

CSHCS Budgets Updates and Topics

Yay! Can't wait!



AGENDA

- *Budgets three-in-one*
- *Where to find information*
- *CSHCS Medicaid Outreach*
- *Care Coordination & CHASS*
- *Vaccine Initiatives- funding and updates*
- *Timelines & Amendments*
- *Q&A*

First things first... The Outreach and Advocacy budget setup as it appears in EGrAMS

Program

Local Health Department - 2021

Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy

Show Documents

Stage-CTRTS/S

+ Facesheet

+ Certifications

- Budget

Budget Detail

Budget Summary

Source of Funds

+ Miscellaneous

The Care Coordination

The CSHCS Medicaid Outreach

5. Budget Detail

Description	Qty.	Unit Rt.	Units	UOM	Total	Amount	+Info
Total for All Others (ADP, Con. Employees, Misc.)	0.0000	0.000	0.000		650.00	650.00	
Total Program Expenses					162,090.00	162,090.00	
TOTAL DIRECT EXPENSES					162,090.00	162,090.00	
INDIRECT EXPENSES							
Indirect Costs							
Indirect Costs							
Cost Allocation Plan / Other							
Other Cost Distributions-Case Mgt. & Care Coordination	0.0000	0.000	0.000		-18,000.00	-18,000.00	
Other Cost Distributions-CSHCS Medicaid Outreach	0.0000	0.000	0.000		-79,734.00	-79,734.00	
Other Cost Distributions-Cost Allocation Plan-Admin Distribution	0.0000	0.000	0.000		52,373.00	52,373.00	
Total for Cost Allocation Plan / Other	0.0000	0.000	0.000		-45,361.00	-45,361.00	
Total Indirect Costs					-45,361.00	-45,361.00	
TOTAL INDIRECT EXPENSES					-45,361.00	-45,361.00	
TOTAL EXPENDITURES					116,729.00	116,729.00	

The allocation



EGrAMS Application



Home

Date : Jul-21-22

- Behavioral Hlth and Dev Disabilities Adm
- Behavioral Hlth and Dev Dis Adm Standard
- Community Action & Economic Opportunity
- Comprehensive Agreement
- Childrens Services Agency
- Childrens Svc - Continuous Quality Impr
- Childrens Services - Direct Services
- Children's Services Agency MA
- Childrens Trust Fund Direct Service
- Children Trust Michigan - Local Council
- External Affairs and Communications
- Economic Stability Administration
- Health Information Technology
- Health Policy and Innovation
- Legal and Policy Affairs

The **Michigan Department of Health and Human Services** (MDHHS) is one of 18 departments of the government in the State of Michigan. The department is the largest in the state government and is responsible for health policy, human service support and delivery, and management of the state's publicly funded health and human service systems. The MDHHS utilizes the EGrAMS software to implement its outgoing grant agreements.

EGrAMS is an Electronic Grants Administration & Management System to aid users in the grants process. The System is password protected and only authorized users can access the system.

To access EGrAMS, you should have a valid User ID. To apply to become an authorized user, you first need to create a User profile (see left side bar). Once created, your request will be reviewed, and if accepted, you will be notified by email.

The options in the left pane of the home page do not require a valid User ID. Move the mouse over the options to view additional details for each option. For additional information, click on the book icon at the top of the page.

If you have any problem accessing the application, please contact the **MDHHS EGrAMS Help Desk at 517-335-3359 or MDHHS-EGrAMS-Help@michigan.gov**. Please include your full name, agency name, grant program and project, complete telephone number (with area code), and a brief description of the issue when you contact the MDHHS EGrAMS Help Desk.

To access our Budgeting for Grants 101 Training, [click here](#).

****Microsoft Edge is the recommended browser for accessing this software****

[Michigan.gov Home](#) | [EGrAMS Home](#) | [Contact EGrAMS](#) | [Contact Information](#) | [State Web Sites](#) |

[Privacy Policy](#) | [Link Policy](#) | [Accessibility Policy](#) | [Security Policy](#)

Copyright © 2001-2006 State of Michigan



EGrAMS Application



Current Grants

Date : Jul-21-22

Home

About EGrAMS

EGrAMS Login

Validate Workstation

Register your Agency

Create User Profile

Project Director Request

Grant Opportunity Notification

Search Grants

Current Grants

Health and Aging Services

Administration

Bureau of Community Services

Bureau of Community Services MA

Behavioral Hlth and Dev

Disabilities Adm

Behavioral Hlth and Dev Dis Adm

Standard

Community Action & Economic

Opportunity

Category: Comprehensive Agreement

Option: ☒ Open ☐ All

Find

Program	Description	Effective From Date	Effective To Date	Submission Date	Available Grant Amount
CO-2023	Local Health Department - 2023	10/1/2022	9/30/2023	8/7/2022	144,160,181.00
TLHD-2023	Emerging Threats- Local Health Department- 2023	10/1/2022	9/30/2023	7/29/2022	91,232,368.00
ETLHD-2022	Emerging Threats- Local Health Department- 2022	10/1/2021	9/30/2022	8/13/2021	91,232,368.00
CO-2022	Local Health Department - 2022	10/1/2021	9/30/2022	8/7/2021	145,779,237.00
CO-2021	Local Health Department - 2021	10/1/2020	9/30/2021	8/7/2020	145,779,237.00
CO-2020	Local Health Department - 2020	10/1/2019	9/30/2020	7/19/2019	145,578,539.00
CO-2019	Local Health Department - 2019	10/1/2018	9/30/2019	6/16/2018	127,273,305.00
CO-2018	Local Health Department - 2018	10/1/2017	9/30/2018	6/16/2017	127,273,305.00
CO-2017	Local Health Department - 2017	10/1/2016	9/30/2017	7/19/2016	125,869,943.00
CO-2016	Comprehensive Agreement - 2016	10/1/2015	9/30/2016	9/8/2015	120,309,214.00
CO-2015	Comprehensive Agreement - 2015	10/1/2014	9/30/2015	9/17/2014	120,309,214.00

[Michigan.gov Home](#) | [EGrAMS Home](#) | [Contact EGrAMS](#) | [Contact Information](#) | [State Web Sites](#) |

[Privacy Policy](#) | [Link Policy](#) | [Accessibility Policy](#) | [Security Policy](#)

Copyright © 2001-2006 State of Michigan

Grant Category: Comprehensive Agreement

Grant Program: Local Health Department

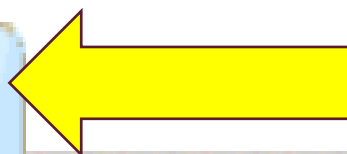
Project :



General

Additional Information

Documents



Synopsis

Department to enter into agreements with LHDs, requiring the implementation of standards and providing for the m funded through the LHD agreement are administered in accordance with the Public Health Code, rules promulgated other applicable Federal, State and Local laws, rules and regulations. Stemming back to its inception in the 1980's streamline the contracting process with LHDs. Prior to its creation, LHDs received separate agreements for each p

Current MO rate

SOME of what can be found in the documents tab

Care Coordination Attachment

12/22/21 MDHHS Children's Special Health Care Services (CSHCS) FY21/22
Percentage of Eligible Enrolled in CSHCS by Local Health Department Jurisdiction

Local Health Department	Percentage of Medicaid Eligible
ALLEGAN	70.48%
BARRY-EATON	74.61%
BAY	78.97%
BENZIE-LEELANAU	68.07%
BERRIEN	79.87%
BRNCH/HILLS/ST.JO	70.75%
CALHOUN	83.70%
CENTRAL MICH	82.54%
CHIPPEWA	83.86%
Detroit	91.30%
DELTA-MENOMINEE	87.11%
DICKINSON-IRON	86.21%
DISTRICT #2	82.07%
DISTRICT #4	81.77%
DISTRICT #10	84.28%
GENESEE	88.43%
GRAND TRAVERSE	68.91%
HURON	74.13%
INGHAM	88.15%
IONIA	74.64%
JACKSON	78.56%
KALAMAZOO	73.28%
KENT	78.25%
LAPEER	76.97%
LENAWEE	79.20%
LIVINGSTON	67.13%
L.M.A.S.	88.14%
MACOMB	80.41%
MARQUETTE	80.92%
MIDLAND	74.13%
MID-MICHIGAN	80.84%
MONROE	77.51%
MUSKEGON	85.10%
HD NORTHWEST	72.77%
OAKLAND	75.69%
OTTAWA	60.77%
SAGINAW	83.98%
ST. CLAIR	79.43%
SANILAC	76.55%
SHIAWASSEE	85.73%
TUSCOLA	81.67%
VANBUREN- CASS	77.15%
WASHTENAW	80.73%
WAYNE	91.30%
WESTERN U.P.	84.77%

Comprehensive Agreement Boilerplate Language

Attachment I - Instructions for the Annual Budget

Attachment III - Program Specific Assurances and Requirements

Attachment IV Notes

Att III - Program Specific Assurances and Requirements AMENDED

Oakland County FY Agreement Addendum A

Comprehensive Applicable Laws Rules Regulations Policies Procedures and Manuals

Medicaid Outreach CSHCS Rates

CO-Body Art Supplemental FSR

Essential Local Public Health Services Maintenance of Effort (MOE) Report

FASD Community Based Uniform Data Collection

FASD Data Evaluation Tool

Immunization Fixed Fees Supplemental Report

MDHHS ELPHS Detail Report

CSHCS Case Management and Care Coordination Report

Attachment B4 - Indirect Cost 10% De Minimis Rate Calculation Form

WIC Communicate to Motivate Licensing Agreement

WIC Mother's in Motion Licensing Agreement

Fiscal Review Questionnaire

HIV/STD Tech Assistance Request Form

Ryan White Reporting Tool

Hearing and Vision Annual Narrative Progress Report

Guidance Manual

EGrAMS Application Form

Did you
know this
is
required?

CASE MANAGEMENT AND CARE COORDINATION REIMBURSEMENT DOCUMENTATION SUPPLEMENTAL ATTACHMENT TO THE CO FSR (DCH-0412) Michigan Department of Health and Human Services (MDHHS) Children's Special Health Care Services (CSHCS)

Local Health Department:	Reporting Period:
Prepared By:	Date Prepared:

Care Coordination Services

I. Level I: Plan of Care (POC) (Maximum of one Plan of Care per eligibility year per client)

Annual Plan of Care in the client's home:

1. _____	# of services provided to Title V clients	X \$150.00	\$0.00
2. _____	# of services provided to Title V/XX clients	X \$150.00	\$0.00

Annual Plan of Care by Telephone:

3. _____	# of services provided to Title V clients	X \$100.00	\$0.00
4. _____	# of services provided to Title V/XX clients	X \$100.00	\$0.00
5. TOTAL Level I POC services billed for Title V this period: (Lines 1 + 3)			\$0.00 PCA 88070
6. TOTAL Level I POC services billed for Title V/XX this period: (Lines 2 + 4)			\$0.00 PCA 88080
7. TOTAL Level I POC services billed for Title V and Title V/XX this period: (Lines 5 + 6)			\$0.00

II. Level II: Care Coordination (Maximum of 10 services per eligibility year per client)

8. _____	# of services provided to Title V clients	X \$30.00	\$0.00 PCA 88040
9. _____	# of services provided to Title V/XX clients	X \$30.00	
10. TOTAL Level II Care Coordination billed this period: (Lines 8 + 9)			

11. TOTAL CSHCS Care Coordination (Level I + Level II): (Lines 7 + 10)

III. Case Management Services (Maximum of six services per eligibility year per client)

12. _____	# of services provided to Title V clients	X \$201.58	
13. _____	# of services provided to Title V/XX clients	X \$201.58	
14. _____	# of services provided to Title V/XX clients	X \$201.58	
15. TOTAL CSHCS Case Management Services billed this period: (Lines 12 + 13 + 14)			



Everything CSHCS Medicaid Outreach

Topics to cover:

- What is the role of CSHSC Medicaid Outreach?
- The importance of spending down the allocation (outreach and advocacy) before drawing CSHCS Medicaid.
- CSHCS Medicaid Rates-
 - When they change and why
 - Calculating the breakout for your budget
 - The math and the cheat sheet

CSHCS Medicaid Rates

The rate changes annually

- Every year between December and January the rate is recalibrated based on the % of people on Medicaid within your county(s).
- Because the rate changes around the first quarter FSR due date, the grant manager *may* approve a grant set up with a minor incorrect rate break out (if it is only a couple dollars off). It will change rates when the calendar year flips over anyway.
- Likewise, the grant manager would not amend the CSHCS Medicaid grant based solely on rate changes. *(Note that all grants can have deviated line items up to 15% of the total grant or \$10,000- whichever is greater).*
- Once the new rates are received and published (in EGrAMS), the grant manager will ensure the correct breakout for the FSR's for the rest of the grant term (October 1st -September 30th).
- The final FSR is where it is most imperative that the breakout is correct.



CSHCS Medicaid Rules

- If the CSHCS Medicaid Outreach is not set up- you can not bill for it later. *This includes Fed Match/Local Match and Local funds other lines within the budget page in EGrAMS.*
- You can not bill for CSHCS Medicaid Outreach until **AFTER** the MDHHS Comprehensive Allocation is **fully expended** within the Outreach and Advocacy grant. (line 13). Likewise, do not spend Local Dollars in Outreach and advocacy grant *before* the allocation is fully expended.

This helps LHD's spend less of their own money. This also assists CSHCS grants and accounting in projecting forward to see if an LHD needs more money in future quarters to cover the remaining grant term.

Some grantees are not aware that this is the proper way to spend down the allocation. The guidance is within the Attachment 1 Budget on page 24.



How does the actual breakout get configured?

Take the dollar amount you are requesting and multiply it by the current Medicaid Rate.

$$\$40,000 \times .7536 = \$30,144$$

(this is the amount eligible for reimbursement)

Take the reimbursable amount and divide it in half
 $\$30,144 / 2 = \$15,072$

(This is the amount you will put in the Federal Medicaid Line 6 in the FSR. This is also the amount you will put in Required Local Match FSR line 6)

The remaining money needed to get to the \$40,000 request is the Local funds Other. (Line 21)
\$9856

Example:

- Our example Medicaid rate is .7539%
- Our request total amount for this quarter is \$40,000

\$15,072 Federal Match

\$15,072 Required Local Match

\$ 9,856 Local funds other

\$40,000 Total for FSR

WE HAVE A CHEAT SHEET



- Put the dollar amount **total** you need to request in the **blue cell**.
- Change the CSHCS Medicaid Rate to what ever the current rate is by moving the decimal two places to the left.(Highlighted in **Yellow**)
- The form will auto tabulate the breakout for you.
- Reuse and keep year to year by updating the Medicaid rate as it changes!

How to Calculate the CSHCS Federal Medicaid Reimbursement:			
Total eligible expenditures:		153524.00	enter expenditures
- not covered by State allocations			
- not covered by earmarked grants or fees			
- expenditures covered by local funds			
- usually a cost distribution expenditure from CSHCS Outreach & Advocacy			
Medicaid CSHCS %: FY20		0.7871	enter health department %
- % by health dept. updated yearly			
Amount eligible to bill Federal Medicaid:		120838.74	formula - do not enter any data
Federal Medicaid Outreach 50/50 Revenue:		60419.37	enter this amount on revenue line 6 Federal Medicaid Outreach
- This is the health department's revenue			
Required Match - Local:		60419.37	enter this amount on revenue line 7 Required Match - Local
- This is the amount health departments must match in local funds			
Local Funds - Other		32685.26	enter this amount on revenue line 21 Local Funds - Other
- These are the non-Medicaid expenditures			
Total expenditures and total revenues should equal. It may be necessary to tweak local funds by \$1.00 due to rounding.			

Please let me know if you would like one sent to you

New Topic- Care Coordination- Or- CC-Fix

The Care Coordination attachment:

- Can be found in the same documents area within EGrAMS as previously shown.
- Is not automatically distributed quarterly (as with Outreach & Advocacy) but is reimbursed dollar for dollar (Federal Funds).
- There is no match required.

How it works:

- The nurse at the clinic will go into CHAMPS and collect data for the quarter on what types of services were accessed for each type of client.
- When the quarter has passed this will be uploaded in to the CHASS system.
- The nurse should give the accountant a copy of the report for the FSR. (Sometimes they forget, or new information comes for a past quarter and there will be an amendment within CHASS. Your contract manager approves both so if there is something you are not aware of in the numbers, it will be sent to you for easy access.
- **The attachment must be uploaded into EGrAMS.**
(After the grant manager approves the FSR, the MDHHS accountants use the form to also track expenditures. They do not have access to CHASS.

What information can be derived from the CHASS upload

Please note the **yellow** highlighted areas on the form. Those PCA codes represent different funding pots.

Therefore, our accounting department needs to see this form in the FSR.

Care Coordination Services

I. Level I: Plan of Care (POC) (Maximum of one Plan of Care per eligibility year per client)

Annual Plan of Care in the client's home:

1.	_____ # of services provided to Title V clients	X	\$150.00	\$0.00	_____
2.	_____ # of services provided to Title V/XIX clients	X	\$150.00	\$0.00	_____

Annual Plan of Care by Telephone:

3.	_____ # of services provided to Title V clients	X	\$100.00	\$0.00	_____
4.	_____ # of services provided to Title V/XIX clients	X	\$100.00	\$0.00	_____
5.	TOTAL Level I/ POC Services billed for Title V this period: (Lines 1 + 3)			\$0.00	PCA 88070
6.	TOTAL Level I/ POC Services billed for Title V/XIX this period: (Lines 2 + 4)			\$0.00	PCA 88080
7.	TOTAL Level I/ POC Services billed for Title V and Title V/XIX this period: (Lines 5 + 6)			\$0.00	_____

II. Level II: Care Coordination (Maximum of 10 services per eligibility year per client)

8.	_____ # of services provided to Title V clients	X	\$30.00	\$0.00	PCA 88040
9.	_____ # of services provided to Title V/XIX clients	X	\$30.00	\$0.00	PCA 88050
10.	TOTAL Level II Care Coordination billed this period: (Lines 8 + 9)			\$0.00	
11.	TOTAL CSHCS Care Coordination (Level I + Level II): (Lines 7 + 10)			\$0.00	Enter on FSR

III. Case Management Services (Maximum of six services per eligibility year per client without prior authorization by MDHHS)

12.	_____ # of services provided to Title V clients	X	\$201.58	\$0.00	PCA 88010
13.	_____ # of services provided to Title V/XIX clients	X	\$201.58	\$0.00	PCA 89650
14.	_____ # of services provided to Title XIX clients	X	\$201.58	\$0.00	PCA 89650
15.	TOTAL CSHCS Case Management Services billed this period: (Lines 12 + 13 + 14)			\$0.00	Enter on FSR

Vaccine Grant Intent

- The goal of this funding is to support efforts to increase vaccination rates among children with disabilities and special health care needs, along with parents and family members of children with special health care needs.
- The funds are intended for the CSHCS Program.
- Funds are not intended to fund actual vaccinations.
- CSHCS needs an annual report detailing how funds were utilized.

The Vaccine Initiative Funding Details

- Funding Source: Centers for Disease Control and Prevention Funds distributed to the MDHHS Division of Immunizations.
- Three-year grant running through 6/30/2024.
- Each health department receives a set amount that is automatically distributed.
- Quarterly FSRs indicate what funds have been spent.
- If Grant is not fully expended at fiscal year end (9/30) funds will be pulled back.

* There is rarely any reason to amend this grant.



Amendments:

- Require multiple staff and departments to approve thus we need as much notice as possible.
- Take about 6 week to go live.

May be unnecessary because:

- We allow budget line deviation between budget categories up to 15% of the total grant or \$10,000- whichever is greater.
- If an amendment was submitted for your LHD and you don't know why, please contact the contract manager.

Terra Depew: Depewt@Michigan.gov

Kelly Gram: Gramk2@michigan.gov