

MUSKEGON COUNTY BOARD OF COMMISSIONERS
MUSKEGON COUNTY, MICHIGAN

AGENDA

HUMAN SERVICES COMMITTEE

Hall of Justice
990 Terrace Street, Muskegon, MI
September 3, 2013 – 4:00 PM

Charles Nash, Chair
Rillastine Wilkins, Vice-Chair

-
1. Call to Order
 2. Roll Call
 3. Approval of Minutes of August 6, 2013
 4. Public Comment (on an agenda item)
 5. Presentation: Dr. Joyce DeJong, Medical Examiner
 6. Items for Consideration
 - HS13/09 – 52 (Mental Health) Authorize CMH Director to Sign Contract with Michigan Department of Community Health for Managed Mental Health Supports and Services
 - HS13/09 – 53 (Mental Health) Authorize CMH Director to Sign Contract with Michigan Department of Community Health for Michigan Prepaid Inpatient Health Plans for Medicaid Specialty Services
 - HS13/09 – 54 (Mental Health) Authorize CMH Director to Sign Contract with Michigan Department of Community Health for Michigan Adult Benefits Waiver Section 115 Demonstration Program
 - HS13/09 – 55 (Public Health) Authorize Public Health – Muskegon County to Reimburse Farmers Participating in Project Fresh
 - HS13/09 – 56 (Public Health) Authorize Public Health – Muskegon County to Enter into Agreement with Access Health, Inc. and Authorize Board Chair to Sign Agreement
 - HS13/09 – 57 (Public Health) Authorize Public Health – Muskegon County to Amend its FY2013
 - HS13/09 – 58 (Public Health) Authorize Public Health – Muskegon County to Update Restrooms in the Public Health Building and Replace Carpet

Public Comment

Persons may address the Commission during the time set aside for Public Comment or at any time by suspension of the rules. All persons must address the commission and state their name for the record. Comments shall be limited to two (2) minutes for each participant, unless time is extended prior to the public comment period by a vote of a majority of the commission.

Human Resources Committee
Agenda
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7. Old Business
8. New Business
9. Public Comment
10. Adjournment

AMERICAN DISABILITY ACT POLICY FOR ACCESS TO OPEN MEETINGS OF THE
MUSKEGON COUNTY BOARD OF COMMISSIONERS AND ANY OF ITS
COMMITTEES OR SUBCOMMITTEES

The County of Muskegon will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered at the meeting, to individuals with disabilities who want to attend the meeting upon 24-hours' notice to the County of Muskegon. Individuals with disabilities requiring auxiliary aids or services should contact the County of Muskegon by writing or calling: Administration, 990 Terrace Street, Muskegon, MI 49442 (231) 724-6520

**Muskegon County
Human Services Committee Meeting
August 6, 2013
4:00 p.m.
Hall of Justice, 4th Floor
Muskegon, MI**

Charles Nash, Chair

Rillastine Wilkins, Vice-Chair

MINUTES

CALL TO ORDER

The meeting was called to order by Commissioner Wilkins at 4:00 p.m.

ROLL CALL

Present: Benjamin Cross, James Derezinski, Marvin Engle, Susie Hughes, Kenneth Mahoney, Terry Sabo, Robert Scolnik, Rillastine Wilkins

Excused: Charles Nash

APPROVAL OF MINUTES

It was moved by Scolnik, supported by Mahoney, to approve the minutes of the July 9, 2013 meeting as written. Motion carried.

PUBLIC COMMENT (On an agenda item)

None.

ITEMS FOR CONSIDERATION

HS13/08 – 49 It was moved by Cross, supported by Sabo, to authorize the reclassification of the Housing Specialist/Self-Determination Coordinator position (BPN X43101) to Housing Specialist/MI with a salary range of \$33,706.40 to \$46,962.24 per year effective August 15, 2013. Motion carried.

HS13/08 – 50 It was moved by Hughes, supported by Cross, to authorize the Community Mental Health Executive Director to sign a contract with BDO USA, LLP for professional auditing services, effective August 1, 2013 through July 31, 2014, with expected costs of \$42,500.00 and a maximum of \$700.00 annually for out-of-pocket expenses, and with additional charges if a Single Audit is required or if there are additional procedures required by the State for the additional three (3) months' compliance examination. Motion carried.

Human Resources Committee

Minutes

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HS13/08 – 51 It was moved by Cross, supported by Sabo, to approve the renewal of four (4) Supportive Housing Projects (SHP) financed with grants from the U.S. Department of Housing and Urban Development (HUD) through the Muskegon County Homeless Continuum of Care Network, consistent with the Muskegon County Consolidated Plan for Housing for 2011-2016, and to approve signature by the Chair of the County Board of Commissioners on HUD form 2991 (Certificate of Consistency). Motion carried.

OLD BUSINESS

None.

NEW BUSINESS

None.

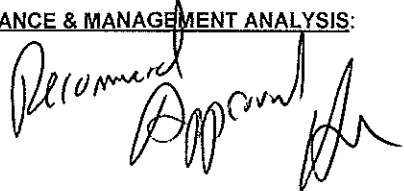
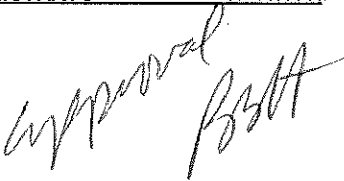
PUBLIC COMMENT (On a new topic)

None.

ADJOURNMENT

There being no further business to come before the Human Services Committee, the meeting adjourned at 4:04 p.m.

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services	BUDGETED NON-BUDGETED PARTIALLY BUDGETED X	
REQUESTING DEPARTMENT Community Mental Health	COMMITTEE DATE September 03, 2013	REQUESTOR SIGNATURE Julia Rupp, Executive Director
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)		
<p>Approval is requested for Community Mental Health (CMH) to sign the contract with the Michigan Department of Community Health (MDCH) for the MDCH/CMHSP Managed Mental Health Supports and Services, effective October 1, 2013 through September 30, 2014.</p> <p>CMH has received the FY14 contract with the Michigan Department of Community Health for Managed Mental Health Supports and Services. Changes to the contract are noted in the attached Executive Summary.</p>		
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)		
<p>I move to authorize the Community Mental Health (CMH) Executive Director to sign the contract with the Michigan Department of Community Health for Managed Mental Health Supports and Services, effective October 1, 2013 through September 30, 2014.</p>		
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)		
<u>HUMAN RESOURCES ANALYSIS:</u>	<u>FINANCE & MANAGEMENT ANALYSIS:</u> 	
<u>CORPORATE COUNSEL ANALYSIS:</u> Concur T. Williams	<u>ADMINISTRATOR RECOMMENDATION:</u> 	
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee		
		08/23/2013
AGENDA DATE: 9-3-13	AGENDA NO.: HSB/09-52	BOARD DATE: 9-10-13
		PAGE NO.




STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

M E M O R A N D U M

July 26, 2013

TO: CMHSP Executive Directors
FROM:  Thomas Renwick, J.D., Director
Program Development, Consultation and Contracts Division
Bureau of Hospitals and Administrative Operations
SUBJECT: MDCH/CMHSP Managed Mental Health Supports and Services Contract for FY 2014

Action Required before August 30, 2013

The attached documents pertain to your FY 2014 contractual agreement between the Michigan Department of Community Health and your Community Mental Health Services Program. There are two attachments: one is an executive summary of changes from last year's contract. The other attachment is the new boilerplate contract signature page.

After reviewing this material, please print out **two copies of the new boilerplate signature page, sign and date both signifying acceptance by your agency, and return both of the hard copies to the Department on or before August 30, 2013.** Following receipt of your submission, we will obtain the necessary state signatures. Once fully executed the original signature page with the unedited version of your FY 2014 contract will be sent to you.

Final appropriations for contract attachment 7.0.1 MDCH Funding will be sent at a later date.

It is important that you and your board review these changes over the course of the next few weeks, and authorize you or your board chair to sign it. I am suggesting this approach as it will help avoid having to call a special last minute board meeting just to meet the state's processing deadline.

The signed agreements should be returned to:

John Duvendeck, Manager
Michigan Department of Community Health
Division of Program Development, Consultation and Contracts
320 South Walnut – 5th Floor Lewis Cass Building
Lansing, MI 48913

If you have any questions regarding our FY 2014 contract, please call John Duvendeck at (517) 241-5218.

Thank you in advance for your continuing support and assistance.

Contract Manager and Location Building:
Thomas J. Renwick– Lewis Cass Building, 320 S. Walnut
Contract Number# _____

Agreement Between
Michigan Department of Community Health
And
CMHSP _____
For
Managed Mental Health Supports and Services

Period of Agreement:

This contract shall commence on October 1, 2013 and continue through September 30, 2014. This agreement is in full force and effect for the period specified.

Program Budget and Agreement Amount:

Total funding available for managed mental health supports and services is identified in the annual Legislative Appropriation for community mental health services programs. Payment to the CMHSP will be paid based on the funding amount specified in Part II, Section 7.0 of this contract. The value of this contract is contingent upon and subject to enactment of legislative appropriations and availability of funds.

The terms and conditions of this contract are those included in: (a) Part I: Contractual Services Terms and Conditions; (b) Part II: Statement of Work; and (c) all Attachments as specified in Parts I and II of the contract.

Special Certification:

The individuals signing this agreement certify by their signatures that they are authorized to sign this agreement on behalf of the organization specified.

Signature Section:

For the Michigan Department of Community Health

Kristi Broessel, Director
Grants and Purchasing Division

Date

For the CONTRACTOR:

Name (print)

Title (print)

Signature

Date

Executive Summary
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Behavioral Health and Developmental Disabilities Administration
Changes to the FY 14 contract between MDCH and the CMHSPs

Additions and changes to the contract between the Michigan Community Mental Health Service Plans for Managed Mental Health Supports and Services Contract and MDCH

- I. Contract effective date: October 1, 2013 through September 30, 2014
- II. New sections to the contract boilerplate as follows: Not applicable.
- III. List of changes to the following contract sections. Additions are included in "bold" and deletion in "strikeout."

Part I: CONTRACTUAL SERVICES TERMS AND CONDITIONS

Technical Correction to Section 13 Close-out, item F, as follows:

All financial, administrative and clinical records under the CMHSP's Responsibility must be retained ~~for a period of seven years~~, according to the retention schedules in place by the Department of Management and Budget's (DTMB) General Schedule #20 at: http://michigan.gov/dmb/0,4568,7-150-9141_21738_31548-56101--,00.html unless directed otherwise in writing by the MDCH.

Part II: STATEMENT OF WORK

Revise Section 4.1.0 SED Waiver as follows:

The intent of this program is to provide 1915 (c) Home and Community Based Waiver Services, as approved by Centers for Medicare and Medicaid Services (CMS) for children with Serious Emotional Disturbances, along with state plan services in accordance with the Medicaid Provider Manual. (See attachment C 4.7.2 1915 (c) Home and Community Based Waiver Services and State Plan Services to Children with Serious Emotional Disturbance (SEDW))

Within the SEDW, there are two funding streams that constitute the match to the federal Medicaid funding. The Community Mental Health Services Program (CMHSP) provides the match to the federal Medicaid funding for a specific number of slots, identified by the CMHSP and committed to contractually. For the Michigan Department of Human Services (MDHS) SEDW Project, the match to the federal Medicaid funding is provided by MDHS through an interagency agreement between MDCH and MDHS. Attachment C 4.7.2 1915 (c) Home and Community Based Waiver for Children

with Serious Emotional Disturbance (SEDW) outlines CMHSP responsibilities related to the two distinct funding streams.

A. The CMHSP shall identify children who meet the eligibility criteria for the SEDW and submit applications to the MDCH for those children.

B. The CMHSP shall carry out administrative and operational functions delegated by MDCH to the CMHSPs as specified in the CMS approved (c) waiver application. These delegated functions include: level of care determination; review of participant service plans; prior authorization of waiver services; utilization management; qualified provider enrollment; quality assurance and quality improvement activities.

C. The CMHSP shall assure that services are provided in amount, scope and duration as specified in the approved plan of service. Wraparound is a required service for all participants in the SEDW and CMHSPs must assure sufficient capacity to meet the needs of SEDW recipients.

D. The CMHSP shall comply with credentialing, temporary/provisional credentialing and re-credentialing processes for those individuals and organizational providers directly or contractually employed by the CMHSPs, as it pertains to the rendering of services within the Waiver for Children with Serious Emotional Disturbance. CMHSPs are responsible for ensuring that each provider, directly or contractually employed, credentialed or non-credentialed, meets all applicable licensing, scope of practice, contractual and Medicaid Provider Manual qualifications and requirements.

E. The CMHSP shall bill Medicaid in a timely manner on a fee-for-service basis for covered services delivered in accordance with the most recent Medicaid Provider Manual. Billings must represent the actual direct cost of providing the services. The actual direct cost of providing the services include amounts paid to contractors for providing services, and the costs incurred by the CMHSP in providing the services as determined in accordance with OMB Circular A-87. Benefit plan administrative costs are not to be included in the billings. Benefit plan administrative costs related to providing the services must be covered by general fund or local revenue, and while reported with program costs they must be covered by redirects of non-federal funds on the FSR.

F. The CMHSP Office of Recipient Rights shall assure that the semi-annual and annual recipient rights data reports required by MCL 330.1755(5)(j) and MCL 330.1755(6) are submitted to the PIHP Quality Assessment and Performance Improvement Program (QAPIP) in addition to other entities and individuals specified in law. The CMHSPs shall ensure that there is a signed agreement between the CMHSP Office of Recipient Rights, the MDHS Bureau of Child and Adult Licensing (BCAL) and MDHS Children's Protective

Services (CPS) regarding reporting and investigation of suspected abuse, neglect, and exploitation in programs operated or contracted with the CMHSP.

G. Medicaid fee for service funds paid to the CMHSP under the SEDW may be utilized for the implementation of, or continuing participation in, locally established multi-agency shared funding arrangements developed to address the needs of beneficiaries served through multiple public systems. Local interagency agreements and/or memoranda of understanding will stipulate the amount and source of local funding. Medicaid is to be billed on a fee-for-service basis for services to children enrolled in the SEDW when the service is: 1) a covered service in the SEDW; 2) determined to be medically necessary; 3) not covered or paid for from other sources including Title IV-E funds. Monitoring safeguards and relevant documents must be in place to ensure compliance.

H. As allowed under the MDCH/CMHSP master contract, a CMHSP may use State General Funds to cover those costs (indirect administrative costs, direct program costs, and/or direct service cost which exceed the Medicaid fee-for-service reimbursement rate.)

I. The CMHSP and its partner agencies may elect to use excess local contributions to fund the 1915(c) Waiver for Children with Serious Emotional Disturbance (SED) to pay for the cost of products or services that do not qualify as allowable under this waiver. The CMHSP shall separately report this use of excess local contributions as specified in the FSR.

J. Through the Event Reporting System (ERS), the CMHSP will report the following incidents for children on the SEDW: Suicide; Non suicide Death; Arrest of Consumer; Emergency Medical Treatment Due to Injury or Medication Error; Type of injury will include a subcategory for reporting injuries that resulted from the use of restrictive interventions; Hospitalization due to Injury or Medication Error; Type of injury will include a subcategory for reporting injuries that resulted from the use of restrictive interventions.

Remove Section 4.11 SEDW Pilot as follows:

~~The intent of this Pilot is to provide 1915(c) Home and Community Based Waiver Services and state plan services to Michigan Department of Human Services (MDHS) children who: have a Serious Emotional Disturbance (SED); meet the criteria for the SEDW, including eligibility for psychiatric hospitalization at Hawthorn Center (as stipulated in the Medicaid Provider Manual); and are in foster care awaiting adoption or reunification with their family or another relative. For purposes of this amendment the SED Waiver will be defined as the Department of Human Services (DHS) SED Waiver (SEDW) Pilot. (See attachment C 4.7.3.~~

~~SEDW Enrolled in MDCH SEDW Pilot)~~

Remove Section 4.13 SEDW GF Benefit as follows:

~~Michigan Department of Human Services (MDHS) and Michigan Department of Community Health (MDCH) have developed the SED/GF Benefit for a specific target population to ensure provision of mental health services for children placed in DHS foster care not reaching the eligibility criteria of the DHS SED Waiver Pilot that requires children to have met the state psychiatric hospital criteria. This is a redirection of the Needs Assessment funding from DHS to increase access to mental health services for children served by DHS within Foster Care. (See attachment C4.13.1 SEDW GF Benefit)~~

Add as last paragraph Section 6.3.2 Recipient Rights and Grievance/Appeals as follows:

The Community Mental Health Services Program shall assure that it has policies and procedures that address residents' property and funds as required by MCL 330.1752. The policies and procedures should address the proper handling of consumer funds by the agency, if applicable, and any applicable service provider; and require Community Mental Health Services Program monitoring of resident funds and valuables for compliance with the Licensing Rules for Adult Foster Care Small Group Homes (R 400.14315).

Revise section 6.9.7 Children's Waiver as follows:

- A. The CMHSP shall identify children who meet the eligibility criteria for the Children's Waiver Program and submit to MDCH prescreens for those children.
- B. The CMHSP shall carry out administrative and operational functions delegated by MDCH to the CMHSPs as specified in the CMHS approved (c) waiver application. These delegated functions include: level of care determination; review of participant service plans; prior authorization of waiver services; utilization management; qualified provider enrollment; quality assurance and quality improvement activities.
- C. The CMHSP shall determine the appropriate Category of Care/Intensity of Care and the amount of publicly funded hourly care for each Children's Waiver Program recipient per the Medicaid Provider Manual.
- D. The CMHSP shall assure that services are provided in amount, scope, and duration as specified in the approved plan.

- D. The CMHSP shall comply with ~~this~~ policy covering credentialing, temporary/provisional credentialing and re-credentialing processes for those individuals and organizational providers directly or contractually employed by the CMHSPs, as it pertains to the rendering of services within the Children's Waiver Program. CMHSPs are responsible for ensuring that each provider, directly or contractually employed, credentialed or non-credentialed, meets all applicable licensing, scope of practice, contractual and Medicaid Provider Manual qualifications and requirements. Please reference the applicable licensing statutes and standards, as well as the Medicaid Provider manual should you have questions concerning scope of practice or whether Medicaid funds can be used to pay for a specific service.
- E. The CMHSP shall bill Medicaid in a timely manner on a fee-for-service basis for all covered services delivered, in accordance with the most recent Medicaid manual, ~~and in a timely manner.~~ Billings must represent the actual direct cost of providing the services. The actual direct cost of providing the services include amounts paid to contractors for providing services, and the costs incurred by the CMHSP in providing the services as determined in accordance with OMB Circular A-87. Benefit plan administrative costs are not to be included in the billings. Benefit plan administrative costs related to providing the services must be covered by general fund or local revenue, and while reported with program costs they must be covered by redirects of non-federal funds on the FSR.
- F. The CMHSP Office of Recipient Rights shall assure that the semi-annual and annual recipient rights data reports required by MCL 330.1755(5)(j) and MCL 330.1755(6) are submitted to the PIHP Quality Assessment and Performance Improvement Program (QAPIP) in addition to other entities and individuals specified in law. The CMHSPs shall ensure that there is a signed agreement between the CMHSP Office of Recipient Rights, the MDHS Bureau of Child and Adult Licensing (BCAL) and MDHS Children's Protective Services (CPS) regarding reporting and investigation of suspected abuse, neglect, and exploitation in programs operated or contracted with the CMHSP.
- G. Through the Critical Incident Reporting System, the CMHSP will report the following incidents for children on the CWP: Suicide; Non-suicide death; Arrest of Consumer; Emergency Medical Treatment due to injury or Medication Error: Type of injury will include a subcategory for reporting injuries that resulted from the use of restrictive interventions;

Hospitalization due to Injury or Medication Error: Type of injury will include a subcategory for reporting injuries that resulted from the use of restrictive interventions.

Revise section 7.2.8 MICHild as follows:

~~Unexpended MICHild revenues are local funds. Unexpended MICHild revenues may be used as local funds in the following fiscal year.~~

Revise section 7.6 Audits as follows:

The PIHP/CMHSP shall ensure the completion of a fiscal year end Financial Statement Audit conducted in accordance with Generally Accepted Auditing Standards (GAAS); and a fiscal year end Compliance Examination conducted in accordance with the American Institute of CPA's (AICPA's) Statements on Standards for Attestation Engagements (SSAE) 10 - Compliance Attestation, (as amended by SSAE 11, 12 and 14) and the CMH Compliance Examination Guidelines in Attachment C 7.6.1.

The PIHP/CMHSP shall submit to the MDCH the Financial Statement Audit Report, the Compliance Examination Report, a Corrective Action Plan for any audit or examination findings that impact MDCH-funded programs, and management letter (if issued) with a response within 30 days after receipt of the practitioner's report, but no later than June 30th following the contract year end. The PIHP or CMHSP must submit the reporting package by e-mail to MDCH at MDCH-AuditReports@michigan.gov. The required materials must be assembled as one document in PDF file compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. MDCH reserves the right to request a hard copy of the compliance examination report materials if for any reason the electronic submission process is not successful.

If the PIHP/CMHSP does not submit the required Financial Statement Audit Report, Compliance Examination Report, management letter (if issued) with a response, and Corrective Action Plan by the due date and an extension has not been approved by MDCH, MDCH may withhold from the current funding an amount equal to five percent of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by MDCH. MDCH may retain the amount withheld if the PIHP/CMHSP is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by MDCH.

MDCH shall issue a management decision on findings, comments, and questioned costs contained in the PIHP/CMHSP Compliance Examination Report within eight months after the receipt of a complete and final reporting package. The management decision will include whether or not the Compliance Examination finding or comment is sustained; the reasons for the decision; the expected PIHP/CMHSP action to repay disallowed costs, make financial adjustments, or take other action;

and a description of the appeal process available to the PIHP/CMHSP. Prior to issuing the management decision, MDCH may request additional information or documentation from the PIHP/CMHSP, including a request for practitioner verification or documentation, as a way of mitigating disallowed costs.

The appeal process available to the PIHP/CMHSP relating to MDCH management decisions on Compliance Examination findings, comments and disallowed costs is included in Attachment C 7.6.2.

Revise section 9.4.1 MDCH Reviews as follows:

Some parts of the Review and Audit procedures outlined in this section do not apply to MDCH site visits, in that those site visits combine the review of the CMHSP and the PIHP.

- A. As used in this section, a review is an examination or inspection by the MDCH or its agent, of policies and practices, in an effort to verify compliance with requirements of this contract.
- B. The MDCH will schedule reviews at mutually acceptable start dates to the extent possible, with the exception of those reviews for which advance announcement is prohibited by rule or federal regulation, or when the deputy director for the Health Care Administration determines that there is demonstrated threat to consumer health and welfare or substantial threats to access to care.
- C. Except as precluded in ~~Part II~~, Section 9.4.1 (B) above, the guideline, protocol and/or instrument to be used to review the CMHSP, or a detailed agenda if no protocol exists, shall be provided to the CMHSP at least 30 days prior to the review.
- D. At the conclusion of the review, the MDCH shall conduct an exit interview with the CMHSP. The purpose of the exit interview is to allow the MDCH to present the preliminary findings and recommendations.
- E. Following the exit review, the MDCH shall generate a report within 45 days identifying the findings and recommendations that require a response by the CMHSP.
 - I. The CMHSP shall have 30 days to provide a Plan of Correction (POC) for achieving compliance. The CMHSP may also present new information to the MDCH that demonstrates they were in compliance with questioned provisions at the time of the review. (New information can be provided anytime between the exit interview and the POC.) When access or care to individuals is a

serious issue, the CMHSP may be given a much shorter period to initiate corrective actions, and this condition may be established, in writing, as part of the exit conference identified in (D) above.

2. The MDCH will review the POC, seek clarifying or additional information from the CMHSP as needed, and issue an approval of the POC within 30 days of having required information from the CMHSP. The MDCH will take steps to monitor the CMHSPs implementation of the POC as part of performance monitoring.
 3. The MDCH shall protect the confidentiality of the records, data and knowledge collected for or by individuals or committees assigned a peer review function in planning the process of review and in preparing the review or audit report for public release.
- F. The CMHSP can appeal findings reflected in review reports through the dispute resolution process identified in this contract.

IV. The following attachments are new to the Contract: Not Applicable

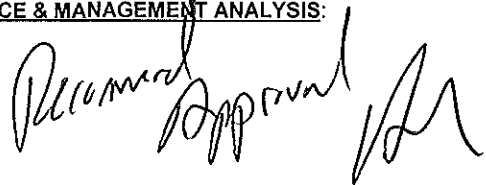

V. The following attachments to the Contract are updated or revised:

C1.3.1 County of Financial Responsibility (COFR)
C4.7.2 SEDW Agreement
C6.3.2.1 CMHSP Local Dispute Resolution Process
C6.9.1.2 MDCH State Facility Agreement
C7.6.1 CMHSP Compliance Examination Guidelines
C7.6.2 Appeal Process for Compliance Examination Management Decisions
C7.8.1 Financial Planning, Reporting and Settlement

VI. The following attachments to the Contract are removed:

C4.7.3 SEDW Enrolled in MDCH SEDW Pilot

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services		BUDGETED NON-BUDGETED PARTIALLY BUDGETED X		
REQUESTING DEPARTMENT Community Mental Health		COMMITTEE DATE September 03, 2013		REQUESTOR SIGNATURE Julia Rupp, Executive Director
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)				
Approval is requested for Community Mental Health (CMH) to sign the contract with the Michigan Department of Community Health (MDCH) for the changes to the contract between MDCH and the Michigan Prepaid Inpatient Health Plans (PIHP) for Medicaid Specialty Services, effective October 1, 2013 through December 31, 2013. CMH has received the contract with the Michigan Department of Community Health for the PIHP. Changes to the contract are noted in the attached Executive Summary.				
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)				
I move to authorize the Community Mental Health (CMH) Executive Director to sign the contract with the Michigan Department of Community Health for the changes to the contract between MDCH and the Michigan Prepaid Inpatient Health Plans for Medicaid Specialty Services, effective October 1, 2013 through December 31, 2013.				
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)				
<u>HUMAN RESOURCES ANALYSIS:</u>		<u>FINANCE & MANAGEMENT ANALYSIS:</u> 		
<u>CORPORATE COUNSEL ANALYSIS:</u> Concur T. Williams		<u>ADMINISTRATOR RECOMMENDATION:</u> 		
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee				08/23/2013
AGENDA DATE: 9-3-13	AGENDA NO.: H513/09-53	BOARD DATE: 9-10-13	PAGE NO.	

Manager and Location Building:
Thomas J. Renwick– Lewis Cass Building, 320 S. Walnut
Contract Number# _____

Agreement Between
Michigan Department of Community Health
And
PIHP _____
For
The Medicaid Managed Specialty Supports and Services
Concurrent 1915(b)/(c) Waiver Program

Period of Agreement:

This contract shall commence on October 1, 2013 and continue through December 31, 2013. This agreement is in full force and effect for the period specified.

Program Budget and Agreement Amount:

Total funding available for specialty supports and services is identified in the annual Legislative Appropriation for community mental health services programs. Payment to the PIHP will be paid based on the funding amount specified in Part II, Section 7.0 of this contract. The estimated value of this contract is contingent upon and subject to enactment of legislative appropriations and availability of funds.

The terms and conditions of this contract are those included in: (a) Part I: Contractual Services Terms and Conditions; (b) Part II: Statement of Work; and (c) all Attachments as specified in Parts I and II of the contract.

Special Certification:

The individuals signing this agreement certify by their signatures that they are authorized to sign this agreement on behalf of the organization specified.

Signature Section:

For the Michigan Department of Community Health

Kristi Broessel, Director
Grants and Purchasing Division

Date _____

For the CONTRACTOR:

Name (print)

Title (print)

Signature

Date



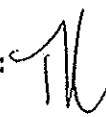
STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

MEMORANDUM

July 30, 2013

TO: PIHP Executive Directors
FROM:  Thomas Renwick, J.D., Director
Program Development, Consultation and Contracts Division
Bureau of Hospitals and Administrative Operations
SUBJECT: Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c)
Waiver Program for October 1 – December 31, 2013

Action Required before August 30, 2013

The attached documents pertain to your October 1 – December 31, 2013 contractual agreement between the Michigan Department of Community Health and your Prepaid Inpatient Health Plan. There are two attachments: one is an executive summary of changes from last year's contract. The other attachment is the new boilerplate contract signature page.

After reviewing this material, please print out **two copies of the new boilerplate signature page, sign and date both signifying acceptance by your agency, and return both of the hard copies to the Department on or before August 30, 2013.** Following receipt of your submission, we will obtain the necessary state signatures. Once fully executed the original signature page with the unedited version of the contract will be sent to you.

Capitation Rate for the period of October 1 – December 31, 2013 will be sent at a later date.

It is important that you and your board review these changes over the course of the next few weeks, and authorize you or your board chair to sign it. I am suggesting this approach as it will help avoid having to call a special last minute board meeting just to meet the state's processing deadline.

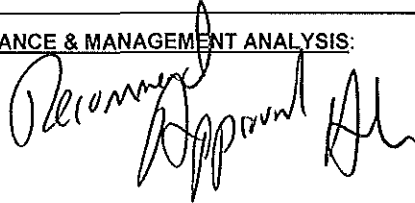

The signed agreements should be returned to:

John Duvendeck, Manager
Michigan Department of Community Health
Division of Program Development, Consultation and Contracts
320 South Walnut – 5th Floor Lewis Cass Building
Lansing, MI 48913

If you have any questions regarding the contract, please call John Duvendeck at (517) 241-5218. An additional contract covering the remainder of the FY 2014 year will be negotiated later this year.

Thank you in advance for your continuing support and assistance.

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services		BUDGETED X NON-BUDGETED PARTIALLY BUDGETED	
REQUESTING DEPARTMENT Community Mental Health	COMMITTEE DATE September 03, 2013	REQUESTOR SIGNATURE Julia Rupp, Executive Director	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)			
<p>Approval is requested for Community Mental Health (CMH) to sign the contract with the Michigan Department of Community Health (MDCH) for the changes to the contract between MDCH and the Michigan Adult Benefits Waiver Section 1115 demonstration program, effective October 1, 2013 through December 31, 2013.</p> <p>CMH has received the contract with the Michigan Department of Community Health for the Adult Benefits Waiver for the first quarter of FY14. Changes to the contract are noted in the attached Executive Summary.</p>			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)			
<p>I move to authorize the Community Mental Health (CMH) Executive Director to sign the contract with the Michigan Department of Community Health for the changes to the contract between MDCH and the Michigan Adult Benefits Waiver Section 1115 demonstration program, effective October 1, 2013 through December 31, 2013.</p>			
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)			
HUMAN RESOURCES ANALYSIS:		FINANCE & MANAGEMENT ANALYSIS:	
			
CORPORATE COUNSEL ANALYSIS:		ADMINISTRATOR RECOMMENDATION:	
Concur T. Williams			
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee		<div style="border: 1px solid black; padding: 5px; display: inline-block;">08/23/2013</div>	
AGENDA DATE: 9-3-13	AGENDA NO.: HS13/09-54	BOARD DATE: 9-10-13	PAGE NO.

Contract Manager and Location Building:
Thomas J. Renwick – Lewis Cass Building, 320 S. Walnut
Contract Number# _____

**Agreement Between
Michigan Department of Community Health
And
PIHP _____**

**For
MICHIGAN ABW NON-PREGNANT CHILDLESS ADULTS WAIVER (ADULT
BENEFITS WAIVER) SECTION 1115 DEMONSTRATION**

Period of Agreement:

This contract shall commence on October 1, 2013 and continue through December 31, 2013. This agreement is in full force and effect for the period specified.

Program Budget and Agreement Amount:

Total funding available for MICHIGAN ABW NON-PREGNANT CHILDLESS ADULTS WAIVER (ADULT BENEFITS WAIVER) SECTION 1115 DEMONSTRATION (ABW) is identified in the annual Legislative Appropriation for community mental health services programs. Payment to the PIHP will be paid based on the funding amount specified in Part II, Section 7.0 of this contract. The estimated value of this contract is contingent upon and subject to enactment of legislative appropriations and availability of funds.

The terms and conditions of this contract are those included in: (a) Part I: Contractual Services Terms and Conditions; (b) Part II: Statement of Work; and (c) all Attachments as specified in Parts I and II of the contract.

Special Certification:

The individuals signing this agreement certify by their signatures that they are authorized to sign this agreement on behalf of the organization specified.

Signature Section:

For the Michigan Department of Community Health

Kristi Broessel, Director
Grants and Purchasing Division

Date _____

For the CONTRACTOR:

Name (print)

Title (print)

Signature

Date



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING


RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

MEMORANDUM

July 31, 2013

TO: PIHP Executive Directors

FROM:  Thomas Renwick, J.D., Director
Program Development, Consultation and Contracts Division
Bureau of Hospitals and Administrative Operations

SUBJECT: Michigan ABW NON-Pregnant Childless Adults Waiver (Adult Benefits Waiver)
Section 1115 Demonstration program for October 1 – December 31, 2013

Action Required before August 30, 2013

The attached documents pertain to your October 1 – December 31, 2013 contractual agreement between the Michigan Department of Community Health and your Prepaid Inpatient Health Plan. There are two attachments: one is an executive summary of changes from last year's contract. The other attachment is the new boilerplate contract signature page.

After reviewing this material, please print out two copies of the new boilerplate signature page, sign and date both signifying acceptance by your agency, and return both of the hard copies to the Department on or before August 30, 2013. Following receipt of your submission, we will obtain the necessary state signatures. Once fully executed the original signature page with the unedited version of the contract will be sent to you.

Capitation Rate for the period of October 1 – December 31, 2013 will be sent at a later date.

It is important that you and your board review these changes over the course of the next few weeks, and authorize you or your board chair to sign it. I am suggesting this approach as it will help avoid having to call a special last minute board meeting just to meet the state's processing deadline.



The signed agreements should be returned to:

John Duvendeck, Manager
Michigan Department of Community Health
Division of Program Development, Consultation and Contracts
320 South Walnut – 5th Floor Lewis Cass Building
Lansing, MI 48913

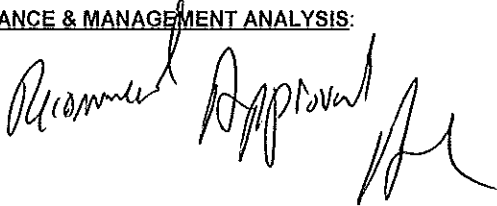

If you have any questions regarding the contract, please call John Duvendeck at (517) 241-5218. An additional contract covering the remainder of the FY 2014 year will be negotiated later this year.

Thank you in advance for your continuing support and assistance.

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services		BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DEPARTMENT Public Health		COMMITTEE DATE September 3, 2013	REQUESTOR SIGNATURE Kenneth A. Kraus	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)				
<p>Public Health - Muskegon County received \$11,790 in Project Fresh coupons that were issued to local WIC clients that qualify for the program. Coupons are valid through October 18, 2013. Public Health – Muskegon County is requesting authorization to reimburse the participating farmers for Project Fresh coupons redeemed. All payments made to the participating farmers will be reimbursed in full by the Michigan Department of Community Health with no change in the general fund appropriation.</p>				
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)				
<p>Move to authorize Public Health - Muskegon County to reimburse farmers participating in Project Fresh based on the number of coupons received.</p>				
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)				
HUMAN RESOURCES ANALYSIS:		FINANCE & MANAGEMENT ANALYSIS:		
				
CORPORATE COUNSEL ANALYSIS:		ADMINISTRATOR RECOMMENDATION:		
				
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee				
				Date
AGENDA DATE: 9-3-13	AGENDA NO.: HS13/09-55	BOARD DATE: 9-10-13	PAGE NO.	

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Resources		BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DEPARTMENT Public Health	COMMITTEE DATE 09/03/13	REQUESTOR SIGNATURE Kenneth A. Kraus		
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)				
<p>Public Health - Muskegon County is requesting authorization to renew the agreement with Access Health, Inc. for the 2012/2013 fiscal year in the amount of \$243,100 per year for the delivery of health care related services for indigent and low-income residents of Muskegon County, including those individuals whose health care services are coordinated by a program of Access Health. Public Health will be responsible for delivering the following services under this agreement: Public Health Nursing, health education and intervention; and Immunization services (approximately 75 shots given).</p>				
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)				
<p>Move to authorize Public Health to enter into an agreement with Access Health, Inc., in the amount of \$243,100 per year, for the delivery of health care related services for indigent and low-income residents of Muskegon County for the 2012-2013 fiscal year; further move to authorize the Board Chairman and the Public Health Director to sign the associated agreement.</p>				
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)				
<u>HUMAN RESOURCES ANALYSIS:</u>		<u>FINANCE & MANAGEMENT ANALYSIS:</u>		
				
<u>CORPORATE COUNSEL ANALYSIS:</u>		<u>ADMINISTRATOR RECOMMENDATION:</u>		
Concur T. Williams				
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee				
				Date
AGENDA DATE: 9-3-13	AGENDA NO.: HS13/09-56	BOARD DATE: 9-10-13	PAGE NO.	

**AGREEMENT BETWEEN THE COUNTY OF MUSKEGON,
PUBLIC HEALTH, MUSKEGON COUNTY
AND ACCESS HEALTH, INC.**

August 20, 2013

This Agreement is between Access Health, Inc. (hereinafter referred to as "Access Health" located at 1200 Ransom, Muskegon, Michigan 49442, and the County of Muskegon on behalf of Public Health - Muskegon County, located at 209 E. Apple Avenue, Muskegon, Michigan 49442, hereinafter referred to as "PHMC").

I. PURPOSE

The purpose of this Agreement is for PHMC to provide health care related services for indigent and low-income residents of Muskegon County including those individuals whose health care services are coordinated by a program of Access Health.

II. BACKGROUND

- A. Access Health is a Michigan nonprofit corporation having purposes which include promoting, arranging, and managing an effective system for quality coordinated health care in a manner which decreases the cost of health care services for the community at large for persons unable to pay for such services. Access Health is organized as a tax-exempt entity as described in Section 501(c)(3) of the Internal Revenue code of 1986 and has tax exempt status under Section 501(c)(3) of the Code.
- B. PHMC, a Department of the County of Muskegon, provides certain services, which Access Health wishes to include in its coordinated program of health-related services to be available to certain medically indigent residents of Muskegon County, not covered under other public or private programs.

III. SCOPE OF SERVICES

Access Health hereby engages PHMC to provide health care related services for indigent and low-income residents of Muskegon County, including those individuals whose health care services are coordinated by a program of Access Health.

IV. RESPONSIBILITIES OF PHMC

- 1. Provide public health education and intervention activities targeting indigent and low-income residents utilizing public health nurses registered with the State of Michigan, health educators, and other PHMC staff as needed.
- 2. Administer flu shots to eligible Access Health plan members.
- 3. Provide evaluations and/or reports for activities upon request by Access Health.
- 4. Attend and participate in program meetings with Access Health to review, discuss and address any questions, concerns, and/or comments related to this Agreement as needed.

V. RESPONSIBILITIES OF ACCESS HEALTH

5. In return for the previously described services, Access Health will provide a grant not to exceed \$243,100 to PHMC (including flu shots administered to Access Health plan members at board-approved rate).

The grant funding will be applied towards the following services:

Public Health Nursing, Public Health Education and Intervention
Immunization Services (approximately 75 flu shots at board-approved rate)

6. Be responsible for reporting activities that may be required by any outside source.
7. Provide a listing of clients that have been referred for services related to this agreement to PHMC on a monthly basis.
8. Attend and participate in program meetings with PHMC to review, discuss and address any questions, concerns, and/or comments related to this Agreement as needed.

VI. LIABILITY

Both parties to this Agreement and their staff members agree to indemnify and hold each other and the County of Muskegon and their officers, agents, and employees harmless from and against all claims, costs, actions, causes of action, losses of expenditures (including reasonable costs and attorney fees) resulting from or caused by the negligent actions or omissions of their respective personnel related to the services rendered as a necessary component in providing services pursuant to this Agreement.

VII. CONFIDENTIALITY, SECURITY AND CHAIN OF TRUST

All parties to the Agreement agree to comply with the Health Insurance Portability and Accountability Act (HIPAA) and the regulations and/or requirements related to its compliance. All parties also agree to protect the confidentiality and integrity of clients' medical, mental health, and substance abuse information of as required by law and professional ethics.

VIII. ASSIGNMENT

Neither party shall assign its rights, interests, or obligations under this Agreement without the express written consent of the other party.

IX. SEVERABILITY

Any provision of this Agreement later held to violate any law shall be deemed void and all remaining provisions shall continue in full force.

X. SURVIVAL

All provisions of this Agreement that allocate responsibility or liability, that require documentation or that establish confidentiality, security, and chain of trust shall survive the completion or termination of this Agreement.

XI. TERMS

The terms and phrases used in this Agreement are to be given their common and ordinary meaning and are not to be construed against either party.

XII. DURATION OF CONTRACT/TERMINATION

This Agreement shall be deemed effective on October 1, 2012 and shall continue for a term of one year, ending on September 30, 2013. It is also agreed that this Agreement can be renewed each year, subject to the availability of funds.

In the event a change in the law or regulations governing either party makes it impossible to comply with the intent of this Agreement, the parties agree they will either renegotiate the terms of this Agreement or they will mutually terminate this Agreement.

This Agreement can be terminated by either party upon providing sixty (60) days written notice of intention to terminate this Agreement, or immediately by either party with good cause.

COUNTY OF MUSKEGON

Dated: _____, 2013

By: _____
Kenneth A. Mahoney, Chairman
Muskegon County Board of Commissioners

PUBLIC HEALTH, MUSKEGON COUNTY

Dated: _____, 2013

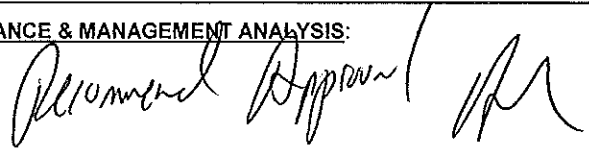
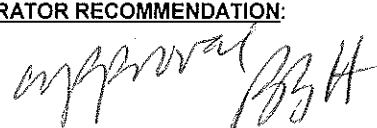
By: _____
Kenneth A. Kraus, MPA, Heath Officer

ACCESS HEALTH, INC.

Dated: _____, 2013

By: _____
Jeff S. Fortenbacher
Executive Director

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services		BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED	
REQUESTING DEPARTMENT Public Health		COMMITTEE DATE September 3, 2013	REQUESTOR SIGNATURE Kenneth A. Kraus		
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)					
<p>Public Health – Muskegon County is requesting authorization to update the restroom facilities in the Public Health building. The building is approximately 40 years old and the restroom facilities have never been updated. In addition, the volume of traffic in the women’s restroom is exponentially higher than the original intent due to the large client usage from our WIC and Immunization programs, as well as, Planned Parenthood’s Title X Family Planning program. We are also requesting authorization to replace carpet in the main corridor with new carpet tiles. The current carpet is the original carpet from 1998. A projected departmental budget surplus would allow us to pay for the updates without an additional general fund allocation. Facilities Management has worked with Public Health to identify various vendors and cost out the project as follows:</p> <p>Update FLOORS with commercial, high-volume grade tiles \$7,600 Resurface WALLS with water, mold and bacteria resistant paint \$800 Replace STALLS with metal, powder-coated units \$5,183 Replace COUNTER-TOPS with custom sinks-in-unit, corian-grade \$5,789 Replace FAUCETS and plumbing fixtures (flush valves) with battery-operated sensor units \$4,000 Install HAND DRYERS automatic start/stop units \$500 Projected cost to update restrooms in Public Health building = \$24,000 Projected cost to replace carpet tiles in the main corridor = \$15,000 TOTAL PROJECTED COST = \$39,000</p>					
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)					
<p>Authorize Public Health to update the restrooms in the Public Health building and replace carpet in the main corridor at a cost not to exceed \$39,000 using surplus budget funds with no additional general fund allocation.</p>					
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)					
HUMAN RESOURCES ANALYSIS:		FINANCE & MANAGEMENT ANALYSIS:			
					
CORPORATE COUNSEL ANALYSIS:		ADMINISTRATOR RECOMMENDATION:			
					
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 100px; height: 20px;">Date</td> </tr> </table>					Date
Date					
AGENDA DATE: 9-3-13	AGENDA NO.: HS13/09-57	BOARD DATE: 9-10-13	PAGE NO.		

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Resources		BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DEPARTMENT Public Health		COMMITTEE DATE September 3, 2013	REQUESTOR SIGNATURE Kenneth A. Kraus	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)				
<p>Public Health - Muskegon County is requesting authorization to amend its FY13 budget to incorporate increased cost allocation, general payoff allocations and building improvements; and reflect decreases in salaries and fringes due, in large part, to a reduction in employer medical expenses as a result of participation in the wellness program. Budgeted revenues and expenditures decrease from \$6,074,247 to \$6,002,870. The net impact to the general fund appropriation is a reduction of \$110,000.</p>				
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)				
<p>Move to authorize Public Health - Muskegon County to amend its FY13 budget (revenue and expenditures) from \$6,074,247 to \$6,002,870 to include increased cost allocation, general payoff allocations and building improvements; and decreases in salaries and fringes, with a net reduction in general fund appropriation of \$110,000.</p>				
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)				
<u>HUMAN RESOURCES ANALYSIS:</u>		<u>FINANCE & MANAGEMENT ANALYSIS:</u>		
		Recommend Approval Heath Kaplan		
<u>CORPORATE COUNSEL ANALYSIS:</u>		<u>ADMINISTRATOR RECOMMENDATION:</u>		
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee				
				Date
AGENDA DATE: 9-3-13	AGENDA NO.: HS13/09-58	BOARD DATE: 9-10-13	PAGE NO.	

Health Department – Fund 2210

Overall Financial Impact	Proposed FY13 Budget	Current FY13 Budget	Proposed Change	Percent Change
Maintenance of Effort Projection	\$829,966	\$1,057,913	(\$227,947)	(21.55%)
General Fund Appropriation	\$1,562,732	\$1,672,732	(\$110,000)	(6.58%)
Substance Abuse Fund Balance	\$28,214	\$20,982	\$7,232	3.45%
Grants, Fees & Misc. Revenue	\$4,411,924	\$4,380,533	\$31,391	0.70%
Total Projected Revenue	\$6,002,870	\$6,074,247	(\$71,377)	(1.18%)
Salaries and Fringes	\$4,391,263	\$4,664,658	(\$273,395)	(4.8%)
Other Program Expenditures	\$1,611,607	\$1,409,589	\$202,018	12.10%
Total Projected Expenditures	\$6,002,870	\$6,074,247	(\$71,377)	(1.18%)