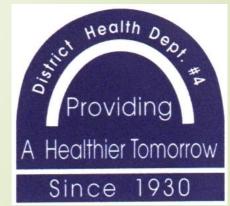
Public Health Finance

Judy Greer, BSBA
Administrative Services Director

www.dhd4.org



Serving: Alpena, Cheboygan, Montmorency and Presque Isle County

Objectives

- Sources of Revenue
- Sources of Expenditures
- MDHHS Comprehensive Agreement (CPBC)
- Grants and Grant Requirements
- Budgeting
- Challenges/Opportunities

Sources of Revenue

- Federal Awards (often passed through the State)
- State Funds
- Local Agreements
- Private Funds (Foundations, Charities)
- First Party Payments (fees for services paid directly by the service recipient)
- Third Party Payments (Medicaid, Medicare, Private Insurance)
- Federal Cost-based Reimbursement
 - Match Requirements (Family Planning & Other)
 - Sources Available for Use towards Match
 - First Party Payments Private Pay
 - Third Party Payments Private Insurance Only (i.e. BCBS, BCN, Aetna)
 - Local Funds Other County Government Funds, Local Grants
 - Matching Funds Must be Non-Federal Sources
- Federally Provided Vaccine Value of VFC Vaccine
- Donations

Sources of Expenditures

- Become familiar with your own organization's structure of expense categories
- MDHHS Categories:
 - Salaries
 - > Fringe Benefits
 - Capital Expenditures (items purchased \$5,000+)
 - Contractual (Subcontractors/Subrecipients)
 - Supplies & Materials (including postage and printing expenses
 - Travel (Mileage, lodging, meals)
 - Communication (telephone, internet, website)
 - County/City Central Services (central support activities)
 - Space Costs (building space/utilities)
 - All Other (training, insurance, advertising, etc.)
 - Indirect Cost/Cost Allocation

MDHHS Comprehensive Agreement

- Comprehensive Planning, Budgeting, and Contracting (CPBC) Agreement
 - Mandated Services (7)
 - Categorical Services
 - Basic Services
 - Annual State Allocation funding
 - Caseload requirements
 - Project Work Plans
- FY19 Initial Allocations received in June 2018
- Budgets Due in EGrAMS in July 2018
- Any budget amendments requested by the Local Health Department (LHD) must be communicated to the MDHHS project Grant Contract Administrator (See attachment III of the contract) so that it can be opened in EGrAMS during the next scheduled contract amendment.

(EGRAMS-MI.COM/DCH)



EGrAMS Application



Date: Mar-28-19

> Home 🚺 📜







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Bureau of Community Services

Behavioral Hlth and Dev

Disabilities Adm

Behavioral Hlth and Dev Dis Adm

Standard

Community Action & Economic Opportunity

Comprehensive Agreement

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 and management of the state's publicly funded health service systems. The MDHHS utilizes the EGrAMS software to implement the MI E-Grants program.

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 MI E-Grants, 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 MI E-Grants Helpdesk at 517-335-3359 or MDHHS-EGrAMS-Help@michigan.gov. Please include your full name and complete telephone number (with area code) when you contact the MI E-Grants Helpdesk.

****Only use Internet Explorer as the Web Browser when accessing this software****

Select Comprehensive Agreement

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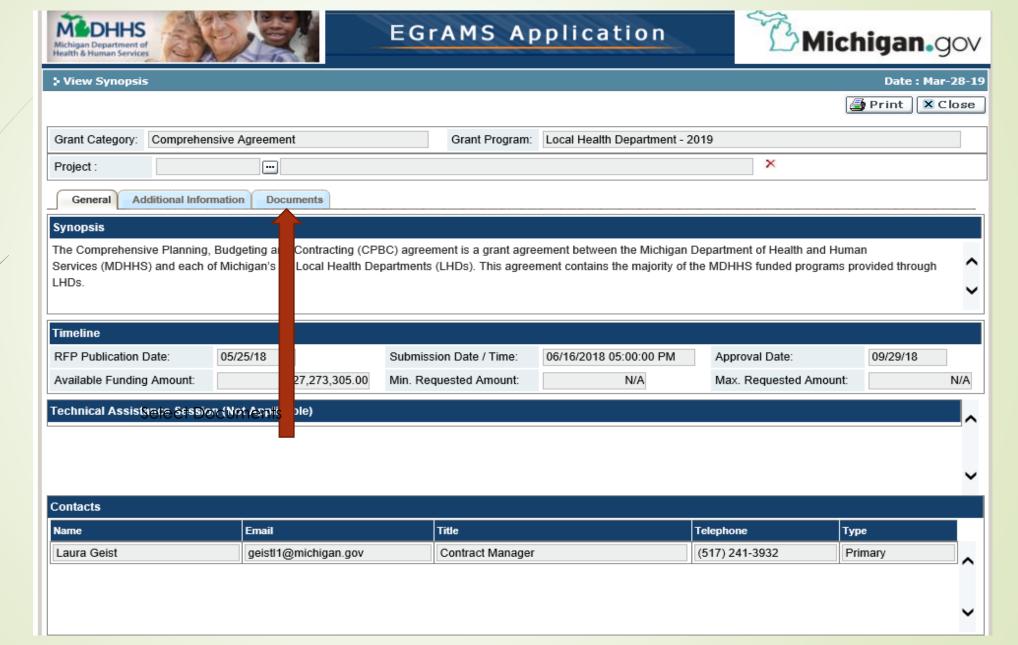


Current Grants 🕠 🔱 Date : Mar-28						
Home	^					
About EGrAMS	Category: Comprehensive Agreement					
EGrAMS Login	Option:	● Open ○ All				
Validate Workstation	_		Effective From	Effective		
Register your Agency	Program	Description	Date	To Date	Submission Date	Available Grant Amoun
Create User Profile	CO-2019	Local Health Department - 2019	10/1/2018	9/30/2019	6/16/2018	127,273,305.00
Project Director Request	2018	Local Health Department - 2018	10/1/2017	9/30/2018	6/16/2017	127,273,305.0
Grant Opportunity Notification	<u>-0-2017</u>	Local Health Department - 2017	10/1/2016	9/30/2017	7/19/2016	125,869,943.0
Search Grants	CO-2016	Comprehensive Agreement - 2016	10/1/2015	9/30/2016	9/8/2015	120,309,214.0
Current Grants	CO-2015	Comprehensive Agreement -	10/1/2014	9/30/2015	9/17/2014	120,309,214.0
Aging and Adult Services		2015				
Bureau of Community Service	CO-2014	Comprehensive Agreement - FY	10/1/2013	9/30/2014	9/5/2013	114,815,092.00
Behavioral HIth and Dev Disabilities Adm	CO-2013	2014 Comprehensive Agreement - FY 2013	10/1/2012	9/30/2013	9/5/2012	114,815,092.0
Behavioral Hith and Dev Adm Standard	CO-2012	Comprehensive Agreement - FY	10/1/2011	9/30/2012	8/31/2011	114,815,092.0
Community Action & Formation Opportunity	CO-2011	2012 Comprehensive Agreement - FY	10/1/2010	9/30/2011	9/24/2010	114,815,092.0
Comprehensive Agreement	~	2011				

Select Grant Year

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Documents

- Attachment I Instructions for the Annual Budget
- Attachment III Program Specific Assurances and Requirements
- Footnotes includes;
 - CSHCS Rates
 - HIV Rate
 - Body Art
 - Immunizations (AFIX, Nurse Education, VFC, VFC/AFIX) Rates
- Maintenance of Effort
- Comprehensive Applicable Laws, Rules, Regulations, Policies, Procedures and Manuals
- Forms:
 - Immunizations Fixed Fees
 Spreadsheet
 - Body Art Spreadsheet
 - CSHCS Medicaid Outreach Rates
 - o Etc.

MDHHS Comprehensive Agreement

- Budget amendment is necessary if moving \$10,000+ or 15% (whichever is greater) from one category to another unless otherwise specified
 - Exception for PHEP and CRI which is limited to a 15% variance before a budget amendment is required
- All budget amendments must be requested by June 2nd of each year ("final" amendment)

Grants

Grant Sources

- Grants generally fall into these main categories
 - Federal USDA, HHS, CDC
 - > State MDHHS, MDEQ
 - > Foundations
 - Large Roberts Woods Johnson
 - State BCBS, Michigan Health Endowment Fund
 - Local Community Foundations, United Way, Presque Isle Electric and Gas Co-op, Alpena County Older Person Funding

Is it the Right Fit

- Grant Opportunities should be evaluated prior to submitting the application.
 - Have a clear understanding of grant objectives, funding, spending restrictions, timing, and match requirements
 - > Then ask some questions:
 - Does it fit with your mission
 - Are you ready to take on this project (size, requirements, etc.)
 - What resources are needed to complete project
 - To what extent is Indirect costs covered by grant
 - All other considerations

Federal Grant Guidance 2 CFR, Part 200 ("Super Circular")

- Costs charged to federal awards must be allowable, allocable, reasonable and necessary
- Federal rules in brief: "If it isn't documented, it didn't happen"
 - Keep a start to finish record for each grant
 - Documentation is required
- Supplementing vs Supplanting
 - Supplementing: "to add to or complete"
 - Supplanting: "to take the place of"

Grant Closeout

- Make sure goods and services have been received prior to the end of the grant and that payment is completed.
- Do not make unusual expenditures at the end of the project (i.e. large supply purchase)

Budgets

- A budget is a financial plan that lists expected revenue and expenses during a particular period
- All programs need a budget
- Essential components of a program budget
 - Program Requirements/Work Plan and Contract
 - Expected Program Revenues
 - Required Resources (staff, supplies, etc.)
 - > Historical program data and trends, if available
 - Consideration of external factors
 - ➤ Inconsistent State funding allocation
 - Competition
 - > The economy

Budgets Continued

- Program budget management is critical
- It is critical that Program staff work closely with Finance Staff
- Program Director/Manager responsibilities
 - Ensure that proposed workplan is being completed
 - Review budget variances monthly, at a minimum
 - Identify and explain significant budget variances
 - Make recommendations and manage staff to address anticipated budget variances

Challenges/Opportunities

- Financial Challenges
 - Staffing
 - Legacy Costs (Medical and Retirement)
 - Indirect Costs
 - County Appropriations
 - Inconsistent State funding
- Unfunded and Underfunded mandates
 - Should be a 50/50 funding arrangement with the State
 - Most Health Departments are closer to 30-35% State, 65-70% Health Department
- Maintenance of Effort Requirement
 - Minimum Maintenance of Effort was set in FY92
 - If Departments don't meet MOE levels, could jeopardize full ELPHS funding
- State/Federal requirements/bureaucracy
- Participate in MALPH Forums
- Get involved in various State workgroups

Questions?

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Thank you!