Nationally Accredited by the Public Health Accreditation Board

MARK W. (MARCUS) CHEATHAM, Ph.D. Health Officer

JENNIFER MORSE, MD
Medical Director

ADMINISTRATIVE OFFICES 615 N. State St., Ste. 2 Stanton, MI 48888-9702 (989) 831-5237



CLINTON COUNTY
Branch Office
1307 E. Townsend Rd.
Saint Johns, MI 48879-9036
(989) 224-2195

GRATIOT COUNTY
Branch Office
151 Commerce Dr.
Ithaca, MI 48847-1627
(989) 875 3681

Sam Smith

MONTCALM COUNTY

Branch Office

615 N. State St., Ste.1

Stanton, MI 48888-9702

(989) 831-5237

www.mmdhd.org
BOARD OF HEALTH

George Bailey

Bruce DeLong Betty Kellenberger Tom Lindeman

Ken Mitchell

BOARD OF HEALTH FINANCE COMMITTEE MEETING

at

Mid-Michigan District Health Department Clinton County Branch Office Saint Johns, Michigan

> Wednesday, May 25, 2016 9:30 AM

<u>AGENDA</u>

We take action to assure the health and well being of our community and the environment by responding to public health needs and providing a broad spectrum of prevention and educational services.

COMMITTEE MEMBERS: George Bailey, Bruce DeLong, Tom Lindeman (Chair)

STAFF: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Bowerman, Director of Administrative Services; and Cindy Partlo, Board Secretary

- A. Mid-Michigan District Health Department's Expenses for April 16 May 13, 2016 **Attached.** 3
- B. Mid-Michigan District Health Department's Monthly Balance Sheet, Revenue and Expenditure 21 Report for April 2016 **Attached.**
- C. FY 15/16 State Budget
- D. FY 16/17 Proposed Draft Budget and Narrative Attached.
- E. FY 16/17 Proposed Agency Fees
 - 1. Community Health and Education Division (CHED) Attached.

42

28

F. Patagonia Heath, Integrated Electronic Health Record (EHR) Software - Handout.

MONTHLY EXPENSES FOR April 16, 2016 - May 13, 2016

EV 1818 \$ 278,279.77

EV 1819 \$ 184,636.69

TOTAL \$ 462,916.46

Mid-Michigan District Health Department 615 North State Street, Suite 2 Stanton MI 48888 (989) 831-5237

CK#	EV 1818			4/29/2016
	<u>Payables</u>			
102433				
thru 102472	Quantum Checks & Direct Deposits & Voids		\$	108,004.59
	<u>Payroll</u>			
	AFLAC Employee Deduction		\$	-
	MERS Employee Electronic Transfer		\$	3,936.96
	Chemical Bank Payroll-Ameriprise NBS		\$	200.00
	Chemical Bank Payroll-Nationwide		\$	2,515.00
	Chemical Bank Payroll-MERS 457		\$	365.00
	Chemical Bank Payroll Tax Electronic Transfe	er		
	Federal		\$	33,703.14
	State		\$	14,225.65
	MERS Employer Electronic Transfer	Mar-16	\$	-
	Chemical E-Banking fee	Mar-16	\$	-
	Chemical Bank Interest	Mar-16	\$	-
	Direct Deposit Payroll		\$	113,128.66
	State of Michigan Unemployment (Jan-Mar/B	ailey)	\$	2,200.77
	TOTAL		•	070 070
	TOTAL		\$	278,279.77

ACCOUNTS PAYABLE CHECK REGISTER

			ACCOUNTS PAYABLE CHECK REGISTER			
NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID	COUNT TAKEN	CHECK AMOUNT
102450	04/29/16 LIT005	S LITWILLERS TRACY & KATHY	006101 02/09/16 14133 BREAKFAST DISTRICT WIDE	\$ 712.00	\$ -	\$ 712.00
COMPL	JTER CHECK		CHECK TOTALS:	\$ 712.00	\$ -	\$ 712.00
102451	04/29/16 MCK0	32 MCKESSON MEDICAL	75686888 03/25/16 14103 094161-00 SPECULMS,SHARP CONTAINER,GAUZE	\$ 234.64	\$ -	\$ 234.64
COMPL	JTER CHECK		CHECK TOTALS:	\$ 234.64	\$ -	\$ 234.64
		16 MERCK & CO INC	7008628987 04/07/16 14108 094176-00 HEP A	\$ 331.91	\$ -	\$ 331.91
COMPL	JTER CHECK		CHECK TOTALS:	\$ 331.91	\$ -	\$ 331.91
		86 MICHIGAN ORAL HEALTH COALITION	803 04/26/16 14153 TREYNOR TRAINING	\$ 250.00	\$ -	\$ 250.00
COMPL	JTER CHECK		CHECK TOTALS:	\$ 250.00	\$ -	\$ 250.00
102454	04/29/16 MISO0	5 MISDU/FRIEND OF COURT	100491 04/29/16 14146 913105050 4/29 EMPLOYEE DEDUCTION	\$ 234.68	\$ -	\$ 234.68
COMPL	JTER CHECK		CHECK TOTALS:	\$ 234.68	\$ -	\$ 234.68
102455	04/29/16 MOS0	84 MOS/MICHIGAN OFFICE SOLUTION	IN578085 02/29/16 14102 094180-00 STAPLES FOR C6664 CHED MO	\$ 112.80	\$ -	\$ 112.80
COMPL	JTER CHECK		CHECK TOTALS:	\$ 112.80	\$ -	\$ 112.80
102456	04/29/16 NATO:	L6 NRFSP	G1603311044 03/31/16 14139 9553248 GRATIOT FOOD TESTS	\$ 325.00	\$ -	\$ 325.00
COMPL	JTER CHECK		CHECK TOTALS:	\$ 325.00	\$ -	\$ 325.00
		08 NURSE ADMINISTRATORS FORUM	832 04/07/16 14145 CURRIE TRAINING	\$ 40.00	\$ -	\$ 40.00
COMPL	JTER CHECK		853 04/26/16 14152 TABOR TRAINING	\$ 75.00	\$ -	\$ 75.00
			CHECK TOTALS:	\$ 115.00	\$ -	\$ 115.00
		11 OFFICEMAX INCORPORATED	864867 03/21/16 14109 094150-00 COPY PAPER,ENVELOPES, POST-IT NOTES	\$ 443.45	\$ -	\$ 443.45
COMPL	JTER CHECK		CHECK TOTALS:	\$ 443.45	\$ -	\$ 443.45
102459	04/29/16 OPT01	16 OPTUMINSIGHT	37481043 04/06/16 14130 MARCH EDI/MAILED CLAIMS	\$ 255.18	\$ -	\$ 255.18
COMPL	JTER CHECK		CHECK TOTALS:	\$ 255.18	\$ -	\$ 255.18
102460	04/29/16 PAT05	2 PATTERSON DENTAL	575/3231035 04/05/16 14101 094168-00 REFILL MIRROR 50 PK	\$ 209.60	\$ -	\$ 209.60
COMPL	JTER CHECK		CHECK TOTALS:	\$ 209.60	\$ -	\$ 209.60

CHECK TOTALS:

14.05 \$

\$

14.05

RUN DATE: APR 27, 2016 - 11:28	Mid Michigan District Health Department		PAGE 0005
	ACCOUNTS PAYABLE CHECK REGISTER		
CHECK CHECK\VOID REMIT-TO NAME NO DATE VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT DISCOUNT PAID TAKEN	CHECK AMOUNT
102472 04/29/16 WINN73 WINN TELECOM COMPUTER CHECK	1936317 04/15/16 14110 3/10-4/8/16 PHONES CHECK TOTALS:	\$ 2,745.56 \$ - \$ \$ 2,745.56 \$ - \$	2,745.56 2,745.56
	BANK CODE TOTALS:	\$108,004.59 \$ - \$	108,004.59
40 COMPUTER CHECKS 0 MANUAL PAYMENT CHECKS 0 VOID CHECKS - TRX 0 VOID CHECKS - STUBS 0 VOID CHECKS - ERROR 0 VOID CHECKS - FORM ALIGNMENT 0 DIRECT DEPOSITS 40 CHECKS TOTAL			

COMPANY TOTALS:

\$108,004.59 \$ - \$108,004.59

Mid-Michigan District Health Department 615 North State Street, Suite 2 Stanton MI 48888 (989) 831-5237

CK#	EV 1819			5/13/2016
	Payables			
102473				
thru	Quantum Checks & Direct Deposits & Voids		\$	22,260.74
102503	Quantum chesils a pirest peposits a voius		Ψ	22,200.7
	Payroll			
	AFLAC Employee Deduction		\$	371.86
	MERS Employee Electronic Transfer		\$	3,519.81
	Chemical Bank Payroll-Ameriprise NBS		\$	150.00
	Chemical Bank Payroll-Nationwide		\$	2,595.00
	Chemical Bank Payroll-MERS 457		\$	315.00
	Chemical Bank Payroll Tax Electronic Transfer			
	Federal		\$	30,018.62
	State		\$	-
	MERS Employer Electronic Transfer	16-Apr	\$	30,541.86
	Chemical E-Banking fee	16-Apr	\$	94.91
	Chemical Bank Interest	16-Apr	\$	(4.00)
	Direct Deposit Payroll		\$	94,772.89
	State of Michigan Unemployment (Jan-Mar/Bailey)		\$	
	TOTAL		\$:	184,636.69

RUN DATE: MAY 11, 2016 - 13:35	Mid Michigan District Health Department			
	ACCOUNTS PAYABLE CHECK REGISTER			
CHECK CHECK\VOID REMIT-TO NAME NO DATE VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102478 05/13/16 CON160 CONTROL SOLUTIONS, INC.	CS29819 03/25/16 14171 094159-00 TRACEABLE CALIBRATION	\$ 148.00	\$ -	\$ 148.00
COMPUTER CHECK	CHECK TOTALS:	\$ 148.00	\$ -	\$ 148.00
102479 05/13/16 CRY023 CASAIR-CRYSTAL AUTO SYSTEM	261388 05/01/16 14214 LIST SERV/FIBER INTERNET	\$ 800.00	\$ -	\$ 800.00
COMPUTER CHECK	CHECK TOTALS:	\$ 800.00	\$ -	\$ 800.00
102480 05/13/16 FAM047 FAMILY OUTREACH CENTER	100500 04/14/16 14217 SUBSTANCE ABUSE TRAINING	\$ 275.00	\$ -	\$ 275.00
COMPUTER CHECK	100501 04/14/16 14218 MILEAGE TO/FROM SUB ABUSE TRAINING	\$ 77.98	\$ -	\$ 77.98
	CHECK TOTALS:	\$ 352.98	\$ -	\$ 352.98
102481 05/13/16 FRO027 FRONTIER	100503 04/20/16 14221 989-831-7707 3/20-4/19/16	\$ 62.86	\$ -	\$ 62.86
COMPUTER CHECK	CHECK TOTALS:	\$ 62.86	\$ -	\$ 62.86
102482 05/13/16 GLC013 GLC - SOPHE	823 05/09/16 14199 THELEN TRAINING	\$ 81.57	\$ -	\$ 81.57
COMPUTER CHECK	CHECK TOTALS:	\$ 81.57	\$ -	\$ 81.57
102483 05/13/16 GRE086 GREENVILLE COMMUNITY CHURCH	100506 05/01/16 14224 MAY RENT	\$ 175.00	\$ -	\$ 175.00
COMPUTER CHECK	CHECK TOTALS:	\$ 175.00	\$ -	\$ 175.00
102484 05/13/16 HOS101 HOSPITAL NETWORK HEALTHCARE	41340 04/30/16 14216 CBO/GBO MEDICAL WASTE	\$ 114.00	\$ -	\$ 114.00
COMPUTER CHECK	CHECK TOTALS:	\$ 114.00	\$ -	\$ 114.00
102485 05/13/16 INSP25 INSPIRATION STUDIO DESIGN	100502 04/27/16 14219 GO LIVE PHASE III WEB DESIGN	\$ 2,353.75	\$ -	\$ 2,353.75
COMPUTER CHECK	CHECK TOTALS:	\$ 2,353.75	\$ -	\$ 2,353.75
102486 05/13/16 MCK032 MCKESSON MEDICAL	76973419 04/18/16 14183 094183-00 GLOVES,SYRINGES	\$ 167.81	\$ -	\$ 167.81
COMPUTER CHECK	CHECK TOTALS:	\$ 167.81	\$ -	\$ 167.81
102487 05/13/16 MED144 MEDIBADGE	706091 04/26/16 14170 094190-00 STICKERS	\$ 487.45	\$ -	\$ 487.45
COMPUTER CHECK	CHECK TOTALS:	\$ 487.45	\$ -	\$ 487.45

867882

CHECK TOTALS:

03/21/16 14181 094158-00

GOLD PAPER, RAPID LETTER, LABELS

60.07 \$

435.50 \$

60.07

435.50

RUN DA	N DATE: MAY 11, 2016 - 13:35		Mid Michigan District Health Department				PAGE 0004		
			ACCOUNTS PAYABLE CHECK REGISTER						
CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE		AMOUNT PAID		COUNT TAKEN	,	CHECK AMOUNT
		20 SANOFI PASTEUR INC	906048089 04/11/16 14178 094177-00 TUBERSOL	\$	487.41	\$	-	\$	487.41
COMPU	JTER CHECK		906048089C 04/11/16 14182 094177-00 CREDIT	\$	(139.50)	\$	-	\$	(139.50)
			CHECK TOTALS:	\$	347.91	\$	-	\$	347.91
		99 SHAFFER AMANDA	100504 05/03/16 14222 4/26-28 CSHCS PARENT LIASON	\$	105.00	\$	- \$		CHECK AMOUNT
COMPU	JTER CHECK		100505 04/26/16 14223 4/19-22 CSHCS PARENT LIASON	\$	90.12	\$	-	\$	90.12
			CHECK TOTALS:	\$	195.12	\$	-	\$	195.12
102497	05/13/16 SHR0	11 SHRED-IT USA LLC	9410480930 04/29/16 14210 GRATIOT SHREDDING	\$	95.04	\$	-	\$	95.04
COMPU	JTER CHECK		CHECK TOTALS:	\$	95.04	\$	-	\$	95.04
102498	05/13/16 TRI05	2 TRICARE FINANCE REFUND	51610413285 04/14/16 14225 REFUND	\$	39.41	\$	-	\$	39.41
COMPU	JTER CHECK		CHECK TOTALS:	\$	39.41	\$	_	\$	39 <i>1</i> 1
102499	05/13/16 UNIO	01 UNITED WAY OF MONTCALM CO	100508 05/11/16 14233 5/13/16 EMPLOYEE DONATION	\$	130.00		-	\$	
COMPU	JTER CHECK		CHECK TOTALS:	\$	130.00	\$	_	\$	130.00
102500	05/13/16 UNIO	09 UNITED WAY OF GRATIOT CO	100508 05/11/16 14232 5/13/16 EMPLOYEE DONATION	\$	97.00	•	-	\$	
COMPU	JTER CHECK		CHECK TOTALS:	\$	97.00	\$	_	\$	97.00
102501	.05/13/16 UPP0	16 Upp TECHNOLOGY, INC.	INV-006663 04/30/16 14204 MCN INSURANCE CREDENTIALING	\$	1,500.00	\$	-	\$	1,500.00
COMPU	JTER CHECK		CHECK TOTALS:	\$	1,500.00	\$	-	\$	1,500.00
102502	05/13/16 VER00	04 VERIZON	9764184241 04/21/16 14211 3/11-4/21/16 MOBILE BROADBAND	\$	1,211.48	\$	-	\$	1,211.48
COMPU	JTER CHECK		9764358572 04/23/16 14212 3/24-4/23/16 MIHP BROADBAND	\$	222.71	\$	-	\$	222.71
			CHECK TOTALS:	\$	1,434.19	\$	-	\$	1,434.19
		3 FIRST NATIONAL BANK OMAHA	100492 05/09/16 14184 094167-00 (1) BUSINESS CARD/NAME PLATE	\$	48.75	\$	-	\$	48.75
COMPU	JTER CHECK		100493 05/02/16 14197 LUNCH, HOTEL	\$	103.46	\$	-	\$	103.46

RUN DATE: MAY 11, 2016 - 13:35		6 - 13:35	Mid Michigan District Health Department				PAGE 0005		
			ACCOUNTS PAYABLE CHECK REGISTER						
CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID		OUNT AKEN	Al	CHECK MOUNT	
102503	05/13/16 FIR00	3 FIRST NATIONAL BANK OMAHA	100494 05/02/16 14198 \$ TRAINING/PAGERS/PUNCHBOWL	259.82	\$	-	\$	259.82	
			100492-1 05/02/16 14185 STAMPS.COM MONTHLY FEE	89.97	\$	-	\$	89.97	
			100492-10 05/02/16 14192 094189-00 \$ 1 BUSINESS CARDS - SIMON	24.37	\$	-	\$	24.37	
			100492-11 05/02/16 14193 094179-00 \$ 2 BUSINESS CARDS (BREWER/MCPHERSON) & 2 APPOINTMENT CARDS	91.15	\$	-	\$	91.15	
			100492-12 05/02/16 14194 094187-00 \$ GBO APPOINTMENT CARDS	42.39	\$	-	\$	42.39	
			100492-13 05/02/16 14195 094185-00 \$ INK FOR POSTER PRINTER	104.99	\$	-	\$	104.99	
			100492-14 05/02/16 14196 094194-00 \$ SWAG FOR 50TH CELEBRATION	771.65	\$	-	\$	771.65	
			100492-2 05/02/16 14186 094175-00 \$ ADOBE PRO 1 MONTH	26.49	\$	-	\$	26.49	
			100492-4 05/02/16 14187 \$ KELLENBERGER NACCHO HOTEL	459.20	\$	-	\$	459.20	
			100492-5 05/02/16 14188 094157-00 \$ STAMPED ENVLOPES-FOOD LICENSES	305.00	\$	-	\$	305.00	
			100492-6 05/02/16 14189 094155-00 5 6 GBO STAMPED ENVELOPES	\$ 1,772.90	\$	-	\$ 1	.,772.90	
			100492-7 05/02/16 14190 094138-00 SCHED/1ADMIN STAMPED ENVELOPES	\$ 1,148.25	\$	-	\$ 1	.,148.25	
			100492-8 05/02/16 14191 094144-00 \$ WIC STAMPED ENVELOPES	290.25	\$	-	\$	290.25	
			CHECK TOTALS:	\$ 5,538.64	\$	-	\$ 5	,538.64	
0 MANU 0 VOID 0 VOID 0 VOID 0 VOID 5 DIREC	MPUTER CHECKS JAL PAYMENT CHECKS - TRX CHECKS - STUBS CHECKS - ERROR CHECKS - FORM CT DEPOSITS CKS TOTAL		BANK CODE TOTALS:	\$22,260.74	\$	-	\$22	2,260.74	
			COMPANY TOTALS:	\$22,260.74	\$	-	\$22	,260.74	



VISA

Account Number:

New Balance: \$5,175.36

Minimum Payment Due: \$103.00

Payment Due Date: June 1, 2016

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

2253

MID MICHIGAN DIST HEALTH MELISSA BOWERMAN 615 N STATE ST STE 2 STANTON MI 48888-9702

45569 Q305

First National Bank Omaha P.O. Box 2818 Omaha, NE 68103-2818

ըներիինիինիակարհիւթունիինիինի

\$

Change of Address? If yes, please complete reverse side.

4418369289179571

0000000010300

0000000517536

Account Number: Page 001 of 001

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

N WITH VALIE BAVMENT

0000

Account Summary

Previous Balance	\$403.05
Payments	\$403.05
Other Credits	\$0.00
Purchases	+\$5,175.36
Balance Transfers	+\$0.00
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	\$5,175.36
Statement Closing Date	05/02/16
Days in Billing Cycle	

Total Credit Limit	\$10,000.00
Available Credit	\$4,824.00
Cash Limit	\$5,000.00
Available Cash	\$4,824.00



Payment Information

New Balance	\$5,175.36
Minimum Payment Due	\$103.00
Past Due Amount	\$0.00
Payment Due Date Ju	ne 1, 2016

Manage your business expenses with convenient online access.



- Make secure online payments
- Access current and historical statements, up to 7 years old
- Monitor monthly expenses

Login today to explore all the online possibilities!



Customer Service

Call: Toll Free 1-800-819-4249
(TDD Telecommunications Device for the Deaf: 1-800-825-2833)

Save Time and Stamps by Paying Online!

Visit: www.firstnational.com

Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Q

Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
4-05	4-06	24692166096000559683674 1	VISTAPR*VistaPrint.com 866-8936743 MA	\$48,75
4-05	4-06	24692166096000612498334 7	STAMPS.COM 855-608-2677 CA	\$89,97
4-05	4-07	246104360970040896001387	ADOBE *ACROPRO SUBS 800-833-5687 CA	\$26.49
4-05	4-07	247170560978709702694337	DELTA AIR 0062340195376 DELTA.COM CA	\$459.20
4-07	4-08	241640760984181976085567	USPS POSTAL ST66100207 800-3447778 MO	\$305.00
4-07	4-08	241640760984181976187957	USPS POSTAL ST66100207 800-3447778 MO	\$1,772.90
4-15	4-15	74418006106007106016732	ONLINE PAYMENT THANK YOU	\$403.05 (CR
4-14	4-15	241640761054182081099597	USPS POSTAL ST66100207 800-3447779 MD	\$858,00
4-15	4-18	241640761064181591913857	USPS POSTAL ST66100207 800-3447778 MO	\$290.25
4-15	4-18	241640761064181797271687	USPS POSTAL ST66100207 800-3447779 MO	\$290,25
4-18	4-19	246921661090004429871211	VISTAPR*VistaPrint.com 866-8936743 MA	\$24.37
4-19	4-20	246921661100001196767311	VISTAPR*VistaPrint.com 866-8936743 MA	\$91.15
4-21	4-22	246921661120001241023171	VISTAPR*VistaPrint.com 866-8936743 MA	\$42.39
4-21	4-22	244921561128949132544357	PAYPAL *RJINTERNATI 402-935-7733 CA	\$104.99
4-28	4-29	242316861190140007457097	DISCOUNTMUGS, COM 800-569-1980 FL	\$771.65

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

(v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	\$3,932.63	28	\$0.00
Cash Advance	25.45% (v)	\$0.00	28	\$0.00

2016 Total Year-to-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Issued by First National Bank of Omaha



Account Number: New Balance; \$259.82 Minimum Payment Due: \$10.00 Payment Due Date: June 1, 2016 Make checks payable to First National Bank Omaha

First National Bank Omaha P.O. Box 2818 Omaha, NE 68103-2818

45570

MID MICHIGAN DIST HEALTH MARCUS W CHEATHAM 615 N STATE ST STANTON MI 48888-9702

2253

- <u>Արիսվ Որդի իր ին ընդին անգին իրին անձարին իրի</u>

Change of Address? If yes, please complete reverse side.

Amount of Payment Enclosed

4418369289188796

0000000025982

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number:

Page 001 of 001

Account Summary

A CALL OF THE PARTY OF THE PART	
Previous Balance	\$137.05
Payments	\$137,05
Other Credits	\$0.00
Purchases	
Balance Transfers	+\$0.00
Cash Advances	
Fees Charged	
Interest Charged	+\$0.00
New Balance	
Statement Closing Date	
Days in Billing Cycle	28

Total Credit Limit	\$2,000.00
Available Credit	\$1,740.00
Cash Limit	
Available Cash	\$400,00

Payment Information

New Balance	\$259.82
Minimum Payment Due	\$10.00
Past Due Amount	\$0.00
Payment Due Date	June 1, 2016

Manage your business expenses with convenient online access.



- Make secure online payments
- Access current and historical statements, up to 7 years old
- Monitor monthly expenses

Login today to explore all the online possibilities!



Customer Service

Call: Toll Free 1-800-819-4249

Save Time and Stamps by Paying Online!

(TDD Telecommunications Device for the Deaf: 1-800-925-2833) Visit: www.firstnational.com

Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Transaction Detail

Trans Date 4-05	Post Date 4-06	Reference Number 24755426097640971273033 7	Transaction Description STATE DCH CONFERENCE 517-2415556 MI	Credits (CR) and Debits \$50.00
4-06	4-07	244921560977131969149127	PUNCHBOWL 508-589-4486 MA	\$149.97
4-15	4-15	74418006106007106016740	ONLINE PAYMENT THANK YOU	\$137.05 (CR)
4-25	4-26	246921661160003959933097	AMERICAN MESSAGING 888-247-7890 TX	\$59.85

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

(v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15,99% (v)	\$262.28	28	\$0.00
Cash Advance	25,45% (v)	\$0.00	28	\$0.00

2016 Total Year-to-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Issued by First National Bank of Omaha



P.O. Box 2818 Omaha, NE 68103-2818

New Balance: \$0.00 Minimum Payment Due: \$0.00 Payment Due Date: June 1, 2016

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

Account Number:

2253

MID MICHIGAN DIST HEALTH BOB GOUIN 615 N STATE ST APT 2 STANTON MI 48888-9702

59397

First National Bank Omaha

իրկակարդիրիանիակարկարկանիրություրներ

Change of Address? If yes, please complete reverse side.

4418369240638046

000000000000

0000000000000000000

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number:

Account Summary

Previous Balance\$742.62

Payments-\$742.62 Other Credits-\$0.00

Purchases +\$0.00

Balance Transfers+\$0.00 Cash Advances +\$0.00

Fees Charged +\$0.00

Interest Charged +\$0.00 New Balance \$0.00

Statement Closing Date 05/02/16

Days in Billing Cycle 28

Total Credit Limit \$2,000.00 Available Credit\$2,000.00 Cash Limit \$400.00 Available Cash \$400.00

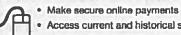
1	=	٠.	_	=
	=	_)	á	=
- 1	t			

Payment Information

Page 001 of 001

Minimum Payment Due\$0.00 Past Due Amount\$0,00 Payment Due Date June 1, 2016

Manage your business expenses with convenient online access.



Access current and historical statements, up to 7 years old

Monitor monthly expenses

Login today to explore all the online possibilities!

Customer Service

Call: Toll Free 1-800-819-4249 (TDD Telecommunications Device for the Deaf: 1-800-925-2833) Visit: www.firstnational.com

Save Time and Stamps by Paying Online!

Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Important Information Regarding Your Account

This is a zero balance statement for your information only. No payment is required.



Transaction Detail

Credits (CR) Reference Trans Post Transaction Description and Debits Number Date Date 74418006106007106016724 ONLINE PAYMENT THANK YOU \$742.62 (CR)

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

(v) Variable Rate (f) Fixed Rate

Charge Interest Charge Annual Percentage **Balance Subject** Days Rate Used Summary Rate (APR) to Interest Rate \$0.00 \$267.84 Purchases 15.99% (v) 28 Cash Advance 28 \$0.00 25,45% (v)

2016 Total Year-to-Date

Total fees charged in 2016 ... Total interest charged in 2016

Issued by First National Bank of Omaha



New Balance: \$103.46 Minimum Payment Due: \$10.00 Payment Due Date: June 1, 2016

Make checks payable to First National Bank Omaha Amount of Payment Enclosed

Account Number:

2253

MID MICHIGAN DIST HEALTH ANDREA TABOR 615 N STATE ST STANTON MI 48888-9702

45568

First National Bank Omaha

P.O. Box 2818 Omaha, NE 68103-2818

Կախիրակրիիիկիկիկիկունուննանիկինին

Change of Address? If yes, please complete reverse side.

4418369214493709

00000000001000

0000000010346

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT.

Business Edition® Visa®

Account Number: Page 001 of 001

Account Summary

The second of th	
Previous Balance	\$215.49
Payments	\$215.49
Other Credits	
Purchases	
Balance Transfers	
Cash Advances	
Fees Charged	
Interest Charged	
New Balance	
Statement Closing Date	05/02/16
Days in Billing Cycle	
AND THE PERSON NAMED IN COLUMN TWO ISSUES.	

Days in Billing Cycle	
	\$2,000.00
Available Credit	\$1,896.00
Cash Limit	\$400.00
Augilable Cook	£400.00



Payment Information

New Balance	\$103.46
Minimum Payment Due	\$10.00
Past Due Amount	\$0.00
Payment Due Date	June 1, 2016

Manage your business expenses with convenient online access.



- Make secure online payments
- Access current and historical statements, up to 7 years old
- Monitor monthly expenses

Login today to explore all the online possibilities!



Customer Service

Call: Toll Free 1-800-819-4249

Save Time and Stamps by Paying Online!

(TDD Telecommunications Device for the Deaf: 1-800-925-2833) Visit: www.firstnational.com

Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Transaction Detail

Trans Date 4-15	Post Date 4-15	Reference Number 74418006106007106016716	Transaction Description ONLINE PAYMENT THANK YOU	Credits (CR) and Debits \$215.49 (CR)
4-13	4-15	24050806105900012900597	SOUP SPOON CAFE LANSING MI	\$19.46
4-25	4-26	24512396116456800095307	OTSEGO HOTEL SERVICE 989-7325181 MI	\$84.00

Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	\$115.71	28	\$0.00
Cash Advance	25.45% (v)	\$0,00	28	\$0.00

2016 Total Year-to-Date

Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$0.00

Issued by First National Bank of Omaha

REMITTANCE ADVICE DETAILS

FIR003 FIRST NATIONAL BANK OMAHA CHECK NO: 102503 PO BOX 2818 CHECK DATE: 05/13/16

NE 68103-2818 OMAHA

	==========			
INVOICE	DATE	VOUCHER	THUUMA	REFERENCE
			.=========	***************************************
100492	05/09/16	014184	48.75	(1) BUSINESS CARD/NAME PLATE
100492-1	05/02/16	014185	89.97	STAMPS.COM MONTHLY FEE
100492-1	05/02/16	014192	24.37	1 BUSINESS CARDS - SIMON
100492-1	05/02/16	014193	91.15	2 BUSINESS CARDS/APPT CARDS
100492-1	05/02/16	014194	42.39	GBO APPOINTMENT CARDS
100492-1	05/02/16	014195	104.99	INK FOR POSTER PRINTER
100492-1	05/02/16	014196	771.65	SWAG FOR 50TH CELEBRATION
100492-2	05/02/16	014186	26.49	ADOBE PRO 1 MONTH
100492-4	05/02/16	014187	459.20	KELLENBERGER NACCHO HOTEL
100492-5	05/02/16	014188	305.00	STAMPED ENVLOPES-FOOD LICENSES
100492-6	05/02/16	014189	1,772.90	6 GBO STAMPED ENVELOPES
100492-7	05/02/16	014190	1,148.25	3CHED/1ADMIN STAMPED ENVELOPES
100492-8	05/02/16	014191	290.25	WIC STAMPED ENVELOPES
100493	05/02/16	014197	103.46	LUNCH, HOTEL
100494	05/02/16	014198	259.82	TRAINING/PAGERS/PUNCHBOWL

5,538.64

Mid-Michigan District Health Department Monthly Balance Sheet, Revenue and Expenditure Report April 2016

Summary and Special Notes

As of the end of April 2016, actual revenues and expenditures should be approximately 58% of the \$6,199,516 total budget. The total revenues through April were \$3,597,419.82 and the total expenses were \$3,672,926.58. The overall actual revenues and expenditures (adjusting for in-kind space costs and Vaccines for Children) were at 59% and 62% respectively, representing a deficit of \$129,487.79. The deficit is in part due from the payments for the new phone system which was not budgeted, although the Board of Health (BOH) authorized the use of fund balance to pay for the new system and also due to timing of certain revenues.

Revenues

- Food Fees (Line 3) Fixed establishments pay their licenses once per year around April; therefore, a majority of the food fees have been collected for the year, although there will be temporary licenses, etc.
- **Hearing/Vision** (Lines 10/11) The fees are received on a nine-month school year rather than the full twelve months so the fees will be higher during the first part of the year.
- **ELPHS** (Line 26) The hearing and vision portion of our ELPHS funding was increased due to a reformulation at the state.

Expenses

- **Health Insurance** (Line 4) The agency paid for the Health Savings Account amounts in April for the remainder of the year. If this lump sum is averaged out, we would be at about 30% of the budgeted amount.
- Computer Supplies (Line 13) There have been various purchases over the year including computers that were not budgeted but needed to be upgraded. In addition, we recently purchased extenders that improve internet connections within the buildings.
- **Equipment** (Line 34) Related to the new phone system purchased.

Mid-Michigan District Health Department

APRIL

58%

FY 2016

AP: 7

Revenue and Expenditure Report

	Revenue	nevellue ai	ia Expenditure	neport		
	Account	Budget	Current Month	Year-To-Date	Balance	% of Budget
1	Onsite Sewage	136,200.00	15,576.00	83,408.00	52,792.00	61%
2	Groundwater Quality	133,998.00	14,238.00	61,080.00	72,918.00	46%
3	Food Service	274,740.00	187,720.00	235,393.00	39,347.00	86%
4	Campgrounds	3,264.00	0.00	459.00	2,805.00	14%
5	Swimming Pools	5,304.00	208.00	666.00	4,638.00	13%
6	Waste Haulers	7,833.00	166.00	2,440.00	5,393.00	31%
7	DHS Facility Inspections	25,000.00	3,250.00	14,217.00	10,783.00	57%
8	Body Art Fees	1,300.00	277.00	277.00	1,023.00	21%
9	EH Misc Fees	760.00	111.88	784.86	-24.86	103%
10	Vision Fees	25,000.00	3,159.80	19,618.60	5,381.40	78%
11	Hearing Fees	21,000.00	3,826.80	19,312.00	1,688.00	92%
12	MIHP Fees	100,000.00	6,585.42	42,409.15	57,590.85	42%
13	Communicable Disease Fees	600.00	140.00	575.00	25.00	96%
14	Immunization Fees	130,000.00	8,971.43	72,818.40	57,181.60	56%
15	Family Planning/STD Fees	139,000.00	9,460.61	55,869.69	83,130.31	40%
16	Breast Cancer Fees	6,000.00	286.88	1,070.16	4,929.84	18%
17	Lead Fees	15,000.00	833.66	6,809.55	8,190.45	45%
18	Varnish Fees	15,000.00	7,241.46	23,150.14	-8,150.14	154%
19	WIC Varnish Fees	25,000.00	400.00	4,803.54	20,196.46	19%
20	Ched Miscellaneous Fees	600.00	0.00	0.00	600.00	0%
21	Miscellaneous Other Fees	100.00	0.00	0.00	100.00	0%

22	Behavioral Health Primary Care Fees	55,100.00	1,955.00	23,470.37	31,629.63	43%
23	Deferred Revenues - Billing	0.00	90,586.93	18,289.46	-18,289.46	0%
24	VFC/317 Vaccine Revenue	400,000.00	18,429.18	107,545.92	292,454.08	27%
25	MDHHS Grants	1,513,543.00	131,312.00	912,189.00	601,354.00	60%
26	Essential Local Public Health Services	726,412.00	62,061.00	434,413.00	291,999.00	60%
27	MDHHS Fee For Service Revenue	56,000.00	3,691.58	28,381.06	27,618.94	51%
28	DEQ Grants	76,255.00	4,701.00	38,578.50	37,676.50	51%
29	Other Grants/Community Support	471,280.00	34,444.32	208,971.23	262,308.77	44%
30	Medicaid Full Cost Reimbursement	385,175.00	89,529.00	325,566.89	59,608.11	85%
31	Interest	2,000.00	498.88	2,665.87	-665.87	133%
32	Donations	0.00	143.75	2,088.04	-2,088.04	0%
33	Cash Over/Short	0.00	-16.10	-12.97	12.97	0%
34	Clinton Co - Appropriation	391,015.00	32,584.58	228,092.08	162,922.92	58%
35	Gratiot Co - Appropriation	297,300.00	24,900.00	174,301.00	122,999.00	59%
36	Montcalm Co - Appropriation	425,661.00	35,471.75	248,302.25	177,358.75	58%
37	Prior Year Adjustments	0.00	0.00	0.00	0.00	0%
38	Space Occupancy	250,570.00	20,783.00	145,436.00	105,134.00	58%
39	Deferred Revenues - Other	83,506.00	0.00	0.00	83,506.00	0%
	TOTAL REVENUE:	6,199,516.00	813,528.81	3,543,438.79	2,656,077.21	57%
	W/O SPACE & VFC	5,548,946.00	774,316.63	3,290,456.87	2,258,489.13	59%

Mid-Michigan District Health Department

APRIL

58%

FY 2016

AP: 7

Expenditure

Revenue and Expenditure Report

	Account	Budget	Current Month	Year-To-Date	Balance	% of Budget
1	Board of Health Per Diem	5,000.00	0.00	1,880.68	3,119.32	38%
2	Salaries	3,338,248.00	301,349.45	1,995,891.78	1,342,356.22	60%
3	FICA	247,587.00	22,349.07	148,256.12	99,330.88	60%
4	Health Insurance	680,703.00	45,167.11	417,516.40	263,186.60	61%
5	Dental Insurance	51,498.00	3,824.64	27,005.71	24,492.29	52%
6	Retirement	263,444.00	30,541.86	163,477.14	99,966.86	62%
7	Work Comp	52,139.00	5,790.00	22,137.00	30,002.00	42%
8	Unemployment Comp	6,000.00	2,200.77	2,934.36	3,065.64	49%
9	Life Insurance	4,647.00	419.43	2,782.93	1,864.07	60%
10	Printed Materials	6,300.00	0.00	1,884.32	4,415.68	30%
11	Postage	20,000.00	105.41	7,239.78	12,760.22	36%
12	Office Supplies	64,000.00	2,437.99	36,583.21	27,416.79	57%
13	Computer/Printer Supplies	8,500.00	4,171.37	12,259.36	-3,759.36	144%
14	Medical Supplies	62,200.00	6,444.76	25,993.20	36,206.80	42%
15	CD Meds Biologics	70,000.00	1,158.43	25,283.98	44,716.02	36%
16	VFC Supplies	400,000.00	18,429.18	107,545.92	292,454.08	27%
17	Contractual Services	186,000.00	11,794.26	70,135.53	115,864.47	38%
18	Legal Expenses	4,000.00	190.00	1,507.67	2,492.33	38%

19	Communications	69,950.00	5,131.73	37,622.64	32,327.36	54%
20	Travel	144,300.00	11,158.91	85,031.55	59,268.45	59%
21	Advertising & Recruitment	4,000.00	317.00	1,620.40	2,379.60	41%
22	Liability Insurance	32,000.00	2,821.75	19,752.25	12,247.75	62%
23	Equipment Maintenance/Lease	49,050.00	7,602.46	34,616.15	14,433.85	71%
24	Rent	29,100.00	1,981.50	15,843.50	13,256.50	54%
25	Space Occupancy	250,570.00	20,783.00	145,436.00	105,134.00	58%
26	Training	25,600.00	1,247.44	17,565.06	8,034.94	69%
27	Memberships/Certifications/Subscriptions	14,980.00	204.99	16,390.52	-1,410.52	109%
28	Tuition Reimbursement	2,000.00	0.00	0.00	2,000.00	0%
29	Laboratory	2,800.00	294.66	1,409.87	1,390.13	50%
30	Behavioral Risk Factor Survey	21,000.00	0.00	0.00	21,000.00	0%
31	Misc Other Expense	3,400.00	0.00	0.00	3,400.00	0%
32	Computer Support	75,500.00	0.00	46,663.62	28,836.38	62%
33	Service Charges	5,000.00	754.63	4,638.25	361.75	93%
34	Equipment	0.00	28,158.50	176,021.68	-176,021.68	0%
35	Facility Development	0.00	0.00	0.00	0.00	0%
	TOTAL EXPENSES	6,199,516.00	536,830.30	3,672,926.58	2,526,589.42	59%
	W/O SPACE & VFC	5,548,946.00	497,618.12	3,419,944.66	2,129,001.34	62%
	Revenue Over Expenditures (Deficit)	0.00	276,698.51	-129,487.79	129,487.79	0%

MMDHD BALANCE SHEET AS OF	4/30/2016
CURRENT ASSETS	
CASH TO TREASURER	\$2,301,239.99
CASH ON DEPOSIT/IMPREST CASH	2,790.00
ACCOUNTS RECEIVABLE	245,672.16
DUE FROM GOVERNMENTAL AGENCIES	488,100.19
INVENTORY - VFC IMMS	69,684.48
PREPAIDS	23,121.50
TOTAL ASSETS	3,130,608.32
LIABILITIES AND FUND BALANCE	
ACCOUNTS PAYABLE	(\$59,080.04)
PAYROLL DEDUCTIONS	\$1,016.99
PAYROLL PAYABLES	\$189,321.31
OTHER ACCRUED PAYABLES	\$0.00
TRUST FUNDS	\$18,088.76
DEFERRED REVENUE BILLING	\$54,011.03
DEFERRED REV DENTAL OUTREACH	\$109,989.21
DEFERRED REVENUE MCDC	\$213,000.00
DEFERRED REVENUE-VFC IMMS	\$69,684.48
DEFERRED REVENUE - DENTAL CENTER EXPANSION	\$25,297.69
FUND BALANCE PRIOR YEAR	\$892,041.43
FUND BALANCE	\$357,599.30
FUND BALANCE EQUIPMENT	\$179,752.67
FUND BALANCE FACILITY DEV	\$124,580.00
FUND BALANCE SELF INS BONDS	\$13,949.72
FUND BALANCE-FUTURE RETIREMENT	\$308,829.80

FUND BALANCE-COMPENSATED LEAVES	\$488,257.76
FUND BALANCE-UNEMPLOYMENT	\$55,000.00
FUND BALANCE-TRAINING	\$35,000.00
FUND BALANCE/BRFS	\$11,522.00
FUND BALANCE-HEALTH INSURANCE	\$160,000.00
FUND BALANCE-POTENTIAL CLAIMS	\$12,234.00
BALANCE SHEET NET INCOME	(\$129,487.79)
TOTAL LIABILITIES	3,130,608.32
TOTAL NET INCOME	0.00

Nationally Accredited by the Public Health Accreditation Board

MARK W. (MARCUS) CHEATHAM, Ph.D. Health Officer

JENNIFER MORSE, MD
Medical Director

ADMINISTRATIVE OFFICES 615 N. State St., Ste. 2 Stanton, MI 48888-9702 (989) 831-5237



CLINTON COUNTY
Branch Office
1307 E. Townsend Rd.
Saint Johns, MI 48879-9036
(989) 224-2195

GRATIOT COUNTY
Branch Office
151 Commerce Dr.
Ithaca, MI 48847-1627
(989) 875 3681

www.mmdhd.org

BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Tom Lindeman
Ken Mitchell
Sam Smith

MONTCALM COUNTY
Branch Office
615 N. State St., Ste.1
Stanton, MI 48888-9702
(989) 831-5237

Mid-Michigan District Health Department (MMDHD) FY 16/17 Proposed Budget

Budget Overview and Comparative Summary

A. MMDHD Budget Process

Under the Michigan Public Health Code (Section 2415 of P.A. 368 of 1978) and the Agency's Intergovernmental Agreement, the MMDHD is operated by and serves Clinton, Gratiot and Montcalm Counties. This occurs via a **District Board of Health** comprised of two members each from the three County Boards of Commissioners, with current membership including:

Bruce DeLong (Clinton)

George Bailey (Gratiot)

Sam Smith (Gratiot)

Ken Mitchell (Clinton)

Sam Smith (Gratiot)

Betty Kellenberger (Montcalm) Tom Lindeman (Montcalm)

The Michigan Public Health Code (Section 2417) and the Agency's Intergovernmental Agreement require the District Board of Health to approve all expenditures of the local health department and to use a mutually agreeable funding formula for allocating costs among the participating counties in approving each fiscal year's budget. Once reviewed and approved by the District Board of Health, the proposed budget allocations are forwarded to the individual County Boards of Commissioners for final approval to set each county's public health general fund appropriation.

B. Funding Allocation Principles

- Allocations among the counties need to avoid large swings/shifts in local funding requests from year-to-year and need to be "equitable" related to services received.
- Agency staffing and programs currently meet State Accreditation minimum standards and need a fixed base of funding support to maintain them.
- The Intergovernmental Agreement includes a specific mechanism for determining how the appropriation dollars are allocated among the three counties. The contribution request is allocated with a base amount, and any increments pro-rata among the counties based on average percentages of actual staff time worked by county in each program service area over the most recent five years, applied to the proposed annual budget. (See the attached Local Appropriations Policy approved by the BOH.)

C. FY 16/17 Budget Assumptions/Pending Issues/Staffing Adjustments

• The 16/17 Budget assumes that state/federal funding will remain flat.

- The Community Pathways program continues to grow and be successful. There is a great need for this program in the communities. It is believed that the services provided by the Community Health Workers will be billable in the near future. Until the services are billable, the fund balance remaining from the Mid-Michigan Health Plan will cover the direct expenses as well as the division overhead costs.
- In an effort to provide better access to care in Montcalm County, MMDHD has partnered with the Montcalm Care Network (MCN) to provide a Physician Assistant who will serve MCN clients as well as the general public. The program is included in the budget but is not budgeted to use any local appropriations.
- MMDHD has received funding for a substance abuse coalition program in Clinton County. Federal grant funding will cover the costs of the direct expenses.
- Annual upgrades and/or replacement of Information Technology (IT) equipment (computers, telephones, etc.) are necessary for maximizing efficiency and productivity in the delivery of client services. There are very limited operational funds budgeted for IT supplies.
- There continues to be a need for additional supervision. There are 80 employees and only 8 supervisors. Some of the supervisors have 15 employees that directly report to them and some supervisors have to cover multiple offices. Furthermore, the addition of programs has created a strain on supervision, such as the Pathways to Better Health Program.

D. FY 16/17 Budget Development Summary

The Administrative Staff has met several times to discuss the 16/17 Budget. As in past years, efforts to reduce supplies, travel and communication were factored into the Budget which will need to be monitored carefully in the upcoming fiscal year. There have been some increases in operations such as health insurance increases, small cost of living wage increases, supply costs, etc. but we have tried to be diligent in attempting to keep costs down and increase revenue streams such as through grant funding and billing commercial insurances, etc. MMDHD is not requesting an appropriation increase for the FY 16/17 budget from the counties.

E. Board of Health and County Requested Allocations

FY 16/17 County Allocation Request	Clinton	Gratiot	Montcalm
FY 15/16 Appropriation Amount	\$391,015	\$298,802	\$425,661
No Increase Requested	-0-	-0-	-0-
Changes Based on Service Trends (IGA)	\$2,700	<u>(\$989)</u>	<u>(\$1,711)</u>
FY 16/17 Totals = \$1,115,478	\$393.715	\$297.813	\$423,950

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

EXPENDITURE CATEGORY	ADMINISTRATIVE SERVICES	COMMUNITY HEALTH ASSESSMENT	DRUG FREE CLINTON	EMERGENCY PREPAREDNESS
Salaries & Wages	560,748	26,774	35,734	75,521
Fringe Benefits	247,773	7,251	7,093	22,427
Capital Expense for Equipment & Facility Developme	-	-	-	
Contractual (Sub-Contracts)	94,000	-	15,000	5,000
Supplies & Materials	10,200	600	6,000	15,000
Travel /Training	13,000	1,500	3,000	5,000
Communications	18,000	30	100	600
Reserves/ Facility Development	-	-	-	-
Space Costs	24,100	4,000	5,000	500
All Others	91,000	50	100	200
Total Direct Expenditures	1,058,821	40,205	72,027	124,248
Administrative Overhead	(940,561)	8,055	10,138	23,187
Information Technology (IT) Overhead	-	2,851	3,589	8,207
EH Administrative Overhead	-	-	-	
CHED Administrative Overhead	-	-	-	
Total Expenditures	118,260	51,110	85,754	155,643
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue	2,000	4,000	5,000	500
GIRESD	3,000			
Community Support & Other Grants	8,000	-	72,000	
Mid-Michigan Health Plan				
MCDC Reimbursement	65,160			
Shared Services - Health Departments	40,000			
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC				125,000
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services				
Total Revenues:	118,260	4,000	77,000	125,500

0

47,110

8,754

30,143

Local Funds

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

EXPENDITURE CATEGORY	MIS	CAMPGROUNDS	GROUNDWATER QUALITY	BODY ART
Salaries & Wages	163,398	2,424	148,466	1,119
Fringe Benefits	58,797	783	50,185	320
Capital Expense for Equipment & Facility Developme				
Contractual (Sub-Contracts)	-			
Supplies & Materials	9,000	20	2,600	25
Travel /Training	5,000	200	14,000	200
Communications	24,000	-	50	10
Reserves/ Facility Development	-	-	-	_
Space Costs	4,000	100	19,800	50
All Others	1,500	-	100	10
Total Direct Expenditures	265,695	3,528	235,200	1,734
Administrative Overhead	52,600	759	47,026	341
Information Technology (IT) Overhead	(314,295)	269	16,645	121
EH Administrative Overhead		2,826	175,005	1,268
CHED Administrative Overhead		,	·	•
Total Expenditures	4,000	7,381	473,877	3,463
REVENUE CATEGORY		3 500	135 338	1 300
Fees 1st & 2nd Party		3,500	135,338	1,300
Fees & Collections - 3rd Party				
Federal/State Funding - NON MDHHS		900	60,015	
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	4,000	100	19,800	50
Interest				
Deferred Revenue				
GIRESD				
Community Support & Other Grants				
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC				
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services			180,381	
Total Revenues:	4,000	4,500	395,534	1,350
Local Funds (Appropriations)				
Local Funds	0	2,881	78,343	2,113

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

	10,011,011			
EXPENDITURE CATEGORY	EH ADMINISTRATION	DHS INSPECTIONS	FOOD SERVICE	MERCURY
Salaries & Wages	260,727	9,369	150,934	494
Fringe Benefits	109,622	2,847	44,546	212
Capital Expense for Equipment & Facility Developme				
Contractual (Sub-Contracts)	1,000			
Supplies & Materials	8,500	25	7,500	25
Travel /Training	9,500	1,000	13,000	10
Communications	8,000	-	20	-
Reserves/ Facility Development	-	-	-	-
Space Costs	1,400	100	22,500	100
All Others	32,300	-	90	-
Total Direct Expenditures	431,049	13,341	238,590	842
Administrative Overhead	87,672	2,892	46,276	167
Information Technology (IT) Overhead	31,032	1,024	16,379	59
EH Administrative Overhead	(547,693)	10,762	172,212	623
CHED Administrative Overhead	·			
Total Expenditures	2,060	28,019	473,457	1,691
		•	•	
REVENUE CATEGORY				
Fees 1st & 2nd Party	660	25,000	270,000	
Fees & Collections - 3rd Party				
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	1,400	100	22,500	100
Interest			·	
Deferred Revenue				
GIRESD				
Community Support & Other Grants				
Mid-Michigan Health Plan				

Local Funds (Appropriations)

MCDC Reimbursement

County Reimbursement
MDHHS - CPBC
MDHHS - CPBC
MDHHS -FFS
MCH Block Grant

Shared Services - Health Departments

Essential Local Public Health Services

Total Revenues:

Local Funds 0 2,919 30,957 1,5	Local Funds	o		30,957	1,591
--	-------------	---	--	--------	-------

25,100

2,060

150,000

442,500

100

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

EXPENDITURE CATEGORY	NUISANCE	ONSITE SEWAGE	SWIMMING POOLS	RABIES
Salaries & Wages	13,432	111,200	3,500	-
Fringe Benefits	3,848	36,151	1,097	-
Capital Expense for Equipment & Facility Developme				
Contractual (Sub-Contracts)				
Supplies & Materials	20	200	20	10
Travel /Training	800	13,000	250	20
Communications	-	50	-	-
Reserves/ Facility Development	-	-	-	-
Space Costs	100	29,800	100	100
All Others	-	100	-	-
Total Direct Expenditures	18,201	190,501	4,966	130
Administrative Overhead	4,091	34,882	1,088	-
Information Technology (IT) Overhead	1,448	12,347	385	-
EH Administrative Overhead	15,224	129,812	4,049	-
CHED Administrative Overhead				
Total Expenditures	38,963	367,543	10,489	130
Fees 1st & 2nd Party		137,562	5,000	
Fees & Collections - 3rd Party		- ,	-,	
Federal/State Funding - NON MDHHS			2,340	
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	100	29,800	100	100
Interest				
Deferred Revenue				
GIRESD				
Community Support & Other Grants				
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC				
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services		191,462		
	100	358,824	7,440	100

38,863

Local Funds

8,719

3,049

30

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

Fringe Benefits 395 6,861 2,132 Capital Expense for Equipment & Facility Developme Contractual (Sub-Contracts) 55,000 Supplies & Materials 10 1,000 20 100 Travel / Training 10 400 300 Communications Space Costs 100 10 10 10 All Others Total Direct Expenditures 2,153 31,515 8,956 55,100 Administrative Overhead 481 7,127 2,042 Information Technology (IT) Overhead 170 2,523 723 EH Administrative Overhead 1,791 26,522 7,599 CHED Administrative Overhead Total Expenditures 4,596 67,687 19,319 55,100 REVENUE CATEGORY Fees 1st & 2nd Party 50,000 Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax		Radon	SOLID WASTE	WASTE HAULERS	MCBH PA Physical Health Services
Capital Expense for Equipment & Facility Developme	Salaries & Wages	1,638	23,245	6,494	-
Capital Expense for Equipment & Facility Developme	-		6,861		-
Supplies & Materials 10			,	·	
Supplies & Materials					55,000
Travel / Training	, ,	10	1,000	20	100
Communications	.,				-
Space Costs		-	-	-	-
Space Costs	Reserves/ Facility Development	-	-	-	-
All Others		100	10	10	-
Total Direct Expenditures 2,153 31,515 8,956 55,106 Administrative Overhead 481 7,127 2,042 -	•	-	-	-	-
Administrative Overhead 481 7,127 2,042 - Information Technology (IT) Overhead 170 2,523 723 - EH Administrative Overhead 1,791 26,522 7,599 CHED Administrative Overhead - Total Expenditures 4,596 67,687 19,319 55,100 REVENUE CATEGORY 100 3,000 5,100 Fees & Collections - 3rd Party 50,000 Feederal/State Funding - NON MDHHS 9,000 MA Full Cost Reimbursement VFC 317 Cigarette Tax		2.153	31.515	8.956	55.100
Information Technology (IT) Overhead	·	-			-
## Administrative Overhead					
CHED Administrative Overhead	, , ,				
Total Expenditures 4,596 67,687 19,319 55,100 REVENUE CATEGORY 100 3,000 5,100 Fees 1st & 2nd Party 100 3,000 5,100 Fees & Collections - 3rd Party 50,000 Federal/State Funding - NON MDHHS 9,000 MA Full Cost Reimbursement VFC 317 Cigarette Tax Cigarette Tax		1,731	20,522	7,555	
REVENUE CATEGORY 3,000 5,100 Fees 1st & 2nd Party 100 3,000 5,100 Fees & Collections - 3rd Party 50,000 50,000 Federal/State Funding - NON MDHHS 9,000 9,000 MA Full Cost Reimbursement VFC 317 Cigarette Tax 0		4 506	67 607	10 210	EE 100
Fees & Collections - 3rd Party 50,000 Federal/State Funding - NON MDHHS 9,000 MA Full Cost Reimbursement VFC 317 Cigarette Tax Cigarette Tax	REVENUE CATEGORY				
Fees & Collections - 3rd Party 50,000 Federal/State Funding - NON MDHHS 9,000 MA Full Cost Reimbursement VFC 317 Cigarette Tax Cigarette Tax	Fees 1st & 2nd Party	100		3,000	5,100
Federal/State Funding - NON MDHHS 9,000 MA Full Cost Reimbursement VFC 317 Cigarette Tax Cigarette Tax				,	50,000
MA Full Cost Reimbursement VFC 317 Cigarette Tax				9,000	•
Cigarette Tax				,	
	VFC 317				
	Cigarette Tax				
Space 100 10 10 -	Space	100	10	10	-
Interest					
Deferred Revenue	Interest				
GIRESD	Deferred Revenue				
	Deferred Revenue GIRESD				
Community Support & Other Grants	Deferred Revenue GIRESD Community Support & Other Grants				
Community Support & Other Grants Mid-Michigan Health Plan -	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan				-
Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement				-
Community Support & Other Grants Mid-Michigan Health Plan - MCDC Reimbursement Shared Services - Health Departments	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments		34,120		-
Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement 34,120	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement		34,120		-
Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC		34,120		
Community Support & Other Grants Mid-Michigan Health Plan - MCDC Reimbursement - - Shared Services - Health Departments 34,120 - County Reimbursement 34,120 - MDHHS - CPBC - - MDHHS - CPBC - -	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC		34,120		-
Community Support & Other Grants ————————————————————————————————————	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC MDHHS - FFS		34,120		-
Community Support & Other Grants ————————————————————————————————————	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - FFS MCH Block Grant		34,120		-
Interest Deferred Revenue					
	Interest				
Deferred Revenue					
CIDEED	Deferred Revenue				
	Deferred Revenue GIRESD				
Community Support & Other Grants	Deferred Revenue GIRESD Community Support & Other Grants				
Community Support & Other Grants Mid-Michigan Health Plan -	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan				-
Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement				-
Community Support & Other Grants Mid-Michigan Health Plan - MCDC Reimbursement Shared Services - Health Departments	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments		24.400		-
Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement 34,120	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement		34,120		-
Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC		34,120		-
Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC		34,120		-
Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC		34,120		-
Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC MDHHS - FFS	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC MDHHS - FFS		34,120		-
Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC MDHHS - FFS MCH Block Grant	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - FFS MCH Block Grant		34,120		-
MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC MDHHS - FFS MCH Block Grant MCH Block Grant	Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC MDHHS - FFS MCH Block Grant		34,120		-

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

EXPENDITURE CATEGORY	BLOOD LEAD	CHED ADMINISTRATION	BREAST & CERVICAL CANCER CONTROL PROGRAM (BCCCP)	COMMUNICABLE DISEASE (CD)
Salaries & Wages	30,243	252,635	11,867	64,994
Fringe Benefits	14,342	76,815	5,461	16,273
Capital Expense for Equipment & Facility Developme				
Contractual (Sub-Contracts)		5,000		
Supplies & Materials	30	15,200	-	1,050
Travel /Training	100	23,000	-	700
Communications	20	10,000	-	100
Reserves/ Facility Development		-		ı
Space Costs	500	22,000	100	4,700
All Others	310	65,500	-	510
Total Direct Expenditures	45,545	470,150	17,429	88,327
Administrative Overhead	10,555	77,991	4,102	19,238
Information Technology (IT) Overhead	3,736	27,605	1,452	6,809
EH Administrative Overhead				
CHED Administrative Overhead	10,948	(553,646)	4,255	19,956
Total Expenditures	70,783	22,100	27,238	134,331

REVENUE CATEGORY				
Fees 1st & 2nd Party	2,000	100	-	100
Fees & Collections - 3rd Party	13,000		4,000	-
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement	5,000			
VFC 317				
Cigarette Tax				-
Space	500	22,000	100	4,700
Interest				
Deferred Revenue				
GIRESD				
Community Support & Other Grants			-	
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				500
MDHHS - CPBC				
MDHHS - CPBC				
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services				101,069
Total Revenues:	20,500	22,100	4,100	106,369

Local Funds (Appropriations)

Local Funds 50,283 0	23,138	27,962
----------------------	--------	--------

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

	10/01/2016-0	9/30/2017		
EXPENDITURE CATEGORY	CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)	CSHCS PARENT OUTREACH	COMMUNITY PATHWAYS	FAMILY PLANNING
Salaries & Wages	96,345	-	120,903	159,608
Fringe Benefits	44,579	-	47,694	71,074
Capital Expense for Equipment & Facility Developme				
Contractual (Sub-Contracts)		5,000		
Supplies & Materials	600	1,700	1,000	50,000
Travel /Training	1,400	200	7,000	8,000
Communications	100	-	2,500	20
Reserves/ Facility Development	-			-
Space Costs	4,000		4,000	32,000
All Others	2,010	100	10	5,050
Total Direct Expenditures	149,033	7,000	183,107	325,752
Administrative Overhead	33,361	-	39,912	54,609
Information Technology (IT) Overhead	11,808	-	14,127	19,329
EH Administrative Overhead				
CHED Administrative Overhead	34,605	-	41,400	56,645
Total Expenditures	228,807	7,000	278,545	456,335
REVENUE CATEGORY				
Fees 1st & 2nd Party				10,000
Fees & Collections - 3rd Party				94,000
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement	20,000			75,000

REVENUE CATEGORY				
7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
Fees 1st & 2nd Party				10,000
Fees & Collections - 3rd Party				94,000
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement	20,000			75,000
VFC 317				
Cigarette Tax				
Space	4,000		4,000	32,000
Interest				
Deferred Revenue				
GIRESD				
Community Support & Other Grants		7,000		
Mid-Michigan Health Plan			250,000	
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC	113,000			150,000
MDHHS -FFS	50,000			
MCH Block Grant				85,204
Essential Local Public Health Services				
Total Revenues:	187,000	7,000	254,000	446,204

Local Funds (Appropriations)

1	44.00=		04.545	40.404
Local Funds	41,807	U	24,545	10,131

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

EXPENDITURE CATEGORY	HEARING	ніу	IMMUNIZATIONS	IMMUNIZATION ACTION PLAN (IAP)
Salaries & Wages	41,443	8,867	84,211	100,585
Fringe Benefits	7,838	2,379	29,068	29,268
Capital Expense for Equipment & Facility Developme				
Contractual (Sub-Contracts)				
Supplies & Materials	1,000	350	473,000	100
Travel /Training	2,000	10	4,000	3,500
Communications	20	20	100	20
Reserves/ Facility Development	-	-	-	-
Space Costs	4,400	800	7,700	1,800
All Others	610	10	1,050	2,050
Total Direct Expenditures	57,310	12,436	599,129	137,323
Administrative Overhead	11,666	2,662	26,816	30,740
Information Technology (IT) Overhead	4,129	942	9,492	10,880
EH Administrative Overhead				
CHED Administrative Overhead	12,101	2,761	27,816	31,886
Total Expenditures	85,207	18,802	663,253	210,829
REVENUE CATEGORY				
REVENUE CATEGORY				
Fees 1st & 2nd Party	8,000		30,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party	8,000 13,000		30,000 100,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS	13,000		100,000	45.000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement	,		100,000 50,000	45,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317	13,000		100,000	45,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax	5,000		50,000 400,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space	13,000	800	100,000 50,000	45,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest	5,000	800	50,000 400,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue	5,000	800	50,000 400,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD	5,000	800	50,000 400,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants	5,000	800	50,000 400,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan	5,000	800	50,000 400,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement	5,000	800	50,000 400,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments	5,000	800	50,000 400,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement	5,000	800	50,000 400,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC	5,000	800	50,000 400,000 7,700	1,800
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC	5,000		50,000 400,000	1,800
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC MDHHS - FFS	5,000	1,500	50,000 400,000 7,700	1,800
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC	5,000		50,000 400,000 7,700	76,560

Local Funds (Appropriations)

Local Funds	15,507	16,502	14,911	77,969

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

EXPENDITURE CATEGORY	MEDICAID OUTREACH AND ENROLLMENT	MICHIGAN CARE IMPROVEMENT REGISTRY (MCIR)	MATERNAL INFANT HEALTH PROGRAM (MIHP)	SEXUALLY TRANSMITTED DISEASE PREVENTION (STD)
Salaries & Wages	246,423	82,741	97,497	29,041
Fringe Benefits	108,232	32,728	37,850	10,170
Capital Expense for Equipment & Facility Developme				
Contractual (Sub-Contracts)				
Supplies & Materials	200	5,000	550	290
Travel /Training	4,000	6,500	10,000	300
Communications	20	1,500	3,000	20
Reserves/ Facility Development	-	-		-
Space Costs	1,000	5,000	5,000	800
All Others	100	50	2,200	600
Total Direct Expenditures	359,974	133,519	156,097	41,221
Administrative Overhead	83,957	27,335	32,041	9,282
Information Technology (IT) Overhead	29,717	9,675	11,341	3,286
EH Administrative Overhead				
CHED Administrative Overhead	87,088	28,354	33,235	9,629
Total Expenditures	560,735	198,883	232,713	63,418

REVENUE CATEGORY				
Fees 1st & 2nd Party				1,000
Fees & Collections - 3rd Party			90,000	5,000
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement	280,368		55,000	-
VFC 317				
Cigarette Tax				
Space	1,000	5,000	5,000	800
Interest				
Deferred Revenue				
GIRESD				
Community Support & Other Grants				
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				3,000
MDHHS - CPBC				
MDHHS - CPBC		150,000		
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services				20,000
Total Revenues:	281,368	155,000	150,000	29,800

Local Funds (Appropriations)

Local Funds	279,368	43,883	82,713	33,618
Local I dilas	270,000	40,000	02,770	00,010

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

EXPENDITURE CATEGORY	VISION	WOMEN, INFANT & CHILDREN (WIC)	WIC PEER COUNSELING (BREASTFEEDING)	CHED GENERAL HEALTH EDUCATION SERVICES
Salaries & Wages	34,577	315,773	61,606	11,026
Fringe Benefits	6,786	116,946	12,161	1,704
Capital Expense for Equipment & Facility Developme				
Contractual (Sub-Contracts)				
Supplies & Materials	1,000	5,500	500	100
Travel /Training	2,500	9,000	1,500	1,000
Communications	20	50	1,000	20
Reserves/ Facility Development	-	-	-	
Space Costs	3,200	65,000	5,800	1,000
All Others	610	3,100	10	400
Total Direct Expenditures	48,693	515,369	82,577	15,250
Administrative Overhead	9,792	102,437	17,463	3,013
Information Technology (IT) Overhead	3,466	36,258	6,181	1,067
EH Administrative Overhead				
CHED Administrative Overhead	10,157	106,257	18,114	3,126
Total Expenditures	72,108	760,321	124,335	22,455
REVENUE CATEGORY				
Fees 1st & 2nd Party	10,000			500
Fees & Collections - 3rd Party	15,000			
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement	5,000			
VFC 317				
Cigarette Tax				
Space	3,200	62,000	5,800	1,000
Interest				
Deferred Revenue				
GIRESD				
Community Support & Other Grants				

Local Funds (Appropriations)

Mid-Michigan Health Plan
MCDC Reimbursement

County Reimbursement
MDHHS - CPBC

MDHHS - CPBC
MDHHS -FFS
MCH Block Grant

Shared Services - Health Departments

Essential Local Public Health Services

Total Revenues:

Local Funds 2,223 40,321 8,535 20,9	Local Funds	2,223	40,321	8,535	20,955
---	-------------	-------	--------	-------	--------

36,685

69,885

658,000

720,000

110,000

115,800

1,500

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

EXPENDITURE CATEGORY	ORAL HEALTH PREVENTION	FLUORIDE VARNISH	CLINICAL FLUORIDE VARNISH
Salaries & Wages	10,632	15,948	25,240
Fringe Benefits	1,629	2,443	6,468
Capital Expense for Equipment & Facility Developme			
Contractual (Sub-Contracts)			
Supplies & Materials	550	1,000	1,000
Travel /Training	500	500	500
Communications	20	20	20
Reserves/ Facility Development			
Space Costs	1,000	1,000	1,000
All Others	-	-	-
Total Direct Expenditures	14,331	20,911	34,228
Administrative Overhead	2,903	4,354	7,506
Information Technology (IT) Overhead	1,027	1,541	2,657
EH Administrative Overhead			
CHED Administrative Overhead	3,011	4,516	7,786
Total Expenditures	21,272	31,322	<i>52,177</i>
REVENUE CATEGORY			
REVENUE CATEGORY Fees 1st & 2nd Party			
		22,000	12,000
Fees 1st & 2nd Party		22,000	12,000
Fees & Collections - 3rd Party		22,000	12,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS		22,000	12,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement		22,000	12,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317	1,000	22,000	
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax	1,000		
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest	1,000		1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue	,	1,000	1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD	,	1,000	1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants	,	1,000	1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan	,	1,000	1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan	,	1,000	1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement	,	1,000	1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement	,	1,000	1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC	,	1,000	1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC	,	1,000	1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments	,	1,000	1,000
Fees 1st & 2nd Party Fees & Collections - 3rd Party Federal/State Funding - NON MDHHS MA Full Cost Reimbursement VFC 317 Cigarette Tax Space Interest Deferred Revenue GIRESD Community Support & Other Grants Mid-Michigan Health Plan MCDC Reimbursement Shared Services - Health Departments County Reimbursement MDHHS - CPBC MDHHS - CPBC	,	1,000	1,000

Local Funds (Appropriations)

|--|

FISCAL YEAR 16-17 BUDGET 10/01/2016-09/30/2017

EXPENDITURE CATEGORY	Total (16-17)	Prior Year (15-16)	Difference
Salaries & Wages	3,497,421	3,338,248	159,173
Fringe Benefits	1,284,247	1,306,018	(21,770)
Capital Expense for Equipment & Facility Developme	-	•	-
Contractual (Sub-Contracts)	180,000	195,000	(15,000)
Supplies & Materials	620,595	631,000	(10,405)
Travel /Training	166,400	169,900	(3,500)
Communications	69,450	69,950	(500)
Reserves/ Facility Development	-	-	-
Space Costs	283,670	279,670	4,000
All Others	209,730	209,730	-
Total Direct Expenditures	6,311,514	6,199,516	111,997
Administrative Overhead	0	(0)	-
Information Technology (IT) Overhead	0	(0)	-
EH Administrative Overhead	0	0	-
CHED Administrative Overhead	0	0	-
Total Expenditures	6,311,514	6,199,516	111,997

REVENUE CATEGORY			
			(10.000)
Fees 1st & 2nd Party	648,360	665,299	(16,939)
Fees & Collections - 3rd Party	418,000	472,000	(54,000)
Federal/State Funding - NON MDHHS	72,255	76,255	(4,000)
MA Full Cost Reimbursement	540,368	385,175	155,193
VFC 317	400,000	400,000	
Cigarette Tax	-	-	
Space	256,570	250,570	6,000
Interest	2,000	2,000	
Deferred Revenue	67,400	75,000	(7,600)
GIRESD	3,000	3,000	
Community Support & Other Grants	87,000	128,004	(41,004)
Mid-Michigan Health Plan	250,000	190,000	60,000
MCDC Reimbursement	65,160	65,160	-
Shared Services - Health Departments	40,000	38,000	2,000
County Reimbursement	37,620	37,620	-
MDHHS - CPBC	-	30,000	(30,000)
MDHHS - CPBC	1,408,202	1,398,339	9,863
MDHHS -FFS	61,000	56,000	5,000
MCH Block Grant	85,204	85,204	
Essential Local Public Health Services	753,897	726,412	27,485
Total Revenues:	5,196,036	5,084,038	111,998

Local Funds (Appropriations)

	Local Funds	1,115,478	1,115,478	(0)
--	-------------	-----------	-----------	-----

COMMUNITY HEALTH & EDUCATION DIVISION

Procedure Code	Procedure Name	Current FY 15/16	Proposed FY 16/17
10060	I & D Simple	140.00	140.00
10120	FOREIGN BODY, SIMPLE	250.00	250.00
11008	CASE MANAGEMENT Title 5	205.00	205.00
11009	CASE MANAGEMENT Title 5 & 19	205.00	205.00
11010	LEVEL I POC - HOME Title 5	150.00	150.00
11011	LEVEL I POC - HOME Title 5 & 19	150.00	150.00
11011	LEVEL I POC - PHONE Title 5	110.00	110.00
11013	LEVEL I POC - PHONE Title 5 & 19	110.00	110.00
11014	Level II Care Coord. Title 5	30.00	30.00
11015	Level II Care Coord. Title 5 & 19	30.00	30.00
11055	PARING OR CUTTING LESION (single)	70.00	70.00
11056	PARING OR CUTTING LESIONS (2-4)	70.00	70.00
11057	PARING OR CUTTING LESIONS (24)	70.00	70.00
11100	LESION, BIOPSY (1)	130.00	130.00
11101	LESION, BX EA. ADDTL.	55.00	55.00
11200	EXC. SKIN TAG LESION	80.00	80.00
11719	TRIMMING OF NAILS	50.00	50.00
11730	AVULSION NAIL PLATE	150.00	150.00
11750	EXCISION NAIL, (PERMANENT)	250.00	250.00
11765	EXCISION SKIN WEDGE, INGROWN NAIL	180.00	180.00
11981	INSERTION, DRUG DELIVERY IMPLANT	200.00	200.00
11982	REMOVAL, DRUG DELIVERY IMPLANT	225.00	225.00
11983	REMOVAL, WITH REINSERTION, DRUG DELIVERY IMPLANT	310.00	310.00
12005	STATE LAB FEE - BL	18.00	18.00
12010	HEARING SCREEN-SCHOOL AGREEMENT	1.00	1.00
12011	VISION SCREEN-SCHOOL AGREEMENT	1.00	1.00
12014	Lab Fee-CT/GC	17.00	17.00
12016	HEIGHT/WEIGHT MEASUREMENT	1.00	1.00
13004	HIV TESTING - ORAL	20.00	
13017	COURT ORDERED TESTING	170.00	
13023	HERPES CULTURE	11.50	
14000	INFANT LOSS SUPPORT	125.00	
14005	TOBACCO EDUCATION CLASS	25.00	
14500	VBA - IMO WITH EXAM (VETERAN EXAM)	50.00	
14501	VBA - IMO W/O EXAM (VETERAN EXAM)	75.00	
14502	VBA - LEVEL II (VETERAN EXAM)	210.00	
14503	VBA - LEVEL I (VETERAN EXAM)	260.00	
14504	VBA - COMPREHENSIVE (VETERAN EXAM)	310.00	
14505	VHA - LEVEL A (VETERAN EXAM)	120.00	
14506	VHA - LEVEL B (VETERAN EXAM)	230.00	
14507	VHA - LEVEL C (VETERAN EXAM)	350.00	
14508	VHA - LEVEL D (VETERAN EXAM)	500.00	

Procedure Code	Procedure Name	Current FY 15/16	Proposed FY 16/17
14509	VHA - LEVEL E (VETERAN EXAM)	625.00	625.00
16000	BURN CARE	120.00	120.00
17000	LESION, DESTRUCT, PREMALIG (1)	80.00	80.00
17003	LESION, DESTRUCT, PRMALIG. EA ADDTL	25.00	25.00
17110	LESION, DESTRUCT, BENIGN (1-14)	125.00	125.00
20526	INJ., THERAPEUTIC	100.00	100.00
20550	INJ., TENDON SHEATH, LIGAMENT	70.00	70.00
20552	INJ., SNGLE/MULT. TRIG PT. 1-2 MUSCLES	100.00	100.00
20553	INJ., SNGLE/MULT. TRIG PT. 3+ MUSCLES	110.00	110.00
20600	ARTHROCENTESIS	70.00	70.00
20605	ARTHRO/ASP/INJ INTERM. W/O ULTRASOUND	70.00	70.00
20610	ARTHRO/ASP/INJ MAJOR	80.00	80.00
29580	UNNA BOOT	100.00	100.00
30901	CONTROL NASAL HEMORRHAGE	145.00	145.00
36415	VENIPUNCTURE BLOOD DRAW	30.00	30.00
40022	IRON-FeSO4	8.00	8.00
40024	TERCONAZOLE/TERAZOL CREAM	20.00	20.00
40028	PLAN B (ER CONTRACEPTIVE)	34.00	34.00
40055	DIFLUCAN PER DOSE	1.00	1.00
46040	I & D, RECTAL ABSCESS	300.00	300.00
46083	INCISION, THROMBOSIS	250.00	250.00
46900	DESTRUCTION LESION	365.00	365.00
54050	DESTRUCTION LESION	200.00	200.00
54060	DESTRUCTION LESION	265.00	265.00
54065	DESTRUCTION LESION	325.00	325.00
56501	DESTRUCTION LESION	155.00	155.00
56515	DESTRUCTION LESION	335.00	335.00
69200	REMOVE FOREIGN BODY, EAR CANAL	65.00	65.00
69210	EAR IRRIGATION	65.00	65.00
80300	DRUG SCREEN	75.00	75.00
81002	URINALYSIS, DIPSTICK	15.00	15.00
81025	PREGNANCY TEST	10.00	10.00
82270	FECAL OCCULT BLOOD TEST	25.00	25.00
82962	BLOOD GLUCOSE MONITOR	25.00	25.00
86580	TB TEST (TUBERSOL)	20.00	20.00
87880	STREP GRP A SCREEN	20.00	20.00
90472	ADMINISTRATION FEE - EACH ADD	20.00	20.00
90473	ADMINISTRATION FEE-INTRANASAL/ORAL VAC	20.00	20.00
90662	IIV3 HIGH DOSE 65YR+ PP	35.00	35.00
90675	RABIES	MKT + 10%	MKT + 10%
93000	EKG W/INTERPRET	50.00	50.00
94640	AIRWAY INHALATION TREATMENT	30.00	30.00
94664	NEBULIZER DEMO	30.00	30.00
95000	COPIES OF MEDICAL RECORDS	0.25	0.25

Procedure Code	Procedure Name	Current FY 15/16	Proposed FY 16/17
95001	STATE OF MI MEDICAL RECORDS	15.00	15.00
96154	ISS VISIT-DRUG EXP.	100.00	100.00
97597	WOUND CARE	50.00	50.00
99172	VISION SCREEN	10.00	10.00
99201	OFFICE VISIT, NEW	75.00	75.00
99202	OFFICE VISIT, NEW	85.00	85.00
99203	OFFICE VISIT, NEW	120.00	120.00
99204	OFFICE VISIT, NEW	175.00	175.00
99211	OFFICE VISIT, ESTABLISHED	45.00	45.00
99212	OFFICE VISIT, ESTABLISHED	60.00	60.00
99213	OFFICE VISIT, ESTABLISHED	80.00	80.00
99214	OFFICE VISIT, ESTABLISHED	115.00	115.00
99215	OFFICE VISIT, ESTABLISHED	135.00	135.00
99242	OFFICE VISIT, CONSULTATION	135.00	135.00
99243	OFFICE VISIT, CONSULTATION	185.00	185.00
99244	OFFICE VISIT, CONSULTATION	275.00	275.00
99245	OFFICE VISIT, CONSULTATION	335.00	335.00
99383	INITIAL EXAM 5-11 YRS	160.00	160.00
99384	INITIAL EXAM 12-17 YRS	160.00	160.00
99385	INITIAL EXAM 18-39 YRS	160.00	160.00
99387	INITIAL EXAM 65+ YRS	190.00	190.00
99391	PREVENTATIVE VISIT, ESTABLISHED, INFANT	150.00	150.00
99392	PREVENTATIVE VISIT, ESTABLISHED, 1-4 YRS	160.00	160.00
99393	PREVENTATIVE VISIT, ESTABLISHED, 5-11 YRS	140.00	140.00
99394	PREVENTATIVE VISIT, ESTABLISHED 12-17 YRS	140.00	140.00
99394	PREVENTATIVE VISIT, ESTABLISHED, 12-17 YRS	140.00	140.00
99395	PREVENTATIVE VISIT, ESTABLISHED, 18-39 YRS	140.00	140.00
99396	PREVENTATIVE VISIT, ESTABLISHED, 40-64 YRS	150.00	150.00
99397	PREVENTATIVE VISIT, ESTABLISHED 65+ YRS	155.00	155.00
99401	OFFICE VISIT	50.00	50.00
99402	OFFICE VISIT	75.00	75.00
99406	TOBACCO COUNSELING, 3-10 min.	8.00	8.00
99407	TOBACCO COUNSELING, 10+ min	16.00	16.00
99420	HEALTH RISK ASSESSMENT	75.00	75.00
36415	VENIPUNCTURE BLOOD DRAW	30.00	30.00
36416	CAPILLARY BLOOD DRAW	10.00	10.00
36416	BLOOD LEAD INCENTIVE FEE	25.00	25.00
58300	IUS INSERT	100.00	100.00
58301	IUS REMOVAL	100.00	100.00
81002	URINE DIP	5.00	
85018	HEMOGLOBIN TESTING	5.00	
87210	MICROSCOPY	8.00	
90471	ADMINISTRATION FEE - 1ST	20.00	
90620	MEN B PP	MKT + 10%	

Procedure Code	Procedure Name	Current FY 15/16	Proposed FY 16/17
90632	HEP A ADULT PP	MKT + 10%	MKT + 10%
90633	HEP A PED PP	MKT + 10%	MKT + 10%
90651	HPV9 PP	MKT + 10%	MKT + 10%
90670	PREVNAR (PCV-13) PP	MKT + 10%	MKT + 10%
90672	LAIV4 PP	25.00	25.00
90685	IIV4 PF 6-35MO PP	25.00	25.00
90687	IIV4 MDV 6-35MO PP	25.00	25.00
90688	IIV4 MDV 3YR+ PP	20.00	20.00
90698	DTAP+HIB+IPV PP	MKT + 10%	MKT + 10%
90700	DTAP	MKT + 10%	MKT + 10%
90707	MMR PP	MKT + 10%	MKT + 10%
90713	IPV PP	32.00	32.00
90714	Td PP	MKT + 10%	MKT + 10%
90714	TD PF 7 YRS & UP	MKT + 10%	MKT + 10%
90715b	TDAP	MKT + 10%	MKT + 10%
90716	VARICELLA - VARIVAX	MKT + 10%	MKT + 10%
90732	PPSV23	MKT + 10%	MKT + 10%
90734	MCV4	MKT + 10%	MKT + 10%
90736	ZOSTER	MKT + 10%	MKT + 10%
90744b	HEP B PED	MKT + 10%	MKT + 10%
90746b	HEP B ADULT	MKT + 10%	MKT + 10%
99202a	PARTIAL EXAM, NEW	85.00	85.00
99211a	NURSE ONLY VISIT	45.00	45.00
99212a	PARTIAL EXAM, ESTABLISHED	60.00	60.00
99213a	OFFICE VISIT, ESTABLISHED	80.00	80.00
99385a	BC/WH - INITIAL EXAM 18-39	160.00	160.00
99386b	INITIAL EXAM 40-64 YRS	180.00	180.00
99395a	ESTABLISHED EXAM 40-64 YRS	140.00	140.00
99396b	ESTABLISHED EXAM 40-64 YRS	150.00	150.00
99402a	HOME VISIT, MIHP	100.00	100.00
99402b	OFFICE VISIT, MIHP	100.00	100.00
A4267a	CONDOMS - MALE	0.30	0.30
A4269	FOAM	10.00	10.00
D0190	NURSE -ORAL SCREENING 0 - 3 yrs	15.00	15.00
D0191	HYGIENIST -ORAL ASSESSMENT	15.00	15.00
D1206	TOPICAL FLUORIDE VARNISH	30.00	30.00
G0008	ADMINISTRATION FEE - MEDICARE FLU	20.00	20.00
G0009	ADMINISTRATION FEE - MEDICARE PNEUMOCOCCAL	20.00	20.00
G0101	SCREEN, PELVIC/BREAST EXAM	50.00	50.00
G0103	PROSTATE/PSA	50.00	
G0402	WELCOME TO MEDICARE	175.00	
G0403	ELECTROCARDIOGRAM	225.00	225.00
G0436	TOBACCO COUNSELING, 3-10 min.	35.00	
G0437	TOBACCO COUNSELING, 10+ min	50.00	

Procedure	Procedure Name	Current FY 15/16	Proposed FY 16/17
Code			
G0438	ANNUAL WELLNESS	200.00	200.00
G0439	ANNUAL SUBSEQUENT	150.00	150.00
H1000	MSS-RISK IDENTIFIER IN OFFICE	90.00	90.00
H2000	RISK IDENTIFIER IN HOME - MIHP	110.00	110.00
J0171	EPINEPHRINE	5.77	5.77
J0696	CEFTRIAXONE/ROCEPHIN, per 250 mg	15.00	15.00
J1030	METHYLPREDNISONE, 40 mg	2.90	2.90
J1040	DEPO-MEDROL	20.89	20.89
J1050	DEPO/MEDROXYPROGESTERONE	0.40	0.40
J1200	DIPHENYDRAMINE, Inj. (to 50 mg)	0.10	0.10
J1885	TORADOL, 15 mg	23.97	23.97
J1940	LASIX	6.10	6.10
J2001	LIDOCAINE HCL	1.89	1.89
J2001	LIDOCAINE WITH EPINEPHRINE	39.90	39.90
J2360	NORFLEX	140.07	140.07
J2405	ZOFRAN, INJ.	0.10	0.10
J2930	SOLU-MEDROL, 125 mg	0.25	0.25
J3301	KENALOG, per 10 mg	1.25	1.25
J3420	B 12 (up to 1000 mg)	0.20	0.20
J3490	NITROSTAT	0.31	0.31
J7298a	IUS-MIRENA/PROGESTERONE	670.00	670.00
J7300	IUD-COPPER (PARAGUARD)	485.00	485.00
J7303	NUVA RING	30.00	30.00
J7307	ETONOGESTREL IMPLANT SYSTEM	700.00	700.00
J7620	ALBUTEROL/IPRATROPIUM BROMIDE	0.59	0.59
J7644	IPRATROPIUM BROMIDE	1.22	1.22
J8499	METRONIDAZOLE 14 count	20.00	20.00
J8499a	METRONIDAZOLE 4 count	10.00	10.00
Q0091	THIN PREP PAP	15.00	15.00
S0020	MARCAINE HCL	52.48	52.48
S0215	MILEAGE REIMBURSEMENT MIHP	0.51	0.51
S4993	BIRTH CONTROL PILLS	20.00	20.00
T1023a	ISS-RISK IDENTIFIER IN OFFICE	110.00	110.00
T1028	LEAD HOME VISIT	95.00	95.00
V5008	HEARING SCREENING	10.00	10.00

The procedure code is the billing code (or the internal code if not billable to insurance). The description is a general guideline.

ENVIRONMENTAL HEALTH DIVISION

	<u>Current 15-16</u>	Proposed 16-17	
Sewage Program Fees			
Vacant Land Evaluation	175.00	179.00	
Permit with Previous Vacant Land Evaluation	213.00	210.00	
Gravity Mound w/Previous Vacant Land Evaluation	242.00	290.00	
Permit - New	389.00	389.00	
Aerobic Treatment Unit w/Previous Vacant Land	327.00	334.00	
Sand Filter w/Previous Vacant Land	327.00	334.00	
Pressure Mound w/Previous Vacant Land	327.00	334.00	
Repair Tank Only	237.00	237.00	
Repair Drainfield	237.00	237.00	
Reissuance of Alternative Permit	86.00	88.00	
Permit Renewal Prior to Expiration	49.00	49.00	
Revisit Vacant Land/Relocation	140.00	143.00	
Re-inspection fee for septic systems	98.00	98.00	
Non-Residential Sewage Fees			
0 - 1,000 gpd - New	478.00	488.00	
>1,000 gpd<10,000 gpd - New	624.00	636.00	
>10,000 gpd<20,000 gpd - New	804.00	820.00	
0 - 1,000 gpd - Repair	478.00	488.00	
>1,000 gpd<10,000 gpd - Repair	624.00	636.00	
>10,000 gpd<10,000 gpd - Repair	804.00	820.00	
Septic Waste Hauler Program			
New Evaluation - per 20 acres	220.00	220.00	
Annual Site Inspection Fee	220.00	220.00	
Truck Inspection Fee	83.00	83.00	
Water Supply Program			
Private - New	235.00	235.00	
Private - Repair	235.00	235.00	
Type II - New	286.00	292.00	
Type II - Repair	286.00	292.00	
Type III - New	340.00	340.00	
Type III - Repair	340.00	340.00	
Sewage/Well Evaluations			
Sewage Evaluation	182.00	186.00	
Water Evaluation	195.00	199.00	
Sewage Evaluation - Combined	131.00	134.00	
Water Evaluation - Combined	173.00	176.00	
Lead Water Sample	70.00	70.00	

ENVIRONMENTAL HEALTH DIVISION

	<u>Current 15-16</u>	Proposed 16-17
Existing Site Septic/Well Evaluation	110.00	112.00
D.H.S. Facility Inspection		
Partial Inspection Request	193.00	197.00
Full Inspection Request	281.00	287.00
Plan Review - Full Facility	295.00	300.00
Campgrounds		
Temporary or Annual License App (State Fee)		
Inspection Fee Annual Campgrounds	104.00	104.00
Public Swimming Pools		
Inspection Fee - MMDHD (Per Pool)	104.00	104.00
Plats/Subdivisions		
On-Site Sewage & Private Water System Application Fee	610.00	610.00
Per Lot Fee	40.00	40.00
Sanitary Sewer & Private Water System Application Fee	524.00	524.00
Per Lot Fee	24.00	24.00
On-Site Sewage & Public Water System Application Fee	524.00	524.00
Per Lot Fee	40.00	40.00
Food Services Program - Fixed Permits		
Fixed Foods: Type I	191.00	195.00
Fixed Foods: Type II	195.00	200.00
Fixed Foods: Type III	538.00	549.00
Fixed Foods: Type IV	562.00	573.00
Fixed Foods: Type V	594.00	605.00
Mobile	350.00	357.00
STFU License Fee - State Fee		
STFU Inspection Fee - State Fee		
Consultation Fee	191.00	191.00
Late License Fee 0-30 days	135.00	135.00
Late License Fee 31-60 days	270.00	270.00
Late License Fee 61-90 days	405.00	405.00
Late License Fee 91 & over days	540.00	540.00
Increased Inspection Frequency	222.00	226.00
Re-Inspection After Hearing	222.00	226.00
Repeat Informal Hearing Fee	317.00	323.00
Formal Hearing Fee	550.00	550.00
Food Service Program - Temporary Permits		
Profit	75.00	77.00

ENVIRONMENTAL HEALTH DIVISION

	<u>Current 15-16</u>	Proposed 16-17
Non-Profit	75.00	77.00
Late License Fee	35.00	35.00
State Fee		
Food Service Program - Vending Permits		
Vendor Fee	141.00	144.00
Each Additional Machine	24.00	24.00
Vendor Location/License Fee	20.00	20.00
Food Service Program - Plan Reviews		
Full Review / Major Remodel	593.00	605.00
Partial Review / Minor Remodel	295.00	295.00
Food Service Program - Training		
Advanced Food Training	125.00	125.00
Food Handler Class	20.00	20.00
Re-Certification Class	125.00	125.00
Body Art		
Routine Inspection	277.00	277.00
Follow-up Inspection	166.00	166.00
Plan Review	295.00	295.00
BBP Certification	25.00	25.00
Temporary Body Art License	220.00	220.00
Other		
Septic Installers Registration 2 Years	95.00	95.00
Septic Installers Registration - Test/Late Fees	65.00	65.00
Appeal to Board of Health	183.00	185.00
Disinterment/Reinterment	25.00	25.00
Radon Test Kit - Charcoal		
Radon Test Kit - Alpha	25.00	25.00
Mercury Spill Kit	20.00	20.00
F.O.I.A - (\$ based on time and supplies used)		
AOI Inspection Fee	105.00	107.00
County Surcharge		
Type II Water Sampling	60.00	60.00
E.H. Service Late Fee - after 60 days;applied each month the	50.00	50.00
E.H. Enforcement Fee	200.00	200.00