

DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
PROGRAM MATCH REQUIREMENTS

(By authority conferred on the office of substance abuse services by section 6213 of Act No. 368 of the Public Acts of 1978, as amended, being S333.6231 of the Michigan Compiled Laws)

R 325.4151 Definitions.

Rule 1. (1) As used in these rules:

(a) "Cash contribution" means the local cash outlay reflected in the program budget submitted to the office by a coordinating agency and subsequently supported by expenditure reports and records.

(b) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws.

(c) "Federal funds" means federal monies received by the local coordinating agency directly from the federal government.

(d) "Fees and collections" means funds derived from the provision of products, supplies, services, or patient, second party, or third party reimbursements or payments. Only those fees and collections derived from patient, second party, or third party reimbursements and payments may be carried over from one fiscal year to the next fiscal year.

(e) "In-kind contributions" means the value of authorized non-cash contributions justified by the coordinating agency and approved by the office according to R 325.4152.

(f) "Office" means office of substance abuse services.

(g) "Patient reimbursements and payments" means reimbursements and payments received from an individual for care or services rendered to that individual.

(h) "Program budget" means the total financial plan, including both state and non-state shares, submitted for approval to the office by a coordinating agency to carry out the purposes of the program plan.

(i) "Second party reimbursements and payments" means reimbursements and payments which are not patient or third party reimbursements and payments, but which are received from a person, including a governmental entity, in response to a charge for care or service to another individual, such as an employee of that person.

(j) "Third party reimbursements and payments" means reimbursements and payments received from a third party pay or, such as a private insurance company, or payments made under medicaid, medicare, or other provisions of the social security act, 42 U.S.C. S301 et seq., which are related to the cost of providing patient care or services.

(2) The terms defined in the code have the same meanings when used in these rules.

History: 1979 AC; 1981 AACS.

R 325.4152 Allowable match.

Rule 2. (1) The allowable match may consist of any of the following:

(a) Cash contributions.

(b) Fees and collections as defined in R 325.4151.

(c) In-kind contributions limited to facility and equipment use charges and other authorized non-cash contributions which are a direct benefit to the program and approved by the office.

(d) Local tax revenues.

(2) Local funds already used as match for some other state or federal program shall not be included in the allowable match under these rules.

(3) State reimbursements shall be limited to costs in excess of all allowable local matching funds, subject to the availability of funds and in accordance with the terms of the agreement.

(4) The type and basis for determining the value of in-kind contributions shall be documented by the coordinating agency and approved by the office. All approved in-kind contributions charged to the program shall directly benefit the program, be documented in the records of the coordinating agency, and be appropriately reported as prescribed by the office.

History: 1979 AC; 1981 AACS.

R 325.4153 Coordinating agency program budget match requirements.

Rule 3. (1) Except as otherwise provided in these rules, a coordinating agency program budget approved by the office shall include allowable match funds equal to not less than 10% of the total program budget, less direct federal and other state funds.

(2) If the total budget is modified during the project period, the total match shall be maintained at a level of not less than 10% of the total program budget, less federal and other state funds.

History: 1979 AC; 1981 AACS.

R 325.4154 Rescinded.

History: 1979 AC; 1981 AACS.

R 325.4155 Waiver of rules.

Rule 5. (1) The office may grant a waiver from any of these rules if it determines that the action is necessary for continuity or quality of service delivery.

(2) A request for a waiver shall be submitted by the coordinating agency to the office, on forms provided by the office, before the beginning of the fiscal year to which it will apply, unless waived by the office.

(3) The office shall notify the coordinating agency in writing of the decision reached concerning each waiver requested.

(4) A waiver that is granted under this rule shall not be in effect longer than the specific fiscal year for which the waiver is approved.

History: 1981 AACS.

R 325.4156 Federal grant match requirements.

Rule 6. These rules shall not be construed to negate specific federal grant match requirements entered into with the office by coordinating agencies or service-providing programs.

History: 1981 AACS.