

FOOTNOTES:

FY 2022/2023

- a) Refer to Plan and Budget Framework for element definitions.
- b) Refer to master comprehensive agreement and program and budget instructions package for further explanation of applicability of these reimbursement methods.
- c) Negotiated starting from the average of the past two complete years' actual number where available.
- d) Calculated by multiplying the "Total Performance Expectation" column by the ratio of the elements total State funding (DCH 0410, Line 24) to "Total Expenditures" DCH 0410, Line 17). Prior to calculation, adjustments will be made for unallowable cost, equipment funded by local funds and MDHHS reimbursement not performance based (I.E., fixed unit rate, staffing).
- e) Calculated by multiplying the "State Funded Element Target Performance" column by the "Percent" column.
- f) Refer to master comprehensive agreement and budget instructions package for further explanation regarding these designations.

1. CSHCS Care Coordination

A. Case Management

1. Maximum of six (6) services per year
2. Reimbursement - \$201.58 per service provided face-to-face in the home setting.

2. CARE COORDINATION

A. LEVEL I PLAN OF CARE

1. Annual Plan of Care in the home or home-like setting that requires the Care Coordinator to travel to a non-LHD site - \$150
2. Annual Plan of Care over the telephone -\$100

B. LEVEL II CARE COORDINATION

1. Level II Care Coordination is reimbursed at \$30.00 per unit
2. A maximum of 15 units per beneficiary per eligibility year will be reimbursed.

(2) Reimbursement Chart for Fixed Rates

AIDS/HIV Prevention Non- Categorical	\$11.00 per blood draw for non-categorical health departments. Limited annually to \$2,000
Body Art	\$288.98 / appl. annual license prior to July1 \$144.49 / appl. annual license after July 1 \$130.03 / appl. temporary license \$288.98 / appl. renewal prior to December 1 \$433.47 / appl. renewal after December/1 \$28.89 / duplicate license
CSHCS-Medicaid Elevated Blood Lead Case Management	\$201.58 per home visit, for up to 6 home visits
Fetal Infant Mortality Review (FIMR) Case Abstractions	\$270.00 per case, not to exceed the maximum set for each Grantee
Immunization Assessment Feedback Incentive Exchange (AFIX) Follow-up	\$100 per personal visit or \$50 for a phone call (with information mailed afterward) to the provider office, not to exceed the maximum set for each individual contractor.
Immunization Nurse Education	\$200 per session except Vaccines Across the Lifespan, which is to be reimbursed at \$250 per session, upon completion and submission of Provider Contracts and Report Forms. Reimbursement can only be made for one in-service module session per physician clinic site per year.
Immunization VFC (only) Provider Site Visits	\$150 per site visit, not to exceed the maximum set for each individual Grantee
Immunization VFC/AFIX Combined Provider Site Visits	\$350 per site visit, not to exceed the maximum set for each individual Grantee
Informed Consent	\$50 per woman served, for each woman that expressly states that she is seeking a pregnancy test or confirmation of a pregnancy for the purpose of obtaining an abortion and is provided the services.
SIDS (FIMR Interviews)	\$125 for each family support visit. A maximum of six (6) visits per infant death is reimbursable

- (3) Allocation to be reflected in individual programs during budgeting process.
- (4) Funding Source (not a single element). Hearing and Vision are single elements.
- (5) Subject to Statewide Maintenance of Effort requirement for Title X.
- (6) State funding is first source (after fees and other earmarked sources).
- (7) Fixed unit rate subject to actual costs.
- (8) The performance reimbursement target will be the base target caseload established by MDHHS.
- (9) Subject to a match requirement (hard or in-kind) of \$1 for each \$3 of MDHHS agreement funding for Coordination.
- (10) Fixed rate limited to contract amount.
- (11) Up to six (6) visits per family.
- (12) Non-categorically funded Health Departments will be reimbursed at \$11.00 per HIV test conducted up to a maximum of \$2,000 annually.
- (13) Each delegate agency must serve a minimum percentage of Title X users to access their total allocated funds. Semi-annual FPAR data will be used to determine total Title X users.
- (14) Public Health Emergency Preparedness (PHEP) funding BP1 must be expended by June 30 and is subject to a 10% match requirement as specified in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement Guidance. LHDs must submit a nine-month budget and a quarterly Financial Status Report (FSR) column for this program element.
- (15) Public Health Emergency Preparedness (PHEP) funding for October 1–June 30, and July 1–September 30, is subject to a 10% match requirement as specified in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement Guidance. LHDs must submit a three-month budget and a quarterly Financial Status Report (FSR) column for this program element.
- (16) Project meets the Research and Development criteria as defined by Title 2 CFR, Section 200.87.
- (17) Not Applicable
- (18) Subject to match requirement as specified in Attachment III - Program Assurances and Specific Requirements.

NOTE: Some footnotes may not apply to this agency.