

**CLINTON OFFICE**

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

**GRATIOT OFFICE**

151 Commerce Dr.  
Ithaca, MI 48847-1627  
(989) 875-3681

**MONTCALM OFFICE**

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

<b>BOARD OF HEALTH:</b>	Bruce DeLong Dwight Washington, Ph.D.	George Bailey Chuck Murphy	Betty Kellenberger Adam Petersen
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BOARD OF HEALTH  
FINANCE COMMITTEE MEETING  
At  
Mid-Michigan District Health Department  
Montcalm Administrative Offices  
Stanton, Michigan  
Wednesday, July 22, 2020 at 8:30 a.m.

Board of Health and staff are invited to participate in person with the public participating virtually due to the highly-contagious COVID-19 virus. To participate virtually by video, access Zoom at the following link: <https://us02web.zoom.us/j/9902840485> and use **Meeting ID 990 284 0485**. To participate by phone, call **1 312 626 6799**; then enter the Meeting ID.

**AGENDA**

*We take action to protect, maintain, and improve the health of our community.*

Pledge of Allegiance

- COMMITTEE MEMBERS:** George Bailey, Adam Petersen, and Bruce DeLong (Chair)
- COMMITTEE MEMBERS ABSENT:** None
- STAFF:** Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Bowerman, Director of Administrative Services; and Cindy Partlo, Board Secretary

Agenda Notes, Review, and Revisions:

1.
  - A. MMDHD’s Expenses for June 22 through July 17, 2020 – **Included.**
  - B. MMDHD’s Monthly Balance Sheet, Revenue and Expenditure Report for June 2020 – **Included.**
  - C. FY 20/21 Proposed Draft Budget and Narrative – **Included.**
  - D. FY 20/21 Proposed Agency Fees – **Included.**
    - 1) Community Health and Education Division (CHED)
    - 2) Environmental Health (EH) Division
  - E.

**MONTHLY EXPENSES FOR  
June 20, 2020 - July 17, 2020**

<i>EV 1928</i>	\$ 184,996.51
<i>EV 1929</i>	<u>\$ 230,976.53</u>
<b>TOTAL</b>	<b>\$ 415,973.04</b>

EV 1928

7/3/2020

**Payables**

Check #

106106			
to	Quantum Checks & AP Direct Deposits	\$	30,320.68
106125			

**Payroll**

AFLAC Employee Deduction		\$	587.34
MERS Employee Electronic Transfer		\$	3,917.04
Chemical Bank Payroll-Ameriprise NBS		\$	185.00
Chemical Bank Payroll-Nationwide		\$	1,570.00
Chemical Bank Payroll-MERS 457		\$	955.00
Chemical Bank Payroll Tax EFT			
Federal		\$	32,398.22
State		\$	4,997.53
MERS Employer Electronic Transfer	May-20	\$	-
Direct Deposit Payroll		\$	110,065.70

<b>TOTAL</b>			<b><u><u>\$ 184,996.51</u></u></b>
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ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
293	07/03/20	BAI102 BAILEY GEORGE	101841	06/24/20	20393		\$ 125.00	\$ -	\$ 125.00
		DIRECT DEPOSIT							
			CHECK TOTALS:				\$ 125.00	\$ -	\$ 125.00
294	07/03/20	KEL038 KELLENBERGER BETTY	101840	06/24/20	20392		\$ 62.60	\$ -	\$ 62.60
		DIRECT DEPOSIT							
			CHECK TOTALS:				\$ 62.60	\$ -	\$ 62.60
106106	07/03/20	BRE118 BRECKENRIDGE EDUCATIONAL	062320	06/23/20	20379		\$ 40.00	\$ -	\$ 40.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 40.00	\$ -	\$ 40.00
106107	07/03/20	CAP095 CAPITAL AREA UNITED WAY	101843	07/03/20	20397		\$ 16.26	\$ -	\$ 16.26
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 16.26	\$ -	\$ 16.26
106108	07/03/20	CDW016 CDW GOVERNMENT, INC.	ZCQ2794	06/12/20	20385	096466-00	\$ 1,851.76	\$ -	\$ 1,851.76
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 1,851.76	\$ -	\$ 1,851.76
106109	07/03/20	CEN021 CENTRAL MI DIST HEALTH DEPT	101838	06/25/20	20390		\$ 4,579.41	\$ -	\$ 4,579.41
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 4,579.41	\$ -	\$ 4,579.41
106110	07/03/20	COM047 COMMUNITY MENTAL HEALTH	FY2020	06/16/20	20378		\$ 2,600.00	\$ -	\$ 2,600.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 2,600.00	\$ -	\$ 2,600.00
106111	07/03/20	DEL007 DELTA DENTAL OF MICHIGAN	RIS0002910857	06/16/20	20389		\$ 4,707.26	\$ -	\$ 4,707.26
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 4,707.26	\$ -	\$ 4,707.26
106112	07/03/20	JETS37 JETS SPEED PRINTING	43696	06/16/20	20377		\$ 65.25	\$ -	\$ 65.25
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 65.25	\$ -	\$ 65.25
106113	07/03/20	KEN014 KENT COUNTY HEALTH DEPART.	EH053120-555555	06/04/20	20376		\$ 372.00	\$ -	\$ 372.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 372.00	\$ -	\$ 372.00
106114	07/03/20	KUSH57 KUSHION MARY	101839	06/23/20	20391		\$ 1,375.00	\$ -	\$ 1,375.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 1,375.00	\$ -	\$ 1,375.00
106115	07/03/20	MCK032 MCKESSON MEDICAL	06844874	06/10/20	20387	096462-00	\$ 244.05	\$ -	\$ 244.05
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 244.05	\$ -	\$ 244.05

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
106116	07/03/20	MIS005 MISDU/FRIEND OF COURT	101843	07/03/20	20396		\$ 262.76	\$ -	\$ 262.76
		COMPUTER CHECK			7/3/20 EMPLOYEE DEDUCTION				
			CHECK TOTALS:				\$ 262.76	\$ -	\$ 262.76
106117	07/03/20	POL108 POLZIN WILLIAM	010330	06/17/20	20375		\$ 215.00	\$ -	\$ 215.00
		COMPUTER CHECK			REFUND OVERPAYMENT				
			CHECK TOTALS:				\$ 215.00	\$ -	\$ 215.00
106118	07/03/20	R&S005 R&S NORTHEAST LLC	16637	06/25/20	20380		\$ (126.60)	\$ -	\$ (126.60)
		COMPUTER CHECK			4/28/2020 340B CREDIT				
			247075	06/17/20	20381	096469-00	\$ 657.00	\$ -	\$ 657.00
			FAMILY PLANNING SUPPLY						
			CHECK TOTALS:				\$ 530.40	\$ -	\$ 530.40
106119	07/03/20	STA194 STAPLES	3448677273	06/10/20	20386	096460-00	\$ 114.34	\$ -	\$ 114.34
		COMPUTER CHECK			LABELS,PENS,CLASP ENVELOPES				
			3448677274	06/10/20	20382	096463-00	\$ 175.48	\$ -	\$ 175.48
			CALCULATOR & TAPE, BATTERIES						
			3448677275	06/10/20	20383	096463-00	\$ 173.09	\$ -	\$ 173.09
			CALCULATOR, BATTERIES						
			3448788142	06/12/20	20384	096443-00	\$ 381.57	\$ -	\$ 381.57
			7 HP62 BLACK INK						
			CHECK TOTALS:				\$ 844.48	\$ -	\$ 844.48
106120	07/03/20	THE007 THERACOM, A CAREMARK CO	218914496-301	06/18/20	20388	096470-00	\$ 3,910.20	\$ -	\$ 3,910.20
		COMPUTER CHECK			10 NEXPLANON				
			CHECK TOTALS:				\$ 3,910.20	\$ -	\$ 3,910.20
106121	07/03/20	UNI001 UNITED WAY OF MONTCALM CO	101843	07/03/20	20399		\$ 42.52	\$ -	\$ 42.52
		COMPUTER CHECK			7/3/20 EMPLOYEE DONATION				
			CHECK TOTALS:				\$ 42.52	\$ -	\$ 42.52
106122	07/03/20	UNI009 UNITED WAY OF GRATIOT CO	101843	07/03/20	20398		\$ 71.00	\$ -	\$ 71.00
		COMPUTER CHECK			7/3/20 EMPLOYEE DONATION				
			CHECK TOTALS:				\$ 71.00	\$ -	\$ 71.00
106123	07/03/20	UPS002 UNITED PARCEL SERVICE	423867250	06/20/20	20374		\$ 13.73	\$ -	\$ 13.73
		COMPUTER CHECK			1 PACKAGE				
			CHECK TOTALS:				\$ 13.73	\$ -	\$ 13.73
106124	07/03/20	VER004 VERIZON	9857348851	06/23/20	20395		\$ 6,215.66	\$ -	\$ 6,215.66
		COMPUTER CHECK			5/24-6/23 CELLS & HOT SPOTS				
			CHECK TOTALS:				\$ 6,215.66	\$ -	\$ 6,215.66
106125	07/03/20	WINN73 WINN TELECOM	101842	07/01/20	20394		\$ 2,176.34	\$ -	\$ 2,176.34
		COMPUTER CHECK			INTERNET/PHONE LINES				
			CHECK TOTALS:				\$ 2,176.34	\$ -	\$ 2,176.34

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
20 COMPUTER CHECKS							\$ 30,320.68	\$ -	\$ 30,320.68
0 MANUAL PAYMENT CHECKS									
0 VOID CHECKS - TRX									
0 VOID CHECKS - STUBS									
0 VOID CHECKS - ERROR									
0 VOID CHECKS - FORM ALIGNMENT									
2 DIRECT DEPOSITS									
22 CHECKS TOTAL									
BANK CODE TOTALS:							\$ 30,320.68	\$ -	\$ 30,320.68
COMPANY TOTALS:							\$ 30,320.68	\$ -	\$ 30,320.68

EV 1929

7/17/2020

**Payables**

Check #

106126			
to	Quantum Checks & AP Direct Deposits	\$	47,562.01
106147			

**Payroll**

AFLAC Employee Deduction		\$	587.34
MERS Employee Electronic Transfer		\$	3,886.14
Chemical Bank Payroll-Ameriprise NBS		\$	185.00
Chemical Bank Payroll-Nationwide		\$	1,570.00
Chemical Bank Payroll-MERS 457		\$	955.00
Chemical Bank Payroll Tax EFT			
Federal		\$	32,731.90
State		\$	5,060.44
MERS Employer Electronic Transfer	Jun-20	\$	29,174.12
Direct Deposit Payroll		\$	108,338.58

**Fees**

State of Michigan Unemployment	3Q2020	\$	<u>926.00</u>
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<b>TOTAL</b>			<b><u><u>\$ 230,976.53</u></u></b>
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ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
106126	07/17/20	BUI119 BUILDERS GLASS OF GREENVILLE	50153	07/05/20	20415		\$ 471.66	\$ -	\$ 471.66
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 471.66	\$ -	\$ 471.66
106127	07/17/20	CAP095 CAPITAL AREA UNITED WAY	101851	07/14/20	20433		\$ 16.26	\$ -	\$ 16.26
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 16.26	\$ -	\$ 16.26
106128	07/17/20	COV178 COVENANT MEDICAL CENTER	14363416	07/05/20	20429		\$ 21.42	\$ -	\$ 21.42
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 21.42	\$ -	\$ 21.42
106129	07/17/20	CRY023 CASAIR	591847	07/01/20	20414		\$ 850.00	\$ -	\$ 850.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 850.00	\$ -	\$ 850.00
106130	07/17/20	E&S003 E&S GRAPHICS INC	66195	06/16/20	20413		\$ 420.00	\$ -	\$ 420.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 420.00	\$ -	\$ 420.00
106131	07/17/20	GRA005 GRATIOT ISABELLA RESD	7410	06/23/20	20426		\$ 818.00	\$ -	\$ 818.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 818.00	\$ -	\$ 818.00
106132	07/17/20	HOM125 HOMES BY LTS	010433	06/25/20	20412		\$ 553.00	\$ -	\$ 553.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 553.00	\$ -	\$ 553.00
106133	07/17/20	MCK032 MCKESSON MEDICAL	07954824	06/23/20	20424	096472-00	\$ 95.23	\$ -	\$ 95.23
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 95.23	\$ -	\$ 95.23
106134	07/17/20	MIC028 MICHIGAN MUN RISK MGMT	101848	06/30/20	20410		\$ 30,464.00	\$ -	\$ 30,464.00
		COMPUTER CHECK							
			101849	06/30/20	20411		\$ 5,500.00	\$ -	\$ 5,500.00
			CHECK TOTALS:				\$ 35,964.00	\$ -	\$ 35,964.00
106135	07/17/20	MIS004 MiSDU - FRIEND OF COURT	101851	07/14/20	20432		\$ 262.76	\$ -	\$ 262.76
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 262.76	\$ -	\$ 262.76
106136	07/17/20	MNA004 MICHIGAN NURSES ASSOCIATION	101851	07/14/20	20431		\$ 470.80	\$ -	\$ 470.80
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 470.80	\$ -	\$ 470.80

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
106137	07/17/20	QUI06 QUICK TROPHY LLC	101377	11/12/19	20423	096250-00	\$ 39.66	\$ -	\$ 39.66
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 39.66	\$ -	\$ 39.66
106138	07/17/20	RAMS66 RAMSEY THERESA	129	07/10/20	20427		\$ 543.00	\$ -	\$ 543.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 543.00	\$ -	\$ 543.00
106139	07/17/20	STA194 STAPLES	3449131470	06/17/20	20416	096468-00	\$ 352.54	\$ -	\$ 352.54
		COMPUTER CHECK							
			3449131471	06/17/20	20422	096467-00	\$ 66.73	\$ -	\$ 66.73
			3449332444	06/20/20	20417	096417-00	\$ 10.69	\$ -	\$ 10.69
			3449564116	06/24/20	20418	096474-00	\$ 21.08	\$ -	\$ 21.08
			3449667398	06/25/20	20419	096475-00	\$ 20.88	\$ -	\$ 20.88
			3449828559	06/27/20	20420	096477-00	\$ 24.38	\$ -	\$ 24.38
			CHECK TOTALS:				\$ 496.30	\$ -	\$ 496.30
106140	07/17/20	STA225 STATCOURIER	1019-1914	06/30/20	20430		\$ 1,989.00	\$ -	\$ 1,989.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 1,989.00	\$ -	\$ 1,989.00
106141	07/17/20	STP244 ST PAUL LUTHERAN CHURCH	010419	06/24/20	20409		\$ 60.00	\$ -	\$ 60.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 60.00	\$ -	\$ 60.00
106142	07/17/20	TEA001 TEAMSTERS LOCAL 214	101851	07/14/20	20436		\$ 1,599.40	\$ -	\$ 1,599.40
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 1,599.40	\$ -	\$ 1,599.40
106143	07/17/20	UNI001 UNITED WAY OF MONTCALM CO	101851	07/14/20	20435		\$ 42.52	\$ -	\$ 42.52
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 42.52	\$ -	\$ 42.52
106144	07/17/20	UNI009 UNITED WAY OF GRATIOT CO	101851	07/14/20	20434		\$ 71.00	\$ -	\$ 71.00
		COMPUTER CHECK							
			CHECK TOTALS:				\$ 71.00	\$ -	\$ 71.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
106145	07/17/20	UPS002 UNITED PARCEL SERVICE	423867270	07/04/20	20407		\$ 8.88	\$ -	\$ 8.88
		COMPUTER CHECK							
			423867280	07/11/20	20425		\$ 28.91	\$ -	\$ 28.91
							\$ 37.79	\$ -	\$ 37.79
106146	07/17/20	WAT077 WATKINS SURGICAL SUPPLY	0000511194	06/08/20	20421	096459-00	\$ 296.85	\$ -	\$ 296.85
		COMPUTER CHECK							
							\$ 296.85	\$ -	\$ 296.85
106147	07/17/20	FIR003 FIRST NATIONAL BANK OMAHA	101844	06/30/20	20400		\$ 1,296.85	\$ -	\$ 1,296.85
		COMPUTER CHECK							
			101845	07/02/20	20404		\$ 14.00	\$ -	\$ 14.00
			101846	07/02/20	20405		\$ 443.38	\$ -	\$ 443.38
			101847	07/02/20	20406		\$ 80.00	\$ -	\$ 80.00
			101844-1	07/02/20	20401	096464-00	\$ 22.00	\$ -	\$ 22.00
			101844-2	07/02/20	20402	096473-00	\$ 315.15	\$ -	\$ 315.15
			101844-3	07/02/20	20403	096476-00	\$ 271.98	\$ -	\$ 271.98
							\$ 2,443.36	\$ -	\$ 2,443.36
							\$ 47,562.01	\$ -	\$ 47,562.01
22		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							
22		CHECKS TOTAL							
							\$ 47,562.01	\$ -	\$ 47,562.01

**CLINTON OFFICE**

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

**GRATIOT OFFICE**

151 Commerce Dr.  
Ithaca, MI 48847-1627  
(989) 875-3681

**MONTCALM OFFICE**

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

<b>BOARD OF HEALTH:</b>	Bruce DeLong Dwight Washington, Ph.D.	George Bailey Chuck Murphy	Betty Kellenberger Adam Petersen
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## Mid-Michigan District Health Department (MMDHD)

### FY 20/21 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)**

**Betty Kellenberger (Montcalm)**

**Dwight Washington (Clinton)**

**Chuck Murphy (Gratiot)**

**Adam Petersen (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 20/21 Budget Assumptions/Pending Issues/Staffing Adjustments**

- The 20/21 Budget assumes that state/federal funding will remain flat for most programs. There is an assumption that there will be additional funding for the COVID-19 pandemic response.
- The Community Pathways Program continues to be a needed program in the communities. The Mid-Michigan Health Plan fund balance continues to fund this program.
- There is the additional program for the Montcalm Substance Abuse Prevention efforts.
- 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.

**D. FY 20/21 Budget Development Summary**

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, retirement costs, 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 overall appropriation increase for the FY 20/21 budget.

**E. Board of Health and County Requested Allocations**

<b><u>FY 20/21 County Allocation Request</u></b>	<b><u>Clinton</u></b>	<b><u>Gratiot</u></b>	<b><u>Montcalm</u></b>
FY 19/20 Appropriation Amount	\$401,279	\$286,295	\$427,904
No Increase Requested	-0-	-0-	-0-
Changes Based on Service Trends (IGA)	<u>\$(3,711)</u>	<u>\$968</u>	<u>\$2,743</u>
<b>FY 20/21 Totals = \$1,115,478</b>	<b>\$397,568</b>	<b>\$287,263</b>	<b>\$430,647</b>



# MID-MICHIGAN DISTRICT HEALTH DEPARTMENT ADMINISTRATIVE SERVICES DIVISION LOCAL APPROPRIATION CALCULATION POLICY

**Policy Number: 499.0**

**Effective Date: 03/11/2016**

**Approved By: Marcus Cheatham, Health Officer and by**

**Board of Health-8/23/17 Meeting**

**Last Review Date: 03/11/2016**

## POLICY/PURPOSE

The Mid-Michigan District Health Department (MMDHD) follows the Intergovernmental Agreement that was approved by Clinton, Gratiot, and Montcalm Counties as well as the State of Michigan in 2003. Under the Agreement, the counties provide financial support to MMDHD with annual appropriations. The Board of Health (BOH) is responsible for approving the amount of the requested total appropriations based on the proposed budget. The amount requested should be sufficient to enable MMDHD to protect the health of District residents and maintain its legal status as an accredited local health department. Once approved by the BOH, each county is responsible for approving the appropriation request.

The Intergovernmental Agreement includes a specific mechanism for determining how the appropriation dollars are allocated among the three counties which MMDHD shall implement. The Agreement says, *The contribution request scheduled shall be 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.* The appropriations are to be recalculated annually.

## PROCEDURE

The procedure for determining the appropriations has four parts: 1) Preparation of the Budget; 2) Determination of the total amount of the requested appropriations, 3) Computation of the Level of Effort (estimate of the actual staff time) worked for the past five years, and 4) Allocation of the percent of effort and the base to the requested appropriation amount to determine the final appropriations.

The requested appropriations are allocated based on percent of effort. Percent of effort will be determined by the average number of services performed in each program in each county for the past five years, which in turn should equate to staffing levels needed for each program.

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Original Policy Date: 03/11/2016

Supersedes Policy Date: NEW

Original Policy Name: N/A

Original Policy Number: N/A



# MID-MICHIGAN DISTRICT HEALTH DEPARTMENT ADMINISTRATIVE SERVICES DIVISION LOCAL APPROPRIATION CALCULATION POLICY

**Policy Number: 499.0**

**Effective Date: 03/11/2016**

**Approved By: Marcus Cheatham, Health Officer and by**

**Board of Health-8/23/17 Meeting**

*Mark W. Cheatham*

**Last Review Date: 03/11/2016**

**For illustrative purposes only:**

**STEP 1: Develop the Budget**

*Proposed budget for three programs (Expenses-Revenues=Local Dollars):*

WIC – \$5,000 Local Dollars  
FOOD – \$10,000 Local Dollars  
WATER – \$50,000 Local Dollars

TOTAL BUDGET: \$65,000

**STEP 2: Determine Level of Effort Percentage**

**AND**

**STEP 3: Calculate Proposed Local Dollars**

<sup>2</sup>Proposed Local Dollars equals percent of effort multiplied by proposed budget amount for each program.

WIC Program – proposed budget of **\$5,000** local dollars (Expenses-Revenues=Local Dollars)

COUNTY	WIC SERVICES	(STEP 2) % OF EFFORT <sup>1</sup>	PROPOSED BUDGET	(STEP 3) PROPOSED LOCAL DOLLARS <sup>2</sup>
Clinton	1,000	25%	\$5,000	\$1,250
Gratiot	1,400	35%	\$5,000	\$1,750
Montcalm	1,600	40%	\$5,000	\$2,000
<b>TOTALS:</b>	<b>4,000</b>			<b>\$5,000</b>

<sup>1</sup>Services divided by Total Services equals percent of effort.

Original Policy Date: 03/11/2016

Supersedes Policy Date: NEW

Original Policy Name: N/A

Original Policy Number: N/A



# MID-MICHIGAN DISTRICT HEALTH DEPARTMENT ADMINISTRATIVE SERVICES DIVISION LOCAL APPROPRIATION CALCULATION POLICY

**Policy Number: 499.0**

**Effective Date: 03/11/2016**

**Approved By: Marcus Cheatham, Health Officer and by**

**Board of Health-8/23/17 Meeting**

**Last Review Date: 03/11/2016**

Food Program – proposed budget of **\$10,000** local dollars (Expenses-Revenues=Local Dollars)

COUNTY	FOOD SERVICES	% OF EFFORT <sup>1</sup>	PROPOSED BUDGET	PROPOSED LOCAL DOLLARS <sup>2</sup>
Clinton	400	40%	\$10,000	\$4,000
Gratiot	300	30%	\$10,000	\$3,000
Montcalm	300	30%	\$10,000	\$3,000
<b>TOTAL:</b>	<b>1,000</b>			<b>\$10,000</b>

Water Program – proposed budget of **\$50,000** local dollars (Expenses-Revenues=Local Dollars)

COUNTY	WATER SERVICES	% OF EFFORT <sup>1</sup>	PROPOSED BUDGET	PROPOSED LOCAL DOLLARS <sup>2</sup>
Clinton	1,000	50%	\$50,000	\$25,000
Gratiot	600	30%	\$50,000	\$15,000
Montcalm	400	20%	\$50,000	\$10,000
<b>TOTAL:</b>	<b>2,000</b>			<b>\$50,000</b>

<sup>1</sup>Services divided by Total Services equals percent of effort.

<sup>2</sup>Proposed Local Dollars equals percent of effort multiplied by proposed budget amount for each program.

### STEP 4: Calculate overall level of effort percentage

From the program tables above, insert the Proposed Local Dollars from each program for each County.

COUNTY	WIC	FOOD	WATER	TOTALS
Clinton	\$1,250	\$4,000	\$25,000	\$30,250
Gratiot	\$1,750	\$3,000	\$15,000	\$19,750
Montcalm	\$2,000	\$3,000	\$10,000	\$15,000

Original Policy Date: 03/11/2016

Supersedes Policy Date: NEW

Original Policy Name: N/A

Original Policy Number: N/A



# MID-MICHIGAN DISTRICT HEALTH DEPARTMENT ADMINISTRATIVE SERVICES DIVISION LOCAL APPROPRIATION CALCULATION POLICY

**Policy Number: 499.0**

**Effective Date: 03/11/2016**

**Approved By: Marcus Cheatham, Health Officer and by**

**Board of Health-8/23/17 Meeting**

*Mark W. Cheatham*

**Last Review Date: 03/11/2016**

Using the Totals column in the above table, divide each Total by the Budget amount (\$65,000-as determined in Step 1 above) to obtain the overall level of effort percentage.

COUNTY	OVERALL LEVEL OF EFFORT %
Clinton	47%
Gratiot	30%
Montcalm	23%

## STEP 5: Appropriation Base

Base allocation:

Clinton:	\$20,000
Gratiot:	\$15,000
Montcalm:	\$10,000
Total Base Allocation:	\$45,000

The total Proposed Local Dollars needed in the budget is \$65,000 (\$5,000, \$10,000 and \$50,000). The base is \$45,000; therefore, the difference between the Base Allocation and the Proposed Local Dollars requested is \$20,000 that must be spread across the three counties based on level of effort.

## STEP 6: Calculating the appropriation

To calculate the appropriation, multiply the difference in Proposed Local Dollars needed by the overall level of effort percentage. Then, add the base amount to get the County's appropriation amount.

COUNTY	DIFFERENCE IN BASE ALLOCATION VS PROPOSED LOCAL DOLLARS	OVERALL % OF EFFORT	LEVEL OF EFFORT DOLLARS	BASE ALLOCATION	COUNTY APPROPRIATION
Clinton	\$20,000	47%	\$9,400	\$20,000	\$29,400
Gratiot	\$20,000	30%	\$6,000	\$15,000	\$21,000

Original Policy Date: 03/11/2016

Supersedes Policy Date: NEW

Original Policy Name: N/A

Original Policy Number: N/A



**MID-MICHIGAN DISTRICT HEALTH DEPARTMENT  
ADMINISTRATIVE SERVICES DIVISION  
LOCAL APPROPRIATION CALCULATION POLICY**

**Policy Number: 499.0**

**Effective Date: 03/11/2016**

**Approved By: Marcus Cheatham, Health Officer and by**

**Board of Health-8/23/17 Meeting**

**Last Review Date: 03/11/2016**

Montcalm	\$20,000	23%	\$4,600	\$10,000	\$14,600
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Original Policy Date: 03/11/2016  
Original Policy Name: N/A

Supersedes Policy Date: NEW  
Original Policy Number: N/A

## Mid-Michigan District Health Department

FISCAL YEAR 20-21 BUDGET

10/01/2020-09/30/21

EXPENDITURE CATEGORY	ADMINISTRATIVE SERVICES	MONTCALM PREVENTION	PBB	COMMUNITY HEALTH ASSESSMENT
Salaries & Wages	601,113	144,627	11,504	26,379
Fringe Benefits	298,505	48,520	982	9,781
Capital Expense for Equipment & Facility Develop	-		-	-
Contractual (Sub-Contracts)	100,000	-	2,000	-
Supplies & Materials	25,000	9,000	500	500
Travel /Training	13,000	7,500	500	3,500
Communications	7,000	2,000	50	100
Reserves/ Facility Development	-		-	-
Space Costs	27,000	2,500	2,000	700
All Others	130,000	8,000	1,000	1,100
<b>Total Direct Expenditures</b>	<b>1,201,618</b>	<b>222,147</b>	<b>18,536</b>	<b>42,060</b>
Administrative Overhead	(1,005,517.79)	44,739	2,892	8,376
Information Technology (IT) Overhead	-	10,425	674	1,952
EH Administrative Overhead	-		-	-
CHED Administrative Overhead	-		-	-
<b>Total Expenditures</b>	<b>196,100</b>	<b>277,310</b>	<b>22,103</b>	<b>52,387</b>

### REVENUE CATEGORY

Fees 1st & 2nd Party	100			
Fees & Collections - 3rd Party				
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	24,000	2,000	2,000	700
Interest	20,000			
Deferred Revenue	50,000			
Community Support & Other Grants	50,000	275,000	20,000	-
Mid-Michigan Health Plan				
MCDC Reimbursement	12,000			
Shared Services - Health Departments	40,000			
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC				
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services				
<b>Total Revenues:</b>	<b>196,100</b>	<b>277,000</b>	<b>22,000</b>	<b>700</b>

### Local Funds (Appropriations)

<b>Local Funds</b>	<b>0</b>	<b>310</b>	<b>103</b>	<b>51,687</b>
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## Mid-Michigan District Health Department

FISCAL YEAR 20-21 BUDGET

10/01/2020-09/30/21

EXPENDITURE CATEGORY	DRUG FREE COMMUNITIES - CLINTON	EMERGENCY PREPAREDNESS	INFORMATION TECHNOLOGY	WATER
Salaries & Wages	65,308	82,295	113,399	192,009
Fringe Benefits	19,400	26,663	54,134	87,154
Capital Expense for Equipment & Facility Develop				
Contractual (Sub-Contracts)	15,000	-		24,000
Supplies & Materials	6,000	3,000	1,000	1,000
Travel /Training	10,000	7,000	6,000	18,000
Communications	100	1,000	11,000	2,000
Reserves/ Facility Development	-	-	-	-
Space Costs	6,500	4,000	2,000	6,000
All Others	6,000	100	4,000	100
<b>Total Direct Expenditures</b>	<b>128,309</b>	<b>124,058</b>	<b>191,534</b>	<b>330,263</b>
Administrative Overhead	19,621	25,238	38,806	64,662
Information Technology (IT) Overhead	4,572	5,881	(225,255)	15,067
EH Administrative Overhead				175,013
CHED Administrative Overhead				
<b>Total Expenditures</b>	<b>152,501</b>	<b>155,176</b>	<b>5,085</b>	<b>585,005</b>

### REVENUE CATEGORY

Fees 1st & 2nd Party			2,185	175,000
Fees & Collections - 3rd Party				
Federal/State Funding - NON MDHHS			900	60,015
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	6,500	4,000	2,000	6,000
Interest				
Deferred Revenue				
Community Support & Other Grants	125,000			
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				
MDHHS - CPBC		140,000		
MDHHS -FFS				
MCH Block Grant				
Essential Local Public Health Services				225,000
<b>Total Revenues:</b>	<b>131,500</b>	<b>144,000</b>	<b>5,085</b>	<b>466,015</b>

### Local Funds (Appropriations)

<b>Local Funds</b>	<b>21,001</b>	<b>11,176</b>	<b>0</b>	<b>118,990</b>
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## Mid-Michigan District Health Department

FISCAL YEAR 20-21 BUDGET  
10/01/2020-09/30/21

EXPENDITURE CATEGORY	BODY ART	ENVIRONMENTAL HEALTH ADMINISTRATION	FOOD	ENVIRONMENTAL HEALTH GENERAL
Salaries & Wages	2,035	275,444	213,995	46,879
Fringe Benefits	1,230	108,683	90,645	18,519
Capital Expense for Equipment & Facility Develop				
Contractual (Sub-Contracts)		2,000		
Supplies & Materials	100	9,000	14,000	100
Travel /Training	100	12,500	14,000	2,000
Communications	50	7,000	1,500	200
Reserves/ Facility Development	-	-	-	-
Space Costs	100	40,000	7,000	1,000
All Others	-	32,000	100	-
<b>Total Direct Expenditures</b>	<b>3,616</b>	<b>486,628</b>	<b>341,240</b>	<b>68,698</b>
Administrative Overhead	756	88,976	70,564	15,148
Information Technology (IT) Overhead	176	20,732	16,442	3,530
EH Administrative Overhead	2,047	(556,335)	190,986	40,999
CHED Administrative Overhead				
<b>Total Expenditures</b>	<b>6,596</b>	<b>40,000</b>	<b>619,232</b>	<b>128,375</b>

### REVENUE CATEGORY

Fees 1st & 2nd Party	1,500	-	315,000	45,000
Fees & Collections - 3rd Party				
Federal/State Funding - NON MDHHS				25,000
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	100	40,000	7,000	1,000
Interest				
Deferred Revenue				
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			225,000	-
<b>Total Revenues:</b>	<b>1,600</b>	<b>40,000</b>	<b>547,000</b>	<b>71,000</b>

### Local Funds (Appropriations)

<b>Local Funds</b>	<b>4,996</b>	<b>0</b>	<b>72,232</b>	<b>57,375</b>
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## Mid-Michigan District Health Department

FISCAL YEAR 20-21 BUDGET

10/01/2020-09/30/21

EXPENDITURE CATEGORY	NUISANCE	SEWAGE	MCH - Prenatal Smoking	IBLCLC
Salaries & Wages	13,728	150,467	5,024	22,275
Fringe Benefits	5,557	65,190	1,776	12,475
Capital Expense for Equipment & Facility Develop				
Contractual (Sub-Contracts)				
Supplies & Materials	100	1,000	5,000	1,500
Travel /Training	1,000	18,000	-	2,000
Communications	100	2,000	50	1,000
Reserves/ Facility Development	-	-	-	-
Space Costs	500	6,000	-	500
All Others	-	100	-	100
<b>Total Direct Expenditures</b>	<b>20,985</b>	<b>242,757</b>	<b>11,850</b>	<b>39,850</b>
Administrative Overhead	4,467	49,953	1,575	8,049
Information Technology (IT) Overhead	1,041	11,640	367	1,876
EH Administrative Overhead	12,090	135,200	4,263	
CHED Administrative Overhead			1,797	9,183
<b>Total Expenditures</b>	<b>38,583</b>	<b>439,549</b>	<b>19,852</b>	<b>58,958</b>

### REVENUE CATEGORY

Fees 1st & 2nd Party	-	185,000		-
Fees & Collections - 3rd Party				18,000
Federal/State Funding - NON MDHHS	-			
MA Full Cost Reimbursement				
VFC 317				
Cigarette Tax				
Space	500	6,000	-	500
Interest				
Deferred Revenue				
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			5,000	40,000
Essential Local Public Health Services		210,000		-
<b>Total Revenues:</b>	<b>500</b>	<b>401,000</b>	<b>5,000</b>	<b>58,500</b>

### Local Funds (Appropriations)

<b>Local Funds</b>	<b>38,083</b>	<b>38,549</b>	<b>14,852</b>	<b>458</b>
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## Mid-Michigan District Health Department

FISCAL YEAR 20-21 BUDGET

10/01/2020-09/30/21

EXPENDITURE CATEGORY	BLOOD LEAD	COMMUNITY HEALTH ADMINISTRATION	BCCCP	COMMUNICABLE DISEASE
Salaries & Wages	14,751	252,310	3,164	76,133
Fringe Benefits	5,943	108,947	899	16,102
Capital Expense for Equipment & Facility Develop				
Contractual (Sub-Contracts)		5,000	-	
Supplies & Materials	9,000	17,000	100	3,500
Travel /Training	200	12,000	100	1,500
Communications	50	8,000	50	3,000
Reserves/ Facility Development	-	-	-	
Space Costs	1,000	130,000	100	2,500
All Others	100	50,000	-	1,500
<b>Total Direct Expenditures</b>	<b>31,044</b>	<b>583,257</b>	<b>4,413</b>	<b>104,235</b>
Administrative Overhead	4,793	83,678	941	21,365
Information Technology (IT) Overhead	1,117	19,498	219	4,978
EH Administrative Overhead				
CHED Administrative Overhead	5,469	(556,333)	1,074	24,374
<b>Total Expenditures</b>	<b>42,423</b>	<b>130,100</b>	<b>6,648</b>	<b>154,952</b>

### REVENUE CATEGORY

Fees 1st & 2nd Party	-	100		2,000
Fees & Collections - 3rd Party	15,000		5,000	
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement	5,000			
VFC 317				
Cigarette Tax				
Space	1,000	130,000	100	2,500
Interest				
Deferred Revenue				
Community Support & Other Grants				
Mid-Michigan Health Plan			-	
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC				100,000
MDHHS - CPBC				
MDHHS -FFS				
MCH Block Grant	5,000			
Essential Local Public Health Services				50,000
<b>Total Revenues:</b>	<b>26,000</b>	<b>130,100</b>	<b>5,100</b>	<b>154,500</b>

### Local Funds (Appropriations)

<b>Local Funds</b>	<b>16,423</b>	<b>0</b>	<b>1,548</b>	<b>452</b>
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## Mid-Michigan District Health Department

FISCAL YEAR 20-21 BUDGET

10/01/2020-09/30/21

EXPENDITURE CATEGORY	CHILDRENS SPECIAL HEALTH CARE SERVICES	COMMUNITY PATHWAYS	FAMILY PLANNING	HEARING
Salaries & Wages	139,414	65,693	158,264	39,540
Fringe Benefits	57,326	41,407	73,780	9,564
Capital Expense for Equipment & Facility Develop				
Contractual (Sub-Contracts)		-		
Supplies & Materials	1,000	3,500	42,000	500
Travel /Training	1,000	12,000	8,000	4,000
Communications	100	3,000	100	1,000
Reserves/ Facility Development		-		-
Space Costs	4,500	3,500	7,000	2,000
All Others	-	1,000	7,500	1,000
<b>Total Direct Expenditures</b>	<b>203,340</b>	<b>130,100</b>	<b>296,645</b>	<b>57,604</b>
Administrative Overhead	45,571	24,808	53,749	11,374
Information Technology (IT) Overhead	10,619	5,780	12,524	2,650
EH Administrative Overhead				
CHED Administrative Overhead	51,990	28,302	61,320	12,976
<b>Total Expenditures</b>	<b>311,519</b>	<b>188,990</b>	<b>424,237</b>	<b>84,604</b>

### REVENUE CATEGORY

Fees 1st & 2nd Party		100	10,000	1,000
Fees & Collections - 3rd Party			130,000	17,000
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement	80,000		75,000	
VFC 317				
Cigarette Tax				-
Space	4,500	3,500	6,000	2,000
Interest				
Deferred Revenue				
Community Support & Other Grants			-	
Mid-Michigan Health Plan		185,000		
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				500
MDHHS - CPBC	113,000		200,000	
MDHHS - CPBC				
MDHHS -FFS	55,000			
MCH Block Grant				
Essential Local Public Health Services				49,235
<b>Total Revenues:</b>	<b>252,500</b>	<b>188,600</b>	<b>421,000</b>	<b>69,735</b>

### Local Funds (Appropriations)

<b>Local Funds</b>	<b>59,019</b>	<b>390</b>	<b>3,237</b>	<b>14,869</b>
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## Mid-Michigan District Health Department

### FISCAL YEAR 20-21 BUDGET

10/01/2020-09/30/21

EXPENDITURE CATEGORY	HIV	IMMUNIZATIONS	IMMUNIZATION ACTION PLAN	MEDICAID OUTREACH
Salaries & Wages	12,717	77,458	83,413	85,853
Fringe Benefits	2,932	38,896	36,015	44,014
Capital Expense for Equipment & Facility Develop				
Contractual (Sub-Contracts)				
Supplies & Materials	5,000	400,000	2,000	800
Travel /Training	500	2,000	4,000	3,000
Communications	100	500	100	100
Reserves/ Facility Development	-		-	-
Space Costs	200	5,000	2,000	2,500
All Others	-	1,500	-	-
<b>Total Direct Expenditures</b>	<b>21,449</b>	<b>525,355</b>	<b>127,528</b>	<b>136,267</b>
Administrative Overhead	3,625	26,951	27,663	30,081
Information Technology (IT) Overhead	845	6,280	6,446	7,009
EH Administrative Overhead				
CHED Administrative Overhead	4,135	30,748	31,560	34,319
<b>Total Expenditures</b>	<b>30,054</b>	<b>589,334</b>	<b>193,197</b>	<b>207,676</b>

### REVENUE CATEGORY

Fees 1st & 2nd Party	1,100	30,000		-
Fees & Collections - 3rd Party		120,000		
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement		25,000	35,000	103,838
VFC 317		300,000		
Cigarette Tax				
Space	200	4,000	2,000	2,500
Interest				
Deferred Revenue				
Community Support & Other Grants				
Mid-Michigan Health Plan			-	
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC	20,000	28,000	80,638	
MDHHS - CPBC				
MDHHS -FFS			15,000	
MCH Block Grant			-	
Essential Local Public Health Services		65,000		
<b>Total Revenues:</b>	<b>21,300</b>	<b>572,000</b>	<b>132,638</b>	<b>106,338</b>

### Local Funds (Appropriations)

<b>Local Funds</b>	<b>8,754</b>	<b>17,334</b>	<b>60,559</b>	<b>101,338</b>
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## Mid-Michigan District Health Department

FISCAL YEAR 20-21 BUDGET

10/01/2020-09/30/21

EXPENDITURE CATEGORY	MCIR	STD	VISION	WIC
Salaries & Wages	89,392	31,537	46,554	388,821
Fringe Benefits	45,134	10,724	11,009	205,984
Capital Expense for Equipment & Facility Develop				
Contractual (Sub-Contracts)				
Supplies & Materials	10,000	150	500	8,000
Travel /Training	6,500	500	3,000	12,000
Communications	2,000	100	100	4,000
Reserves/ Facility Development	-	-	-	-
Space Costs	2,500	1,000	2,000	27,000
All Others	-	500	1,000	2,800
<b>Total Direct Expenditures</b>	<b>155,527</b>	<b>44,511</b>	<b>64,163</b>	<b>648,605</b>
Administrative Overhead	31,160	9,789	13,333	137,775
Information Technology (IT) Overhead	7,261	2,281	3,107	32,103
EH Administrative Overhead				
CHED Administrative Overhead	35,550	11,168	15,211	157,182
<b>Total Expenditures</b>	<b>229,498</b>	<b>67,749</b>	<b>95,814</b>	<b>975,665</b>

### REVENUE CATEGORY

Fees 1st & 2nd Party		2,000	1,000	
Fees & Collections - 3rd Party		8,000	12,000	
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement		10,000		-
VFC 317				
Cigarette Tax				
Space	2,500	1,000	2,000	24,000
Interest				
Deferred Revenue				
Community Support & Other Grants				
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC	150,000			702,000
MDHHS - CPBC				
MDHHS -FFS	-			
MCH Block Grant				
Essential Local Public Health Services		25,000	49,235	
<b>Total Revenues:</b>	<b>152,500</b>	<b>46,000</b>	<b>64,235</b>	<b>726,000</b>

### Local Funds (Appropriations)

<b>Local Funds</b>	<b>76,998</b>	<b>21,749</b>	<b>31,579</b>	<b>249,665</b>
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## Mid-Michigan District Health Department

FISCAL YEAR 20-21 BUDGET

10/01/2020-09/30/21

EXPENDITURE CATEGORY	WIC PEER COUNSELING	COMMUNITY HEALTH GENERAL	ORAL HEALTH	CLINICAL VARNISH
Salaries & Wages	57,282	13,672	6,494	32,468
Fringe Benefits	14,053	4,071	3,873	19,363
Capital Expense for Equipment & Facility Develop				
Contractual (Sub-Contracts)				
Supplies & Materials	1,500	800	1,000	1,200
Travel /Training	3,000	1,500	1,000	500
Communications	1,500	100	100	100
Reserves/ Facility Development	-	-	-	-
Space Costs	5,000	800	400	2,000
All Others	1,000	-	100	200
<b>Total Direct Expenditures</b>	<b>83,336</b>	<b>20,943</b>	<b>12,966</b>	<b>55,832</b>
Administrative Overhead	16,523	4,110	2,401	12,006
Information Technology (IT) Overhead	3,850	958	559	2,797
EH Administrative Overhead				
CHED Administrative Overhead	18,851	4,689	2,739	13,697
<b>Total Expenditures</b>	<b>122,560</b>	<b>30,699</b>	<b>18,666</b>	<b>84,332</b>

### REVENUE CATEGORY

Fees 1st & 2nd Party		1,100	-	
Fees & Collections - 3rd Party			-	15,000
Federal/State Funding - NON MDHHS				
MA Full Cost Reimbursement			-	-
VFC 317				
Cigarette Tax				
Space	5,000	800	400	2,000
Interest				
Deferred Revenue				
Community Support & Other Grants		10,000	-	50,000
Mid-Michigan Health Plan				
MCDC Reimbursement				
Shared Services - Health Departments				
County Reimbursement				
MDHHS - CPBC	115,000			
MDHHS - CPBC				
MDHHS -FFS				
MCH Block Grant			18,000	17,204
Essential Local Public Health Services				
<b>Total Revenues:</b>	<b>120,000</b>	<b>11,900</b>	<b>18,400</b>	<b>84,204</b>

### Local Funds (Appropriations)

<b>Local Funds</b>	<b>2,560</b>	<b>18,799</b>	<b>266</b>	<b>128</b>
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## Mid-Michigan District Health Department

### FISCAL YEAR 20-21 BUDGET

10/01/2020-09/30/21

EXPENDITURE CATEGORY	TOTAL	Prior Year Budget(19-20)	Difference
Salaries & Wages	3,641,415	3,424,841	216,574
Fringe Benefits	1,599,251	1,450,563	148,688
Capital Expense for Equipment & Facility Develop	-	-	-
Contractual (Sub-Contracts)	148,000	114,000	34,000
Supplies & Materials	584,350	563,000	21,350
Travel /Training	191,400	183,000	8,400
Communications	59,250	66,000	(6,750)
Reserves/ Facility Development	-	-	-
Space Costs	306,800	278,450	28,350
All Others	250,800	229,600	21,200
<b>Total Direct Expenditures</b>	<b>6,781,265</b>	<b>6,309,453</b>	<b>471,812</b>
Administrative Overhead	(0)	(0)	-
Information Technology (IT) Overhead	(0)	(0)	-
EH Administrative Overhead	4,263	0	-
CHED Administrative Overhead	(0)	(0)	-
<b>Total Expenditures</b>	<b>6,785,528</b>	<b>6,309,453</b>	<b>476,075</b>

### REVENUE CATEGORY

Fees 1st & 2nd Party	772,185	738,595.00	33,590
Fees & Collections - 3rd Party	340,000	310,000.00	30,000
Federal/State Funding - NON MDHHS	85,915	77,255.00	8,660
MA Full Cost Reimbursement	333,838	278,282.65	55,555
VFC 317	300,000	300,000.00	-
Cigarette Tax	-	-	-
Space	298,300	270,950.00	27,350
Interest	20,000	20,000.00	-
Deferred Revenue	50,000	61,000.00	(11,000)
Community Support & Other Grants	530,000	133,000.00	397,000
Mid-Michigan Health Plan	185,000	250,000.00	(65,000)
MCDC Reimbursement	12,000	12,000.00	-
Shared Services - Health Departments	40,000	40,000.00	-
County Reimbursement	500	3,500.00	(3,000)
MDHHS - CPBC	1,508,638	-	1,508,638
MDHHS - CPBC	140,000	1,597,188.00	(1,457,188)
MDHHS -FFS	70,000	62,000.00	8,000
MCH Block Grant	85,204	85,204.00	-
Essential Local Public Health Services	898,470	885,000.00	13,470
<b>Total Revenues:</b>	<b>5,670,050</b>	<b>5,123,975</b>	<b>546,075</b>

### Local Funds (Appropriations)

<b>Local Funds</b>	<b>1,115,478</b>	<b>1,185,478</b>	<b>(70,000)</b>
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**COMMUNITY HEALTH EDUCATION DIVISION  
FEE SCHEDULE  
Proposed - FY 20/21**

<i>Procedure Code</i>	<i>Procedure Name</i>	<i>FY 19/20</i>	<i>Revised Approved FY 19/20</i>	<i>Effective Date</i>	<i>Proposed FY 20/21</i>
10060	I & D Simple	\$ 170.00			\$ 170.00
10120	FOREIGN BODY, SIMPLE	\$ 285.00			\$ 285.00
CSHCS	CASE MANAGEMENT Title 5	\$ 205.00			\$ 201.58
CSHCS	CASE MANAGEMENT Title 5 & 19	\$ 205.00			\$ 201.58
CSHCS	LEVEL I POC - HOME Title 5	\$ 150.00			\$ 150.00
CSHCS	LEVEL I POC - HOME Title 5 & 19	\$ 150.00			\$ 150.00
CSHCS	LEVEL I POC - PHONE Title 5	\$ 110.00			\$ 110.00
CSHCS	LEVEL I POC - PHONE Title 5 & 19	\$ 110.00			\$ 110.00
CSHCS	Level II Care Coord. Title 5	\$ 30.00			\$ 30.00
CSHCS	Level II Care Coord. Title 5 & 19	\$ 30.00			\$ 30.00
11055	PARING OR CUTTING LESION (single)	\$ 90.00			\$ 90.00
11056	PARING OR CUTTING LESIONS (2-4)	\$ 98.00			\$ 98.00
11057	PARING OR CUTTING LESIONS (over 4)	\$ 120.00			\$ 120.00
11100	LESION, BIOPSY (1)	\$ 150.00			\$ 150.00
11101	LESION, Bx EA. ADDTL.	\$ 55.00			\$ 55.00
11200	EXC. SKIN TAG LESION	\$ 130.00			\$ 130.00
11201	REMOVE SKIN TAGS ADD-ON (EXCISION, LESION EA ADD'L 10)	\$ 55.00			\$ 55.00
11719	TRIMMING OF NAILS	\$ 50.00			\$ 50.00
11730	AVULSION NAIL PLATE	\$ 150.00			\$ 150.00
11750	EXCISION NAIL, (PERMANENT)	\$ 335.00			\$ 335.00
11765	EXCISION SKIN WEDGE, INGROWN NAIL	\$ 235.00			\$ 235.00
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	\$ 321.00			\$ 321.00
LAB	STATE LAB FEE - BL	\$ 18.00			\$ 18.00
LAB	Lab Fee-CT/GC	\$ 17.00			\$ 17.00
CONTRACT	HEIGHT/WEIGHT MEASUREMENT	\$ 1.00			\$ 1.00
LAB	COURT ORDERED TESTING	\$ 170.00			\$ 170.00
LAB	HERPES CULTURE	\$ 11.50			\$ 11.50
SIDS	INFANT LOSS SUPPORT	\$ 125.00			\$ 125.00
14005	TOBACCO EDUCATION CLASS	\$ 25.00			\$ 25.00
14500	VBA - IMO WITH EXAM (VETERAN EXAM)	\$ 50.00			\$ 50.00
14501	VBA - IMO W/O EXAM (VETERAN EXAM)	\$ 75.00			\$ 75.00
14502	VBA - LEVEL II (VETERAN EXAM)	\$ 210.00			\$ 210.00
14503	VBA - LEVEL I (VETERAN EXAM)	\$ 260.00			\$ 260.00
14504	VBA - COMPREHENSIVE (VETERAN EXAM)	\$ 310.00			\$ 310.00
14505	VHA - LEVEL A (VETERAN EXAM)	\$ 120.00			\$ 120.00
14506	VHA - LEVEL B (VETERAN EXAM)	\$ 230.00			\$ 230.00
14507	VHA - LEVEL C (VETERAN EXAM)	\$ 350.00			\$ 350.00

**COMMUNITY HEALTH EDUCATION DIVISION**  
**FEE SCHEDULE**  
**Proposed - FY 20/21**

<i>Procedure Code</i>	<i>Procedure Name</i>	<i>FY 19/20</i>	<i>Revised Approved FY 19/20</i>	<i>Effective Date</i>	<i>Proposed FY 20/21</i>
14508	VHA - LEVEL D (VETERAN EXAM)	\$ 500.00			\$ 500.00
14509	VHA - LEVEL E (VETERAN EXAM)	\$ 625.00			\$ 625.00
16000	BURN CARE	\$ 120.00			\$ 120.00
17000	LESION, DESTRUCT, PREMALIGN (1)	\$ 105.00			\$ 105.00
17003	LESION, DESTRUCT, PRMALIGN. EA ADDTL	\$ 25.00			\$ 25.00
17110	LESION, DESTRUCT, BENIGN (1-14)	\$ 160.00			\$ 160.00
17111	DESTRUCT LESION, 15 OR MORE	\$ 200.00			\$ 200.00
20526	INJ., THERAPEUTIC	\$ 100.00			\$ 100.00
20550	INJ., TENDON SHEATH, LIGAMENT	\$ 105.00			\$ 105.00
20552	INJ., SINGLE/MULT. TRIG PT. 1-2 MUSCLES	\$ 100.00			\$ 100.00
20553	INJ., SINGLE/MULT. TRIG PT. 3+ MUSCLES	\$ 110.00			\$ 110.00
20600	ARTHROCENTESIS	\$ 90.00			\$ 90.00
20605	ARTHRO/ASP/INJ INTERM. W/O ULTRASOUND	\$ 90.00			\$ 90.00
20610	ARTHRO/ASP/INJ MAJOR	\$ 92.00			\$ 92.00
29580	UNNA BOOT	\$ 100.00			\$ 100.00
30901	CONTROL NASAL HEMORRHAGE	\$ 145.00			\$ 145.00
36415	VENIPUNCTURE BLOOD DRAW	\$ 30.00			\$ 30.00
36416	CAPILLARY BLOOD DRAW	\$ 10.00			\$ 10.00
36416	BLOOD LEAD INCENTIVE FEE (as permitted by Insurance carrier)	\$ 25.00			\$ 25.00
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	\$ 900.00			\$ 900.00
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
58300	IUS INSERT	\$ 100.00			\$ 100.00
58301	IUS REMOVAL	\$ 135.00	\$ 135.00	2/1/2019	\$ 135.00
69200	REMOVE FOREIGN BODY, EAR CANAL	\$ 295.00			\$ 295.00
69210	EAR IRRIGATION	\$ 70.00			\$ 70.00
80300	DRUG SCREEN	\$ 75.00			\$ 75.00
81000	URINALYSIS, NONAUTO W/SC	\$ 12.00			\$ 12.00
81002	URINALYSIS, DIPSTICK	\$ 15.00			\$ 15.00
81025	PREGNANCY TEST	\$ 10.00			\$ 10.00

**COMMUNITY HEALTH EDUCATION DIVISION  
FEE SCHEDULE  
Proposed - FY 20/21**

<i>Procedure Code</i>	<i>Procedure Name</i>	<i>FY 19/20</i>	<i>Revised Approved FY 19/20</i>	<i>Effective Date</i>	<i>Proposed FY 20/21</i>
82044	MICROALBUMIN, SEMIQUANT	\$ 12.00			\$ 12.00
82120	VAGINAL FLUID CHEMICAL ANALYSIS FOR BACTERIA	\$ 6.00		3/22/2019	\$ 6.00
82270	FECAL OCCULT BLOOD TEST	\$ 25.00			\$ 25.00
82272	FECAL OCCULT BLOOD SCREENING	\$ 5.00			\$ 5.00
82962	BLOOD GLUCOSE MONITOR	\$ 25.00			\$ 25.00
83036	GLYCATED HEMOGLOBIN TEST	\$ 15.00			\$ 15.00
83655	LEAD LEVEL	\$ 15.00		3/22/2019	\$ 15.00
83986	BODY FLUID PH LEVEL	\$ 3.00		3/22/2019	\$ 3.00
85018	HEMOGLOBIN TESTING	\$ 5.00			\$ 5.00
86580	TB TEST (TUBERSOL)	\$ 20.00			\$ 20.00
87210	WET MOUNT FOR KOH PREPS	\$ 13.00			\$ 13.00
87661	DETECTION TEST FOR TRICHOMONAS VAGINALIS	\$ 11.50		3/22/2019	\$ 11.50
87880	STREP GRP A SCREEN	\$ 25.00			\$ 25.00
90471	ADMINISTRATION FEE - 1ST	\$ 20.00			\$ 20.00
90472	ADMINISTRATION FEE - EACH ADD	\$ 20.00			\$ 20.00
90473	ADMINISTRATION FEE-INTRANASAL/ORAL VAC	\$ 20.00			\$ 20.00
90474	ADMINISTRATION OF NASAL OR ORAL VACCINE	\$ 20.00		3/22/2019	\$ 20.00
90620	MEN B PP	MKT + 10%			MKT + 10%
90632	HEP A ADULT PP	MKT + 10%			MKT + 10%
90633	HEP A PED PP	MKT + 10%			MKT + 10%
90647	HIB VACCINE, PRP-OMP, IM	MKT + 10%			MKT + 10%
90651	HPV9 PP	MKT + 10%			MKT + 10%
90662	IIV3 HIGH DOSE 65YR+ PP	\$ 50.00			\$ 55.00
90670	PREVNAR (PCV-13) PP	MKT + 10%			MKT + 10%
90672	LAIV4 PP	\$ 25.00			\$ 25.00
90675	RABIES	MKT + 10%			MKT + 10%
90686	IIV4 PF 6 MONTHS	\$ 20.00			\$ 25.00
90688	IIV4 MDV 6 MONTH	\$ 20.00			\$ 25.00
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	MKT + 10%			MKT + 10%
90714	Td PP	MKT + 10%			MKT + 10%
90715	TDAP vaccine, 7+ years old	MKT + 10%			MKT + 10%
90716	VARICELLA - VARIVAX	MKT + 10%			MKT + 10%
90723	DTAP-HEP B-IPV VACCINE,	MKT + 10%			MKT + 10%
90732	PPSV23	MKT + 10%			MKT + 10%
90734	MCV4	MKT + 10%			MKT + 10%
90736	ZOSTER (SHINGLES) VACCINE (HZV), LIVE, FOR SUBCUTANEOUS INJ	MKT + 10%			MKT + 10%

**COMMUNITY HEALTH EDUCATION DIVISION**  
**FEE SCHEDULE**  
**Proposed - FY 20/21**

<i>Procedure Code</i>	<i>Procedure Name</i>	<i>FY 19/20</i>	<i>Revised Approved FY 19/20</i>	<i>Effective Date</i>	<i>Proposed FY 20/21</i>
90744	HEPB VACC PED/ADOL 3 DOS	MKT + 10%			MKT + 10%
90746	HEP B VACCINE, ADULT, IM	MKT + 10%			MKT + 10%
90748	HEP B/HIB VACCINE, IM	MKT + 10%			MKT + 10%
90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUBCUTANEOUS INJ	MKT + 10%			MKT + 10%
90772	DEPO PROVERA INJECTION, 1 MG.	\$ 194.00			\$ 194.00
93000	EKG W/INTERPRET	\$ 50.00			\$ 50.00
94010	SPIROMETRY WITHOUT BRONCHODILATION	\$ 65.00			\$ 65.00
94060	SPIROMETRY WITH BRONCHODILATION	\$ 110.00			\$ 110.00
94640	AIRWAY INHALATION TREATMENT	\$ 40.00			\$ 40.00
94664	NEBULIZER DEMO	\$ 30.00			\$ 30.00
95000	COPIES OF MEDICAL RECORDS	\$ 0.25			\$ 0.25
96154	ISS VISIT-DRUG EXP.	\$ 100.00			\$ 100.00
96372	THERAPEUTIC, PROPHYLACTIC INJECT	\$ 35.00	\$ 35.00	2/1/2019	\$ 35.00
97597	WOUND CARE	\$ 195.00			\$ 195.00
99071	PATIENT EDUCATION MATERIALS PROVIDED	\$ 25.00			\$ 25.00
99172	VISION SCREEN	\$ 10.00			\$ 10.00
99195	COURT ORDERED TESTING	\$ 170.00		3/22/2019	\$ 170.00
99201	OFFICE VISIT, NEW	\$ 75.00			\$ 75.00
99202	OFFICE VISIT, NEW	\$ 115.00			\$ 115.00
99203	OFFICE VISIT, NEW	\$ 160.00			\$ 160.00
99204	OFFICE VISIT, NEW	\$ 225.00			\$ 225.00
99205	OFFICE/OUTPATIENT VISIT,	\$ 250.00			\$ 250.00
99211	OFFICE VISIT, ESTABLISHED LEVEL 1	\$ 28.00	\$ 28.00	2/1/2019	\$ 28.00
99212	OFFICE VISIT, ESTABLISHED LEVEL 2	\$ 60.00			\$ 60.00
99213	OFFICE VISIT, ESTABLISHED 3	\$ 105.00			\$ 105.00
99214	OFFICE VISIT, ESTABLISHED 4	\$ 150.00			\$ 150.00
99215	OFFICE VISIT, ESTABLISHED 5	\$ 200.00			\$ 200.00
99242	OFFICE VISIT, CONSULTATION LEVEL 2	\$ 135.00			\$ 135.00
99243	OFFICE VISIT, CONSULTATION LEVEL 3	\$ 185.00			\$ 185.00
99244	OFFICE VISIT, CONSULTATION LEVEL 4	\$ 275.00			\$ 275.00
99245	OFFICE VISIT, CONSULTATION LEVEL 5	\$ 335.00			\$ 335.00
99383	INITIAL EXAM 5-11 YRS	\$ 160.00			\$ 160.00
99384	INITIAL EXAM 12-17 YRS	\$ 190.00	\$ 190.00	2/1/2019	\$ 190.00
99385	INITIAL EXAM 18-39 YRS	\$ 185.00	\$ 185.00	2/1/2019	\$ 185.00
99386	PREV VISIT, NEW, AGE 40-64 YRS	\$ 215.00	\$ 215.00	2/1/2019	\$ 215.00
99387	INITIAL EXAM 65+ YRS	\$ 225.00			\$ 225.00
99391	PREVENTATIVE VISIT, ESTABLISHED, INFANT	\$ 195.00			\$ 195.00
99392	PREVENTATIVE VISIT, ESTABLISHED, 1-4 YRS	\$ 205.00			\$ 205.00
99393	PREVENTATIVE VISIT, ESTABLISHED, 5-11 YRS	\$ 140.00			\$ 140.00

**COMMUNITY HEALTH EDUCATION DIVISION  
FEE SCHEDULE  
Proposed - FY 20/21**

<i>Procedure Code</i>	<i>Procedure Name</i>	<i>FY 19/20</i>	<i>Revised Approved FY 19/20</i>	<i>Effective Date</i>	<i>Proposed FY 20/21</i>
99394	PREVENTATIVE VISIT, ESTABLISHED 12-17 YRS	\$ 165.00			\$ 165.00
99395	PREVENTATIVE VISIT, ESTABLISHED, 18-39 YRS	\$ 170.00			\$ 170.00
99396	PREVENTATIVE VISIT, ESTABLISHED, 40-64 YRS	\$ 185.00			\$ 185.00
99397	PREVENTATIVE VISIT, ESTABLISHED 65+ YRS	\$ 195.00			\$ 195.00
99401	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING-15 MINUTES	\$ 55.00			\$ 55.00
99402	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING-30 MINUTES	\$ 135.00			\$ 135.00
99403	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING-45 MINUTES	\$ 150.00			\$ 150.00
99404	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING-60 MINUTES	\$ 171.00			\$ 171.00
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
90715	TDAP	MKT + 10%			MKT + 10%
90744	HEP B PED	MKT + 10%			MKT + 10%
90746	HEP B ADULT	MKT + 10%			MKT + 10%
99202	PARTIAL EXAM, NEW	\$ 85.00			\$ 85.00
99211	NURSE ONLY VISIT	\$ 45.00			\$ 45.00
99212	PARTIAL EXAM, ESTABLISHED	\$ 60.00			\$ 60.00
99213	OFFICE VISIT, ESTABLISHED	\$ 80.00			\$ 80.00
99385	BC/WH - INITIAL EXAM 18-39	\$ 160.00			\$ 160.00
99386	INITIAL EXAM 40-64 YRS	\$ 180.00			\$ 180.00
99395	ESTABLISHED EXAM 40-64 YRS	\$ 140.00			\$ 140.00
99396	ESTABLISHED EXAM 40-64 YRS	\$ 150.00			\$ 150.00
99402	HOME VISIT	\$ 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 - HEP B	\$ 20.00			\$ 20.00
G0010	ADMINISTRATION FEE - MEDICARE PNEUMOCOCCAL	\$ 10.00			\$ 10.00
G0091	PAP	\$ 70.00			\$ 70.00
G0101	SCREEN, PELVIC/BREAST EXAM	\$ 80.00			\$ 80.00
G0103	PROSTATE/PSA	\$ 50.00			\$ 50.00
G0402	WELCOME TO MEDICARE	\$ 305.00			\$ 305.00
G0403	ELECTROCARDIOGRAM	\$ 225.00			\$ 225.00
G0436	TOBACCO COUNSELING, 3-10 min.	\$ 35.00			\$ 35.00
G0437	TOBACCO COUNSELING, 10+ min	\$ 50.00			\$ 50.00
G0438	ANNUAL WELLNESS	\$ 318.00			\$ 318.00

**COMMUNITY HEALTH EDUCATION DIVISION  
FEE SCHEDULE  
Proposed - FY 20/21**

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G0439	ANNUAL SUBSEQUENT	\$ 218.00			\$ 218.00
J0171	EPINEPHRINE	\$ 6.00			\$ 6.00
J0696	CEFTRIAXONE/ROCEPHIN, per 250 mg	\$ 15.00			\$ 15.00
J1030	METHYLPREDNISONE, 40 mg	\$ 7.00			\$ 7.00
J1040	DEPO-MEDROL	\$ 20.89			\$ 20.89
J1050	DEPO/MEDROXYPROGESTERONE	\$ 0.40	\$ 0.48	Propose 7/1/20	\$ 0.48
J1100	INJ-DEXAMETHASONE SOD PH	\$ 1.50			\$ 1.50
J1200	DIPHENDRAMINE, Inj. (to 50 mg)	\$ 3.00			\$ 3.00
J1885	TORADOL, 15 mg	\$ 24.00			\$ 24.00
J1940	LASIX	\$ 6.10			\$ 6.10
J1940	INJ FUROSEMIDE TO 20 MG	\$ 6.10			\$ 6.10
J2001	LIDOCAINE HCL	\$ 2.00			\$ 2.00
J2360	NORFLEX	\$ 140.00			\$ 140.00
J2405	ZOFRAN, INJ.	\$ 0.15			\$ 0.15
J2550	INJ PROMETHAZINE HCL TO 50 MG	\$ 10.00			\$ 10.00
J2920	INJ METHYLPREDNISOLONE SOLU-MEDROL, 40 MG	\$ 10.00			\$ 10.00
J2930	SOLU-MEDROL, 125 mg	\$ 7.00			\$ 7.00
J3301	KENALOG, per 10 mg	\$ 4.00			\$ 4.00
J3420	B 12 (up to 1000 mg)	\$ 7.00			\$ 7.00
J3490	NITROSTAT	\$ 0.30			\$ 0.30
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	\$ 850.00			\$ 850.00
J7620	ALBUTEROL/IPRATROPIUM BROMIDE	\$ 1.59			\$ 1.59
J7644	IPRATROPIUM BROMIDE	\$ 1.25			\$ 1.25
J8499	METRONIDAZOLE 14 count	\$ 20.00			\$ 20.00
J8499a	METRONIDAZOLE 4 count	\$ 10.00			\$ 10.00
Q0091	THIN PREP PAP	\$ 15.00			\$ 15.00
Q2038	Influenza, Ages 3+	\$ 20.00			\$ 20.00
S0020	MARCAINE HCL	\$ 52.48			\$ 52.48
S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	\$ 200.00			\$ 200.00
S0612	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	\$ 150.00			\$ 150.00
S4993	BIRTH CONTROL PILLS	\$ 20.00			\$ 20.00
S9443	LACTATION CLASS, HOME SESSION	\$ 55.00			\$ 55.00
T1028	LEAD HOME VISIT	\$ 95.00			\$ 95.00
V5008	HEARING SCREENING	\$ 10.00			\$ 10.00

## ENVIRONMENTAL HEALTH DIVISION

### FEE SCHEDULE

#### Fiscal Year 20/21 Proposal

	19/20	Proposed 20/21
<b>Sewage Program Fees</b>		
Vacant Land Evaluation	189.00	191.00
Permit with Previous Vacant Land Evaluation	220.00	222.00
Gravity Mound w/Previous Vacant Land Evaluation	305.00	308.00
Permit - New	411.00	415.00
Aerobic Treatment Unit w/Previous Vacant Land	352.00	356.00
Sand Filter w/Previous Vacant Land	352.00	356.00
Pressure Mound w/Previous Vacant Land	352.00	356.00
Repair Tank Only	250.00	253.00
Repair Drainfield	250.00	253.00
Reissuance of Alternative Permit	93.00	94.00
Permit Renewal Prior to Expiration	52.00	53.00
Revisit Vacant Land/Relocation	150.00	152.00
Re-inspection fee for septic systems	103.00	104.00
<b>Non-Residential Sewage Fees</b>		
0 - 1,000 gpd - New	514.00	519.00
>1,000 gpd<10,000 gpd - New	669.00	676.00
>10,000 gpd<20,000 gpd - New	861.00	870.00
0 - 1,000 gpd - Repair	514.00	519.00
>1,000 gpd<10,000 gpd - Repair	669.00	676.00
>10,000 gpd<10,000 gpd - Repair	861.00	870.00
<b>Septic Waste Hauler Program</b>		
New Evaluation - per 20 acres	231.00	233.00
Annual Site Inspection Fee	231.00	233.00
Truck Inspection Fee	88.00	89.00
<b>Water Supply Program</b>		
Private - New	248.00	250.00
Private - Repair	248.00	250.00
Type II - New	311.00	314.00
Type II - Repair	311.00	314.00
Type III - New	358.00	362.00
Type III - Repair	358.00	362.00
<b>Sewage/Well Evaluations</b>		
Sewage Evaluation	196.00	198.00
Water Evaluation	209.00	211.00
Sewage Evaluation - Combined	141.00	142.00
Water Evaluation - Combined	186.00	188.00
Lead Water Sample	72.00	73.00
Existing Site Septic/Well Evaluation	117.00	118.00

## ENVIRONMENTAL HEALTH DIVISION

### FEE SCHEDULE

#### Fiscal Year 20/21 Proposal

	19/20	Proposed 20/21
<b>D.H.S. Facility Inspection</b>		
Partial Inspection Request	207.00	209.00
Full Inspection Request	302.00	305.00
Plan Review - Full Facility	309.00	312.00
<b>Campgrounds</b>		
Inspection Fee Annual Campgrounds	109.00	110.00
<b>Public Swimming Pools</b>		
Inspection Fee - MMDHD (Per Pool)	109.00	110.00
<b>Plats/Subdivisions</b>		
On-Site Sewage & Private Water System Application Fee	668.00	675.00
Per Lot Fee	41.00	41.00
Sanitary Sewer & Private Water System Application Fee	539.00	544.00
Per Lot Fee	24.00	24.00
On-Site Sewage & Public Water System Application Fee	539.00	544.00
Per Lot Fee	41.00	41.00
<b>Food Services Program</b>		
Fixed Foods: Type I	201.00	201.00
Fixed Foods: Type II	210.00	210.00
Fixed Foods: Type III	577.00	577.00
Fixed Foods: Type IV	604.00	604.00
Fixed Foods: Type V	635.00	635.00
Mobile Food	375.00	375.00
Site Consultation Fee	201.00	201.00
Late License Fee 0-30 days	138.00	138.00
Late License Fee 31-60 days	275.00	275.00
Late License Fee 61-90 days	413.00	413.00
Late License Fee 91 & over days	551.00	551.00
Enforcement Increased Inspection Frequency	239.00	239.00
Re-Inspection After Hearing	239.00	239.00
Enforcement Informal Hearing Fee	340.00	340.00
Enforcement Formal Hearing Fee	567.00	567.00
Temporary Food - Profit	82.00	82.00
Temporary Food - Non-Profit	82.00	82.00
Temporary Food - Late License Fee	36.00	36.00
Food Establishment - Full Review/Major Remodel	624.00	624.00
Food Establishment - Partial Review/Minor Remodel	309.00	309.00
Advanced Food Training	129.00	129.00
Food Handler Class	20.00	20.00
Re-Certification Class	129.00	129.00

## ENVIRONMENTAL HEALTH DIVISION

### FEE SCHEDULE

#### Fiscal Year 20/21 Proposal

	19/20	Proposed 20/21
<b>Body Art</b>		
Routine Inspection	285.00	288.00
Follow-up Inspection	170.00	172.00
Plan Review	304.00	307.00
BBP Certification	26.00	26.00
Temporary Body Art License	226.00	228.00
<b>Other</b>		
Septic Installers Registration 2 Years	98.00	98.00
Septic Installers Registration - Test/Late Fees	67.00	67.00
Appeal to Board of Health	190.00	190.00
Disinterment/Reinterment	26.00	26.00
Radon Test Kit - Alpha	26.00	26.00
Mercury Spill Kit	20.00	20.00
AOI Inspection Fee	112.00	113.00
Type II Water Sampling	62.00	63.00
E.H. Service Late Fee - after 60 days; applied each month thereafter	52.00	53.00
E.H. Enforcement Fee	206.00	208.00
Water Sample - Courier Service	5.00	5.00
F.O.I.A - (\$ based on time and supplies used)		

\*Campgrounds and pool licensing fees are determined and collected by the State of Michigan not included above.

\*\*Food licensing has a surcharge determined by the State of Michigan, collected by MMDHD which is not included above.

\*\*\*SIFU License and Inspection Fees are determined by the State of Michigan collected by MMDHD. A portion of the set fee is sent to the state.