SENATE FISCAL AGENCY

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APPROPRIATION LINE ITEM AND BOILERPLATE HISTORY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 1: LINE ITEM DETAIL

		2025 PA 22 FY 2025-26 Initial
Sec. 101. APPROPRIATION SUMMARY		
1.	Unclassified full-time equated (FTE) positions – Positions that are exempted from the classified State civil service. These positions include heads of principal departments and policy-making positions.	6.0
2.	Classified FTE positions – All positions in classified State civil service. One FTE position equals 2,088 hours.	15,108.5
3.	**GROSS APPROPRIATION** – Total appropriations	$30,025,568,200
4.	Interdepartmental grants (IDG) – Funds that are also appropriated in other budgets. These funds are categorized as IDGs in the Department that spends the funds and are therefore subtracted from the Gross Appropriation to avoid double counting total statewide appropriations.	$15,448,000
5.	ADJUSTED GROSS APPROPRIATION – Gross appropriations less IDGs.	$30,010,120,200
6.	Capped federal revenues -- Federal revenues from capped fund sources. First delineated as a separate fund source in FY 2014-15.	$527,619,500
7.	Social security act, temporary assistance for needy families – Federal block grant funding made available to support services to those who are financially eligible for cash welfare. First delineated as a separate fund source in FY 2012-13.	$592,213,400
8.	Other federal revenues – Funding allocated to the State by the Federal government that does not fit into either of the above two categories.	$19,656,273,800
9.	Local revenues – Funds paid by local units of government that support State services and programs.	$183,204,100
10.	Private revenues – Available appropriated funds from private sources, including funding from non-governmental agencies.	$178,884,400
11.	Merit award trust fund – Revenue from the 1999 settlement between the State and several major tobacco companies that was earmarked to the merit award trust fund.	$86,768,700
12.	Total other state restricted revenues – Revenue earmarked for a specific purpose by the State Constitution, statute, or appropriation bill. Restricted revenue also includes general fund/special purpose funds, such as fee revenue used to support licensing programs.	$1,652,908,800

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13.	State general fund/general purpose – Revenue that has no constitutional or statutory restrictions on how it is used. Approximately 90% of the general fund/general purpose (GF/GP) revenue is derived from the income, single business, insurance, sales, and use taxes.	$7,132,247,500
14.	Payments to locals – State appropriations from GF/GP or State restricted revenues that will be allocated to local units of government.	$2,096,123,300

Sec. 102. DEPARTMENTAL ADMINISTRATION AND SUPPORT

1.	Unclassified salaries	$1,474,500
	Unclassified FTE positions	6.0
	This appropriation covers salary, wage, and fringe costs of the Department Director and special appointees. The Director is appointed by the Governor; Director appoints other five remaining unclassified positions.	
2.	Administrative hearings officers	$9,457,100
	This appropriation contains funds for staff in the Department of Licensing and Regulatory Affairs (LARA) who are involved in administrative hearings for Department of Health and Human Services (DHHS) clients and the promulgation of DHHS administrative rules.	
3.	Child welfare institute	$9,962,700
	Classified FTE positions	58.0
	The Child Welfare Training Institute (CWTI) develops, implements, trains, evaluates, tracks, and monitors training for private and public employees who work for child protective services, foster care, and juvenile justice.	
4.	Coordinated children's healthcare policy and supports	$22,663,300
	Classified FTE positions	74.0
	The CCHPS aims to improve access to behavioral health services and provide oversight for children who receive Medicaid. Services are developed to address the needs of children, and families are included in service planning and delivery.	

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5.	Demonstration projects	$6,776,900
	Classified FTE positions	7.0
	This appropriation includes funding for special projects, including adoption and family recruitment, grant to Attorney General for fraud prosecution and prosecution of sexual assault, food assistance outreach, federal grant funding for a violent offender re-entry initiative aimed at delinquent youth, and Michigan 2-1-1 phone system grant. Some of the funds are limited term and restricted to specific Federal grants.	
6.	Departmental administration and management	$109,337,700
	Classified FTE positions	646.4
	This appropriation covers the funding for FTEs, related costs, contractual services, supplies, materials, and travel to carry out central administration functions necessary to support department-provided services. Funding supports benefits for Director and unclassified positions as well as payroll for Executive Office Staff; Financial Services; Technology Services; Purchasing and Grants Management; Legal Services; Communications; Audit, Fraud and Reimbursement/Recoupment; Data management; Equal Opportunity and Diversity	
7.	Legal services	$100,000
	This line originally included $12.0 million GF/GP funding to fund various potential future litigation costs related to the Flint Water Declaration of Emergency. Funding in prior years has been supported with balances in work project accounts, the last of which expired in FY 2020-21. The majority of this funding was removed in FY 2023-2024.	
8.	Office of inspector general	$29,590,100
	Classified FTE positions	203.0
	This line contains salary and wage funds to support agents who investigate and prevent public assistance and Medicaid fraud.	
9.	Property management	$65,006,000
	This appropriation provides funding for building occupancy and office space rent for the Department.	

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10.	Terminal leave payments	$7,091,300
	This funding is used to cover exit costs for employees who leave state service.	
11.	Training and program support	$3,660,200
	Classified FTE positions	24.0
	The funds are to be used for department staff training for new employees and staff assigned to public assistance and adult services programs.	
12.	Worker's compensation	$7,922,300
	This appropriation covers program costs, mainly worker's compensation claims.	
	Unit Gross Appropriation	$273,042,100
	IDG from the department of lifelong education, advancement, and potential	$1,868,400
	IDG from DTMB - office of retirement services	$600
	Social security act, temporary assistance for needy families	$27,517,900
	Capped federal revenues	$19,662,400
	Total other federal revenues	$90,086,100
	Total local revenues	$86,000
	Total private revenues	$4,063,300
	Total other state restricted revenues	$1,340,000
	State general fund/general purpose	$128,417,400

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Sec. 103. CHILD SUPPORT ENFORCEMENT	
1. Child support enforcement operations	$30,634,900
Classified FTE positions	180.7
The appropriation supports the Department's Office of Child Support salary and wage costs, contractual services, supplies and materials and other related activities, except the Michigan Child Support Enforcement System (MiCSES). The appropriation for MiCSES is in the Information Technology budget unit.	
2. Child support incentive payments	$24,409,600
This line contains Federal revenue that passes through DHHS to the county child support offices to finance local child support services. The Federal incentive payments are based on a formula, which measures the State's ability to achieve several efficiency standards in child support collections and distribution. These funds are associated with language in Boilerplate Section 901.	
3. Legal support contracts	$132,600,300
This line contains funds for legal services necessary to obtain child support collections from non-custodial parents. Legal services are provided by county Friends of the Court and prosecuting attorneys. The funds are utilized in each county, and counties provide matching funds.	
4. State disbursement unit	$7,391,200
Classified FTE positions	6.0
This line contains funds for the operation of the Federally mandated centralized child support collection and distribution system. Collection and distribution of payments are managed by a private vendor. The funds also support salaries, fringe costs and other expenses for staff positions that oversee the private contract.	
Unit Gross Appropriation	$195,036,000
Capped federal revenues	$16,273,100
Total other federal revenues	$153,119,700

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State general fund/general purpose	$25,643,200

SEC. 104. COMMUNITY SERVICES AND OUTREACH

1.	Bureau of community services and outreach	$3,622,700
	Classified FTE positions	24.0
	This line contains funds for the administration of the Bureau, which oversees community services and programs funded with Federal Community Services Block Grant funds at the local Community Action Agencies (CAAs).	
2.	Community services and outreach administration	$6,865,900
	Classified FTE positions	17.0
	This line supports the administrative staff that govern this unit.	
3.	Community services block grant	$37,170,600
	The line contains funds that are available to the local CAAs for low-income energy assistance, weatherization, emergency services, housing, and other needs determined at the local level.	
4.	Diaper assistance grant	$6,404,400
	This line will provide funding for statewide grants to diaper assistance programs, maternity homes, local county offices, and other nonprofit agencies that distribute diapers free of charge for the procurement of diapering products. In order to receive funds, grantees must have been established as of January 1, 2020. First included in FY 2021-22. Moved from the Public Assistance unit to the Community Services unit in FY 2022-23.	
5.	Homeless programs	$34,782,100
	Classified FTE positions	1.0
	The State and Federal TANF funds provide for a shelter services contract with the Salvation Army for services to the State's homeless population. The line also includes demonstration project funding from the Department of Housing and Urban Development.	

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6.	Housing and support services	$13,031,000

This appropriation supports a variety of specialized housing programs for persons with mental illness, disability, or HIV/AIDS who are homeless or are at risk for homelessness. The majority of funds are distributed to local agencies for the operation of these assistance programs.

7.	Kids' food basket	$525,000

This ongoing funding designed to provide nutrition in out-of-school times to students in West Michigan who are food insecure. Moved from one-time to ongoing in FY 2022-23.

8.	Runaway and homeless youth grants	$13,126,100

Runaway and homeless youth services moved from the Children's Services Agency - Child Welfare unit to the Community Services unit in the FY 2020-21 budget. An increase was included in the FY 2023-24 budget to expand capacity in current counties served and service expansion into currently unserved counties.

9.	School success partnership program	$1,525,000

The School Success Partnership program operates through the Northeast Michigan Community Services Agency (NEMCSA). This funding is available to expand the program to four new counties. As of FY 2022-23 the program operates in 10 counties and added a truancy prevention program.

10.	Senior university	$400,000

Senior University is operated through the Cody Rouge Community Action Agency. First included in ongoing funding in FY 2024-25 budget.

11.	Weatherization assistance	$21,860,300

Federal Low-Income Home Energy Assistance Program (LIHEAP) funds from the U.S. Department of Energy are for assistance to low-income clients for the cost to improve the energy efficiency of their homes and to reduce heating costs.

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12.	Weatherization assistance - IIJA	$40,013,700
	Classified FTE positions	11.0
	This line provides funding for additional Federal Weatherization Assistance Program (WAP) funding that was made available in the Federal Infrastructure Investment and Jobs Act.	
	Unit Gross Appropriation	$179,326,800
	Social security act, temporary assistance for needy families	$31,150,400
	Capped federal revenues	$109,646,900
	Total other federal revenues	$14,360,100
	State general fund/general purpose	$24,169,400

SEC. 105. CHILDREN'S SERVICES AGENCY - CHILD WELFARE

1.	Adoption subsidies	$233,486,300
	The funds paid to families who adopt children in this State to help defray the costs of medical and other support services and materials. This average monthly cost was determined during the caseload consensus meeting in May 2025.	
2.	Adoption support services	$41,917,700
	Classified FTE positions	10.0
	The funding supports adoptive parent support initiatives, as well as the salaries and wages for staff positions that oversee and coordinate the initiatives.	
3.	Attorney general contract	$5,191,100
	The funds are for legal services in and around Wayne County to represent DHHS and the child, a candidate for or already a child abuse and neglect care case, in court proceedings.	

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4.	Child abuse and neglect - children's justice act	$630,100
	Classified FTE positions	1.0
	Funding provides 1.0 FTE position to carry out projects under the Children's Justice Act. These projects include curriculum and training for law enforcement and child protective services, child advocacy centers, and child death review teams.	
5.	Child care fund	$307,889,100
	This fund is primarily composed of revenue from the State General Fund and local units of government – a 50-50 cost share – to pay for residential and community placements for juvenile justice cases and some foster care cases. The line item represents the State's share of the Child Care Fund costs, including items that are not part of the 50-50 cost share with the counties. The FY 2023-24 budget included an increase to support a 75-25 state-local split for community based programs for juvenile justice involved youth. This average monthly cost was determined during the caseload consensus meeting in May 2025.	
6.	Child care fund - indirect cost allotment	$3,500,000
	The implementation of PA 22 of 2018 required the state to pay private agency foster care providers "first" in regards to the funding for 'court wards' who are abuse/neglect victims. The act requires the department to provide a 10% administrative payments on the 'gross expenditures' of child care fund payments. The department interpreted 'gross expenditures' to not include the reimbursement payments made by counties/tribal units to the state, so the FY19-20 Governor's recommendation removed $4.2M of child care fund payments. The full $4.2M of funding was included in PA 67 of 2019.	
7.	Child protection	$2,050,300
	The appropriation reflects available Federal funding for high-risk investigations related to protective services cases. Expenses include child death review contract, medical services contract to assist CPS workers in diagnosing child injuries, match newborns to parents who have previously had parental rights terminated, and paternity tests.	
8.	Child welfare administration travel	$390,000
	This line pays travel costs for Child Welfare Administration staff.	

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9.	Child welfare licensing	$7,680,900
	Classified FTE positions	53.0
	The Child welfare licensing division completes on-site inspections to ensure compliance with state law and licensing rules, offers assistance and consultation, and investigates complaints for violations of licensing rules or state law.	
10.	Child welfare local office staff - noncaseload compliance	$43,144,700
	Classified FTE positions	353.0
	The FY 2013-14 budget rolled into one line item the positions in the Child Protective Services and Direct Care Workers line items that are not regulated for caseload compliance under the Children's Rights Settlement. These positions include SACWIS project development, CPS intake, Maltreatment in Care workers, Family Home Aides, Quality Improvement staff, Health Services Liaisons, and Title IV-E Waiver development.	
11.	Child welfare medical/psychiatric evaluations	$7,928,500
	The funds provide payments to medical service providers to conduct medical/psychiatric evaluations for families with an open child protective services or foster care case.	
12.	Children's protective services - caseload staff	$176,223,900
	Classified FTE positions	1,461.00
	The FY 2013-14 budget rolled into one line item the Child Protective Services (CPS) and Direct Care Workers staff positions that are regulated for caseload compliance under the Children's Rights Settlement. The line is now rolled out into two line-items one for CPS and the other for foster care services.	
13.	Children's protective services supervisors	$50,201,200
	Classified FTE positions	387.0
	This line contains funding for salary and wages for the CPS-First Line Supervisors, who oversee child protection services workers in the local offices. The First Line Supervisors are required to maintain a ratio of 1:5 (one supervisor to every five child protective services caseworkers).	

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14.	Children's services administration	$29,166,900
	Classified FTE positions	205.2
	This line includes salary and wage costs for children's services central staff, Title IV-E staff, executive staff and policy staff, including interstate Services, foster care, federal compliance units, family advocacy, and youth services. Staff positions related to child welfare executive office, central office program, and policy for quality assurance, data management, field operations, and prevention and protection programs.	
15.	Children trust Michigan	$5,208,200
	Classified FTE positions	12.0
	Children Trust Michigan distributes this grant funding to nonprofit agencies for the prevention of child abuse and neglect through promoting health, safety and welfare of children through public education, as well as funding local community-based prevention programs and child abuse and neglect councils throughout the State.	
16.	Contractual services, supplies, and materials	$9,852,000
	Funds to pay for supplies and materials, and contracted services. Items include cell phone costs, postage and printing, and office supplies.	
17.	Court-appointed special advocates	$2,250,000
	This program is a nonprofit organization which provides trained community volunteers who are appointed by a judge to speak up for the best interests of an abused, neglected, or abandoned child.	
18.	Education planners	$1,995,400
	Classified FTE positions	15.0
	Positions required by the settlement to provide consultation and support to youth who are age 14 and older in accessing educational services and in developing individualized education plans, including identifying all available financial aid resources.	

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19.	Family preservation and prevention services administration	$1,443,400
	Classified FTE positions	9.0

The funds provide for staff to oversee and manage program resources that assist families obtain services in order to alleviate crises that lead to children's out-of-home placement, maintain children's safety, and support families preparing for reunification or adoption. Programs include Families First, Child Protection and Permanency, Strong Families/Safe Children, and Family Reunification.

20.	Family preservation programs	$60,586,300
	Classified FTE positions	34.0

These programs include Families First, Child Protection and Permanency, and the Family Reunification Program. This line also includes funding for the Parent Partners Program and Supported Visitation Program, which emphasize mentoring and support for parents whose child has been removed from the home. Families First provides intensive short-term crisis services to safely keep troubled, at-risk families together. Programs include clinical, transportation, and housing services. The program referrals generally come from children's protective services, delinquency, and foster care. Child Protection and Permanency funds are allocated to department local county offices to provide an array of services to high-risk families. These services include when it is safe to do so, prevent the removal of children from their homes, or accelerate the return of children to their families and permanent, stable, and safe family alternatives when families cannot be reunited. The program supports sustainable community-based services for children and families referred to Child Protective Services. The Family Reunification Program provides intensive in-home services for children currently in out-of-home placement in order to be reunited with the family in a safe environment.

21.	Foster care payments	$357,906,200

The funds for State children who receive placement services when families can no longer care for them and/or a court order determines removal from the home in the child's best interest, particularly children under abuse and neglect court orders. This line funds private agency contracts for community placements. The FY 2023-24 budget created a new foster care respite program and provided funding to pay the daily rate to licensed foster homes providing short term respite and for the creation of six new specialized caregiver support contracts. The budget also included Title IV-E funding to support the creation of a pilot program for scholarships, educational expenses and field placements for social work programs for those who commit to working a year in Michigan child welfare. This average monthly cost was determined during the caseload consensus meeting in May 2025.

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22.	Foster care services - caseload staff	$101,190,300
	Classified FTE positions	838.0
	This is the second line item (CPS -caseload staff is the other) of the previous rolled-up 'Child welfare field staff - caseload compliance'. This line item provides the funding for the staff for which the Department must achieve a ratio of 1:13 for the number of cases a foster care caseworker can be assigned.	
23.	Foster care services supervisors	$32,351,400
	Classified FTE positions	227.0
	This line contains funding for salary and wages for the Foster care services - First Line Supervisors, who oversee child welfare workers in the local offices. The First Line Supervisors are required to maintain a ratio of 1:5 (one supervisor to every five foster care caseworkers).	
24.	Guardianship assistance program	$13,083,500
	Provides benefits for the care of children by caregivers who have assumed legal guardianship of eligible children for whom they previously cared as foster parents. This average monthly cost was determined during the caseload consensus meeting in May 2025.	
25.	Interstate compact	$179,600
	The funds are for administering interstate compact laws, which govern the agreements with other states in order to move, place and treat abused/neglected, runaway, and/or delinquent Michigan youth in other states.	
26.	Peer coaches	$6,579,600
	Classified FTE positions	45.5
	Required by the settlement to oversee planning for permanent placements, develop statements of work for any such positions to be filled by contract providers, and develop policies and procedures for implementing the plan.	

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27.	Permanency resource managers	$3,666,600
	Classified FTE positions	28.0
	Specialized assignment positions required by the Children's Rights Settlement that are responsible for reviewing cases of and pursuing legal permanency for children in the backlog cohorts.	
28.	Prosecuting attorney contracts	$8,142,800
	These Federal Title IV-E funds provide services from local prosecuting attorney offices (except Wayne county - see "Attorney general contract" line) to try foster care cases.	
29.	Second line supervisors and technical staff	$20,609,200
	Classified FTE positions	126.0
	This line contains funding for salary and wages for the Second Line Supervisors, who oversee child welfare workers in the local offices. The Second Line Supervisors do not have a minimum ratio under the Children's Rights Settlement. This line also contains funding for technical staff who provide support for child welfare workers in the local offices.	
30.	Settlement monitor	$2,709,800
	This line provides for costs associated with monitoring DHHS’s progress on the Children’s Rights Settlement. The monitor ensures compliance with the terms of the settlement agreement.	
31.	Strong families/safe children	$11,100,000
	The funds provide community-based family preservation, out-of-home placement prevention or family support, family reunification, and adoption promotion and support services, as well as services for families at-risk. Title IV-B, Sub Part 2 Federal funds authorization is under The Adoption and Safe Families Act of 1997 and the program title was changed and reauthorized under the Promoting Safe and Stable Families Amendment of 2001.	

		2025 PA 22 FY 2025-26 Initial
32.	Title IV-E compliance and accountability office	$477,200
	Classified FTE positions	4.0
	Staff positions in quality assurance to track and ensure DHHS compliance with Federal guidelines for funding under the Social Security Act, Title IV-E.	
33.	Youth in transition	$8,202,200
	Classified FTE positions	4.5
	The funds provide assistance to transitioning foster care youth who are 16 to 20 years of age. The Michigan Youth Opportunity Initiative programs are designed to help youth reach independence, achieve skills such as appropriate social behavior, employment skills, and education services. Runaway and homeless youth programs also are funded from this line.	
	Unit Gross Appropriation	$1,556,934,400
	IDG from department of lifelong education, advancement, and potential	$244,400
	Social security act, temporary assistance for needy families	$293,208,200
	Capped federal revenues	$103,713,900
	Total other federal revenues	$279,743,000
	Local funds – county chargeback	$45,457,000
	Private - collections	$1,226,900
	Children's trust fund	$2,895,300
	Total other state restricted revenues	$3,500,000
	State general fund/general purpose	$826,945,700

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Sec. 106. CHILDREN'S SERVICES AGENCY - JUVENILE JUSTICE		
1.	Bay Pines Center	$7,706,100
	Classified FTE positions	53.0
	A secure residential detention facility for boys and girls who were adjudicated for criminal offenses. Bay Pines Center is licensed to accept up to 45 youth age 12 to 20. Through the local chargeback, the operation costs are split 50-50 between the State and the counties where the youth are residents.	
2.	Committee on juvenile justice administration	$372,200
	Classified FTE positions	2.5
	The funds provide staff support for the Juvenile Justice Commission and the Juvenile Justice Grants program.	
3.	Committee on juvenile justice grants	$3,000,000
	These Federal funds are available for the improvement of juvenile justice services for delinquent youth.	
4.	Community support services	$2,520,200
	Classified FTE positions	3.0
	The funds provide Regional Detention Support Services for counties with populations under 75,000 that do not have secure detention facilities. Funding assists with alternative services such as tethering, home detention, transportation, and administration.	
5.	County juvenile officers	$3,977,600
	The funds provide for State grants to counties that provide court programs and probation officers for juvenile delinquency probation services.	

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6.	Juvenile justice, administration and maintenance	$5,551,900
	Classified FTE positions	21.0
	Funds central administrative costs associated with the Bureau of Juvenile Justice, including oversight of the state detention facilities, coordination with the counties, administration, policy, and budget development.	
7.	Michigan youth treatment center	$16,260,600
	Classified FTE positions	111.0
	A secure residential detention facility in Mt. Clemens with beds for up to 60 males aged 12-20 who were adjudicated for criminal offenses. The Center offers a full range of therapeutic, educational, support and recreational services. Through the local chargeback, the operation costs are split 50-50 between the State and the counties where the youth are residents.	
	Unit Gross Appropriation	$39,388,600
	Capped federal revenues	$7,754,800
	Total other federal revenues	$268,200
	Local funds – state share education funds	$1,527,500
	Local funds - county chargeback	$10,484,300
	State general fund/general purpose	$19,353,800

Sec. 107. PUBLIC ASSISTANCE

1.	Emergency services local office allocations	$14,313,500
	Also known as: State Emergency Relief Program. The funds are for local offices to prevent serious harm to individuals and families by helping them obtain safe and affordable shelter and other essentials when they face an emergency due to factors or conditions beyond their control, such as lapsed energy, mortgage, or rent payments, food needs, home repairs, and other services. The SER applicant group must be physically present in Michigan at the time of application, must have an emergency that threatens group members health or safety, and the emergency must be resolvable through issuance of SER. SER is not issued to resolve applicant-created emergencies.	

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2.	Family independence program The line contains the funding authority for the Family Independence Program (FIP), which includes Federal TANF and State-funded funding. FIP provides monthly cash assistance to single- and two-parent families with children who meet financial need requirements, as well as child-only cases. This line item also contains Extended Family Independence Program (EFIP) benefits, Short-Term Family Support, and a clothing allowance. In FY 2023-24, the average FIP case size was 2.42 people.	$67,315,300
3.	Family independence program – clothing allowance This line contains the funding for an annual payment for FIP recipient (generally in August) to purchase clothing for dependent children for school. The amount of the allowance is subject to the appropriation and the number of eligible children.	$10,000,000
4.	Family independence program – child supplemental payment This line contains the funding for an annual payment for FIP recipient families with one or more children under the age of 6. A certain amount is allocated for each child in the group that is under the age of 6. There is also an additional payment for children over the age of 6 and under the age of 14.	$23,240,100
5.	Food assistance program benefits The Federal funds aids individuals and families with their food needs. This is Michigan's Supplemental Nutrition Assistance Program (SNAP) as funded by the U.S. Department of Agriculture.	$3,499,778,300
6.	Indigent burial This line provides State and Federal funds for reimbursement to funeral homes, cemeteries, and other funeral services providers for the burial of indigent persons; limit of up to $960 for final disposition as well as providing funding for burial disposition of unclaimed deceased individuals.	$2,684,700

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7.	Low-income home energy assistance program	$174,951,600
	The Low Income Home Energy Assistance Program (LIHEAP) provides Federal funds for energy assistance to low-income and/or disadvantaged State households. LIHEAP programs include the Home Heating Credit, which provides tax credits for heating, crisis assistance for those facing utility shut-offs, weatherization to improve energy efficiency and program administration.	
8.	Michigan agricultural surplus system	$12,045,000
	The Federal TANF and State funds provide for a contract with the Michigan Agricultural Surplus System to transport food, especially to rural, remote communities to meet increase in service demand.	
9.	Michigan energy assistance program	$100,000,000
	Classified FTE positions	1.0
	An appropriation for a potential restricted fund source that would be based in the Department of Licensing and Regulatory Affairs and administered by DHHS. Public Act 95 of 2013 created the Low-Income Energy Assistance Fund (LIEAF) within the State Treasury. The Fund is based on the energy self-sufficiency plan outlined in Public Act 615 of 2012. The staff position manages contract oversight and disbursement of the funding. The FY 2014-15 budget reduced the amount of restricted funding from $60.0 million to $50.0 million in order to align with the guidelines that were established in P.A. 95. The FY 2025-26 budget increased the amount available for expenditure by $50.0 million, up to $100.0 million.	
10.	Prenatal and infant support program	$20,000,000
	This funding will be used to provide payments to families that are TANF eligible for all births. The payments will occur as a one-time $1,500 payment and 3 additional payments of $500.	
11.	Refugee assistance program	$7,954,200
	This line consists of Federal funding to provide services to help refugees become self-sufficient after their arrival in the United States. Funds are provided on a temporary basis for 8 months after entry to the U.S. for cash and medical assistance (the clock on the entry date begins when the entire family – if applicable – has arrived in the U.S.). Some funds are provided to private organizations that contract to provide services for refugees.	

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12.	State disability assistance payments	$5,060,500
	The SDA program provides program provides financial assistance to Michigan's disabled, low-income adults to meet basic personal and shelter needs	
13.	State supplementation	$55,415,900
	Supplemental Security Income (SSI) is a federally administered income maintenance program for the aged, blind and disabled. Six categories of living arrangements are recognized: 1) independent living, 2) household of another, 3) domiciliary care (supervisory), 4) personal care, 5) home for the aged and 6) Medicaid facility, i.e., nursing home. Payment amounts vary by living arrangements. The majority of these state funds are paid to persons in independent living arrangements. The State funds a state supplement provided to all SSI recipients to comply with a federal mandate based on the amount the state provided to recipients based on what the state provided in December 1973 including children, except those residing in medical facilities not certified under Medicaid. The State supplementation administration line item was rolled into this line in FY 2025-26.	
	Unit Gross Appropriation	$3,992,759,100
	Social security act, temporary assistance for needy families	$118,727,800
	Capped federal revenues	$182,905,800
	Total other federal revenues	$3,495,068,300
	Child support collections	$8,162,100
	Low-income energy assistance fund	$100,000,000
	Public assistance recoupment revenue	$4,793,300
	Supplemental security income recoveries	$2,001,800
	State general fund/general purpose	$81,100,000

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Sec. 108. LOCAL OFFICE OPERATIONS AND SUPPORT SERVICES		
1.	Administrative support workers	$15,197,400
	Classified FTE positions	127.0
	Salaries and wages and associated benefits for administrative support workers that support child welfare workers located in the DHHS local county offices.	
2.	Adult services local office staff	$69,864,200
	Classified FTE positions	550.0
	This line contains funds for the staff salaries and wages, and related staff benefits and fringes and contractual services, supplies and materials for Adult Protective Services, Adult Community Placement, and Home Help Services programs.	
3.	Contractual services, supplies, and materials	$31,501,000
	Funds to pay for contractual services and overhead costs related to operations at local DHHS offices, Major expenditures include telecommunications, office supplies, postage, security guard services, rental payments for leased equipment, printing, employment verification services, legal costs, and other general overhead contracts and costs..	
4.	Donated funds positions	$29,662,100
	Classified FTE positions	159.0
	Salary, fringe benefit, travel, contractual services, and supply costs of caseworkers in special projects using Federal and donated (private) funds. Private donations provide funding for positions at private agencies such as hospitals, nursing homes, and community health organizations. The workers assist individuals with public assistance applications and help those who qualify for Medicaid obtain coverage for healthcare services. Private funding pays for salary costs and is used to draw down Federal funding to pay for benefits and fringe costs.	
5.	Elder Law of Michigan MiCAFE contract	$450,000
	This line supports Elder Law of Michigan's outreach program, the Michigan Coordinated Access to Food for the Elderly (MiCAFE), which assists low-income elderly residents in applying for Food Assistance Program benefits.	

		2025 PA 22 FY 2025-26 Initial
6.	Electronic benefit transfer (EBT)	$8,214,000
	This line provides funding for the contractual payments with Fidelity Information Systems (FIS) to administer Electronic Benefit Transfer payments to public assistance recipients (known in Michigan as a Bridge Card), including payment processing and answering client telephone inquiries on balances/reported problems; public assistance program benefits distributed through EBT include Food Assistance Program (FAP), Family Independence Program (FIP), and State Disability Assistance (SDA).	
7.	Employment and training support services	$3,869,100
	This line contains funds to provide employment support services for Family Independence Program (FIP) clients. Services include vehicle repairs, other transportation assistance, work clothes, and financial counseling.	
8.	Food assistance reinvestment	$3,809,400
	Classified FTE positions	16.0
	This line-item is designed to mitigate the Food Assistance Program error rate. Michigan was assigned a federal penalty of $10,465,995 for its FY18 FAP error rate. 1/2 is required to be reinvested into the FAP program to reduce the error rate, and half is held in abeyance and will be required to be paid to the USDA FNS if Michigan is assigned a penalty for its FY19 FAP error rate. The penalty amounts have decreased over the years from FY 2021-22 to FY 2025-26.	
9.	Local office policy and administration	$21,488,400
	Classified FTE positions	122.0
	This line contains funds for the staff salaries and wages, and related benefits and fringes and contractual services, supplies and materials for policy development and administrative oversight of public assistance programs.	
10.	Local office staff travel	$8,327,400
	This line contains funds for travel costs for employees in this unit. Costs include DTMB Vehicle and Travel Services for state vehicle usage, and reimbursement for approved travel, including mileage reimbursement, lodging, and meals.	

		2025 PA 22 FY 2025-26 Initial
11.	Medical/psychiatric evaluations	$1,120,100
	This line includes funds for the cost of medical/psychiatric evaluation and diagnostic exams individuals who make disability claims or exams for adult protective services cases. The expenses for examinations for children in foster care or juvenile justice are located in the Child Welfare Services budget unit.	
12.	Public assistance local office staff	$536,748,600
	Classified FTE positions	4,532.5
	The funds are for the salaries and wages of State employees costs for DHHS local county office, Local Office Operations administration (staff in Lansing), and 6 regional Business Service Centers. Administration staff includes staffing standards, communications, and IT. Local field staff are responsible for processing public assistance applications and managing public assistance cases. Staff positions in this line include Eligibility Specialists, FIP Specialists, DHHS local directors, district managers, administrative support, and adult services staff.	
13.	SSI advocacy legal services grant	$975,000
	This funding grant is intended 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. This line item was new in FY 2021-22, but was funded in previous fiscal years. Amount was increased to $975,000 in FY 2024-25 from $375,000 in FY 2023-24.	
	Unit Gross Appropriation	$731,226,700
	IDG from department of corrections	$120,200
	IDG from department of department of lifelong education, advancement, and potential	$8,303,900
	Social security act, temporary assistance for needy families	$73,188,000
	Capped federal revenues	$55,323,500
	Total other federal revenues	$258,462,800
	Local funds - donated funds	$4,413,300
	Private funds – donated funds	$10,101,100
	Private revenues	$250,000

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State general fund/general purpose	$321,063,900

Sec. 109. DISABILITY DETERMINATION SERVICES

1.	Disability determination operations	$124,435,800
	Classified FTE positions	624.3

The Federally funded services are provided by State employees to determine eligibility of persons who are attempting to make disability Federal claims for: 1) Social Security Disability Insurance (SSDI), 2) Supplemental Security Income (SSI), 3) Medicaid Assistance (MA), 4) State Disability Assistance (SDA), and 5) The Office of Retirement Services (ORS) disability retirement program. Social Security Disability Insurance (SSDI), MA and SDA programs have the same medical/vocational eligibility criteria. There are four regional Disability Determination offices in the state. Funding in the line supports salaries and other fringe and supply costs. The line also includes funding to conduct disability determinations for individuals seeking State Disability Assistance (SDA) and Medicaid assistance. Funds reimburse physicians and other medical examiners for the service.

2.	Retirement disability determination	$650,800
	Classified FTE positions	4.1

The funds are to conduct disability determinations for former State employees, judges, state police, and public-school employees in the State retirement system. Funds reimburse physicians and other medical examiners for the service.

Unit Gross Appropriation	$125,086,600
IDG from DTMB - Office of Retirement Systems	$827,400
Total other federal revenues	$121,539,300
State general fund/general purpose	$2,719,900

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Sec. 110. BEHAVIORAL HEALTH PROGRAM ADMINISTRATION AND SPECIAL PROJECTS	
1. Behavioral health program administration	$51,245,600
Classified FTE positions	59.0

The mental health administration was created under the Mental Health Code, while the substance abuse program administration was created under the Public Health Code. This line funds the support, assessment, identification, development, and monitoring of specialty behavioral health programming and services including community-based services, actuarial, federal compliance and customer service. Also includes funding to support the Michigan Crisis and Access Line (MiCAL). The two were merged after the creation of the Department of Community Health in 1996. The line was renamed in FY 2013-14.

2. Community substance use disorder prevention, education, and treatment	$79,207,900
Classified FTE positions	9.0

Non-Medicaid substance abuse services were established by Part 61 of the Public Health Code, MCL 333.6101 et seq. These funds, which are mostly from the Federal Substance Abuse Block Grant (with about $20.0 million from State sources), go to the various substance abuse coordinating agencies. Most of the funding is spent on substance abuse treatment for non-Medicaid individuals, with some of the money going toward prevention and education programs. The line item was moved into the Behavioral Health Administration Unit in FY 2021-22 and funding for opioid response activities split out into a separate line item.

3. Family support subsidy	$16,290,400

The Family Support Subsidy program provides a monthly payment, currently $300.36 per child per month to families with children under 18 living at home who are developmentally disabled. Payment is used to defray special costs of care for a developmentally disabled child. This appropriation is supported entirely with Federal funds. Program was established in Mental Health Code, MCL 330.1156 through MCL 330.1161.

4. Federal and other special projects	$2,535,600

The Federal and Other Special Projects line is a Federally funded line that provides money to programs related to substance abuse and mental health issues, usually through substance abuse treatment organizations. Purchased services, travel, and others costs for various federal grants, as they become available. Recent grants have included Federal Drug Administration (FDA) Tobacco Inspections Grant and Department of Education (DOE) Parent Leadership Initiative.

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5.	Gambling addiction	$9,530,100
	Classified FTE positions	4.0

The Gambling Addiction line is funded by a $2.0 million combined payment from the three Detroit casinos as well as 1/15 of 1% of horse racing wagers, the equivalent of 10% of the Lottery advertising budget, $1.0 million from the Internet Sports Betting Fund, and $3.0 million from the Internet Gaming Fund. The funding goes toward a media campaign about the dangers of compulsive gaming as well as a help line and services provided by the Neighborhood Service Organization.

Funding for the program was authorized under the Compulsive Gaming Prevention Act, MCL 432.253.

6.	Mental health diversion council	$3,850,000

The line funds the implementation of recommendations for jail diversion services made by the Mental Health Diversion Council. The Mental Health Diversion Council was created by Executive Order 2013-7 with the charge or reducing the number of people with a mental illness, intellectual disability, or developmental disability from entering the corrections system, while maintaining public safety.

7.	Michigan clinical consultation and care	$5,289,000

This line funds the various programmatic aspects of the MC3 program which offers psychiatry support to primary care providers for children, adolescents, young adults through age 26, and women who are contemplating pregnancy, pregnant or postpartum (up to one year).

8.	Office of recipient rights	$3,563,200
	Classified FTE positions	25.0

This office was created in Chapter 7 of the Mental Health Code and was split into its own line item in FY 2016-17. The office investigates possible violations of the rights of behavioral health services recipients.

9.	Opioid response activities	$122,157,200
	Classified FTE positions	2.0

The Opioid Response Activities line item is a Federally fund line that supports programs to increase access to opioid use disorder services such as medication-assisted treatment,

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reduce unmet need, reduce opioid related overdoses and deaths, and support evidence-based prevention, treatment and recovery services. This line was split from the Community Substance Use Disorder Prevention, Education and Treatment line in FY 2021-22. This line saw a large increase in the FY 2022-23 budget resulting from recognition of revenue from settlements and court rulings associated with lawsuits brought against drug companies, distributors, and pharmacies over their role in the opioid epidemic. The FY 2025-26 budget saw an additional recognition of settlement revenue of $31.8 million.	
10. Protection and advocacy services support	$194,400
The State is mandated to designate a protection and advocacy agency by Section 931 of the Mental Health Code, MCL 330.1931. The protection and advocacy organization is authorized to pursue legal and administrative remedies to protect the rights of individuals served by the State's mental health system. The State has contracted with the Michigan Protection and Advocacy Services organization since this mandate went into effect.	
Unit Gross Appropriation	$293,863,400
Social security act, temporary assistance for needy families	$16,290,400
Total other federal revenues	$162,602,700
Total private revenues	$2,704,700
Total other state restricted revenues	$67,380,100
State general fund/general purpose	$44,885,500

Sec. 111. BEHAVIORAL HEALTH SERVICES

1. Autism services	$467,644,200
This line funds the Medicaid Autism Applied Behavior Analysis (ABA) benefit, the Michigan Autism Spectrum Disorders State Plan, the Michigan Autism Council, the Michigan Department of Health and Human Services autism contracts, and services provided throughout the state for individuals with Autism Spectrum Disorders. The FY 2012-13 budget included a new line item to cover Medicaid autism spectrum disorder services. Services are provided to Medicaid-eligible children up through the age of 21.	

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2.	Behavioral health community supports and services	$42,072,800
	Classified FTE positions	11.0

The FY 2019-20 budget included funding for community-based private psychiatric beds and Assertive Community Treatment services. Mainly this funding is used to purchase private intensive psychiatric providers, expand assertive community treatment (ACT), forensic assertive community treatment (FACT), crisis stabilization units, and psychiatric residential treatment facilities with the purpose of reducing wait lists at the state-operated psychiatric hospitals and centers

3. Certified community behavioral health clinic demonstration — $916,062,700

This line funds 33 existing certified community behavioral health clinic (CCBHC) demonstration sites and the Behavioral Health Policy and Operations Office. CCBHCs provide 24-hour crisis care, enhanced care coordination, and family and peer support counseling in addition to comprehensive behavioral health services for adults with mental health or SUDs and children with serious emotional disturbance. An additional 19 sites were funded in FY 2023-24 bring the total sites to 33 sites statewide. This line was created in FY 2021-22. CCBHC programming is eligible for enhanced FMAP reimbursements of 75.59% rather than the non-enhanced FMAP of 65.13% until the demonstration ends (currently scheduled for September 30, 2027). The FY 2025-26 budget saw a large base adjustment of $350.8 million as funding was moved from the Healthy Michigan Plan – Behavioral Health and Medicaid Mental Health Services line items to the CCBHC line item to align authorization to the line item from which expenditures are incurred.

4. Civil service charges — $297,500

These are charges, equating to 1% of the GF/GP portion of the Department's total salaries and wages, paid to the Department of Civil Service to fund their activities. Similar charges are assessed to all Departments of State government.

5. Community mental health non-Medicaid services — $125,578,200

The CMH non-Medicaid line, also known as "the formula," provides funding to CMHs for services to individuals not eligible for Medicaid. As these services are not an entitlement program, CMHs must make decisions based on severity of need and availability of resources, pursuant to Section 208 of the Mental Health Code, MCL 330.1208.

Over time CMH services have shifted from primarily non-Medicaid to primarily Medicaid. The line was reduced by over $40.0 million in FY 2009-10. A new funding formula, designed to distribute funding more equitably, was implemented during FY 2009-10.

The line was significantly decreased during FY 2013-14 due to the implementation of Medicaid expansion (the Healthy Michigan Plan), which shifted most CMH non-Medicaid clients into a new program, funded with 100% Federal funds through the end of calendar year 2016.

6. Federal mental health block grant $24,483,900

Classified FTE positions 4.0

The Federal Mental Health Block Grant was created by Congress through Public Law 102-321. Funding from this grant flows through the Department to the various Community Mental Health (CMH) boards for a variety of services, including Assertive Community Treatment, case management, jail diversion, person-centered planning, vocational employment, and child wraparound services. Approximately 60% of funds are awarded for services for adults with serious mental illness with the remainder awarded for services to children with severe emotional disturbance.

7. Health homes $50,239,800

In FY 2013-14 the State availed itself of a Federal program allowing for more person-centered behavioral health services. In FY 2014-15 the funding for the program was moved into a new line item. There are two distinct health homes for behavioral health, Serious Mental Illness/Serious Emotional Disturbance (SMI/SED) Health Home and Substance Use Disorder Health Homes. In FY 2023-24, Opioid Health Homes were modified to SUD Health Homes and added the diagnoses of Alcohol Use Disorder and Stimulant Use Disorder to broaden eligibility for services.

8. Healthy Michigan plan – behavioral health $438,267,500

This line reflects the estimated funding needed to cover behavioral health services for those eligible for the Medicaid expansion (the Healthy Michigan Plan). The services were funded with a 100% Federal match through the end of calendar year 2016. On January 1, 2020 the Federal match rate for this line dropped to 90% where it will stay for subsequent years.

9. Medicaid mental health services $3,188,847,900

As a general note for line items in this unit, the Community Mental Health (CMH) system is described in the Mental Health Code, MCL 330.1116 and MCL 330.1200 et seq. The Community Mental Health system is comprised of 46 local CMH boards covering the state of Michigan. These boards are the gatekeepers for access to the public mental health system and, as such, make determinations regarding the types of care to be provided to a client,

including placement in a State facility.

The Medicaid Mental Health Services line item pays for the Medicaid portion of the CMH program, that is, CMH services for individuals who are Medicaid eligible. Over time, this portion of the CMH budget has grown from roughly 20% of community-based CMH funding to over 80%. In the FY 1999-2000 budget the line items for CMH were separated into Medicaid and non-Medicaid components, along with smaller line items for multicultural and respite services. Medicaid is an entitlement program and individuals eligible for Medicaid are thus entitled to receive all medically necessary services, including mental health services.

In FY 1998-99 the State shifted from a fee-for-service model for CMH Medicaid to a capitated system, whereby each CMH was given capitation payments based on the Medicaid caseload and types of cases in their catchment area and directed to manage the care of the Medicaid clients in that area.

In FY 2002-03 the Medicaid mental health system was shifted to a regionalized approach through a competitive bid process. In subsequent years, rate increases have been provided to meet Federal actuarial soundness requirements. In FY 2005-06 a Quality Assurance Assessment Program (QAAP) was implemented, where managed mental health care entities are taxed, with the proceeds used to increase Medicaid mental health capitation rates. On April 1, 2009, due to changes in Federal regulations, the QAAP was eliminated and Medicaid mental health managed care entities were made subject to the 6% Use Tax. The Use Tax expired on April 1, 2012.

In FY 2020-21 the Children with Severe Emotional Disturbance (SED) Waiver and Children's Waiver Home Care Program line items were rolled into the Medicaid Mental health Services line item to reflect the expansion of the SED Waiver Program from a limited fee-for service program to a statewide, managed care Medicaid benefit delivered by the PIHPs. The SED Waiver recognizes Federal funding from a Federal waiver for services to severely disabled children while the Children’s Waiver program distributes Medicaid funds to providers for services for children with developmental disabilities living in their homes who would otherwise require institutionalization. The waiver is authorized under Sec. 1915 of the Social Security Act and enables eligible children to receive all state plan funded services in addition to psychological/behavior treatment, respite care, home health, and specialized equipment and home modification.

There was a sizeable increase in this line item in FY 2021-22 to make permanent the $2.25 wage increase for direct care workers that was implemented during the COVID-19 pandemic, as well as increase those wages by an additional $0.10. Additionally, the budget included $90.1 million to implement policy changes resulting from the KB v Lyon lawsuit that claimed the State failed to fulfill its legal obligation under the Medicaid program to provide needed intensive home- and community-based mental health services to children and young adults.

Authorization for the Medicaid mental health program comes from Chapter 109(1)(f) of the Social Welfare Act, MCL 400.109(1)(f).

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10.	Medicaid substance use disorder services	$96,323,300
	Substance abuse services, both Medicaid and non-Medicaid, are governed by Part 61 of the Public Health Code, MCL 333.6101 et seq. Medicaid substance abuse services are provided under a capitated model through the Community Mental Health system, in coordination with local substance abuse coordinating agencies.	
11.	Multicultural integration funding	$17,284,900
	The State and Federal funds provide for contracts with the Arab American and Chaldean Council (ACC), Jewish Federation, and Arab Community Center for Economic and Social Service (ACCESS) to provide social services to low-income individuals, including the State's Arab speaking population in Wayne, Oakland and Macomb counties. The Chaldean Community Foundation line item was merged with this line in the FY 2014-15 budget. The program guidelines are described in Boilerplate Sec. 1014.	
12.	Nursing home PAS/ARR-OBRA	$15,213,600
	This appropriation supports efforts to ensure that Michigan meets Federal requirements regarding the appropriate use of nursing home care. Funds are distributed for the administration of the program, to pay for contractual fees, and to a specialized nursing home providing services to older persons who are mentally ill.	
13.	State disability assistance program substance use disorder services	$2,018,800
	Individuals in the State Disability Assistance program who have substance abuse problems may receive state-funded treatment. This line item pays for the services and room and board for such individuals who receive treatment through the various substance abuse coordinating agencies. The room and board rate is equivalent to the Supplemental Security Income (SSI) rate for adult foster care.	
	Unit Gross Appropriation	$5,384,335,100
	Social security act, temporary assistance for needy families	$421,000
	Capped federal revenues	$184,500
	Total other federal revenues	$3,678,625,800
	Total local revenues	$9,943,600

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Total other state restricted revenues	$560,000
State general fund/general purpose	$1,694,600,200

Sec. 112. STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES

1. Caro Regional Mental Health Center-psychiatric hospital-adult — $66,322,100

Classified FTE positions — 432.7

As a general note for all State facilities, the Department is directed by Section 116(2)(a) of the Mental Health Code, MCL 330.1116(2)(a), to provide direct services to individuals with severe mental illness, developmental disability, or severe emotional disturbance. The Mental Health Code, MCL 330.1134 et seq, also provides oversight for all State facilities, including licensure and inspection.

The Caro facility provides services to mentally ill adults. The facility was expanded in recent years after the closure of the Caro facility for the developmentally disabled.

2. Center for forensic psychiatry — $114,162,800

Classified FTE positions — 624.5

The Center for Forensic Psychiatry evaluates the mental condition of individuals acquitted for reason of insanity and provides treatment for such individuals. The Center also evaluates the competency of charged individuals to stand trial. The authorization for the Center comes from Section 128 of the Mental Health Code, MCL 330.1128. Direction on treatment of those found not guilty because of insanity comes from Section 1050 of the Mental Health Code, MCL 330.2050. Direction on competency hearings comes from Sections 1020 through 1044 of the Mental Health Code, MCL 330.2020 et seq.

3. Developmental disabilities council and projects — $3,221,100

Classified FTE positions — 10.0

This appropriation provides funding for the Developmental Disabilities Council and supports various pilot and demonstration projects in Michigan related to community living, education, employment, and leadership development for persons with developmental disabilities. The Council was created by Federal legislation and is supported entirely with Federal funds.

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4.	Gifts and bequests for patient living and treatment environment	$1,000,000
	Families and friends of individuals who are in long-term care in State facilities frequently provide gifts and bequests to aid the facility resident. This line item enables the State to receive those funds as private revenues. Boilerplate language directs that the funds be used in accordance with the donator's wishes.	
5.	IDEA, federal special education	$120,000
	The IDEA grant is a Federal grant to help support students who are taught while residing in State facilities.	
6.	Kalamazoo Psychiatric Hospital – adult	$69,704,600
	Classified FTE positions	473.2
	The Kalamazoo facility provides services to mentally ill adults.	
7.	Purchase of medical services for residents of hospitals and centers	$445,600
	This line covers the cost of non-mental health medical services provided to individuals who reside in State facilities.	
8.	Revenue recapture	$750,100
	The Revenue Recapture line funds efforts to attain first- and third-party revenue, generally in the form of insurance reimbursements, to cover treatment costs for residents of State facilities.	
9.	Southeast Michigan state psychiatric hospital - psychiatric hospital - adult, children, and adolescents	$100
	There is placeholder $100 amount for the opening of a new state psychiatric hospital in Northville Township. Construction is expected to be complete in July 2026 with operations beginning in the 4th quarter of FY 2025-26. Once complete the hospital will provide services to mentally ill adults and to children with severe emotional disturbances.	

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10.	Special maintenance	$924,600
	This line covers the cost of equipment and various maintenance projects at State facilities.	
11.	State hospital administration	$5,801,900
	Classified FTE positions	34.0
	The FY 2022-23 budget transferred administrative costs from the 5 state psychiatric hospitals lines into a dedicated line item. Additionally contractual services, supplies, and materials costs were transferred from the Behavioral Health Program Administration line into this line.	
12.	Walter P. Reuther Psychiatric Hospital – adult, children, and adolescents	$119,200,400
	Classified FTE positions	584.2
	The Reuther facility provides services to mentally ill adults and provides services to children with severe emotional disturbance. This line was combined with the line item for the former Hawthorn Center in FY 2024-25. The children housed at the Hawthorn Center were moved to the Reuther facility after the Hawthorn Center was demolished in order to start construction on a new psychiatric hospital.	
	Unit Gross Appropriation	$381,653,300
	Total other federal revenues	$47,027,600
	Total local revenues	$23,283,200
	Total private revenues	$1,000,000
	Total other state restricted revenues	$19,189,200
	State general fund/general purpose	$291,153,300

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Sec. 113. HEALTH AND HUMAN SERVICES POLICY AND INITIATIVES		
1.	Certificate of need program administration	$2,764,600
	Classified FTE positions	11.3
	The Certificate of Need (CON) program, established by Part 222 of the Public Health Code (MCL 333.22201-333.22260), controls the authorization of: new health facilities; increases in bed capacity; the initiation, replacement or expansion of a clinical service; and, covered capital expenditures.	
2.	Child advocacy centers	$1,407,000
	A fund established in 2008 PA 544 provides restricted funding for child advocacy centers throughout the State. The Centers provide counseling and other resources for victims of child sexual abuse.	
3.	Child advocacy centers – supplemental grants	$2,000,000
	This line supports the child advocacy centers by providing $2.0 million in GF/GP funding that cannot be spent unless all State Restricted funding from the Child Advocacy Centers line item is spent. First included in FY 2022-23.	
4.	Community health programs	$17,500,000
	Classified FTE positions	5.0
	This line included funds to establish new infrastructure to support preventive health supports and services to regions with high health care access and outcome disparities. The infrastructure includes the creation of community-based health clinics and healthy community zones to address access to healthy food, affordable housing, and safety networks.	
5.	Crime victim grants administration services	$3,121,100
	Classified FTE positions	15.0
	The Grants Administration Services line covers administrative costs of the unit.	

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6.	Crime victim justice assistance grants	$78,579,300
	Justice Assistance Grants provide funding in order to assist crime victims through counseling, therapy, shelter, referral, and personal advocacy. Funds are distributed to courts, local governmental agencies, and community organizations. This appropriation is supported entirely with Federal funds.	
7.	Crime victim rights services grants	$19,869,900
	Crime victim grants provide compensation to victims of crime to help cover expenses that are a result of the crime, such as medical expenses, loss of earnings, counseling, or burial. Funds are distributed to prosecutors, sheriffs, juvenile courts, and the VINE information system. This appropriation is supported entirely by Federal dollars and by the State Crime Victim Fund (financed by a constitutionally-authorized assessment imposed against convicted criminals).	
8.	Crime victim rights sustaining grants	$30,000,000
	Classified FTE positions	2.0
	This line was first included in FY 2023-2024 and includes $29.9 million of GF/GP to backfill the loss of Federal VOCA funds and State Crime Victim Rights Funds. The remaining $102,500 is dedicated to fund a Sexual Assault Nurse Examiner at McLaren Central Michigan.	
9.	Domestic violence prevention and treatment	$20,295,200
	Classified FTE positions	15.6
	The line provides funding for resources to victims of domestic violence, including emergency shelters, transitional housing, counseling, and advocacy. Funds also support training for law enforcement, service professionals, and others to prevent and treat domestic violence.	
10.	Human trafficking intervention services	$200,000
	Classified FTE positions	1.0
	This appropriation, first included in the FY 2014-15 budget, would help fund services to combat human trafficking. Moved from the Health Policy unit to the Community Services unit in the FY 2020-21 budget.	

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11.	Michigan essential health care provider	$3,519,600
	This appropriation provides funds that are distributed to primary care providers to assist with the repayment of professional education loans. Providers must commit to working in a Federally designated health provider shortage area for a minimum of two years. Primary care physicians, dentists, nurse practitioners, nurse midwives, and physician assistants are eligible. This program was authorized by Section 2705 of the Public Health Code, MCL 333.2705.	
12.	Minority health grants and contracts	$1,163,200
	Classified FTE positions	3.0
	The Minority Health Grants and Contracts line provides funds that are distributed to local health departments and other community organizations for health promotion projects aimed at medically underserved populations of color.	
13.	Nurse education and research program	$828,300
	Classified FTE positions	3.0
	The Nurse Scholarship, Education, and Research Program provides funding to higher education institutions to promote the nursing profession among undergraduates by providing financial assistance.	
14.	Policy and planning administration	$2,955,300
	Classified FTE positions	19.9
	This line covers licensing activities and registrations for 32 health occupations and maintains all official records for these individuals. It provides administrative support to the health professional boards created under the Public Health Code.	
15.	Primary care services	$3,812,000
	Classified FTE positions	3.0
	This appropriation provides funds that are to be distributed to Federally Qualified Health Centers (FQHCs) and FQHC "look-alikes" in order to increase the capacity of these centers to provide education, outreach, and health care services to medically underserved populations.	

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16.	Rape prevention and services	$7,097,300
	Classified FTE positions	0.5
	This line includes restricted funds from 2008 PA 546 and Federal TANF funding used to support victims of sexual assault by providing counseling, advocacy, information, education, and referral services.	
17.	Rural health services	$175,000
	The Rural Health Services line provides funds to the Michigan Center for Rural Health at Michigan State University. The Center coordinates, plans, and advocates for the improved health of Michigan's rural residents and communities. The Center was authorized by Section 2612 of the Public Health Code, MCL 333.2612. This was a new line item in FY 2001-02; however, the funding for the contract was previously located in the Special Populations Health Care line.	
18.	Uniform statewide sexual assault evidence kit tracking system	$369,500
	The uniform statewide sexual assault evidence kit tracking system is the response of the implementation of PA 318 of 2014 which created the Michigan sexual assault evidence kit tracking and reporting commission. The commission recommended the development of a tracking system that would allow for the tracking submission and status of sexual assault evidence kits, allow for audit of untested kits collected before March 1, 2015, that were released by victims to law enforcement, provide secure electronic access for victims, and allow concurrent data entry with kit collection through various devices, including computers, smartphones, or scanning device.	
	The initial amount of funding for this program was $4.0 million included in PA 158 of 2017. The plan was to release the State Restricted amount of $800,000 annually for 5 fiscal years. The State Restricted funding was exhausted as of the end of FY 2021-22 and was supported by GF/GP in FY 2022-23 going forward.	
	Unit Gross Appropriation	$195,657,300
	IDG from the department of licensing and regulatory affairs	$828,300
	IDG from the department of lifelong education, advancement, and potential	$2,400
	IDG from the department of treasury, Michigan finance authority	$117,700
	Social security act, temporary assistance for needy families	$6,736,000

	2025 PA 22 FY 2025-26 Initial
Capped federal revenues	$11,597,900
Total other federal revenues	$86,288,100
Total private revenues	$855,000
Child advocacy centers fund	$1,407,000
Compulsive gambling prevention fund	$1,040,500
Crime victim's rights fund	$18,798,200
Sexual assault victims' prevention and	$3,000,000
Total other state restricted revenues	$3,335,400
State general fund/general purpose	$61,650,800

Sec. 114. EPIDEMIOLOGY, EMERGENCY MEDICAL SERVICES, AND LABORATORY

1.	Bioterrorism preparedness	$31,131,300
	Classified FTE positions	53.0

This line appropriates Federal funds for the "Public Health Preparedness and Response for Bioterrorism" and the "Bioterrorism Hospital Preparedness" programs. This funding was first provided in FY 2001-02 as part of the Federal government’s response to the terrorist attacks of September 11, 2001. This line is funded primarily with Federal funds. This line was moved into the Epidemiology, Emergency Medical Services, and Laboratory Unit from the Emergency Medical Services, Trauma, and Preparedness Unit in FY 2020-21.

2.	Childhood lead program	$2,351,200
	Classified FTE positions	4.5

This appropriation supports salary and wage costs of DHHS staff as well as lead poisoning prevention services conducted by local health departments. Activities include identification of lead-poisoned children birth to age 16; child health assessment; identification of lead hazards; parent education; surveillance of children with elevated blood-lead levels; and, education for health care and human services providers and the general public on the need for lead screening and prevention services.

		2025 PA 22 FY 2025-26 Initial
3.	Emergency medical services program	$7,188,500
	Classified FTE positions	27.0

This line item covers the initial and renewal licenses of all medical first responders and life support agencies and vehicles. These staff also authorize local medical control authorities responsible for the pre-hospital emergency care oversight for one or more counties. In FY 2013-14 the EMS staff line was merged with the EMS grants line to form this new line. This line was moved into the Epidemiology, Emergency Medical Services, and Laboratory Unit from the Emergency Medical Services, Trauma, and Preparedness Unit in FY 2020-21. The FY 2021-22 budget included funding to establish a statewide Stroke and STEMI system of care within the Emergency Medical Services System, however this funding was removed in FY 2025-26.

4.	Epidemiology administration	$26,963,000
	Classified FTE positions	73.5

The Epidemiology Administration line provides funds for the operation of the Bureau of Epidemiology. The Bureau is responsible for gathering and analyzing scientific information used to develop and direct public health programs and policies related disease detection and prevention. This includes oversight of disease surveillance; response to communicable disease outbreaks, environmental exposures, chronic disease, and injuries; and, maternal and child health activities. The Asthma Prevention and Control line was rolled up into this line in FY 2012-13.

5.	Healthy homes program	$53,602,700
	Classified FTE positions	65.0

The Lead Abatement Program, renamed Healthy Homes program in FY 2012-13, aims to remediate lead hazards and provide oversight for certification program for lead abatement companies and professionals. This appropriation provides funding for laboratory testing, program administration for local health departments located in areas of high incidence of childhood lead poisoning, and local hazardous substance removal contractors. This program was established and is governed by Sections 5451 through 5477 of the Public Health Code, MCL 333.5451 - 333.5477. In FY 2023-2024 this line was increased by $22.5 million to provide funding for child lead testing, expansion of laboratory capacity to support environmental health response, distribute water filters and bottled water, lead service line replacements, and to add 45.0 FTEs to support administrative functions.

		2025 PA 22 FY 2025-26 Initial
6.	Laboratory services	$31,655,300
	Classified FTE positions	102.0
	The Laboratory Services line provides funds for the operation of the Bureau of Laboratories. Services provided by the Bureau include identification and monitoring of infectious disease agents, tracking new or unusual agents of disease, and development and evaluation of new methods for detecting these agents. Specific activities include EPSDT blood lead screening, newborn genetic screening, and Lyme disease detection and surveillance. This line was moved into the Epidemiology, Emergency Medical Services, and Laboratory Unit from the Laboratory Services Unit in FY 2020-21.	
7.	Newborn screening follow-up and treatment services	$10,202,600
	Classified FTE positions	10.5
	The Newborn screening and follow-up program, which screens all Michigan infants for 7 genetic disorders, is conducted jointly with the Bureau of Laboratories. This line is supported entirely with state restricted funds (newborn screening fees). The program was established by Section 5431 of the Public Health Code, MCL 333.5431.	
8.	PFAS and environmental contamination response	$18,614,600
	Classified FTE positions	43.0
	Funding was first included in an FY 2017-18 supplemental to combat the threat of PFAS in a number of sites around the state. Funding goes towards testing, laboratory work, remediation, and other endeavors.	
9.	Vital records and health statistics	$11,719,800
	Classified FTE positions	70.4
	This appropriation provides funds in order to maintain the statewide vital records system and health data and statistics system. The vital records system registers all vital records (births, deaths, marriages, and divorces) that occur in Michigan and provides legal documentation of these events. The health statistics system collects, analyzes, and disseminates data pertaining to cancer diagnosis, birth defects, health care utilization, etc.	

	2025 PA 22 FY 2025-26 Initial
Unit Gross Appropriation	$193,429,000
IDG from the department of environment, Great Lakes, and energy	$2,525,000
Total other federal revenues	$79,095,500
Total private revenues	$1,342,600
Total other state restricted revenues	$33,832,700
State general fund/general purpose	$76,633,200

Sec. 115. LOCAL HEALTH AND ADMINISTRATIVE SERVICES

1. AIDS prevention, testing, and care programs — $110,924,100

Classified FTE positions — 79.0

This appropriation provides funds that are distributed to local health departments and community organizations for the following AIDS/HIV related activities: counseling and testing, referral and care, education and prevention, and laboratory services. Funds also support the administrative costs of the HIV/AIDS program, which plans, directs, and coordinates the prevention and continuum of care activities for at-risk and infected populations. Funding increased significantly in FY 2020-21 due to an increase in drug assistance program rebates and available Federal resources. The bulk of this line is supported with Federal funds, and the remaining with state restricted and private funds.

2. Cancer prevention and control program — $15,939,900

Classified FTE positions — 18.0

This appropriation distributes funds to local health departments and other organizations, including Michigan State University, Wayne State University, and the University of Michigan, to support activities that address the cancer control priorities set by the Michigan Cancer Consortium.

3. Chronic disease control and health promotion administration — $12,490,100

Classified FTE positions — 28.4

The Chronic Disease Control and Health Promotion Administration line provides funds to local health departments for a variety of health promotion activities designed to prevent or mediate various chronic diseases. Funds also are distributed to a media firm and the Michigan Public

		2025 PA 22 FY 2025-26 Initial
	Health Institute for chronic disease prevention activities. The Chronic Disease Prevention and Control program was established by Section 5412 of the Public Health Code, MCL 333.5412. The line was created in FY 2010-11 by the merger of the Chronic Disease Prevention line and the Health Education, Promotion, and Research Programs line. The health education portion of the appropriation supports staff positions for various health education and health promotion activities including injury prevention, cardiovascular disease, and tobacco control. In addition, funds also are distributed to the Michigan Public Health Institute (MPHI) for an osteoporosis project. MPHI subcontracts with community and statewide partnership agencies to conduct targeted health promotion interventions including public and professional education, school health education, community-based osteoporosis screening, program evaluation, and disease surveillance.	
4.	Diabetes and kidney program	$4,217,400
	Classified FTE positions	8.0
	The Diabetes and Kidney Program line provides funds to local health departments, the National Kidney Foundation, and other organizations for programs focusing on preventing the occurrence of diabetes or preventing complications for those that already have diabetes.	
5.	Essential local public health services	$81,419,300
	The Essential Local Public Health Services line, known through FY 2009-10 as the Local Public Health Operations lines, provides funds that are distributed to Michigan's 45 local public health departments for the provision of services mandated by the public health code: immunization, infectious disease control, sexually transmitted disease control, hearing and vision screening for children, food protection, drinking water monitoring, and on-site sewage management. This line is supported almost entirely with GF/GP funds. There was a large increase of over 10.0% provided in FY 2018-19. The FY 2019-20 budget directed the Department to implement an updated distribution formula and included funding to hold all local public health departments harmless. The FY 2023-2024 budget included an increase of $25.0 million to fulfill the statutorily required 50/50 cost share.	
6.	Implementation of 1993 PA 133, MCL 333.17015	$20,000
	This appropriation provides funds to local health departments to cover costs incurred related to the implementation of Section 17015 of the Public Health Code, which contains the statutory requirements pertaining to informed consent for abortion.	

		2025 PA 22 FY 2025-26 Initial
7.	Local health services	$9,029,400
	Classified FTE positions	4.3
	This appropriation provides state funds (GF/GP and Healthy Michigan Fund) to local health departments, the Michigan Public Health Institute, and other organizations to provide training for local public health staff and for the local public health accreditation program, per the Public Health Code.	
8.	Medical outreach cost reimbursement to local health departments	$12,500,000
	This appropriation provides funds to local health departments for the reimbursement of performed services that are eligible for Federal Medicaid funds. This line is supported entirely with Federal funds.	
9.	Public health administration	$2,316,400
	Classified FTE positions	9.0
	This appropriation provides funds to cover administrative costs of the unit. The Public Health Administration and the public health director are authorized by Section 2202 of the Public Health Code, MCL 333.2202.	
10.	Sexually transmitted disease control program	$8,585,900
	Classified FTE positions	20.0
	The Sexually Transmitted Disease Control Local Agreements line provides funds that are distributed to local health departments for the control of syphilis, gonorrhea, and other STDs. Support is concentrated in 14 counties and the city of Detroit, which report 90% of the State's STD cases. Activities include investigation and surveillance, support and management staff, and the provision of STD treatment drugs. Administration and local agreements lines were combined in FY 2013-14.	

		2025 PA 22 FY 2025-26 Initial
11.	Smoking prevention program	$7,187,900
	Classified FTE positions	15.0
	The Smoking Prevention Program line supports the Michigan Tobacco Control program. Program elements include youth tobacco prevention, cessation, comprehensive school health programs, and a media campaign. This appropriation covers salary and wage costs of DHHS staff as well as contracts to various local agencies to perform smoking prevention activities.	
12.	Violence prevention	$14,078,900
	Classified FTE positions	11.9
	The Violence Prevention line provides funding to cover salary and wage costs of DCH staff and allocates funds to local health departments and various local agencies to conduct violence prevention programming including: rape and sexual assault primary prevention programs for junior and senior high students; violence against women surveillance; and, community prevention assessment, evaluation and data collection activities. Funding increased significantly in FY 2020-21 due to receipt of a Federal grant for the Michigan Overdose Data to Action Program.	
	Unit Gross Appropriation	$278,709,300
	Social security act, temporary assistance for needy families	$2,300
	Total other federal revenues	$90,986,400
	Total local revenues	$10,150,000
	Total private revenues	$74,556,600
	Total other state restricted revenues	$11,966,800
	State general fund/general purpose	$91,047,200

	2025 PA 22 FY 2025-26 Initial
Sec. 116. FAMILY HEALTH SERVICES	
1. Child and adolescent health care and centers	$41,242,700
This appropriation provides funds to a network of child and adolescent health centers to support school-based behavioral health services through a contract with the Michigan Primary Care Association. This line is entirely funded with local funds. Funding appropriated in the School Aid Act, Sec. 31n(5) flows to intermediate school districts, then back to the Department as local revenue.	
2. Dental programs	$7,933,300
Classified FTE positions	5.3
A portion of this appropriation is distributed to the Michigan Dental Association for the administration of the donated dental program for persons with mental or physical disability or for persons who are indigent elderly. The dental services for persons with developmental disabilities line ($150,000) was rolled into this appropriation in FY 2015-16. The remaining funds are used to provide dental care to low-income, uninsured children and adults. In FY 2021-22 funding to implement the dental oral assessment program for school children, as required by PA 261 of 2020, was added to this line. Funding to expand the dental oral assessment program for school children statewide, as required in PA 318 of 2023, was added in FY 2024-25.	
3. Drinking water declaration of emergency	$3,971,000
The drinking water funding was included to continue DHHS efforts to combat problems tied to the declaration of emergency in Flint.	
4. Family, maternal, and child health administration	$10,429,800
Classified FTE positions	49.0
This appropriation covers costs associated with the administration of the unit.	

		2025 PA 22 FY 2025-26 Initial
5.	Family planning local agreements	$15,810,700
	This appropriation provides funds that are distributed to 50 delegate agencies, mostly local health departments, on the basis of a funding formula for the provision of comprehensive family planning services including general health assessment, screening, contraception, pregnancy detection, infertility services, client and community education, as well as referral and follow-up in response to identified health problems. This line was increased by $7.0 million in FY 2023-2024.	
6.	Immunization program	$19,933,400
	Classified FTE positions	20.8
	This appropriation provides funds for the administration of the immunization program and immunization local agreements. The lines were combined in FY 2013-14.	
7.	Local MCH services	$7,018,100
	The Local MCH (Maternal and Child Health) Services line provides funds that are distributed to local health departments to promote the health and well-being of women, infants, and children in order to reduce infant and child morbidity and mortality. This appropriation also funds the Maternity Outpatient Medical Services (MOMS) program, which provides prenatal care to pregnant women who are not enrolled in Medicaid.	
8.	Pregnancy prevention program	$1,297,900
	The Pregnancy Prevention Program distributes funds to various local health departments and local agencies to provide pregnancy prevention services including abstinence education and family planning services.	
9.	Prenatal care outreach and service delivery support	$42,440,700
	Classified FTE positions	19.5
	This appropriation supports various prenatal care projects.	

		2025 PA 22 FY 2025-26 Initial
10.	Special projects	$6,789,100
	The Special Projects line authorizes several Federal, State, and privately funded grants on a variety of issues including birth defects prevention, Fetal/Infant Mortality Review programs, lead poisoning, and fetal alcohol syndrome.	
11.	Sudden and unexpected infant death and suffocation program	$321,300
	The line supports contractual agreements for professional bereavement visits to families after a sudden and unexpected infant death, autopsy costs, coordination of prevention efforts, training for professional and peer counselors, public education, and risk reduction.	
12.	Women, infants, and children (WIC) program administration and special projects	$19,768,700
	Classified FTE positions	42.0
	This appropriation authorizes funds for the administration of the WIC program (described in the following line). Special projects include the Farmer's Market Nutrition Program (Project Fresh) and the development of an electronic benefit transfer program to allow participants to purchase WIC foods with the use of a debit-like card.	
13.	Women, infants, and children program (WIC) local agreements and food costs	$251,285,000
	WIC is a Federally funded program that provides nutritional food, nutritional education, breast feeding education and support, and referrals for health care and other services for women, infants, and children with incomes at or below 185% of poverty and have nutritional/growth risk. Funds are distributed to local health departments and various local agencies to carry out activities.	
	Unit Gross Appropriation	$428,241,700
	Social security act, temporary assistance for needy families	$500,000
	Total other federal revenues	$269,297,000
	Total local revenues	$42,817,700
	Total private revenues	$64,785,700
	Total other state restricted revenues	$3,270,500

	2025 PA 22 FY 2025-26 Initial
State general fund/general purpose	$47,570,800

Sec. 117. CHILDREN'S SPECIAL HEALTH CARE SERVICES

1. Bequests for care and services — $2,394,700

Classified FTE positions — 9.8

The Bequests line authorizes expenditures from the Trust Fund for Children with Special Needs (CSN Fund). Expenditures are made for three purposes: 1) services for individual children (such as wheelchair ramps and van lifts) when no other source of payment is available, 2) assistance for groups to pay for conferences and support activities, and 3) improving service systems. The fund supports Children and Youth with Special Health Care Needs (CYSHCN). This trust fund is supplemented with Federal maternal and child block grant funds and private gifts.

2. Children's special health care services (CSHCS) administration — $9,285,200

Classified FTE positions — 42.0

This appropriation covers administrative costs of the CSHCS program, which enroll eligible beneficiaries in the CSHCS benefit, fulfill programs to provide assistance to families, and support families.

3. Medical care and treatment — $411,929,200

The Medical Care and Treatment line funds fee-for-service reimbursements to hospitals, physicians, pharmacies, home health, medical supplies, and other services and treatments to individuals enrolled in the CSHCS program. Eligible individuals are those who up to 26 years of age with a qualifying medical condition including cystic fibrosis, blood clotting disorders or sickle cell disease. The CSHCS program was authorized by Sections 5801 through 5879 of the Public Health Code, MCL 333.5801 - 333.5879. The Federal match rate for this program is provided under the enhanced Federal Medical Assistance Percentage (FMAP) which is calculated by reducing the state share of the normal FMAP by 30%. For FY 2025-26, the Federal match rate for Michigan is 75.71%. Some funding was transferred to the Medical Services unit in FY 2013-14 as Medicaid clients were shifted to managed care. The cost of new drugs to treat cystic fibrosis increased costs in FY 2016-17. The age of eligibility was expanded in FY 2023-24. In FY 2025-26, there was more than a $100.0 million Gross increase in the line item reflecting increased caseload and medical costs.

		2025 PA 22 FY 2025-26 Initial
4.	Outreach and advocacy	$6,722,200
	This appropriation provides funds that are distributed to local health departments for enrolling children in the CSHCS program, case management, and care coordination services for eligible children and families.	
	Unit Gross Appropriation	$430,331,300
	Total other federal revenues	$230,954,400
	Total private revenues	$1,025,200
	Total other state restricted revenues	$4,579,400
	State general fund/general purpose	$193,772,300

Sec. 118. AGING SERVICES

1.	Community services	$59,047,200
	The Community Services line allocates funds to the Area Agencies on Aging (AAAs) to provide a variety of supportive services, including care management, access services, in-home services, senior citizen centers, Medicare/Medicaid assistance program, and elder abuse prevention programs.	
2.	Employment assistance	$3,500,000
	This appropriation provides for funds that are distributed to the AAAs to provide work experience and skill enhancement to low-income persons 55 years or older through subsidized, part-time assignments at community service agencies.	
3.	Nutrition services	$50,004,200
	This appropriation allocates funds to the AAAs for the administration and delivery of congregate and home-delivered meals for elderly adults.	

		2025 PA 22 FY 2025-26 Initial
4.	Respite care program	$7,268,700
	The respite care program was created through P.A. 171 of 1990, which allows the State to receive escheat funds from Blue Cross and Blue Shield of Michigan (Sections 589a and 589b of the Older Michiganians Act, MCL 400.589a and 400.589b). Funds are distributed to AAAs annually. The program provides supervision, socialization, and assistance to persons with cognitive or physical impairments during the absence of the caregiver. This line is funded entirely with State restricted funds (escheats and tobacco settlement).	
5.	Senior volunteer service programs	$4,765,300
	This line supports the foster grandparent, retired and senior volunteer, and senior companion volunteer programs. These lines were split out several years ago but were rolled together in the FY 2015-16 budget.	
	Unit Gross Appropriation	$124,585,400
	Total other federal revenues	$67,787,400
	Total private revenues	$300,000
	Merit award trust fund	$4,068,700
	Total other state restricted revenues	$2,800,000
	State general fund/general purpose	$49,629,300

Sec. 119. HEALTH AND AGING SERVICES ADMINISTRATION

1.	Aging and adult services administration	$9,697,700
	Classified FTE positions	43.0
	This appropriation supports the administration of the State's Aging network in accordance with the requirements of the Federal Older American's Act of 1965, as amended, and the State's Older Michiganians Act of 1981. The aging network represents a state, regional, local partnership, and system of delivering community-based services to older adults, many of whom are frail and at-risk of losing their independence. The Office of Services to the Aging was created by Section 585 of the Older Michiganians Act, MCL 400.585. Due to the merger of the Departments of Community Health and Human Services, many adult services were shifted into this unit as well and administration for those services are funded in this line.	

		2025 PA 22 FY 2025-26 Initial
2.	Health services administration	$133,182,800
	Classified FTE positions	480.0
	The Medical Services Administration line covers the administrative costs of running the State's multi-billion dollar Medicaid program. A portion of the money goes toward contracts, for instance the Long Term Care audit, the Encounter Data system, the MSU Institute for Managed Care, and Online Eligibility System. This line item also includes the Healthy Michigan Plan administration function which was consolidated in FY 2023-24.	
	Unit Gross Appropriation	$142,880,500
	Total other federal revenues	$92,642,900
	Total local revenues	$37,700
	Total private revenues	$1,721,300
	Total other state restricted revenues	$336,300
	State general fund/general purpose	$48,142,300

Sec. 120. HEALTH SERVICES

1.	Adult home help services	$595,150,700
	Adult home help services are in-home chore and other services provided to frail individuals. The FY 2019-20 and FY 2020-21 funded a $2.00 per hour wage increase for direct care workers. The FY 2021-22 budget included additional funding to make permanent the $2.25 wage increase for direct care workers that was implemented during the COVID-19 pandemic, as well as increase those wages by an additional $0.10. In FY 2023-24, the direct care worker wage was increased by $0.85 per hour to $3.20 per hour. In FY 2024-25, the direct care wage was increased by $0.20 per hour to $3.40 per hour and remains at that level as of FY 2025-26.	
2.	Ambulance services	$25,000,500
	Medicaid fee-for-service payments to ambulance service providers for Medicaid beneficiaries not enrolled in a health plan. The line also includes the ambulance quality assurance assistance program (QAAP)-funded supplement payments which was implemented in FY 2015-16 and has continued in subsequent budgets. In the FY 2021-22 budget, Medicaid reimbursement rates for ground ambulance services were increased to 100% of the base Medicare rate.	

		2025 PA 22 FY 2025-26 Initial
3.	Auxiliary medical services A number of "other" services, authorized by Section 109(1)(e) of the Social Welfare Act, MCL 400.109(1)(e), are covered by the Michigan Medicaid program. These include Medicaid fee-for-service payments for hearing, speech and vision services for Medicaid beneficiaries not enrolled in a health plan. Most adult non-emergency services from this line ended July 1, 2009.	$5,819,200
4.	Dental clinic program The on-going portion of the FY 2017-18 budget funding to partially replace disproportionate share hospital (DSH) funding that is no longer available for the University of Detroit Dental program.	$1,000,000
5.	Dental services Child and adult dental services, authorized by Section 109(1)(e) of the Social Welfare Act, MCL 400.109(1)(3), are covered by the Michigan Medicaid program. Coverage for non-emergency adult dental services was reinstated effective October 1, 2010. The funding includes the expanded adult dental benefit that went into effect in FY 2022-23. This line also includes the statewide managed care contract to operate the Healthy Kids Dental program.	$328,242,000
6.	Federal Medicare pharmaceutical program The Medicare Part D pharmaceutical program took effect in early 2006. For those dually eligible for Medicare and Medicaid, pharmaceutical costs are no longer paid for by Medicaid but are now paid for by Medicare Part D. The State's estimate share of those costs is funded through this line.	$389,029,800
7.	Federally qualified health centers Federally funded health centers (FQHCs) or clinics are facilities that serve medically underserved areas and populations. FQHCs provide primary care services regardless of one's ability to pay. This line-item funds the portion of Medicaid fee-for-services payments to Federally Qualified Health Centers, and Tribal Health Centers for Medicaid beneficiaries who are not enrolled in a health plan, and settlement to the prospective payment rate for services delivered to health plan beneficiaries.	$125,514,100

		2025 PA 22 FY 2025-26 Initial
8.	Health plan services	$3,509,255,900

Over the past 25 years, almost all non-elderly Medicaid clients, well over 1 million, have been moved from a fee-for-service to a managed care model of service. Comprehensive Medicaid medical services are provided by managed care organizations through a fixed capitated per member per month rate. Certain Medicaid services are excluded from health plan coverage including moderate and severe behavioral health services provided through PIHPs, certain injectable, psychotropic, and other specialty pharmaceuticals, nursing home care beyond 45 days, private duty nursing, home help services, substance use disorder services, and certain dental services. The State is required to pay the Medicaid HMOs actuarially sound rates, so any rate increases will lead to increased state costs. Supports special supplemental providers payments including Hospital Rate Adjustments (HRA), enhance practitioner payments through Specialty Network Access Fees (SNAF), graduate medical education (GME).

9.	Healthy Michigan plan	$2,362,533,800

The physical health services provided to clients of the Medicaid expansion, also known as the Healthy Michigan Plan, are paid for from this line. The Healthy Michigan Plan provides Medicaid managed care capitated rates for comprehensive medical services for Michigan residents who are 19-64 years old, have income at or below 138% of the federal poverty level under the modified adjusted income methodology, do not quality or are not enrolled in Medicare, do not qualify or are not enrolled in other Medicaid programs, and are not pregnant at the time of application. Funding is provided on a capitated basis to managed care entities who handle the provision of services. The caseload averaged around 700,000 recipients in FY 2024-25.

10.	Home health services	$5,891,400

Home health services provided by home health providers to fee-for-service Medicaid beneficiaries whose conditions do not require continuous medical/nursing care but do require services on an intermittent basis for the treatment of an injury, illness, or disability. The beneficiaries primary need must be for nursing care, therapies and/or home health aide services rather than personal care or physician care. Home Health services include, skilled nursing care, physical therapy, occupational therapy, speech therapy and home health aide services.

These services are intended for beneficiaries who are unable to access services in an outpatient setting. In FY 2023-24, over 1200 beneficiaries utilized fee for service home health services. Of the 1,200 beneficiaries served:

- 170 were under the age of 18 years old,
- 505 were between 18 and 54 years old, and
- 587 were over 55 years old.

		2025 PA 22 FY 2025-26 Initial
11.	Hospice services	$198,455,700

Medicaid fee-for-service payments for health services to terminally ill Medicaid beneficiaries who are not enrolled in a health plan with life expectancy of six months or less including: physician services, nursing care, social work, and counseling which may be provided at home or in an adult foster care facility, boarding home, home for the aged, or assisted living facility. In addition, $5.0 million GF/GP is appropriated for room and board costs for individuals receiving Medicaid hospice services from a specified and limited subset of Hospice Residence Providers. Such "other" Medicaid services are authorized by Section 109(1)(e) of the Social Welfare Act, MCL 400.109(1)(e).

12.	Hospital services and therapy	$368,558,700

Medicaid fee-for-service payments to hospitals for inpatient and outpatient services for Medicaid beneficiaries who are not enrolled in a health plan. Also supports hospital QAAP-funded Medicaid Access to Care Initiative (MACI) and outpatient uncompensated and large urban/small rural disproportionate share hospital (DSH), graduate medical education (GME), and special rural access payments.

As a general note, the State's Medical Services program (known as Medicaid) is an entitlement program for the indigent governed by Federal statute and Sections 105 through 111j of the Social Welfare Act, MCL 400.105 et seq. The eligibility requirements for Medicaid are described in Section 106 of the Social Welfare Act, MCL 400.106.

Hospital services covered under Medicaid include the typical hospital services covered by most major medical insurers and are described in Section 109(1)(a) of the Social Welfare Act, MCL 400.109(1)(a).

13.	Integrated care organizations	$438,634,200

Managed care capitated payments under a Medicaid waiver for integrated health care services for individuals who are dually Medicare and Medicaid eligible, known as MI Health Link. Contracted health plans are responsible for coordinating both Medicare and Medicaid benefits though a single health plan. On January 1, 2026, MI Health Link will be expanded into a new program known as an integrated Dual Eligible Special Needs Plan (D-SNP). In FY 2014-15 funding was shifted from the Long-Term Care Services line and other related lines. The FY 2019-20 and FY 2020-21 funded a $2.00 per hour wage increase for direct care workers. The FY 2021-22 budget included additional funding to make permanent the $2.25 wage increase for direct care workers that was implemented during the COVID-19 pandemic, as well as increase those wages by an additional $0.10. In FY 2023-24, the direct care worker wage was increased by $0.85 per hour to $3.20 per hour. In FY 2024-25, the direct care wage was increased by $0.20 per hour to $3.40 per hour and remains at that level as of FY 2025-26.

	2025 PA 22 FY 2025-26 Initial
14. Long-term care services	$2,634,382,500

Medicaid fee-for-service payments to nursing homes, county medical care facilities, and hospital critical care units for long-term care services to Medicaid beneficiaries. Medicaid health plans are responsible for paying for up to 45 days of long-term care. Long-Term Care Services covered under Medicaid such as nursing home services at private or public nursing homes pursuant to Section 109(1)(c) of the Social Welfare Act, MCL 400.109(1)(c). Public nursing homes (County Care Facilities) receive a rate that differs from that paid to private nursing homes.

The Long-Term Care Services line has undergone a number of changes in recent years. In FY 2002-03 the line item encompasses nursing home payments, payments for the Home and Community Based Waiver program intended to serve those at risk of institutionalization, and the Adult Home Help program, which is intended to serve those who need chore or other services at home. This merging of funding streams is intended to give maximum flexibility under the State's long-term care plan.

In FY 2006-07 the lines were again split out, with funding for private and public nursing homes remaining in the Long-term Care Services line.

In FY 2014-15 a significant amount of funding was shifted into the Integrated Care Organizations line to reflect anticipated expenditures for those in the dual eligible waiver.

The FY 2021-22 budget included additional funding to make permanent the $2.25 wage increase for direct care workers that was implemented during the COVID-19 pandemic, as well as increase those wages by an additional $0.10. The direct care wage rate was increased an additional $0.85/hour in FY 2023-24. The direct care wage rate was increased an additional $0.20/hour in FY 2024-25.

15. Maternal and child health	$36,553,100

Maternal and Child Health funding comes from Title V of the Social Security Act. It is paid to local health departments to cover the difference between Medicaid reimbursement for their maternal and child health services and their actual cost of providing such services.

16. Medicaid home- and community-based services waiver	$557,568,300

The Home and Community Based Waiver program is described in Section 109c of the Social Welfare Act, MCL 400.109c. It provides in-home services to frail elderly at risk of institutionalization. The Medicaid home and community-based waiver, known as MI Choice, offers services in the home and community for individuals who require nursing facility level of care. Without MI Choice services, individuals would need to be placed in a nursing facility. The services covered under MI Choice are: Adult Day Health, Respite, Supports Coordination, Specialized Medical Equipment and Supplies, Fiscal Intermediary, Goods and Services, Supports Brokerage, Assistive Technology, Chore Services, Community Health Worker, Community Living Supports, Community Transportation, Counseling, Environmental Accessibility Adaptations, Home Delivered Meals, Nursing Services, Personal Emergency

Response System, Private Duty Nursing/Respiratory Care, Residential Services, Training, and Vehicle Modifications.

The FY 2019-20 and FY 2020-21 funded a $2.00 per hour wage increase for direct care workers. The FY 2021-22 budget included additional funding to make permanent the $2.25 wage increase for direct care workers that was implemented during the COVID-19 pandemic, as well as increase those wages by an additional $0.10. In FY 2023-24, the direct care worker wage was increased by $0.85 per hour to $3.20 per hour. In FY 2024-25, the direct care wage was increased by $0.20 per hour to $3.40 per hour and remains at that level as of FY 2025-26.

17. Medicare premium payments — $1,016,980,600

Medicare premium payments are paid by the State for low-income persons who are dually eligible for Medicare and Medicaid and qualify for Medicare Savings Programs: Qualified Medicare Beneficiaries (Part A and Part B), Specified Low-Income Medicare Beneficiaries (Part B), Qualifying Individuals (Part B), and Qualified Disabled Working Individuals (Part A). This line funds the premium payments for dual eligible Medicare Savings Program participants who require Medicare Part A and/or B premiums, coinsurances, and copayments.

18. Personal care services — $4,994,500

Personal care payments made directly to an adult foster care home or home for the aged to support personal care service needs of Medicaid beneficiaries. Supplemental Security Income (SSI) (if individual is eligible) pays for room and board at these facilities

For long-term care institutions, SSI payments are used for a nominal personal care payment personal care service needs of Medicaid beneficiaries and personal care payments (Medicaid) are made directly to long-term care facilities.

19. Pharmaceutical services — $388,783,200

Medicaid fee-for-service payments to Magellan, the pharmacy benefit manager (PBM), and to medical suppliers or pharmaceutical services and medical supplies for Medicaid beneficiaries who are not enrolled in a health plan. Also supports certain pharmaceuticals (including psychotropics and some specialty drugs) that are carved out of health plan or PIHP coverage. Private funds support tribal pharmacy services; based on anticipated program costs. Line item supports Managed Care rebates resulting from the Single Preferred Drug List. Pharmaceutical services covered under Medicaid include coverage similar to that provided by most major medical insurers and are described in Section 109(1)(d) of the Social Welfare Act, MCL 400.109(1)(d). The line also includes the fee for service costs for durable medical equipment.

The line was increased considerably in FY 2016-17 to reflect the costs of new medications for cystic fibrosis and hepatitis C.

		2025 PA 22 FY 2025-26 Initial
	The line was significantly reduced in FY 2020-21 to reflect the implementation of a standard preferred drug list.	
20.	Physician services	$221,272,700
	Medicaid fee-for-services payments to physicians, rural health clinics, and certain non-physicians (e.g. physician's assistant, nurse practitioner, physical therapist) for Medicaid beneficiaries who are not enrolled in a health plan. Medicaid covered services include: office visits, early periodic screening, diagnosis, and treatment (EPSDT), immunizations, family planning, obstetrics, prenatal care, podiatric care, radiology, and laboratory. Also supports the fee-for-service portion of the Maternal Infant Health Program. Physician services covered under Medicaid are reimbursed at rates determined by the Department, per Section 109(1)(b) of the Social Welfare Act, MCL 400.109(1)(b). During calendar year 2013 and 2014, payment rates for primary care services were increased to Medicare rates using all Federal funds. The FY 2014-15 retains about half of the increase effectively January 1, 2015.	
21.	Program of all-inclusive care for the elderly (PACE)	$288,918,800
	The Program of All-Inclusive Care for the Elderly (PACE) is a model of community-based care that enables elderly individuals, who are certified by their state as needing nursing facility care, to live as independently as possible. PACE provides an alternative to traditional nursing facility care by offering pre-paid, capitated, comprehensive health care services.	
22.	Rural health transformation program	$250,000,000
	The rural health transformation program is $250.0 million in federal authorization in anticipation of receiving grant allotments from the new 5-year federal rural health grant program.	
23.	School-based services	$225,919,400
	Permitted Medicaid services provided by schools to Medicaid eligible students are reimbursed by the State, with 60% of the funding going to the schools and 40% remaining with the State. The funds are paid to enrolled intermediate or local school districts for language, speech, hearing, nursing services, counseling, physical and occupational therapy, and health screening services for Medicaid eligible students.	

		2025 PA 22 FY 2025-26 Initial
24.	Special Medicaid reimbursement	$341,750,400
	As part of the special financing program, the State pays various public Medicaid providers at rates up to the Medicare ceiling. Some of the payments in this line are to various health providers including: state psychiatric hospital DSH, physician adjustor, dental adjustor, county medical care facility. GF/GP portions include poison control at Wayne State University.	
25.	Transportation	$20,840,900
	Transportation of Medicaid-eligible individuals for Medicaid-related services is covered under the State's Medicaid program. This transportation is separate from Ambulance Services. Transportation is facilitated through a transportation broker in the counties of Wayne, Oakland and Macomb. All other counties coordinate transportation through the local county MDHHS offices using a variety of transportation services. These services include, but are not limited to, mileage, meal and lodging reimbursement, volunteer transporters, commercial and non-profit transportation providers as well as public transportation services.	
	Unit Gross Appropriation	$14,341,050,400
	Total other federal revenues	$10,075,797,200
	Total local revenues	$35,003,800
	Total private revenues	$9,702,000
	Michigan merit award trust fund	$82,700,000
	Total other state restricted revenues	$1,279,959,800
	State general fund/general purpose	$2,857,887,600

Sec. 121. INFORMATION TECHNOLOGY

1.	Bridges information system	$123,932,600
	Classified FTE positions	10.0
	This line item provides funding for the Bridges Information System which is the system that provides multiple types of public assistance benefits such as Medicaid, Healthy Michigan, Food Assistance Program, Family Independence Program, State Emergency Relief, Child Development and Care. The former integrated service delivery initiative first funded in the FY 2016-17 budget was moved to this line item.	

		2025 PA 22 FY 2025-26 Initial
2.	Child support automation	$45,101,900
	The funds to develop and implement the Federally mandated (by the Family Support Act of 1984, as amended) statewide automated information system for the enforcement of child support collections and reporting child support information to Federal authorities. The system is used by the Bureau of Child Support, county prosecuting attorneys, and Friend of the Court offices.	
3.	Comprehensive child welfare information system	$8,750,300
	This line item provides funding to continue the process of replacing the child welfare MiSACWIS system.	
4.	Information technology services and projects	$231,695,000
	As part of the new Department of Information Technology, each department's information technology activities have been consolidated into a new department. The services provided by this Department are paid through interdepartmental grants from each of the other departments. In the case of DCH, the costs of the program and thus this grant is over $30.0 million.	
5.	Michigan Medicaid information system	$104,020,300
	Classified FTE positions	1.0
	This line was first included in the FY 2005-06 budget. The previous Medicaid Management Information System (MMIS) was nearly 30 years old and was approaching obsolescence. Taking advantage of 90% Federal match, a new computer system, CHAMPS, was developed and brought online during 2009.	
6.	Michigan statewide automated child welfare information system	$22,474,200
	This line item provides funding for the MiSACWIS system which is the comprehensive automated case management tool used by both State and private child welfare caseworkers and supervisors.	
	Unit Gross Appropriation	$535,974,300
	IDG from the department of lifelong education, advancement, and potential	$609,700
	Social security act, temporary assistance for needy families	$24,471,400

	2025 PA 22 FY 2025-26 Initial
Capped federal revenues	$20,556,700
Total other federal revenues	$337,214,400
Total private revenues	$5,250,000
Total other state restricted revenues	$2,010,400
State general fund/general purpose	$145,861,700

Sec. 122. ONE-TIME APPROPRIATIONS

1. Behavioral health statewide supports — $5,108,700

Allocates $5.1 million for statewide access to critical mental health and substance use disorder supports, particularly in underserved areas.

2. Career and workforce readiness wraparound services — $750,000

Appropriates $750,000 Matrix Human Services to expand essential services in underserved areas of Detroit through support of the Osborn Family Medical Clinic.

3. Cellular therapy — $750,000

Appropriates $750,000 for Versiti Michigan for blood donation, blood research, organ and tissue donation, diagnostic testing. This funding was moved from ongoing to one-time in FY 2025-26.

4. Community health screenings — $5,000,000

Appropriates $5.0 million to provide community health screenings to underserved urban and rural populations, first responders, and veterans

5. Community violence prevention - community grant program — $1,800,000

Appropriates $1.8 million for community violence intervention (CVI) work through grant funding to local CVI providers.

		2025 PA 22 FY 2025-26 Initial
6.	Cranial hair prothesis	$125,000
	Allocates $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 illness.	
7.	Crime victim's rights sustaining grants	$5,000,000
	Allocates $5.0 million to backfill declining Federal Victims of Crime Act (VOCA) awards expenditures for crime victims support programs at current levels.	
8.	Delayed cognition/fine motor skills checklist toolkit	$500,000
	Allocates $250,000 to Universal Prevention Services - developmental milestones toolkit.	
9.	Dementia support	$408,600
	Appropriates $408,600 to the National Council for Dementia minds to strengthen public health efforts, improve community health, assist those affected by cognitive decline and their families, and lower dementia risk across communities.	
10.	Dental clinic	$2,900,000
	Allocates $2.9 million as a grant to the United Way of Northwest Michigan for the cost of purchasing a building that includes the United Way and a dental clinic.	
11.	Dental safety net providers - stabilization payments	$4,000,000
	Appropriates $4.0 million to implement an enhanced Medicaid reimbursement rate for dental services provided to Medicaid-enrolled adults by dental safety net providers that have an established agreement with a local public health department.	
12.	Electronic benefit transfer reinvestment	$16,000,000
	Allocates $16.0 million Gross and $8.0 million GF/GP to implement a chip enabled electronic benefit transfer card, also known as a Bridge Card. Funding would be used for start-up costs like design and development, software, equipment, training, notifications to clients and retailers, and reissuing of current Bridge Cards.	

		2025 PA 22 FY 2025-26 Initial
13.	Federally-qualified health centers - training program	$2,000,000
	Allocates $2.0 million to FQHC's Health Centers Career Training Program to provide recruitment and training opportunities for individuals employed by FQHCs.	
14.	Food assistance program reinvestment	$30,000,000
	Appropriates $30.0 million Gross and $15.0 million GF/GP for investment into additional supports to adjust processes and systems to meet the new Federal SNAP error rate requirements.	
15.	Foster care program	$2,025,000
	Allocates $2.0 million for The New Foster Care program headquartered in Bloomfield Township for the Bridge Program.	
16.	Homeless shelter capital and infrastructure costs	$2,000,000
	Appropriates $2.0 million in funding for Nazarene Community Housing for capital costs to structures to convert them into emergency homeless shelters for women and children, and parolees.	
17.	Hospital infrastructure	$10,000,000
	Allocates $10.0 million to Sheridan Hospital as state matching funds for the construction of a new hospital on already owned land.	
18.	Implementation of maternal health policy changes	$299,700
	Allocates $299,700 to implement included funding to implement SB 29 and SB 30 of 2025.	
19.	Kids' food basket	$1,000,000
	Allocates $1.0 million to Kids' Food Basket for additional capital and infrastructure costs.	

		2025 PA 22 FY 2025-26 Initial
20.	Liver screening pilot project Appropriates $1.0 million to the department to partner with at least one Medicaid Health Plan to develop and fund a basic liver screening pilot project.	$250,000
21.	Maternal-fetal medicine programming Allocates $3.0 million to the Wayne State University Office of Women's Health to develop a model to reduce infant and maternal mortality.	$1,500,000
22.	Medicaid blood pressure monitors Allocates $1.2 million to implement PA 244 of 2024, which requires the provision of a blood pressure monitor to all pregnant and postpartum Medicaid enrollees.	$1,225,100
23.	Medicaid children’s rehabilitation services Appropriates $100,000 to enhance Medicaid rates for services provided to eligible children receiving care in various settings and $900,000 to support statewide physician services, access initiatives, non-clinical and supportive care services at the Joan Secchia Children’s Rehabilitation Hospital.	$1,000,000
24.	Medicaid funding for freestanding birth centers and licensed midwives Appropriates $2.8 million to provide Medicaid reimbursement for freestanding birth centers and for services provided to Medicaid enrollees by licensed midwives.	$2,881,800
25.	Medicaid outreach Appropriates $950,000 to the National Kidney Foundation-Michigan to support the expansion of Medicaid outreach and chronic disease management awareness statewide.	$950,000
26.	Mothers in foster care - wraparound services program Appropriates $250,000 to Nia Purpose for Life to provide teen mothers exiting foster care with comprehensive mental health support, prenatal care coordination, parenting classes, and other services.	$250,000

		2025 PA 22 FY 2025-26 Initial
27.	Multicultural integration funding This line utilizes funds for agencies providing physical and behavioral health services to multicultural populations.	$8,600,000
28.	National association of Yemeni Americans Appropriates $800,000 to the National Association of Yemeni Americans to provide culturally appropriate mental health services.	$800,000
29.	Opioid response activities Allocates $76.8 million of one-time funding to address the opioid crisis with $4.0 million allocated for primary prevention activities, $17.3 million for substance use disorder treatment, $37.5 million for recovery investments, $3.5 million for informed decision-making and evaluation of investments, and $15.0 million for standalone investments.	$76,750,000
30.	Payments to cover after school and extracurriculars for foster care children Allocates $758,000 to the “Let Them Play” for funding for children in foster care to be reimbursed for extracurricular activities. This funding was moved from ongoing to one-time in FY 2025-26 and increased from $100,000.	$758,000
31.	Permanent supportive housing Allocates $5.0 million in funding to support permanent supportive housing services and to build administrative capacity to seek Medicaid reimbursement for those services.	$5,000,000
32.	Revive health clinic Appropriates $300,000 to Revive Health Clinic in Flint for health support services as the center pursues certification as a FQHC. This funding was moved from ongoing to one-time in FY 2025-26.	$300,000
33.	Suicide prevention council Allocates $125,000 to establish and support the Michigan Suicide Prevention Council.	$125,000

		2025 PA 22 FY 2025-26 Initial
34.	Trauma recovery center pilot program	$2,000,000
	Appropriates $2.0 million to operate a 3-year trauma recovery center pilot at a site in Detroit.	
35.	Underserved healthcare facility project	$1,500,000
	Allocates $1.5 million to Team Wellness to support a pediatric and sedation dentistry clinic.	
36.	University DSH backfill	$3,500,000
	Allocated $3.5 million to backfill reduced Medicaid Disproportionate Share Hospital (DSH) funds to Michigan State University/McLaren Hospital. This funding was moved from ongoing to one-time in FY 2025-26.	
37.	Water affordability	$5,000,000
	Allocates $5.0 million as grants to qualified providers to assist eligible residents with costs related to eligible expenditures.	
	Unit Gross Appropriation	$202,056,900
	Total other federal revenues	$25,306,900
	Michigan opioid healing and recovery fund	$76,750,000
	State general fund/general purpose	$100,000,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History

GENERAL SECTIONS

201 **Payments to units of local government.** Total State spending and payments to locals reporting section for appropriations made in Part 1. Estimated total State spending and payments to locals for all appropriation acts.

Background: This section states the total State spending from State resources contained in Part 1 of the bill. It also lists the total payment to local units of government in Part 1 by department. This is a standard boilerplate section contained in all appropriation bills pursuant to 1984 PA 431. The statutory reference is MCL 18.1367. Section 367 of 1984 PA 431 requires that one appropriation bill contain a statement of estimated State spending to be paid to local units of government, total State spending from State resources, and the state-local proportion derived from that data.

202 **Management and budget act.** States that appropriations authorized under this Act are subject to the Management and Budget Act.

Background: This is a standard section contained in all appropriation bills. The first version of this section was contained in the FY 1981-82 General Government Appropriation Bill. The former section provided that appropriations were subject to Act 18 of 1981. Act 18 was repealed by 1984 PA 431.

203 **Definitions.** Definitions of acronyms contained in the Act.

Background: This is a standard section contained in all appropriation bills.

204 **Internet reports.** Directs that the Department use the Internet to fulfill reporting requirements of this Act. This includes the transmission of reports via e-mail and placement of reports on an Internet site.

Background: This language was first included in FY 1999-2000 in the DCH and DHS budgets. With 2012 PA 200, the transmission of reports via email, and the posting of the reports on the internet became mandatory in the DHS budget. Language was revised in the DHHS budget in FY 2015-16. Formerly Sec. 208 in the DHHS budget.

205 **Buy American/Michigan intent language.** Prohibits the use of funds for purchase of foreign/out-of-State goods or services if competitively priced and comparable quality American/Michigan goods or services are available.

Background: A version of this section was first included in FY 1992-93. Formerly Sec. 209 in the DHHS budget.

206 **Geographically-disadvantaged business enterprises.** Requires the director of each department or agency receiving appropriations in part 1 to take all reasonable steps to ensure that geographically-disadvantaged business enterprises compete for and perform contracts. Also requires each director to encourage contractors to subcontract with geographically-disadvantaged business enterprises.

Background: A version of this section was first included in FY 1992-93. Formerly Sec. 210 in the DHHS budget. Revised to reference "geographically-disadvantaged business enterprises" rather than "businesses in deprived and depressed communities" in FY 2023-24. Language in FY 2025-26 was added to include “agency” directors receiving part 1 appropriations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
207	**Restrictions on employee travel.** Restricts travel outside the State of Michigan by State employees unless conditions are met. Conditions include if travel is required to fulfill legal requirements, is necessary to protect health or safety of Michigan citizens, travel is necessary to create budgetary savings, protect, or generate Federal funding, travel is necessary to fulfill Federal requirements, travel is necessary to provide specialized training to State staff, or the travel is financed completely by non-state funds. **Background:** This language was included in response to significant decreases in State revenue and is intended to generate cost savings. This language was first included in the FY 2004-05 DCH appropriation, Sec. 266, and in the FY 2004-05 human services appropriation, Sec. 217. Reporting requirements were added and revised in the DHS budget in FY 2012-13 and FY 2013-14. Formerly Sec. 217 in DHHS budget. Language added in FY 2025-26 to require the reporting of additional revenue sources used to fund the costs of out of state travel.
209	**Lapse estimate.** Requires the Department to provide a report by December 15 of each year, listing all GF/GP appropriation lapses at the end of the previous fiscal year. **Background:** This language was first included in the FY 2009-10 bill in DCH and as Sec. 296 in DHS in the same year. Formerly Sec. 287 in the DHHS budget.
210	**Contingency fund language.** Creates contingency authorization of $100.0 million Federal, $50.0 million State Restricted, $30.0 million Local, and $45.0 million Private. These funds are made available for transfer to line items to reflect increases in any of these fund sources. The transfers are subject to the Management and Budget Act and must be approved by both the Senate and House Appropriations Committees in identical form. **Background:** The contingency fund transfer process was first created in the late 1990s before being removed in the FY 2003-04 budget. The language and process were reinstated in FY 2007-08. Formerly Sec. 284 in the DHS budget. Conference added language to exclude TANF funding in the DHS budget in FY 2013-14. Formerly Sec. 206 in the DHHS budget. Amounts were decreased from $400.0M Federal to $80.0M, $45.0M Local to $5.0M, and $60.0M Private to $2.0M in FY 2019-20 and decreased again to $20.0M Federal and $20.0M Restricted in FY 2020-21. Private authorization was increased to $12.0 million in FY 2023-24. Amounts were increased to $100.0M Federal, $50.0M Restricted, $30.0M Local, and $45.0M Private in FY 2024-25.
211	**Report on staffing and expenditures.** Creates a free searchable website including expenditures by category, appropriation unit, and vendor and employees by job classification and wage rate for each department or agency. **Background:** This language was first included in the FY 2011-12 bill. Formerly Sec. 292 in DHHS budget. Language in FY 2025-26 added requiring the department to cooperate with DTMB and update the website quarterly.
212	**Estimated fund balances.** Requires report within 14 days of the release of the budget on Restricted Fund balances, revenues, and expenditures for previous and current fiscal years. **Background:** This language first appeared in the DHS budget in 2011 PA 63, Sec. 265. This language was first included in the DCH budget in FY 2012-13 as Sec. 296. Formerly Sec. 265 in DHHS budget.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
214	**State impact of federal policy changes.** Requires an annual report outlining federal policy changes or regulatory gaps that impact the department's operations, the constituents served by or engaged with the department, or the public. **Background:** This language was first included in FY 2025-26.
215	**Federal statute conflict.** Stipulates the Department's actions if implementing legislative objectives of a bill or amendment to the Social Welfare Act, 1939 PA 280, MCL 400.1 to 400.119b, would conflict with Federal statute and/or result in loss of Federal revenue; requires citation and copy of any Federal statute, regulation, policy, or directive presenting the conflict per subsection (1) and apply for a waiver or Federal relief from requirements or sanctions. Also requires the Department to provide 30-day's notice after such a bill is introduced or amendment is adopted. **Background:** The language first appeared in 1994 PA 291, Sec. 214. House language requiring 30-day's notice and the additional reference to a bill or amendment to the Social Welfare Act was added in FY 2013-14.
216	**Write-offs of accounts receivable, deferrals, and prior year obligations.** Allows the use of prior year revenue for the write-off of accounts receivable, deferrals, and prior year obligations. It permits the Department to use prior year reimbursements, refunds, and settlements to support spending in Part 1. **Background:** This language was first included in the DHS budget in FY 1987-88 (Sec. 212) and in the DCH budget in FY 1996-97.
217	**Revenue sources and amounts; Reporting requirement.** Directs the Department to report on name and amounts of revenue supporting each line item in this act for the previous fiscal year itemized, not aggregated, by specific revenue source. **Background:** Long-standing language. A requirement for specific delineation of amounts appropriated for certain Federal block grants and the Healthy Michigan Fund was deleted for FY 2010-11. Formerly Sec. 212 in DHHS budget. Language was modified in FY 2023-24 to itemize revenue by individual revenue source, not aggregated revenue source.
218	**List of basic health services.** States that the appropriations in part 1 must include a list of proposed basic health services. **Background:** Part 23 of the Public Health Code, 1978 PA 368, states that the Department annually shall identify the priority health problems of this State. From these priorities, the Department shall prepare a proposed list of basic preventive, personal, and environmental health services to be made available and accessible to all residents in this State in need of the services without regard for place of residence, marital status, sex, age, race, or ability to pay. The proposed list, the methodology used to derive the list, and a proposed program statement shall be included in the Department's annual budget request (MCL 333.2301-333.2302). This section was rewritten in FY 2023-24 to correct issues of unenforceability in the previous iteration.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
219	**Contracting with the Michigan Public Health Institute (MPHI).** Permits the Department to contract with MPHI for up to 1 year without employing State bid processes, and requires a semi-annual report providing detailed information on each project. It also requires that all reports, studies, and publications produced by MPHI, its subcontractors, and the Department, with funds appropriated to MPHI, be provided to the Legislature on a semiannual basis. **Background:** MPHI was created by 1989 PA 264 (MCL 333.2611), which allows the Department to establish a non-profit corporation for planning, promoting, and coordinating health services research with a public university or a consortium of public universities in this State. This language was instituted to increase Legislative oversight of MPHI.
220	**Faith-based organizations.** Establishes non-discrimination guidelines to ensure that qualified, faith-based organizations can apply and compete for services, programs, or contracts. **Background:** This language, introduced by the House, first appeared in 1997 PA 109, Sec. 222.
221	**Define budget as addendum to social welfare act.** Requires Department to treat the budget and boilerplate language as an addendum to the Social Welfare Act. **Background:** This language first appeared in FY 2014-15 as a House initiative. Formerly Sec. 205.
222	**Policy notifications.** The Department must provide written notification of any major policy changes at least 30 days before implementation. Requires the Department's policy and procedure manual to be accessible to the public at all times. **Background:** The language first appeared in the DHS budget in 2007 PA 131 Sec. 222. Language prohibiting changes that have a disproportionate impact on small businesses was removed in 2012 PA 200. Senate language requiring the policy manual to be accessible to the public and a report that includes changes to policy were added in FY 2013-14.
223	**Department may establish and collect fees.** Permits the Department to charge fees to offset the cost of publications, videos, conferences, and workshops. Costs shall not exceed fees collected. Added language to clarify that collected fees are appropriated when received. Also added a notification when an amount of the collected fees exceeds the current year appropriation. **Background:** This language was first included in FY 1999-2000. Language modified in FY 2017-18.
224	**Food assistance overissuance.** Allows department to retain State share of food assistance overissuance collections as an offset to GF/GP costs for investigation and recoupment of food stamp over-issuances that occur. Provides for a report of the status of the food stamp error rate during the senate and house budget hearings. **Background:** This language first appeared in 1990 PA 200, Sec. 306 and was repealed by 1990 PA 213. Language reappeared in 1991 PA 111, Sec. 210. The program name was changed from "food stamp" to "food assistance" in the FY 2002-03 appropriation act.
225	**Report accessibility and posting.** Requires the department to maintain a single archivable location so all mandatory reports are accessible to the public, sorted by fiscal year. **Background:** This language was first included in FY 2025-26.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
226	**Carry-forward of revenue.** Permits excess fee and collection revenue to be carried forward, with the approval of the State Budget Director, into the subsequent fiscal year, as the first source of funding in that year. Includes reporting requirement. **Background:** Long-standing language. Formerly Sec. 221 in the DHS budget. Formerly Sec. 211 in DHHS budget.
227	**Requirements for the receipt of tobacco tax (Healthy Michigan) funds.** Requires a report by April 1 of the fiscal year from agencies receiving tobacco tax funds and Healthy Michigan fund revenue. Report to contain tobacco tax revenue appropriations in the Medicaid program, and information on each individual project including name. appropriation line item and amount, target population, project description, and outcomes or accomplishments. **Background:** This language was first included in FY 1995-96. Formerly Sec. 213 in the DHHS budget. Language was revised in FY 2023-24 to reflect the information actually contained in the report.
228	**Accounts receivable interest contingency.** Allows the Department to assess a penalty of 1% per month on an overpayment they are authorized to collect, by law. If overpayment was caused by Department error, the penalty may not be assessed until 6 months after notification. The total penalty shall not exceed the amount of the original overpayment. Requires the department to report on the amount of penalty assessed and paid during the fiscal year, the reason for the penalty, and the current status of the account. **Background:** This language was first included in FY 2018-19. Reporting requirement added in FY 2019-20.
230	**Programmatic increase implementation.** Requires a report by March 1 on the status of all noninflationary, noncaseload, programmatic funding increases in the current fiscal year from the previous fiscal year. Also requires a report by June 1 that provides a status update on any programmatic funding increases reported in the previous report as either not implemented or not in process. **Background:** This language was first included in FY 2018-19. Reporting date was changed from December 31 to March 1 in FY 2024-25. The second report, due by June 1, was added in FY 2025-26.
231	**Extension of Covid direct care worker wage increase.** Directs the Department not to enter into any contracts with MCOs unless the MCOs agree to continue the $3.40/hour wage increase that was implemented during the COVID-19 pandemic and ensure that the full amount, excluding specific costs incurred by the employer, be provided to the worker. Requires the Department to report on the hours of service that qualified for the increase, the aggregate increase in wages attributable to the funding, and a comparison of the project increase included in the capitation rates and the reported amount expended on the increase. **Background:** This language was first included in FY 2021-22. This language was modified in FY 2022-23 to combine the wage increase with the contracting process rather than have it as a separate pay structure. Language was modified in FY 2023-24 to reflect an additional $0.85/hour increase and again in FY 2024-25 to reflect an additional $0.20/hour increase. The FY 2025-26 language was modified to reflect the continuation of the FY 2024-25 rate.

Section Number	Description and History
232	**Spending plan report.** Requires the department to submit planned expenditures for the line items in the budget within 60 days after approval but not later than January 15. The department shall supplement this information with details on contracts and contracted vendors. Also, for any planned expenditures that are classified as an "other costs" category, the department must provide additional information. **Background:** Language was first included in FY 2017-18. Clarifying language on contracts and vendors and other cost category was included in FY 2018-19.
233	**Prohibition on use of state administrative board.** Allows the legislature to adopt a concurrent resolution by the majority of members in each chamber to complete an inter-transfer of funds if the state administrative board transfers funds from an amount appropriated under part 1. **Background:** This language was introduced by the House in FY 2025-26.
234	**Report receipt and retention.** Requires the department to follow Federal and State Law and guidelines for short-term and long-term report retention. Allows for electronic retention unless otherwise required. **Background:** Language was first included in FY 2020-21.
235	**Prohibition on restriction or impeding marginalized communities.** Prohibits funds appropriated in part 1 from being used to restrict or impede a marginalized community's access to government resources, programs, or facilities. Also requires local governments to report any attempt to restrict or interfere with the duties of the local health officer. **Background:** This language was first included in FY 2023-24.
236	**In-person work prioritization.** Requires the department to maximize the utilization of an in-person workforce by prioritizing occupancy utilization of office space. Additionally, the department must ensure the validity of hours worked outside of the office, comply with requirements set by the office of state employer on in-person work and utilization and occupancy rates of state buildings, and adhere to the rules and regulations of civil service to ensure all employees are working their jobs during agreed-upon business hours. **Background:** This language was first included in FY 2025-26.
237	**E-Verify.** Requires the use of the E-Verify system for anyone hired under a contract term. Employee verification for contractors or subcontractors must be submitted as a certification unless the department verifies the information directly. The department is required to submit an annual report by March 1 detailing its processes under this section. **Background:** This language was first included in FY 2025-26.
238	**Work project report.** Requires the department to submit an annual report summarizing all work project accounts within 6 months of the issuance of work project letters by the State Budget Office. **Background:** This language was first included in FY 2025-26.
239	**Medicaid reimbursement parity.** Requires the same nonfacility reimbursement for a service provided through telemedicine as for the service provided thorough face-to-face contact for behavioral and physical health Medicaid services. **Background:** This language was first included in FY 2021-22.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
240	**Work project authorization prioritization.** Requires that, to the extent possible, appropriations in Part 1 not be expended until all available, related work project authorization is exhausted. **Background:** This language was first included in FY 2020-21.
241	**Advertising and media outreach report.** Directs the department to report by March 1 on total actual expenditures for advertising and media outreach in the previous year, broken down by purpose, appropriations line item, and fund source. **Background:** This language was first included in FY 2021-22. Fund source was added in FY 2022-23.
242	**Program description report.** Requires a report by March 1 on the description of departmental programs for the current fiscal year. **Background:** This language was first included in FY 2021-22 to recreate a report received by the fiscal agencies, policy offices, and state budget office prior to the migration to the SIGMA accounting system.
243	**Legacy costs.** Specifies legacy costs for FY 2025-26, including $182,045,900 for pension-related costs and $19,792,800 for retiree health care costs. **Background:** This language was first included in FY 2014-15. Formerly Sec. 297 in the DHHS budget. The language was removed in FY 2023-24 and restored in FY 2025-26.
244	**Over expenditure reporting.** Requires the department to report quarterly on any line-item appropriation that the total estimated annual expenditures that would exceed the amount appropriated by 5% or more. **Background:** This language was first included in a supplemental in FY 2018-19. The language was moved from Sec. 251 to Sec. 244 in FY 2021-22. The language was updated in FY 2025-26 to reduce the frequency of the reporting requirement to quarterly.
245	**Department strategic plan.** Requires the department to supply a copy of its annual strategic plan by April 1. **Background:** This language was first included in FY 2025-26.
246	**Court-approved judgments or settlements.** Requires the department to report on any court settlement that could prompt a state legislative review of statutory programs or regulations. **Background:** This language was first included in FY 2025-26.
247	**Private and third-party funds disclosure.** Requires the Department to disclose, by November 15, any private or third-party funds received in the previous fiscal year, and make that information available on a public website. **Background:** This language was first included in FY 2025-26.
248	**Policy notifications.** Requires the department to report by April 1 on specific policy changes made to implement a public act that took effect in the previous calendar year and shall include a reference to the public act necessitating the policy change. **Background:** This language was first included in FY 2025-26.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
250	**Grant and project transparency requirements.** Lays out the process the department must follow to administer the grants, including review processes and circumstances in which the department shall not release grant money, and states that the legislature shall provide the department with a list of legislatively directed spending items, also known as grants, within 30 days following enactment of this act. Permits the state budget director to determine whether information provided by grantee meets the disclosure requirements and if it does not, the grant will be used to pay a tax lien, delinquent tax, or other obligation owed to this state. Further defines conflict of interest as any one of the following having a direct or indirect pecuniary interest in the grant: sponsoring legislator's immediate family members, legislative staff members that have worked for the sponsoring legislator within the past 2 years, or the sponsoring legislator. Requires specific information for an executed grant agreement, allows an MOU with another department to improve oversight or administration of a grant, and requires the recipient to keep records for 7 years. All money must be spent by September 30, 2030. If grant recipients don't provide necessary info by June 1, 2026 the grant funds shall return to the state treasury. Any money granted to a department is appropriated in that department for the purpose of the intended grant. The department shall post a list of grants on its website by March 15 and shall post updated reports not later than June 15 and again by September 15. Allows the State Budget Office to compile and post the required reports on the time schedule in the previous sentence, if the State Budget Office determines that process to be more efficient. The department shall not award any additional money if it determines money allocated for a grant were misused or their use misrepresented by the grant recipient and may refer the matter for criminal investigation. **Background:** This language was first included in FY 2023-24 to increase transparency around single recipient and local government grants. Language was modified to increase clarity and specify that SBO can compile required reports in FY 2024-25.
253	**Federally recognized tribal state funding eligibility.** Grants tribal access to application processes for services, programs, grants, and contracts. States that federally recognized tribes are eligible to apply for grants made available to nonprofit organizations and local units of government. **Background:** This language was first included in FY 2023-24.
263	**Legislative notification of Medicaid submissions.** Requires the Department to notify the Legislature before submissions of material waivers, State plan amendments, or similar proposals to the Federal Centers for Medicare and Medicaid Services (CMS). Also requires the Department to provide biannual reports on any new or ongoing discussions with CMS or HHS regarding potential waiver applications, and status reports on submitted waivers. **Background:** This language was first included in FY 2003-04. Formerly Sec. 264 in the DCH budget. The language was modified in FY 2016-17 to only require notification upon the submission of non-routine Medicaid waivers and to require biannual reports on potential waiver applications.
264	**Communication with Department staff.** Prohibits the Department from punishing a Department employee for communicating with the legislator or their staff, unless the communication is prohibited by law. **Background:** This language is currently included in all appropriations bills. It was first included in FY 2005-06 in response to some communication problems between another department and the Legislature.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
270	**Attorney General Medicaid recoveries.** Language requires the Department to notify the Legislature and the State Budget Office of any recovery of Medicaid funds through legal action initiated by the Office of the Attorney General. A report is required to include information on the total amount of funds recovered, the program through which these funds were initially paid, the disposition of the recovered fund and facts about the legal action by February 1 of the current fiscal year. **Background:** This language was first included in the FY 2006-07 appropriation for DCH. The language in FY 2025-26 was modified to reflect the correct statute.
274	**Capped federal funds report.** Requires, during annual budget development presentation, a report on spending and revenue projections for capped Federal funds, including TANF, Title XX, and Title IV-B. Prohibits the Department from using capped Federal funds for economics adjustments for FTEs or other economics costs. Prohibition was modified to legislative intent. **Background:** This language first appeared in 2010 PA 190, Sec. 274. The language was updated in 2012 PA 200 to remove childcare and development funds from the report requirements, as this program and its funding were transferred to the Department of Education. House language adds Low-Income Home Energy Assistance Program funding to the list and requires the rationale for TANF Maintenance of Effort (MOE) calculations in FY 2013-14. Economics prohibition was first included in 2016 FY 2016-17. Using capped federal funds for economics adjustments was ruled unenforceable by the Governor in FY 2016-17. Intent language was inserted in FY 2017-18.
275	**Capped federal funds realignment.** Allows flexibility for the Department to realign capped Federal funds on a quarterly basis. Requires a report on a quarterly basis on the realignment of Federal fund sources transacted to date unless there are no reportable transactions, then no report is due. **Background:** Language first included in FY 2016-17. This flexibility was changed to quarterly, and the quarterly report was added in FY 2020-21. Added contingent report phrase in FY 2022-23.
290	**Fraud hotline advertising.** Requires the Department to inform the public of the welfare fraud hotline in any public advertisement for state food assistance. **Background:** This language first appeared in the DHS budget, 2012 PA 200, Sec. 290.
295	**Healthy moms, healthy babies report.** Requires a report by April 1 on funds appropriated for the healthy moms, healthy babies initiatives. The report must include the budget, year-to-date expenditures, remaining balance of appropriations, and the percentage of the budget spent. Report must also include how funds have assisted with meeting the goals and outcomes of the initiative. **Background:** This language was first included in FY 2023-24.
297	**Salary and wage/FTE report.** Requires the Department to submit a quarterly report on the number of full-time positions in pay-status by civil service classification and shall also include a comparison by line item between the number of FTEs authorized and the actual number employed. **Background:** The language in 1990 PA 200, Sec. 217 indicated legislative intent regarding a spending plan to carry out each program appropriation for the entire fiscal year and spending was not to exceed the appropriation. The reporting requirement for all allocation line items first appeared in 1995 PA 156, Sec. 207. With 2012 PA 200, the report became quarterly rather than bimonthly. In FY 2013-14 the report reverted to a bimonthly requirement and then back to quarterly in FY 2015-16. In FY 2016-17, the report requirement was changed to semiannually. Formerly Sec. 214 in the DHHS budget. Language was

Section Number	Description and History

revised in FY 2017-18 to reflect the authorized/actual language. The report was changed to quarterly in FY 2020-21, and the remote working report was added to assess the shift towards remote working due to COVID. The remote working report was removed in FY 2023-24.

DEPARTMENTAL ADMINISTRATION AND SUPPORT

301 **Private child placing agency training modalities.** The department shall train private child placing agency staff in pre-service training requirements and private child placing agency staff will be provided an opportunity to complete training at their private child placing agency facilities in a virtual format. Also, a virtual and in-person, hybrid will be available to all private child placing agency staff.

Background: The revised Senate language first appeared in the DHS budget in 2014 PA 252, Sec. 558. In FY 2015-16, the language was revised to require more specific reporting data. Workgroup and reporting language added in FY 2016-17. Language was completely revised in FY 2017-18, 2017 PA 107. New language was included in Senate Bill 139 of 2019, this language was deemed "unenforceable" in 2019 PA 67. Language was included in FY 2020-21, 2020 PA 166. Language was rewritten to allow for private child placing agencies to train their employees and also allow for a hybrid training courses would be available in FY 2021-22, 2021 PA 87. Language was moved from Sec. 558 in FY 2023-24.

303 **Eligibility specialist training.** Requires the department to create a program to train specialists on the eligibility verification process for the Healthy Michigan Plan community engagement requirements.

Background: This language was first included in FY 2025-26.

CHILD SUPPORT ENFORCEMENT

401 **Child support incentive payments.** Assumes total Federal incentive payment of $26.5 million; $12.0 million retained by the State and used for children support expenses; and $14.5 million allocated to counties based on performance; and other provisions if incentive payments are more or less than the $26.5 million estimate. Includes provisions for appropriations when Federal payments to the State are more than $26.5 million; if they are less, the county and state shares are to be reduced by 50% of the shortfall.

Background: Formerly Sec. 901 in the DHS budget. The language required DHS to submit an implementation plan to the appropriation committees 30 days prior to the child support incentive payments formula use (1985 PA 117, Sec. 118). In FY 1986-87, language required retention of $3,656,700 of child support incentive payments (appropriated as general fund/general purpose) by the state to be expended in legal support contracts and state incentive payments. Executive Order 2001-09 amended funds retained from $4,365,200 to $10,415,700, by a fund source shift, and revised expenditure purposes and legal support contracts to child support program expenses. The requirement for a program plan submission to the Legislature at least 30 days prior to implementation first appeared in 1985 PA 117, Sec. 118. In a FY 2002-03 supplemental, the language was repealed (2003 PA 173, Section 1001) and Sec. 371 increased incentives to $29,517,600, an added $19,101,900 in incentives and revised permitted use of the funds. 2006 PA 345 included rewrite based on agreement with State and county friend of the court (FOC) offices. Incentive payment amounts were reduced in FY 2019-20 in subsections

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	(1), (2), (4), and (6). Amounts updated to reflect actual child support incentive payment amounts in (1), (2), (4), and (6) in FY 2021-22, 2021 PA 87.
409	**CS excess collections.** If statewide child support collections exceed $38.3 million, 75% of the amount in excess of $38.3 million shall be distributed to eligible counties without supplanting Title IV-D funding; includes provisions to establish eligibility and requires reporting on payments made. **Background:** This language first appeared in the DHS budget, 2008 PA 248, Sec. 909. The language was updated in 2009 PA 129 and included the cap of $38.3 million.
410	**Escheated CS collections.** Authorizes State Budget Director to adjust the financing of legal support contracts if Title IV-D-related child support collections are escheated, both reducing Federal authorization and increasing general funding by 66% of the escheated amount. Requires Department to give notification 15 days after the authorization adjustment. **Background:** This language first appeared in the DHS budget, 2008 PA 248, Sec. 910. Small style adjustment in FY 2021-22, 2021 PA 87.
	COMMUNITY SERVICES AND OUTREACH
450	**School success partnership.** Appropriates $1,525,000 of TANF to the Northeast Michigan Community Services Agency for the School Success Partnership and requires a report on outcomes. **Background:** This Conference language first appeared in the DHS budget, 2014 PA 252, Sec. 1108 for $300,000.
453	**Homeless/emergency shelter per diem rate.** The department shall allocate funding to homeless shelters in an amount equivalent to a per diem rate of $19.00 for shelters statewide. The funding is allocated to shelters on a total basis as of the shelter's capacity. Department is required to submit report that includes the total amount spent for the program, total number of shelter nights, and the average length of stay in an emergency shelter for the prior 2 fiscal years. **Background:** Language first included in FY 2017-18. Language was modified in FY 2018-19 to continue the increased rate of $16.00 appropriated in FY 2017-18. Amount was increased to $18.00 per diem in supplemental in FY 2018-19, 2018 PA 618. Report was added in FY 2019-20, 2019 PA 67. The effective per diem was raised to $19.00 and the 'capacity payment' regime was instituted in FY 2021-22, 2021 PA 87. The report was amended in FY 2022-23 to add the prior 2 fiscal years as the reporting period.
454	**Allocation of funds for homeless programs.** Requires the Department to allocate the full amount of funding that is appropriated to homeless services. **Background:** This language first appeared in FY 2015-16, Sec. 642. Formerly, Sec. 642 in the DHHS budget.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
455	**Emergency shelter funding and TANF.** Requires the shelter programs to report required TANF data elements in order to receive TANF funds; also requires non-reporting shelters to forfeit any amount over its FY 1999-2000 reimbursement in TANF funds. **Background:** Language about shelter reimbursement rates, introduced in the House, first appeared in 2000 PA 294, Sec. 643 and included $3,000,000 to increase emergency shelter reimbursement rates by $3 to $13 per day. In 2001, PA 82 language provided $250,000 in TANF funds to expand emergency shelter bed capacity. In 2002 PA 529, 2003 PA 172, and 2004 PA 344 the language revised to require TANF data elements reporting to receive funding. Formerly Sec. 643 in the DHHS budget.
456	**Homeless birth certificate fees.** The language directs the department to allocate $10,000 to reimburse local public service agencies for the cost of providing birth certificates to homeless individuals. **Background:** The language was included in an initial appropriations bill for the first time in FY 2019-20, 2019 PA 67. The appropriation was reduced to $10,000 in FY 2023-24.
457	**Child welfare housing assistance.** The language directs the department to allocate $8,500,000 of TANF funding for enhanced housing supports to eligible families engaged with Michigan's child welfare system in need of housing supports. **Background:** The language was first included in FY 2024-25.
458	**Homeless shelter data.** The language requires shelters receiving state funds to enter data into HMIS. **Background:** The language was first included in FY 2024-25
459	**Non-congregate shelter.** The language allocates $2,000,000 of TANF to develop noncongregate shelter for individuals and families using a Housing First model that prioritizes providing stable and permanent housing to individuals experiencing homelessness. **Background:** The language was first included in FY 2024-25.
460	**Kid's food basket.** The department shall allocate $525,000.00 to increase services to support the runaway and homeless youth services program. **Background:** Language first included as ongoing in FY 2022-23.
462	**Cody Rouge- senior university.** The language allocates $400,000 to the Cody Rouge CAA to improve the connectivity and computer skills of seniors. **Background:** Language first included as one-time in FY 2023-24.
463	**Runaway and homeless youth grants TANF requirements.** The language requires youth in-transition, domestic violence, and teen parent counseling contracted agencies to report required TANF data elements to receive TANF funds. **Background:** Language was moved from Sec. 523 in FY 2022-23.

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464	**Diaper assistance program.** The language allocates $6,404,400 for the department to allocate as grants to diaper assistance programs, maternity homes, and other nonprofit agencies that distribute diapers free of charge. The funds shall only be used to purchase diapering supplies and administrative costs. Not more than 10% of funds shall go to administrative costs. Funds shall be evenly distributed to all regions of the State as defined by the Michigan economic recovery council. **Background:** This language was first included in FY 2021-22, 2021 PA 87. Moved from Sec. 689 in FY 2022-23 and amount increased to $4.4 million in FY 2022-23. Language modified in FY 2023-2024 which changed it from TANF funding to a mix of TANF and GF/GP, removed the age restriction to allow it to support adult diapers and limit administrative costs to 15%. Language modified in FY 2024-25 to make the state a volume purchaser of diapering supplies. Language modified in FY 2025-26 to require the distribution of funds through a grant process and limit administrative costs to 10%.
465	**2-1-1 statewide projects.** Provides $2,950,000 to be distributed to Michigan 2-1-1, a non-profit corporation, for the coordination and support of a statewide human services resource information system. Also requires Michigan 2-1-1 to refer any calls reporting fraud to the Department. **Background:** The language, introduced in Conference, first appeared in 2006 PA 345, Sec. 307. The requirement to refer calls on fraud to the Department and a reduction in amount of funding from $550,000 to $400,000 were added in 2012 PA 200. Funding increased to $500,000 in FY 2015-16 and to $950,000 in FY 2016-17. Funding increased to $2.95 million in FY 2022-23 and moved from Sec. 1152. FY 2025-26, language was added that requires Michigan 2-1-1 to pursue additional funding sources from local United Way chapters and other nonprofit organizations.
466	**Runaway and homeless youth expansion.** Requires the department to report on the following metrics as part of the runaway and homeless youth program: counties served and amount of funding received, amount of funding allocated to previously underserved communities and actual or planned capacity expansion, and barriers that hindered provider expansion. **Background:** This language first appeared in FY 2023-24. Language modified in FY 2024-2025 to support continuation of programming that was expanded in FY 2023-24. Language modified in FY 2025-26 to remove the specific appropriated amount.
	CHILDREN'S SERVICES AGENCY - CHILD WELFARE
501	**Foster care permanent placement.** Requires that no more than 25% of children will be in foster care for 24 months or more, if it is in the best interests of the child. Requires a report on the steps taken to achieve this goal by March 1. The report also requires an explanation of the most significant barriers preventing long-term foster children from permanent placements and 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. **Background:** This language first appeared in the DHS budget, 2007 PA 131, Sec. 501. Language was changed in 2011 PA 63, replacing the requirement that 85% of children in foster care for more than 1 year be permanently placed to the new standard. Senate language in FY 2013-14 reduced the percentage of children in care for 24 months or more from 35% to 31%. Conference reduced the limit from 31% to 27% and added a Senate reporting requirement. FY 2016-17 modified the percentage from 27% to 25%. The "if in the best interests" of the child language was included in FY 2018-19, 2018 PA

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	207. Language was modified in FY 2023-24 to include explanation of barriers preventing placement. Language was modified in FY 2024-25 to included Medicaid behavioral health claims or encounters.
502	**Foster care reimbursement.** Provides 50% reimbursement to Indian tribal governments for foster care expenditures. Department may provide up to 100% reimbursement to Indian tribal government that enter into a state-tribal Title IV-E agreement allowed under the IV-E State Plan. **Background:** This language first appeared in FY 1984-85, 1984 PA 246, Sec. 51. It was eliminated in 2011 PA 63. It was reinstated in FY 2012 PA 200. IV-E State Plan language added in FY 2021-22, 2021 PA 87.
505	**Juvenile justice report.** Requires by March 1 report outlining juvenile justice services in the prior fiscal year and first quarter of the current fiscal year in the State. **Background:** The language first appeared in 2010 PA 190, Sec. 505 in the DHS budget, focusing on foster care youth and the Children's Rights settlement. The language was revised and shortened in 2011 PA 63 to focus on juvenile justice youth. Data required from Wayne County was removed in FY 2017-18. Language specifying youth served by the department was added in FY 2018-19. Wayne County reporting added in FY 2019-20, 2019 PA 67 and removed in FY 2020-21, 2020 PA 166.
506	**Wayne county juvenile justice report.** Attaches condition of funding for attorney general contract for Wayne County by March 1, 2013 a report outlining juvenile justice services in the prior fiscal year and first quarter of the current fiscal year. **Background:** This language was first included in FY 2020-21, 2020 PA 166. Language modified in FY 2024-25 to include the required and actual staff-to-youth ratios.
507	**Private collections.** Allows for foster care private collections collected during the current fiscal year to include revenues for services provided in prior years. **Background:** The language first appeared in the DHS budget in 2010 PA 190, Sec. 507.
508	**Children Trust Michigan.** Additional money granted or received as gifts, or donations are appropriated to the Children Trust Michigan that is overseen by the State Child Abuse and Neglect Prevention Board. The Board may initiate a joint project with another State agency. The Department may use interest and investment revenue for programs, administration, and services sanctioned by the Board. The Department and Board are to distribute grant funding within 31 days of the project start date. **Background:** The language first appeared in FY 1993-94, 1993 PA 186, Sec.520. The Children's Trust Fund was created by 1982 PA 249. The October 31 deadline for the report was replaced by November 30 in FY 2013-14. The House removed the November 30th deadline to distribute the grants in FY 2014-15. A subsection detailing a $500,000 earmark towards addressing the interaction of substance use disorder with child abuse was added in FY 2018-19, 2018 PA 207. The earmark was removed in FY 2019-20, 2019 PA 67. Language in FY 2025-26 was modified to reflect the name change of the fund.
509	**Adoption supportive services rate increase maintenance.** The Department shall maintain 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. For cases accepted before the implementation of the new structure, the department shall maintain increase of GF/GP and any eligible Federal funding to maintain the increase adoption placement rates to child placing agencies including $23.00 per diem for all foster youth from the date of the case acceptance to the date of the adoption

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whichever occurs sooner. Language puts limitations that the per-diem rate must be separate from the outcome-based adoption payments.

Background: This language was first included in FY 2020-21, 2020 PA 166. Language update to maintain rate increase from previous fiscal year in FY 2021-22, 2021 PA 87. Language was combined with Sec. 570 from FY 2021-22, 2021 PA 87 to unify the adoption supportive services payments. Language modified in FY 2024-25 to create a new rate structure. The language in FY 2025-26 was updated to reflect the maintenance of the rate.

510 **Child caring institutions capacity payments.** Language requires the department to provide a monthly report that includes the number of children awaiting placement in child caring institutions and the reason for delays, and the number of capacity incentive payments awarded, denied and reason for denial.

Background: The original language was first included in FY 2022-23 to explore alternative payment methods and examine the possibility of a capacity model being reimbursable using Title IV-E funding. It also included the report on the waiting lists for child caring institutions. The department produced that report after that study was done and found that it was not possible to fund a capacity model with Title IV-E funding. The language was modified in FY 2023-24 to remove the exploratory study and direct the department to proceed with a capacity model for a specified number of beds. The language was modified in FY 2024-25 to reflect the implementation of the capacity model rate structure with payments for all contracted beds and incentive payments if there were no denials and all beds were full. FY 2025-26 language reduced the reporting frequency to quarterly.

511 **Timely assessments.** Requires the Department to provide semiannual reports to the Legislature on the number and percent of children who receive initial and mental health examinations within 30 days of entry into foster care assessments after entry into foster care. The goal of the program is that at least 85% of children receive timely physical and mental health examinations after entry into foster care.

Background: This language, introduced in the Senate, first appeared in the DHS budget in 2012 PA 200, Sec. 511. The requirements were revised in FY 2013-14 and again in FY 2015-16. Requirements were revised to semiannually in FY 2016-17. In FY 2018-19, language was specified to make physical and mental health examinations as well as the 85% goal sentence. In FY 2019-20, the language was modified slightly to reflect a 30-day deadline to receive medical and mental health examinations. The 'June 14, 2022' phrase was first included in FY 2022-23.

512 **Foster care luggage.** Allocates $500,000 of TANF revenue for a program that provides luggage to a child who is being removed from the child's home or changing placement.

Background: Language was first included in FY 2024-25.

513 **Out-of-state placements.** Provides conditions under which out-of-state children's placements can occur. Requires approval of the Executive director of the children's services agency for all expenses paid for children placed in out-of-state facilities. Requires annual report due by March 1on the number of children placed out of state in the previous fiscal year, the total and per diem costs to the State, a list of out-of-state placements, and a list of out-of-state facilities visited by the department before the child's placement..

Background: The language first appeared in FY 1998-99, 1998 PA 294, Sec. 521. Language was updated in FY 2013-14 to change the out-of-state placement report to quarterly, and to add the reports on in-state facilities and recidivism data. Approval of the Executive director was changed from Deputy director in FY 2017-18. Removed recidivism definition requirement and report in FY 2018-19, 2018 PA

Section Number	Description and History
	207. Reporting was updated in FY2019-20, 2019 PA 67, to reflect March 1 reporting date and to request that the data include information from the previous fiscal year.
514	**Foster care respite program.** The department maintains a statewide respite care services network available to licensed foster parents and unlicensed relative caregivers caring for children in foster care. **Background:** The language first appeared in FY 2023-24.
515	**CPS caseworker accompaniment.** The language requires the department to provide, if requested, additional CPS worker or department employee to accompany CPS workers during home visits. **Background:** Language was first included in FY 2019-20, 2019 PA 67.
516	**County Child Care Fund indirect payments.** The language directs the department to release indirect payments to the county monthly and a county is not required to submit documentation to the department for any of the expenditures that are covered under the 10%. This language allocates $3.5 million for covering the indirect costs to counties which are no longer part of indirect cost base due to implementation of 'State Pays First' **Background:** Language was first included in FY 2018-19, 2018 PA 207 subsequent to modifications to MCL 400.117(a) that went into effect 5-15-2018 (2018 PA 244). This funding and language was originally included in Senate Bill 139 of 2019. The funding, $4.2 million was vetoed in 2019 PA 67. Most of the funding was restored, $3.5 million in a FY 2019-20 supplemental, 2019 PA 154 (Sec. 451.).
517	**Out of state foster family homes - required child visitations.** Language states that the Department may request required and additional visits that the Department deems necessary for children placed into family foster care out of state. **Background:** Language was first included in FY 2022-23.
518	**In-home juvenile justice child care expenditures.** Requires the department to report on the community-based juvenile justice programs that are eligible for the enhanced 75% reimbursement rate by March 1. **Background:** This language first appeared in FY 2023-24 and is a part of the recommended initiatives from the Juvenile Justice Task Force.
520	**Child Care Fund report.** The department shall provide a report detailing information regarding the costs and days of care for out-of-home placement for child welfare. **Background:** This language was first included in FY 2017-18, 2017 PA 107.
522	**Foster care scholarships.** Language appropriates $750,000 to the Fostering Futures Scholarship program to provide scholarships to foster youth who attend a college or career technical school. An annual report is required by June 1. **Background:** The Conference language first appeared in the DHS budget in FY 2013-14, Sec. 522. This language was revised in Conference in 2014 PA 252. The addition of career technical school was included in FY 2018-19. Semiannual report added in FY 2019-20, 2019 PA 67. Changed to an annual report in FY 2022-23. Language modified in FY 2024-25 to reflect rate increase.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

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Section Number	Description and History
523	**Program status reports.** Requires a report on the status of the prevention services program during the annual budget presentation. Also requires a report on outcomes based on evaluations of family preservation programs: family's first, family reunification, and families together building solutions. **Background:** This language, introduced in the Senate, first appeared in FY 2001-02, 2001 PA 82, Sec. 524. The TANF requirements first appeared in FY 2000-01, 2000 PA 294, Sec. 523. The match required introduced in the House in FY 2003-04. The 10% organizational match was eliminated in 2011 PA 63. House language to add family preservation programs was included in FY 2013-14. New evaluation language was first included in FY 2018-19, 2018 PA 207. Increased funding for family preservation rates was included in the FY 2020-21 budget, 2020 PA 166. Funding 'maintenance' language included in FY 2021-22, 2021 PA 87. Removed subsection that requires TANF recipients to meet TANF reporting elements in FY 2022-23 and subsection that directs the department to maintain the funding increase in FY 2025-26.
524	**Strong families/Safe children spending plans.** Requires DHHS to submit spending plans on the Strong Families/Safe Children program by October 1 to the Subcommittees. **Background:** The language, introduced in the House, first appeared in the DHS budget in FY 2013-14, Sec 524.
525	**Residential facility evaluation process.** Requires DHHS to maintain the same on-site evaluation processes and penalties for privately-operated child welfare and juvenile justice residential facilities as is used to evaluate state-run facilities. **Background:** The Conference language first appeared in the DHS budget in 2012 PA 200, Sec. 525. FY 2025-26 language modified to reflect the maintenance of the evaluation process previously implemented.
526	**Court-appointed special advocates funding.** The department shall allocate $2,250,000 to a nonprofit organization that assists with assigning volunteers to children who are victims of abuse and neglect. **Background:** $500,000 in funding were originally included in Senate Bill 139 of 2019. The funding was reduced to $100 as part of EO 2019 administrative board transfers. The funding and new language were included in the FY 2020-21 budget, 2020 PA 166. Funding was increased to $1.0 million in FY 2021-22, 2021 PA 87. In FY 2023-2024 funding was increased to $2.5 million. In FY 2024-25 funding was adjusted to $2,250,000.
528	**Child Care Fund basic grants.** Appropriates $3.73 million in order to increase small county basic grant amount. **Background:** Language included in the budget for FY 2022-23. Language modified in FY 2024-25.
529	**Foster care prevention services.** Language included ensuring existing prevention service programs are increased above the amount provided as of 9/30/2021 as the Federal FFPSA law is implemented. **Background:** Language included in the budget in FY 2021-22, 2021 PA 87. Requiring the funding to not be less than the funding as of 9/30/21 was added in FY 2022-23. FY 2024-25 modified to reflected the increase in foster care preservation services.

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530	**Performance-based contracts.** Requires that all master contracts shall be performance-based that employ a client-centered results-oriented process based on measurable performance indicators and outcomes and include an annual assessment of provided quality services. A report by February 1 shall include the measurable performance indicators, desired outcomes, and assessment of services provided for each contract. **Background:** This language first appeared in the DHS budget, 2005 PA 147, Sec. 279. The report date and reference to master contracts were added in FY 2013-14. Moved from Sec. 279 to 530 in FY 2019-20, 2019 PA 67.
532	**Semiannual meetings with residential providers.** Requires the department to hold meetings with state and private residential providers to discuss feedback and opportunities for improvement. **Background:** Language was first included in FY 2025-26.
534	**Adoption subsidies report.** The department will report on several aspects of adoption support subsidies to inform the legislature on the current processes for how this program is currently operating including the range of non-$0.00 subsidies. **Background**: This reporting language was first included in FY 2018-19, 2018 PA 207. 'Non-$0.00' range added in in FY 2021-22, 2021 PA 87.
537	**Unlicensed relative standards report.** The department must report on the number of unlicensed relative placements not approved as meeting licensing standards and number of licensed relative caregivers with placements. The report must also include the total number of relative care placements, the total number of relative care placements into unlicensed relative homes, the total number of relative care placements into licensed relative homes and a list of the reasons from a sample of cases where relatives were denied foster home licensure as documented by the department. **Background:** This language was first included in FY 2021-22, 2021 PA 87. The language was modified in FY 2023-24 to include language formerly in section 512.
540	**Psychotropic medication approval.** Department shall, if the ward is a State ward, make a determination on the proposed change in psychotropic medication within 7 business days after the request or, if the ward is a temporary court ward, seek parental consent within 7 business days after the request. If parental consent is not provided within 7 business days, the Department shall petition the court on the eighth business day. **Background:** This language was deemed 'unenforceable' mistakenly in FY 2019-20 and was included again in FY 2021-22, 2021 PA 87.
546	**Private agency per diem rates.** Sets administrative rates for private and nonprofit foster care and independent living services. Ensures that providers of foster care services receive no less than a $37.00 administrative rate, providers of general independent living services no less than a $28.00 administrative rate, and to pay per diem rates for independent living plus that are to-be-determined. Requires report by December 1 of current fiscal year of the Department's per diem cost of care for foster care services directly provided by DHHS. Increases the administrative rate for private providers by $8.00 if legislation to also increase the county match rate increases. Requires providers of foster care services to submit quarterly expenditure reports to identify actual costs of services, if required by Title IV-E rules. Provides an increase for private residential service providers. Increases administrative rate per diem for non-profit private providers of general foster care, independent living, and trial reunification services to $9.20 if

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legislation to also increase the county match rate increases. The administrative rate is set at a base of $60.20 before incentive payments, with the intent that part of the increased rate be passed along to caseworkers as a compensation increase.

Background: The language, introduced by the Senate, first appeared in 2006 PA 345, Sec. 546. Language with updated administrative fees was added in 2008 PA, Sec. 546. The language regarding specialized independent living services was eliminated in 2011 PA 63 and was then reinstated in 2012 PA 200. House language on the $3 rate increase and Conference language requiring a report on the actual costs of Title IV-E services first appeared in FY 2013-14. The reference to specialized independent living was replaced with independent living plus in FY 2014-15. Increase in administrative rate was raised to $8 from $3 in FY 2016-17. Increase in administrative rate was raised to $9.20 from $8.00 in 2017 PA 107. References to the additional administrative rate payment were removed in FY 2019-20. The $46.20 and March 20, 2019 date were added in FY 2019-20, 2019 PA 67. The March 20, 2020 date was updated in FY 2020-21, 2020 PA 166. The rate was increased to $55.20 and the date changed to April 1, 2021 in FY 2021-22, 2021 PA 87. Removed date of April 1, 2021 for the date to keep administrative rates and the 12% increase for independent living. FY 2023-24 changed the date to October 1, 2022 to maintain rates at not lower than $55.20. The language was modified in FY 2024-25 to increase the rates. FY 2025-26 language modified to clarify that $60.20 is the base rate.

547 **Guardianship assistance rate.** Requires that the minimum guardianship rate is not less than the corresponding minimum foster care rate. Requires an annual report with quarterly data on the number of children in the guardianship assistance and foster care-children with serious emotional disturbance waiver program

Background: The language first appeared in the DHS budget in FY 2013-14, Sec. 547. Added serious emotional disturbance language in FY 2018-19, 2018 PA 207. Language was modified to annual report with quarterly data in FY 2022-23.

550 **Child Care Fund limitation on lookback.** Language limits the department and counties from looking back greater than 12 months to request reimbursement for if there are discovered unbilled charges. Additional language requires that all service providers submit a request for payment within 12 months from the date of service. Also, counties are not subject to reimbursement to the State if an error in foster care fund source determination is made.

Background: The language first appeared in FY 2017-18. New language surrounding the service provider language was included in FY 2018-19, 2018 PA 207.

551 **Child Care Fund response requirement.** Language requires the department to respond to any information or clarification from a county within 30 days.

Background: The language first appeared in FY 2017-18, 2017 PA 107.

552 **Child Care Fund review results.** Language requires department to provide results of child care fund review to counties within 60 days after completion if the department has received of all requested documentation from the county. Language also prohibits the department from providing certain types of feedback regarding county's child care fund programs.

Background: The language first appeared in FY 2017-18. Evaluation prohibition language was included in FY 2018-19, 2018 PA 207. The requested documentation phrase added in FY 2021-22, 2021 PA 87.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

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554	**Foster care "closet" program.** Provides $50,000 to allocate to a non-profit program to provide access for needed goods for children in foster care. **Background:** This language was first included in FY 2021-22, 2021 PA 87.
557	**CPS and foster care state vehicle allowance for use.** Allows for CPS and foster care workers to use State owned vehicles to drive to foster home visits or for other flexible purposes. **Background:** This language was first included in FY 2021-22, 2021 PA 87.
559	**Adoptive Family Support Network.** Appropriates $500,000 to the Adoptive Family Support Network for a peer coaching program for adoptive parents and requires a report by March 1. **Background:** The language first appeared in the DHS budget in 2014 PA 252, Sec. 559. The amount of funding in the PA 84 of 2015 was reduced from $0.7 million. Funding was reduced from $350,000 to $250,000 in FY 2016-17. The language and funding were included in Senate Bill 139 of 2019 but were vetoed as part of 2019 PA 67. The funding and language were included in FY 2020-21, 2020 PA 166. Increased to $500,000 in FY 2024-25.
562	**Travel reimbursements for foster parents.** Requires the Department to provide travel reimbursements to foster parents who bring their foster children to parent-child visits. **Background:** The Senate language first appeared in the DHS budget in FY 2014-15., Sec. 562.
564	**Parent-child visitation success rate.** Requires the Department, local county offices, and child placing agencies to meet an 85% success rate in terms of required meetings for parent-child visitations and meetings between caseworkers, supervisors, and parents, after accounting for circumstances that are outside the caseworker's control. **Background:** The Senate language first appeared in the DHS budget in FY 2014-15., Sec. 564, and was revised in FY 2015-16. Success rate changed to 85% in FY 2017-18, 2017 PA 107. Language modified in FY 2024-25 to expand reporting.
568	**Foster care youth - driver's license/state ID card provision.** Requires the Department to provide assistance to youths transitioning out of foster care to obtain a driver license or state identification card and a copy of their Social Security card. Report is required by April 1 to update the Legislature on the efforts taken to comply with this language. **Background:** The Senate language first appeared in FY 2022-23.
569	**Reimbursements for adoptions.** Places a timeline on the Department to reimburse private child placing agencies for completed adoptions. **Background:** The Conference language first appeared in the DHS budget in FY 2014-15., Sec. 569.

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574	**Foster care licensure and services.** The language directs $1,375,000.00 for family incentive grants for private and community-based foster care service providers. By March 1, the department shall provide a report on the amounts spent on private and community-based foster care providers for family incentive grants. **Background:** The language first appeared in the DHS budget in 2007 PA 131, Sec. 574. The references to performance-based contracting and 180 days for licensure were included in FY 2014-15. Overall reimbursement pool increased from $2.5 million to $3.5 million and rates per case from $2,300.00 to $4,500.00 in FY 2017-18. In FY 2018-19, total amount was reduced from $3.5 million to $2.0 million. The 180-day limitation and both reporting requirements were added in FY 2019-20, 2019 PA 67. The relative licensure incentive amounts were removed in FY 2020-21, 2020 PA 166. Family Incentive grant was increased by $1.0 million to $1.375 million in FY 2021-22, 2021 PA 87. FY 2023-24 included a language modification which expands the use to alleviating potential safety concerns in the homes of unlicensed relatives homes.
575	**Kinship caregiver advisory council.** The language directs the department to allocate $200,000.00 to the Kinship Advisory Council when created in section 576. Language lists out all of the responsibilities of the kinship caregiver advisory council. **Background:** This language was initially included in the FY 2020-21 budget, 2020 PA 166. The enacting statute that created the Kinship Advisory Council, House Bill 5444 of 2020 was vetoed. Reference to Section 576 was added in FY 2021-22, 2021 PA 87. Language detailing the responsibilities of the council was add in FY 2022-23.
578	**Title IV-E educational pilot program.** The department shall allocate Title IV-E passthrough funds for educational pilot programs to strengthen this state's child welfare workforce. The program is to support scholarships and educational expenses in social work degree programs, and field placements in child welfare. A stipulation of the support is a commitment to work 4 months for every semester they receive the stipend in Michigan child welfare. **Background:** The language was first included in FY 2023-24. Language was modified in FY 2024-25. Language modified in FY 2025-26 to remove the allocation amount.
581	**Foster care worker provision for incidentals.** Allocate $50,000.00 for caseworkers to provide immediate assistance to distribute when considered appropriate by the caseworker to provide meals , clothing or other basic necessities for children upon removal from their home or other dangerous environment, including children who are victims of human trafficking. **Background:** This language was first included in FY 2021-22, 2021 PA 87. Language modified in FT 2023-24 to included other basic necessities. Language in FY 2025-26 removed the reporting requirement on the distribution of funds.
583	**Foster care parent dropouts.** By March 1 of the current fiscal year, the Department shall implement the recommendations from the work group in order to address the number of foster care parents who dropped out of the program in the previous fiscal year and reasons why they left and how the data compares to previous years. Reports on number and percentage of licensed foster homes that closed their license because they adopted their foster child. **Background:** This language first appeared in the DHS budget in 2009 PA 129, Sec. 583. Language in 2011 PA 63 required a work group and report on the number of foster parent dropouts. Language in 2012 PA 200 eliminated the work group requirement, replacing it with the requirement to implement the work

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	group recommendations. Reporting requirements were updated based on Senate language in FY 2013-14. Reporting date changed from February to March in FY 2018-19, 2018 PA 207. Modified in FY 2024-25 to include number of homes that closed their license because they adopted their child.
585	**Professional training.** DHHS must provide at least one training class per month for private child welfare workers. **Background:** This language first appeared in the DHS budget in 2009 PA 129, Sec. 585. Language introduced in 2011 PA 63 required the Department to post relevant training materials on the website. The training requirement was added FY 2013-14.
588	**Child welfare reporting.** Requires all reports from the court-appointed settlement monitor be distributed without revision by the Department. Requires a report by October 1 that addresses that status and progress towards exiting the settlement and an update on the department's child welfare initiative. **Background:** The language first appeared in the DHS budget in 2010 PA 190, Sec. 588. Language in 2012 PA 200 changed the report requirement from monthly to quarterly. Moved the serious emotional disturbance waiver program language to Sec. 547. in FY 2018-19. Settlement exit plan report added in FY 2019-20, 2019 PA 67. Language modified in FY 2023-24 to remove terminate and dismiss the settlement, and revised to status and progress towards exit.
589	**Foster care transfer rates.** DHHS must pay 100% of the administrative rate for all new cases referred to providers of foster care services. A quarterly report on monthly foster care cases administered by private providers is also required. **Background:** The language first appeared in the DHS budget in 2010 PA 190, Sec. 589. The case management and monthly report requirements were added in 2012 PA 200. Language regarding the county match was added in FY 2013-14. Language on the payment of 100% of the administrative rate was added in FY 2014-15. The language was shortened and revised in the FY 2015-16 budget. Report was modified to quarterly in FY 2019-20, 2019 PA 67.
592	**CPS investigations - quarterly report.** The language requires the department to provide quarterly, a series of data on aspects of CPS investigations. **Background:** This language was originally included in the FY 2020-21 budget, 2020 PA 166.
593	**Annual review of child abuse/neglect investigation and interview protocols.** The language directs the department to conduct and report on whether counties have adopted and implemented standard child abuse and child neglect investigation and interview protocols. **Background:** This language was originally included in the FY 2020-21 budget, 2020 PA 166.
594	**Foster care investment implementation.** Language gives direction and authority to the department to provide resources to regional resource teams for foster parent attraction and retention and for the Michigan Youth Opportunity Initiative. **Background:** The language first appeared in FY 2017-18, 2017 PA 107.

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598	**Child Care Fund MiSACWIS modifications.** Requires the Department to make modifications to the MiSACWIS system to allow for partial child care fund reimbursement. **Background:** This language was first included in FY 2017-18, 2017 PA 107. Moved from Sec. 1904 in FY 2019-20, 2019 PA 67.
	PUBLIC ASSISTANCE
601	**Rent vendoring**. Allows termination of rent vendoring if rental unit is not in compliance with local housing codes or the landlord is delinquent on property tax payments. **Background:** In 1983 PA 171, Sec. 61 required no rent payments for rental unit, from which recipient was relocated due to excessive fuel consumption, unless the landlord takes steps to weatherize the unit; payments to be held in escrow until work completed. In 1985 PA 117, Sec. 128 language permits withholding payment from landlord if rental unit not in compliance with local housing codes; requires landlord statement the unit complies.
602	**Disability applications and assistance needs.** Requires the Department to conduct a full needs assessment for individuals who apply for disability assistance two times within one year to determine eligibility for other assistance programs. **Background:** This Senate language first appeared in the DHS budget in FY 2014-15, Sec. 602.
603	**Public assistance income changes.** The language requires the department to notify recipients of food assistance, family independence program, or state disability assistance if an income change will affect their benefits no later than 15 workdays before the first day of the month where the change would take effect. **Background:** This language was first included in FY 2019-20.
604	**State disability assistance (SDA) program.** The language outlines the SDA program operation and eligibility criteria, including needs test, and terms related to substance use disorder treatment. **Background:** The language first appeared in 1991 PA 111, Sec. 805. Language in 2012 PA 200 removed refugees who lose SSI benefits from eligibility. Substance abuse was replaced with substance use disorder in FY 2016-17.
605	**SDA payments.** Requires grant payment for the SDA recipient living in licensed adult foster care to equal that of a recipient of Supplemental Security Income (SSI). **Background:** The language first appeared in 1991 PA 111, Sec. 809.
606	**SDA repayment.** Requires the SDA recipients to repay any assistance received under those programs upon receipt of retroactive SSI benefits. **Background:** The language first appeared in 1991 PA 111, Sec. 810.

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607	**SDA/SSI recoveries.** Allows appropriation revenue for SDA/SSI recoveries be satisfied by all related net recoveries received in the given fiscal year. **Background:** The language first appeared in 1991 PA 111, Sec. 812.
608	**Adult foster care reimbursements.** Prohibits adult foster care and homes for the aged service providers from requiring reimbursement from SSI recipients more than legislatively authorized rates. Also includes authorization for providers to accept third party payments unless it results in reduction of SSI payment. **Background:** The language first appeared in 1980 PA 315, Sec. 60, although third party payment language was added later in 1996 PA 368, Sec. 611.
609	**Adult personal care services.** Personal care services payment for eligible (adult foster care and home for the aged) SSI recipients shall not be reduced in the current fiscal year. A not-less-than 30-day notification to the Legislature must be made before any reduction in the State supplemental payment level. **Background:** The language first appeared in 1996 PA 368, Sec. 613.
610	**State emergency relief (SER) grants.** Requires the Department to grant SER payment exceptions if unexpected expenses related to maintaining or securing employment occur. **Background:** The language first appeared in 1995 PA 156, Sec. 615.
611	**SSI state supplementation.** Requires DHHS to provide no more than the minimum SSI payments required by the Federal government for couples living independently or in the household of another. **Background:** This language first appeared in the DHS budget in 2012 PA 200, Sec. 611.
613	**Indigent disposition reimbursement rates.** Provides a maximum reimbursement rate of $960.00 for final disposition of indigent persons, $875.00 for adult burial with services, $610.00 for adult burial services without services, $240.00 for infant burial, $640.00 for adult cremation with services, $390.00 for adult cremation without services, and sets a maximum allowable reimbursement at $260.00 if an irrevocable funeral agreement exists and reimbursements for permit fees up to $80. Allows for burial if an individual's religion prohibits cremation. Includes other reimbursement schedules. Requires a report by January 31 on various payments for different types of burial service categories. Allows for a 20 day limit for indigent burial applications, a limit of $6,000 on supplements for additional services, and allowance for funeral directors to apply for benefits. **Background:** It appears the language was first used in 1994 PA 291, when rates were $760 for funeral homes, $200 for cemeteries, and $100 for vault providers. For FY 2001-02 a supplemental bill (2001 P.A. 120) amended the maximum from $1,160 to $1,310. Later Executive Order 2001-09 amended the maximum to $1,114. The funds are reduced to $947 per burial in 2003 PA 172 and $909 in 2005 PA 147. See a history table for details. Language, introduced by the Senate, revised to a services pilot program in 2006 PA 345, Sec. 613. Language, introduced in the Senate, revised the allowable reimbursements to include only cremation costs of unclaimed indigent persons, unless an individual's religion requires burial. Language revised to refer to final disposition and removed the reference to unclaimed individuals in FY 2013-14. Language revised to include other reimbursement schedules in the FY 2015-16 budget. Rates raised in FY 2016-17 to $800, $725, $490, $170, and $75 respectively and added intent language to raise funeral director rates by $5.00 per case. Removed intent language to

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	increase funeral director rates in FY 2017-18, 2017 PA 107. All reimbursement rates were increased by $40.00 in the FY 2020-21 budget, 2020 PA 166. Burial services report added was first included in FY 2021-22, 2021 PA 87. Modified the report date from October 1 to January 31 in FY 2022-23. Indigent burial rates were increased in FY 2024-25 and added additional policy updates. In FY 2025-26, language was added to increase and expand reimbursements.
614	**Federal disability eligibility.** Requires a report by January 15 on the percent of State Disability Assistance recipients who were eligible for Federal disability in the previous fiscal year. **Background:** The language first appeared in FY 2015-16., Sec. 614.
615	**Illegal alien assistance.** Prohibits public assistance payments for persons who are not a United States citizen, permanent resident alien, or refugee except for food bank and emergency shelter contracts. **Background:** The language first appeared in 1994 PA 291, Sec. 624. "Illegal alien" language modified in FY 2020-21, 2020 PA 166.
616	**BRIDGE card retailer fee cap.** Requires retailers who participate in the EBT program to charge no more than $2.50 in fees for cash back as a condition of participation. **Background:** The language, introduced in the Senate, first appeared in the DHS budget in 2012 PA 200, Sec. 616.
619	**Drug felony exemption.** Provides an exemption to any individual convicted of drug related felonies, who were convicted after August 22, 1996, from denial of Title IV-A assistance and food assistance benefits under certain conditions. **Background:** This language, introduced by the Senate, first appeared in 1997 PA 109, Sec. 622. This State action is permissible through Federal welfare reform legislation (section 115, Title I of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), P.L. 104-193, 21 U.S.C. 862a). Benefits can be provided through a third-party payee or vendor or an authorized representative is required for receipt of food assistance. Language in 2011 PA 63 nullified the exemption if an individual was convicted of 2 or more felonies that included a controlled substance after August 22, 1996. Language was updated in FY 2018-19, 2018 PA 207 to reflect actual practice of the department after the *Barry v. Lyon* decision. Two felony exemption removed to allow to any number of felonies to qualify for FAP benefits in FY 2020-21, 2020 PA 166.
620	**Medicaid eligibility review.** Requires a semiannual report on the changes to the Medicaid program after the ending of the Medicaid continuous enrollment requirement that was in place for the duration of the national Covid-19 Public Health Emergency. **Background:** This human services language first appeared in 2000 PA 294, Sec. 223. The nursing home patient deadline first appeared in 2005 PA 147, Sec. 224. The language was consolidated and a requirement to implement a Lean process was introduced in 2012 PA 200, Sec. 1207. The reference to the Lean process and report was updated in FY 2013-14 and the boilerplate section moved to Sec. 620. The language on the Lean process was removed and quarterly reports on the standard of promptness were added in FY 2014-15. Revised standard of promptness and reporting frequency in FY 2015-16. Reporting was changed from semi-annually to quarterly in FY 2016-17. Language clarifying the Medicaid application timeline was added in FY 2021-22, 2021 PA 87. Modified to provide an annual report in FY 2022-23. Language was overhauled to provide status report and data about the number of individuals eligible for Medicaid after the unwinding of the continuous enrollment requirement.

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625	**Legal Services Association of Michigan (LSAM).** Directs the Department to provide grants to LSAM 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. **Background:** This version of language first appeared in FY 2024-25 though versions of it have been included in other appropriations acts.
645	**Domestic violence and SER eligibility.** Outlines definitions of homeless individual or family and domestic violence for the purpose of state emergency relief eligibility; coincides with department policies on good cause in not cooperating with child support and paternity requirements. **Background:** This human services language first appeared in 2000 PA 294, Sec. 645.
653	**Food assistance exemption.** Provides an exemption of the 3 months out of a 36-month period limit for food assistance program benefits to persons who are victims of domestic violence or human trafficking and are not eligible for other exemptions. **Background:** The human services language first appeared in 2000 PA 294, Sec. 653. The exemption for human trafficking was added in FY 2021-22, 2021 PA 87.
654	**Bridge cards and farmers' markets.** Requires the Department to notify Bridge card recipients that they may use the card at farmers' markets in the State and to provide information about the Double Up Food Bucks program. **Background:** This House language first appeared in FY 2015-16, Sec. 654.
655	**LIHEAP spending plan.** Requires DHHS to provide the LIHEAP spending plan to the Subcommittees within 14 days of its approval. **Background:** The Conference language first appeared in the DHS budget in FY 2013-14, Sec. 655.
660	**Michigan food bank council – Michigan agricultural surplus system.** Allocates $12.0 million to the Michigan agricultural surplus system. **Background:** This language first appeared in FY 2023-24. Language in FY 2025-26 modified to remove reference to the Food Bank Council of Michigan.
669	**Family independence program — clothing allowance.** Requires the Department to distribute cash and food assistance electronically by debit card; includes an allocation for school clothing allowance of $10.0 million and a requirement to notify eligible FIP recipients of the allowance. **Background:** The school clothing allowance language first appeared in 2003 PA 172, Sec. 669. The clothing allocation was reduced from $12.8 million to $2.88 million in the DHS budget in 2011 PA 63. By eliminating the reference to spending of an amount "up to" $2.88 million, the language was changed to require the allocation in FY 2013-14. Replaced $2.88 million with $6.27 million in FY 2016-17. Clothing allowance increased to $7.23 million in FY 2018-19, 2018 PA 207. Clothing allowance increased to $10.0 million in FY 2023-24.
672	**Inappropriate use of electronic benefit card (EBT).** Requires report by February 15 of current fiscal year on efforts to reduce inappropriate use of EBTs that includes the number and status of cases, the number of people whose benefits were revoked, and the number of retailers that were fined or removed from the program. Language also requires the department to provide information about food assistance

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program trafficking as defined as buying and selling of food assistance benefits for cash. Reporting language clarified to distinguish savings and cost avoidance to calculate actual fraud committed and eligibility determinations which avoid costs at the beginning of the case. If a household has been issued 4 cards within a 12-month period, before their fifth card is issued, the recipient must speak with the local office district manager or county director. Also, clarified that the benefits card should be referred to as a Michigan Bridge Card.

Background: The language first appeared in 2010 PA 190, Sec. 672. Additional reporting requirements were added in 2012 PA 200. House updated report date in FY 2013-14. Reporting clarification and BRIDGE card policy change (from 4 over a 12-month period to 2 over a 3-month period) were added in FY 2017-18, 2017 PA 107. Additional reporting language on food assistance program trafficking added in FY 2020-21, 2020 PA 166. 'Michigan Bridge Card' and replacement notification after 4 card within 12 months was added in FY 2021-22, 2021 PA 87.

677 **State goal of FIP employment.** Requires the Department to establish a State goal of not less than 50% for the percentage of FIP cases involved in work related activities through PATH; if the goal is not met during two consecutive quarters, requires submission of a plan to increase percentage. An annual report providing quarterly data is required. Establishes a long-term employment goal of 15% of cases for 6 months or more.

Background: The human services language, introduced by the Senate, first appeared in 2005 PA 147; Sec. 677 included a quarterly report. The report requirement changed from quarterly to monthly in 2012 PA 200. Language adding a long-term employment goal and work group and changing the work program reference to the PATH program was introduced by the Senate and first appeared in FY 2013-14. Removed language on a workgroup and updated the reporting requirements in FY 2014-15. Reporting requirements for providing quarterly data on semiannual basis was added in FY 2021-22, 2021 PA 87. Reporting requirements were changed for providing quarterly data on an annual basis in FY 2022-23.

678 **Family independence program — child supplemental payment.** Requires the Department to allocate $16.2 million to provide a supplemental payment to each FIP family for each child under 6 years of age. Allocates $7.0 million to each FIP family for each child between the ages of 6 and 13 years of age.

Background: The language first appeared in FY 2022-23. Overall amount was increased and $400 minimum was put into place in FY 2023-24. The two classes of payments: 0-5 years old and 6-13 years old was added in FY 2024-25.

686 **Benefits from other states and eligibility.** Requires the Department to confirm assistance program applicants are not receiving benefits from another state; to confirm the address on the application; to explore new eligibility limitations, including a cap of $200,000 on the value of a home; and to make a reasonable attempt to obtain updated phone numbers for those receiving medical assistance.

Background: This language first appeared in the DHS budget in 2009 PA 129, Sec. 686. House language reduced the reference to home value from $500,000 to $250,000 in FY 2013-14. The cap was reduced from $250,000 to $200,000 in FY 2014-15. Relaxing the requirement on obtain up to day telephone numbers to “make a reasonable attempt” was adopted in FY 2023-24.

Section Number	Description and History
687	**Public assistance data reporting.** Requires quarterly reports beginning January 1, 2014 on FIP, SDA, FAP, Medicaid, and SER recipients. Special requirements for FIP include the PATH work program, truancy, sanctions and lifetime limits. Report references 10-day assessment period. **Background:** The revised Senate and House language first appeared in the DHS budget in FY 2013-14, Sec. 687. Dates for the quarterly reports were added in FY 2014-15. Assessment period changed from 21-days to 10-days in FY 2021-22, 2021 PA 87. 48-month lifetime limit was modified to the standard Federal 60-month limit in FY 2024-25.
689	**Prenatal and Infant Support Program (Rx Kids).** Allocates $20.0 million in ongoing TANF revenue to the operation of programs that provide for the economic stability of households with pregnant women. Requires a report on the demographic information of the participants. **Background:** The language first appeared in FY 2024-25. FY 2025-26 language revised the reporting period to cover the previous fiscal year.
	CHILDREN'S SERVICES AGENCY - JUVENILE JUSTICE
701	**Juvenile justice private contract changes.** Prohibits the Department from changing the terms of juvenile justice contracts without consent. **Background:** The language first appeared in the DHS budget in FY 2014-15, Sec. 701.
702	**Shawono Center closure reporting.** Requires the department to provide a report by November 10 on the number of youths moved to another facility or returned home, and the number of staff who accepted new positions within the department, relocated to the Michigan Youth Treatment Center, or are no longer employed by the department. **Background:** This language was first included in FY 2025-26.
706	**Regional detention services costs.** Requires counties to pay 50% of alternative regional detention services costs, if services do not meet State legislative requirements, Sec. 117e of the State Social Welfare Act, on use of supplemental funds for early intervention services for delinquency and neglect if services are operated with professional staff. **Background:** The language first appeared in 1992 PA 168 and continued through 2000 PA 294, Sec. 505 in the Child and Family Services unit. The language was formerly in the Juvenile Justice Unit beginning in 2001 PA 82, Sec. 706 until 2003 PA 172. FY 2005 number change to Sec. 540. In 2006, PA 345 section renumbered to Sec. 706.
707	**Child care fund reporting**. Requires counties to submit billing reports to the Department to be eligible for childcare fund reimbursement for juvenile placement expenditures. **Background:** The human services language first appeared in 1999 PA 135, Sec. 706 requiring Wayne County to report to the Department to use appropriated block granted funds. Beginning in FY 1999-2000, after legislation (1998 PAs 516 and 518) amended the Social Welfare and the Youth Rehabilitation Acts, all counties could, by establishing county juvenile agencies, receive block granted funds for county juvenile services delivery. The block grant was not included in the FY 2000-01 appropriation and Section 706 was not included. The language, however, appeared again in 2001 PA 82, Sec. 707, requiring all

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counties to report to receive Child Care Fund reimbursement for juvenile delinquency placements. FY 2005 number change to Sec. 541. In 2006, PA 345 section renumbered to Sec. 707.

708 **Child care fund service plan.** Requires counties to have a service plan for Child Care Fund spending by October 15 and to submit the plan for approval to the Department by August 15 of the current fiscal year for approval. States that the Department must limit any revision request to an initial revision request and cannot ask for additional detail outside of the initial request. DHHS must notify the counties within 30 days whether the plan was approved and provide a report by February 15 on the counties that failed to submit a plan.

Background: This human services language, introduced in the House, first appeared in 2001 PA 82, Sec. 709. FY 2005 number changed to Sec. 542. In 2006, PA 345 section renumbered to Sec. 708. The deadlines changed from February 15 to December 15 and from December 15 to October 1 in 2011 PA 63. The report on the counties that have not filed a plan by December 15 was eliminated in 2012 PA 200. Language requiring 30-day's notice and a report to Legislature was added in FY 2013-14. Initial revision request language added in FY 2016-17. Spending plan submission deadline dates modified in FY 2018-19.

709 **Juvenile justice master contract.** Requires the master contract for juvenile justice residential foster care services in the care of private and other public agencies to prohibit contractors from denying a referral for placement of 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, requires residential foster care facilities must have regularly scheduled treatment sessions with a licensed psychologist or psychiatrist, or both, and access to the licensed psychologist or psychiatrist as needed.

Background: The Senate language first appeared in FY 2014-15, Sec. 709. Language stating that the Maxey facility shall close was moved in FY 2016-17. Removed sections dealing with the maintenance of 2015 residential rates and with reporting on those individuals who had been in the Maxey facility in FY 2017-18, 2017 PA 107.

FIELD OPERATIONS AND SUPPORT SERVICES

801 **Food Assistance Program (FAP) error rate report.** Language requires the department to report quarterly with monthly data on the error rate of over- and under-payment of FAP benefits.

Background: This language was originally included in the FY 2020-21 budget, 2020 PA 166. Monthly corrective action report was added in FY 2022-23. Updated annual report was included in FY 2023-24. Annual corrective action plan follow-up report removed in FY 2024-25. In FY 2025-26 language was modified to reduce the report frequency to quarterly.

802 **Travel cost reimbursements to counties.** Up to $100,000 is allocated to reimburse counties for county board members and county department directors to attend the Michigan County Social Services Association meeting.

Background: This language was first included in FY 2015-16. Language specifications were clarified in FY 2021-22, 2021 PA 87.

Section Number	Description and History
807	**Food for the elderly.** Allocates $450,000 to Elder Law of Michigan to assist the State's elderly population participate in the food assistance program through MiCAFE. **Background:** This language, introduced by the Senate, first appeared in 2004 PA 344, Sec. 423. The two error rate projects for $50,000 were added in P.A. 147 of FY 2005; they were vetoed by the Governor in FY 2005. Language providing for $75,000 for a Barry county domestic violence shelter and $50,000 for food aid and outreach in Kent and Muskegon counties was vetoed in 2011. The allocation for MiCAFE increased from $100,000 to $175,000 in 2012 PA 200, consolidating funding that previously had been placed under another line item. The allocation increased from $175,000 to $350,000 in FY 2014-15. Section moved from Sec. 1423 in FY 2015-16. The allocation to the organization was increased from $350,000 to $450,000 in FY 2024-25.
825	**Vehicle repairs.** Places a limit of $2,000 on vehicle repairs. Requires a report by February 1 that details the total amount of funding distributed and the total number of payments made for vehicle repairs. **Background:** This section, first appearing in the DHS budget, 2011 PA 63, Sec. 425, required the Department to reduced waste, fraud, and abuse in the Employment Support Services program, including vehicle purchases. Language was revised in 2012 PA 200 to focus on vehicle purchases and to include a dollar limit on repairs. Removed the April 1, 2013 deadline to implement the program in FY 2013-14. Reporting requirements and report deadline were updated in FY 2013-14 based on House language. Reporting language that had been removed in prior years was added back in FY 2020-21, 2020 PA 166. Increased limit from $500 and $900 exceedance to $2,000 and removed reporting in FY 2023-24. Language was modified in FY 2025-26 to reinstate the reporting requirement.
826	**Prosecuting attorney contracts for elder abuse.** Allocates not less than $300,000 to contract with the prosecuting attorney's office for 2 staff people to handle elder abuse cases. Also requires a report by March 1 on the efficacy of the program. **Background:** The language, introduced in the House, first appeared in the DHS budget in 2012 PA 200, Sec. 420. Moved from Sec. 1422 in FY 2022-23.
850	**Out-station eligibility workers.** Requires the Department to maintain out-station eligibility workers at sites unless the site requests the program be discontinued. Also requires improved access to services on the Internet. Contracts must be approved for any agency that requests a donated funds position and is able to provide the matching funds for Federal funding. Reporting requirement that discloses total state costs for donated funds positions. **Background:** The language, introduced in the House, first appeared in 2003 PA 172, Sec. 750. The requirement for contracts with any eligible agency was added in the DHS budget in 2014 PA 252. Reporting requirement added in FY 2016-17. Slight modifications made to eligibility of a given agency and removes reference to the department providing citations of federal law for request denials in FY 2017-18.
851	**Adult protective services local offices staff.** Language provides the direction for the department to improve the staffing ratios and increase other service metrics for the adult protective services staffing enhancement. **Background:** The language first appeared in 2017 PA 107.

Section Number	Description and History

DISABILITY DETERMINATION SERVICES

890 **Disability determination rate increase.** Directs the Department to increase the unit rates for medical consultants performing disability determination services by 7%.

Background: The language was first included in FY 2018-19.

BEHAVIORAL HEALTH SERVICES ADMINISTRATION AND SPECIAL PROJECTS

901 **Community Mental Health Services Program (CMHSP) contractual requirements**. Defines the Community Mental Health system as being under full authority and responsibility of local CMHSPs or PIHPs. Sets requirements for each CMHSP and PIHP to operate 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 and State laws.

Background: Long-standing language. This language is patterned after Section 206 of the Mental Health Code, MCL 330.1206. Rewritten in FY 2014-15. Formerly Sec. 401 in the DCH budget. Exception for pilot projects described in Sec. 298 added in FY 2017-18 and removed in FY 2020-21.

902 **Authorization of funding to CMHSPs.** Requires authorization of funding to CMHSPs only upon execution of contracts between the Department and CMHSPs, with a requirement that such contracts include an approved plan and budget. Also includes language making such contracts invalid if the total dollar obligation exceeded appropriations in Part 1 for this purpose and includes a reporting requirement if changes are made to contracts that would affect rates or expenditures. Requires the Department to report to the Legislature about any new or amended contracts that would affect rates or expenditures.

Background: Long-standing language. Provisions covering contracts in excess of appropriation and reporting of changes were added in the FY 1999-2000 budget due to FY 1998-99 contracts that exceeded appropriations. Formerly Sec. 402 in the DCH budget. Exception for pilot projects described in Sec. 298 added in FY 2017-18 and removed in FY 2020-21.

904 **Reporting of data by CMHSPs.** Requires an annual report to the Legislature on expenditures, demographics, contracts, and other information including a recipients' needs assessment report for CMHSP, PIHPs, and regional entities designated by the department as PIHPs. The report must also include information on substance use disorder expenditures, services, collections, and other information.

Background: This language, in its original form, was placed in the FY 1996-97 DCH budget by the Senate Subcommittee and has remained, with slight alterations, since then. The needs assessment report is mandated by Section 226 of the Mental Health Code, MCL 330.1226. Was revised to included specific references to "PIHPs, regional entities designated by the department as PIHPs, and managing entities for substance use disorders" in FY 2014-15. The provisions that the report must include information on administrative expenditures with a salary breakout, and expenditures on each Medicaid and HMP service category were added in FY 2015-16. Formerly Sec. 404 in the DCH budget. This reporting requirement was combined with the substance use disorder coordinating agencies report previously found in Sec. 908 in FY 2018-19. In FY 2022-23 outdated references to "central diagnosis and referral agency" were removed, reporting on subjective consumer satisfaction outcomes was removed, and reporting on costs of specific service code index or health care common procedure coding system

Section Number	Description and History
	codes was added. Reporting date was changed from May 31 to September 30 in FY 2024-25. Language was added in FY 2025-26 to expand the reporting requirements.
907	**Contracting with substance use disorder managing entities and fees.** Long-standing language directing that non-Medicaid substance use disorder funds be paid out through contracts with local substance use disorder managing entities across the State to coordinate care and services provided to individuals with a dual diagnosis of severe or persistent mental illness and SUD, with the goal of providing services in an administratively efficient manner. . **Background:** The original language has been in place for over a decade. The language was revised in FY 2013-14 to change references to "coordinating agencies" to "managing entities" as statutory legislation was enacted to shift service provision to the PIHPs. Formerly Sec. 407 in the DCH budget.
909	**Marihuana regulatory fund.** Directs the Department to use revenue from the marihuana regulatory fund to improve physical health, expand access to substance use disorder prevention and treatment services; and strengthen existing prevention, treatment, and recovery systems. **Background:** Language first included in FY 2017-18.
910	**Substance use disorder treatment for certain public assistance recipients.** Requires the Department to ensure that treatment is available for cash assistance recipients referred to substance use disorder programs because they failed drug tests. **Background:** Included in FY 1998-99 when the welfare drug testing bills passed. Formerly Sec. 410 in the DCH budget.
911	**Jail diversion services provided by CMHSPs.** States that each contract with a CMHSP must require CMHSPs to include jail diversion programs and requires CMHSPs to have such services and to work with other interested parties. **Background:** This language was first included in FY 1998-99. CMHSP jail diversion services are mandated by Section 207 of the Mental Health Code, MCL 330.1207. Formerly Sec. 411 in the DCH budget.
912	**Salvation army harbor light.** Requires the Department to contract directly with the Salvation Army Harbor Light program, at an amount not less than that provided during FY 2020, to provide non-Medicaid substance use disorder services if it is confirmed that the Salvation Army harbor light program meets the standard of care. **Background:** Long-standing language. Formerly Sec. 412 in the DCH budget. The requirement that the program meet the standard of care was added in FY 2016-17.
914	**Michigan Clinical Consultation and Care (MC3) program report.** Requires a report by June 1 on the outcomes of the funds provided to the MC3 program. **Background:** This language was first included in FY 2021-22. Naming was updated in FY 2023-24.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
915	**Substance use disorder block grant distribution.** Directs that the funding for the Federal substance use disorder block grant be distributed, to the extent possible, pursuant to Federal law, rules, and regulations, to local public entities providing substance use disorder services and one private entity with a statewide contract to provide such services. **Background:** This language was first included in FY 2021-22.
916	**Mosaic Counseling.** Appropriates $100,000 as a grant to a nonprofit mental health clinic located in Ottawa County that accepts clients regardless of ability to pay through sliding scale copayments, and that uses fundraising to support their clinic. **Background:** This language was first included in FY 2021-22. The language was moved to an ongoing section in FY 2022-23 and funding was reduced by half. The language was removed in FY 2023-24 and reinstated in FY 2024-25.
917	**Opioid Healing and Recovery Fund.** Requires the Department to allocate $55 million from the Opioid Healing and Recovery Fund to programs and services to address the opioid crisis in a manner consistent with the opioid judgement, settlement, or compromise of claims. Allocates $9.8 million for primary prevention activities, $13.5 million for harm reduction services, $10.3 million for substance use disorder treatment, $15.0 million for recovery investments, $4.5 million for informed decision-making and evaluation of investments, and $2.0 million for standalone investments. Requires a semi-annual report on revenues and expenditures **Background:** This language was first included in FY 2022-23. Funding for a peer recovery support services program was added in FY 2024-25. Language was modified in FY 2025-26 to specify the fund distribution and permit the agency to expend any remaining funds to additional activities consistent with the purposes outlined in this section, after the completion of all projects listed.
918	**Reporting of Medicaid managed mental health care expenditures.** Requires quarterly reporting of monthly data of capitation payments made to CMHSPs to support the Medicaid managed mental health care program. **Background:** This language was added by the Senate Subcommittee in the FY 1999-2000 budget to help with oversight of the costs of the Medicaid managed mental health care program. Formerly Sec. 418 in the DCH budget. Reporting was reduced to quarterly in FY 2022-23.
920	**Direct care worker wage increase.** Requires the Department to include state and federal wage and compensation increases when setting Medicaid rates. **Background:** This language was first included in FY 2016-17.
922	**Behavioral health patient health information tool.** Appropriates $600,000 to enhance the Altarum Protected Health Information Consent tool from a printable resource to an interactive web resource **Background:** This language was first included in FY 2022-23 as one-time funding. Language was moved from Sec. 1955 to Sec. 1918 and funding level was increased in FY 2023-24. In FY 2024-25 the funding was reduced to $600,000 and moved to ongoing.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
924	**Autism fee schedule.** Requires the Department to maintain an autism fee schedule, with rates for behavioral technicians at not less than $66.00 per hour. **Background:** This language was first included in FY 2018-19. Language was updated to maintain the fee schedule and place a ceiling on behavioral technician rates in FY 2019-2020. A floor was placed on behavioral technician rates in FY 2020-21. Rates were increased in FY 2022-23 to reflect the $2.35/hour wage increase implemented during the COVID-19 pandemic. Rates were increased from $52.35 to $53.20 and $57.35 to $58.20 in FY 2023-24. The rate was increased to $66.00 in FY 2024-25 and made a flat rate.
926	**Substance use disorder detoxification pilot.** Appropriates $1,500,000 for a 10-bed substance use disorder detoxification pilot at St. Mary's in Livonia. The pilot project must utilize specialized trauma therapists, peer support specialists, and medication assisted treatment. **Background:** This language was first included in FY 2018-19. Allocation was increased from $0.5 million to $1.5 million in FY 2023-24.
928	**Contingency funding for possible rate increases to Medicaid managed mental health care providers, to be funded using local funds as state match.** Allows CMHSPs to receive a Medicaid capitation rate increase through the use of identified local funds to earn Medicaid match, where all of the increased funding would be given to the CMHSPs. States legislative intent that lapsed Medicaid mental health funding be redistributed as reimbursement of local funds and requires report on lapses by April 1. **Background:** This language was included in FY 2001-02, but FY 2002-03 was the first year where CMHSPs took advantage of this mechanism, which allowed them to receive a funding increase without costing the State any GF/GP. Formerly Sec. 428 in the DCH budget. Legislative intent language concerning lapses was added in FY 2016-17. Intent language concerning lapses and local match phaseout was removed in FY 2023-24.
929	**Flint Drinking Water Emergency-MC3.** Requires that no less than $325,000 of the total appropriation to the Michigan Clinical Consultation and Care program be used to address needs in Flint. **Background:** This language was first included in FY 2022-23. Language modified in FY 2025-26 to reduce the appropriation by $25,000 to reflect the actual cost of the contract in Flint.
935	**Requirement that counties make CMHSP payments on at least a quarterly basis.** Requires counties to make local match payments in equal installments, on no less than a quarterly basis, to CMHSPs. **Background:** This language was added in FY 2001-02 in response to a concern that some counties were delaying payments, thus causing cash flow problems for CMHSPs. Formerly Sec. 435 in the DCH budget.
940	**Reallocation of CMHSP funding.** Requires the Department to monitor potential surpluses and lapses among CMHSPs as well as whether funds are being spent as provided for in the approved contract. Also states that a CMHSP that has its funding allocation transferred out isn't eligible for additional funding reallocations unless it is responding to a public health emergency and requires a report upon submission and approval of requests to reallocate funds from a CMHSP in the previous fiscal year by February 1. **Background:** The language, introduced in Conference, was first included in FY 2016-17 to address concerns that CMHSPs were making monetary donations to a CMHSP in a different part of the state, despite making statements that they were underfunded. Language was revised in FY 2017-18 to allow

Section Number	Description and History
	the CMHSPs to respond to public health emergencies. The FY 2021-22 budget removed references to the "withdrawal" of funds. Reporting date was changed in FY 2024-25 as well as requiring information be for the previous fiscal year rather than the current fiscal year.
942	**Termination of CMHSP services.** Requires a CMHSP to provide 30 days' notice before reducing, terminating, or suspending services, with the exception of services authorized by a physician that are no longer medically necessary. **Background:** This language was first included in FY 2016-17.
960	**Medicaid autism cost containment.** Requires the Department to continue coverage of all Medicaid autism services that were covered January 1, 2019, and take specific steps to contain costs increases in the autism program. Requires a report by March 1 on spending for the previous and current fiscal years. **Background:** This language was first included in FY 2019-20.Language was modified in FY 2025-26 remove the authority of CMHSPs to determine what licensed practitioners are qualified to perform diagnostic evaluations.
962	**Special projects including NGRI.** Allows the Department to contract directly with service providers for the purposes of special projects involving high-need children or adults, including the not guilty by reason of insanity population. **Background:** This language was first included in FY 2014-15. Formerly Sec. 505 in the DCH budget.
965	**Medication assisted treatment CMHSP reimbursement.** Requires the Department to maintain the reimbursement rate for the administration and services of Methadone at not less than $19.00. **Background:** This language was first included in FY 2019-20. The language was rewritten in FY 2022-23 to increase the reimbursement rate for Methadone. Language was modified to not less than $19 in FY 2023-24.
972	**MiCAL/988 Funding.** Allocates $9.4 million GF/GP plus any available federal match to allow MiCAL to provide primary coverage in regions where a regional national suicide prevention lifeline center does not provide coverage and for statewide secondary coverage. **Background:** This language was first included in FY 2022-23.
974	**Intellectual or developmental disability service delivery.** Requires an individual with an intellectual or developmental disability who receives services from a CMHSP to have the option to receive those services and supports from another eligible and qualified provider. **Background:** This language was first included in FY 2019-20. Removed the allowance to be able to contract with a person-planning company in FY 2023-24.
978	**Recovery community organization grant funding.** Appropriates $1.2 million as a grant to recovery community organizations to offer or expand services. **Background:** This language was first included in FY 2019-20 but was vetoed that year. The funding source was changed from the Federal State Response to the Opioid Crisis Grant to GF/GP in FY 2021-22. Increased from $1.2 million to $3.0 million ($1.8 million one-time) in FY 2023-24. The $1.8 million in one-time funding was removed in FY 2024-25.

Section Number	Description and History
994	**Deemed status for CMHSPs, PIHPs, and subcontractors.** Requires the department to seek, by June 1, the necessary federal approval for a waiver or state plan amendment for CMHSP, PIHP or subcontracting agency to be considered in compliance with state program review and audit requirements if they have been reviewed and accredited by a national accrediting entity. **Background:** Language was first included in FY 2025-26.
995	**Mental Health Diversion Council recommendations.** Provides $3,850,000 in funding for the Mental Health Diversion Council Recommendations. Requires a report by March 1 on the planned allocations of the funds appropriated for the Mental Health Diversion Council. **Background:** This language was first included in FY 2014-15. Formerly Sec. 495 in the DCH budget. The reporting requirement was added in FY 2021-22.
996	**Family Support Subsidy.** Allows the department to increase monthly FSS grant from $229.31 to $300.36. **Background:** Increase in the grant was first included in FY 2018-19. The rate was increase to $300.36 in FY 2022-23.
997	**Distribution of Substance Use Disorder Block Grant funds.** Directs that the distribution of substance use disorder block grant funds be based on the most recent Federal data from the US Census Bureau. **Background:** This language was first included in FY 2011-12. Formerly Sec. 497 in the DCH budget.
998	**Distribution of GF to CMHSPs.** Requires that, if the Department decides to use census data to distribute GF to CMHSPS, they must use the most recent Federal data from the US Census Bureau. **Background:** This language was first included in FY 2015-16.
	BEHAVIORAL HEALTH SERVICES
1001	**CMHSP eligibility by category.** Requires each CMHSP to submit a report not later than May 15 that identifies populations served by program eligibility category, and what percent of the operational budget that is related to program eligibility enrollment. Requires the Department to forward this report to the Legislature by June 30. **Background:** This language was first included in FY 2018-19. Report date was changed from December 31 to May 15 in FY 2024-25. The report due date was changed from February 15 to June 30 in FY 2025-26.
1002	**Certified Community Behavioral Health Clinic (CCBHC) demonstration.** Language prohibits the use of funding to expand the CCBHC demonstration. **Background:** This language was first included in FY 2024-25. Language was modified in FY 2025-26 to prohibit the expansion of the demonstration.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 2: BOILERPLATE DETAIL

2025 PA 22

Section Number	Description and History
1003	**Consultation with CMHSPs.** Directs the Department to notify the Community Mental Health Association of Michigan of policies that will affect CMHSPs or PIHPs. **Background:** This language was first included in FY 2013-14. Formerly Sec. 503 in the DCH budget.
1004	**Mental health formula alterations.** Requires the Department to provide any rebased formula changes for Medicaid or non-Medicaid mental health services 90 days before implementation. This information must include a table showing the changes in allocation by PIHP or CMHSP. **Background:** This language was first included in FY 2016-17.
1005	**Health homes.** Requires the Department to maintain the number of behavioral health homes and substance use disorder health homes in each PIHP region. Allows the department to expand the number of health homes in 1 additional regions. Requires a semiannual report on the number of individuals being served and expenditures incurred. **Background:** This language was first included in FY 2020-21. The reporting requirement was added in FY 2022-23. Report was changed from quarterly to semiannually and removed references to specific PIHP regions for both types of health homes in FY 2023-24.
1006	**Certified Community Behavioral Health Clinic (CCBHC) Report.** Language requires the Department to report on various aspects of CCBHCs by May 1. Additionally, requires the Department to submit the CCBHC cost efficiency evaluation within 7 business days after the Department receives it. **Background:** This language was first included in FY 2024-25. Language was modified in FY 2025-26 to require the department to submit a cost efficiency evaluation.
1008	**PIHP administrative cost.** Requires PIHPs and CMHSPs to reduce administrative costs by ensuring efficiencies which send the maximum possible dollars to direct services. These efficiencies are to include limiting the duplication of administration in a way that can independently demonstrate a shift in spending from administration to direct services and taking an active role in managing mental health care. Additionally, PIHPS shall ensure direct service rate variances are related to quantifiable measures and shall promote fair and adequate direct care reimbursement when possible. Requires a report by June 30 on actual reduction of administrative costs over the prior 2 fiscal years. **Background:** This language was first included in FY 2015-16. CMHSPs were added to the language in FY 2018-19. Reporting requirement was added in FY 2025-26.
1010	**Community supports-behavioral health.** Appropriates $5.0 million GF/GP for the expansion of Assertive Community Treatment, Forensic Assertive Community Treatment, crisis stabilization units, and psychiatric residential treatment facilities and $30.5 million to reimburse private providers for intensive psychiatric treatments and services. Prohibits the Department requiring private providers to give wait-list priority to state-paid individuals as a condition of reimbursement. Requires the Department to report on various features of community supports and services. **Background:** This language was first included in FY 2019-2020. Crisis stabilization units and psychiatric residential treatment facilities were added as potential uses for the funds in FY 2021-22. Funding for the purchase of services from private providers was added in FY 2022-23. Reporting language was added in FY 2024-25.

Section Number	Description and History
1014	**Multicultural contracts.** Requires the Department to award grants in accordance with the performance metrics included in this section. Directs the Department to require contractors receiving greater than $1.0 million for multicultural integration to comply with performance metrics to maintain eligibility. Directs the Department to require each contractor to ensure funds are only used on proven or established programs. Directs that the Department require a report due 60 days after the end of the contract period on services and programs provided, number of clients served and other specifics. Reporting requirement added to prevent release of funds until reporting requirements from previous fiscal year have been satisfied. **Background:** The multicultural services funding was rolled up within the CMH line until the budget problems in FY 1998-99 led to changes in the CMH line items and boilerplate in FY 1999-2000. One of these changes was rolling out the individual CMH line items, and this language was included to ensure multicultural providers that the CMHSPs would still be required to continue the contracts with providers. The Department is directed by Section 116(2)(l) of the Mental Health Code, MCL 330.1116(2)(l), to support multicultural services. In FY 2010-11, the line item was changed to "Mental Health Services for Special Populations" and this new name was reflected in the section. The language was rewritten to allow the use of performance metrics and require the consideration of competitive bidding for contracts in FY 2014-15. Formerly Sec. 403 in the DCH budget. Previously was Sec. 695 in PA 84 of 2015. Release contingent on reporting added in FY 2017-18.
1034	**Criteria for performance incentive funding.** Requires PIHPs to verify that all providers within the provider network are receiving not less than the applicable reimbursement rates or fees outlined in section 924 and 1231 every quarter. The department is required to seek CMS approval for the exclusion of any PIHPs not in compliance from receiving performance incentives. The department must audit the claims and utilization data and report to the Legislature PIHPs that are not eligible for performance incentives within 10 days of PIHP notification. **Background:** Language first included in FY 2025-26.
	STATE PSYCHIATRIC HOSPITALS AND FORENSIC MENTAL HEALTH SERVICES
1051	**Collection of third-party payments for individuals in institutions.** Directs the Department to continue a revenue recapture project. **Background:** Long-standing language. First and third-party payment procedures are governed by the Mental Health Code, MCL 330.1802 et seq. Formerly Sec. 601 in the DCH budget.
1052	**Carryforward of telephone revenue, gifts, and bequests.** Authorizes carryforward of bequests and pay telephone revenues be used for enhancements for individuals at State facilities. **Background:** Long-standing language. Formerly Sec. 602 in the DCH budget.
1055	**Closures and consolidations of State hospitals and centers timeline and restrictions.** Prohibits closures or consolidations of State facilities until CMHSPs have programs and services in place for those discharged and those who would have been admitted to those facilities. States that homeless shelters are not adequate to meet a discharged individual's housing needs. Requires provision of closure plan to the subcommittees four months after certification of closure. Directs that remaining funds after closure and transition costs be transferred to CMHSPs responsible for providing services for those discharged.

Section Number	Description and History
	Background: Long-standing language. Further direction on placement of individuals released from State facilities to the community is provided by Section 209a of the Mental Health Code, MCL 330.1209a. Formerly Sec. 605 in the DCH budget.
1056	**Adjustments to reflect actual first- and third-party revenue earned.** Permits the Department to adjust financing sources based on actual revenue earned and permits carryforward of revenue exceeding current year expenditures. **Background:** New language in FY 2002-03 to permit more flexibility in budgetary financing. Formerly Sec. 606 in the DCH budget.
1058	**Privatization of food and custodial services at State centers.** Requires Department to establish and implement a bid process to identify contractors to provide food and custodial services at any state hospital identified as capable of generating a minimum 7.5% savings through the outsourcing of such services. **Background:** This version of this language was first included in FY 2010-11. Formerly Sec. 608 in the DCH budget.
1059	**Center for Forensic Psychiatry and state psych hospitals metrics.** Lists the outcomes and performance measures for the Center for Forensic Psychiatry and other state psych hospitals and requires a report on these measures by April 1. **Background:** This language was added in FY 2016-17 to direct the staffing of an already built wing at the Center for Forensic Psychiatry in order to alleviate waitlists for people either waiting for psych evaluations, deemed NGRI, or deemed incompetent to stand trial. Language referencing the expansion to the eighth wing was removed in FY 2017-18. Reporting language was added in FY 2019-2020. The outcomes and performance measures were greatly expanded in FY 2024-25 as a result of safety issues and abusive incidents at the Hawthorn Center. Language modified in FY 2025-26 to clarify that outcome and performance measures must be calculated on an average monthly basis from the prior calendar year, if not otherwise specified.
1060	**State psychiatric hospital staffing workgroup.** Requires a report by March 1 on mandatory overtime, staff turnover, and staff retention at state psych hospitals. The report must include a year-to-year comparison of the number of vacant direct care and clinical staff positions that are currently vacant by hospital, a year-to-year comparison of voluntary and mandatory overtime hours, and a year-to-year comparison of wages paid by position and by hospital. **Background:** This language was first included in FY 2017-18.
1061	**New psychiatric hospital update.** Requires a semiannual report on the construction of a new state psychiatric facility, including estimated timeline and obstacles causing a delay in construction progress. Also requires a report by March 1 on a transition plan for when the new facility is completed. **Background:** This language was first included in FY 2024-25. Reporting date changed from September 30 to March 1 in FY 2025-26.

Section Number	Description and History
1063	**Children's Behavioral Action Team.** Requires the Department to maintain a psychiatric transitional unit and Children's Transition Support Team to provide additional care to high need youth. Includes outcomes and performance measures. **Background:** This language was first included in FY 2015-16. This language was moved from Sec. 1007 in FY 2017-18 and from Sec. 905 in FY 2021-22. Language modified in FY 2025-26 to include the Southeast Michigan State Psychiatric Hospital as a recipient of part 1 funding.
	HEALTH AND HUMAN SERVICES POLICY AND INITIATIVES
1140	**Free health clinic funding.** Allocates $400,000 be equally distributed to free health clinics across the State. **Background:** House initiative included in the FY 2005-06 appropriation. Formerly Sec. 712 in the DCH budget.
1143	**Island clinic funding.** Appropriates $675,000 to the four island primary care clinics in the State. **Background:** This language was first included in FY 2019-20 but was vetoed. The funding was later restored in a supplemental.
1145	**I/T/U facility payments.** Directs that Indian Health Service, tribal health program facilities or Urban Indian Health Program (I/T/U) facilities receive the maximum amount allowable under Federal law for Medicaid services. **Background:** This language was first included in FY 2015-16.
1146	**Funding for survivors of domestic violence.** Allocates $500,000 to the Michigan Coalition to End Sexual and Domestic Violence, and $500,000 for Uniting Three Fires Against Violence. **Background:** This language was first included in FY 2024-25.
1153	**Sexual Assault Nurse Examiner Program.** Language appropriates $102,600 for a sexual assault nurse examiners program at McLaren Central Michigan hospital. **Background:** This language was moved from Sec. 451 in FY 2022-23.
1155	**Sexual assault evidence kits and training.** The language allocates $369,500 of GF/GP to support the uniform statewide sexual assault evidence tracking system. The fund of $4,000,000 in initial funding was included in 2017 PA 158. The language requires several different aspects for the testing to be met. The section continues with the maintenance of creation of the sexual assault evidence tracking fund. **Background:** This language was originally included in a supplemental appropriations bill for FY 2017-18. The language was included in an initial appropriations bill for the first time in FY 2018-19, 2018 PA 207. Slight modifications in writing styling in FY 2021-22, 2021 PA 87. The State Restricted fund allocation of $800,000 annually was removed in FY 2022-23 and replaced with $369,500 of GF/GP. The section was moved from Sec. 457 in FY 2023-24 and the reporting requirements were removed.

Section Number	Description and History
1157	**Child advocacy centers – supplemental grants.** The language directs the department to allocate $2,000,000 in GF/GP funding to child advocacy centers according to a formula developed in consultation with Children's Advocacy Centers of Michigan. Requires a report by March 1 on the distribution of the funding, including the amount allocated to each specific entity. **Background:** This language was initially included in FY 2019-20, 2019 PA 67. The language was modified to 'maintain' in FY 2021-22, 2021 PA 87. The language was modified in FY 2022-23 to roll out the GF/GP into a separate line-item to prevent a 'fund source bottleneck' where State Restricted funds must be spent before GF/GP. The GF/GP amount was increased from $1.0 million to $2.0 million in FY 2022-23 and the language was moved from section 459. The formula for distribution was changed from a proportional formula to one set in consultation with CAC-MI. A reporting requirement was added in FY 2025-26.
1158	**Crime victim rights sustaining grants.** Allocates $29.9 million to supplement the loss of Federal VOCA and State CVRF funds, and requires the department to distribute these funds consistent with the regular allocation formula for crime victim justice assistance grants and crime victim rights services grants. **Background:** This language was first included in FY 2023-24 to address the reduction in Federal VOCA and State CVRF funds.
1159	**Racial disparity task force — community health programs.** Appropriates funds to establish infrastructure to support preventive health supports and services to regions with high health care access and outcome disparities. This line will support the operation of community-based health clinics, the operation of healthy community zones, and financial support for the operation of mobile health units. Requires a report by March 1 on the communities served, the types of health services offered by grant recipients, and a spending report. **Background:** This language was first included in FY 2023-24.
1160	**Distribution of Crime Victims Funding.** Requires a report by March 1 on the distribution of crime victim rights justice assistance grants, crime victim rights services grants, and crime victim rights sustaining grants. The report must include the amount allocated to nonprofit agencies and the amount used for administration. **Background:** This language was first included in FY 2025-26.
	EPIDEMIOLOGY, EMERGENCY MEDICAL SERVICES, AND LABORATORY
1180	**Childhood lead program expansion.** Directs the Department to maintain a public health drinking water program and enhance efforts to monitor child blood lead levels in order to ensure appropriate investigation of potential health hazards and improve the timeliness and quality of care provided to children with lead exposure. **Background:** This language was first included in FY 2017-18.

Section Number	Description and History
1181	**Vapor intrusion program.** Requires the department to maintain a vapor intrusion response program to reduce the number of residents exposed to toxic substances through vapor intrusion and improve health outcomes for those who have. **Background:** This language was first included in FY 2017-18.
1182	**Healthy Homes funding.** Requires a report by April 1 on the expenditures and activities undertaken by the lead abatement program. **Background:** This language was first included in FY 2013-14. Funding was expanded in FY 2014-15 and the coordinating agency was removed in FY 2015-16. Formerly Sec. 851 in the DCH budget. The reporting requirement was added in FY 2016-17.
	LOCAL HEALTH AND ADMINISTRATIVE SERVICES
1220	**Provides cost reimbursement to local health departments (LHD) for costs incurred for services provided under the abortion informed consent act.** Requires that funds appropriated for the Abortion Informed Consent Act be used to reimburse LHDs for costs related to that purpose. **Background:** MCL 333.17015 provides that a physician shall not perform an abortion otherwise permitted by law without the patient's informed written consent. This boilerplate section ensures that local health departments will be reimbursed for costs they experience related to the requirements of this law. Local health department duties under this section are as follows: 1) provide a pregnancy test and determine probable gestational stage of the fetus; and, 2) ensure the patient is provided with a complete pregnancy certification form. Formerly Sec. 901 in the DCH budget.
1221	**Department has the authority to assess a penalty from a local health department's operational account if county requests the dissolution of the health department.** States that if a county that has participated in a district health department arrangement takes action to cease to participate in that arrangement, the Department may assess a penalty from a local health department's operational accounts of up to 6.25% of the local health department's local public health operations funding. This penalty shall only be assessed to the local county that requests the dissolution of the health department. **Background:** Long-standing language intended to discourage breakup of local public health departments. Formerly Sec. 902 in the DCH budget.

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1222	**Provisions governing allocation of local public health operations funding.** Directs that the local public health operations appropriation shall be prospectively allocated to local health departments (LHDs) for public health services. Requires counties to maintain local spending for those services at no less than FY 1992-93 level to be eligible for funding. Requires a report on planned allocations by February 1. Requires the department to continue the implementation of the formula for allocation of essential local public health services funding as specified by the FY 2018-19 budget, while ensuring that all local health departments do not receive less than in the previous fiscal year. **Background:** The Public Health Code (MCL 333.2301 - 333.2302) requires the Department to identify the priority health problems of the State. From these priorities, the Department shall annually prepare a proposed list of basic preventive, personal, and environmental health services made available and accessible to all residents in need of these services. The proposed list of basic health services, the methodology used to derive the list, and a proposed program statement shall be included in the Department's annual budget request and shall be made available for review and comment to the Legislature. Formerly Sec. 904 in the DCH budget. Language from Sec. 1234 of the FY 2019-20 DHHS budget related to the implementation of the new essential local public health services formula was added to this section in FY 2020-21.
1227	**Health and wellness initiative criteria.** Requires the Department to establish criteria for all Health and Wellness Initiatives. States some of the criteria which must be included and requires that preference be given to programs that pull down match funding. **Background:** This language was first included in FY 2015-16.
1231	**PFAS and emerging public health threat funding.** Appropriates $4.75 million to LHDs to support PFAS response and emerging public health threat activities. Requires a report by March 1. **Background:** This language was first included in FY 2018-19. Reporting requirement was added in FY 2019-2020.
1232	**PFAS contamination at military sites.** Allows the Department to work to ensure that the US Department of Defense reimburses the state for costs associated with PFAS and environmental contamination response at military training sites and support facilities. **Background:** This language was first included in FY 2018-19.
1233	**PFAS contamination payer of last resort.** Prohibits GF/GP or state restricted funds from being expended for PFAS and environmental contamination response when federal or private grant funds are available. **Background:** This language was first included in FY 2018-19.
1239	**Michigan PFAS action response team (MPART).** Requires the Department to collaborate with the MPART and other departments, and to make continuous efforts to ensure that the Department does not duplicate activities of another department. **Background:** This language was first included in FY 2019-2020.

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1240	**Rare disease review committee.** Appropriates $70,000 to support a rare disease review committee and specifies the responsibilities of the committee, including developing a list of rare disease, posting the list, updating the list, and annually investigating and reporting on one of the diseases on the list. **Background:** This language was first included in FY 2020-21.
	FAMILY HEALTH SERVICES
1301	**Report on planned allocations for certain programs.** Requires report on allocations, utilization, and expenditures of the following appropriations: local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention program. Report to include funding allocations, actual number of women, children, and/or adolescents served, and amounts expended for FY 2001-02. **Background:** Long-standing language. Formerly Sec. 1104 in the DCH budget.
1302	**MIHP-car seat funding.** Provides $500,000 of TANF to purchase child safety restraints for newborn children who are TANF eligible. **Background:** This language was first included in FY 2024-25.
1306	**Flint declaration of emergency.** Requires the Department to allocate funds to address needs related to the drinking water crisis in Flint. Lists examples of activities that may be funded. **Background:** This language was first included in FY 2016-17. The list of activities that may be funded was modified in FY 2017-18 to include nutritional incentives and allowing Genesee county health department food inspectors to perform water testing at local food service establishments. The language was moved from Sec. 1910 in FY 2020-21 to reflect the movement of the funding from one-time to ongoing.
1308	**Evidence-based infant mortality programs.** Allocates $500,000 for evidence-based infant mortality programs for enhanced support and education to nursing or other teams, for client recruitment in underserved areas, strategic planning, and marketing and communications. **Background:** New language in FY 2013-14 after similar language in FY 2012-13 was vetoed by the Governor. Formerly Sec. 1137 in the DCH budget.
1311	**Equal consideration in rural home visitation services.** Appropriates no less than $2.75 million for contracts for rural home visitation services for prenatal care outreach and requires that equal consideration be given to all eligible evidence-based providers. **Background:** New language in FY 2014-15. Formerly Sec. 1140 in the DCH budget.
1313	**Fetal alcohol syndrome services.** Directs the Department to explore developing an outreach program on fetal alcohol syndrome services. States that the Department shall explore Federal grant funding to help address fetal alcohol syndrome. **Background:** This language was first included in FY 2013-14. The second subsection was added in FY 2014-15. Formerly Sec. 502 in the DCH budget. Reporting requirement was removed in FY 2024-25.

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1314	**Promotion of early and regular prenatal care.** Requires the Department to enhance education and outreach efforts to encourage and promote prenatal and obstetrical care. **Background:** New language in FY 2017-18.
1315	**Dental program.** Directs that $200,000 shall be allocated to the Michigan Dental Association for a volunteer dental project to serve the uninsured. **Background:** Long-standing language. Formerly Sec. 1109 in the DCH budget. The funding amount was increased to $200,000 in FY 2023-24 and the reporting requirement was removed.
1316	**Mobile dentistry fees.** Directs the Department to use funds collected for Mobile Dentistry to offset the cost of processing and issuing mobile dentistry facility permits. **Background:** This language was first included in FY 2015-16.
1325	**Perinatal quality collaboratives.** Appropriates $5.0 million to support grants to local Michigan Perinatal Quality Collaboratives to coordinate and improve maternal and infant health outcomes. **Background:** This language was first included in FY 2023-24.
1341	**WIC eligibility guidelines.** Requires the Department to utilize federal income eligibility and verifications guidelines in determining eligibility of individuals for WIC. **Background:** This language was first included in FY 2018-19.
1343	**Dental oral assessment program.** Appropriates $4.3 million GF/GP to establish and maintain a program to provide oral health assessments to schoolchildren. Requires a report by December 31 consisting of a summary of any dental reports the department receives from the principals or administrators. **Background:** This language was first included in FY 2021-22. The reporting requirement was added in FY 2023-24. Funding was increased in FY 2024-25 to reflect the statewide expansion of the program.
1349	**Immunization awareness.** Allocates $740,000 plus available match for an administered contract with the Medicaid health plans. This funding shall be used to support a statewide media campaign to improve the state's immunization rates. **Background:** This language was first included in FY 2022-23. This section was moved from Sec. 1782 to Sec. 1349 in FY 2022-23.
	CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)
1360	**Provision of services.** Permits the Department to provide, under the Children's Special Health Care Services program, the following: special formula for eligible clients with specified metabolic and allergic disorders; medical care and treatment to eligible patients with cystic fibrosis who are 26 years of age or older; medical care and treatment to eligible patients with hereditary coagulation defects (hemophilia) who are 26 years of age or older and human growth hormone; mental health care for mental health needs

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that result from or are a symptom of the qualifying medical condition; medical care and treatment for eligible patients with sickle cell disease who are 26 years of age or older..

Background: Long-standing language. Reference to coverage of genetic counseling removed in FY 2010-11 as that coverage was eliminated in the FY 2010-11 budget. Formerly Sec. 1202 in the DCH budget. Mental health care coverage was added in FY 2020-21. Sickle Cell Disease coverage was added in FY 2021-22. Increased the age of coverage from 21 to 26 years of age in FY 2023-24.

1361 **Telemedicine for CSHCS.** Authorizes the Department to spend those funds appropriated for medical care and treatment to support the development and expansion of telemedicine for CSHCS families to access specialty providers and support chronic complex care management of children enrolled in CSHCS.

Background: This language was first included in FY 2013-14. Formerly Sec. 1205 in the DCH budget.

AGING SERVICES

1402 **Food bank council collaboration with AAA.** Permits the Department to encourage collaboration between the Area Agencies on Aging and the Food Bank Council of Michigan to secure the food access of older adults.

Background: This language was first included in FY 2016-17.

1403 **Palliative care advisory task force.** Allows the Department to implement a palliative care advisory task force and describes the responsibilities of the task force. If the Department implements the task force, requires a report by January 1 that identifies the palliative care services available in this state and services that are currently unavailable but would provide a benefit.

Background: This language was first included in FY 2025-26.

1404 **Home- and Community-Based Services.** Allocates $658,000 to the AAAs for home- and community-based services.

Background: This language was first included in FY 2023-24.

1417 **Area Agency on Aging administrative costs.** Requires report to Legislature by March 30 on administrative costs for Area Agencies on Aging.

Background: This language was first included in FY 2007-08.

1421 **Allocation of new aging funding.** Directs that the $1.1 million in additional funding be distributed to area agencies on aging for locally determined needs.

Background: This language was first included in FY 2012-13.

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HEALTH AND AGING SERVICES ADMINISTRATION

1505 **OIG and TPL report.** Requires the Department to submit a report by March 1 on the actual increase in reimbursement savings and cost offsets resulting from the funds for OIG and TPL efforts.

Background: This language was first included in FY 2015-16.

1507 **Medicaid HMO payment recoupment.** Requires the OIG to audit and recoup inappropriate or fraudulent payments from Medicaid HMOs. Prohibits the Department from fining, temporarily halting operations of, disenrolling, or terminating an HMO due to inappropriate payments unless authorized by State or Federal Law.

Background: This language was first included in FY 2019-20.

1512 **Medicaid encounter quality initiative (EQI) report.** Requires the Department to continue to use the updated the EQI report to separate nonclinical administrative costs from actual claims and encounter costs.

Background: This language was first included in FY 2020-21. Medicaid utilization and net cost (MUNC) reference changed to Medicaid encounter quality initiative report in FY 2024-25.

1518 **Nursing home closures.** Requires the Department to coordinate with LARA to ensure notice of the receipt of an order of suspension of a licensed adult foster care home, home for the aged or nursing home, is provided to the subcommittee and legislative members that represent the districts of the county where the facility is located.

Background: This language was first included in FY 2016-17. Moved from Sec. 1425 in FY 2023-24.

HEALTH SERVICES

1605 **Set protected income level for Medicaid at 100% of public assistance standard.** Sets protected income level for Medicaid coverage at 100% of the related public assistance standard, subcommittees to be notified prior to a change to the protected income level.

Background: Long-standing language.

1606 **Guardian and conservator charges set at $60 per month.** Permits the Department to deduct up to $83 per month for guardian and conservator charges as an allowable expense when determining Medicaid eligibility and patient payments.

Background: This language was first included in FY 1995-96. The deduction changed from $60 per month to $45 per month in FY 2006-07, back to $60 per month in FY 2007-08, increased to $83 per month in FY 2016-17, increased to $95 per month in FY 2017-18, and back to $83 per month in FY 2018-19.

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1607	**Pregnant Medicaid applicants presumed eligible unless preponderance of evidence indicates otherwise.** States that a Medicaid applicant whose qualifying condition is pregnancy shall be presumed to be eligible for Medicaid unless the preponderance of evidence in her application indicates otherwise. Such an applicant shall be given a listing of Medicaid physicians and managed care plans in her area. Such an applicant shall not be required to be enrolled in managed care until the second month post-partum. If such an applicant shall subsequently be found to be ineligible, reimbursement shall nonetheless be paid up to the point the applicant is determined ineligible. If a preponderance of evidence indicates that the applicant is not Medicaid eligible, the Department shall refer the applicant to the nearest public health clinic or similar entity for potential pregnancy related services. **Background:** This language was first included in FY 2000-01 to ensure that pregnant women would seek and receive prenatal and other care.
1608	**Compliance with Public Law 119-21 to determine eligibility for Medical Assistance.** States legislative intent that the Department comply will all residency and eligibility provisions of Public Law 119-21, when determining eligibility for medical assistance. **Background:** This language was first included in FY 2025-26.
1611	**Third party payments and payment in full.** Directs that reimbursement for services provided to Medicaid eligibles from exceeding amounts established for Medicaid-only payments is prohibited; Medicaid payment shall be accepted as payment in full. Reimbursement for hospital services for dual Medicaid/Medicare recipients with Part B coverage only shall include a capital component. **Background:** Long-standing language.
1620	**Pharmacy dispensing fee and co-payments.** Sets the professional dispensing fee for fee-for-service claims to $20.02 for specialty medications; and the professional dispensing fee for drugs not indicated as specialty drugs for fee-for-service recipients to $10.80 for medications indicated as preferred on the preferred drug list, $10.64 for medications not on the preferred drug list, and $9.00 for medications indicated as nonpreferred on the preferred drug list. **Background:** Long-standing language setting the pharmacy dispensing fee. Language was revised in FY 2015-16 to require different prescription copayments for persons enrolled in the Healthy Michigan and those on traditional Medicaid. The language was revised in FY 2018-19 to specify different dispensing fees. Removed copayments amounts associated with the Healthy Michigan Plan and moved the copayment amounts for Medicaid recipients not in the Healthy Michigan Plan to section 1631 in FY 2024-25.
1626	**Medicaid PBM report.** Requires a report by January 15 from each PBM that receives reimbursement directly through a Department-administered fee-for-services contract or indirectly from the Department on the total number of prescriptions dispensed, aggregate fiscal year paid pharmacy claims repriced using the wholesale acquisition cost for each drug on its formulary, aggregate amount of rebates, discounts and price concessions received for each drug on its formulary, and rebates must include any utilization discounts, aggregate amount of administrative fees received from all manufacturers, aggregate amounts from subdivisions (b) and (c) that were retained by the PBM, aggregate amount of reimbursement the PBM pays to contracting pharmacies, and any other information deemed necessary. The Department must submit the report to the Legislature by March 1.

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	Background: This language was first included in FY 2020-21. "Aggregate wholesale acquisition cost" modified to "aggregate fiscal year paid pharmacy claims repriced using the wholesale acquisition cost" in FY 2023-24.
1628	**Rate increase for dental procedures in Ambulatory Surgical Centers (ASC) & Outpatient Hospitals (OPH).** Appropriates $3.0 million for facilities described in the language to increase the rates paid for services. ASC rates are maintained at $1,495 and OPH rates maintained at $2,300. **Background:** This language was first included in FY 2022-23. Language was modified from "increase" to "maintain" in FY 2023-24.
1629	**Maximum allowable cost (MAC) pricing.** Requires the Department to utilize MAC pricing for generic drugs. The MAC price will be based upon wholesaler pricing to providers that is available from at least two wholesalers who deliver in Michigan. **Background:** First included in the FY 2003-04 appropriation.
1630	**Dental program reporting.** Department will report by April 1 on the large Medicaid dental programs: the adult dental benefit redesign and the Healthy Kids dental program. The report on the adult dental program will cover the number of dental providers, enhanced care coordination, array of benefits, and how the benefits changed after the dental benefit redesign. The Healthy Kids dental report includes the number of kids enrolled in the program who visited the dentist during the previous fiscal year, the number of dentists who accept payment from the program, the annual change in dental utilization of kids enrolled in the program, service expenditures, and administrative expenditures. **Background:** This language was first included in FY 2022-23. The language detailing the outlines of the adult dental benefit redesign that required the department to design and implement a redesign of the Medicaid-funded adult dental benefit with changes to reimbursement rates, improved provider access, utilization management, a reduction in administrative burden for participating providers, and no increase in GF/GP and required that by November 1, 2022 the Department share the details of dental redesign and that by November 30 or 30 days after the receipt of the report, the Senate and House appropriations committees could issue a majority vote of disapproval was removed in FY 2023-24 since the benefit went into effect. Dental reporting language was for Healthy Kids dental was consolidated in FY 2023-24.
1631	**Copayments required for dental, podiatric, and vision services.** Directs Department to require copayments on dental, podiatric, and vision services provided to Medicaid recipients, except as prohibited by Federal or State law or regulation. Specifies copayment amounts dependent upon if the Medicaid recipient is enrolled in the Healthy Michigan plan with an income of at least 100% of the federal poverty level. Department shall require a prescription copayment for Medicaid recipients not enrolled in the Healthy Michigan Plan or with an income less than 100% of $1 for a generic drug or any drug indicated as preferred and $3 for a brand-name drug not indicated as preferred, except as prohibited by Federal or state law or regulation. **Background:** This language was first included in FY 2000-01. Copayment levels were modified on several occasions with the last update coming in FY 2015-16. Added the prescription copayment language in FY 2024-25.

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1633	**Insurance Provider Assessment (IPA) transition.** Requires the Department to request a reasonable transition period from CMS to assure that insurance providers have adequate planning time. Directs that for the first quarterly payment due after CMS approves a revised IPA, the Department must work with Treasury to establish a reasonable time period for submission of that payment. All quarterly payments after are due on the dates specified in the Insurance Provider Assessment Act. **Background:** Public Law 119-21 removed a large portion of the State's ability to levy the Insurance Provider Assessment as currently designed. Due to the timing of Public Law 119-21 and uncertainty around how the bill requirements will be implemented, this language was included to address concerns by insurance providers. This language was first included in FY 2025-26.
1634	**Alternative IPA revenue source.** Terminates the IPA on the effective date of any law that establishes an alternative revenue source, provided that the revenue is sufficient to replace the revenue generated by the IPA. Requires that, if the alternative revenue source for Medicaid doesn't generate sufficient revenue to replace the IPA, the IPA must be reduced by an amount equal to the revenue generated by the alternative revenue source. The Department is required to reduce the per member per month tax rate accordingly. **Background:** Public Law 119-21 removed a large portion of the State's ability to levy the Insurance Provider Assessment as currently designed. Due to the timing of Public Law 119-21 and uncertainty around how the bill requirements will be implemented, this language was included to address concerns by insurance providers. This language was first included in FY 2025-26.
1640	**Adult home help direct care worker wage increase.** Directs the Department to maintain the rate increase implement in FY 2024-25 as a result of the Mothering Justice decision. **Background:** The Department increased wages in FY 2024-25 for Adult Home Help workers through the use of American Rescue Plan funds that were Legislatively approved in a work project for 'HCBS Direct Care Worker (DCW) Training, Credentialing, Recruitment, Support, and Retention Program'. This language was first included in FY 2025-26 to provide a reference to the funding in a budget bill.
1641	**Institutions must submit cost reports within 5 months of the end of their fiscal year.** States that institutional provider cost reports be submitted, completed in full, within five months after the end of the fiscal year. **Background:** Long-standing language.
1644	**Direct care worker wage increase.** Language requires the Department to maintain wages for fee-for-service direct care workers at skilled nursing facilities, licensed adult foster care facilities, and licensed homes for the aged above the existing $3.40/hour level. **Background:** This language was first included in FY 2022-23. $0.85/hour increase was included in FY 2023-24. $0.20/hour increase was included in FY 2024-25.
1645	**Non-direct care wage maintenance.** Language requires that $0.85/hour wage increase in FY 2023-24 to specified staff types of non-clinical staff at skilled nursing facilities is maintained into FY 2024-25. **Background:** This language was first included in FY 2024-25.

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1646	**Medicaid orthopedic rate increase.** Requires to the Department to maintain Medicaid reimbursement rates for orthotic and prosthetic services. **Background:** This language was first included in FY 2024-25. Language was modified to reflect maintenance of the rate increase in FY 2025-26.
1647	**Home- and Community-Based Services (HCBS) reporting.** Requires the Department to provide written notification at least 5 days before implementing any changes to the approved HCBS spend plan. The Department must submit a report by February 1 on the use of all HCBS funds. **Background:** This language was first included in FY 2025-26.
1657	**Reimbursement of hospital emergency rooms by Medicaid HMOs.** Directs that HMO reimbursement for screening and stabilization medical services provided to a Medicaid recipient in an ER shall not be contingent on HMO authorization and that the HMO shall be notified within 24 hours of ER discharge. HMO prior authorization before post-ER hospitalization or medical services is required. These requirements are not intended to require alteration of existing contractual arrangements. **Background:** This language was first included in FY 1999-2000 due to concerns about HMOs and emergency room reimbursement.
1662	**External quality review of EPSDT components and training.** Requires an external quality review contractor conduct a review of all EPSDT components provided to children from a statistically valid sample of health plan records and requires Department to provide a copy of the HEDIS report and the annual external quality review report. **Background:** This language originally appeared in FY 2001-02 and was rewritten for FY 2002-03.
1670	**MIChild eligibility.** States that the MICHILD program appropriation is for the provision of comprehensive health care to children under age 19 with family income of less than 212% of the Federal poverty level who are and have been uninsured for at least 6 months prior to application; requires that children in families below 160% of poverty be provided health care coverage through the Medicaid Program. Department is required to provide one year of continuous eligibility in the program. Permits program spending for health care services from the MIChild appropriation or any other appropriation associated with the program as described in the State plan **Background:** This language was first included in FY 1998-99 when the MIChild program was established. In FY 2005-06, the MIChild boilerplate was consolidated into section 1670. Language previously found in boilerplate sections 1672, 1675, and 1676 was added to section 1670. Upper limits were changed to 212% and 160% of the poverty level in FY 2014-15. Language was revised in FY 2016-17 to reflect the integration of the MIChild program into the health services line item. Language limiting continuous coverage requirement to be contingent on monthly premium payment was removed in FY 2024-25.

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1677	**MI Child benefits.** States that the MIChild program must provide, at a minimum, all benefits available under the Michigan benchmark plan that are delivered through contracted providers, including a) inpatient mental health services other than substance use disorder, including State mental hospitals and private psychiatric hospital beds, b) outpatient mental health services other than substance use disorder, c) durable medical equipment, prosthetics, and orthotics, d) dental services, e) substance use disorder services, f) care management services for mental health, g) physical therapy, occupational therapy, and services for those with speech, hearing, and language disorders, and h) emergency ambulance services. **Background:** Formerly longstanding language reinstated in FY 2012-13. Changed state employee insurance plan reference to Michigan benchmark plan in FY 2014-15.
1682	**Nursing home facility enforcement penalty revenue.** Allows the Department to impose civil monetary penalties and spend such funding received. Unexpended penalty revenue shall be carried forward into subsequent fiscal year. Report is required by March 1 that gives penalty monies information. **Background:** This language was first included in FY 1995-96. Report on penalty monies add in FY 2022-23.
1692	**Medicaid school-based services.** Authorizes Department to pursue Medicaid reimbursement for eligible services provided in schools. From the School-Based Services line, the Department is authorized to finance activities within the Medical Services Administration related to this project, reimburse participating school districts, and offset general fund costs associated with the medical service program. **Background:** This language was first included in FY 1995-96.
1694	**Hospital at academic health care system with high indigent care volume.** Directs the Department to allocate $2,628,500 plus associated Federal match to hospitals with high indigent care volume for poison control in amounts based upon a formula determined by the Department. **Background:** This language was first included in FY 2002-03. It is used to support the poison control hotline and in FY 2009-10 and FY 2010-11 was allocated to Children's Hospital of Detroit. Amount was increased from $1.1 million to $1.5 million in FY 2023-24. Increased the allocation to $2.6 million in FY 2024-25.
1697	**HMP dental benefit.** Requires the Department to ensure that the HMOs administering the HMP benefit maintain a sufficient network of dental providers to provide adequate dental care for HMP enrollees. **Background:** This language was first included in FY 2018-19.
1700	**Distribution of special hospital payments.** Requires a report by December 1 on the distribution of funding provided in the previous fiscal year for four different special hospital payments. **Background:** This language was first included in FY 2016-17 and gathered various previously required reports into one report. Removed disproportionate share hospital payments as a reporting requirement in FY 2024-25.

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Section Number	Description and History
1702	**Private duty nursing rates for frail children.** States that the rates paid to private duty nursing services for Medicaid beneficiaries under the age of 21 shall be maintained at the level in place in the previous fiscal year. **Background:** This language was first included in FY 2020-21. $2.8 million amount and 30% but not less than 10% was first included in FY 2022-23. The reference to a $2.8 million increase was removed in FY 2023-24. Increase of $2.8 million was added in FY 2024-25.
1757	**Medicaid eligibility process and proof of citizenship.** Requires the Department to direct the Department of Human Services to obtain proof from Medicaid recipients that they are legally residing in the United States prior to providing program benefits. **Background:** This language was first included in FY 2006-07. The Legislative intent language was added in FY 2009-10. The reporting requirement was added in FY 2010-11.
1764	**Certification of Medicaid health plan and prepaid inpatient health plan rates as actuarially sound.** The Department is required to annually certify rates as actuarially sound and will provide a copy of the rate certification and approval documents to the Legislature by October 15 and shall provide any Medicaid rate amendments by February 15, May 15, and August 15. Directs Department to ensure that no new or revised state Medicaid policy bulletin that is promulgated negatively impacts the certified capitation rates. **Background:** This language was first included in FY 2006-07. Reporting date for annual certification and rate amendments was included in FY 2023-24.
1775	**MI Health Link transition to integrated dual eligible special needs plan.** Requires the Department to report on 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) on March 1 of the current fiscal year. **Background:** This language was first included in FY 2011-12. The language was rewritten in FY 2015-16 to reflect an acceptance of the waiver and the implementation of the MI Health Link demonstration. Reference to the dual eligible special needs plans was included in FY 2023-24. Reporting language was rewritten to incorporate the D-SNP language in FY 2024-25.
1786	**Medicaid Rate Increase - Vaccine Administration.** Appropriates funding to maintain Medicaid reimbursements for the administration of injectable vaccines and nasal or orally administrated vaccines at $23.03. **Background:** This language was first included in FY 2022-23. Language was changed from a rate increase to maintain rates at $16.13 and $12.25 in FY 2023-24. Vaccination rates were increased to $23.03 in FY 2024-25.
1787	**Medicaid therapy services rate increase.** Appropriates $1.5 million to maintain Medicaid rates for speech, occupational, and physical therapy. **Background:** This language was first included in FY 2024-25.

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1788	**Ambulance service rate increase.** Requires the department to provide Medicaid reimbursement rates, including reimbursements from the ambulance QAAP, for ground ambulance services at no less than 100% of the base Medicare rates as of January 1, 2023. **Background:** This language was first included in FY 2021-22. Language was modified to base rates as of January 1, 2023 in FY 2023-24.
1789	**Federally Qualified Health Center Reimbursement Rate.** Appropriates not less than $11.3 million to maintain payment rates for FQHCs. **Background:** This language was first included in FY 2024-25.
1790	**Medicaid pediatric psychiatry rates.** Directs the Department to maintain the pediatric psychiatry practitioner rates for psychiatric procedures provided for Medicaid recipients under the age of 21. **Background:** This language was first included in FY 2020-21 after similar language was vetoed in FY 2019-20 and later restored in a supplemental.
1791	**Medicaid neonatal and newborn services rate increase.** Requires the Department to provide Medicaid reimbursement rates for neonatal services at 95% of the Medicare rate and lists the Current Procedural Terminology codes that are eligible for the increase. **Background:** This language was first included in FY 2017-18. In FY 2019-20 the reimbursement level was increased to 95% or Medicare rates.
1794	**Hospital Peer Supports.** Requires the Department to fund Medicaid reimbursements for hospital-based substance use disorder peer-supports and report on the statewide amounts and each hospital amount for hospital-based substance use disorder peer-supports. **Background:** This language was first included in FY 2024-25.
1801	**Primary care services Medicaid rate increase.** Allocates funds to continue the increase to Medicaid rates for primary care services provided only by primary care providers. Provides a definition of primary care provider for the purposes of this section. Increased Medicaid rates for primary care services by $15.0 GF/GP with the associated Federal match. **Background:** This language was first included in FY 2014-15. The reporting requirement was added in FY 2016-17. The definition of primary care provider for the purposes of this section was expanded in FY 2017-18. The reporting requirement was removed in FY 2021-22. Primary care rate increase was added in FY 2022-23.
1802	**Rural/sole and obstetrical payments.** Appropriates $8.4 million GF/GP to hospitals that qualified for rural hospital access payments in FY 2013-14 and provide obstetrical care in the current fiscal year. The payment shall be based on the volume of obstetrical and newborn care cases billed in the most recent year for which data is available. Directs that the $15.2 million GF/GP, along with any Federal match, be awarded to as rural access payments to noncritical hospitals that meet criteria established by the Department for services to low-income residents, limits payments for any hospital to a maximum of 10% of the pool. Additionally, there is a $1.8 million that is carved out to Memorial Hospital in Owosso for both rural access and rural OB payments. **Background:** This language was first included in FY 2014-15. This language was revised to comply with new Federal managed care rules in FY 2018-19. The language was combined with Sec. 1866 of the

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	DHHS budget in FY 2019-20. Base amount of the rural access OB payments were increased from $13.9 million to $15.2 million in FY 2023-24. Base amount for rural access payments was increased from $8.0 million to $8.4 million in FY 2024-25.
1803	**Rural health transformation program.** Allocates $250.0 million to provide grants to hospitals and providers, in accordance with Federal requirements. Requires the Department to provide, by January 15, the rural health transformation program grant application and plan submitted to CMS. **Background:** While funding for the rural health transformation program was included in Public Law 119-21, there were few guidelines provided. This language was first included in FY 2025-26 to allow for the immediate expenditure of any award the State might receive.
1804	**Veterans benefits eligibility.** Allows for the Department to work with the Department of Military and Veteran's Affairs to identify Medicaid recipients who are veterans and may be eligible for Federal veteran's health care benefits or other benefits. **Background:** This language was first included in FY 2020-21 after similar language was declared unenforceable in FY 2019-20. Language was modified from a requirement to permissive in FY 2023-24.
1810	**Encounter data improvement.** Requires the Department to identify any encounter data that has not been accepted and give the health plans 60 days to dispute and correct discarded encounter data. **Background:** This language was first included in FY 2015-16.
1812	**GME cost and retention reporting.** Requires a report by June 1 disclosing all costs associated with residency training programs for each hospital that receives funds for graduate medical education or through the MiDocs consortium. **Background:** This language was first included in FY 2015-16. The language was revised in FY 2016-17 to make the Department complete the report, rather than the individual hospital.
1820	**Recognition of health plan accrediting organizations.** Directs the Department to recognize accrediting organizations for Medicaid health plans and to consider accreditation results when reviewing health plan performance. **Background:** This language was first included in FY 2009-10. Reporting requirement was removed in FY 2017-18.
1830	**CenteringPregnancy.** Appropriates $5.0 million to the CenteringPregnancy program that supports prenatal health care through group-based prenatal care programs. **Background:** First included in FY 2023-24.
1831	**MI-AIM bundles.** Appropriates $10.0 million to for hospitals to administer and expand a data-driven maternal safety program. **Background:** First included in FY 2023-24.

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1833	**Funds for IPA and Federal Medicaid reimbursement.** Authorizes the Department to expend an amount not to exceed $3.3 billion for IPA and associated Medicaid match if revenues are available. Requires the Department to report, by line item, within 10 calendar days after expenditure authorization the total state restricted expenditures incurred, total federal expenditures incurred, total gross expenditures incurred, and total year-to-date expenditure authorization remaining. **Background:** This language was first included in FY 2025-26.
1834	**State Restricted Quality Assurance Assessment Program (QAAP) and Medicaid reimbursement .** Authorizes the Department to expend an amount not to exceed $6.0 billion for QAAP and associated Medicaid match if the Department has received CMS approval under the State's Medicaid preprint. Requires the Department to report, by line item, within 10 calendar days after expenditure authorization the total state restricted expenditures incurred, total federal expenditures incurred, total gross expenditures incurred, and total year-to-date expenditure authorization remaining. **Background:** This language was first included in FY 2025-26.
1837	**Utilization of telemedicine.** Directs the Department to continue the utilization of telemedicine and tele-psychiatry to increase Medicaid primary care access. **Background:** This language was first included in FY 2010-11 with tele-psychiatry added in FY 2011-12.
1846	**GME funding objectives.** Directs the Department to distribute allocated funds to encourage the training of physicians in specialties, including primary care, that are necessary to meet the future needs of residents of this State and train physicians in settings that include ambulatory sites and rural locations **Background:** This language was first included in FY 2011-12. Rewritten in FY 2014-15
1850	**Health plan assistance with eligibility redetermination.** Permits Department to allow Medicaid health plans to assist with maintaining eligibility to ensure continuation of Medicaid eligibility. **Background:** This language was first included in FY 2011-12. $450,000 outreach funding was included in FY 2023-24. One-time $450,000 funding was removed in FY 2024-25.
1854	**PACE enrollment cap.** Sets the current fiscal year PACE enrollment cap at no less than 8,597. **Background:** This language was first included in FY 2021-22. Cap increased from 6,920 to 7,288 in FY 2022-23. Cap increased from 7,288 to 7,553 in FY 2023-24. Cap increased from 7,553 to 8,543 in FY 2024-25.Cap increased from 8,543 to 8,597 in FY 2025-26.
1855	**Program of all-inclusive care for the elderly (PACE) unused slots.** Allows the Department to increase the number of slots for an established PACE program and suspend the 10 member/month individual PACE enrollment increase cap. **Background:** This language was first included in FY 2017-18.

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Section Number	Description and History
1856	**Hospice room and board.** Requires that funds appropriated for hospice services be used to provide room and board for Medicaid-eligible individuals receiving services at Medicaid enrolled hospice residences. The grants shall be distributed based on the total beds located in eligible residence that have been providing services as of October 1, 2017. Requires a report by September 15 from the residences on program statistics. **Background:** This language was first included in FY 2017-18. The distribution of funding was changed to a grant process in FY 2018-19. Funding was increased to $5.0 million in FY 2022-23.
1859	**Medicaid research activities.** Requires the Department to partner with MAHP and Medicaid health plans to develop strategies for the use of IT services for Medicaid research and make state medical assistance program data available to any vendors the Department considers qualified. **Background:** This language was first included in FY 2017-18.
1862	**Medicaid obstetrical payment rates.** Directs Department to maintain payment rates for Medicaid obstetrical services at 95% of the Medicare level effective October 1, 2014. **Background:** This language was first included in FY 2012-13. The rate was increased to 955 of the Medicare level in FY 2014-15.
1870	**Graduate medical education (GME).** Appropriates $6.4 million GF/GP, plus $5.0 million private and any associated federal match to the MiDocs consortium to provide loan repayment assistance, loan interest payments, scholarships, and create new primary care residency slots. Requires the department to maintain the MiDocs initiative advisory council, and requires a report on implementation of the program by September 1. **Background:** This language was first included in FY 2013-14. The language was rewritten in FY 2014-15 to create and provide allocation for the MiDocs consortium, and in FY 2016-17 to simplify the language. One-time funding of $4.6 million included in FY 2024-25, but removed in FY 2025-26.
1872	**Personal care supplement.** Appropriates funds to maintain the monthly 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. **Background:** This language was first included in FY 2018-19.
1874	**Program for all-inclusive care for the elderly (PACE).** Requires the Department to ensure that PACE is included as an option in all counties where PACE is available. **Background:** This language was first introduced in FY 2016-17.
1879	**Consolidated Medicaid Pharmaceutical Reporting.** Requires the Department to report by May 15 on total pharmacy costs and rebates. Includes reporting requirement on health plan and Department pharmaceutical costs and rebates. Also includes information on the current Medicaid pharmacy carve-out. **Background:** This language was first included in FY 2020-21. Updated the time periods for the data collected for the report. Consolidated Medicaid pharmaceutical language included in FY 2024-25.

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1880	**FDA Pharmaceutical Standards.** Directs the Department to follow the FDA quality and clinical standards and that the single preferred drug list utilization management criteria be established in consultation with the Medicaid health plans and the Michigan pharmacy and therapeutics committee. Requires the Department to limit the authorization of anti-obesity GLP-1s exclusively to individuals classified as morbidly obese and make coverage contingent upon documented failure of all other clinically appropriate interventions. The authorization of GLP-1s must only be considered as a measure to aver the need for bariatric surgery. **Background:** This language was first included in FY 2024-25. Language related to GLP-1 coverage was added in FY 2025-26.
1888	**Medicaid health plan performance standards.** Directs the Department to establish contract performance standards associated with the capitation withhold provisions for Medicaid health plans at least 6 months before their implementation. Fulfillment of performance standards will be based primarily on such concepts as one-year continuous enrollment and the healthcare effectiveness data and information set, HEDIS, and audited data. **Background:** This language was first included in FY 2014-15. Contract performance standards changed from 3 months to 6 months in FY 2024-25.
1889	**Quality Assurance Assessment Program (QAAP).** Requires all QAAP revenue be used to provide services through the Healthy Michigan Plan or the traditional Medicaid program. **Background:** This language was first included in FY 2025-26.
	INFORMATION TECHNOLOGY
1901	**IT project expansions.** Requires a report on a semiannual basis on the project plans for all IT expansion projects, including the process used to define RFPs and the proposed benefits of the expansion. Also requires a semiannual report on the projected cost of the expansion upon the award of the contract. **Background:** This language was first included in FY 2016-17. Formerly Sec. 230 in the DHHS budget.
1902	**Comprehensive Child Welfare Information System (CCWIS) implementation report.** Requires the Department to submit a report by March 1 including the total expenditures by fiscal year and plan for subsequent years, upgrades, remediation, or modifications that occurred in the current fiscal year or planned for the following, and the current timeline for full implementation of CCWIS. **Background:** This language was first included in FY 2025-26.
1903	**Statewide automated child welfare information system (SACWIS).** Requires a report by November 1 on the status of the modernization and operation of SACWIS. The report must include specifics on the planning, implementation, and operation of the system. Also, a report is required that states the department's efforts and recommendations to develop and implement a more streamlined process for the annual renewal of licenses for foster family homes. Requires a third report, due by March 1, that outlines the current timeline for the phaseout of SACWIS, all expenditures from the prior fiscal year, and cost savings associated with the program decommissioning.

Section Number	Description and History
	Background: The Conference language first appeared in the DHS budget in FY 2013-14, Sec. 534. House language in 2014 PA 252 revised the reporting date from March 1 and added a broader definition for the report requirement. Reporting section was modified to reflect current Department practices in FY 2016-17. Formerly Sec. 534 in the DHHS budget. Licensing report added in FY 2021-22, 2021 PA 87. This modified language adding a third report to this section was introduced by the House and included in FY 2025-26.
1906	**Statewide Health Information Exchange.** The language appropriates $1.75 million for the Michigan Health Information Network Share Services (MiHIN) which is Michigan's statewide health information network which connects care teams, hospitals, pharmacies, health insurers, and public health. **Background:** This language was originally included in FY 2022-23.
1909	**Information technology project-based appropriations.** The language directs that appropriations for a given IT program shall only be used to support operation, maintenance, or improvement of MiCSES, BRIDGES, Integrated Service Delivery, CHAMPS, MiSACWIS, and new funding for the CCWIS. **Background:** This language was first included in Senate Bill 139 of 2019. The Governor deemed subsections (1), (2), and (9) were deemed "unenforceable" as they created line-item "contingency fund". The language was modified in FY 2020-21 budget, 2020 PA 166, to dedicate the appropriations only for the specific IT programs listed in the boilerplate section.
1910	**IT project spending.** Requires the department to allocate specific part 1 appropriations for technology system or project. **Background:** A type of Agile language was included in the 2020-21 budget, 2020 PA 166 and was deemed unenforceable. A reworked version of the language was included in FY 2021-22, 2021 PA 87. Language modified in FY 2023-24 to remove the reference to agile software development.
	ONE-TIME APPROPRIATIONS
1930	**One-time Opioid Healing and Recovery Fund projects.** Allocates $76.8 million of Opioid Healing and Recovery Fund revenue with $4.0 million to be used for primary prevention activities, $17.3 million for substance use disorder treatment, $37.5 million for recovery investments, $4.5 million for informed decision-making and evaluation of investments, and $15.0 million for standalone investments. **Background:** This language was first included in FY 2024-25. Language was modified in FY 2025-26 to reflect an increase in funding and a different allocation of expenditures.
1932	**Medicaid children's rehabilitation services.** Allocates $100,000 to enhance Medicaid rates for services provided to eligible children receiving care in specific settings. The enhanced rates must apply to professional services by specific providers involved in the direct care of children. Allocates $900,000 to support specific services provided at the Joan Secchia Children's Rehabilitation Hospital. **Background:** This language was first included in FY 2025-26.

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1933	**National Kidney Foundation of Michigan.** Allocates $950,000 to the National Kidney Foundation of Michigan to enhance Medicaid health plan outreach to improve access and utilization of Medicaid covered services. Additionally, funds must be used to support outreach efforts by the Morris Hood III Chronic Kidney Disease and COVID-19 Complications Prevention Initiative. **Background:** This language was first included in FY 2024-25. Funding was increased from $500,000 to $950,000 in FY 2025-26.
1934	**United We Smile.** Appropriates $2.9 million to the Untied Way of Northwest Michigan for the cost of purchasing a building that includes the United Way and a dental clinic. **Background:** This language was first included in FY 2025-26.
1936	**Adolescent hair loss.** Allocates $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. **Background:** This language was first included in FY 2024-25.
1937	**Sheridan Hospital.** Allocates $10.0 million to Sheridan Hospital for the construction of a new hospital on already owned land. Unspent funds are designated as a work project. **Background:** This language was first included in FY 2025-26.
1938	**The New Foster Care.** Allocates $2.0 million to The New Foster Care for services through The Bridge program such as housing, child welfare housing infrastructure, or other supporting housing projects.. **Background:** This language was first included in FY 2025-26. The New Foster Care has previously received funding in FY 2022-23 and FY 2024-25.
1950	**Cord blood bank.** Allocates $750,000 to Versiti Michigan 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 IT infrastructure. **Background:** This language was first included in FY 2020-21. The funding was increased to $750,000 In FY 2023-24. The language was moved to the One-Time unit in FY 2025-26.
1954	**Nazarene Community Housing.** Allocates $1.0 million to Nazarene Community Housing for capital and infrastructure repairs to structures to convert them into emergency homeless shelters for women and children, and shelters for individuals who are parolees. **Background:** This language was first included in FY 2023-24, but removed in FY 2024-25. The language was reinstated in FY 2025-26.
1956	**Permanent supportive housing.** Appropriates $5.0 million to expand supportive housing services while limiting grants for capacity building to no more than 8% of funds and requires that at least 1% of funds must go to the Corporation for Supportive Housing. Unspent funds are designated as a work project. **Background:** This language was first included in FY 2025-26.

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Section Number	Description and History
1958	**Bridge card chip conversion.** Allocates $16.3 million to adopt chip card technology for Bridge cards and requires the Department to begin implementation of credit and debit industry standards by January 1. **Background:** This language was first included in FY 2025-26.
1960	**Matrix Human Services medical clinic.** Allocates $750,000 to Matrix Human Services in Detroit to support the Osborn Family Medical Clinic. **Background:** This language was first included in FY 2025-26.
1962	**National Association of Yemeni Americans (NAYA).** Language directs the Department to allocate $800,000 to NAYA. **Background:** This language was first included in FY 2024-25. Funding was increased from $400,000 to $800,00 in FY 2025-26 and moved to the One-Time unit.
1964	**No-cost chest CT screening program.** Allocates $5.0 million to MobileInsite in Troy to conduct community health screenings for underserved urban and rural populations, first responders, and veterans. Unspent funds are designated as a work project. **Background:** This language was first included in FY 2025-26.
1965	**Water affordability grants.** Allocates $5.0 million as grants to qualified providers to assist eligible residents with costs related to eligible expenditures and defines "qualified provider". Limits qualified providers receiving grants from spending more than 3% of the grant for administrative services. Requires a report to the Department by September 30 on outcomes and performance measures and requires the Department to forward that report to the Legislature. Designates unspent funds as a work project. **Background:** This language was first included in the budget supplemental PA 5 of 2023 in Sec. 501 in FY 2022-23, but was removed in FY 2023-24. The language and funding was reinstated at a lower level in FY 2024-25. Funding was reduced from $10.0 million to $5.0 million in FY 2025-26.
1966	**Revive Community Health Center.** Appropriates $300,000 for Revive Community Health Center in Flint. **Background:** This language was first included in FY 2016-17 as part of the Flint Drinking Water Declaration of Emergency funding. The language related to Revive Community Health Center was moved to the One-Time unit in FY 2025-26.
1967	**Trauma recovery center pilot programs.** Appropriates $4.0 million to establish a 3-year trauma recovery center pilot program in Detroit. The pilot program must utilize the evidence-informed integrated trauma recovery services model for service provision and delivery; comply with applicable statutory requirements for administration, operation, service requirements, and funding; and demonstrate adherence to all guidelines for implementing and operating a trauma recovery center, as developed by the National Alliance of Trauma Recovery Centers. Designates unspent funds as a work project. **Background:** This language was first included in FY 2023-24. The language was moved from Sec. 1162 to Sec. 1967 in FY 2024-25 and a specific breakdown of how the funds must be utilized was removed. The language was modified in FY 2025-26 to remove funding for a pilot in Kent County.

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1968	**Maternal mortality reporting.** Allocates $299,700 to implement Senate Bill No. 29 and Senate Bill No. 30 of the 103rd Legislature. **Background:** This language was first included in FY 2025-26.
1970	**Nia Purpose.** Allocates $250,000 to Nia Purpose for Life Agency to offer comprehensive mental health support, prenatal care coordination, parenting classes, mentorship, and social integration activities to teen mothers exiting foster care. **Background:** This language was first included in FY 2025-26.
1971	**Developmental milestones toolkit.** Appropriates $500,000 to Universal prevention Services in Livonia to provide developmental milestones toolkits to low-income families in Wayne County. Unspent funds are designated as a work project. **Background:** This language was first included in FY 2023-24, removed in FY 2024-25, and reinstated in FY 2025-26.
1973	**Dental safety net payments.** Allocates $4.0 million to implement an enhanced Medicaid reimbursement rate for dental services provided to Medicaid-enrolled adults by dental safety net providers that have an established agreement with a local public health department. The Department must determine the enhancement methodology to reflect increased costs of care and to support provider sustainability. **Background:** This language was first included in FY 2025-26.
1974	**Blood pressure monitors for Medicaid enrollees.** Allocates $800,00 to provide all pregnant and postpartum Medicaid enrollees with a blood pressure monitor. **Background:** This language was first included in FY 2025-26.
1976	**Kids' Food Basket.** Allocates $1.0 million for Kids' Food Basket to expand its' service area. Designates unspent funds as a work project. **Background:** This language was first included in FY 2025-26.
1977	**Team Wellness dental clinic.** Appropriates $1.5 million to Team Wellness to support a pediatric and sedation dentistry clinic in Detroit. **Background:** This language was first included in FY 2025-26.
1978	**University DSH Payment Backfill.** Allocates $3.5 million in GF/GP to Michigan State University medical school to replace a commensurate reduction due to the end of disproportionate share hospital payments. **Background:** This language was first included in FY 2024-25. The language was moved to the One-Time unit in FY 2025-26.
1980	**FQHC health center careers training program.** Allocates $2.0 million to the Department to partner with the FQHC health centers careers training program for individuals employed in FQHCs. Specifies the requirements of the training program. **Background:** This language was first included in FY 2025-26.

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1982	**Freestanding birth centers and licensed midwives Medicaid funding.** Appropriates $1.0 million GF/GP plus any associated Federal match to allow for Medicaid to reimburse for births which occur at a freestanding birth center or via a licensed midwife operating within their scope of practice. Also requires payment parity for perinatal and gynecological services. Designates unspent funds as a work project. **Background:** This language was first included in FY 2025-26.
1984	**Children in foster care – "Let them play" fund.** Appropriates $758,000 to fund afterschool activities for children in foster care. Designates unspent funds as a work project. **Background:** The Senate language first appeared in FY 2022-23. Language was moved to the One-Time unit in FY 2025-26 and funding was increased from $100,000 to $758,000.
1995	**Female liver screening.** Appropriates $250,000 for the Department to partner with at least one Medicaid Health Plan to develop and fund a basic liver screening pilot project. Requires a report by September 30 on demographic and outcome information on the pilot as well as recommendations on future investments. **Background:** This language was first included in FY 2025-26.
1999	**National Council for Dementia Minds.** Appropriates $408,600 to the National Council for Dementia Minds to develop resources to empower recently diagnosed individuals, provide interactive educational programming, develop financial planning and employment resource, create peer support opportunities, and create a public awareness campaign. **Background:** This language was first included in FY 2025-26.
2005	**SOS maternity program.** Allocates $1.5 million to the Wayne State University Office of Women's Health to develop a model to reduce infant and maternal mortality. **Background:** This language was first included in FY 2023-24. Funding was reduced in FY 2024-25 and again in FY 2025-26.
2006	**Suicide prevention council.** Allocates $125,000 to establish and support the Michigan Suicide Prevention Council. Specifies the duties of the council and requires a report on council activities by June 1. **Background:** This language was first included in FY 2025-26.