

# TOBACCO TAX FUNDS REPORT

(FY 2013 Appropriation Bill - Public Act 200 of 2012)

**April 1, 2013**

**Section 213: The state departments, agencies, and commissions receiving tobacco tax funds and healthy Michigan funds from part 1 shall report by April 1 of the current fiscal year to the Senate and House of Representatives appropriations committees, the Senate and House fiscal agencies, and the state budget director on the following: (a) Detailed spending plan by appropriation line item including description of programs and a summary of organizations receiving these funds. (b) Description of allocations or bid processes including need or demand indicators used to determine allocations. (c) Eligibility criteria for program participation and maximum benefit levels where applicable. (d) Outcome measures used to evaluate programs, including measures of the effectiveness of these programs in improving the health of Michigan residents. (e) Any other information considered necessary by the House of Representatives, Senate appropriations committees, or the state budget director.**

*Michigan Department  
of Community Health*



**Rick Snyder, Governor  
James K. Haveman, Director**

# Healthy Michigan Fund – FY 2012 Report

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## Healthy Michigan Fund – FY 2012 Report

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### MICHIGAN DEPARTMENT OF COMMUNITY HEALTH FY 2012 Medical Services Program Tobacco Tax Report

#### Healthy Michigan Fund

In FY2012, \$29,175,900 of the Healthy Michigan Fund was appropriated as match for Medical Services and leveraged \$56,990,373 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

#### Medicaid Benefit Trust Fund

In FY2012, \$454,643,746 of Medicaid Benefit Trust Fund was appropriated as match for Medical Services and leveraged \$888,072,574 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

#### Health & Safety Welfare Fund

In FY2012, \$5,475,356 of Health and Safety Welfare Fund was appropriated as match for Medical Services and leveraged \$10,695,217 in federal Medicaid dollars to support Disproportionate health care services to cover uncompensated hospital costs.

#### Wayne County Tobacco Tax

In FY2012, \$4,985,533 of Wayne County Tobacco Tax was appropriated as match for Medical Services and leveraged \$9,738,427 in federal Medicaid dollars to provide outpatient health care services for Adult Benefit Waiver beneficiaries in Wayne County.

<b>Summary of Medical Services Match Revenue</b>			
<b>Revenue</b>	<b>Total</b>	<b>Tobacco Tax</b>	<b>Federal</b>
Healthy Michigan Fund (excluding MOMS)	\$81,513,290	\$27,600,400	\$53,912,890
MOMS Program	\$4,652,983	\$1,575,500	\$3,077,483
Medicaid Benefits Trust Fund	\$1,342,716,320	\$454,643,746	\$888,072,574
Health & Safety Welfare Fund	\$16,170,573	\$5,475,356	\$10,695,217
Wayne County Tobacco Tax	\$14,723,960	\$4,985,533	\$9,738,427
<b>Total</b>	<b>\$1,459,777,126</b>	<b>\$494,280,535</b>	<b>\$965,496,591</b>

# Healthy Michigan Fund – FY 2012 Report

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## MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

### HEALTHY MICHIGAN FUND REPORT



For The Period October 1, 2011 to September 30, 2012

Healthy Michigan Funds are used to support behavioral and public health activities at the community level. Activities and accomplishments are evidence of positive steps being taken to reduce preventable death and disability in Michigan residents. These local activities have a direct impact on many of the 28 Michigan Critical Health Indicators.

This portion of the Healthy Michigan Fund Report presents highlights of FY 2012 accomplishments for all the Healthy Michigan Fund projects, their indicators of success, along with future goals for FY 2013.

# Healthy Michigan Fund – FY 2012 Report

Healthy Michigan Fund Programs  
 Appropriation # - 11200  
**FY 12 Funds Appropriated: \$715,900**

Health and Wellness Initiatives  
 Appropriation # - 11200  
**FY13 Funds Appropriated: \$670,000**

**Project Name:** Cardiovascular Health

**Target Population:** Michigan residents with a special emphasis on high-risk populations

**Project Description:** To prevent and improve the management of cardiovascular disease and its risk factors with a goal of decreasing morbidity, premature mortality, and healthcare costs due to heart disease, stroke, and obesity. Funds are distributed primarily through a competitive process. State matching funds were used to bring Michigan over \$1.9 million in federal funds.

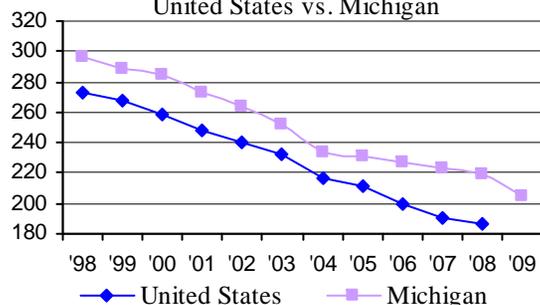
## **Project Accomplishments for FY 2012:**

- **Heart Disease & Stroke:** Continued to partner with 36 hospitals to improve treatment for stroke reaching 8,160 patients. Collaborated with 15 cardiac rehabilitation centers to improve quality of care for 3,000 clients. Partnered on training programs to improve management of high blood pressure, high cholesterol and aspirin use with 60 physician practices. Worked with Federally Qualified Health Centers to expand provider training to improve blood pressure management potentially reaching 17,000 low-income clients. Promoted community awareness of risk factors and signs and symptoms of heart attack and stroke reaching over 15,000 people.
- **Healthy Communities Initiative:** Provided grants and training to 12 local health departments to implement changes supporting healthy eating and increased physical activity in 35 counties.
- **Obesity Prevention:** Collaborated on the development of the Michigan Health & Wellness 4x4 Plan to address obesity and wellness in Michigan over the next five years. Continued projects to improve healthy eating and physical activity levels of children in 275 low-income schools and 38 child care centers. Supported 25 African American churches to increase access to healthy foods and physical activity for members and surrounding communities. Continued support of implementation of Michigan Nutrition Standards in schools, as well as nutrition and physical activity standards in child care centers. Collaborated to improve clinical management of childhood obesity.

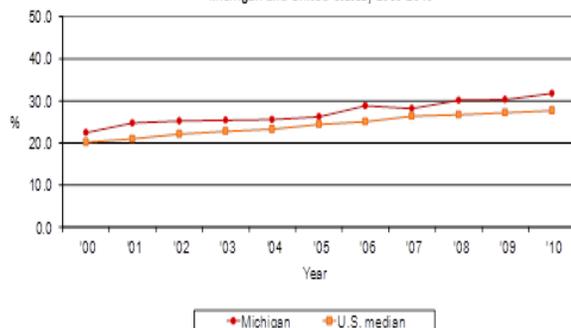
## **Project Goals for FY 2013:**

- **Heart Disease & Stroke:** Continue to partner with 23 hospitals to focus on quality of care for stroke patients and implement a new project to improve the transition to rehabilitation care. Collaborate with Michigan project to address high blood pressure management for providers in over 400 primary care practices. Expand efforts working with health care systems, health care providers and communities to increase the number of Michigan residents who have their high blood pressure under control. Continue to promote awareness of risk factors and signs and symptoms of heart attack and stroke.
- **Obesity Prevention:** Support implementation of the Michigan Health and Wellness 4x4 Plan working with childcare/schools, businesses, healthcare systems, professional organizations and communities with an emphasis on strategies to increase availability of healthy foods and increasing physical activity opportunities. Partner on launching and promoting the MI Healthier Tomorrow multi-media campaign to encourage residents to pledge and take steps to lose weight. Provide support to six local coalitions to mobilize and engage partners and communities to increase access to healthy options and physical activity opportunities for residents. Continue projects to improve healthy eating and physical activity levels of children in 260 low-income schools and 20 childcare centers. Continue working with 25 faith organizations and other appropriate agencies targeting African Americans and other populations disproportionately affected by obesity. Continue collaborations focused on improving clinical management of childhood obesity.

Age-Adjusted Heart Disease Death Rate  
 United States vs. Michigan



Obesity  
 Michigan and United States, 2000-2010



Source: MDCH

# Healthy Michigan Fund – FY 2012 Report

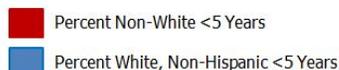
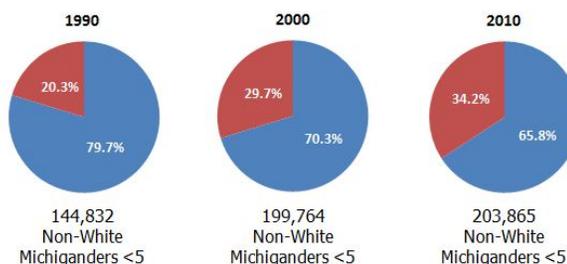
Healthy Michigan Fund Programs  
Appropriation # - 11200

FY 12 Funds Appropriated: **\$252,600**

Health and Wellness Initiatives  
Appropriation # - 11200

FY 13 Funds Appropriated: **\$250,000**

## Michigan Non-White Children Population Growth (Under 5 Years)



Source: U.S. Census Bureau

Michigan's Non-White population under the age of 5 increased from 20.3% to 34.2% between 1990 and 2010, which is a greater increase than the growth in the Non-White population overall (Figure 3)

**Project Name:** Health Disparities Reduction and Minority Health Section (HDRMHS)

**Target Population:** Michigan's racial and ethnic minority populations: African American, American Indian/Native American, Arab American/Chaldean, Asian American/Pacific Islander and Hispanic/Latino.

**Project Description:** The HDRMHS is committed to eliminating racial and ethnic health disparities through implementing and/or funding culturally appropriate, evidence-based approaches to achieving health equity for all Michigan citizens.

### Project Accomplishments for FY 2012:

- **Michigan Health Equity Roadmap (MHER)** – Continued dissemination of the MHER to stimulate coordinated efforts among government, healthcare, and community partners focused on eliminating racial and ethnic minority health inequality.
- **Capacity Building Grant Program (CBGP)** - Continuation of funding for 7 Phase II projects. Funded communities and focus populations include: Ypsilanti (African American and Hispanic); S.E. Michigan (Asian American); Detroit (African American); Inkster (African American); Muskegon and Oceana Counties (Native American, African American and Hispanic); Grand Rapids (African American) and Berrien County (African American). The HDRMHS-CBGP is designed to increase awareness, build capacity and mobilize local communities to address health inequalities experienced by Michigan's racial and ethnic populations.
- **Michigan Health Equity Data Set (MHEDS)** – Ongoing monitoring of progress toward achieving long-term and sustainable racial and ethnic health equity in Michigan. The MHEDS presents consistent and standardized data for the five racial/ethnic minority groups in two periods (2000-2004 and 2005-2009). The 17 priority indicators that comprise the dataset include health outcomes (e.g., diseases and deaths) and social, economic, and environmental determinants of individual and community health (social determinants of health).
- **Health Equity, Social Justice Training and Cultural Competency Training**– Continued training and technical assistance to Division of Health, Wellness and Disease Control (DHWDC) staff, MDCH staff and HDRMHS Capacity Building Grantees.
- **Minority Health Month in Michigan 2012**– HDRMHS funded 12 local public health departments and community organizations to work with youth under the 'Exploring Solutions to Violence, Obesity and HIV/AIDS/STDs among Minority Youth' mini-grant program.
- **Funded Behavioral Risk Factor Surveillance System (BRFSS) Oversample** of Latinos/Hispanics and Asian Americans.
- **PA 653 Minority Health Report** – Developed and submitted the 2011 annual PA 653 Report to the Michigan Legislature.
- Developed and finalized the **Michigan Health Equity Toolkit for Action**.

### Project Goals for FY 2013:

- Fund, monitor and evaluate final year of Phase II Capacity Building Grant Program
- Monitor and report on Health Equity measures via the Health Equity Dataset
- Fund BRFSS Oversample of Arab and Chaldean Americans
- Complete and submit the 2012 annual PA 653 Legislative Report
- Conduct 2013 Minority Health Month in Michigan Activities
- Establish Cultural and Linguistic Appropriate Standards Technical Assistance Program
- Disseminate MDCH Health Equity Toolkit

## Healthy Michigan Fund – FY 2012 Report

Healthy Michigan Fund Programs  
 Appropriation # - 11200  
**FY 12 Funds Appropriated: \$2,112,200**

Health and Wellness Initiatives  
 Appropriation # - 11200  
**FY 13 Funds Appropriated: \$2,098,800**

MCIR Historical Perspective of Registered  
 Users and Shots Recorded

Year	Register Users	Doses Entered
1997	137	None
1998	1,327	6.5 million
1999	2,007	5.5 million
2000	2,333	4.4 million
2001	2,815	8.3 million
2002	3,493	5.5 million
2003	4,242	4.8 million
2004	7,459	2.6 million
2005	19,759	2.7 million
2006	23,000	5.3 million
2007	26,638	6.4 million
2008	23,790	7.3 million
2009	29,020	7.9 million
2010	28,445	8.4 million
2011	29,073	7.2 million
2012	30,070	7.3 million

Source: Division of Immunization, MDCH

**Project Name:** Immunization: The Michigan Care Improvement Registry and Administration

**Target Population:** All residents of Michigan

**Project Description:** The Michigan Care Improvement Registry (MCIR) is a regionally based, statewide immunization registry that contains over 97 million shot records administered to 8 million individuals. The department is currently working through subcontracts with six MCIR regions to enroll and support every immunization provider in the state. Current enrollments include: 5,673 health care providers and pharmacies; 4,498 schools; and 4,415 licensed childcare programs. This represents about 95% of all schools and 90% of all licensed childcare centers. The MCIR system is used routinely by over 30,000 users to access the immunization records of both children and adults to determine their immunization status. In 2012, the MCIR generated over 145,000 recall letters notifying responsible parties whose children had missed shots and encouraged them to visit their immunization providers to receive needed vaccines. In addition over three million reports were generated by users of the MCIR system in 2012.

**Project Accomplishments for FY 2012:**

- Continued to support the Vaccines for Children (VFC) Program for vaccine management and ordering in MCIR.
- Implemented the VFC flu pre-booking module in the MCIR
- Development of the Perinatal Hepatitis B tracking module.
- Developed the Health Level Seven (HL7) messaging to allow interoperability with electronic medical records in physician offices for 195 physician practices.
- Implemented the Body Mass Index (BMI) module to collect height and weight information in the MCIR.
- Continued to partner with the Michigan Health Information Network (MIHIN) to become a provider portal involving the statewide Health Information Exchange (HIE). 165 provider offices are currently submitting data through the HIE.
- Developed new upload process for vaccine shipments from Vaccine Tracking System into provider inventories.
- Enhanced the Sickle Cell Case Reporting Module in the MCIR.
- Completed a needs assessment for requirements to build the Early Hearing Detection Intervention module in MCIR.

**Project Goals for FY 2013:**

- Continue to enroll additional provider practices to become interoperable using HL7 messaging.
- Continue development of business requirements for Early Hearing Detection Intervention in MCIR.
- Develop a process to enroll provider to the VFC program within the MCIR.
- Implement the Perinatal HepB Case Management Module in MCIR.
- Improve VFC reporting and inventory controls in MCIR and in particular develop a streamlined vaccine accountability module.
- Enhance the interface with the VTrckS system for more transparent data flow.
- Finalize the re-writing of the MCIR infrastructure to meet security and software needs.
- Finalize development and test for production the MCIR system upgrades to meet security and software needs.
- Work with the Medicaid and MIHIN staff to implement a Master Person Index (MPI) which ties to the data warehouse.

# Healthy Michigan Fund – FY 2012 Report

## Healthy Michigan Funds Programs

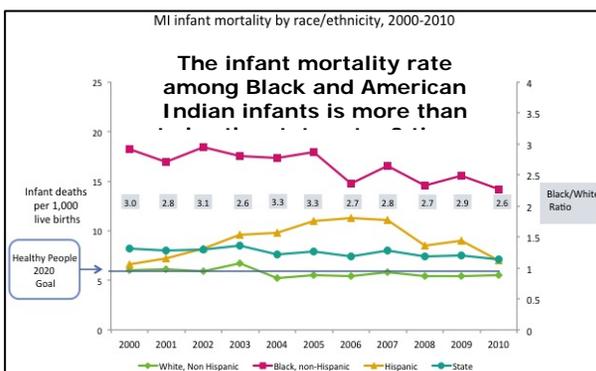
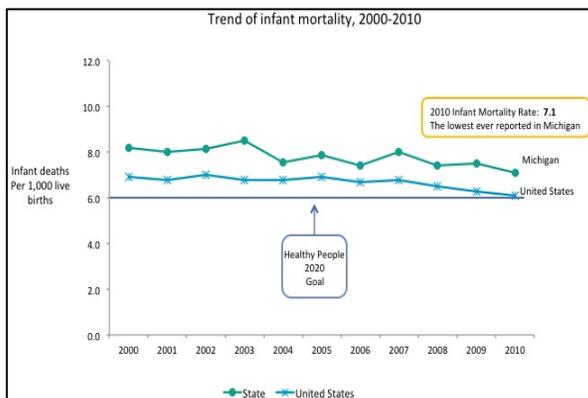
Appropriation # - 11200

FY12 funds appropriated : None

## Health and Wellness Initiatives

Appropriation # - 11200

FY13 funds appropriated : \$146,600



Source: Michigan Residents Birth and Death Files, MDCH Division for Vital and Health Statistics Prepared by: MDCH Epidemiology

**Project Name:** Infant Mortality Prevention Consultant

**Target Population:** All residents of Michigan, especially infants, pregnant women, women of child-bearing age, healthcare providers, the Medicaid population, and communities of color.

**Project Description:** Infant mortality is a major public health issue in the state of Michigan. Keeping babies alive is one of Governor Snyder's priorities. The state's infant mortality data highlights three messages: 1) our rate is higher than the national average, 2) we have alarming disparities between racial and ethnic groups, and 3) there is a disproportion of poor prenatal outcomes in the state's low income population. Michigan has a strategic plan to reduce the infant mortality rate. The Infant Mortality Prevention Consultant is responsible for coordinating the implementation of this plan and providing support to the infant mortality steering committee that sets the direction for the department via the strategic plan development. The consultant uses strong public health science, practice and knowledge, strong collaboration, and group/community organizational abilities to provide oversight, guide, monitor, and evaluate the strategic plan with an emphasis on addressing the needs of the Medicaid population. This consultant communicates with the various staff across units, divisions and administrations within the Department and with numerous internal and external stakeholders, experts and contributors keeping them informed of progress and assuring their input into the effort to accomplish the project goals.

**Project Accomplishments for FY 2012:** No FY 2012 funding

### Project Goals for FY 2013:

Coordination of the eight identified strategies linked to the Infant Mortality Reduction plan adopted on August 1, 2012.

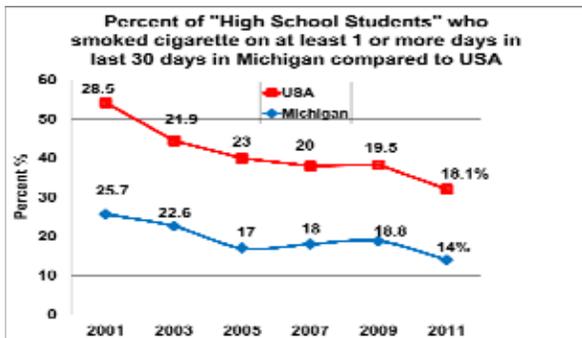
[http://www.michigan.gov/documents/mdch/MichiganIMReductionPlan\\_393783\\_7.pdf](http://www.michigan.gov/documents/mdch/MichiganIMReductionPlan_393783_7.pdf)

1. Promote Implementation of a Regional Perinatal System
2. Promote adoption of policies to eliminate medically unnecessary deliveries before 39 weeks gestation
3. Promote adoption of progesterone protocol for high-risk women
4. Promote safer infant sleeping practices to prevent suffocation
5. Expand home-visiting programs to support vulnerable women and infants
6. Support better health status of women and girls
  - a. Prevent and manage chronic conditions, including Michigan 4 x 4 initiative
  - b. Integrate oral health promotion and treatment into the medical home
  - c. Educate and build healthy living skills in students
7. Reduce unintended pregnancies
  - a. Expand teen pregnancy prevention programs: Michigan Abstinence Program and Personal Responsibility Education Program
  - b. Promote reproductive planning for all childbearing aged adults as a component of primary care and promote access to reproductive health services as needed.
8. Weave the social determinants of health into all targeted strategies to promote reduction of racial and ethnic disparities in infant mortality

# Healthy Michigan Fund – FY 2012 Report

Healthy Michigan Fund Programs  
 Appropriation # - 11200  
 FY 12 Funds Appropriated  
**\$1,845,700**

Health and Wellness Initiatives  
 Appropriation # - 11200  
 FY 13 Funds Appropriated  
**\$1,830,000**



Sources: MI Youth Tobacco Survey, MI Adult Tobacco Survey, BRFSS, MI Tobacco Quitline reports; Sortable Risk Factors and Health Indicators-CDC;HEDIS Survey; Smoke-free Environments Law Project, MDCH-Evaluation Studies.

**Project Name:** Smoking Prevention Program

**Target Population:** All residents of Michigan, especially youth, adults, seniors, and communities of color

**Project Description:** Through statewide and community-based grants, the Michigan Tobacco Control Program funds various agencies to reduce the health and economic burdens of tobacco-related death and disease. The focus areas are increasing the number of smoke-free environments, preventing teens and children from starting to smoke, assisting hard-to-reach populations in quitting smoking, and reducing tobacco use among people who are disparately affected by tobacco use and industry marketing. The Healthy Michigan (Health and Wellness Initiative) Fund is dispersed through MDCH Requests for Proposals. Proposals are scored by applicant's capacity to meet prerequisites, clarity of local need, economy of budget, applicant's experience in creating policy and environmental change, documented support from and collaboration with community partners, and past performance on previous tobacco grant awards.

**Project Accomplishments for FY 2012:**

- After 2.5 years of implementation and monitoring of Michigan's Smoke free law (Public Act 188), compliance is greater than 95% and violations continued to decrease, ranging from approximately 1,250 in FY11 ( first year) to 560 in FY12 ( second year) for food establishments.
- The Tobacco Program continues to review applications for exemptions for cigar bars and tobacco specialty shops, and to monitor compliance with the exemption process.
- An economic analysis of total sales tax collections of MI restaurants and bars – released in August 2012 from the University of Michigan, "found no significant negative effects of the ban on aggregate bar and restaurant sales or on cigarette sales".
- Michigan saw a great shift in FY 2012 toward stronger tobacco-free policies as many public school districts and charter schools strengthened policies beyond current state law (PA 140 of 1993). By Fall 2012, over 53% of schools had chosen to adopt comprehensive 24/7 tobacco-free policies that apply to both on-campus and at all school-sponsored events off campus. More than half of these also restrict new generation products (i.e. e-cigarettes, snus, sticks, and orbs).
- Three new public housing commissions adopted smoke-free policies, bringing to 59 of 129 public housing commissions that have smoke-free policies. In addition, tens of thousands of units of other affordable, rent-subsidized housing are smoke-free, and there are hundreds of thousands of units of smoke-free market-rate multi-unit housing.
- Through the efforts of Native American partner agencies in raising awareness of the dangers of second hand smoke exposure, 11 of the 12 federally-recognized tribes in Michigan (one does not offer public housing), have some form of commercial smoke-free housing policy.
- Seventeen local jurisdictions in Michigan have implemented a smoke-free or tobacco-free policy for their parks and/or beaches, and other jurisdictions have designated portions of parks/beaches as smoke-free or tobacco-free (i.e. tobacco-free playgrounds and pavilions).
- To better serve pregnant and post-partum women in our state, the Quitline began offering a tailored protocol for those who are trying to quit for themselves and their babies.
- In partnership with the Bureau of Community Mental Health Services, the Tobacco Control Program provided a tobacco dependence treatment train the trainer course for 70 Certified Peer Support Specialists in 23 counties.
- In partnership with the MDCH Bureau of Substance Abuse and Addiction Services, the Tobacco Section received funding from the U.S. Food and Drug Administration to inspect tobacco retailers for compliance with federal advertising and labeling requirements

**Project Goals for FY 2013:**

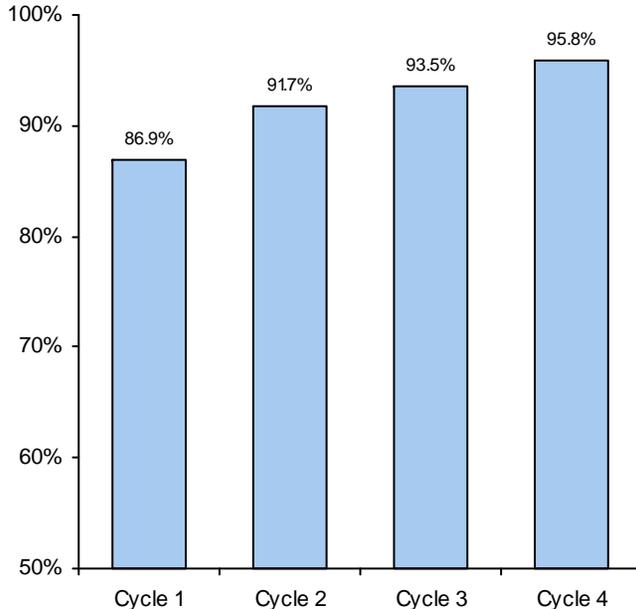
- Support smoke-free policies to protect residents from the hazards of secondhand smoke, increase cessation rates, and reduce social acceptance.
- Continue monitoring, enforcement and evaluation of the statewide Smoke-Free Worksite Law to show the health and economic impact of the law.
- Prevent tobacco use and decrease smoking rates among school age children; promote comprehensive smoke-free schools policies at all Michigan public and private schools.
- Prevent tobacco use and decrease smoking rates among young adults, ages 18 to 24; implement smoke-free campus policies at all Michigan public four-year universities and colleges.
- Use media and outreach to health professionals to increase awareness and usage of the statewide tobacco Quitline.
- Develop a strategy to expand and stabilize tobacco prevention infrastructure in Michigan.
- Seek out and engage public and private partnerships that effectively address health inequities and eliminate health disparities based on racism, poverty, social class, gender, sexual orientation, mental illness, or physical disabilities.

# Healthy Michigan Fund – FY 2012 Report

Healthy Michigan Fund Programs  
Appropriation # - 11200  
FY 12 Funds Appropriated: **\$151,200**

Health and Wellness Initiatives  
Appropriation # - 11200  
FY 13 Funds Appropriated: **\$151,200**

Percentage of Essential Indicators Met By  
Cycle: Local Public Health Operations



Note: 45 local health department reviews have been completed for Cycle 4; local health department performance remained high with missed indicators remaining at 4% across all reviewed programs for the cycle.

Source: Michigan Local Public Health Accreditation Program

**Project Name:** Training and Evaluation - Local Public Health Accreditation

**Target Population:** 45 Local Public Health Departments serving 83 Michigan Counties. List available at: <http://www.michigan.gov/mdch/0,1607,7-132--96747--00.html>.

**Project Description:** The mission of Michigan's Local Public Health Accreditation Program is to assure and enhance the quality of local public health by identifying and promoting the implementation of public health standards for local public health departments; it evaluates and accredits local health departments on their ability to meet these standards. The program is a collaborative effort between Michigan's forty-five local health departments (LHDs), the Michigan Departments of Community Health (MDCH), Agriculture (MDA), and Natural Resources & Environment (MDNRE), and the Michigan Public Health Institute (MPHI). Program funding is contracted to MPHI to coordinate and implement the program while MDCH maintains administrative and oversight roles.

### **Accreditation Program Goals:**

1. Assist in continuously improving the quality of local public health departments.
2. Establish a uniform set of standards that define public health and service as fair measurement.
3. Ensure local level capacity to address core functions of public health.
4. Provide a mechanism for accountability to demonstrate effective use of financial resources.

### **Project Accomplishments for FY 2012:**

- Commenced first year of the fifth three-year cycle of on-site reviews for Michigan's Local Public Health Accreditation Program.
- Incorporated two additional program reviews, Women, Infants & Children (WIC) and Children's Special Health Care Services (CSHCS), into Michigan's Local Public Health Accreditation Program
- Completed 11 week-long on-site reviews at LHDs to assure capacity to provide statutorily required services and ensure established program standards.
- Coordinated and staffed quarterly statewide Accreditation Commissioner Meetings.
- Continued to collaborate with MPHI maintaining focus on using continuous quality improvement tools to improve LHDs organizational capacity and to prepare Michigan for Voluntary National Accreditation.
- Enhanced and updated online accreditation reporting module for statewide accreditation reviewers and LHDs.

### **Project Goals for FY 2013:**

- Complete week-long on-site reviews at 18 LHDs to assure capacity to provide statutorily required services and ensure minimum program requirements.
- Analyze and report results on a possible 156 LHD review evaluation forms spanning 12 programs across three state departments.
- Coordinate and staff quarterly statewide Accreditation Commissioner Meetings.
- Coordinate one accreditation reviewer training with up to 50 attending.
- Continue implementation of revised program standards for the fifth three-year cycle of on-site reviews for Michigan's Local Public Health Accreditation Program, and update reporting mechanisms and operational procedures as needed.
- Collaborating with MPHI, engage in continuing preparatory activity towards National Public Health Accreditation designation for both Local and State health departments.

# Healthy Michigan Fund – FY 2012 Report

## MOMS Program

Appropriation # 33500  
Hospital Services and Therapy

**FY 12 Funds Appropriated**  
**\$1,575,500**

**FY 13 Funds Appropriated**  
**\$1,575,500**

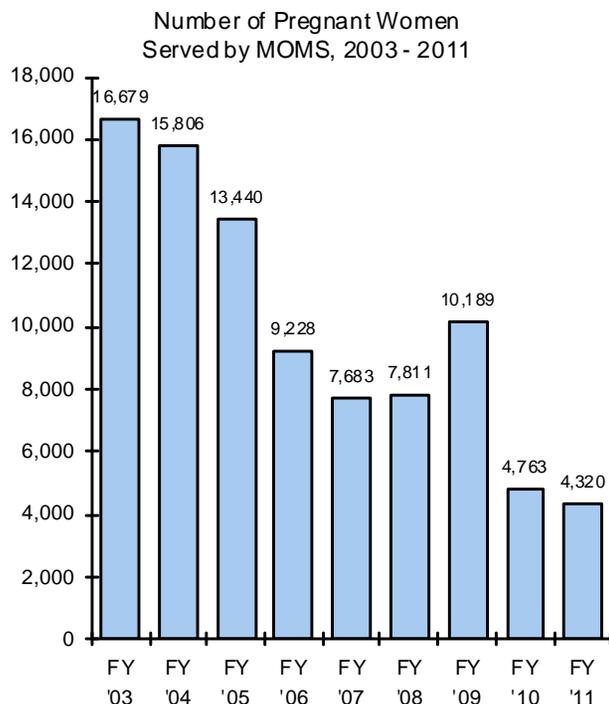
**Project Name:** Maternal Outpatient & Medical Services (MOMS)

**Target Population:** Women who are currently or were recently pregnant (within two calendar months following the month the pregnancy ended), who apply for medical coverage for their pregnancy through a Local Health Department (LHD), Federally Qualified Health Center (FQHC), or through a certified/trained provider utilizing the online application. The applicant must also meet one or more of the following criteria: Pregnant women with income at or below 185 percent of the Federal Poverty Level who are applying for Medicaid, or pregnant women who are currently enrolled in the Michigan Medicaid Emergency Services (ESO) program.

**Project Description:** Provides medical care for pregnant women. The program allows women to seek early prenatal care while awaiting eligibility determinations for Medicaid. Services covered include prenatal and pregnancy-related care, pharmaceuticals and prescription vitamins, laboratory services, radiology and ultrasound, maternal support services, childbirth education, outpatient hospital care, and inpatient hospital services for labor and delivery, including all professional services. Funding sources utilized for the MOMS program are SCHIP, Healthy Michigan Funds and General Funds.

### Project Accomplishments through May 2012:

- MOMS served 2,742 women who were enrolled in the Michigan Medicaid Emergency Services program. Another 4,847 women applied for Medicaid and were approved for full coverage benefits prior to MOMS enrollment.
- There were 2,907 women served who had applied for Medicaid but whose eligibility is pending or were not eligible
- Provided access to early prenatal care for women waiting for their Medicaid application determination.
- Assisted in reducing infant mortality and incidents of pre-term labor.
- Assisted in reducing admissions into neonatal intensive care.
- Assisted in increasing infant birth weights.
- Provided information for Local Health Departments, Federally Qualified Health Centers, and the Department of Human Services (DHS).
- Increased access to MOMS by utilizing an enrollment option to an online application process.



\*Full year 2012 data not yet available