>Sec. 1306. (1) From the funds appropriated in part 1 for the drinking water declaration of emergency, the department shall allocate funds to address needs in a city in which a declaration of emergency was issued because of drinking water contamination. The funds allocated under this section may be used to support any of the following activities:</p> <p>(a) Nutrition assistance, nutritional and community education, food bank resources, and food inspections.</p> <p>(b) Epidemiological analysis and case management of individuals at risk of elevated blood lead levels.</p> <p>(c) Support for child and adolescent health centers, children's health care access program, and pathways to potential programming.</p> <p>(d) Nursing services, breastfeeding education, evidence-based home visiting programs, intensive services, and outreach for children exposed to lead coordinated through local community mental health organizations.</p> <p>(e) Department local office operations costs.</p> <p>(f) Lead poisoning surveillance, investigations, treatment, and abatement.</p> <p>(g) Nutritional incentives provided to local residents through the double up food bucks expansion program.</p> <p>(h) Genesee County health department food inspectors to perform water testing at local food service establishments.</p> <p>(i) Transportation related to health care delivery.</p> <p>(j) Senior initiatives.</p> <p>(k) Lead abatement contractor workforce development.</p> <p>(l) Any other activity that the department considers appropriate.</p>	<p>Sec. 1306. (1) No changes from current law, except:</p> <p>(c) Support for child and adolescent health centers, and children's health care access program, and pathways to potential programming.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Population Health

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(2) From the funds appropriated in part 1 for the drinking water declaration of emergency, the department shall allocate \$300,000.00 for Revive Community Health Center for health support services as the center pursues certification as a FQHC.	(2) No changes from current law.			
(3) From the funds appropriated in part 1 for the drinking water declaration of emergency, the department shall allocate \$500,000.00 for rides to wellness through the Flint mass transportation authority.	(3) No changes from current law.			
Enhanced Nurse Family Partnership Program Support Sec. 1308. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, the department shall allocate not less than \$500,000.00 for evidence-based programs to reduce infant mortality. The funds must be used for enhanced support and education to nursing teams or other teams of health professionals that the department considers qualified, client recruitment in areas designated as underserved for obstetrical and gynecological services and in other high-need communities, strategic planning to expand and sustain programs, and marketing and communications of programs to raise awareness, engage stakeholders, and recruit nurses.	Sec. 1308. No changes from current law.			
Rural Home Visitation Service Provider Contracting Sec. 1311. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, the department shall allocate not less than \$2,750,000.00 of state general fund/general purpose revenue for a rural home visit program. The department shall give equal consideration to all eligible evidence-based providers in all regions in contracting for rural home visitation services.	Sec. 1311. No changes from current law.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Population Health

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Fetal Alcohol Syndrome Services</i></p> <p>Sec. 1313. (1) From the funds appropriated in part 1, the department shall continue developing an outreach program on fetal alcohol syndrome services, targeting health promotion, prevention, and intervention.</p>	<p>Sec. 1313. (1) No changes from current law.</p>			
<p>(2) The department shall explore federal grant funding to address prevention services for fetal alcohol syndrome and to reduce alcohol consumption among pregnant women.</p>	<p>(2) No changes from current law.</p>			
<p><i>Promotion of Early and Regular Prenatal Care</i></p> <p>Sec. 1314. From the funds appropriated in part 1, the department shall enhance the department's education and outreach efforts that encourage women of childbearing age to seek the confirmation of a pregnancy at the earliest indication of a possible pregnancy and to initiate continuous and routine prenatal care on the confirmation of a pregnancy. The department shall ensure that the department's programs, policies, and practices promote prenatal and obstetrical care by doing all of the following:</p> <p>(a) Supporting access to care.</p> <p>(b) Reducing and eliminating barriers to care.</p> <p>(c) Supporting recommendations for best practices.</p> <p>(d) Encouraging optimal prenatal habits, including, but not limited to, prenatal medical visits, use of prenatal vitamins, and the cessation of tobacco use, alcohol use, or drug use.</p> <p>(e) Tracking birth outcomes to study improvements in prevalence of neonatal substance exposure, fetal alcohol syndrome, and other preventable neonatal disease.</p> <p>(f) Tracking maternal increase in healthy behaviors following childbirth.</p>	<p>Sec. 1314. No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Population Health

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Volunteer Dental Services Program for the Uninsured</i> Sec. 1315. From the funds appropriated in part 1 for dental programs, \$200,000.00 is allocated to the Michigan Dental Association for the administration of a volunteer dental program that provides dental services to the uninsured.	Sec. 1315. No changes from current law.			
<i>Use of Mobile Dentistry Facility Permit Fee Revenue</i> Sec. 1316. The department shall use revenue from permit fees for mobile dental facilities that the department receives under section 21605 of the public health code, 1978 PA 368, MCL 333.21605, to offset the costs of processing and issuing permits for mobile dental facilities.	Sec. 1316. No changes from current law.			
<i>Local Perinatal Quality Collaboratives</i> Sec. 1325. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, the department shall allocate \$5,000,000.00 to support grants to local collaboratives to enhance the ability of local collaboratives to coordinate and improve maternal and infant health outcomes. To receive a grant under this section, a local collaborative must be a part of a perinatal quality collaborative.	Sec. 1325. No changes from current law.			
<i>WIC Eligibility Guidance</i> Sec. 1341. The department shall use income eligibility and verification guidelines established by the Food and Nutrition Service agency of the United States Department of Agriculture to determine eligibility of individuals for the special supplemental nutrition program for women, infants, and children (WIC) as stated in current WIC policy.	Sec. 1341. No changes from current law.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Population Health

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Oral Health Assessment for Children</p> <p>Sec. 1343. (1) From the funds appropriated in part 1 for dental programs, the department shall allocate \$4,260,000.00 of state and local funds, plus any private contributions received to support the program, to establish and maintain the dental oral assessment program described in section 9316 of the public health code, 1978 PA 368, MCL 333.9316.</p>	<p>Sec. 1343. (1) No changes from current law.</p>			
<p>(2) Not later than December 31 of the current fiscal year, the department shall submit a report to the standard report recipients that provides a summary of the dental reports the department receives from principals and administrators under section 9316 of the public health code, 1978 PA 368, MCL 333.9316.</p>	<p>Striking current law.</p>			
<p>Immunization Media Campaign</p> <p>Sec. 1349. Subject to federal approval, from the funds appropriated in part 1 for immunization program, the department shall allocate all of the following funds to support a statewide media campaign for improving this state's immunization rates:</p> <p>(a) \$740,000.00 of general fund/general purpose revenue.</p> <p>(b) Any available work project funds.</p> <p>(c) Any available federal match through a contract administered by the department with oversight from the behavioral and physical health and aging services administration and the public health administration.</p>	<p>Sec. 1349. No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for Children’s Special Health Care

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><u>CHILDREN'S SPECIAL HEALTH CARE SERVICES</u></p> <p><i>Children's Special Health Care Services Coverage</i></p> <p>Sec. 1360. From the funds appropriated in part 1, the department may do 1 or more of the following:</p> <p>(a) Provide special formulas for eligible individuals with specified metabolic and allergic disorders.</p> <p>(b) Provide medical care and treatment to eligible individuals with cystic fibrosis who are 26 years of age or older.</p> <p>(c) Provide medical care and treatment to eligible individuals with hereditary coagulation defects, commonly known as hemophilia, who are 26 years of age or older.</p> <p>(d) Provide human growth hormone to eligible individuals.</p> <p>(e) Provide mental health care to eligible individuals for mental health needs that result from, or are a symptom of, the individual's qualifying medical condition.</p> <p>(f) Provide medical care and treatment to eligible individuals with sickle cell disease who are 26 years of age or older.</p>	<p>Sec. 1360. No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Children's Special Health Care

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Expansion of Telemedicine Capacity and Chronic Care</p> <p>Sec. 1361. From the funds appropriated in part 1 for medical care and treatment, the department may spend the funds to continue developing and expanding telemedicine capacity to allow families with children in the children's special health care services program to access specialty providers more readily and in a more timely manner. The department may spend funds to support chronic complex care management of children enrolled in the children's special health care services program to minimize hospitalizations and reduce costs to the program while improving outcomes and quality of life. As used in this section, "children's special health care services program" or "program" means the program established under section 5815 of the public health code, 1978 PA 368, MCL 333.5815.</p>	<p>Sec. 1361. No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Aging and Adult Services Agency

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>AGING SERVICES</u> <i>Food Access Collaboration</i> Sec. 1402. The department may encourage the Food Bank Council of Michigan to collaborate directly with each area agency on aging and any other organization that provides senior nutrition services to secure the food access of older adults.	Sec. 1402. No changes from current law.			
<i>Home and Community-Based Services</i> Sec. 1404. From the funds appropriated in part 1 for community services, the department shall allocate \$658,000.00 to area agencies on aging for home and community-based services.	Sec. 1404. No changes from current law.			
<i>Area Agency on Aging Allocations and Expenditures Report</i> Sec. 1417. Not later than March 31 of the current fiscal year, the department shall submit to the standard report recipients a report that contains all of the following information: (a) The total allocation of state resources made to each area agency on aging by individual program and administration. (b) Detailed expenditures by each area agency on aging by individual program and administration, including both state-funded resources and locally funded resources.	Sec. 1417. No changes from current law.			
<i>Allocation of \$1.1 Million for Locally-Determined Needs</i> Sec. 1421. From the funds appropriated in part 1 for community services, \$1,100,000.00 is allocated for locally determined needs that are provided by area agencies on aging.	Sec. 1421. No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for HEALTH AND AGING SERVICES ADMINISTRATION

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>HEALTH AND AGING SERVICES ADMINISTRATION</u> <i>Office of Inspector General and Third Party Liability Savings Report</i> Sec. 1505. Not later than March 1 of the current fiscal year, the department shall submit a report to the standard report recipients on the actual reimbursement savings and cost offsets that have resulted from the funds appropriated in part 1 for the office of inspector general and third-party liability efforts in the previous fiscal year.	Sec. 1505. No changes from current law.			
<i>Office of Inspector General Medicaid Managed Care Audits</i> Sec. 1507. From the funds appropriated in part 1 for office of inspector general, the inspector general shall audit and recoup inappropriate or fraudulent payments from Medicaid managed care organizations to health care providers. Unless authorized by federal law or a law of this state, the department shall not fine, temporarily halt operations of, disenroll as a Medicaid provider, or terminate a managed care organization or health care provider from providing services due to the discovery of an inappropriate payment found during the course of an audit.	Sec. 1507. No changes from current law.			
<i>Encounter Quality Initiative Report</i> Sec. 1512. From the funds appropriated in part 1, the department shall maintain the Medicaid encounter quality initiative report to separate nonclinical administrative costs from actual claims and encounter costs.	Sec. 1512. No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for HEALTH AND AGING SERVICES ADMINISTRATION

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Notification from LARA of License Suspension of Care Facility</i></p> <p>Sec. 1518. The department shall coordinate with the department of licensing and regulatory affairs to ensure that, on the issuance of an order suspending the license of an adult foster care facility, home for the aged, or nursing home, the department of licensing and regulatory affairs provides a notice to the department, to the house and senate appropriations subcommittees on the department budget, and to the members of the house of representatives and senate that represent the legislative districts of the county in which the adult foster care facility, home for the aged, or nursing home is located.</p>	<p>Sec. 1518. No changes from current law.</p>			
<p><u>HEALTH SERVICES</u></p> <p><i>Remedial Services Costs and Medicaid Eligibility</i></p> <p>Sec. 1601. The department shall use the cost of remedial services incurred by residents of licensed adult foster care facilities and licensed homes for the aged to determine financial eligibility for the medically needy. As used in this section, “remedial services” includes, but is not limited to, basic self-care and rehabilitation training for a resident.</p>	<p>Striking current law</p>			
<p><i>Medicaid Protected Income Level</i></p> <p>Sec. 1605. The protected income level for Medicaid coverage determined under section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, is 100% of the related public assistance standard.</p>	<p>Sec. 1605. The protected income level for Medicaid coverage determined under section 106(1)(b)(iii) of the social welfare act, 1939 PA 280, MCL 400.106, is 100% of the related public assistance standard. federal poverty level.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Boilerplate for HEALTH AND AGING SERVICES ADMINISTRATION

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Medicaid Eligibility and Patient Pay Amount Deductions for Guardian and Conservator Charges</i></p> <p>Sec. 1606. For the purpose of guardian and conservator charges, the department may deduct up to \$83.00 per month as an allowable expense against a recipient's income when determining Medicaid eligibility and patient pay amounts.</p>	<p>Sec. 1606. No changes from current law.</p>			
<p><i>Medicaid Presumptive Eligibility for Pregnant Women</i></p> <p>Sec. 1607. (1) The department shall immediately presume that an applicant for Medicaid whose qualifying condition is pregnancy is eligible for Medicaid coverage, unless the preponderance of evidence in the applicant's application indicates otherwise. The applicant who is qualified as described in this subsection is allowed to select or remain with the Medicaid participating obstetrician of the applicant's choice.</p>	<p>Sec. 1607. (1) No changes from current law.</p>			
<p>(2) Each qualifying applicant is entitled to receive all medically necessary obstetrical and prenatal care without preauthorization from a health plan. All claims submitted for payment for obstetrical and prenatal care must be paid at the Medicaid fee-for-service rate if a contract does not exist between the Medicaid participating obstetrical or prenatal care provider and the managed care plan. The applicant must receive a listing of Medicaid physicians and managed care plans in the immediate vicinity of the applicant's residence.</p>	<p>(2) No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for HEALTH AND AGING SERVICES ADMINISTRATION

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(3) If an applicant, presumed to be eligible for Medicaid under subsection (1), is subsequently found to be ineligible, a Medicaid physician or managed care plan that has been providing pregnancy services to the applicant is entitled to reimbursement for the services until the Medicaid physician or managed care plan is notified by the department that the applicant was found to be ineligible for Medicaid.	(3) No changes from current law.			
(4) If the preponderance of evidence in an application under subsection (1) indicates that the applicant is not eligible for Medicaid, the department shall refer the applicant to the nearest public health clinic or similar entity as a potential source for receiving pregnancy-related services.	(4) No changes from current law.			
(5) The department shall develop an enrollment process for applicants covered under this section that facilitates the selection of a managed care plan at the time of application.	(5) No changes from current law.			
(6) The department shall require that Medicaid managed care plans enroll women whose qualifying condition for Medicaid is pregnancy.	(6) No changes from current law.			
(7) The department shall encourage physicians to provide an applicant whose qualifying condition for Medicaid is pregnancy with a referral to a Medicaid participating dentist at the applicant's first pregnancy-related appointment.	(7) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for HEALTH AND AGING SERVICES ADMINISTRATION

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Medicaid Payment Rates</i> Sec. 1611. (1) For care provided to Medicaid recipients with other third-party sources of payment, Medicaid reimbursement shall not exceed, in combination with such other resources, including Medicare, those amounts established for Medicaid-only patients. The Medicaid payment rate shall be accepted as payment in full. Other than an approved Medicaid copayment, no portion of a provider's charge shall be billed to the recipient or any person acting on behalf of the recipient. This section does not affect the level of payment from a third-party source other than the Medicaid program. The department shall require a nonenrolled provider to accept Medicaid payments as payment in full.	Sec. 1611. (1) No changes from current law.			
(2) Notwithstanding subsection (1), if a hospital service is provided to a dual Medicare/Medicaid recipient with only Medicare part B coverage, the Medicaid reimbursement must equal, when combined with a payment for Medicare or other third-party source of payment, the amount established for a Medicaid-only patient, including a capital payment.	(2) No changes from current law.			
<i>Pharmacy Dispensing Fee and Prescription Drug Co-payments</i> Sec. 1620. (1) If a Medicaid claim is a fee-for-service Medicaid claim, the professional dispensing fee for a drug that is listed as a medication on the Michigan pharmaceutical products list is \$20.02 or the pharmacy's submitted dispensing fee, whichever is less.	Sec. 1620. (1) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Boilerplate for HEALTH AND AGING SERVICES ADMINISTRATION

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(2) If a Medicaid claim is a fee-for-service Medicaid claim, the professional dispensing fee for a drug that is not listed as a specialty medication on the Michigan pharmaceutical products list is as follows: (a) If the drug is indicated as preferred on the department's preferred drug list, \$10.80 or the pharmacy's submitted dispensing fee, whichever is less. (b) If the drug is not on the department's preferred drug list, \$10.64 or the pharmacy's submitted dispensing fee, whichever is less. (c) If the drug is indicated as nonpreferred on the department's preferred drug list, \$9.00 or the pharmacy's submitted dispensing fee, whichever is less.	(2) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Boilerplate for HEALTH AND AGING SERVICES ADMINISTRATION

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Pharmacy Benefits Manager Reimbursements Report</p> <p>Sec. 1626. (1) Not later than January 15 of the current fiscal year, each pharmacy benefit manager that receives reimbursements, either directly or through a Medicaid health plan, from the funds appropriated in part 1 for medical services must submit all of the following information to the department for the previous fiscal year:</p> <p>(a) The total number of prescriptions that were dispensed.</p> <p>(b) The aggregate fiscal year paid pharmacy claims repriced using the wholesale acquisition cost for each drug on its formulary.</p> <p>(c) The aggregate amount of rebates, discounts, and price concessions that the pharmacy benefit manager received for each drug on its formulary. The aggregate amount of rebates must include any utilization discounts the pharmacy benefit manager received from a manufacturer.</p> <p>(d) The aggregate amount of administrative fees that the pharmacy benefit manager received from all pharmaceutical manufacturers.</p> <p>(e) The aggregate amount identified in subdivisions (b) and (c) that were retained by the pharmacy benefit manager and did not pass through to the department or to the Medicaid health plan.</p> <p>(f) The aggregate amount of reimbursements the pharmacy benefit manager paid to contracting pharmacies.</p> <p>(g) Any other information considered necessary by the department.</p>	<p>Sec. 1626. (1) No changes from current law.</p>			
<p>(2) Not later than March 1 of the current fiscal year, the department shall submit a report including the information provided under subsection (1) to the standard report recipients.</p>	<p>(2) No changes from current law.</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Boilerplate for HEALTH AND AGING SERVICES ADMINISTRATION

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(3) Any nonaggregated information submitted under this section is confidential and must not be disclosed to any person by the department. The information described in this subsection is not a public record of the department.	(3) No changes from current law.			
<i>Dental Services Reimbursements Increase</i> Sec. 1628. From the funds appropriated in part 1 for hospital services and therapy and Healthy Michigan plan, the department shall continue to allocate \$3,000,000.00 in general fund/general purpose revenue and any associated federal match to maintain the Medicaid reimbursement rate for dental services provided at ambulatory surgical centers and outpatient hospitals. The funding provided in this section must be used to maintain the minimum rate of reimbursement for dental services provided in ambulatory surgical centers at \$1,495.00 and maintain the minimum rate of reimbursement for dental services provided in outpatient hospitals at \$2,300.00.	Sec. 1628. No changes from current law.			
<i>Maximum Allowable Cost Drug Pricing</i> Sec. 1629. The department shall utilize maximum allowable cost pricing for generic drugs that is based on wholesaler pricing to providers. The wholesaler pricing must be based on the price available from at least 2 wholesalers who deliver drugs in this state.	Sec. 1629. No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Boilerplate for HEALTH AND AGING SERVICES ADMINISTRATION

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<p>Medicaid Dental Services Report</p> <p>Sec. 1630. Not later than April 1 of the current fiscal year, from the funds appropriated in part 1 for Medicaid dental services, the department shall submit a report to the standard report recipients on the dental service benefit. The report must cover all of the following areas:</p> <p>(a) Information on the implementation of the Adult Medicaid dental benefit redesign including all of the following information:</p> <p>(i) The number of dental providers, by Medicaid health plan in this state, who provided 1 or more Medicaid dental services in the fiscal year ending September 30, 2022, and the number of additional providers who were added in the previous fiscal year, with a delineation in the reported numbers based on the average payment per visit and before and after the implementation of the Adult Medicaid dental benefit redesign.</p> <p>(ii) The status of enhanced care coordination.</p> <p>(iii) The array of covered dental benefits and services before the Adult Medicaid dental benefit redesign and how the available benefits and services changed or expanded after the Adult Medicaid dental benefit redesign.</p>	<p>Sec. 1630. No changes from current law.</p>			



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(b) Information on the Healthy Kids Dental program including all of the following information: (i) The number of children enrolled in the Healthy Kids Dental program who visited the dentist in the previous fiscal year broken down by dental benefit manager. (ii) The number of dentists who accept payment from the Healthy Kids Dental program broken down by dental benefit manager. (iii) The annual change in dental utilization of children enrolled in the Healthy Kids Dental program broken down by dental benefit manager. (iv) Service expenditures for the Healthy Kids Dental program broken down by dental benefit manager. (v) Administrative expenditures for the Healthy Kids Dental program broken down by dental benefit manager.	(b) No changes from current law.			
Medical Services Co-payments Sec. 1631. (1) The department shall require copayments on dental, podiatric, and vision services provided to Medicaid recipients, except as prohibited by federal law or a law of this state.	Sec. 1631. (1) No changes from current law.			
(2) Except as otherwise prohibited by federal law or a law of this state, the department shall require Medicaid recipients to pay the following copayments: (a) Two dollars for a physician office visit. (b) Three dollars for a hospital emergency room visit. (c) Fifty dollars for the first day of an inpatient hospital stay. (d) Two dollars for an outpatient hospital visit. (e) One dollar for a generic drug or any drug indicated as preferred on the department's preferred drug list and \$3.00 for a brand-name drug not indicated as preferred on the department's preferred drug list.	(2) No changes from current law.			



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<p>Medicaid Orthodontic Benefit</p> <p>Sec. 1632. (1) From the funds appropriated in part 1 for Medicaid orthodontic benefit, the department shall provide medically necessary orthodontic care to individuals under the age of 21 who are living in Wayne County or Kent County. Interceptive orthodontic care provided under this section is limited to individuals with primary and transitional dentition with at least 1 of the following conditions: constricted palate, deep impinging overbite, Class III malocclusion, including skeletal Class III cases when a protraction facemask/reverse pull headgear is necessary at a young age, craniofacial anomalies, anterior cross bite, or dentition exhibiting results of harmful habits or traumatic interferences between erupting teeth. The department shall set a standard fee schedule based on commercial rates for the reimbursement of the following CDT codes: D8080, D8210, D8660, D8670, D8680, D8690, D8703, and D8704. For CDT codes D8010 through D8070, D8090, D8220, D8681, D8695 through D8702, and D8999, the department shall determine the appropriate reimbursement for services and procedures using the following criteria:</p> <p>(a) Time required to perform the procedure.</p> <p>(b) Degree of skill required in the procedure performed.</p> <p>(c) Severity and complexity of the patient's dental disease or condition.</p> <p>(d) Reimbursement rates of other third-party purchasers of dental services, both governmental and private.</p>	Striking current law			



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(2) Funds appropriated for Medicaid orthodontic benefit are considered work project funds, do not lapse at the end of the fiscal year, and are available for expenditures for projects under this section until the projects have been completed. The following is in compliance with section 451a of the management and budget act, 1984 PA 431, MCL 18.1451a: (a) The purpose of the work project is to provide orthodontic care to eligible individuals. (b) The work project will be accomplished by utilizing state employees or contracts. (c) The total estimated cost of the work project is \$4,301,700.00. (d) The tentative completion date for the work project is September 30, 2029.	Striking current law			
(3) As used in this section, "CDT" means the code on dental procedures and nomenclature.	Striking current law			
<i>Institutional Provider Costs Reports</i> Sec. 1641. An institutional provider that is required to submit a cost report under the Medicaid program shall submit cost reports completed in full not more than 5 months after the end of the institutional provider's fiscal year.	Sec. 1641. No changes from current law.			
<i>Medicaid Fee-For-Service Direct Care Worker Wage Increase</i> Sec. 1644. (1) From the funds appropriated in part 1, the department shall increase wages by \$0.20 per hour to direct care workers more than the amount in effect from the previous fiscal year. This funding must include all costs incurred by the employer, including, but not limited to, payroll taxes, due to the wage increase. As used in this subsection, "direct care workers" means a registered professional nurse, licensed practical nurse, competency- evaluated nursing assistant, and respiratory therapist.	Striking current law			



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(2) From the funds appropriated in part 1, the department shall increase wages by \$0.20 per hour more than the amount in effect from the previous fiscal year to direct care workers who are employed by licensed adult foster care facilities and licensed homes for the aged and who provide Medicaid-funded fee-for-service personal care services that were not eligible for any direct care worker pay adjustment under Medicaid-funded managed care. This funding must include all costs incurred by the employer, including, but not limited to, payroll taxes, due to the wage increase.	Striking current law			
<p><i>Nursing Facility Non-Clinical Staff Wages</i></p> <p>Sec. 1645. (1) From the funds appropriated in part 1, the department shall maintain the wages of eligible nonclinical staff employed by skilled nursing facilities. The funding must include all costs incurred by the employer, including payroll taxes, due to prior wage increases.</p>	<p>Sec. 1645. (1) From the funds appropriated in part 1, the department shall maintain the wages of increase wages by \$0.85 per hour above the level paid for the fiscal year ending September 30, 2023 for eligible nonclinical staff employed by skilled nursing facilities and contracted out regularly scheduled full-time and part-time, non-temporary employees. The funding must include all costs incurred by the employer, including payroll taxes, due to prior wage increases. The wage increase shall apply to hours worked as well as paid time off hours.</p>			



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(2) The nonclinical staff eligible for the wages described in subsection (1) are those whose costs are reported in the following job classifications in nursing facility institutional cost reports shared with the department: (a) Other housekeeping. (b) Other maintenance worker. (c) Other plant operations. (d) Other laundry. (e) Dining room assistants. (f) Other dietary workers. (g) Other medical records. (h) Other social services. (i) Other diversion therapy. (j) Beauty and barber. (k) Gift, flower, coffee, and canteen worker.	(2) The nonclinical staff eligible for the wages described in subsection (1) are those whose costs are reported in the following job classifications in nursing facility institutional cost reports shared with the department: (a) Other housekeeping. (b) Other maintenance worker. (c) Other plant operations. (d) Other laundry. (e) Dining room assistants. (f) Other dietary workers. (g) Other medical records. (h) Other social services. (i) Other diversion therapy. (j) Beauty and barber. (k) Gift, flower, coffee, and canteen worker. (l) Nursing department unit clerks. (m) Non-certified aides, including but not limited to resident aides, resident care aides, activities aides, and non-certified nurse aides.			



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<p><i>Orthotic and Prosthetic Provider Rate Increase</i></p> <p>Sec. 1646. From the funds appropriated in part 1, the department shall increase Medicaid reimbursement rates for orthotic and prosthetic providers to not less than 74% of Medicare reimbursement rates for similar equipment and services.</p>	<p>Sec. 1646. From the funds appropriated in part 1, the department shall increase maintain the Medicaid reimbursement rates for orthotic and prosthetic providers to not less than 74% of Medicare reimbursement rates for similar equipment and services. in place in the prior fiscal year.</p>			
<p><i>University DSH Backfill</i></p> <p>Sec. 1650. From the funds appropriated in part 1 for special Medicaid reimbursement, \$3,500,000.00 of general fund/general purpose revenue must be distributed to a university located in a county with a population between 284,000 and 285,000, according to the most recent federal decennial census, that has a college of allopathic medicine and a college of osteopathic medicine. The purpose of this project is to ensure continued access to medical care for indigents and increase the efficiency and effectiveness of medical practitioners providing services to Medicaid beneficiaries under managed care.</p>	<p>Sec. 1650. No changes from current law.</p>			



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<i>Health Plan Reimbursement for Hospital ER Service, and Medicaid ER Financial Incentives</i> Sec. 1657. (1) The department shall not make reimbursement for Medicaid to screen and stabilize a Medicaid recipient, including stabilization of a psychiatric crisis, in a hospital emergency room, contingent on obtaining prior authorization from the recipient's HMO. If the recipient is discharged from the emergency room, the hospital shall notify the recipient's HMO within 24 hours of the diagnosis and treatment received.	Sec. 1657. (1) No changes from current law.			
(2) If the treating hospital determines that the recipient will require further medical service or hospitalization beyond the point of stabilization, that hospital shall receive authorization from the recipient's HMO prior to admitting the recipient.	(2) No changes from current law.			
(3) Subsections (1) and (2) do not require an alteration to an existing agreement between an HMO and its contracting hospitals and do not require an HMO to reimburse for services that are not considered to be medically necessary.	(3) No changes from current law.			
<i>Quality Review and Analysis of Health Plan Performance</i> Sec. 1662. (1) From the funds appropriated in part 1, the department shall require an annual external quality review of each contracting HMO. The external quality review must analyze and evaluate aggregated information on quality, timeliness, and access to health care services that the HMO or its contractors furnish to Medicaid beneficiaries. The department shall create a report containing each quality review required under this subsection.	Sec. 1662. (1) No changes from current law.			
(2) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and HEDIS well child health measures in accordance with the National Committee for Quality Assurance prescribed methodology.	(2) No changes from current law.			



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(3) The department shall submit a copy of the analysis of the Medicaid HMO annual audited reports on HEDIS and the report under subsection (1) to the standard report recipients within 30 days after the department's receipt of the final information required from the contractors.	(3) No changes from current law.			
<i>MIChild Program Eligibility</i> Sec. 1670. (1) The appropriation in part 1 for the MICHild program is to be used to provide comprehensive health care to all children under age 19 who reside in families with an income at or below 212% of the federal poverty level, who are uninsured and have not had coverage by other comprehensive health insurance within 6 months of applying for MICHild benefits, and who are residents of this state. The department shall develop detailed eligibility criteria through the behavioral and physical health and aging services administration public concurrence process. The eligibility criteria must be consistent with the provisions of this part and part 1.	Sec. 1670. (1) No changes from current law.			
(2) The department shall provide up to 1 year of continuous eligibility to a child eligible for the MICHild program unless the child reaches age 19.	(2) No changes from current law.			



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<p><i>MiChild Benefits</i></p> <p>Sec. 1677. From the funds appropriated in part 1 for the MiChild program, the department shall provide, at a minimum, all benefits available under the Michigan benchmark plan that are delivered through contracted providers and consistent with federal law, including, but not limited to, the following medically necessary services:</p> <p>(a) Inpatient mental health services, other than substance use disorder treatment services, including services furnished in a state-operated mental hospital and residential or other 24-hour therapeutically planned structured services.</p> <p>(b) Outpatient mental health services, other than substance use disorder services, including services furnished in a mental hospital operated by this state and community-based services.</p> <p>(c) Durable medical equipment and prosthetic and orthotic devices.</p> <p>(d) Dental services as outlined in the approved MiChild state plan.</p> <p>(e) Substance use disorder treatment services that may include inpatient, outpatient, and residential substance use disorder treatment services.</p> <p>(f) Care management services for mental health diagnoses.</p> <p>(g) Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders.</p> <p>(h) Emergency ambulance services.</p>	<p>Sec. 1677. No changes from current law.</p>			



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<i>Penalty Money</i> Sec. 1682. (1) In addition to the appropriations in part 1, the department is authorized to receive and spend penalty money received as the result of noncompliance with Medicaid certification regulations. Penalty money, characterized as private funds, received by the department shall increase authorizations and allotments in the long-term care accounts.	Sec. 1682. (1) No changes from current law.			
(2) Any unexpended penalty money, at the end of the year, must carry forward to the following year.	(2) No changes from current law.			
(3) Not later than March 1 of the current fiscal year, the department shall report to the standard report recipients on penalty money received by the department as described in subsection (1). The report must include, but is not limited to, the following information: (a) The amount of penalty monies received by the department in the previous fiscal year listed by the assessed entity. (b) A list of the entities that were assessed penalties in the previous fiscal year with the rationale for each penalty.	(3) No changes from current law.			
<i>Medicaid School-Based Services</i> Sec. 1692. (1) The department is authorized to pursue reimbursement for eligible services provided in Michigan schools from the federal Medicaid program. The department and the state budget director are authorized to negotiate and enter into agreements, together with the department of education, with local and intermediate school districts regarding the sharing of federal Medicaid services funds received for these services. The department is authorized to receive and disburse funds to participating school districts pursuant to agreements described in this subsection and pursuant to federal law and a law of this state.	Sec. 1692. (1) No changes from current law.			



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(2) From the funds appropriated in part 1 for health services school-based services payments, the department is authorized to do all of the following: (a) Finance activities within the behavioral and physical health and aging services administration related to eligible services. (b) Reimburse participating school districts pursuant to the fund-sharing ratios negotiated in the state-local agreements authorized in subsection (1). (c) Offset general fund costs associated with the Medicaid program.	(2) No changes from current law.			
Special Medicaid Reimbursement Appropriation Increase Sec. 1693. The special Medicaid reimbursement appropriation in part 1 may be increased if the department submits a Medicaid state plan amendment pertaining to this line item at a level higher than the appropriation. The department is authorized to appropriately adjust financing sources in accordance with the increased appropriation.	Sec. 1693. No changes from current law.			
Poison Control Services Sec. 1694. From the funds appropriated in part 1 for special Medicaid reimbursement, \$2,628,500.00 of general fund/general purpose revenue and any associated federal match must be distributed for poison control services to an academic health care system that has a high volume of providing care to indigent individuals.	Sec. 1694. No changes from current law.			



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<i>Healthy Michigan Plan Dental Networks</i> Sec. 1697. The department shall require that Medicaid health plans administering Healthy Michigan plan benefits maintain a network of dental providers in sufficient numbers, mix, and geographic locations throughout their respective service areas in order to provide adequate dental care for Healthy Michigan plan enrollees.	Sec. 1697. No changes from current law.			
<i>Special Hospital Payments Report</i> Sec. 1700. Not later than December 1 of the current fiscal year, the department shall report to the standard report recipients on the distribution of funding provided, and the net benefit if the special hospital payment is not financed with general fund/general purpose revenue, to each eligible hospital during the previous fiscal year from the following special hospital payments: (a) GME. (b) Special rural hospital payments provided under section 1802(1)(b) of this part. (c) Lump-sum payments to rural hospitals for obstetrical care provided under section 1802(1)(a) of this part.	Sec. 1700. No changes from current law.			
<i>Private Duty Nursing Rate Increase</i> Sec. 1702. From the funds appropriated in part 1, the department shall allocate \$2,830,000.00 in general fund/general purpose revenue and any associated federal match to increase the rates in place as of September 30, 2023 for private duty nursing services for Medicaid beneficiaries under the age of 21. These additional funds must be used to attract and retain highly qualified registered nurses and licensed practical nurses to provide private duty nursing services so that medically fragile individuals can be cared for in the most homelike setting possible.	Sec. 1702. No changes from current law expect: “...associated federal match to increase maintain the rates in place as of September 30, 2023 in the prior fiscal year for private duty nursing services...”			



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<i>Medicaid Applicant's Legal Residence</i> Sec. 1757. The department shall obtain proof from all Medicaid recipients that they are United States citizens or otherwise legally residing in this country and that they are residents of this state before approving Medicaid eligibility.	Sec. 1757. No changes from current law.			
<i>Actuarial Soundness Certification of Medicaid Health Plan Rates</i> Sec. 1764. The department shall annually certify whether rates paid to Medicaid health plans and specialty PIHPs are actuarially sound in accordance with federal requirements. The department shall provide to the standard report recipients a copy of the rate certification required under this section and the approval of rates paid to Medicaid health plans and specialty PIHPs for any fiscal year not later than October 1 for Medicaid capitation rate certifications and not later than February 15, May 15, and August 15 for any Medicaid capitation rate amendments. Following the rate certification, the department shall ensure that no new or revised state Medicaid policy bulletin that is promulgated materially impacts the capitation rates that have been certified.	Sec. 1764. The department shall annually certify whether rates paid to Medicaid health plans and specialty PIHPs are actuarially sound in accordance with federal requirements. The department shall provide to the standard report recipients a copy of the rate certification required under this section and the approval of rates paid to Medicaid health plans and specialty PIHPs for any fiscal year not later than October 1 for Medicaid capitation rate certifications and not later than February 15, May 15, and August 15 for any Medicaid capitation rate amendments not later than 5 days following receipt. Following the rate certification, the department shall ensure that no new or revised state Medicaid policy bulletin that is promulgated materially impacts the capitation rates that have been certified.			



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<p>Medicaid Managed Care for Dual Eligibles</p> <p>Sec. 1775. From the funds appropriated in part 1, by not later than March 1 of the current fiscal year, the department shall provide a report to the standard report recipients on the transition of the MI Health Link program to an integrated dual eligible special needs plan (D-SNP) required by Medicare Advantage and Part D Final Rule (CMS-4192-F). The report must include all of the following:</p> <p>(a) The status of any extension received from CMS for the MI Health Link demonstration.</p> <p>(b) The amount and fund source of realized or anticipated transition costs by fiscal year.</p> <p>(c) The status of the transition, by MI Health Link service region and by individual county within a region.</p> <p>(d) A summary of the efforts taken to engage beneficiaries, stakeholders, and health plans in the transition process.</p> <p>(e) A summary of necessary Medicaid contractual and policy changes related to D-SNP contracting, including any carve-outs that will be proposed.</p> <p>(f) A summary of the eligibility guidelines and covered benefits proposed in the D-SNP transition, including a comparison of long-term services and supports, home- and community-based services and behavioral health services as of September 30, 2024, and in the proposed D-SNP.</p> <p>(g) A verification of the inclusion of the most important aspects of the MI Health Link into any D-SNP proposal, including, but not limited to, the following:</p> <p>(i) \$0.00 copayments and deductibles for all covered services.</p> <p>(ii) Access to a care coordinator for care navigation and care planning.</p> <p>(iii) A single card for all Medicare and Medicaid services.</p>	<p>Sec. 1775. From the funds appropriated in part 1, by not later than March 1 of the current fiscal year, the department shall provide a report to the standard report recipients on the transition of the MI Health Link program to an integrated dual eligible special needs plan (D-SNP) required by Medicare Advantage and Part D Final Rule (CMS-4192-F).—The report must include all of the following:</p> <p>(a) - (g) striking current law.</p> <p>This report must include progress updates on the implementation of the dual eligible special needs plans, known as MI Coordinated Health.</p>			



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<p><i>Vaccine Reimbursements</i></p> <p>Sec. 1786. From the funds appropriated in part 1, the department shall maintain Medicaid reimbursement for the administration of injectable and oral vaccines at \$23.03.</p>	<p>Sec. 1786. From the funds appropriated in part 1, the department shall maintain Medicaid reimbursement for the administration of injectable, nasal, and oral vaccines at \$23.03.</p>			
<p><i>Targeted CPT Code Reimbursement Rates Increase</i></p> <p>Sec. 1787. From the funds appropriated in part 1 for health plan services, Healthy Michigan Plan, and long- term care services, the department shall allocate \$1,500,000.00 in general fund/general purpose revenue and any associated federal match to increase Medicaid reimbursement rates for CPT codes 31579, 92507, 92508, 92520, 92521, 92522, 92523, 92524, 92526, 92597, 92607, 92608, 92609, 92610, 92630, 92633, 92700, 94010, 97129, 97130, 97533, 97799, G2250, G2251, and S9152.</p>	<p>Sec. 1787. From the funds appropriated in part 1 for health plan services, Healthy Michigan Plan, and long- term care services, the department shall allocate \$1,500,000.00 in general fund/general purpose revenue and any associated federal match to increase maintain the Medicaid reimbursement rates in place for the prior fiscal year for CPT codes 31579, 92507, 92508, 92520, 92521, 92522, 92523, 92524, 92526, 92597, 92607, 92608, 92609, 92610, 92630, 92633, 92700, 94010, 97129, 97130, 97533, 97799, G2250, G2251, and S9152.</p>			



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<i>Medicaid Ambulance Reimbursement Rates</i> Sec. 1788. From the funds appropriated in part 1, the department shall provide Medicaid reimbursement rates, including Medicaid reimbursements from the ambulance provider quality assurance assessment, for ground ambulance services at not less than 100% of the Medicare base rates for Locality 01 for ground ambulance services in effect on January 1, 2023.	Sec. 1788. No changes from current law except: “...shall provide maintain Medicaid reimbursement rates...”			
<i>FQHC Prospective Payment System</i> Sec. 1789. From the funds appropriated in part 1 for federally qualified health centers, the department shall allocate \$11,300,000.00 in general fund/general purpose revenue and any associated federal match to increase Medicaid prospective payment system reimbursement rates.	Striking current law			
<i>Pediatric Psychiatric Services Rate Increase</i> Sec. 1790. The department shall maintain the current practitioner rates paid for CPT codes 90791 through 90899 for psychiatric procedures through Medicaid fee-for-service and through the comprehensive Medicaid health plans for psychiatric procedures provided for Medicaid recipients under the age of 21.	Sec. 1790. No changes from current law.			



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<p>Neonatal Services Rates</p> <p>Sec. 1791. From the funds appropriated in part 1 for health plan services and physician services, the department shall provide Medicaid reimbursement rates for neonatal services at 100% of the Medicare rate received for those services in effect on the date the services are provided to eligible Medicaid recipients. The neonatal services and physician services eligible for reimbursement rates under this section are described as CPT codes 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, and 99480.</p>	<p>Sec. 1791. No changes from current law.</p>			
<p>Hospital SUD Peer Supports</p> <p>Sec. 1794. (1) From the funds appropriated in part 1, the department shall provide Medicaid reimbursements for hospital-based substance use disorder peer-supports.</p>	<p>Sec. 1794. (1) No changes from current law.</p>			
<p>(2) Not later than March 1 of the current fiscal year, the department shall report to the standard report recipients on the statewide amounts and each hospital amount for hospital-based substance use disorder peer- supports during the first quarter of the current fiscal year, including for all of the following:</p> <p>(a) The number of individuals served.</p> <p>(b) The Medicaid reimbursement utilization.</p> <p>(c) The total expenditures.</p>	<p>(2) No changes from current law.</p>			



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<p>Primary Care Rates</p> <p>Sec. 1801. From the funds appropriated in part 1 for physician services and health plan services, the department shall continue the increase to Medicaid rates for primary care services provided only by primary care providers. The department shall not provide the increase to Medicaid rates under this section to primary care providers whose primary practice is as a non-primary-care subspecialty. The department shall establish policies that most effectively limit the increase to primary care providers for primary care services only. As used in this section, “primary care provider” means a physician, or a practitioner working in collaboration with a physician, who is either licensed under part 170 or part 175 of the public health code, 1978 PA 368, MCL 333.17001 to 333.17097 and 333.17501 to 333.17556, and who works as a primary care provider in general practice or is board- eligible or certified with a specialty designation of family medicine, general internal medicine, or pediatric medicine, or is a provider who provides the department with documentation of equivalency.</p>	<p>Sec. 1801. No changes from current law.</p>			



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<p><i>Rural Hospital Payments</i></p> <p>Sec. 1802. (1) From the funds appropriated in part 1 for hospital services and therapy, the department shall provide for the following: (a) \$8,470,200.00 in general fund/general purpose revenue as lump-sum payments to noncritical access hospitals that qualified for rural hospital access payments in fiscal year 2013-2014 and that provide obstetrical care this fiscal year. Payment amounts must be based on the volume of obstetrical care cases and newborn care cases for all such cases billed by each qualified hospital in the most recent year for which data is available. The department shall make payments not later than January 1 of the current fiscal year. For the current fiscal year, a hospital that met established occupied bed criteria based on Medicaid cost reports as of the fiscal year ending September 30, 2011, and that is located within a county with a population of not more than 165,000 and within a city, village, or township with a population of not more than 16,000, according to the 2000 federal decennial census, is eligible.</p>	<p>Sec. 1802. (1) No changes from current law.</p>			



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(b) \$15,204,800.00 in general fund/general purpose revenue and any associated federal match awarded as rural access payments to noncritical access hospitals that meet criteria established by the department for services to low-income rural residents. One of the reimbursement components of the criteria established by the department under this subsection must be assistance with labor and delivery services. A hospital that met established occupied bed criteria based on Medicaid cost reports as of the fiscal year ending September 30, 2011, and that is located within a county with a population of not more than 165,000 and within a city, village, or township with a population of not more than 16,000 according to the 2000 federal decennial census is eligible solely for the rural access pool general fund/general purpose revenue portion.	(b) No changes from current law.			
(2) Payments under this section must be made by January 1 of the current fiscal year.	(2) No changes from current law.			
(3) The department shall publish the distribution of payments for the current fiscal year and the previous fiscal year.	(3) No changes from current law.			
Identification of Medicaid Beneficiaries Who Are Veterans Sec. 1804. The department may utilize the federal public assistance reporting information system to continue to work to identify Medicaid recipients who are veterans and who may be eligible for federal veterans' health care benefits or other benefits and shall continue to refer veterans to the department of military and veterans affairs for assistance in securing additional benefits.	Sec. 1804. No changes from current law.			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Long-Term Care Bed Dual Certification</p> <p>Sec. 1805. The department shall modify Medicaid policy in the Medicaid Manual, Nursing Facility Chapter, Certification, Survey and Enforcement Appendix, Section 2.3 and submit a Medicaid state plan amendment to CMS to seek approval to allow the department to approve or deny any application seeking Medicaid bed certification and provider enrollment for dual certification of Medicare-only beds. The modified Medicaid policy must replace the current certification criteria. The modified Medicaid policy must provide that the department grant Medicaid bed certification if the application meets all of the following:</p> <p>(a) A verification from the state survey agency that the beds listed in the applications are Medicare-certified.</p> <p>(b) The state survey agency finds that the facility named in the application is in substantial compliance with federal regulations at the time of application.</p> <p>(c) If there is an accepted submitted plan of correction for any survey activity occurring following the date of the application submission, the facility named in the application will be deemed to have satisfactory survey performance.</p> <p><i>Designated unenforceable in FY 2024-25</i></p>	Striking current law			
<p>Health Plan Encounter Data Reporting</p> <p>Sec. 1810. In advance of the annual rate setting development, Medicaid health plans must be given at least 60 days to dispute and correct any discarded encounter data before rates are certified. The department shall notify each contracting Medicaid health plan of any encounter data that have not been accepted for the purposes of rate setting.</p>	Sec. 1810. No changes from current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Graduate Medical Education Program Costs</p> <p>Sec. 1812. Not later than June 1 of the current fiscal year, and using the most recent available cost reports, the department shall complete a report of all direct and indirect costs associated with residency training programs for each hospital that receives funds appropriated in part 1 for graduate medical education or through the MiDocs consortium. The report shall be submitted to the standard report recipients.</p>	<p>Sec. 1812. No changes from current law.</p>			
<p>Recognition of Medicaid Health Plan Accreditation</p> <p>Sec. 1820. (1) In order to avoid duplication of effort, if a Medicaid health plan has been reviewed and accredited by a national accrediting entity for health care services, the department shall use applicable national accreditation review criteria to determine compliance with corresponding requirements in this state.</p>	<p>Sec. 1820. No changes from current law.</p>			
<p>(2) The department shall continue to comply with federal law and laws of this state and shall not initiate an action that negatively impacts beneficiary safety.</p>	<p>(2) No changes from current law.</p>			
<p>(3) As used in this section, “national accrediting entity” means the National Committee for Quality Assurance, the URAC, formerly known as the Utilization Review Accreditation Commission, or another appropriate entity, as approved by the department.</p>	<p>(3) No changes from current law.</p>			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Centering Pregnancy</p> <p>Sec. 1830. From the funds appropriated in part 1 for hospital services and therapy, the department shall allocate \$5,000,000.00 to support prenatal health care providers operating in this state to provide services for existing group-based prenatal care programs that include 1 or more health care professionals leading small groups of expectant mothers – in the same phase of pregnancy – in discussions and other health services that promote the well-being and health of mothers and babies.</p>	<p>Sec. 1830. No changes from current law.</p>			
<p>Hospital Maternal Health Incentives</p> <p>Sec. 1831. From the funds appropriated in part 1 for hospital services and therapy, the department shall allocate \$10,000,000.00 to continue to support hospitals in this state to improve maternal safety and outcomes by administering and expanding a data-driven maternal safety and quality improvement initiative that is based on interdisciplinary and consensus-based practices. The initiative expansion must focus on mitigating pregnancy- associated injury and death, work to improve outcomes for underserved groups, and address problems related to substance use disorders.</p>	<p>Sec. 1831. No changes from current law.</p>			
<p>Telemedicine and Telepsychiatry Use in Underserved Areas</p> <p>Sec. 1837. The department shall continue, and expand where appropriate, utilization of telemedicine and telepsychiatry as strategies to increase access to services for Medicaid recipients.</p>	<p>Sec. 1837. No changes from current law.</p>			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Graduate Medical Education Priorities</i> Sec. 1846. From the funds appropriated in part 1 for graduate medical education, the department shall distribute the funds with an emphasis on the following health care workforce goals: (a) The encouragement of the training of physicians in specialties, including primary care, that are necessary to meet the future needs of residents of this state. (b) The training of physicians in settings that include ambulatory sites and rural locations. (c) The training of practitioners providing pediatric psychiatry services.	Sec. 1846. No changes from current law.			
<i>Eligibility Redetermination by Medicaid Health Plans</i> Sec. 1850. The department may allow Medicaid health plans to assist with maintaining eligibility through outreach activities to ensure continuation of Medicaid eligibility and enrollment in managed care. The assistance may include mailings, telephone contact, or face-to-face contact with beneficiaries enrolled in the individual Medicaid health plan. Medicaid health plans may offer assistance in completing paperwork for beneficiaries enrolled in the Medicaid health plan.	Sec. 1850. No changes from current law.			
<i>PACE Enrollment Cap</i> Sec. 1854. The funds appropriated in part 1 for PACE must support a current fiscal year enrollment cap that is not less than 8,543.	Sec. 1854. The funds appropriated in part 1 for PACE must support a current fiscal year enrollment cap that is not less than 8,543 8,597 .			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Unused PACE Slots</p> <p>Sec. 1855. From the funds appropriated in part 1 for PACE, to the extent that funding is available in the PACE line item and unused program slots are available, the department may do the following:</p> <p>(a) Increase the number of slots for a local and already-established PACE if the local PACE has provided appropriate documentation to the department indicating its ability to expand capacity to provide services to additional PACE clients.</p> <p>(b) Suspend the 10 member per month individual PACE enrollment increase cap in order to allow unused and unobligated slots to be allocated to address unmet demand for PACE services.</p>	<p>Sec. 1855. No changes from current law.</p>			
<p>Hospice Room and Board Payments</p> <p>Sec. 1856. (1) From the funds appropriated in part 1 for hospice services, \$5,000,000.00 shall be expended to provide room and board for Medicaid recipients who meet hospice eligibility requirements and receive services at Medicaid enrolled hospice residences in this state. The department shall distribute funds through grants based on the total beds located in all eligible residences that have been providing these services as of October 1, 2017. An eligible grant applicant may inform the department of the applicant's request to reduce the grant amount allocated for the applicant's residence and the funds must be distributed proportionally to increase the total grant amount of the remaining grant-eligible residences. Grant amounts shall be paid out monthly with 1/12 of the total grant amount distributed each month to the grantees.</p>	<p>Sec. 1856. (1)</p> <p>"...for Medicaid recipients eligible individuals who meet hospice..."</p>			



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FY 2024-25 CURRENT LAW	FY 2025-26			
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(2) Not later than September 15 of the current fiscal year, each Medicaid-enrolled hospice with a residence that receives funds under this section shall provide a report to the department on the utilization of the grant funding provided in subsection (1). The report must be provided in a format prescribed by the department and must include the following information: (a) The number of patients served. (b) The number of days served. (c) The daily room and board rates for the patients served. (d) If there is not sufficient funding to cover the total room and board need, the number of patients who did not receive care due to insufficient grant funding.	(2) No changes from current law.			
(3) If funds awarded under this section remain unused at the end of the current fiscal year, the Medicaid- enrolled hospice with a residence shall return those unused funds to this state.	(3) No changes from current law.			
Medicaid Research Activities Sec. 1859. The department shall partner with the Michigan Association of Health Plans and Medicaid health plans to develop and implement strategies for the use of information technology services for Medicaid research activities. The department shall make available state medical assistance program data, including Medicaid behavioral data, to the Michigan Association of Health Plans and Medicaid health plans or any vendor considered qualified by the department to perform research activities consistent with this state's goals of improving health; increasing the quality, reliability, availability, and continuity of care; and reducing the cost of care for the eligible population of Medicaid recipients.	Sec. 1859. No changes from current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
Obstetrical Rates Sec. 1862. From the funds appropriated in part 1, the department shall maintain payment rates for Medicaid obstetrical services at 95% of Medicare levels effective October 1, 2014.	Sec. 1862. No changes from current law.			
MIDocs Consortium Sec. 1870. (1) From the funds appropriated in part 1 for hospital services and therapy, the department shall allocate \$11,000,000.00 in general fund/general purpose revenue, of which \$4,600,000.00 is allocated on a 1-time basis, plus any contributions from public entities, up to \$5,000,000.00, and any associated federal match to the MiDocs consortium to create new primary care residency slots in underserved communities. The new primary care residency slots must be in 1 of the following specialties: family medicine, general internal medicine, general pediatrics, general OB-GYN, psychiatry, or general surgery.	Sec. 1870. (1) No changes from current law except: “...shall allocate \$11,000,000.00 \$6,400,000.00 in general fund/general purpose revenue, of which \$4,600,000.00 is allocated on a 1-time basis, plus any contributions...”			
(2) The department shall seek any necessary approvals from CMS to allow the department to implement the program described in this section.	(2) No changes from current law.			
(3) Assistance with repayment of medical education loans, loan interest payments, or scholarships provided by the MiDocs consortium shall be contingent upon a minimum 2-year commitment to practice in an underserved community in this state post-residency and an agreement to forego any sub-specialty training for at least 2 years post-residency with the exception of a child and adolescent psychiatry fellowship that must be integrated with a psychiatry residency training program in a MiDocs consortium affiliated institution.	(3) No changes from current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(4) The MiDocs consortium shall work with the department to integrate the Michigan inpatient psychiatric admissions discussion (MIPAD) recommendations and, when possible, prioritize training opportunities in state psychiatric hospitals and community mental health organizations.	(4) No changes from current law.			
(5) The department shall maintain the MiDocs consortium initiative advisory council to help support implementation of the program described in this section, and to provide oversight. The advisory council must be composed of the MiDocs consortium, the Michigan Area Health Education Centers, the Michigan Primary Care Association, the Michigan Center for Rural Health, the Michigan Academy of Family Physicians, and any other appointees designated by the department.	(5) No changes from current law.			
(6) Not later than September 1 of the current fiscal year, the MiDocs consortium shall submit a report to the standard report recipients that includes all of the following information: (a) Audited financial statement of per-resident costs. (b) Education and clinical quality data. (c) Roster of trainees, including areas of specialty and locations of training. (d) Medicaid revenue by training site.	(6) No changes from current law.			
(7) The department shall monitor outcome and performance measures for this program, including, but not limited to, the following: (a) Increasing this state's ability to recruit, train, and retain primary care physicians and other select specialty physicians in underserved communities. (b) Maximizing training opportunities with community health centers, rural critical access hospitals, solo or group private practice physician practices, schools, and other community-based clinics, in addition to the required training through rotations at inpatient hospitals. (c) Increasing the number of residency slots for family medicine, general internal medicine, general pediatrics, general OB-GYN, psychiatry, and general surgery.	(7) No changes from current law.			



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<p>(8) Unexpended and unencumbered funds up to a maximum \$11,000,000.00 in general fund/general purpose revenue plus any contributions from public entities, up to \$5,000,000.00, and any associated federal match remaining in accounts appropriated in part 1 for hospital services and therapy are designated as work project appropriations, and any unencumbered or unallotted funds must not lapse at the end of the fiscal year and must be available for expenditures for the MiDocs consortium to create new primary care residency slots in underserved communities under this section until the work project has been completed. All of the following are in compliance with section 451a(1) of the management and budget act, 1984 PA 431, MCL 18.1451a:</p> <p>(a) The purpose of the work project is to fund the cost of the MiDocs consortium to create new primary care residency slots in underserved communities.</p> <p>(b) The work project will be accomplished by contracting with the MiDocs consortium to oversee the creation of new primary care residency slots.</p> <p>(c) The total estimated completion cost of the work project is \$29,400,000.00.</p> <p>(d) The tentative completion date for the work project is September 30, 2029.</p>	<p>(8) No changes from current law except:</p> <p>“...to a maximum \$11,000,000.00 \$6,400,000.00 in general fund/general purpose...”</p> <p>(c) The total estimated completion cost of the work project is \$29,400,000.00 \$20,200,000.00.</p> <p>(d) The tentative completion date for the work project is September 30, 2029 2030.</p>			
<p>Personal Care Services Rate Increase</p> <p>Sec. 1872. From the funds appropriated in part 1 for personal care services, the department shall maintain the monthly Medicaid personal care supplement paid to adult foster care facilities and homes for the aged that provide personal care services to Medicaid recipients in place during the previous fiscal year.</p>	<p>Sec. 1872. No changes from current law.</p>			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Program of All-Inclusive Care for the Elderly (PACE) Inclusion</i></p> <p>Sec. 1874. The department shall ensure, in counties where PACE services are available, that PACE is included as an option in all options counseling and enrollment brokering for aging services and managed care programs, including, but not limited to, Area Agencies on Aging, centers for independent living, and the MiChoice home and community-based waiver. The department must include approved marketing and discussion materials for options counseling.</p>	<p>Sec. 1874. No changes from current law.</p>			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Medicaid Pharmaceutical Report</p> <p>Sec. 1879. Not later than May 15 of the current fiscal year, the department shall submit to the standard report recipients a report with Medicaid pharmaceutical information. The report shall include, for the previous fiscal year, the total Medicaid pharmaceutical costs and the total Medicaid pharmaceutical rebates. The report must categorize the total Medicaid pharmaceutical costs and total Medicaid pharmaceutical rebates recognized by the contracted health plans and the department. In addition, the report must also include all of the following information:</p> <p>(a) The total estimated pharmaceutical benefit expenses incurred by contracted health plans from the previous fiscal year and through the first 2 quarters of the current fiscal year.</p> <p>(b) The total estimated pharmaceutical benefit expenses included in approved initial rates for contracted health plans from the previous fiscal year and total estimated pharmaceutical benefit expenses included in approved initial rates for contracted health plans for the first 2 quarters of the current fiscal year.</p> <p>(c) The total Medicaid pharmaceutical rebates received by the department in the previous fiscal year and the single preferred drug list supplemental rebates invoices in the previous fiscal year.</p>	<p>Sec. 1879. (1) No changes from current law.</p>			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(d) Information as to whether the average benefit expense for the composite average across all rate cells and service categories included in capitation rates, based on actual enrollment and anticipated recoveries, for the previous fiscal year and through the first 2 quarters of the current fiscal year exceeded the reported contracted health plan's experience, adjusted for completion over the same reporting periods. (e) The following information related to the current Medicaid pharmacy carve-out of pharmaceutical products as provided for in section 109h of the social welfare act, 1939 PA 280, MCL 400.109h: (i) The number of prescriptions paid by the department during the previous fiscal year. (ii) The total amount of expenditures for prescriptions paid by the department during the previous fiscal year. (iii)The number of and total expenditures for prescriptions paid by the department for generic equivalents during the previous fiscal year.	(d) No changes from current law.			
(2) New Executive Language.	(2) Should a physician order a particular drug off the common formulary, the contracted health plan must cover that drug with the standard Medicaid co-payment applied.			



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Boilerplate for HEALTH AND AGING SERVICES ADMINISTRATION

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p>Medicaid Pharmaceutical Quality and Clinical Standards</p> <p>Sec. 1880. The department shall align all pharmacy-related policies with the United States Food and Drug Administration quality and clinical standards. Any single preferred drug list utilization management criteria will be established in consultation with the Medicaid health plans and the Michigan pharmacy and therapeutics committee described in section 9705 of the public health code, 1978 PA 368, MCL 333.9705, with consideration given to applicable United States Food and Drug Administration dosing guidelines, subsequent evidence-based literature or studies, and current treatment guidelines.</p>	<p>Sec. 1880. No changes from current law.</p>	<p>Sec. 1880. No changes from current law.</p>		
<p>Contract Performance Standards</p> <p>Sec. 1888. The department shall establish contract performance standards associated with the capitation withhold provisions for Medicaid health plans at least 3 months before the implementation of those standards. The determination of whether performance standards have been met must be based primarily on recognized concepts such as 1-year continuous enrollment and the health care effectiveness data and information set, HEDIS, audited data.</p>	<p>Sec. 1888. No changes from current law.</p>	<p>Sec. 1888. No changes from current law.</p>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Information Technology

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>INFORMATION TECHNOLOGY</u> <i>Information Technology Expansion and Integrated Service Projects Report</i> Sec. 1901. (1) The department shall submit a report on a semiannual basis to the standard report recipients that lists the projects approved in the previous 6 months and provides the purpose for approving each project including any federal, state, court, or legislative requirement for each project.	Sec. 1901. (1) No changes from current law.			
(2) Once an award for an expansion of information technology is made, the department shall submit a report to the standard report recipients that provides the projected cost of the expansion broken down by use and type of expense.	(2) No changes from current law.			
<i>Michigan Statewide Automated Child Welfare Information System (MiSACWIS) Reports</i> Sec. 1903. (1) Not later than November 1 of the current fiscal year, the department shall submit a report to the standard report recipients that describes the status of an implementation plan regarding the appropriation in part 1 to modernize the MiSACWIS. The report must include, but is not limited to, an update on the status of the settlement and efforts to bring the system in compliance with the settlement and other federal guidelines set forth by the United States Department of Health and Human Services Administration for Children and Families.	Sec. 1903. (1) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Information Technology

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(2) The department shall submit on a quarterly basis a report to the standard report recipients on the planning, implementation, and operation, regardless of the current operational status, regarding the appropriation in part 1 to implement the MiSACWIS. The report must provide details on the planning, implementation, and operation of the MiSACWIS, including, but not limited to, all of the following: (a) Areas where implementation went as planned, and in each area including whether the implementation results in either enhanced user interface or portal access, conversion to new modules, or substantial operation improvement to the MiSACWIS. (b) The number of known issues. (c) The average number of help tickets submitted per day. (d) Any additional overtime or other staffing costs to address known issues and volume of help tickets. (e) Any contract revisions to address known issues and volume of help tickets. (f) Other strategies undertaken to improve implementation, and for each strategy area including whether the implementation results in either enhanced user interface or portal access, conversion to new modules, or substantial operation improvement to the MiSACWIS. (g) Progress in developing cross-system trusted data exchange with the MiSACWIS.	(2) No changes from current law.			



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FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(h) Progress in moving away from a statewide automated child welfare information system to a comprehensive child welfare information system. (i) Progress in developing and implementing a program to monitor data quality. (j) Progress in developing and implementing custom integrated systems for private agencies. (k) A list of all change orders, planned or in progress. (l) The status of all change orders, planned or in progress. (m) The estimated costs for all planned change orders. (n) The estimated and actual costs for all change orders in progress.	(h) No changes from current law.			
(3) Not later than July 1 of the current fiscal year, the department shall submit to the standard report recipients a report on the department's efforts and recommendations to develop and implement a simpler and more streamlined process for the annual renewal of the licenses for family foster care homes, and the development of a simpler and more efficient version of the application form for renewal of the licenses for family foster care homes.	(3) No changes from current law.			
Michigan Health Information Network (MiHIN) Sec. 1906. From the funds appropriated in part 1 for information technology services and projects, the department shall allocate \$1,750,000.00 general fund/general purpose revenue, and all associated federal matching revenue, to a public and private nonprofit collaboration that is designated as this state's statewide health information exchange by cooperative agreement, to implement health information technology strategies for health information exchange development, data management, and population health at a statewide level.	Sec. 1906. No changes from current law.			



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Boilerplate for Information Technology

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
Information Technology Spending Restrictions Sec. 1909. (1) From the funds appropriated in part 1 for child support automation, the department shall only encumber or expend funds for the operation, maintenance, and improvements of the Michigan child support enforcement system.	Sec. 1909. (1) No changes from current law.			
(2) From the funds appropriated in part 1 for bridges information system, the department shall only encumber or expend funds for the operation, maintenance, and improvements of Bridges and MIBridges.	(2) No changes from current law.			
(3) From the funds appropriated in part 1 for Michigan Medicaid information system, the department shall only encumber or expend funds for the operation, maintenance, and improvements of the community health automated Medicaid processing system.	(3) No changes from current law.			
(4) From the funds appropriated in part 1 for Michigan statewide automated child welfare information system, the department shall only encumber or expend funds for the operation, maintenance, and improvements of MiSACWIS.	(4) No changes from current law.			
(5) From the funds appropriated in part 1 for comprehensive child welfare information system, the department shall only encumber or expend funds for the operation, maintenance, and improvements to the comprehensive child welfare information system.	(5) No changes from current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for Information Technology

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
(6) From the funds appropriated in part 1 for comprehensive child welfare information system, the department shall continue development of a new information system to replace MiSACWIS consistent with the plan provided by the department to the United States District Court for Eastern District of Michigan as a part of the settlement. The development of the comprehensive child welfare information system must adhere to department of technology, management, and budget and information technology investment fund (ITIF) policies and practices, including use of the state unified information technology environment methodology and agile development. The project team shall also participate in and comply with the enterprise portfolio management office process and product quality assurance. To ensure full transparency, the project must be included in the ITIF portfolio for executive, legislative, and external reporting purposes. As a component of the ITIF portfolio, the project is subject to governance and oversight by the information technology investment management board.	(6) No changes from current law.			
<i>Information Technology Agile Software Development Plan</i> Sec. 1910. From the funds appropriated in part 1, \$532,841,400.00 is appropriated for information technology services and projects including: (a) \$114,678,900.00 for bridges information system. (b) \$21,555,400.00 for Michigan statewide automated child welfare information system. (c) \$102,482,000.00 for Michigan Medicaid information system. (d) \$44,243,200.00 for child support automation. (e) \$8,274,700.00 for comprehensive child welfare information system.	Striking current law			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for One-Time Basis Only Appropriations

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<u>ONE-TIME APPROPRIATIONS</u>				
<i>ALS Services</i> Sec. 1920. Allocates one-time funding of \$745,100 to the ALS Association to provide free ALS care services.	Striking current law.			
<i>Emergency Medical Services Program</i> Sec. 1921. Allocates one-time funding of \$500,000 to develop and implement a system to support ground emergency medical transport; directs funding to be used for obtaining and recording federal Medicaid funding for the program.	Striking current law.			
<i>Behavioral Health Care Services and Facilities</i> Sec. 1922. Includes \$1.0 million investment in a public-private partnership to support the opening of a new behavioral health center that has at least 40 inpatient beds during Phase I of opening, and at least 100 inpatient beds during Phase II of opening.	Striking current law.			
<i>Walk-In Crisis Center Relocation</i> Sec. 1923. Allocates one-time funding of \$2.4 million to Hegira Health to relocate their walk-in crisis center; designates unexpended funds as work project appropriation.	Striking current law.			
<i>Behavioral Health Urgent Care</i> Sec. 1924. Allocates one-time funding of \$1.7 million to Common Ground East Lansing Resiliency Center to support the establishment of a behavioral health urgent care; designates unexpended funds as work project appropriation.	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES Boilerplate for One-Time Basis Only Appropriations

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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Firefighter Health Care</i> Sec. 1925. Allocates one-time funding of \$3.5 million to provide health screenings for firefighters.	Striking current law.			
<i>Child Advocacy Centers</i> Sec. 1926. Allocates one-time funding of \$2.0 million to support child advocacy centers; requires funding to be distributed using the regular distribution formula for child advocacy centers.	Striking current law.			
<i>Community Mental Health Data Platform</i> Sec. 1928. Allocates one-time funding of \$500,000 to the PIHP of Region 7 to implement a project for a cloud-native, real-time, software platform to support Medicaid beneficiaries in the region; requires the PIHP to provide \$1.00 of matching funds for every \$1.00 of state funding received; establishes requirements for the software platform; requires Medicaid managed care organizations and CMHSPs in PIHP Region 7 to provide daily data; requires the statewide health information exchange to provide daily data.	Striking current law.			
<i>Certified Community Behavioral Health Clinics Study</i> Sec. 1929. Allocates one-time funding of \$250,000 to complete a comprehensive quantitative spatial analysis to evaluate "cannibalization effects" on existing enrolled locations of community behavioral health clinics; lists requirements for the analysis.	Striking current law.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Boilerplate for One-Time Basis Only Appropriations

FY 2024-25 CURRENT LAW	FY 2025-26			
	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<p><i>Opioid Response Activities</i></p> <p>Sec. 1930. Allocates one-time funding of \$25.0 million to be distributed as grants from the Michigan opioid healing and recovery fund; directs DHHS on how to distribute the grants.</p>	Striking current law.			
<p><i>Substance Use Treatment Center</i></p> <p>Sec. 1932. Allocates one-time funding of \$2.0 million to ACCESS Behavioral Health to support a substance use treatment center; designates unexpended funds as work project appropriation.</p>	Striking current law.			
<p><i>Medicaid Outreach</i></p> <p>Sec. 1933. Allocates one-time funding of \$500,000 to the National Kidney Foundation to enhance Medicaid health plan outreach; requires that funds also be used to support outreach efforts by the Morris Hood III Chronic Kidney Disease and Covid19 Complications Prevention Initiative to identify, educate, and prevent chronic kidney disease in high-risk populations and regions.</p>	Striking current law.			



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	EXECUTIVE	HOUSE	SENATE	CONFERENCE
<i>Complex Medical Condition Center</i> Sec. 1934. Allocates one-time funding of \$500,000 as a grant to the Children's Healing Center to provide needed upgrades including a MERV 14 air filtration system, building pressurization, and antimicrobial surfaces; requires program to include children with complex medical conditions and their immediate family; requires therapeutic, evidence-based, and organizational-led activities. (2) requires partnership with Medicaid health maintenance organization; defines responsibilities for Medicaid health maintenance organization. (3) requires Medicaid health maintenance organization to create and utilize new pilot program code for data tracking; defines requirements of pilot program code. (4) requires report from grant recipient by September 30. (5) requires DHHS to explore Medicaid waiver options that would allow them to use Medicaid funds on similar programs in the future.	Striking current law.			
<i>Adult Home Help Care Supports</i> Sec. 1935. Allocates one-time funding of \$1.0 million and any associated federal match to support the development of an adult home help caregiver registry; designates unexpended funds as work project appropriation.	Striking current law.			
<i>Cranial Hair Prothesis</i> Sec. 1936. Allocates one-time funding of \$125,000 to Maggie's Wigs for Kids to provide wigs and support services to children and young adults experiencing hair loss as a result of an illness.	Striking current law.			



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<i>Addiction workforce Medicine Curriculum</i> Sec. 1937. Allocates one-time funding of \$1.5 million for comprehensive addiction medicine training programming, including anti-stigma education, fellowship graduate medical education positions, and addiction specialist physicians.	Striking current law.			
<i>Critical Access Hospital Facility and Equipment</i> Sec. 1938. Allocates one-time funding of \$2.0 million to Munising Memorial Hospital for hospital equipment repairs and replacements and for facility repairs	Striking current law.			
<i>Juvenile Justice Infrastructure Pool</i> Sec. 1939. Allocates one-time funding of \$5.0 million to support capital improvements for non-state-owned juvenile justice facilities; allocates specific distributions to specific juvenile justice facilities.	Striking current law.			
<i>Housing and Childcare Project</i> Sec. 1941. Allocates one-time funding of \$2.2 million to MiSIDE to support a healthy village initiative that offers a combination of childcare and affordable housing in one complex.	Striking current law.			



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<i>Healthy Communities Grant</i> Sec. 1943. Allocates one-time funding of \$2.0 million Leaders Advancing & Helping Communities (LAHC) to support youth with intellectual and developmental disabilities and autism spectrum disorder to develop and master life skills, improve nutrition education services to address healthy food access and prevent obesity, and prevent substance abuse for youth fighting drug and alcohol misuse.	Striking current law.			
<i>Medically Underserved Area Services</i> Sec. 1945. Allocates one-time funding of \$700,000 to the Detroit Rescue Mission to provide substance use disorder (SUD) treatment-related services.	Striking current law.			
<i>Underserved Healthcare Facility Project</i> Sec. 1947. Allocates one-time funding of \$3.5 million to Team Wellness to acquire, renovate, build, and equip a facility to provide health care services to an underserved area with a high concentration of individuals with a substance use disorder and a large senior population; designates unexpended funds as work project appropriation.	Striking current law.			
<i>Doula Training and Continuing Education</i> Sec. 1948. Allocates one-time funding of \$2.9 million to for doula training and continuing education; requires the department to support professional development for doulas participating in the department's doula registry; designates unexpended funds as work project appropriation.	Striking current law.			



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<i>Local Food Infrastructure Grant</i> Sec. 1951. Allocates one-time funding of \$3.0 million to be allocated as grants to the Michigan Independent Retailer Association's (MIRA) Food Dessert Project to aid grocers and food wholesale and retail merchants in this state by increasing access to healthy food, increasing healthy food consumption, reducing obesity rates, increasing food security, and improving the local economy; defines "food dessert".	Striking current law.			
<i>Firearm Injury and Violence Prevention</i> Sec. 1952. Allocates \$5.5 million as grants to the University of Michigan, to provide training technical assistance, and infrastructure to support the implementation of the extreme risk protection order act, 2023 PA 38, MCL 691.1801 to 691.1821; designates unexpended funds as work project appropriation.	Striking current law.			
<i>Firearm Safety and Violence Prevention</i> Sec. 1954. Allocates \$1.8 million to community-based organizations to provide training and programming on extreme risk protective orders issued under the extreme risk protection order act, 2023 PA 38, MCL 691.1801 to 691.1821, and the safe storage law described in section 9 of 1927 PA 372, MCL 28.429.	Striking current law.			
<i>Family Planning and Local Agreements</i> Sec. 1955. Allocates \$5.6 million to support statewide family planning services; designates unexpended funds as work project appropriation.	Striking current law.			



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<i>First Responder and Public Safety Staff Mental Health</i> Sec. 1956. Allocates one-time funding of \$2.5 million to support firefighters, police officers, emergency medical personnel, prosecutors, and other first responder workers suffering from post-traumatic stress and other mental health conditions; designates unexpended funds as work project appropriation.	Sec. 1956. No changes from current law.			
<i>Community Information Exchange</i> Sec. 1957. Allocates one-time funding of \$1.0 million to Michigan 2-1-1 to support programmatic and technical innovations through new continuum of service delivery models.	Striking current law.			
<i>Native American Health Services</i> Sec. 1958. Allocates \$3.5 million to Native American Health and Family Services for the construction of a new facility; requires grantee to provide DHHS with periodic updates on construction; requires DHHS to report on updates by September 30.	Striking current law.			
<i>Fitness and Wellness Programming</i> Sec. 1961. Allocates \$1.2 million to HYPE Athletics and SAFE wellness to support weight loss programs, nutrition counseling, and a fitness campaign for seniors.	Striking current law.			
<i>Community Impact Center</i> Sec. 1963. Allocates \$2.5 million to Wayne Metro Community Action Agency to redevelop a former elementary school to create a community center and campus.	Striking current law.			



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<i>Hospice Caregiver Support Center</i> Sec. 1964. Allocates \$1.0 million to Hospice of Michigan to expand capacity to support hospice patients and family caregivers that are receiving care through nonprofit hospice organizations.	Striking current law.			
<i>Water Affordability</i> Sec. 1965. Allocates \$10.0 million to be distributed as grants to qualified providers to assist eligible residents who have a financial burden, have accumulated a balance on their water utility bill, have had their water service shut off, and/or are at risk of having their water service shut off; allows for 3% of total grant award to be used for administrative services; requires report by September 30; designates unexpended funds as work project appropriation.	Sec. 1965. Allocates \$10.0 \$6.0 million to be distributed as grants to qualified providers to assist eligible residents who have a financial burden, have accumulated a balance on their water utility bill, have had their water service shut off, and/or are at risk of having their water service shut off; allows for 3% of total grant award to be used for administrative services; requires report by September 30; designates unexpended funds as work project appropriation.			
<i>Homeless Shelter Operations</i> Sec. 1966. Allocates \$400,000 to Oaks Village Homeless Shelter to support and sustain homeless shelter operations; designates unexpended funds as work project appropriation.	Striking current law.			



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<i>Trauma Recovery Pilot Programs</i> Sec. 1967. Allocates \$4.0 million for a 3-year trauma recovery pilot program to increase access to adult level I Michigan designated trauma centers; defines program requirements; allows DHHS to award funding to an adult level I trauma center that does not currently meet guidelines for implementing and operating trauma centers but demonstrates the ability to comply in the future; defines specific allocation amounts; designates unexpended funds as work project appropriation.	Striking current law.			
<i>Maternal Health Services</i> Sec. 1968. Allocates one-time funding of \$420,000 GF/GP to maintain sustainability at existing nurse family partnership sites; funding also to be used to support an additional outreach worker position.	Striking current law.			
<i>Medical Center Robotic Surgery</i> Sec. 1970. Allocates one-time funding of \$2.0 million to Hurley Hospital to expand the utilization of robotic surgery for the purposes of improving patient outcomes and reducing recovery times.	Striking current law.			
<i>Disability and Independent Living Program</i> Sec. 1971. Allocates \$250,000 to a Living and Learning Center in Northville for support individuals with disabilities.	Striking current law.			



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<i>Behavioral Health Services</i> Sec. 1972. Allocates \$3.5 million to Kalasho Education and Youth Services (KEYS) to provide support services to immigrant children and families from Afghanistan, Iraq, Syria, Yemen, and other Middle Eastern countries, and Ukraine.	Striking current law.			
<i>Medicaid Rate Comparison Study</i> Sec. 1975. Allocates one-time funding of \$250,000 to be used by DHHS to enter into a contract with a research organization or public university to conduct an analysis of Medicaid reimbursement rates in this state; establishes report requirements; requires DHHS to share report by September 30.	Striking current law.			
<i>Health Equity Statewide Curriculum</i> Sec. 1978. Allocates one-time funding of \$500,000 to develop a statewide health equity curriculum for implementation in medical schools and continuing medical education in this state.	Striking current law.			
<i>Nurse Incentive Program</i> Sec. 1980. Allocates one-time funding of \$9.2 million to provide loan repayment assistance to eligible nurses who work in state operated and nonstate operated facilities; requires nursing students to agree in writing to pay back loan repayment funds if they do not retain employment in a state operated or nonstate operated facility for not less than 4 2 years; designates unexpended funds as work project appropriation.	Striking current law.			



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Children's Campus Renovation Sec. 1981. Allocates one-time funding of \$2.0 million to Methodist Children's Home Society for the building, developing, and managing of a pediatric health and wellness center.	Striking current law.			
<i>Modified Implementation, Sustainability, and Exit Plan</i> Sec. 1982. Allocates one-time funding of \$10.0 to support program improvements that would assist DHHS in meeting the outstanding benchmarks established through the court approved settlement agreement.	Striking current law.			
<i>Patient-Centered Medical Home</i> Sec. 1983. Allocates one-time funding of 1.0 million to Hackley Community Care Clinic to build a comprehensive health clinic.	Striking current law.			
<i>Community Opportunity Hub</i> Sec. 1984. Allocates \$1.0 million to Life Remodeled in Detroit to renovate and repurpose former school buildings into opportunity hubs, repair owner-occupied homes, and provide other community wraparound supports.	Striking current law.			
<i>Behavioral Health Initiative</i> Sec. 1985. Allocates \$1.0 million to the Altarum Institute to support training and educating primary care physicians to screen and treat mild to moderate behavioral health issues, increasing the use of telehealth, supporting the use of health information exchange for closed-loop referrals to connect primary care physicians to licensed behavioral health providers, and peer recovery support services.	Striking current law.			



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<i>Continuous Eligibility Study</i> Sec. 1985. New Executive Language	Sec. 1985. Includes \$400,000.00 to fund a feasibility study to determine the impact of continuous eligibility for Medicaid beneficiaries ages 0-6.			
<i>Nurse Workforce Development</i> Sec. 1986. Allocates \$4.0 million to Wayne State University's nursing workforce initiative to support efforts to increase retention and reduce nurse faculty turnover. Funds can be used for salary increases, tuition support, agency incentives, and research.	Striking current law.			
<i>Energy Assistance</i> Sec. 1986. New Executive Language	Sec. 1986. Includes \$15.0 million for the Michigan Energy Assistance program to support new revenue from PA 168 and 169 of 2024. [Note: drafting error notes \$15.0 million when the line would appropriate \$25.0 million.]			
<i>Prewetherization Services</i> Sec. 1992. Allocates \$5.0 million for preweatherization services in order to lower energy costs for low-income families; designates unexpended funds as work project appropriation.	Striking current law.			
<i>Suicide Loss Survivor Program</i> Sec. 1998. Allocates \$250,000 to Six Feet Over to support the suicide loss survivor program.	Striking current law.			



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<i>Kinship and the Bridge</i> Sec. 2000. Allocates \$1.0 million to a nonprofit organization to expand its dynamic direct service program for youth with experience in foster care and kinship connection pilot to ensure foster youth are placed with licensed relatives.	Striking current law.			
<i>Supportive Home Visitation Program</i> Sec. 2002. Allocates \$500,000 to WYCA Wish to support a home visitation program designed to improve parenting skills.	Striking current law.			
<i>Nonprofit Mental Health Clinic</i> Sec. 2003. Allocates \$100,000 as a grant to Mosaic Counseling to support mental health and substance use treatment services.	Striking current law.			
<i>Maternal Health Services</i> Sec. 2004. Allocates funding as grants to support improved maternal and infant health; requires DHHS to allocate \$5.0 million for Michigan perinatal quality collaborative and \$5.0 million for grants to health providers to improve and expand CenteringPregnancy model to address racial disparities.	Striking current law.			
<i>Maternal-Fetal Medicine Programming</i> Sec. 2005. Allocates \$3.0 million to SOS Maternal Network for a collaboration of universities and hospitals across the state to develop and implement a model to reduce infant and maternal mortality through best practices, patient incentives and transportation, navigators, and onsite medication distribution.	Striking current law.			



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<i>Tribal Homeless Shelter Operations</i> Sec. 2006. Allocates \$500,000 to Lodge of Hope to support shelter services provided to tribal members.	Striking current law.			
<i>Mental Health Services and Community Outreach</i> Sec. 2007. Allocates \$1.5 million to Paladin Community to provide mental and behavioral health services to underserved populations and may also be used to provide community outreach.	Striking current law.			
<i>Mobile Outreach Clinic</i> Sec. 2008. Allocates \$700,000 to McLaren mobile health unit to purchase and outfit a vehicle capable of providing multiple health care services to address health care disparities and increase health care access.	Striking current law.			
<i>Behavioral Health Prevention and Treatment Pilot Project</i> Sec. 2009. Allocates \$3.0 million to Kooth Behavioral Health to support a program that allows 100,000 students in a school district to pilot an electronic multicomponent behavioral health prevention and treatment tool based on a population health model.	Striking current law.			