

**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

**BOARD OF HEALTH:**

Bruce DeLong  
Nicole Fickes

George Bailey  
Steven Sopocy

Adam Petersen  
Matt Murray

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT (MMDHD)  
BOARD OF HEALTH  
FINANCE COMMITTEE MEETING  
**Gratiot Office, Ithaca, Michigan**  
**Conference Rooms A & B**

**Wednesday, September 24, 2025**  
**8:30 a.m.**

**AGENDA**

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

**COMMITTEE MEMBERS:** George Bailey (Chairperson), Bruce DeLong and Adam Petersen

**ABSENT:** None

**STAFF:** Mari E. (Liz) Braddock, Health Officer; Melissa Selby, Director of Administrative Services; Lonnie Smith, Director of Environmental Health Services (EH); Sarah Doak Director of Community Health and Education Division (CHED); Krishna Santana, Board Secretary

**STAFF ABSENT:** None

- A. MMDHD's Expenses for August 9 through September 6, 2025 – **Included.**
- B. MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for August 2025 and Proposed Budget Amendment – **Included.**
- C. Revised CHED Fee Schedule – **Included.**

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### **Board of Health Finance Committee Synopsis of Actions Needed**

September 24, 2025

Item A.	<b>EXPENSES FOR AUGUST 9 THROUGH SEPTEMBER 6, 2025</b>
Motion to recommend payment of the Mid-Michigan District Health Department's Expenses for August 9, through September 6, 2025, totaling \$627,171.81.	
Item B.	<b>BALANCE SHEET, REVENUE AND EXPENDITURE REPORT FOR AUGUST 2025</b>
Motion to recommend the approval of the Balance Sheet, Revenue and Expenditure Report for August 2025 and place on file.	
Item B.	<b>PROPOSED BUDGET AMENDMENT</b>
Motion to recommend the approval of the proposed budget amendment.	
Item C.	<b>REVISED CHED FEE SCHEDULE</b>
Motion to recommend the board approve the revised CHED fee schedule.	



***MONTHLY EXPENSES FOR  
August 9, 2025 - September 6, 2025***

<i>EV 2067</i>	<i>8/20/2025</i>	<i>\$</i>	<i>367,003.05</i>
<i>EV 2068</i>	<i>9/3/2025</i>	<i>\$</i>	<i>260,168.76</i>
<b><i>TOTAL</i></b>		<b><i>\$</i></b>	<b><i>627,171.81</i></b>

# Mid-Michigan District HEALTH DEPARTMENT

CLINTON • GRATIOT • MONTCALM

Expense Voucher #

2067

8/20/2025

**Payables**

109762-109784	Acumatica Checks	\$ 139,330.80
ACH000147-ACH153	Acumatica EFT & ACH Payments	\$ 66,780.77
	FNBO credit	\$ (207.90)

**Payroll**

Ameriprise NBS	\$ 100.00
Nationwide	\$ 1,740.00
MERS 457	\$ 2,205.00
MiSDU	\$ 369.20
EFT Payroll Taxes	\$ 39,370.59
Direct Deposit Payroll	\$ 112,116.06
Direct Deposit HSA	\$ 5,024.59
State of Michigan Unemployment	

**Fees**

Huntington e-Banking fee	\$ 173.94
Huntington Bank Interest	

**TOTAL**

**\$ 367,003.05**

AP Payment Register  
Company/Branc MMDHD

Date From: 8/7/2025  
Date To: 8/20/2025

Date: 8/20/2025 2:23 PM  
User: Ashley Tate

Account	Currency	Description						
CASH AP	USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003428	109762	Closed	8/20/2025	ADAM01	ADAMS OUTDOOR ADVERTISING OF MICHIGAN	0.00	5,177.50
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005407		0867606	Production Charge	640.00	USD	0.00	640.00
Bill	005408		0868012	07/07/25 - 07/20/25	825.00	USD	0.00	825.00
Bill	005409		0867723	06/09/25 - 07/06/25	1,650.00	USD	0.00	1,650.00
Bill	005410		0868002	07/07/25 - 07/13/25	412.50	USD	0.00	412.50
Bill	005411		0867724	06/09/25 - 07/06/25	1,650.00	USD	0.00	1,650.00
Document Total:							5,177.50	
Payment Method Total:							5,177.50	
Cash Account Total:							5,177.50	
CASH AP	USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003410	109763	Closed	8/20/2025	ALPH01	ALPHA FAMILY CENTER	0.00	200.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005380		Sept 2025	September 2025 R	200.00	USD	0.00	200.00
Document Total:							200.00	
Payment Method Total:							200.00	
Cash Account Total:							200.00	
CASH AP	USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003411	109764	Closed	8/20/2025	BROM01	BROMBERG & ASSOCIATES	0.00	15.33
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005389		29696	July 2025 Translati	15.33	USD	0.00	15.33
Document Total:							15.33	
Payment Method Total:							15.33	
Cash Account Total:							15.33	

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003412	109765	Closed	8/20/2025	CENT02	CENTRAL MICHIGAN DIST HEALTH DEPARTMENT	0.00	6,511.42
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005386		July 2025	CMDHD MD for Ju	6,511.42	USD	0.00	6,511.42
							Document Total:	6,511.42
							Payment Method Total:	6,511.42
							Cash Account Total:	6,511.42

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003431	109766	Closed	8/20/2025	CHILD01	CHILD ADVOCACY	0.00	200.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005381		Sept 2025	September 2025 R	200.00	USD	0.00	200.00
							Document Total:	200.00
							Payment Method Total:	200.00
							Cash Account Total:	200.00

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003429	109767	Closed	8/20/2025	COMP02	COMPLETE GENERATOR SOLUTIONS LLC	0.00	379.99
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005406		i20004118	Work order # 8776	379.99	USD	0.00	379.99
							Document Total:	379.99
							Payment Method Total:	379.99
							Cash Account Total:	379.99

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003413	109768	Closed	8/20/2025	CORP01	CORPORATE TECHNOLOGIES	0.00	116,856.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005400		192861	2025-2026 AGREE	116,856.00	USD	0.00	116,856.00
							Document Total:	116,856.00
							Payment Method Total:	116,856.00
							Cash Account Total:	116,856.00













CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003407	ACH000151	Closed	8/20/2025	AMAZON01	AMAZON CAPITAL SERVICES	0.00	313.07
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005374		1XYC-DCPX-HRQQ	CERTIFICATE FR/	120.90	USD	0.00	120.90
Bill	005398		1CM7-KVGN-3PFQ	THANK YOU BAG!	192.17	USD	0.00	192.17
Document Total:								313.07
Payment Method Total:								313.07
Cash Account Total:								313.07

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003408	ACH000152	Closed	8/20/2025	VERT01	HBK IT LLC dba VERTILOCITY	0.00	842.80
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005388		31028844	August 2025 Month	842.80	USD	0.00	842.80
Document Total:								842.80
Payment Method Total:								842.80
Cash Account Total:								842.80

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003409	ACH000153	Closed	8/20/2025	MERS01	MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF MICHIGAN	0.00	58,409.91
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005384		00170074-8	MERS Defined Ben	58,409.91	USD	0.00	58,409.91
Document Total:								58,409.91
Payment Method Total:								58,409.91
Cash Account Total:								58,409.91

Doc. Type	Count	Amount Paid (USD)
Check	30	206,111.57
Prepayment	0	0.00
Refund	0	0.00
Void Check	0	0.00
Company Total:	30	206,111.57

# Mid-Michigan District HEALTH DEPARTMENT

CLINTON • GRATIOT • MONTCALM

Expense Voucher #

2068

9/3/2025

**Payables**

109785-109798	Acumatica Checks	\$	79,766.18
ACH000154-ACH000157	Acumatica EFT & ACH Payments	\$	14,285.27

**Payroll**

Ameriprise NBS	\$	100.00
Nationwide	\$	1,740.00
MERS 457	\$	2,205.00
MiSDU	\$	369.20
EFT Payroll Taxes	\$	38,862.42
Direct Deposit Payroll	\$	117,831.55
Direct Deposit HSA	\$	5,024.59
State of Michigan Unemployment		

**Fees**

Huntington e-Banking fee		
Huntington Bank Interest	\$	(15.45)

**TOTAL**

**\$ 260,168.76**

AP Payment Register  
Company/Branc MMDHD

Date From: 9/1/2025  
Date To: 9/4/2025

Date: 9/4/2025 10:06 AM  
User: Ashley Tate

Account	Currency	Description						
CASH AP	USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003437	109785	Closed	9/3/2025	AMER04	AMERICAN PROFICIENCY INSTITUTE	0.00	905.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount Currency		Discount Taken	Amount Paid
Bill	005435		725151		AMERICAN PROF	905.00 USD	0.00	905.00
							Document Total:	905.00
							Payment Method Total:	905.00
							Cash Account Total:	905.00
CASH AP	USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003438	109786	Closed	9/3/2025	CDWG01	CDW GOVERNMENT, INC.	0.00	372.16
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount Currency		Discount Taken	Amount Paid
Bill	005425		ZR00807154		July 2025 CISCO \	372.16 USD	0.00	372.16
							Document Total:	372.16
							Payment Method Total:	372.16
							Cash Account Total:	372.16
CASH AP	USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003450	109787	Closed	9/3/2025	DNTL01	DNTL WORKS EQUIPMENT CORP.	0.00	5,778.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount Currency		Discount Taken	Amount Paid
Bill	005443		38412		DENTAL EQUIPM	5,778.00 USD	0.00	5,778.00
							Document Total:	5,778.00
							Payment Method Total:	5,778.00
							Cash Account Total:	5,778.00
CASH AP	USD	CASH ACCOUNT FOR AP						
Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003447	109788	Closed	9/3/2025	HALO01	HALO BRANDED SOLUTIONS, INC.	0.00	768.99
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount Currency		Discount Taken	Amount Paid
Bill	005427		8474378		ACTIVITY BOOKS	768.99 USD	0.00	768.99
							Document Total:	768.99
							Payment Method Total:	768.99
							Cash Account Total:	768.99

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003439	109789	Closed	9/3/2025	HEDG01	HEDGEROW SOFTWARE LTD.	0.00	9,000.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005426		1390		October 1- Deceml	9,000.00 USD	0.00	9,000.00
							Document Total:	9,000.00
							Payment Method Total:	9,000.00
							Cash Account Total:	9,000.00

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003440	109790	Closed	9/3/2025	INSP01	INSPIRATION STUDIO DESIGNS	0.00	2,380.31
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005429		27563		CANNABIS PRINT	1,373.26 USD	0.00	1,373.26
Bill	005430		27564		RISC BUSINESS C	83.00 USD	0.00	83.00
Bill	005440		27480		CANNABIS GRAN	924.05 USD	0.00	924.05
							Document Total:	2,380.31
							Payment Method Total:	2,380.31
							Cash Account Total:	2,380.31

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003441	109791	Closed	9/3/2025	KROL01	KROL COMMUNICATIONS, INC.	0.00	4,224.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005420		Aug. 2025		Oct-Dec 2025 MAF	4,224.00 USD	0.00	4,224.00
							Document Total:	4,224.00
							Payment Method Total:	4,224.00
							Cash Account Total:	4,224.00

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003449	109792	Closed	9/3/2025	LAFON01	LAFONTAINE	0.00	44,539.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005436		Deal 36382		2026 Chrysler Paci	44,539.00 USD	0.00	44,539.00
							Document Total:	44,539.00
							Payment Method Total:	44,539.00
							Cash Account Total:	44,539.00

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003442	109793	Closed	9/3/2025	MICH08	MICHIGAN GRAPHICS & SIGNS	0.00	2,400.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005439		21745	Custom 10x10 pop	2,400.00	USD	0.00	2,400.00
							Document Total:	2,400.00
							Payment Method Total:	2,400.00
							Cash Account Total:	2,400.00

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003445	109794	Closed	9/3/2025	PREIN01	PREIN&NEWHOF	0.00	4,695.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005423		125725	August 2025 Water	4,695.00	USD	0.00	4,695.00
							Document Total:	4,695.00
							Payment Method Total:	4,695.00
							Cash Account Total:	4,695.00

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003446	109795	Closed	9/3/2025	POR01	PROIMPRINT.COM	0.00	1,999.99
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005428		PIM25081827	CANNABIS SWAG	1,999.99	USD	0.00	1,999.99
							Document Total:	1,999.99
							Payment Method Total:	1,999.99
							Cash Account Total:	1,999.99

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003444	109796	Closed	9/3/2025	RHCC02	RHC CONSULTING (CORP)	0.00	2,388.73
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005417		628	INTERNET CONSULTING	2,388.73	USD	0.00	2,388.73
							Document Total:	2,388.73
							Payment Method Total:	2,388.73
							Cash Account Total:	2,388.73



CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003448	109797	Closed	9/3/2025	GIDDINGS	SCOTT GIDDINGS	0.00	205.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005421		EH REFUND	EH Refund	205.00	USD	0.00	205.00
							Document Total:	205.00
							Payment Method Total:	205.00
							Cash Account Total:	205.00

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003443	109798	Closed	9/3/2025	WOOD01	WOOD SARAH	0.00	110.00
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005422		08.23.2025	08.23.2025 Contra	110.00	USD	0.00	110.00
							Document Total:	110.00
							Payment Method Total:	110.00
							Cash Account Total:	110.00

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003433	ACH000154	Closed	9/3/2025	MCKE01	MCKESSON MEDICAL	0.00	840.70
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005437		24196580	QUANTIFY URINE	840.70	USD	0.00	840.70
							Document Total:	840.70
							Payment Method Total:	840.70
							Cash Account Total:	840.70

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003434	ACH000155	Closed	9/3/2025	RICO01	RICOH USA INC	0.00	947.87
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005444		5071929045	August 2025 Printi	947.87	USD	0.00	947.87
							Document Total:	947.87
							Payment Method Total:	947.87
							Cash Account Total:	947.87

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003435	ACH000156	Closed	9/3/2025	VERI01	VERIZON	0.00	2,789.99
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005438		6121853675	July 24 - August 23	2,789.99	USD	0.00	2,789.99
Document Total:								2,789.99
Payment Method Total:								2,789.99
Cash Account Total:								2,789.99

CASH APUSD

CASH ACCOUNT FOR AP

Doc. Type	Ref. Number	Payment Ref.	Status	Date	Vendor	Vendor Name	Doc. Balance	Orig. Doc. Amount
Payment	003436	ACH000157	Closed	9/3/2025	AMAZON01	AMAZON CAPITAL SERVICES	0.00	9,706.71
Doc. Type	Ref. Number	Branch	Vendor Ref.	Description	Original Amount	Currency	Discount Taken	Amount Paid
Bill	005418		1C1Q-V4TV-66M9	ACRYLIC SIGNS C	29.99	USD	0.00	29.99
Bill	005419		1QCR-DLNJ-7Q33	PLANNER/ FILE F	24.56	USD	0.00	24.56
Bill	005431		11YX-49NK-69VT	GCCF GRANT AIR	4,806.55	USD	0.00	4,806.55
Bill	005432		13GH-T33K-1VC9	GCCF GRANT AIR	1,652.07	USD	0.00	1,652.07
Bill	005433		167F-L66J-49X1	FP CALENDARS	205.13	USD	0.00	205.13
Bill	005434		1XN7-74M3-3CHT	RISC TABLE CLO	96.00	USD	0.00	96.00
Bill	005441		14CL-9RGV-3QVN	DENTAL ITEMS G	99.99	USD	0.00	99.99
Bill	005442		1XGK-DWHR-J6F4	MARIJUANA LOCK	2,792.42	USD	0.00	2,792.42
Document Total:								9,706.71
Payment Method Total:								9,706.71
Cash Account Total:								9,706.71

Doc. Type	Count	Amount Paid (USD)
Check	18	94,051.45
Prepayment	0	0.00
Refund	0	0.00
Void Check	0	0.00
Company Total:	18	94,051.45

Balance Sheet

As of August 31, 2025

Assets

Cash & Cash Equivalents	2,710,987.50
Account Receivable	777,635.94
Other Receivables	325,829.21
Prepaid Expenses	184,065.14
VFC Inventory	83,063.29
Total Assets	4,081,581.08

Liabilities

Employee Deductions	400,698.66
Accounts Payable	229,792.40
Due to Others	447,725.77
VFC Inventory	83,063.29
Trust Funds	17,987.17
Deferred Revenues	14,752.74
Other Long-term Liabs	151,433.00
38901-FUND BALANCE RESTRICTED DENTAL	95,208.84
39000-FUND BALANCE END OF YEAR	(17,486.73)
39001-FUND BALANCE	206,856.39
39004-FUND BALANCE - TECHNICAL/EQUIP	489,494.46
39005-FUND BALANCE-FACILITY DEV.	137,523.00
39007-FUND BALANCE-SELF INS BONDS	13,949.72
39008-FUND BALANCE-FUTURE RETIREMENT	277,269.58
39009-FUND BALANCE-COMPENSATED LEAVE	511,844.51
39010-FUND BALANCE-UNEMPLOYMENT	55,000.00
39012-FUND BALANCE - TRAINING	34,465.00
39013-FUND BALANCE - BRFS	11,522.00
39014-FUND BALANCE-HEALTH INSURANCE	125,451.00
39015-FUND BALANCE-POTENTIAL CLAIMS	75,457.00
39017-FUND BALANCE CHW	150,000.00
39018-FUND BALANCE OPEB	77,778.00
Net Income / (Loss)	491,795.28
Total Liabilities	4,081,581.08
Difference	0.00

Mid-Michigan District Health Department  
REVENUE-EXPENSE

MELISSA SELBY

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As of August 31, 2025

ALL PROGRAMS

	BUDGET	CURRENT MONTH	YEAR TO DATE	BUDGET BALANCE	% YTD	Proposed Budget Amendment
<b>REVENUE</b>						
ELPHS LCSA	190,167.00	0.00	190,167.00	0.00	100%	190,167.00
ELPHS	1,593,535.00	124,590.00	1,416,814.00	176,721.00	89%	1,767,782.00
MDHHS GRANTS	3,993,930.00	251,193.00	3,591,809.00	402,121.00	90%	2,943,793.00
MDHHS FEE FOR SERVICE	42,000.00	15,125.00	27,599.00	14,401.00	66%	50,000.00
EGLE GRANTS	285,923.00	0.00	197,507.93	88,415.07	69%	250,000.00
OTHER GRANTS	631,642.00	79,955.78	289,836.51	341,805.49	46%	630,000.00
VFC SUPPLIES	300,000.00	0.00	0.00	300,000.00	0%	300,000.00
MEDICAID FULL COST	151,000.00	0.00	439,715.00	-288,715.00	291%	440,000.00
MEDICAID OUTREACH	184,322.00	7,420.36	16,612.14	167,709.86	9%	25,000.00
MISC INCOME	105,000.00	3,314.51	144,941.63	-39,941.63	138%	150,000.00
EH ADMIN	0.00	75.30	942.70	-942.70		
EH MISC	50,000.00	2,511.00	31,402.25	18,597.75	63%	34,000.00
SEWAGE PROGRAM	225,000.00	20,120.00	187,393.50	37,606.50	83%	210,000.00
WATER PROGRAM	165,000.00	18,013.00	154,757.53	10,242.47	94%	175,000.00
FOOD PROGRAM	300,000.00	11,027.00	358,157.00	-58,157.00	119%	368,000.00
BODY ART	1,000.00	0.00	7,860.00	-6,860.00	786%	8,000.00
BEACH MONITORING	0.00	0.00	2,990.00	-2,990.00		3,000.00
COMMUNICABLE DISEASE	1,000.00	0.00	0.00	1,000.00	0%	1,000.00
IMMUNIZATIONS	149,000.00	17,191.83	282,890.35	-133,890.35	190%	300,000.00
STD/STI	7,000.00	347.97	4,252.66	2,747.34	61%	5,000.00
BLOOD LEAD	11,000.00	698.01	7,613.54	3,386.46	69%	8,000.00
WOMENS HEALTH PROGRAM	0.00	0.00	613.10	-613.10		1,000.00
BCCCP	5,000.00	323.06	363.86	4,636.14	7%	1,000.00
FAMILY PLANNING	89,000.00	2,994.69	44,309.64	44,690.36	50%	50,000.00
VISION	14,000.00	569.45	9,562.06	4,437.94	68%	12,000.00
HEARING	14,000.00	529.56	10,027.45	3,972.55	72%	12,000.00
BREASTFEEDING PROGRAM	6,000.00	0.00	819.56	5,180.44	14%	1,000.00
CLINICAL VARNISH	13,000.00	267.96	5,608.58	7,391.42	43%	7,000.00
ORAL HEALTH K-ASSESSMENT	13,000.00	-50.00	28,791.26	-15,791.26	221%	25,000.00
ORAL HEALTH	0.00	0.00	3,840.00	-3,840.00		4,000.00
CHED ADMINISTRATION	0.00	0.00	15.00	-15.00		
FUND BALANCE	0.00	0.00	15.00	-15.00		270,000.00
SPACE	255,300.00	0.00	236,281.81	19,018.19	93%	325,000.00
APPROPRIATIONS	1,135,677.00	94,623.17	1,038,887.84	96,789.16	91%	1,135,677.00
<b>TOTAL REVENUE</b>	<b>9,931,496.00</b>	<b>650,840.65</b>	<b>8,732,381.90</b>	<b>1,199,114.10</b>	<b>88%</b>	<b>9,702,419.00</b>

Mid-Michigan District Health Department  
REVENUE-EXPENSE

MELISSA SELBY

2 of 2

As of August 31, 2025

ALL PROGRAMS

	BUDGET	CURRENT MONTH	YEAR TO DATE	BUDGET BALANCE	% YTD	PROPOSED BUDGET AMENDMENT
<b>EXPENSE</b>						
SALARIES	4,486,964.00	331,370.50	3,979,959.33	507,004.67	89%	4,415,000.00
FICA	343,249.00	23,863.43	288,686.12	54,562.88	84%	325,000.00

HEALTH INSURANCE	868,256.00	62,042.31	715,361.92	152,894.08	82%	<b>785,000.00</b>
DENTAL INSURANCE	72,344.00	4,191.07	47,864.63	24,479.37	66%	<b>52,864.63</b>
RETIREMENT	831,681.00	47,682.03	867,795.17	-36,114.17	104%	<b>1,100,000.00</b>
OTHER BENEFITS	57,502.00	439.56	5,513.93	51,988.07	10%	<b>6,000.00</b>
OFFICE SUPPLIES	103,150.00	22,842.37	130,347.20	-27,197.20	126%	<b>160,000.00</b>
COMPUTER SUPPLIES	102,500.00	2,719.99	93,392.62	9,107.38	91%	<b>115,000.00</b>
MEDICAL SUPPLIES	52,600.00	2,419.05	50,289.89	2,310.11	96%	<b>70,000.00</b>
BIOLOGICS	105,000.00	2,267.01	158,716.39	-53,716.39	151%	<b>195,000.00</b>
VFC	300,000.00	0.00	0.00	300,000.00	0%	<b>300,000.00</b>
OTHER SUPPLIES	0.00	0.00	0.00	0.00		<b>-</b>
CAPITAL EXPENSE	180,000.00	0.00	36,822.80	143,177.20	20%	<b>45,000.00</b>
SOFTWARE PURCHASES	2,000.00	0.00	561.80	1,438.20	28%	<b>1,000.00</b>
CONTRACTUAL/PROFESSIONAL SERVICES	1,574,500.00	133,721.72	1,072,697.57	501,802.43	68%	<b>1,200,000.00</b>
COMMUNICATIONS	79,000.00	3,349.37	76,161.03	2,838.97	96%	<b>81,000.00</b>
TRAVEL/TRAINING	182,400.00	11,643.97	136,067.16	46,332.84	75%	<b>150,000.00</b>
MEMBERSHIPS	39,100.00	2,159.00	28,361.14	10,738.86	73%	<b>30,000.00</b>
ADVERTISING	15,650.00	8,879.00	33,734.70	-18,084.70	216%	<b>40,000.00</b>
LIABILITY INSURANCE	65,000.00	0.00	84,440.25	-19,440.25	130%	<b>85,000.00</b>
LEASE & MAINTENANCE	153,800.00	1,446.88	149,367.57	4,432.43	97%	<b>157,000.00</b>
RENT	28,400.00	400.00	23,341.34	5,058.66	82%	<b>25,000.00</b>
SPACE	269,400.00	0.00	236,281.81	33,118.19	88%	<b>325,000.00</b>
MISC EXPENSE	19,000.00	2,470.65	24,822.25	-5,822.25	131%	<b>39,554.37</b>
TOTAL EXPENSE	9,931,496.00	663,907.91	8,240,586.62	1,690,909.38	83%	<b>9,702,419.00</b>
<b>Net Income (Loss)</b>	<b>0.00</b>	<b>-13,067.26</b>	<b>491,795.28</b>	<b>-491,795.28</b>		<b>-</b>

#### CLINTON OFFICE

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(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	George Bailey	Adam Petersen
	Nicole Fickes	Steven Sopocy	Matt Murray

July 23, 2025

ADMINISTRATOR: Sarah Doak

SUBJECT: Revised CHED Fee Schedule

☐ Information Only

☒ Action Needed

I. Authority For This Action:

☐ Local Policy

☒ Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2417

II. Summary:

In July of 2025, the Board approved the Community Health and Education Division (CHED) fee schedule for FY26. The fee schedule presented in the packet did not include the ability to change the vaccine/medication prices throughout the year. Generally, the vaccines are presented in the schedule with the current fee and a note that prices will be set at market price + 10% or at the Medicaid reimbursement rate, whichever is higher. Please see the attached revised fee schedule.

III. Strategic Objective, Health Issue, or other Need Addressed:

The ability to change the vaccine/medication prices throughout the year allows us to adjust prices as we order vaccine.

IV. Fiscal Impact and Cost:

Adjusting the fee as we order will ensure our costs are covered.

V. Alternatives Considered:

Not adjusting the fees as the vaccines are ordered could result in reimbursement rates that do not cover the cost of each vaccine or the need for approval from the Board of Health each time costs change.

VI. Recommendation:

We recommend approving the CHED fee schedule as attached.

VII. Monitoring and Reporting Timeline:

Reports will be made available to the Board as requested.

**Year** 2026  
**Start**  
**Date** 10/1/2025  
**End**  
**Date** 9/30/2026

Serial Numbe	CPT Code	CPT Title	Current Fee FY25	Proposed Fee FY26
1	90473	Administration of 1 nasal or oral vaccine	23	23
2	90471	Administration of 1 vaccine	23	23
3	G0010	Administration of hepatitis b vaccine	30	30
4	G0008	Administration of influenza virus vaccine	30	30
5	90474	Administration of nasal or oral vaccine	23	23
6	G0009	Administration of pneumococcal vaccine	30	30
7	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	23	23
8	90472	Administration of vaccine	23	23
9	S0612	Annual gynecological examination, established patient	150	150
10	99172	Automated or semi-automated visual function screening of both eyes	10	10
11	Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram	0	0*
12	83986	Body fluid pH level	3	3
13	46900	Chemical destruction of anal growths	365	365
14	54050	Chemical destruction of growths of penis	200	200
15	S4993	Contraceptive pills for birth control	20	20*
16	A4267	Contraceptive supply, condom, male, each	0.3	0.3*
17	J7303	Contraceptive supply, hormone containing vaginal ring, each	30	30*
18	A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	10	10*
19	99195	Court Ordered Testing	170	170
20	56515	Destruction of extensive growths of external female genitals	335	335
21	56501	Destruction of external female genital growths	155	155
22	54065	Destruction of multiple penile growths	325	325
23	87273	Detection test for herpes simplex virus type 2	15	15
24	87800	Detection test for multiple organisms	0	0
25	87808	Detection test for Trichomonas vaginal (genital parasite)	16	16*
26	87661	Detection test for Trichomonas vaginalis (genital parasite)	11.5	11.5
27	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	0	0*
28	98961	Education and training for patient self-management, 2-4 patients, each 30 minutes	6	6
29	98962	Education and training for patient self-management, 5-8 patients, each 30 minutes	5	5

30	98960	Education and training for patient self-management, each 30 minutes	11	11
31	99212	Established patient office or other outpatient visit, typically 10 minutes	60	60
32	99213	Established patient office or other outpatient visit, typically 15 minutes	105	105
33	99211	Established patient office or other outpatient visit, typically 5 minutes	28	28
34	99214	Established patient office or other outpatient, visit typically 25 minutes	150	150
35	99395	Established patient periodic preventive medicine examination age 18-39 years	170	170
36	99396	Established patient periodic preventive medicine examination age 40-64 years	185	185
37	99394	Established patient periodic preventive medicine examination, age 12 through 17 years	165	165
38	99393	Established patient periodic preventive medicine examination, age 5 through 11 years	140	140
39	99397	Established patient periodic preventive medicine examination, age 65 years and older	195	195
40	J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	850	850*
41	V5008	Hearing screening	10	10
42	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	44	44
43	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	0	0*
44	99385	Initial new patient preventive medicine evaluation age 18-39 years	185	185
45	99386	Initial new patient preventive medicine evaluation age 40-64 years	215	215
46	99384	Initial new patient preventive medicine evaluation, age 12 through 17 years	190	190
47	99383	Initial new patient preventive medicine evaluation, age 5 through 11 years	160	160
48	99387	Initial new patient preventive medicine evaluation, age 65 years and older	225	225
49	G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	305	305
50	96372	Injection beneath the skin or into muscle for therapy, diagnosis, or prevention	35	35
51	J0696	Injection, ceftriaxone sodium, per 250 mg	0	0*
52	J1050	Injection, medroxyprogesterone acetate, 1 mg	0.48	0.48*
53	11981	Insertion of drug implant, non-biodegradable	200	200



54	36415	Insertion of needle into vein for collection of blood sample	30	30
55	J7300	Intrauterine copper contraceptive	485	485*
56	S9443	Lactation classes, non-physician provider, per session	55	55
57	83655	Lead level	15	15
58	J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration	670	670*
59	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for IM use	156	156*
60	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use	218	218*
61	99201	New patient office or other outpatient visit, typically 10 minutes	75	75
62	99202	New patient office or other outpatient visit, typically 20 minutes	115	115
63	99203	New patient office or other outpatient visit, typically 30 minutes	160	160
64	D0191	Oral Assessment of Patient	30	30
65	D0190	Oral Screening of Patient	20	20
66	58300	Placement of intra-uterine device (IUD) for pregnancy prevention	100	100
67	90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	333	333*
68	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	360	360*
69	90670	Pneumococcal vaccine for injection into muscle	297	297*
70	J8499	Prescription drug, oral, non chemotherapeutic, nos	0	0*
71	99401	Preventive medicine counseling, approximately 15 minutes	55	55
72	99402	Preventive medicine counseling, approximately 30 minutes	135	135
73	99403	Preventive medicine counseling, approximately 45 minutes	150	150
74	99404	Preventive medicine counseling, approximately 60 minutes	171	171
75	36416	Puncture of skin for collection of blood sample	10	10
76	11982	Removal of drug delivery implant from tissue	225	225
77	11420	Removal of growth (0.5 centimeters or less) of the scalp, neck, hands, feet, or genitals	120	120
78	11421	Removal of growth (0.6 to 1.0 centimeters) of the scalp, neck, hands, feet, or genitals	150	150
79	58301	Removal of intra-uterine device (IUD) for pregnancy prevention	135	135
80	11983	Removal with reinsertion of drug delivery implant into tissue	321	321

81	90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, or intramuscular use	299	299*
82	90380	RSV MONOCLONAL ANTIB SEASONAL DOSE 0.5ML IM USE	0	0*
83	90381	RSV MONOCLONAL ANTIB SEASONAL DOSE 1 ML IM USE	0	0*
84	Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	15	15
85	91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	142	142*
86	91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	155	155*
87	91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	0	0*
88	91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	0	0*
89	91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	0	0*
90	91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use	0	0*
91	86580	Skin test for tuberculosis	25	25
92	90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, nonreplicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous injection	0	0*
93	87210	Smear for infectious agents	13	13
94	D1206	Topical fluoride varnish;Dental Varnish	35	35
95	81025	Urine pregnancy test	10	10
	J3490	Unclassified Drug - Medroxyprogesterone acetate 150mg		72*
96	90698	Vaccine for diphtheria, tetanus toxoids, acellular pertussis (whooping cough), haemophilus influenza type B, and polio for injection into muscle	81	81*
97	90700	Vaccine for diphtheria, tetanus, and acellular pertussis (whooping cough) injection into muscle, child younger than 7 years	28	28*
98	90647	Vaccine for Hemophilus influenza B (3 dose schedule) injection into muscle	34	34*

99	90633	Vaccine for Hepatitis A (2 dose schedule) injection into muscle, pediatric or adolescent dosage	38	38*
100	90632	Vaccine for Hepatitis A injection into muscle, adult dosage	79	79*
101	90744	Vaccine for Hepatitis B (3 dose schedule) for injection into muscle, pediatric and adolescent patients	27	27*
102	90739	Vaccine for Hepatitis B adult dosage (2 dose schedule) injection into muscle	188	188*
103	90746	Vaccine for Hepatitis B adult dosage (3 dose schedule) injection into muscle	53	53*
104	90651	Vaccine for human papilloma virus (3 dose schedule) injection into muscle	335	335*
105	90688	Vaccine for influenza administered into muscle to individuals 3 years of age and older	25	25*
106	90662	Vaccine for influenza for injection into muscle	65	65*
107	90656	Vaccine for influenza for injection into muscle, patient 3 years and older	25	36*
108	90658	Vaccine for influenza for injection into muscle, patient age 3 years and older	25	25*
109	90672	Vaccine for influenza for nasal administration	25	25*
110	90707	Vaccine for measles, mumps, and rubella (German measles) injection beneath skin	105	105*
111	90734	Vaccine for meningococcus injection into muscle	140	140*
112	90732	Vaccine for pneumococcal polysaccharide for injection beneath the skin or into muscle, patient 2 years or older	163	163*
113	90713	Vaccine for polio injection beneath the skin or into muscle	45	45*
114	90675	Vaccine for rabies injection into muscle	451	451*
115	90681	Vaccine for Rotavirus (2 dose schedule) for oral administration	0	0*
116	90736	Vaccine for shingles injection beneath skin	242	242*
117	90714	Vaccine for tetanus and diphtheria toxoids injection into muscle, patient 7 years or older	29	29*
118	90715	Vaccine for tetanus, diphtheria toxoids and acellular pertussis (whooping cough) for injection into muscle, patient 7 years or older	47	47*
119	90716	Vaccine for varicella (chicken pox) injection beneath skin	199	199*
120	82120	Vaginal fluid chemical analysis for bacteria	6	6
121	90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular use	237	237*

\*Vaccine/Medication fee may change with each order to market + 10% or current MA reimbursement rate, whichever is higher.