

CHAIRPERSON  
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VICE-CHAIRPERSON  
VICTOR CELENTINO

VICE-CHAIRPERSON PRO-TEM  
STEVE DOUGAN

HUMAN SERVICES COMMITTEE  
ANDY SCHOR., CHAIR  
REBECCA BAHAR-COOK  
CURTIS HERTEL, JR.  
TIM SOULE  
MIKE SEVERINO  
STEVE DOUGAN

## **INGHAM COUNTY BOARD OF COMMISSIONERS**

*P.O. Box 319, Mason, Michigan 48854 Telephone (517) 676-7200 Fax (517) 676-7264*

THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, JULY 14, 2008 AT 7:00 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E) OF THE HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING.

### Agenda

Call to Order

Additions to the Agenda

Limited Public Comment

1. Community Mental Health Authority of Clinton, Eaton, and Ingham Counties
  - a. Resolution Accepting an Offer to [Purchase County-Owned Real Property](#) Located at 812 East Jolly Road, Lansing, MI 48910
  - b. Resolution Authorizing the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties to [Construct a Storage/Maintenance Facility](#) on County-Owned Property at 812 East Jolly Road, Lansing, MI
2. Ingham County MSU Extension Office – Resolution to Authorize an Amendment and Extension of an Existing Contract Between Ingham County and the Michigan Department of Human Services for After School and Summer Programming in the [City of Lansing](#)
3. Tri-County Office on Aging - Resolution Approving [Tri-County Office on Aging's](#) Annual Implementation Plan for Fiscal Year 2009
4. Health Department
  - a. Resolution to Eliminate a Vacant [Nurse Case Manager Position](#) and Create a Customer Services Specialist Position in Health Plan Management Services
  - b. Resolution to Authorize the Creation of a [Pharmacy Benefit Coordinator](#) Position in Health Plan Management Services
  - c. Resolution to Authorize an Amendment to the [Memorandum of Understanding](#) for the "Early On" Program
  - d. Resolution to Authorize a 2008-2009 [Medical Provider Agreement](#) with the Health Plan Corporation
  - e. Resolution to Authorize the Intergovernmental Transfer of Ingham County Funds to the State of Michigan for the Purpose of Participating in the Financing of the Non-Federal Share of DSH Payments Made Under the [Indigent Care Agreement](#) Pool to Ingham Regional Medical Center and Sparrow Health System
  - f. Information - Proposed Reorganization of Nursing and Special Services in the ICHD - Renee Canady (*no materials*)

- g. Information - [Capital Area Regional Health](#) Information Organization - Marcus Cheatham and Valerie Glasnes-Anderson

5. Controller's Office

- a. Resolution Authorizing an Agreement with the Greater Lansing Food Bank and the Trustee of the Silver A. and John E. Coffey [Charitable Remainder Trust](#)
- b. Resolution Approving Criteria for Ranking [2009 Applications](#) for Community Agency Funding

6. Board Referral - Resolution from [Bay County](#) Expressing Support for HR 676 and Encouraging Reform in the Manner in Which Health Care is Funded and Delivered

Announcements	<b>PLEASE TURN OFF CELL PHONES OR OTHER ELECTRONIC</b>
Public Comment	<b>DEVICES OR SET TO MUTE OR VIBRATE TO AVOID</b>
Adjournment	<b>DISRUPTION DURING THE MEETING</b>

The County of Ingham will provide necessary reasonable auxiliary aids and services, such as interpreters for the hearing impaired and audio tapes of printed materials being considered at the meeting for the visually impaired, for individuals with disabilities at the meeting upon five (5) working days notice to the County of Ingham. Individuals with disabilities requiring auxiliary aids or services should contact the County of Ingham in writing or by calling the following: Ingham County Board of Commissioners, P.O. Box 319, Mason, MI 48854 Phone: (517) 676-7200. A quorum of the Board of Commissioners may be in attendance at this meeting. Meeting information is also available on line at [www.ingham.org](http://www.ingham.org)

RESOLUTION STAFF REVIEW

DATE July 3, 2008

**Agenda Item Title:** Resolution Accepting an Offer to Purchase County-Owned Real Property Located at 812 East Jolly Road, Lansing, MI 48910

**Submitted by:** Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

**Committees:** LE\_\_\_\_, JD\_\_\_\_, HS X, CS X, Finance X

**Summary of Proposed Action:**

This resolution authorizes the acceptance of a \$240,000 offer from the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties to purchase the County-Owned real property located at 812 East Jolly Road, Lansing, Michigan as described in Exhibit A attached to this resolution.

The sale of this property to CMH, shall include a written agreement that in the event that CMH is dissolved before the purchase of the building at 812 East Jolly Road, by CMH, the ownership of the land would revert to Ingham County, at a purchase price equal to the amount paid to Ingham County by CMH for the property (\$240,000) *or* the appraised value of the land at the time of the reversion of ownership, whichever is less.

**Financial Implications:**

CMH is proposing to purchase the land upon which the building at 812 East Jolly Road, Lansing, stands for \$240,000, which is the appraised value of the land, as determined by Professional Appraisal Services in November, 2007.

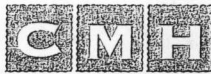
The current lease between the Ingham County Board of Commissioners, the Ingham County Building Authority, and the Community Mental Health Authority of Clinton, Eaton, Ingham Counties (CMH) will also be modified to include language allowing CMH to purchase the building, for \$1.00, at any point subsequent to the date at which the bonds used to finance the construction of the building are paid off, July 1, 2018.

**Other Implications:**

The closing shall take place no later than September 1, 2008.

**Staff Recommendation:** MM\_\_ JN\_\_ TL\_\_ TM\_\_ JC X

Staff recommends approval of the resolution.



COMMUNITY MENTAL HEALTH  
CLINTON • EATON • INGHAM

June 12, 2008

Mr. Marc Thomas, Chairperson  
Ingham County Board of Commissioners  
P.O. Box 319  
Mason, MI 48854

Dear Mr. Thomas:

**Background:** Over the past year, the Community Mental Health Authority of Clinton, Eaton, Ingham Counties (CMH) has discussed, with the Ingham County Board of Commissioners and the Ingham County Building Authority, a proposal to purchase its primary headquarters at 812 East Jolly Road in Lansing, Michigan. Discussions with the Human Services and Finance Committees, of the County Commission, resulted in:

- the tentative approval of the sale, of the building and the property upon which it stands, to CMH
- the recommendation that CMH discuss, with bond counsel, the conditions of such a sale and the debt financing

Those discussions resulted in the determination, through discussions between my office and bond counsel, that the bonds which financed the building are not, in the main, callable until the close of the 20 year bond life and that no other tax exempt financing (CMH was to obtain a tax exempt mortgage to finance the purchase) can be obtained for the purchase of the building while the current tax exempt bonds are outstanding on the same building.

Given this information and a recent discussion (May 15, 2008) with the Ingham County Building Authority, CMH is withdrawing its proposal to purchase the 812 East Jolly Road property, at this time, and replacing it with a new proposal.

**Proposal:** CMH proposes the following:

1. CMH purchase, at this time, the land upon which the building at 812 East Jolly Road, Lansing, stands for \$240,000, which is the appraised value of the land, as determined by Professional Appraisal Services in November, 2007. This appraisal was obtained at the request of the Ingham County Board of Commissioners. The relevant pages of that appraisal are attached.

ADMINISTRATIVE OFFICES

812 East Jolly Road, Suite G 10, Lansing, MI 48910 • PHONE: 517/346-8200 • FAX: 517/346-8245

*Accredited by the Joint Commission on Accreditation of Healthcare Organizations. An equal opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities. Michigan Relay Center (800) 649-3777.*



2. The sale of this property, to CMH, to include a written agreement that, in the event that CMH is dissolved before the purchase of the building at 812 East Jolly Road, by CMH, the ownership of the land would revert to Ingham County, at a purchase price equal to the amount paid, Ingham County, by CMH for the property (\$240,000) or the appraised value of the land at the time of the reversion of ownership, whichever is less.

3. That the current lease between the Ingham County Board of Commissioners, the Ingham County Building Authority, and the Community Mental Health Authority of Clinton, Eaton, Ingham Counties (CMH) be modified to include language allowing CMH to purchase the building, for \$1, at any point subsequent to the date at which the bonds, used to finance the construction of the building, are paid off, July 1, 2018.

We look forward to the further discussion in pursuit of agreement on this proposal. As always, do not hesitate to contact me if you have questions or desire further information related to this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Sheehan', with a long horizontal flourish extending to the right.

Robert Sheehan  
Executive Director

**Final Value Estimate Via the Sales Comparison Approach.** The "As Is" Market Value indicated for the subject's 7.58 acre subject site "As Vacant," via the Sales Comparison Approach is \$240,000. Furthermore, the "As Is" Market Value indicated for the subject's 3.56 acres of Excess Land, via the Sales Comparison Approach is \$120,000. These estimates are considered to be very reliable in imitating investor expectations. Based on this analysis, it is opined that the "As Is" Market Value of the subject site "As Vacant," and the "As Is" Market Value of the subject excess land (3.56 Acres), as of November 14, 2007, via the Sales Comparison Approach is as follows:

<b>MARKET VALUE – "AS VACANT" (7.58 ACRE SUBJECT SITE)</b>
<b>TWO HUNDRED FORTY THOUSAND DOLLARS</b> <b>\$240,000</b>
<b>MARKET VALUE – "AS IS" (3.56 ACRES EXCESS RESIDENTIAL LAND)</b>
<b>ONE HUNDRED TWENTY THOUSAND DOLLARS</b> <b>\$120,000</b>

PROPOSED LEGAL DESCRIPTION

That part of the fractional Northwest 1/4 of Section 3, Township 3 North, Range 2 West, City of Lansing, Ingham County, Michigan, described as beginning at a point on the North line of said Section 3 lying S88°45'28" E 366.81 feet from the Northwest corner of said Section 3; thence continuing S88°45'28" E on said North line 355 feet; thence S0°35'42" W 329.70 feet; thence S88°44'12" E 85.95 feet to the Northwest corner of the Plat of Battanfield Subdivision No. 1, as recorded in Liber 16 of Plats, pages 3 and 4, Ingham County Records; thence S0°37'55" W 518.27 feet along the West line of the Plat of Battanfield Subdivision No. 1 and the West line of the Plat of Pennsylvania Heights, as recorded in Liber 17 of Plats, page 38, Ingham County Records, to the North line of the Plat of Roselawn, as recorded in Liber 28 of Plats, page 6, Ingham County Records, thence N89°04'25" W along said North line 344 feet; thence N1°14'32" E 404.83 feet; thence N88°45'28" W 86.20 feet; thence N1°14'32" E 445.00 feet to the point of beginning. Containing 7 acres more or less.

**Agenda Item 1a**

Introduced by the Human Services, County Services, and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION ACCEPTING AN OFFER TO PURCHASE COUNTY-OWNED REAL  
PROPERTY LOCATED AT 812 EAST JOLLY ROAD, LANSING, MI 48910**

WHEREAS, over the past year, the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMH) has discussed, with the Ingham County Board of Commissioners and the Ingham County Building Authority, a proposal to purchase its primary headquarters at 812 East Jolly Road, Lansing, Michigan; and

WHEREAS, discussions with the Human Services and Finance Committees resulted in the tentative approval of the sale of the building and the property on which it stands to CMH, and the recommendation that CMH discuss with bond counsel the conditions of such a sale and the debt financing; and

WHEREAS, those discussions resulted in the determination that the bonds which financed the building are not, in the main, callable until the close of the 20 year bond life and that no other tax exempt financing can be obtained for the purchase of the building while the current tax exempt bonds are outstanding on the same building; and

WHEREAS, CMH is now proposing to purchase the land upon which the building at 812 East Jolly Road, Lansing, stands for \$240,000, which is the appraised value of the land, as determined by Professional Appraisal Services in November, 2007.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the acceptance of the \$240,000 offer from the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties to purchase the County-Owned real property located at 812 East Jolly Road, Lansing, Michigan as described in Exhibit A attached to this resolution.

BE IT FURTHER RESOLVED, the sale of this property to CMH, shall include a written agreement that in the event that CMH is dissolved before the purchase of the building at 812 East Jolly Road, by CMH, the ownership of the land would revert to Ingham County, at a purchase price equal to the amount paid to Ingham County by CMH for the property (\$240,000) *or* the appraised value of the land at the time of the reversion of ownership, whichever is less.

BE IT FURTHER RESOLVED, that the current lease between the Ingham County Board of Commissioners, the Ingham County Building Authority, and the Community Mental Health Authority of Clinton, Eaton, Ingham Counties (CMH) be modified to include language allowing CMH to purchase the building, for \$1.00, at any point subsequent to the date at which the bonds used to finance the construction of the building are paid off, July 1, 2018.

BE IT FURTHER RESOLVED, that the closing shall take place no later than September 1, 2008.

BE IT FURTHER RESOLVED, the County Attorney shall approve as to form the agreement to sell the property and any amendments to the agreement.

BE IT FURTHER RESOLVED, the Controller/Administrator is authorized to add all revenue from the sale of this property to the General Fund unreserved fund balance.

BE IT FURTHER RESOLVED, that the Ingham County Board Chairperson and County Clerk are authorized to sign any contract documents consistent with this resolution after approval as to form by the County Attorney.

### PROPOSED LEGAL DESCRIPTION

That part of the fractional Northwest 1/4 of Section 3, Township 3 North, Range 2 West, City of Lansing, Ingham County, Michigan, described as beginning at a point on the North line of said Section 3 lying S88°45'28" E 366.81 feet from the Northwest corner of said Section 3; thence continuing S88°45'28" E on said North line 355 feet; thence S0°35'42" W 329.70 feet; thence S88°44'12" E 85.95 feet to the Northwest corner of the Plat of Battenfield Subdivision No. 1, as recorded in Liber 16 of Plats, pages 3 and 4, Ingham County Records; thence S0°37'55" W 518.27 feet along the West line of the Plat of Battenfield Subdivision No. 1 and the West line of the Plat of Pennsylvania Heights, as recorded in Liber 17 of Plats, page 38, Ingham County Records, to the North line of the Plat of Rosetown, as recorded in Liber 29 of Plats, page 6, Ingham County Records, thence N89°04'25" W along said North line 344 feet; thence N1°14'32" E 404.83 feet; thence N88°45'28" W 88.20 feet; thence N1°14'32" E 445.00 feet to the point of beginning. Containing 7 acres more or less.

RESOLUTION STAFF REVIEW

DATE July 3, 2008

Agenda Item Title: Resolution Authorizing the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties to Construct a Storage/Maintenance Facility on County-Owned Property at 812 East Jolly Road, Lansing, MI

Submitted by: Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

Committees: LE\_\_\_\_, JD\_\_\_\_, HS\_\_X\_\_, CS\_\_X\_\_, Finance\_\_\_\_

Summary of Proposed Action:

This resolution authorizes the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties to construct a new 3,520 square foot Storage/Maintenance Facility at the southeast corner of the existing parking lot at 812 East Jolly Road, Lansing, MI.

CMH desires authorization to move forward with the construction of this building before the sale of the property is complete, because the end dates for the construction bids are fast approaching, CMH will purchase all labor and materials for the construction of the facility.

Financial Implications: None.

Other Implications:

The construction of a new Storage/Maintenance Facility will take the place of off-site storage units and centralize supplies, equipment, and tools to one central location for the carpenters and building maintenance staff.

Staff Recommendation: MM\_\_ JN\_\_ TL\_\_ TM\_\_ JC\_\_X\_\_

Staff recommends approval of the resolution.

Introduced by the Human Services and County Services Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION AUTHORIZING THE COMMUNITY MENTAL HEALTH  
AUTHORITY OF CLINTON, EATON, AND INGHAM COUNTIES TO CONSTRUCT A  
STORAGE/MAINTENANCE FACILITY ON COUNTY-OWNED PROPERTY  
AT 812 EAST JOLLY ROAD, LANSING, MI**

WHEREAS, Ingham County currently owns the property located at 812 East Jolly Road, Lansing, MI; and

WHEREAS, the facilities on this property serve as the primary headquarters for the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMH); and

WHEREAS, CMH is proposing the construction of a new Storage/Maintenance Facility to take the place of off-site storage units and centralize supplies, equipment, and tools to one central location for the carpenters and building maintenance staff; and

WHEREAS, CMH will purchase all labor and materials for the construction of the facility.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties to construct a new 3,520 square foot Storage/Maintenance Facility at the southeast corner of the existing parking lot at 812 East Jolly Road, Lansing, MI.

BE IT FURTHER RESOLVED, CMH will be responsible for all costs associated with the project, including labor and materials.



**RESOLUTION STAFF REVIEW**

**DATE** July 3, 2008

**Agenda Item Title:** Resolution to Authorize an Amendment and Extension of an Existing Contract Between Ingham County and the Michigan Department of Human Services for After School and Summer Programming in the City of Lansing

**Submitted by:** Ingham County MSU Extension Office

**Committees:** LE\_\_\_\_, JD\_\_\_\_, HS X, CS\_\_\_\_, Finance X

**Summary of Proposed Action:** (See the attached letter of explanation.)

This resolution authorizes an amendment of an existing contract between Ingham County and the Michigan Department of Human Services (MDHS), including a revised budget, to implement an after school and summer program through September 30, 2008.

Since August 1, 2005, the County has contracted with the Michigan Department of Human Services to conduct after school and summer programs in the City of Lansing. Last year, prior to resuming programming in three Lansing sites, MDHS made a determination that these sites were required by law to be licensed by the State of Michigan as child care centers. As a result, it was determined that the time and expense to these facilities was such that the programs were cancelled. Upon review of our locations and program plans for the summer of 2008, MDHS determined that no license was required for summer programs. As a result, MSU Extension has negotiated an amended budget to fund programming for the summer of 2008.

**Financial Implications:**

The amended contract is reduced from \$150,000 to \$74,626.74.

In addition, the following subcontracts are authorized:

Boy Scouts – Chief Okemos Council, not to exceed	\$ 799.25
Girl Scouts of Michigan, Capital Council, not to exceed	\$ 1,081.09
Lansing Parks and Recreation Department, not to exceed	\$31,654.17
Lansing School District, not to exceed	<u>\$11,550.00</u>
 Sub-Total: Subcontracts not to exceed	 \$ 45,084.51

**Other Implications:**

None.

**Staff Recommendation:** MM\_\_\_\_ JN \_\_\_\_ TL \_\_\_\_ TM\_\_\_\_ JC X

Staff recommends approval of the resolution.

MEMO

Date: June 30, 2008

To: Human Services Committee  
Finance Committee

From: Randy Bell, Director  
Ingham County MSU Extension

Re: Request to Amend a Contract with the Michigan Department of Human Services

Since August 1, 2005, the County has contracted with the Michigan Department of Human Services to conduct after school and summer programs in the City of Lansing. Last year, prior to resuming programming in three Lansing sites, MDHS made a determination that these sites were required by law to be licensed by the State of Michigan as child care centers. As a result, it was determined that the time and expense to these facilities was such that the programs were cancelled.

Upon review of our locations and program plans for the summer of 2008, MDHS determined that no license was required for summer programs.

As a result, we have negotiated an amended budget to fund programming for the summer of 2008. The amended contract is reduced from \$150,000 to \$74,626.74. Because this is a substantial reduction, Jared encouraged me to request your authorization as opposed to using a contract authorization form.

In addition, I am requesting that you authorize subcontracts, as described in the contract for the following amounts:

Boy Scouts – Chief Okemos Council, not to exceed	\$ 799.25
Girl Scouts of Michigan, Capital Council, not to exceed	\$ 1,081.09
Lansing Parks and Recreation Department, not to exceed	\$31,654.17
Lansing School District, not to exceed	<u>\$11,550.00</u>
Sub-Total: Subcontracts not to exceed	\$ 45,084.51

It is my recommendation that this contract be approved consistent with this resolution and approved as to form by the County Attorney.

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE AN AMENDMENT AND EXTENSION OF AN EXISTING CONTRACT BETWEEN INGHAM COUNTY AND THE MICHIGAN DEPARTMENT OF HUMAN SERVICES FOR AFTER SCHOOL AND SUMMER PROGRAMMING IN THE CITY OF LANSING**

**RESOLUTION #07-106**

WHEREAS, Ingham County, in cooperation with the City of Lansing/Ingham County Community Coalition for Youth (CCY) has an existing contract with the Michigan Department of Human Services (MDHS) for an After School and Summer Programming Grant to provide prevention programs that target youth and families in the city of Lansing; and

WHEREAS, resolution #05-192, authorizing a contract with MDHS, was approved by the Board of Commissioners on July 26, 2005; and

WHEREAS, the original grant period was for the period of July 1, 2005, through September 30, 2007; and

WHEREAS, an amended contract has been presented by MDHS for the following time periods:

\$150,000 for the 2006/07 school year and the summer of 2007, and  
\$150,000 for the 2007/08 school year and the summer of 2008.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners approves an amendment of an existing contract between Ingham County and the Michigan Department of Human Services, including a revised budget, to implement an After School and Summer program grant for the extended time period of October 1, 2006 through September 30, 2008.

BE IT FURTHER RESOLVED, that the following subcontracts will be developed for the time period of October 1, 2006 through September 30, 2007, in the amounts of:

Boy Scouts – Chief Okemos Council, not to exceed	\$ 3,892.50
Girl Scouts of Michigan, Capital Council, not to exceed	\$ 4,765.60
Lansing Parks and Recreation Department, not to exceed	\$41,351.28
Lansing School District, not to exceed	<u>\$70,103.69</u>
Sub-Total: Subcontracts not to exceed	\$120,113.07

BE IT FURTHER RESOLVED, that the County Controller be authorized to amend the 2007 Ingham County MSU Extension budget to account for the MDHS grant and any subcontracts related to the grant.

BE IT FURTHER RESOLVED, that the Chairperson of the Ingham County Board of Commissioners and the County Clerk are authorized to sign any necessary contract documents consistent with this resolution and approved as to form by the County Attorney.

**HUMAN SERVICES: Yeas:** Hertel, Grebner, Schor, Severino

**Nays:** None     **Absent:** Bahar-Cook, Tennis     **Approved 4/30/07**

**FINANCE: Yeas:** Celentino, Weatherwax-Grant, Grebner, Hertel, Soule

**Nays:** None     **Absent:** Dougan     **Approved 5/2/07**

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AN AMENDMENT AND EXTENSION OF AN  
EXISTING CONTRACT BETWEEN INGHAM COUNTY AND THE MICHIGAN  
DEPARTMENT OF HUMAN SERVICES FOR AFTER SCHOOL AND SUMMER  
PROGRAMMING IN THE CITY OF LANSING**

WHEREAS, Ingham County, in cooperation with the City of Lansing/Ingham County Community Coalition for Youth (CCY) has an existing contract with the Michigan Department of Human Services (MDHS) to provide after school and summer programming that targets youth and families in the City of Lansing; and

WHEREAS, Resolution #07-106, authorizing a contract with MDHS, was approved by the Board of Commissioners on May 8, 2007; and

WHEREAS, the current contract is for the period ending September 30, 2008; and

WHEREAS, the current contract is for the amount of \$150,000; and

WHEREAS, issues raised by MDHS related to licensing prevented any programming from occurring during the 2007/08 school year; and

WHEREAS, these issues have been resolved so that programming can resume for the summer of 2008; and

WHEREAS, an amended contract has been presented by MDHS which reduces the contract from \$150,000 to \$74,626.74.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners approves an amendment of an existing contract between Ingham County and the Michigan Department of Human Services, including a revised budget, reducing the contract from \$150,000 to \$74,626.74 to implement an after school and summer program through September 30, 2008.

BE IT FURTHER RESOLVED, that the following subcontracts will be developed for the time period of October 1, 2007 through September 30, 2008, in the amounts of:

Boy Scouts – Chief Okemos Council, not to exceed	\$ 799.25
Girl Scouts of Michigan, Capital Council, not to exceed	\$ 1,081.09
Lansing Parks and Recreation Department, not to exceed	\$31,654.17
Lansing School District, not to exceed	<u>\$11,550.00</u>
Sub-Total: Subcontracts not to exceed	\$ 45,084.51

BE IT FURTHER RESOLVED, that the County Controller is authorized to amend the 2008 Ingham County MSU Extension budget to account for the MDHS grant and any subcontracts related to the grant.

BE IT FURTHER RESOLVED, that the Chairperson of the Ingham County Board of Commissioners and the County Clerk are authorized to sign any necessary contract documents consistent with this resolution and approved as to form by the County Attorney.

### Agenda Item 3

#### RESOLUTION STAFF REVIEW

**DATE** June 26, 2008

**Agenda Item Title:** Resolution Approving Tri-County Office on Aging's Annual Implementation Plan for Fiscal Year 2009

**Submitted by:** Tri-County Office on Aging

**Committees:** LE\_\_\_ JD\_\_\_, HS\_ X\_, CS\_\_\_, Finance\_\_\_

**Summary of Proposed Action:**

This resolution approves Tri-County Office on Aging's (TCOA) Annual Implementation Plan for FY 2009. This planning document is required under the Older Americans Act and Older Michiganians Act. The Michigan Office of Services to the Aging, Department of Community Health requires TCOA to ask County Commissioners to approve the plan.

**Financial Implications:** None.

**Other Implications:** The Tri-County Office on Aging Administrative Board endorsed this plan on June 16, 2008. For your information attached is a Table of Contents and an Executive Summary narrative of the Plan.

**Staff Recommendation:** MM\_\_\_ JN\_\_\_ HH\_\_\_ TM\_\_\_ JC\_ X\_\_

Staff recommends approval of the resolution

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# Tri-County Office on Aging Annual Implementation Plan Fiscal Year 2009

October 1, 2008 through September 30, 2009

## I. EXECUTIVE SUMMARY

### A. Narrative

The Tri-County Aging Consortium, the Area Agency on Aging (AAA) for Region VI serving Clinton, Eaton and Ingham Counties, is an agency that plans and develops services for senior citizens. *The mission of the agency is to promote and preserve the independence and dignity of the aging population.* The goals to accomplish this mission include:

- To help older people function as independently as possible;
- To advocate for adequate resources and sound public policy;
- To develop and support a comprehensive coordinate system of service;
- To increase awareness of aging issues and services; and
- To provide support to families assisting aging relatives.

The Funded Services Section (1B) of this document reflects approximately the same funding as in Fiscal Year 2008.

TCOA has three systems through which seniors and their families/caregivers receive services through. The more traditional is annual contracts; the second is Purchase of Services (POS); and the third is services provided directly by TCOA. Most of the directly provided services are access services: outreach, case coordination, care management and caregiver education, counseling and support. Program development is also under direct services, and TCOA utilizes those funds to generate new initiatives in the region.

The TCOA provides the Nutrition Program as a direct service. In the late 1970's TCOA contracted the Nutrition services but the provider was unable to continue the program. The City of Lansing, the Ingham County Health Department and the Michigan Office of Services to the Aging (OSA) requested that TCOA take over the program and provide the service directly. Nutrition services are put out for bid, along with all annual contracted services, that coincides with each Three Year Area Plan. No other agency has expressed interest in providing the service. TCOA has been successfully providing both congregate and home-delivered meals in Region 6 since 1976. The local units of government support this regional effort both philosophically and financially.

When TCOA relocated offices and the kitchen in 1998 another nutrition service provider was sought. Sparrow Health System did express some interest but eventually decided not to seek funding to provide the service. At that time TCOA conducted a capital campaign to build a new kitchen and community rooms, purchase kitchen equipment and begin an endowment fund. The goal of the campaign was \$1.5 million; \$1.65 million was raised. The community also supported TCOA in management of the Nutrition Program. Commitments to annual contractors are given for a three-year cycle to coincide with the Annual Plan. Every three years a Request for Proposals (RFP) goes out for bid for all annual contractor funds including all the nutrition funding. No one has approached TCOA with interest in submitting a RFP for the nutrition funds. If there was interest and a competitive bid, the Michigan Office of Services to the Aging would be responsible for selecting a nutrition provider.

The Area Agencies on Aging, under leadership and direction of the Michigan Office of Services to the Aging (OSA), Area Agency Association of Michigan (4AM) and the National Area Agency Association (N4A); carries out a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, resource and program development, information sharing, monitoring and evaluation; designed to lead to the development of comprehensive and coordinated systems in, or serving each community in the planning and service area. These systems are planned to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

TCOA is also manages MI Choice (Home & Community Based Waiver), locally know as Project Choices. Along with the other access services seniors can move between case coordination, care management and Project Choices seamlessly. All in-home services are done through a purchase of service system (POS). This allows more choice, flexibility and access to in-home services but also has a strong quality control component. POS is a client directed/choice system where services are provided based on client need and choice. Annual contracts with one or two providers limited client choice.

During Fiscal Year 2006 TCOA was chosen as one of four pioneer sites in Michigan to implement a program called the Self Determination Long Term Care Project. The Self Determination approach provides participants in the MI Choice Waiver, a flexible monthly allowance that is based on an individualized budget, allowing them to direct and manage their own personal assistance services. The service plan and budget are determined through the Person Centered Planning and are based on needs. Participants will be supported to direct the use of funds, hire personal assistants, contract with preferred providers, make home modifications, and select from home care services which best meet their needs. They will have the option of appointing a representative and being part of a peer support group. TCOA has been committed to giving participants as much choice as possible and this is a natural partnership.

Another initiative/philosophy during FY 2007 for TCOA was **Person-Centered Thinking**. In the past, Medicaid or other regulatory standards have governed the process of developing care plans for persons requiring long-term care. The **Person-Centered Thinking** philosophy recognizes that all participants are unique individuals with needs, wants, goals and dreams. Most people want the same things from life: an interesting and meaningful daily life, close relationships with others, opportunities to socialize and enjoy recreation, opportunities to develop talents and abilities, to be a part of and contribute to the community, and feel valued and important. The **Person-Centered Approach** was designed to encourage people working with individuals in Long-Term Care (LTC) situations to view the individual's needs through their eyes and to honor their preferences, choices and abilities. Project Choices has completed training of all staff. For all Waiver, Care Management and Case Coordination clients, Person-Centered Thinking is being used with Waiver clients having Person-Centered Plan completed.

In FY 2007 TCOA was selected by the Michigan Office of Services to the Aging (OSA) to participate in a Nursing Home Diversion grant beginning FY 2008. This grant has and will allow TCOA:

- To target those at risk for nursing home placement and spending down to Medicaid
- Employing person-centered planning and self determination into Older American Act Program
- Flexible spending creative ways to use Federal and State funding to assist these individuals will also be explored.

An Independent Living Consultant was hired, who was previously a Care Manager with Project Choices. This grant will continue through the first part of FY 2009. TCOA plans on continuing the ILC through Case Coordination funds.

TCOA continues to enjoy a strong presence in the community. Over the years accomplishments include a cooperative regional working relationship which provides services to older adults, through the Tri-County Aging Consortium. The membership includes Clinton, Eaton and Ingham Counties and the Cities of Lansing and East Lansing. Other accomplishments include a local Chapter of the National Caucus and Center on Black Aged; Medicaid Waiver pilot project, State of Michigan; leader in organizing Christmas in April now know as Rebuilding Together, which assists low-income seniors with minor home repair and home maintenance; providing Meals-On-Wheels and Dining Sites throughout all the service area with a volunteer network over 1,800 strong; local fund raising efforts that allocates over \$138,000 to in-home services, and participation on the Advisory Boards/Councils of the local transit systems, which provides needed transportation to area seniors.

For several years, TCOA has been involved with long-term care issues. In 1990 TCOA began a local Long-Term Care (LTC) Collaborative. This has brought interested parties together including nursing homes, Departments of Human Services (DHS), Community Mental Health, Lansing Community College (LCC), Capital Area Center for Independent Living, local hospitals and public health. One of the main focus areas has been the direct care workforce. The Collaborative developed a survey for the direct care workforce and their employers. In 2005 the Collaborative published the "A Labor of Love, Assessing the Status of the Direct Care Workforce". The report examined and compared views on recruitment, training and retention of both the workers and their employers. The report has been utilized by LTC providers.

The TCOA Executive Director has served on many of the committees for the Governor's Long-Term Care Taskforce. The report was issued with recommendations as to the direction long-term care should take in Michigan. TCOA submitted to a Single Point of Entry for Long-Term Care (SPE) grant proposal in the winter of 2006 to the Michigan Department of Community Health. This agency was not selected as one of the four demonstration programs in Michigan.

TCOA partnered with the MI Department of Community Health (DCH) in establishing the Michigan Quality Community Care Council (MQC3) statewide organization. TCOA's Executive Director sits on the Administrative Board of the Council. The Council is establishing a registry of home help workers; conducting criminal background checks and training for both the worker and client when available. Plans for other supports to be provided to workers such as assistance with childcare, transportation and health care are being look at. There are also plans to include MI Choice and eventually the general public to utilize the MQC3.

In conjunction with the Capital Area United Way (CAUW) and other community agencies, TCOA continues to link with area faith communities through *Poor at Your Door*. A training for faith communities through this effort is planned for FY 2008. TCOA's survey of seniors conducted in 2005 and 2006 showed that 16% of the 786 individuals sixty years of age an older would ask their faith community for information.

The TCOA has a commitment to no waiting list for Meals-On-Wheels (MOW) and for another year this is being accomplished. Through a very strong network of volunteers, local funding and fundraising activities TCOA is able to provide noon meals to all those who qualify for MOW. Occasionally an individual needs to wait until a spot is open on a particular route that is never more than a couple of weeks. If there is a short wait frozen meals can be provided. In FY 2007 315,214 MOW were provided to 1,607 individuals with 13% indicating they were minority race and/or ethnicity. These numbers includes individuals who received 66,638 MOW through Project Choices paid for by the Home & Community Based Services Waiver.



Another success of the TCOA MOW program is the availability of special diets meals. All meals are low salt. Special diets for chronic illness include low fat, diabetic and mechanically adjusted. There is also an optional meal for individuals to choose. Each week an optional meal is listed and for that week a client can select that for one or more days. Fish or pork is never the optional meal.

The Senior Dine Card is being used within the service area through congregate meals, locally known as Senior Dining. Seniors who qualify for the card; those who have low incomes, are at nutritional risk and are socially isolated, can dine at nine local area restaurants. Most of the restaurants are where there are no Dining Sites and are located in more rural areas. The program is being evaluated on a regular basis. The participants are very pleased with the restaurants and ease of using a swipe card. In FY 2007, 83 individuals received 676 meals with a Senior Dine Card. The Senior Dine Sites or congregate meals provided 1,950 older adults with 91,179 meals at the 31 sites in Clinton, Eaton and Ingham Counties.

In Fiscal Year 2005, TCOA partnered with the Refugee Development Center (RDC) after receiving funding for Senior Refugee Services. A major concern of senior refugees is isolation. The RDC drives these seniors to a fresh produce market in their van with the TCOA grant paying for the cost of the trip. Each day an ethnic group of refugee seniors are picked up and driven to the market. Also, through the grant TCOA provides a \$5 voucher for fresh produce. The refugee seniors are meeting early at an individual's home to be picked up. There is a party atmosphere and the refugee seniors are gathering early and staying late too.

TCOA participated in a senior refugee program that ended in FY 2007. This was very successful with Refugee Development Center (RDC) transporting senior refugees to various Senior Dining Sites integrating the refugee older adults into existing services. From May through September RDC and the local Garden Project helped older refugees with garden; and RDC also transported older refugees to the farmer's market.

The TCOA has worked with AARP volunteers to provide tax assistance to seniors in this service area. TCOA provides the space for training, meals for the volunteers, space for tax preparation, coping, mailing, computer links, public information, scheduling for appointment, and any thing else that is needed. The program targets seniors with lower incomes. The AARP volunteers in 2007 completed 3,125 tax forms for individuals, which is close to 500 more than the previous year.

Since TCOA began Information and Assistance (I&A) has been important part of the services provided. TCOA provides funding for an I&A site in rural Ingham, Clinton & Eaton Counties through an annual contractor (Capital Area Community Services, CACS); and a Spanish Speaking I&A site at Cristo Rey Community Center in Lansing. In 2006 through these programs there were 6,082 hours of I&A services providing assistance to 2,273 individuals through these sites.

TCOA also provides I&A directly with local funds. There were 4,976 individuals who were provided I&A through TCOA in FY 2007. I&A was also provided to 214 caregivers FY 2007. The Medicare/Medicaid Assistance Program (MMAP) housed at TCOA helped 2,203 clients. A volunteer also was at the office one day per week helping with clients needing assistance with this program.

Other important Access Services TCOA provides directly is Outreach. In FY 2007 2,966 individuals who were either older adults, family members, friends or concerned neighbors and community members learned about services for seniors and persons with disabilities in the community. There were 36 presentations made to community groups and 7 health fairs. The Outreach staff person at TCOA works with Rebuilding Together/Christmas in April and in 2007, 25 homes of older adults were refurbished through the program. This staff person also works with the Crisis Services for the Elderly volunteers. This program had 8,760 hours of volunteer time and helped 270 older adults during FY 2007.

TCOA has worked with the community to assure that there is a continuum of respite for caregivers and their loved one. There are two volunteer respite programs that served 45 families for a total of 2,447 hours with funding through TCOA. This base of funding allows those programs to seek other local funds and serve many more families that are reflected in these numbers. There are also two adult-day care (ADC) program in the service area that have annual contracts and provide service through POS. There were a total of 35 caregivers and older adults helped though 9,524 hours of ADC. Because of cost-sharing, dollars are being stretched. Other local funds and private pay help more families take advantage this service.

There were a total of 112 older adults and caregivers supported through in-home respite, personal care and homemaker provided with the purchase of services (POS) system with most of the area home health care agencies in the pool of providers. There were 25 caregivers helped though 1,499 hours of in-home respite so they can have a break from their 24-hour care of a loved one. In FY 2007 thee were 6,853 hours of personal care and 5,050 hours of homemaker services provided. Cost-sharing is used for these services but because there are waiting lists and seniors with lower incomes are given priority there are few funds generated for additional services.

Project Choices at TCOA has Case Coordination, Care Management and Medicaid Waiver clients. In FY 2007 clients included 83 through Case Coordination; with 222 Care Management; and 497 Waiver clients. TCOA is working to provide a seamless system for the adults and caregivers. Each care manager has clients in each of the three programs. When an individual becomes eligible for the next services level they can easily be moved keeping the same staff person to assist them with arranging services.

Other annual contracts include:

<u>Service</u>	<u>Clients</u>	<u>Units</u>
Volunteer Transportation		
Medical	30	723
Nutrition	26	2,748
Elder Abuse Education & Prevention	122	182
Legal Services	587	1,610
Long Term Care Ombudsman	587	811
Health Promotion & Disease Prevention		
Senior Fitness	251	344
Medication Management Education	568	84

For Fiscal Year 2009, it is planned to continue tasks and goals as in the first year of the Area Plan. There are additions of program development objectives that include updating a transportation guide in conjunction with the three public transportation providers in the regions: Capital Area Transportation Authority, Eaton County Transportation Authority and the Clinton County Transportation Authority. TCOA will also convene a coalition to work on evidence based disease prevention programs in this service area.

A cover letter asking for approval and a copy of the Annual Implementation Plan Fiscal Year 2009 was sent through Certified Mailed through the U.S. Postal Service to Clinton, Eaton & Ingham Counties; and the Cities of Lansing and East Lansing. Copies of the letters were provided to the Michigan Office of Services to the Aging along with the AIP FY 2009. The letter explained the AIP and asked each local municipality mentioned to review the plan and pass a resolution approving the document. If TCOA did not hear from the local units of government by the end of July 2008, it would be considered passive approval.

# Tri-County Office on Aging, Region 6

## FY 2009 SERVICE SUMMARY

	TOTAL	Method of Provision		
		Purchased	Contract	Direct
<b>ACCESS SERVICES</b>	<b>\$481,113</b>			
Care Management	\$252,789			X
Case Coordination & Support	\$54,449			X
Disaster Advocay & Outreach Program	\$0			
Information & Assistance	\$136,500		X	X
Outreach	\$26,000			X
Transportation	\$11,375		X	
<b>IN-HOME SERVICES</b>	<b>\$1,049,827</b>			
Chore	\$1,000	X		
Home Care Assistance	\$0			
Home Injury Control	\$0			
Homemaking	\$127,167	X		
Home Delivered Meals	\$553,773			X
Home Health Aide	\$0			
Medication Management	\$0			
Personal Care	\$165,028	X		
Personal Emergency Response System	\$0			
Respite Care	\$202,859	X	X	
Friendly Reassurance	\$0			
<b>COMMUNITY SERVICES</b>	<b>\$584,066</b>			
Adult Day Care	\$102,110		X	
Dementia Adult Day Care	\$0			
Congregate Meals	\$398,068			X
Nutrition Counseling	\$0			
Nutrition Education	\$0			
Disease Prevention/Health Promotion	\$24,735		X	
Health Screening	\$0			
Assistance to the Hearing Impaired & Deaf	\$0			
Home Repair	\$1,000	X		
Legal Assistance	\$19,262		X	
Long Term Care Ombudsman/Advocacy	\$25,223		X	
Senior Center Operations	\$0			
Senior Center Staffing	\$0			
Vision Services	\$0			
Prevention of Elder Abuse, Neglect & Exploitation	\$5,948		X	
Counseling Services	\$0			
Specialized Respite Care	\$0			
Caregiver Supplemental Services	\$0			
Kinship Respite Care	\$7,720	X		
Caregiver Education, Support, & Training	\$0			
<b>PROGRAM DEVELOPMENT \$66,868</b>	<b>\$66,868</b>			X
<b>REGION SPECIFIC:</b>				
Crisis Services/Energy Assistance	\$ 10,000	X		
<b>TOTAL FUNDING</b>	<b>\$2,191,874</b>			

\$2,191,874

Introduced by the Human Services Committee of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION APPROVING TRI-COUNTY OFFICE ON AGING'S ANNUAL  
IMPLEMENTATION PLAN FOR FISCAL YEAR 2009**

WHEREAS, the Tri-County Aging Consortium, known as Tri-County Office on Aging, produced the Annual Implementation Plan Fiscal Year 2009 as required by the Older Americans Act and the Older Michiganians Act; and

WHEREAS, the Ingham County Board of Commissioners has reviewed the Tri-County Office on Aging's Annual Implementation Plan Fiscal Year 2009.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners approves the Tri-County Office on Aging's Annual Implementation Plan Fiscal Year 2009 as presented.



**Agenda Item 4a and 4b**

**RESOLUTION STAFF REVIEW**

**DATE** July 2, 2008

**Agenda Item Title:** Resolution to Eliminate a Vacant Nurse Case Manager Position and Create a Customer Services Specialist Position in Health Plan Management Services

**AND**

Resolution to Authorize the Creation of a Pharmacy Benefit Coordinator Position in Health Plan Management Services

**Submitted by:** T. A. Lindsey, Human Resources Director

**Committees:** LE\_\_\_, JD\_\_\_, HS X, CS X, Finance X

**Summary of Proposed Action:** This resolution supports authorization to reorganize some functions within the Health Plan Management Services of the Ingham County Health Department.

Eliminate the position of Nurse Case Manager and replace it with a Customer Service Specialist position in the Call Center.

Sever relationship with the outside vendor for the independent contract position of Pharmaceutical Benefit Consultant. Replace with a part-time staff position of Pharmaceutical Benefit Coordinator.

**Financial Implications:**

Eliminate current position of Nurse Case Manager	Save \$86,933
Create full time Customer Service Specialist for HPMS	PRO 5 \$40,411-\$48,512
Eliminate independent contractor relationship for Pharmaceutical Benefit Consultant	Save Approximately \$38,000
Create part-time staff position of Pharmaceutical Benefit Coordinator.	PT PRO 07 \$23,954-28,756

Consistent with Commissioners' instructions, costs are calculated on maximum salary compensation amount.

For the full-time Customer Service Specialist position, total cost is \$69,690, includes fringe benefit amount of \$21,179 and the \$48,511 compensation maximum for 2008.



For the part-time Pharmaceutical Benefit Coordinator position, total cost is \$41,248, includes fringe benefit amount of \$12,492 and the \$28,756 compensation maximum for 2008.

**Other Implications:** The part-time Pharmaceutical Benefit Coordinator is treated as a Labor Market Exception as follows:

Compensated \$40 per hour, up to 19 hours per week for the first 12 months.

Compensated \$45 per hour, up to 15 hours a week for the next 12 month period.

**Staff Recommendation:** MM \_\_\_\_ JN \_\_\_\_ TL  X  TM \_\_\_\_ JC \_\_\_\_  
Staff recommends approval of the resolution.

**2008 Personnel Cost Projection**  
**pos # 601084    vacant Nurse Case Mgr**  
**PHN                      Step 5**

704000	Salary	\$62,746
720000	Longevity	<u>0</u>
	Wages	<u>\$62,746</u>
715000	FICA&med	4,800
716020	PHP&Surchrg	11,805
716100	Dental	578
716200	Vision	108
718000	Retirement	5,120
722000	Workers Comp	835
915050	Liability	0
714000	Unemployment	314
716040	Health Ins Trust	<u>627</u>
	Total	\$86,933

**2008 Personnel Cost Projection**  
**Customer Svcs Spec**  
**PRO05                      Step 5**

704000	Salary	\$48,511
720000	Longevity	<u>0</u>
	Wages	<u>\$48,511</u>
715000	FICA&med	3,711
716020	PHP&Surchrg	11,805
716100	Dental	578
716200	Vision	108
718000	Retirement	3,604
722000	Workers Comp	645
915050	Liability	0
714000	Unemployment	243
716040	Health Ins Trust	<u>485</u>
	Total	\$69,690

**2008 Personnel Cost Projection**  
**PT Pharmacy Benefit Coord.**  
**PRO07                      Step 5**

704000	Salary	\$28,756
720000	Longevity	<u>0</u>
	Wages	<u>\$28,756</u>
715000	FICA&med	2,200
716020	PHP&Surchrg	6,656
716100	Dental	578
716200	Vision	108
718000	Retirement	2,137
722000	Workers Comp	382
915050	Liability	0
714000	Unemployment	144
716040	Health Ins Trust	<u>288</u>
	Total	\$41,248

<b>vacant Nurse Case Mgr</b>	<b>-\$86,933</b>
<b>Customer Svcs Spec</b>	<b><u>\$69,690</u></b>
2008 SAVINGS	<b>-\$17,243</b>

## MEMORANDUM

To: Human Services Committee  
County Services Committee  
Finance Committee

From: Dean Sienko, M.D., Health Officer

Date: July, 2008

Subject: Recommendation to Eliminate a Vacant Nurse Case Manager Position and Create a Customer Service Specialist Position in Health Plan Management Services

This is a recommendation to eliminate a vacant Nurse Case Manager, (Position # 601084), and create a Customer Service Specialist position in Health Plan Management Services to support the operations of Health Plan Management Services (HPMS). HPMS has expanded its business to 17 County Health Plans in 54 counties covering 75,000 lives which produces over \$3 million in revenue.

HPMS currently has a vacant Nurse Case Manager position. Over time, County Health Plans have become more involved in the managing the care of their members locally while HPMS has also built efficiencies into processes which require less staff to actively manage members' care. Therefore, there is no longer a need to fill the vacant Nurse Case Manager position.

However, with the expansion of the County Health Plans' local involvement and the increased membership, there is a need to add additional staff to the customer service team. Additionally, there is the need for a lead position in this unit to provide daily direction, leadership, training, and quality control. The Human Resources Department evaluated the position at a grade of PRO05 and it has been supported by the Ingham County Employees Association.

No additional revenue is needed to support these staffing changes.

I recommend the Board of Commissioners adopt the attached resolution and authorize the elimination of the vacant Nurse Case Manager, (Position # 601084), and creation of a Customer Service Specialist in Health Plan Management Services.

### Attachment

c: John Jacobs w/attachment  
Laura Peterson w/attachment  
Tony Lindsey w/attachment  
Jayson Welter w/attachment  
Janet Bowen w/attachment

**Agenda Item 4a**

Introduced by the Human Services, County Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO ELIMINATE A VACANT NURSE CASE MANAGER POSITION  
AND CREATE A CUSTOMER SERVICES SPECIALIST POSITION IN HEALTH  
PLAN MANGEMENT SERVICES**

WHEREAS, Health Plan Management Services manages 17 County Health Plans in 54 counties in Michigan; and

WHEREAS, the needs of the County Health Plans has changed over time requiring more customer service support and less case management support from Health Plan Management Services; and

WHEREAS, Health Plan Management Services has a vacant Nurse Case Manager, (Position # 601084); and

WHEREAS, Health Plan Management Services has the need for an additional customer service staff person to provide direction and leadership to the customer service team; and

WHEREAS, the proposed new position has been evaluated by the Human Resources Department and the Ingham County Employees Association and both support the recommendations that are contained in this resolution; and

WHEREAS, no additional revenue is needed to support these staffing changes; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize the elimination of the vacant Nurse Case Manager position and the creation of a Customer Service Specialist position in Health Plan Management Services.

THEREFORE BE IT RESOLVED, the Board of Commissioners authorizes the elimination of the vacant Nurse Case Manager, (Position # 601084), in Health Plan Management Services.

BE IT FURTHER RESOLVED, the Board of Commissioners authorizes the creation of a Customer Service Specialist position at the Grade of PRO05 in Health Plan Management Services.

## MEMORANDUM

To: Human Services Committee  
County Services Committee  
Finance Committee

From: Dean Sienko, M.D. Health Officer

Date: July 2, 2008

Subject: Recommendation to a Create a Pharmacy Benefit Coordinator

This is a recommendation to authorize the creation of a Pharmacy Benefit Coordinator to support the operations of Health Plan Management Services (HPMS). HPMS has expanded its business to 17 County Health Plans in 54 counties covering 75,000 lives which produces over \$3 million in revenue.

Last year, the County Health Plans (CHPs) contracted with a new Pharmacy Benefit Manager (PBM), 4D Pharmacy Management Systems, Inc. Health Plan Management Services is responsible for managing the pharmacy benefit and the relationship the County Health Plans have with the PBM. This new relationship has allowed HPMS the ability to manage the CHPs' pharmacy benefit more closely and confidently. However, in order to maximize efficiencies and cost control, while assuring the highest of standards for quality and service to the County Health Plan members, HPMS will need the support of a part-time staff person to coordinate the pharmacy operations. HPMS has identified additional revenue to support this expenditure, which is included in the 2008 revised budget and 2009 Health Department budget request.

The Human Resources Department evaluated the position at a grade of PRO07 and it has been supported by the Ingham County Employees Association.

I recommend the Board of Commissioners adopt the attached resolution and authorize the creation of a Pharmacy Benefit Coordinator.

Attachment

c: John Jacobs w/attachment  
Laura Peterson w/attachment  
Tony Lindsey w/attachment  
Jayson Welter w/attachment  
Andy Bunell, ICEA President

Introduced by the Human Services, County Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE THE CREATION OF A PHARMACY BENEFIT COORDINATOR POSITION IN HEALTH PLAN MANAGEMENT SERVICES**

WHEREAS, the Bureau of Health Plan Management Services of the Health Department now serves 17 County Health Plans (CHPs) in 54 counties covering approximately 75,000 lives through contracts with health plan corporations in those communities which result in over \$3 million in annual revenue; and

WHEREAS, the CHPs contracted with a new Pharmacy Benefit Manager (PBM) allowing for improved management of pharmacy operations; and

WHEREAS, HPMS currently lacks the expertise and staff resources to fully utilize the new PBM resources; and

WHEREAS, the proposed new position has been evaluated by the Human Resources Department and the Ingham County Employees Association and both support the recommendations that are contained in this resolution; and

WHEREAS, HPMS has identified additional revenue to support this expenditure, which is included in the 2008 revised budget and 2009 Health Department budget request.

WHEREAS, the Health Officer, recommends that the Board of Commissioners authorize the creation of a Pharmacy Benefit Coordinator in Health Plan Management Services.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the creation of a Pharmacy Benefit Coordinator at the grade of PRO07 in Health Plan Management Services.

BE IT FURTHER RESOLVED, the Pharmacy Benefit Coordinator shall be an exempt special part-time employee to be paid at a market exception rate of \$40 per hour for the first twelve months and \$45 per hour for the second 12 months. Thereafter, the position will receive rate increases equal to the Ingham County Employees Association negotiated rates.

RESOLUTION STAFF REVIEW

DATE July 3, 2008

Agenda Item Title: Resolution to Authorize an Amendment to the Memorandum of Understanding for the "Early On" Program

Submitted by: Health Department

Committees: LE\_\_\_\_, JD\_\_\_\_, HS\_ X \_\_, CS\_\_\_\_, Finance\_\_\_\_

Summary of Proposed Action: (See the attached letter of explanation.)

This resolution will authorize an amendment to the Memorandum of Understanding (MOU) with the Ingham Intermediate School District for infants and toddlers with developmental delays, to extend the MOU from July 1, 2008 through June 30, 2009. The Clinton/Eaton/Ingham Community Mental Health Board and the Ingham County Department of Human Services are also parties to this Memorandum of Understanding.

Financial Implications:

Part H of the Federal Individuals with Disabilities Education Act (P.L. 102 -119) provides grants to develop a system of comprehensive, coordinated, multidisciplinary, interagency services to families with infants and toddlers (under three years) who have special needs. The MOU is a prerequisite to obtaining some of these grant funds.

Other Implications:

The Ingham County Board of Commissioners has authorized an "Early On" Memorandum of Understanding each year since 1993-94.

Staff Recommendation: MM\_\_ JN\_\_ TL\_\_ TM\_\_ JC X

Staff recommends approval of the resolution.

## MEMORANDUM

TO: Human Services Committee

FROM: Dean G. Sienko, M.D.

DATE: July 9, 2008

SUBJECT: Ingham Intermediate School District Memorandum of Understanding - "Early On" Program

Part H of the Federal Individuals with Disabilities Education Act (P.L. 102 -119) provides grants to develop a system of comprehensive, coordinated, multi-disciplinary, interagency services to families with infants and toddlers (under three years) who have special needs. Children with special needs are identified as those with developmental delay, or those with established conditions which lead to developmental delay. In Michigan, the responsibility for implementing this program is located with the Department of Education; the program is known as "Early On."

The Michigan Early On Program has been developed as an interagency program, even though the Department of Education (lead agency) has the responsibility for making all administrative decisions and assignments. At the State level, representatives of the Departments of Community Health, Mental Health, Education and Social Services serve on an Interagency Coordinating Council to give guidance to the program. The intent is to create interagency cooperation at the community level.

The State requires that the local mental health, public health and social services agencies approve the Early On plan, and that they sign an interagency agreement to participate and cooperate with each other and with the Intermediate School District, which is the lead agency at the community level.

Since 1993-94, the Board of Commissioners has authorized an annual Memorandum of Understanding which committed the Health Department, along with Clinton, Eaton, Ingham Community Mental Health, the Ingham County Department of Human Services, and the Intermediate School District to cooperate and coordinate for the identification of young children at risk of developmental delay and to cooperate in the evaluation and treatment plans for such children.

In Ingham County, there is a long history of cooperation and coordination among agencies for the identification and care and treatment of children at risk. It is appropriate that the agencies document that commitment in a Memorandum of Understanding.

I recommend that the Board of Commissioner adopt the attached resolution and authorize an amendment to the Memorandum of Understanding with the Ingham Intermediate School District for Infants and Toddlers with Developmental Delays, to extend the MOA through June 30, 2009.



The Clinton/Eaton/Ingham Community Mental Health Board and the Ingham County, Michigan Department of Human Services are also parties to this Memorandum of Understanding.

Attachment

- c: Renee Canady, w/attachment
- Lisa Chambers w/attachment
- Stephanie Peters (IISD) w/attachment
- Susan Hull (DHS) w/attachment
- Bob Sheehan (CMH) w/attachment

Introduced by the Human Services Committee of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE AN AMENDMENT TO THE MEMORANDUM OF UNDERSTANDING FOR THE "EARLY ON" PROGRAM**

WHEREAS, the Federal Government has enacted P.L. 102-119, known as the Individuals with Disabilities Education Act, and Part H of the Act establishes the Infant and Toddler Early Intervention Program, known as "Early On" in Michigan; and

WHEREAS, the Governor has designated the Michigan Department of Education as the lead agency, with responsibility for making all administrative decisions and assignments, and has created an Early On Interagency Coordinating Council, with representation from the Departments of Education, Community Health, Michigan Department of Human Services, and Clinton/Eaton/Ingham Community Mental Health; and

WHEREAS, the State is committed to having "Early On" implemented with interagency cooperation at the community level; and

WHEREAS, the State has identified the intermediate school districts as the lead agencies at the community level and requires that the community health, mental health, and social services agencies approve the local plan for implementing "Early On"; and

WHEREAS, the State also requires that the community agencies sign a Memorandum of Understanding committing to cooperating and coordinating in the identification and evaluation of children at risk of developmental delay, and in the development and implementation of a treatment plan; and

WHEREAS, the Ingham County Board of Commissioners authorized an "Early On" Memorandum of Understanding each year since 1993-94; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize an amendment to extend the Memorandum of Understanding from July 1, 2008 to June 30, 2009.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an amendment to the Memorandum of Understanding to facilitate the Health Department's cooperation and coordination with the Ingham Intermediate School District, the Clinton, Eaton, Ingham Community Mental Health Board and the Ingham County Department of Human Services in the identification and evaluation, and the development and implementation of a treatment plan for children at risk of developmental delay.

BE IT FURTHER RESOLVED, that the period of the amendment shall be July 1, 2008 through June 30, 2009.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the amendment to the Memorandum of Understanding after review by the County Attorney.

RESOLUTION STAFF REVIEW

**DATE** July 3, 2008

**Agenda Item Title:** Resolution to Authorize a 2008-2009 Medical Provider Agreement with the Ingham Health Plan Corporation

**Submitted by:** Health Department

**Committees:** LE\_\_\_\_, JD\_\_\_\_, HS\_\_X\_\_, CS\_\_\_\_, Finance\_\_X\_\_

**Summary of Proposed Action:** (See the attached letter of explanation.)

This resolution will authorize a Provider Agreement with the Ingham Health Plan Corporation (IHPC).

The Provider Agreement will put in place the mechanism by which the Health Department will be compensated for services provided to Ingham Health Plan enrollees. The IHPC will pay the Health Department on a fee-for-services basis for primary care services provided to IHP members assigned to the Health Department.

**Financial Implications:**

The Health Department will receive the same fee-for-service payment as other IHP medical providers. The reimbursement amount is the current Medicaid rates. The period of the agreement shall be October 1, 2008 through September 30, 2009.

**Other Implications:**

None.

**Staff Recommendation:** MM\_\_ JN\_\_ TL\_\_ TM\_\_ JC\_\_X\_\_

Staff recommends approval of the resolution.

## **MEMORANDUM**

To: Human Services Committee  
Finance Committee

From: Dean Sienko, M.D., Health Officer

Date: June 12, 2008

Subject: Resolution to Authorize Provider Agreement with Ingham Health Plan Corporation

This communication will recommend that the Board authorize a Provider Agreement with the Ingham Health Plan Corporation (IHPC).

The Provider Agreement will put in place the mechanism by which the Health Department will be compensated for services provided to Ingham Health Plan enrollees. The IHPC will pay the Health Department on a fee-for-services basis for primary care services provided to IHP members assigned to the Health Department. The Health Department will receive the same fee-for-service payment as other IHP medical providers. The reimbursement amount is the current Medicaid rates. The period of the agreement shall be October 1, 2008 through September 30, 2009.

I recommend that the Board of Commissioners adopt the attached resolution and authorize the proposed agreement with the Ingham Health Plan Corporation.

### Attachment

c: John Jacobs w/attachment  
Jaeson Fournier w/attachment  
Laura Peterson w/attachment  
Robin Reynolds w/attachment

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION TO AUTHORIZE A 2008-2009 MEDICAL PROVIDER AGREEMENT  
WITH THE INGHAM HEALTH PLAN CORPORATION**

WHEREAS, the Ingham Health Plan Corporation (IHPC) has historically contracted with Ingham County to purchase services to serve low-income populations in Ingham County; and

WHEREAS, the IHPC proposes to contract with Ingham County to purchase services from the Ingham County Health Department during the period October 1, 2008 through September 30, 2009; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize a Provider Agreement with the Ingham Health Plan Corporation.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes a Provider Agreement with the Ingham Health Plan Corporation (IHPC), through which the IHPC will pay Ingham County for primary care services provided to persons enrolled in the Ingham Health Plan and assigned to the Ingham County Health Department.

BE IT FURTHER RESOLVED, that the IHPC will pay Ingham County through the Provider Agreement, on a fee-for-service basis, according to a negotiated fee schedule.

BE IT FURTHER RESOLVED, that the period of the agreement shall be October 1, 2008 through September 30, 2009.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the authorized agreement with the Ingham Health Plan Corporation after review by the County Attorney.

RESOLUTION STAFF REVIEW

DATE July 7, 2008

**Agenda Item Title:** Resolution to Authorize the Intergovernmental Transfer of Ingham County Funds to the State of Michigan for the Purpose of Participating in the Financing of the Non-Federal Share of DSH Payments Made Under the Indigent Care Agreement Pool to Ingham Regional Medical Center and Sparrow Health System

**Submitted by:** Health Department

**Committees:** LE\_\_\_\_, JD\_\_\_\_, HS\_\_X\_\_, CS\_\_\_\_, Finance\_\_X\_\_

**Summary of Proposed Action:** (See the attached letter of explanation.)

This resolution will authorize the County Controller and the County Treasurer to transfer to the State of Michigan up to \$4.5 million annually from the Health Fund to support Disproportionate Share Hospital Payments (DSH) to Ingham Regional Medical Center and Sparrow Health System. The transfers will be made after confirmation of several conditions. This Resolution will be effective October 1, 2008 through September 30, 2009.

**Financial Implications:**

The Board of Commissioners has authorized the County Controller and the County Treasurer to transfer to the State of Michigan up to \$4.5 million annually from the Health Fund to support Disproportionate Share Hospital Payments (DSH) to Ingham Regional Medical Center and Sparrow Health System. This is used to leverage State and Federal funds which are paid to the hospitals. In turn, the hospitals pay these funds to the Ingham Health Plan Corporation (IHPC). The Corporation contracts with Ingham County and other local care providers to implement a managed care type of health benefit program.

**Other Implications:**

In Ingham County, the IHPC has arranged a system of health care currently covering about 16,000 previously uninsured persons.

**Staff Recommendation:** MM\_\_ JN\_\_ TL\_\_ TM\_\_ JC\_\_X\_\_

Staff recommends approval of the resolution.

## Memorandum

TO: Human Services Committee  
Finance Committee

FROM: Dean Sienko, M.D., Health Officer

DATE: July 9, 2008

SUBJECT: Authorization for an Intergovernmental Transfer of Funds for the purpose of participating in the financing of the non-federal share of Disproportionate Share Hospital payments made under the Indigent Care Agreement Pool to Ingham Regional Medical Center and Sparrow Health System

This is a recommendation to authorize the transfer of funds to the State of Michigan with the purpose of supporting Disproportionate Share Hospital (DSH) payments to Ingham Regional Medical Center and Sparrow Health System. The Federal government approved Michigan's Medicaid State Plan Amendment TN No. 05-13, effective June 1, 2006, which created an "Indigent Care Agreements Pool" for hospitals qualifying for Medicaid Disproportionate Share ("DSH") payments to receive DSH payments under the Indigent Care Agreements Pool that meet the minimum federal requirements for Medicaid DSH payments and have in place an Indigent Care Agreement with a local entity. Both Ingham Regional and Sparrow have executed Indigent Care Agreements with the Ingham Health Plan Corporation and are therefore qualified to receive these special payments.

The Ingham Health Plan Corporation (IHPC) was created in 1998 as a non-profit corporation having purposes which include promoting, arranging, and managing an effective system for quality coordinated health care in a manner which decreases the cost of health care services to the community at large for persons unable to pay for such care. In Ingham County, the IHPC has arranged a system of health care currently covering about 16,000 previously uninsured persons. The Corporation also supports certain public health services which are directed at low-income, uninsured persons, including services delivered by the Ingham County Health Department.

The attached resolution will authorize the County Controller and the County Treasurer to transfer to the State of Michigan up to \$4.5 million annually from the Health Fund to support Disproportionate Share Hospital Payments to Ingham Regional and Sparrow.

The transfers will be made after confirmation of the following conditions:

- ◆ Ingham Regional Medical Center and/or Sparrow Health System have signed Indigent Care Agreement(s) with the Ingham Health Plan Corporation.
- ◆ The Ingham Health Plan Corporation has executed an agreement with Ingham County to purchase administrative support services for the Corporation and an agreement with



Ingham County to provide primary care physician services.

- ◆ The State has indicated that Ingham Regional Medical Center and/or Sparrow Health System will be recipients of ICA-based DSH payments at the level supported by the intergovernmental transfer.

I recommend that the Board of Commissioners adopt the attached resolution and authorize the intergovernmental transfers.

Attachment

c: John Jacobs w/attachment  
Laura Peterson w/attachment  
Robin Reynolds w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE THE INTERGOVERNMENTAL TRANSFER OF  
INGHAM COUNTY FUNDS TO THE STATE OF MICHIGAN FOR THE PURPOSE OF  
PARTICIPATING IN THE FINANCING OF THE NON-FEDERAL SHARE OF DSH  
PAYMENTS MADE UNDER THE INDIGENT CARE AGREEMENT POOL TO  
INGHAM REGIONAL MEDICAL CENTER AND SPARROW HEALTH SYSTEM**

WHEREAS, Ingham County has an objective to assure access to appropriate levels of health care for Ingham County residents, with a goal of having all residents participating in an organized system of health care by 2010; and

WHEREAS, the Federal government has approved Michigan's Medicaid State Plan Amendment TN No. 05-13, effective June 1, 2006, which creates an "Indigent Care Agreements Pool" for hospitals qualifying for Medicaid Disproportionate Share ("DSH") payments to receive DSH payments under the Indigent Care Agreements Pool so long as: (a) the hospital has an Indigent Care Agreement with a local health care entity, such as Ingham Health Plan Corporation; and (b) the Indigent Care Agreement stipulates that direct or indirect health care services be provided to low-income patients with special needs who are not covered under other public or private health care programs; and

WHEREAS, Ingham Health Plan Corporation purposes include promoting, organizing, managing and administering programs to create a system for providing or arranging and paying for health care services in a cost-effective manner for persons unable to pay for such health care services; and

WHEREAS, Ingham Health Plan Corporation has entered into an Indigent Care Agreement with Ingham Regional Health Center and/or Sparrow Health System, requiring Ingham Health Plan Corporation to directly or indirectly operate a program of arranging and paying for health care to low-income individuals with special needs who are not covered under other public or private health care programs and who are unable to pay for such services; and

WHEREAS, both the Federal government and the State of Michigan participate in the financing of the Indigent Care Agreements Pool, with the Federal government matching the State's portion pursuant to the Federal medical assistance percentage formula; and

WHEREAS, certain intergovernmental transfers of public funds from Ingham County may be made to the State of Michigan to be used as the State's share in claiming the Federal match; and

WHEREAS, the Controller and the Health Officer recommend that the Board of Commissioners authorize the intergovernmental transfer of up to \$4.5 million from the appropriation to the Health Fund.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the County Treasurer and the County Controller to implement intergovernmental transfers of up

to \$4.5 million from the Health Fund to the State of Michigan with the purpose of contributing to the financing of the non-federal share of Disproportionate Share Hospital payments made through the Indigent Care Agreements Pool to Ingham Regional Medical Center and Sparrow Health System.

BE IT FURTHER RESOLVED, that the intergovernmental transfers are authorized once the following conditions are in place:

- ◆ The State has indicated via the Michigan Department of Community Health website or another mechanism that Ingham Regional Medical Center and/or Sparrow Health System will be receiving Indigent Care Agreement-based DSH payments in the amount that would be supported by the Ingham County intergovernmental transfer.
- ◆ The Ingham Health Plan Corporation has executed Indigent Care Agreements with Ingham Regional Health Center and/or Sparrow Health System.

BE IT FURTHER RESOLVED, that this Resolution shall be effective October 1, 2008 through September 30, 2009.

## **The Capital Area Regional Health Information Organization** **Public Health and Health Information Exchange**

### **Background:**

Public health is challenged as never before to understand threats to community health, identify successful strategies to protect and improve health, and evaluate progress toward community health goals. Yet many of the traditional public health surveillance tools like vital records, surveys and case-based disease reporting systems have reached their limits and cannot meet our future needs. In many American communities efforts are underway to develop Health Information Exchanges (HIEs) and some communities have functioning HIEs. In most cases the major motivation for HIE development is to reduce the cost of health care and improve outcomes in clinical medicine. Yet HIEs can also transform public health.

In Mid-Michigan, State and local public health organizations and health care providers are working under the auspices of the Capital Area Health Alliance (CAHA) to develop an HIE. It is envisioned that the HIE—which will be called the Capital Area Regional Health Information Organization (CARHIO) will exchange all kinds of electronic data on patient care including medical records, laboratory reports, pharmacy information, and images and make them available to physicians in their offices. The availability of nearly complete information on patients will improve efficiency and quality of health care, reduce errors, and lower health care costs.

However, beyond the direct benefits to patients and providers, an HIE like CARHIO could be a boon to public health. By providing real-time data on almost the entire universe of health events in our area an HIE will usher in a new era public health information technology. For example, HIEs could be the basis for effective real-time biosurveillance. Instead of error prone surveys the data in HIEs could be mined for population data on health status, chronic disease and other morbidity, and HIEs could populate statewide databases like the Michigan Disease Surveillance System (MDSS),

the syndromic surveillance system, the Michigan Childhood Immunization Registry (MCIR) and others, automatically and at lower cost.

In addition, an HIE could improve the coordination of care of underserved and vulnerable populations. Anticipated reductions in Medicaid funding and threats to employer based health insurance mean we have to do a better job of understanding the Medicaid, uninsured and other vulnerable populations and we must find ways to control the costs of serving them in order to maintain basic services. These concerns are a major factor motivating the Michigan Department of Community Health to promote HIEs.

## **Project Planning**

The development of CARHIO is being coordinated by Capital Area Health Alliance. The project is supported by a wide range of health and health care organizations in the Capital Area including all of the major provider and payor groups:

Sparrow Health System  
Ingham Regional Medical Center  
Hayes Green Beach  
Michigan State University (Health Team/IHCS)  
Lansing Community College  
The State of Michigan (MDCH/MDIT)  
Ingham County Health Department  
Blue Cross/Blue Shield  
Physicians Health Plan  
General Motors Corporation  
Mid Michigan Osteopathic  
Holt Family Practice

The development of CARHIO is being led by a subcommittee of CAHA called the HIE Workgroup which is chaired by Dr. Brian McCardel. The Workgroup was established to develop a business plan, specify the initial functionality of CARHIO, incorporate CARHIO as a not for profit corporation, and hire a vendor. The Workgroup received initial financial support from Sparrow Health Systems, Ingham Regional Medical Center,

Michigan State University which each contributed \$100,000 to the effort. This was matched by funds from the Michigan Department of Community Health (MDCH).

In addition, the Ingham County Health Department secured a \$75,000 InformationLinks grant from the Robert Wood Johnson Foundation to convene a Public Health Task Force to specify initial public health functionality of CARHIO. Dr. Dean Sienko was Chair of the Task Force. The Task Force identified exchanging data with MDSS and MCIR as important initial activities of CARHIO and also determined that the system should have the capability of assisting providers in managing chronic conditions.

In order to promote HIE in Michigan, the State of Michigan established the Michigan Health Information Network (MHIN) in 2006. In 2007 MHIN awarded CARHIO 1.4 million dollars to begin implementing the HIE by September 2008. These funds are intended to cover the costs of contracting with a vendor to build and test CARHIO.

In order to ensure that CARHIO has a sound business plan and a solid legal and technical foundation, the Workgroup engaged some of the leaders in the field of HIE, including Jay McCutcheon of Health Network Services to guide the business planning, Camilla Hull Brown of Strategies for Tomorrow to help the partners determine their return on investment and Joseph Lynch of King and Spaulding to assist in writing the RHIO's legal documents. CARHIO is now in the final stages of negotiation with a prospective vendor.

## **Governance and Finances**

CARHIO will be led by a Board of Directors composed of representatives of the "participating organizations" listed above, whose membership is determined by the Board. The Board will have the power to create subcommittees and conduct the business of CARHIO including managing all its "business, property and affairs".

The Board will have an Executive Committee. This committee will have the power to check certain “extraordinary actions” of the Board. The purpose of this is to protect the exposure of participating organizations with the greatest liability. Membership in the Executive Committee will be determined by Board.

It is expected that CARHIO will initially employ about six staff and that it's other major expenses will be software and hardware costs, rent and utilities, and legal and insurance costs. The annual budget is expected to be over 2 million dollars initially. In other communities similar to Mid Michigan that have had successful HIEs, RHIO employment has grown to two dozen staff or more.

During the planning phase of the project it was estimated that a successful implementation of HIE in the Capital Area could save as much a 6 million dollars in health care costs across the entire health care system. The challenge for CARHIO is to capture enough of the potential savings in order to fund its operations.

CARHIO will generate income through charging a mixture of different fees. For example employers and payor organizations that wish to participate will be charged a fee per member per month for their covered lives. Major health care providers will be charged to connect to CARHIO as will physicians. And organizations that sit on the Board will pay dues.

Estimate Sources of Revenue:

Board Dues	16%
Health Care Systems	16%
Employers	22%
Health Plans and Self Insured	22%
Physicians	18%
Research	5%
Total	100%

As it becomes mature, CARHIO will also generate income by selling secondary services. CARHIO will be able to conduct analyses of the health status of populations

for employers, payors and health care providers. One possibility is that CARHIO, if it is successful, could provide HIE services to communities outside Mid Michigan which could bring in additional revenues. CARHIO could be a major asset to Mid Michigan in much the same way as the Ingham Health Plan and Health Plan Management Services are.

CARHIO is asking Ingham County to participate at the following level:

Board Dues	\$ 35,000
Connection to RHIO	\$ 10,000
As an Employer	\$ 15,000
As a Research Organization	\$ 15,000
Total	\$ 75,000

Large organizations like major health care providers or payor groups will contribute between \$200,000 to \$300,000 dollars per year. Ingham County is being asked to contribute less than 1/3 of that amount.

Participation in CARHIO will yield a return on investment to Ingham County in several different ways: County employees will receive better and lower cost health care as a result of CARHIO; Health Department clinical operations will have more timely and up to date information on patients; and clinical providers will be able to place orders and receive results more efficiently, all of which will produce financial gains for the County. But at this time, we cannot say that the financial benefits of participation will directly offset the costs, at least in the early stages of the project.

### **Further Implications**

The main reason for supporting CARHIO at the requested level is that government and public health are responsible for ensuring the well being and health of the entire community. It is important to have public leaders play a key role shaping the future of such potentially transforming events as the advent of HIE to ensure that these changes result in the greatest possible community benefit.



CARHIO could be important to Mid Michigan for reasons that go well beyond public health. When CARHIO begins to operate it will immediately become an important part of both the Health and IT sectors and could have a positive impact on the economy and employment. In addition, CARHIO will positively impact Mid Michigan health care, employers and the insurance sector because it will be able to provide them detailed analysis of the quality of health care services, and the health status of covered populations. By fully engaging in the effort to launch CARHIO we can signal to the community our commitment to promote healthy community development for all.

**RESOLUTION STAFF REVIEW**

**DATE:** June 24, 2008

**Agenda Item Title:** Resolution Authorizing an Agreement with the Greater Lansing Food Bank and the Trustee of the Silver A. and John E. Coffey Charitable Remainder Trust

**Submitted by:** Controller's Office

**Committees:** LE\_\_\_\_, JD\_\_\_\_, HS  X , CS\_\_\_\_, Finance  X

**Summary of Proposed Action:**

This resolution authorizes an agreement with the Greater Lansing Food Bank and the Trustee of the Silver A. and John E. Coffey Charitable Remainder Trust to release any and all claims to any amounts in the trust.

This agreement is necessary because the trust provides for a charitable distribution to a beneficiary named as "The Food Bank Ingham Center" located at 5303 South Cedar, Lansing, Michigan, and no such entity exists. Both the Greater Lansing Food Bank and the Ingham County Food Bank have offices at that location, and it was determined that the most appropriate home for the funds was the Greater Lansing Food Bank.

**Financial Implications:**

The amount of the charitable distribution is \$25,000.

**Other Implications:**

None.

**Staff Recommendation:** MM\_\_\_\_ JN \_\_\_\_ TL \_\_\_\_ TM\_\_\_\_ JC  X

Staff recommends approval of the resolution.

Introduced by the Human Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION AUTHORIZING AN AGREEMENT WITH THE GREATER LANSING  
FOOD BANK AND THE TRUSTEE OF THE SILVER A. AND JOHN E. COFFEY  
CHARITABLE REMAINDER TRUST**

WHEREAS, the Silver A. And John E. Coffey Charitable Remainder Trust provides for a charitable distribution of \$25,000 to a beneficiary named as the Food Bank Ingham Center, located at 5303 South Cedar Street, Lansing, Michigan, 48911; and

WHEREAS, it has been determined that there is no qualified beneficiary having the name “Food Bank Ingham Center”; and

WHEREAS, both the Greater Lansing Food Bank and the Ingham County Food Bank have offices located at 5303 South Cedar Street, Lansing, Michigan, 48911; and

WHEREAS, the parties wish to resolve any ambiguity regarding the intended beneficiary of the Trust and to agree upon the beneficiary to whom the charitable distribution designated in the Trust shall be made.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes an agreement with the Greater Lansing Food Bank and the Trustee of the Silver A. and John E. Coffey Charitable Remainder Trust, authorizing the Trustee to distribute the share of the Trust designated for the “Food Bank Ingham Center” to the Greater Lansing Food Bank.

BE IT FURTHER RESOLVED, the Ingham County Board of Commissioners hereby release any and all claims to any amounts in the Trust and holds the trustee harmless for such distribution.

BE IT FURTHER RESOLVED, the Ingham County Board of Commissioners authorizes the Board Chairperson and the County Clerk to sign any necessary documents that are consistent with this resolution and approved as to form by the County Attorney.

**RESOLUTION STAFF REVIEW**

**DATE:** June 26, 2008

**Agenda Item Title:** Resolution Approving Criteria for Ranking 2009 Applications for Community Agency Funding

**Submitted by:** Controller's Office

**Committees:** LE\_\_\_\_, JD\_\_\_\_, HS\_\_X\_\_, CS\_\_X\_\_, Finance\_\_X\_\_

**Summary of Proposed Action:**

This resolution approves the criteria by which applications for community agency funding will be analyzed for FY 2009, and authorizes the Controller/Administrator to use those criteria to evaluate proposals and make a funding recommendation to the Human Services Committee.

The criteria are as follows, ranked in the order of importance:

1. The extent to which the proposal directly contributes to addressing the County's long-term priority of "Meeting Basic Needs".
2. The extent to which the proposal leverages other sources of funding.
3. The degree to which the proposal demonstrates collaborative approaches to program and service delivery.
4. The extent to which the proposal demonstrates creativity and innovation.
5. The number of years the agency has received County funding (fewer years = higher rating).
6. Timeliness in submitting the proposal.

There will not be a numeric point value assigned to the applications.

**Financial Implications:**

The 2009 Controller Recommended Budget will include \$202,265 for community agencies. This amount represents a 5% reduction from the FY 2008 adopted amount.

No agency will receive more than 10% of the total available funding for community agencies in FY 2009.

**Other Implications:**

Applications for community agency funding in 2009 were due on June 6, 2008. There are a total of 34 applicants for community agency funding in FY 2009, and the applications amount to a total request of \$277,828.

**Staff Recommendation:** MM\_\_ JN\_\_ TL\_\_ TM\_\_ JC\_\_X\_\_

Staff recommends approval of the resolution.

**Agenda Item 5b**

Introduced by the Human Services, County Services and Finance Committees of the:

**INGHAM COUNTY BOARD OF COMMISSIONERS**

**RESOLUTION APPROVING CRITERIA FOR RANKING 2009 APPLICATIONS FOR  
COMMUNITY AGENCY FUNDING**

WHEREAS, since 1978, the Ingham County Board of Commissioners has provided financial support to various non-profit community organizations that provide a broad range of services for the purpose of advancing the County's adopted long-range objectives; and

WHEREAS, over the years the community agency process has grown to over 30 applicants requesting funding, with a total request of over \$250,000; and

WHEREAS, the Ingham County Board of Commissioners desires to make the process of awarding community agency funding more efficient and effective; and

WHEREAS, the Ingham County Board of Commissioners identified the following area of priority emphasis in Resolution #08-116:

*"The Ingham County Controller/Administrator will score and rank Community Agency applications based on a set of criteria approved by the Board of Commissioners and make a recommendation on specific funding levels for each applicant to the Human Services Committee."*

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes 2009 applications for community agency funding to be evaluated based on the attached ranking criteria.

BE IT FURTHER RESOLVED, the Controller/Administrator is authorized to evaluate, rank, and determine funding levels for each applicant as a recommendation for approval by the Human Services Committee.

BE IT FURTHER RESOLVED, no agency shall receive more than 10% of the total available funding for community agencies in FY 2009.

**2009 Community Agency Ranking Criteria**

*These criteria are ranked in the order in which they will be used to judge each proposal - #1 is most important, #6 is least.*

- 1. The extent to which the proposal directly contributes to addressing the County's long-term priority of "Meeting Basic Needs".**
  - a. Does the proposal directly address specific challenges faced by Ingham County residents that may be brought on by, or exacerbated by, the current economic climate; including, but not limited to problems such as homelessness, unemployment, poverty, domestic violence, alcoholism, drug abuse, etc?
  - b. Does the proposal provide basic necessities for those in need, such as food, clothing, and shelter or help to provide assistance in obtaining such things as household utilities, job skills and transportation that are needed by families and individuals?
- 2. The extent to which the proposal leverages other sources of funding.**
  - a. What other funding sources are being leveraged, including state, federal, other non-profit and private sources?
  - b. Will this funding be used as a match for a larger grant or to leverage other funding?
- 3. The degree to which the proposal demonstrates collaborative approaches to program and service delivery.**
  - What other agencies and organizations are participating in the proposed project?
- 4. The extent to which the proposal demonstrates creativity and innovation.**
  - a. Does this proposal represent proven "best practices" in its particular subject?
  - b. Does the program produce measurable results?
  - c. Has this proposal ever been tried before?
  - d. If the proposal is not new, then what is the track record of success, has there been a positive impact on the community?
- 5. The number of years the agency has received County funding (fewer years = higher rating).**
  - This will be a factor from FY 2010 forward. 2009 is a transition year for this criterion, as agencies will be put on notice for next year. How this will be scored in 2010 has yet to be determined.
- 6. Timeliness in submitting the proposal.**
  - a. Were deadlines (June 6, 2008) to submit the proposal met to a reasonable standard?
  - b. Was the proposal complete when submitted?

No. 2008-114

## BAY COUNTY BOARD OF COMMISSIONERS

6/10/08

## RESOLUTION

BY: HUMAN SERVICES COMMITTEE (5/20/08)

WHEREAS, Nearly 46 million Americans are living without health insurance, including more than 8 million children; and

WHEREAS, These Americans are forced to gamble every day that they won't get sick or injured; and

WHEREAS, Uninsured Americans are living sicker and dying younger than those with health insurance;

WHEREAS, On a nearly daily basis, workers and retirees are witnessed losing their health care coverage or assuming a greater cost burden for the health care when they need it most; and

WHEREAS, HR 676 was introduced in 2003 with 90 co-sponsors and reintroduced in 2007. It would be practical to support this effort since much of the structure in the House Bill would be debated during the process; and

WHEREAS, Widespread support from all segments of society would place emphasis on needed health care reform; Therefore, Be It

RESOLVED That the Bay County Board of Commissioners urges our federal Legislators to address the problem of the uninsured in America as a top priority; Be It Further

RESOLVED That in addition to the problem with the millions of uninsured Americans, the Bay County Board of Commissioners strongly emphasizes reform in the manner in which healthcare is funded and delivered; Be It Further

RESOLVED That this reform be accomplished in Washington D.C. The reform should be intended to provide quality care for all and drive the cost of providing that care down. In the United States we are at a competitive disadvantage with other industrialized countries who provide health care to their citizens in a more comprehensive and efficient manner; Be It Further

RESOLVED That this vital and complex change in the way health care should be funded and delivered would involve all parties who have a stake in the system; Be It Further

RESOLVED That the Bay County Board of Commissioners urges support from both the public sector and private sectors to strongly urge Congress to bring together in a forum those who comprise the existing Health Care System. "The health care providers, insurance companies, doctors, lawyers, drug manufacturers, academia, and consumer", to put aside their individual interest and develop

# BAY COUNTY BOARD OF COMMISSIONERS

6/10/08

a comprehensive and efficient health care system that will not only provide quality care to all, but to do so in an efficient manner that will benefit the American people as well as those employers who are bearing an unfair burden in funding health care within the present system; Be It Finally

RESOLVED That this resolution be sent to President George W. Bush, Senators Carl Levin and Debbie Stabenow, U.S. Representatives Dale Kildee and Bart Stupak, the Michigan Association of Counties, the other 82 Michigan counties, the Bay, Auburn, Essexville and Pinconning Area Chambers of Commerce and the Michigan Chamber of Commerce.

DONALD J. TILLEY, CHAIR  
AND COMMITTEE

HealthInsurance-Priority

MOVED BY COMM. Tilley

SUPPORTED BY COMM. Krygier

COMMISSIONER	Y	N	E	COMMISSIONER	Y	N	E	COMMISSIONER	Y	N	E
Richard L. Byrne	XX			Dawn A. Klida			XX	Brian K. Elder	XX		
Patrick H. Beson	XX			Ernie Krygier	XX			Eugene F. Gwizdala	XX		
Vaughn J. Beglck	XX			Kim Coonan	XX			William G. Tacey	XX		

VOTE TOTALS:

ROLL CALL: YEAS \_\_\_\_\_ NAYS \_\_\_\_\_ EXCUSED \_\_\_\_\_

VOICE: YEAS 8 NAYS 0 EXCUSED 1 - Klida

DISPOSITION: ADOPTED XX DEFEATED \_\_\_\_\_ WITHDRAWN \_\_\_\_\_

AMENDED \_\_\_\_\_ CORRECTED \_\_\_\_\_ REFERRED \_\_\_\_\_