

BOARD COORDINATOR GENESEE COUNTY BOARD OF COMMISSIONERS

1101 BEACH STREET, ROOM 312 FLINT, MICHIGAN 48502

> TELEPHONE: (810) 257-3020 FAX: (810) 257-3008

AMY ALEXANDER COORDINATOR

GOVERNMENT OPERATIONS COMMITTEE Monday, March 20, 2017 AT 9:00 a.m. AGENDA

- I. CALL TO ORDER
- II. ROLL CALL
- III. MINUTES
- IV. PUBLIC COMMENT TO COMMITTEE
- V. **COMMUNICATIONS** presentation of laudatory to Genevieve Josepha Yaklin Courts
- VI. OLD BUSINESS
- VII. NEW BUSINESS
 - A. G032017VIIA: Burial Claims Attached
 - B. G032017VIIB: Circuit Court Request authorization to enter into a five (5) year contract with Courthouse Technologies for the jury software upgrade Attached (ROLL CALL VOTE REQUESTED)
 - C. G032017VIIC: Circuit Court Request approval to submit a 2017 Community Impact Fund grant application to United Way to support the Arts in Detention/Arts on Probation for the period of July 1 2017 – June 30, 2018 – Attached (ROLL CALL VOTE REQUESTED)
 - D. G032017VIID: 67TH District Court Request approval for the 67th Probation Officers to attend the Michigan Association of District Court probation Officers Conference in Frankenmuth, Michigan May 24-26, 2017 Attached
 - E. G032017VIIE: Controllers Request approval of April 2017 overtime requests Attached (ROLL CALL VOTE REQUESTED)

- F. G032017VIIF: Human Resources Request approval to issue a request for proposal for Health Care consulting Attached
- G. G032017VIIG: Human Resources Request approval of the 2017/2018 HAP HMO and HAP PPO contracts Attached
- H. G032017VIIH: Information Technology Request approval for overnight travel and related costs for two (2) IT employees to attend Wendia POB Administrator training in Orem Utah April 10-14, 2017 Attached (ROLL CALL VOTE REQUESTED)
- I. G032017VIII: Office of the Sheriff Request approval to renew contract With Genesee Intermediate School District for School Resource Officer for the school districts throughout Genesee County Attached
- J. G032017VIIJ: Office of the Sheriff Request approval to provide additional School Resource Officer to the Genesee Intermediate School District for the 2016-2017 school year Attached
- K. G032017VIIK: Office of the Sheriff Request approval to accept the BC/BS of Michigan Administrative Services contract for renewal term March 1, 2017 - February 28, 2018 – Attached (ROLL CALL VOTE REQUESTED)
- L. G032017VIIL: Office of the Sheriff Request approval to accept the 2016-17 Hazardous Materials Emergency Planning Grant Agreement with the State of Michigan – Attached
- M. G032017VIIM: Prosecutors Office Request approval to accept contract with the YWCA to provide the services of a Canine Advocate to assist crime victims Attached

VIII. OTHER BUSINESS

IX. ADJOURNMENT



Soldiers Relief Commission

Jeanne Thick, Director Phone: (810) 257-3068 Fax: (810) 237-6172 1101 Beach Street Flint, Michigan 48502 Monica Kannai, Secretary Marilyn James, Secretary Pandora Nash, Secretary

Burial and Headstone Claims, submitted on MARCH 14, 2017, for the next regular Governmental Operations Committee Meeting - MARCH 20, 2017

DECEASED	MORTUARY	CLAIMANT	PAYMENT
TITMUS, MARVIN RICHARD	MARTIN FUNERAL HOME	TITMUS, BETTIE	\$300.00
TOTAL			\$300.00

HEADSTONE CLAIMS

DECEASED	CLAIMANT	PAYMENT
TOTAL		\$0.00

TOTAL BURIAL AND HEADSTONE CLAIMS

\$300.00



900 SOUTH SAGINAW ST., FLINT, MICHIGAN 48502 810-424-4355

CRIMINAL/CIVIL DIVISION Honorable Joseph J. Farah Honorable Judith A. Fullerton Honorable Archie L. Hayman Honorable Geoffrey L. Neithercut Honorable Richard B. Yuille

RICHARD B. YUILLE - CHIEF JUDGE BARBARA A. MENEAR - COURT ADMINISTRATOR FAMILY DIVISION Honorable Duncan M. Beagle Honorable F. Kay Behm Honorable John A. Gadola Honorable David J. Newblatt Honorable Michael J. Theile

To:

Bryant Nolden

Chairperson

Government Operations Committee

From: Barbara A. Menear

Re:

Jury Software Upgrade

Date: 3.9.17

Jury Services for Genesee County is consolidated and under the management of the Circuit Court Jury Commission and Jury Management staff.

Jury Management qualifies all potential jurors for District, Probate and Circuit Courts. The 67th District Court separately summons jurors, when needed.

The process of qualifying jurors is done in conformity with controlling Michigan statutes.

The courts annually determine the number of jurors that will be needed for a 12 month period. In Genesee County, 35,000 total jurors for all courts is the projection for 2017. This is based on historical use figures and the annual order of the Chief Judge.

The proposal before this Committee is to permit the courts to upgrade the current jury software. Genesee County partnered with Oakland County to seek proposals from vendors for upgraded jury software.

After a competitive bidding process, the successful bidder was Courthouse Technologies. The company has a footprint in Michigan, with twelve (12) installations in other counties.

The Courthouse Technologies product has a number of key enhancements, not existing in our current software.

- 1. Ability of prospective jurors to return questionnaires via the internet, in addition to regular mail.
- 2. Ability to notify jurors of schedule changes or other pertinent information by group or individual text messaging.

- 3. Ability to optical scan juror information into the software, as opposed to repetitive data entry.
- 4. Ability to reduce postage costs by having questionnaires sent out only after a check of death records and current address data base checks, which tends to promote a more predictable number of jurors who report for service.
- Ability to pay jurors in cash. The software will be integrated with kiosks to be located in jury management space at circuit and district court, where immediate payment can be made.
- 6. The cash payment option demonstrates immediate appreciation for service, eliminates the production of checks and postage. Checks would continue to be a payment option.

General Summary of Acquisition Cost and Expenditures

Courthouse Technologies - 1st year of implementation

35,000 jurors X \$1.39 per summons \$4

\$48,650

Annual hosting fees (\$18,000)

\$9,000 (Oakland County pays 50%)

Travel(implementation)

\$4,400

Total

\$62,050

Courthouse Technologies - years 2-5:

@\$57,650 (\$4400 travel eliminated)

based on unit cost of \$1.39 per summons

Permission is requested to:

- 1. Enter into a 5 year contract for the acquisition of jury software from *Courthouse Technologies* pursuant to the terms and conditions set forth in the agreement, attached.
- 2. Increase juror mileage to round up to the next dollar to permit cash payments from kiosks.
- Establish an account with USPO for the cost of postage to mail jury questionnaires and an account with a cash handling service to replenish the kiosks.
- 4. Buy 2 kiosks and commit to an annual maintenance contract from *Connected Technology Solutions* (*Mighty Touch*), as the equipment source for use with the software.

The circuit budget planned for the jury software upgrade and will support this request for all of the Courts.

No additional appropriation is required. Your review and approval is appreciated.

ROLL CALL VOTE REQUESTED.

GENESEE COUNTY BOARD OF COUNTY COMMISSIONERS REVIEW CHECKLIST

CONTRA	PROF. COLOUR POUR CODE STOLE	Document Jury Software Upgrade
Овран	trent Circuit Court	Oupt Contact Barbara Menear
Phone	424,4355	Dealted due date: 3.20.17
stipped be re- if a pr	roposed agenda hem requires an appropriation viewed by the Controller prior to submission pristion or budget transfer, the Controller's ap	to or a budget transfer and estimade \$5,000.00, it must on to Committee. If the New slows not require an proved is not required.
	This limm requires an appropriation or sudgest and a	
		n/a
		Controller's Office
if a po Rhaseo Promei	roposed agends hem requires Board approximation of understanding, it must be revi cuting Altomay – Civil Division.	wel of a contract, lease, application, agreement, or leaved by Purchasing, Risk Managament, and the
1.	Processment (choose one)	•
	This transaction is not subject to the	Geneses County Purchasing Regulations.
		th the Geritage County Furchesing Regulations.
		A 40
		Purchasing
2 ,	Risk Managhamed	
	The insurance, indensity, and band provision	was contained in this document was sufficient to meet
	the County's fecal obligations.	
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	Trile document is approved as to form and is	
	and a section of the	Co May 3/8/201-
.	Department (chaces one)	Prosecuting Allianusy - Chili Division
	This document is approved by roll call vote of	. 3.20,17
	This document is approved by Resolution #	1
	· · · · · · · · · · · · · · · · · · ·	d by the above listed departments, briterieser

Submit a completed copy of this form with document when seeking Soard Chair signature.

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CRIMINAL/CIVIL DIVISION Honorable Joseph J. Farah Honorable Judith A. Fullerton Honorable Archie L. Hayman Honorable Geoffrey L. Neithercut Honorable Richard B. Yuille

900 SOUTH SAGINAW ST., FLINT, MICHIGAN 48502 810-424-4355

RICHARD B. YUILLE - CHIEF JUDGE BARBARA A. MENEAR - COURT ADMINISTRATOR **FAMILY DIVISION** Honorable Duncan M. Beagle Honorable F. Kay Behm Honorable John A. Gadola Honorable David J. Newblatt Honorable Michael J. Theile

To:

Commisioner Bryant Nolden

Chairperson, Governmental Operations Committee

From: Rhonda Ihm

Juvenile Section Administrator

Re:

Raise It Up! Contract for Services

Permission is being sought to submit a 2017 Community Impact Fund grant application in the amount of up to \$26,250 to the United Way of Genesee County. The purpose of the grant is to support the Arts in Detention/Arts on Probation for the period of July 1, 2017 – June 30, 2018.

The Buckham/GVRC (Genesee Valley Regional Center) Share Art Project brings visual arts, theatre, dance and spoken word poetry workshops to youth detained at GVRC. The workshops are led by artists and poets from the Buckham Fine Arts Project and students from the University of Michigan - Flint. This project has been generously funded through the Ruth Mott Foundation, the Michigan Council for Arts and Cultural Affairs, Flint Sunrise Rotary, the Community Foundation of Greater Flint, and the Zonta Club of Flint 1, and successful through the collaboration of GVRC staff.

The project has addressed many unmet needs of the youth at GVRC, enabling them to find their voices and become tellers of their own stories in ways that traditional means have been unsuccessful.

We are seeking funding to continue the GVRC project, and to expand its success with juveniles who are on probation in the community.

No match is required from the County.

A roll call vote is requested due to the submission deadline.

Your review of the request is appreciated and the Court will be represented at the Governmental Operations meeting.



2017 Community Impact Fund Application

Introduction

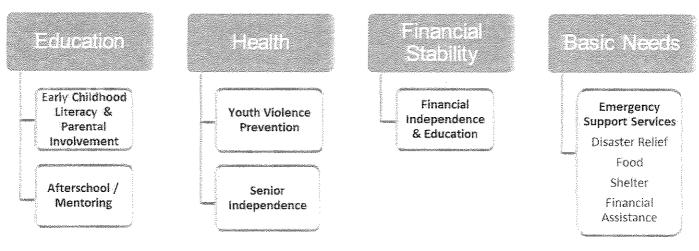
United Way of Genesee County (UWGC) is at the forefront of uniting people, developing resources and creating solutions to build a better community. In an effort to improve lives in our community, UWGC invests donor gifts in exceptional programs that make measurable progress in its priority areas of **Education**, **Health**, **Financial Stability** and **Basic Needs**. This request for proposals is the United Way's normal grant making process.

UWGC is able to fund exceptional programs through the implementation of the Community Impact Grants Process, a competitive and transparent allocation process that is open to all nonprofit organizations that are able to meet eligibility criteria.

Eligibility

The following requirements must be met in order for a program to receive funding through the Community Impact Grants Process:

- The organization must be a 501(c)3 in good standing with the State of Michigan Nonprofit Corporation Act and IRS rules for Charitable Organizations; or governmental entity.
- The organization must be established for more than 3 years at time of submission.
- The organization must complete and submit all documents detailed on the Application Checklist section (page 9) of this proposal **no later than April 3, 2017**.
- The proposed program must concentrate its efforts and services within Genesee County.
- UWGC values programs that are non-duplicative; emphasize collaboration; large in scale; and, leverage dollars from other donors.
- The proposed program must make an impact in one or more of the following UWGC priority areas and its target strategies:





67th District Court Administration

(810) 424-4390

To:

Commissioner Bryant Nolden, Chairperson

Government Operations Committee Genesee County Board of Commissioners

From: Sarah Santini, Deputy Director of Court Operations 67th District Court

Date:

March 2, 2017

Re:

Agenda Items for March 20, 2017

Travel Request for Probation Officers to Attend Conference

The court respectfully requests authorization for the 67th probation officers to attend the Michigan Association of District Court Probation Officers Conference in Frankenmuth, Michigan. The conference will be May 24 - 26, 2017. I have attached a copy of the conference information for your review.

The cost will not exceed \$450 and is within the court budget.

Your cooperation in this matter is greatly appreciated.

2017 MADCPO Conference Agenda

Early Registration Vendor Set-up	Location Lobby Composer room lobby/Brahms
Breakfast buffet Registration Vendor Exhibits General Business Meeting	Bach & Beethoven Composer room lobby/ Brahms Bach & Beethoven
Welcome Reception	Courtyard
Breakfast buffet Sign in Vendor Exhibits Officer Jermaine Galloway Tall Cop Says Stop, Underage I	Bach & Beethoven Registration table Composer room lobby/ Brahms Bach & Beethoven Drinking and Driving Trends Courtyard
President's Reception Dinner/ Amazing Race	Bach & Beethoven
Breakfast buffet Sign in Vendor Exhibits Officer Jermaine Galloway Tall Cop Says Stop, Underage I	Bach & Beethoven Registration table Composer room lobby/ Brahms Bach & Beethoven Drinking and Driving Trends
	Breakfast buffet Registration Vendor Exhibits General Business Meeting Welcome Reception Breakfast buffet Sign in Vendor Exhibits Officer Jermaine Galloway Tall Cop Says Stop, Underage I Lunch President's Reception Dinner/ Amazing Race Breakfast buffet Sign in Vendor Exhibits

CONFERENCE IS ADJOURNED HAVE A GREAT AND SAFE HOLIDAY WEEKEND!!

Conference Wrap Up/Raffle

11:45 A.M. to 12:00 P.M.

Santini, Sarah K.

From: Lane, Melissa

Sent: Tuesday, February 28, 2017 10:56 AM

To:Santini, Sarah K.Cc:Altheide, Dena

Subject: MADCPO Conference Travel Request

Attachments: conference update.docx; 2017 Conference Registration.pdf

Hi Sarah,

The purpose of this email is to obtain travel request to the Michigan Association of District Court Probation Officers conference, May 24 - 26 for the Probation Officers. The conference this year will be held in Frankenmuth. The Conference fee is \$100 (see attached conference registration).

We are requesting funding for partial conference fee of \$50 per probation officer for a total of \$450; see break down below:

\$100 from 5th Division Budget to cover partial registration for 2 probation officers \$200 from 1-4th Division Budget to cover partial registration for 4 probation officers \$150 from Sobriety Court's program fees to cover partial registration for 3 probation officers

The conference agenda has not been published yet, however, the attached conference update states: Officer Jermaine Galloway "Tall Cop Says Stop" will be with us this year for a full day on Thursday and half day on Friday. He is a wealth of information on the fast rising, popular drugs in our state.

Should you require any additional information, please do not hesitate to contact me. Thank you.

Melissa

Melissa Lane, MPA, CCJP Casework Supervisor 67th District Court 810-424-4373 810-768-7913 (fax)

Be sure you put your feet in the right place, then stand firm.

Abraham Lincoln



GENESEE COUNTY CONTROLLER'S OFFICE

1101 Beach Street, 3rd Floor • Flint, Michigan 48502 Phone: (810) 257-3040 • Fax: (810) 257-3560

March 10, 2017

MEMORANDUM

TO:

Commissioner Bryant Nolden, Chairperson

Governmental Operations Committee

FROM:

Kristie Primeau, Assistant Controller-Fiscal Services

SUBJECT: April 2017 Overtime Requests

The overtime requests for the month of April 2017 are summarized on the attached schedule.

Governmental Operations Committee approval will serve as a recommendation to the Board of Commissioners to authorize an appropriation of \$86,471 from General Fund Contingencies' Reserve for Overtime (101.9010.70075.000) to the Overtime Account (30055) in the respective departments as detailed on the attached schedule.

If you have any questions, please contact me.

ROLL CALL VOTE REQUESTED

April 2017	V-V-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	_								
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				2048/2047	2048/2047	DEDCENTAGE		IGOV	LESS UNUSED	ADJUSTED
The state of the s	2013/2014	2014/2015	2015/2016	CONTINGENCY	YEAR-TO-DATE	100 TO		2017	PI IIS EXCESS	2017
	H	YEAR-TO-DATE	YEAR-TO-DATE		APPROVED	CONTINGENCY	APRIL 2016	OVERTIME	FEBRUARY	OVERTIME
DEPARTMENTS		EXPENSES	EXPENSES	-	THRU 2/17	USED		REQUEST	OVERTIME	REQUEST
101,00,00,1050 Board Cordinator	-	\$ 138	\$ 41	,	\$ 140	#DIV/0i	6		·	
101.00.00.1311 Circuit Court	3,122	290	192	3,524	1,372	38.93%			(1,372)	(1,372)
101.00.00.1320 Jury Board	681	184	ş	1	1	%00.0			1	
101.00,00.1360 District Court	23,133	62,691	30,433	41,060	5,094	12.41%	6,844		4,372	4,372
101.00.00.1370 5th Division District Court	ı		18,627	36,657	3,206	8.75%	974		1,896	1,896
101.00.00.1390 Family Court	1,852	615	267	1	62	#DIV/0i	****		32	32
101.00.00.1485 Probate Court	1,629	1,144	3,425	1,500	320	21.33%	554		476	476
101.00.00.2155 County Clerk-Elections		21,933	20,799	15,000	12,835	85.57%	1,018	1,732	734	2,466
101.00.00.2160 County Clerk-Vital Records	43,498	11,327	9,010	10,000	2,861	28.61%	741	1,039	(922)	117
101.00.00.2165 County Clerk-Legal Records		74	4,544	15,000	4,490	29.93%	954	1,039	(1,335)	(296)
101.00.00.2235 Controller-Payroll		29,042	25,965	30,000	12,966	43.22%	1,947	2,600	(2,106)	494
101.00,00,2236 Controller-Admin	40,211	56,229	78,926	70,000	50,177	71.68%	2,517	10,000	(5,010)	4,990
101.00.00.2260 Human Resources	950'8	15,978	2,642	5,000	961	19.22%	32		799	799
101.00,00,2292 Prosecutor	368	611	802	1,100	1	0.00%	99		,	
101.00.00.2310 Court Services				,	,	0.00%			1	
101.00.00.2332 Purchasing	1,982	2,986	1,402	3,000	4,679	155.97%	92	300	(2,710)	(2,410)
101.00.00.2364 Register of Deeds	22,923	8,583	15,653	10,000	14,102	141.02%	1,252	5,754	6,498	12,252
101.00.00.2530 Treasurer's Office	10,314	6,711	268'6	10,000	1,149	11.49%	3,750		1,081	1,081
101.00.00.2653 Building and Grounds	25,863	20,422	22,014	25,000	10,240	40.96%	2,089	1,540	3,959	5,499
101.00.00.2656 Bldg & Grounds -McCree	2,730	3,434	2,653	4,000	1,227	30.68%	23	320	(228)	92
101.00.00.3020 Sheriff Court Security-Transport	18,673	19,951	23,026	20,000	3,703	18.52%	561	561	(2,066)	(1,505)
101.00.00.3025 Sheriff Court Security-Transport -McCree	10,096	8,274	24,797	10,000	4,367	43.67%	1,087	561	3,394	3,955
101.00.00.3028 Sheriff Court Security-Transport-Probate	2,220	1,710	2,482	3,000	1,761	58.70%	357	448	(1,569)	(1,121)
101.00.00.3030 Sheriff Corrections Division	486,147	413,321	409,200	300,000	147,576	49.19%	31,057	23,672	23,053	46,725
101.00.00.3035 Building and Grounds - Jail	5,113	6,168	3,767	000'9	1,668	27.80%	182	640	(460)	180
101.00.00.3050 Sheriff Administration	A Company of the Comp	574	1,595	*	723	#DIV/0i			296	296
101.00.00.3110 Sheriff Investigative Division	16,469	8,738	26,035	10,000	860'9	60.98%	1,998	647	2,846	3,493
101.00.00.3145 Sheriff Overtime	27,700	26,309	50,816	28,347	5,363	18.92%	8,268	694	(3,555)	(2,861)
101.00.00.3160 Sheriff Marine Patrol	4,784	6,818	2,658		1	#DI//0[1,227		•	
101.00.00.3205 Tether Program	154	106	410	1	38	#DIV/0i	177		•	
101,00.00.4260 Emergency Mgmt			6,238			#DIV/0i	449		•	
628.00.00.2582 IT	68,457	33,930	12,300	75,000	2,405	3.21%	2,582		3,826	3,826
645.00.00.2334 Motor Pool	5,681	4,192	3,047	1	211	#DIV/0i	481		2,324	2,324
And and a state of the state of		17000	4	4	1,000	7000 01	010 71		6	

IT FOR OVERTIME

TO:

Controller

FROM: John J. Gleason

DATE: February 28, 2017 DEPARTMENT: Clerks

TO BE COMPLETED BY DEPARTMENT:

	Period of Time	•	(1) Explanation of Overtime	
Number	for which	Employee	(2) Possible Alternatives if Overtime	Amount
of Hours	Overtime is Needed	Classification	is not Utilized	Requested
30	Apr-17	Senior Court Clerk Court Clerk Deputy Clerk	Excess Court Time and Data Input & Mail Water Cases Processing Legal Division	1,039.20
30	Apr-17	Deputy Clerk	EDRS, Process Mail and Backlogged Work Vital Records	1,039.20
50	Apr-17	Elections	Voter Registration Management May 2017 Election Preparation Union Vote Preparation	1,732.00
			GRAND TOTAL	<u>3.810.40</u>

,	APPROVALS	2-28-17		
<i>\\</i>	Department Head	Date	Committee Approval	Date

TO:	DATE: 2/27/17

DEPARTMENT: Controllers FROM: Kristie Primeau

TO BE COMPLETED BY DEPARTMENT:

	Period of Time		(1) Explanation of Overtime	
Number	for which	Employee	(2) Possible Alternatives if Overtime	Amount
of Hours	Overtime is Needec	Classification	is not Utilized	Requested
	Apr-17	Payroll	Advantage360 Implementation	2,600
	Apr-17	Admin	Advantage360 implementation	10,000
	Apr-17	Purchasing	Advantage360 Implementation	300
			GRAND TOTAL	12,900

					8
				1000000	*
APPROV	ALS:				
Departme	nt Head	Date	mant .		

TO:

Controller

DATE:

February 28, 2017

FROM:

John J. Gleason

DEPARTMENT: Register of Deeds

TO BE COMPLETED BY DEPARTMENT:

Number of Hours	Period of Time for which Overtime is Needed	Employee Classification	(1) Explanation of Overtime (2) Possible Alternatives if Overtime is not Utilized	Amount Requested
75	Apr-17	Secretary	Process Backlogged Work and Mail	2,598.00
60	Mar-17	Deputy Register	Supervise Staff, Process Backlogged Work	3,156.00
:	1			
			GRAND TOTAL	<u>5.754.00</u>
		·		

APPROVALS: 1	elin 2-28-11		
Department Flead	Date	Committee Approval	Date

TO:

Controller's Office

DATE: February 27, 2017

FROM: Raymond P. Zanke

DEPARTMENT: Building & Grounds 2653

Number of Hours	Month of Overtime	Employee Classification	Explanation of Overtime Possible Alternatives if overtime is not utilized	Amount Requested
16	April	Property Attendant	Estimated amount for month to cover 2 nd shift Property Attendant unscheduled absences.	\$ 500.00
8	April	B&G Supervisor	Oversight of construction and departmental related maintenance activities.	\$ 400.00
16	April	Maintenance Mech.	Emergency building repairs.	\$ 640.00
	The state of the s	The state of the s	Total:	\$1,540.00

APPROVALS:	(Mm)	I Sull	c 2/27/17		
I	Department Head	11	Date	Committee Approval	Date

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TO:

Controller's Office

DATE: February 27, 2017

FROM Raymond P. Zanke

DEPARTMENT: Building & Grounds - CHS 2656

Number of Hours	Month of Overtime	Employee Classification	1. Explanation of Overtime	Amount Requested
			 Possible Alternatives if overtime is not utilized 	
8	April	Mechanic	Emergency Building Repairs	\$ 320.00
			Total:	\$ 320.00

Date

REQUEST FOR OVERTIME **APRIL 2017**

TO: Controller

DATE:

2/23/2017

FROM: Robert J. Pickell, Sheriff

DEPT: Sheriff

Number of Hours	Period of Time for which O/T is needed	Employee Classification	(1) Explanation of Overtime(2) Possible Alternative if Overtime is not Utilized	Amount Requested
20	Apr-17	3020 Circuit Court Deputies	 Sick leaves, call-ins, vacations, bereavements, late court hearings, transports and cover out-County Dist Cts, security for McCree Bldg. Judges would not be served as expected. 	\$560.40
20	Apr-17	3025 District Court Deputies	(1) Sick leaves, call-ins, vacations, bereavements, late court hearings security for McCree Bldg.(2) Judges would not be served as expected.	\$560.40
16	Apr-17	3028 Family Court Deputies	(1) Sick leaves, call-ins, vacations, bereavements, late court hearings security for McCree Bldg.(2) Judges would not be served as expected.	\$448.32
880	Apr-17	3030 Corrections Deputies Sergeants Lieutenants	(1) Sick leaves, call-ins, vacations, bereavements, family medical leave, hospital guards, union days, training jail overcrowding and major holidays. (2) Jail could not process inmates in a competent manner which would result in jail overcrowding, potential injuries & illness to inmates and probable lawsuits. Judges would complain if inmates were not in court on time.	\$23,672.00

Page 2 Sheriff Department Request for Overtime

20	Apr-17	3110 Investigative Sergeants	(1) Criminal investigations at end or before shifts that are serious life-threatening crimes or homicides, processing arrests & evidence for Courts. Late police calls at end of a shift, traffic death investigations, arrests at end of shift and traffic projects like click-it-or-ticket and security for McCree Bldg. (2) Most serious crimes if not solved within 48 hours become cold cases and are extremely difficult to solve. Victims then are left frustrated and hopeless. Calls would be delayed or go unanswered prompting citizen complaints. Investigations would not get done timely thus slowing everything down causing delays to the Prosecutor and Courts.	\$647.00
24	Apr-17	3145 Police Deputy	 (1) Criminal investigations at end or before shifts that are serious life-threatening crimes or homicides, processing arrests & evidence for Courts. (2) Projects like OHSP Grants, click-it-or-ticket, ATF, OWI Grants, and the fugitive team. 	\$693.60
			GRAND TOTAL	\$26,581.72
APPRO	VALS:			
	4	0 0 2		

Date

Request for Overtime

To: Controller's Office

Date: February 27, 2017

From: Raymond P. Zanke

Department: Building & Grounds - Jail 3035

Number of Hours	Month of Overtime	Employee Classification	 Explanation of Overtime Possible Alternatives if overtime is not utilized 	Amount Requested
16	April	Maint. Mechanic	Emergency Call In Service	\$ 640.00
	Control of the Contro		Total:	\$ 640.00

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Department Head

Committee Ap

Date

CONTRACTOR CONTRACTOR SERVICES

GENESEE COUNTY				Actual
YEAR-TO-DATE OVERTIME	2016/2017	Year-to-Date		Over
2016/2017	Contingency	Approved	Actual	(Under)
	Adopted	Budget	Expenses	Approved
Department	Budget	Through Feb	Through Feb	Budget
101.00.00.1050 Board Coordinator	\$ -	\$ 140	\$ 140	\$ -
101.00.00.1311 Circuit Court	3,524	1,372	-	(1,372)
101.00.00.1320 Jury Board		_	-	-
101.00.00.1360 District Court	41,060	5,094	9,466	4,372
101.00.00.1370 5th Division District Court	36,657	3,206	5,102	1,896
101.00.00.1390 Family Court		62	94	32
101.00.00.1485 Probate Court	1,500	320	796	476
101.00.00.2155 County Clerk-Elections	15,000	12,835	13,569	734
101.00.00.2160 County Clerk-Vital Records	10,000	2,861	1,939	(922)
101.00.00.2165 County Clerk-Court Records	15,000	4,490	3,155	(1,335)
101.00.00.2235 Controller-Payroll	30,000	12,966	10,860	(2,106)
101.00.00.2236 Controller-Admin	70,000	50,177	45,167	(5,010)
101.00.00.2260 Human Resources	5,000	961	1,760	799
101.00.00.2292 Prosecutor	1,100	-	-	-
101.00.00.2310 Court Services		=	-	-
101.00.00.2332 Purchasing	3,000	4,679	1,969	(2,710)
101.00.00.2364 Register of Deeds	10,000	14,102	20,600	6,498
101.00.00.2530 Treasurer's Office	10,000	1,149	2,230	1,081
101.00.00.2653 Building and Grounds	25,000	10,240	14,199	3,959
101.00.00.2656 Bldg & Grounds -McCree	4,000	1,227	999	(228)
101.00.00.3020 Sheriff Court Security-Transpor	36,675	3,703	1,637	(2,066)
101.00.00.3025 Sheriff Court Security-Transpor	10,000	4,367	7,761	3,394
101.00.00.3028 Sheriff Court Security-Transpor	3,000	1,761	192	(1,569)
101.00.00.3030 Sheriff Corrections Division	300,000	147,576	170,629	23,053
101.00.00.3035 Building and Grounds - Jail	6,000	1,668	1,208	(460)
101.00.00.3050 Sheriff Administration		723	1,690	967
101.00.00.3110 Sheriff Investigative Division	10,000	6,098	8,944	2,846
101.00.00.3145 Sheriff Overtime	28,347	5,363	1,808	(3,555)
101.00.00.3160 Sheriff Marine Patrol		-	-	_
101.00.00.3205 Tether Program		38	38	_
101.00.00.4260 Emergency Mgmt		-	-	-
628.00.00.2582 IT	75,000	2,405	6,231	3,826
645.00.00.2334 Motor Pool	-	211	2,535	2,324
	749,863	299,794	334,718	34,924

GENESEE COUNTY YEAR-TO-DATE OVERTIME

2016/2017 October-16 November-16 December-16 Requested Requested Requested Department Budget Actual Budget Budget Actual Actual 101.00.00.1050 Board Coordinator \$ 140 101.00.00.1311 Circuit Court 3,527 101.00.00.1320 Jury Board 101.00.00.1360 District Court 2.064 2.290 3.527 4.354 1.567 898 101.00.00.1370 5th Division District Court 786 2,476 1,684 730 101.00.00.1390 Family Court 20 44 20 18 101.00.00.1485 Probate Court 320 101.00.00.2155 County Clerk-Elections 2,129 1.774 4.751 1.563 2.027 8,450 101.00.00.2160 County Clerk-Vital Records 693 65 693 475 654 101.00.00.2165 County Clerk-Court Records 693 693 371 2,387 101.00.00.2235 Controller-Payroll 1,000 647 3,000 2,516 2,647 3,450 101.00.00.2236 Controller-Admin 5,000 1.210 9.000 9.935 5.210 18,242 101.00.00.2260 Human Resources 5.000 351 610 101.00.00.2292 Prosecutor 101.00.00.2310 Court Services 4,689 859 320 101.00.00.2332 Purchasing 4,689 101.00.00.2364 Register of Deeds 2,017 702 2,017 1.205 1,574 7,991 101.00.00.2530 Treasurer's Office 974 175 267 2,202 267 4,783 101.00.00.2653 Building and Grounds 101.00.00.2656 Bldg & Grounds -McCree 106 321 101.00.00.3020 Sheriff Court Security-Transport 1,401 1,401 68 552 101.00.00.3025 Sheriff Court Security-Transport -841 841 280 1,844 560 560 101.00.00.3028 Sheriff Court Security-Transport-19 19 81 9,908 12,598 43,934 101.00.00.3030 Sheriff Corrections Division 21,520 22,865 32,357 101.00.00.3035 Building and Grounds - Jail 548 101.00.00.3050 Sheriff Administration 723 68 101.00.00.3110 Sheriff Investigative Division 809 647 2.090 391 1.161 867 736 694 101.00.00.3145 Sheriff Overtime 1,012 1,072 101.00.00.3160 Sheriff Marine Patrol 101.00.00.3205 Tether Program 38 101.00.00.4260 Emergency Mgmt 279 1,192 279 1.213 628.00.00.2582 IT 645.00.00.2334 Motor Pool 705 (494)37.530 17.921 60,245 63,752 40,260 100,830

First Quarter

GENESEE COUNTY YEAR-TO-DATE OVERTIME

YEAR-TO-DATE OVERTIME	Second Quarter								
2016/2017	Janua	ary-17	Februar		March-17				
	Requested		Requested		Requested				
Department	Budget	Actual	Budget	Actual	Budget	Actual			
101.00.00.1050 Board Coordinator	\$ -	0	\$ 140	\$ -					
101.00.00.1311 Circuit Court	_		(2,155)	-					
101.00.00.1320 Jury Board	-	0		-					
101.00.00.1360 District Court	1,237	829	(2,787)	1,479					
101.00.00.1370 5th Division District Court	1,690	604	(954)	394					
101.00.00.1390 Family Court	44	0	(2)	12					
101.00.00.1485 Probate Court	-	27	320	449					
101.00.00.2155 County Clerk-Elections	(3,188)	252	7,116	1,530					
101.00.00.2160 County Clerk-Vital Records	(218)	226	1,693	519					
101.00.00.2165 County Clerk-Court Records	(322)	127	3,426	270					
101.00.00.2235 Controller-Payroll	2,516	1,673	3,803	2,574					
101.00.00.2236 Controller-Admin	7,935	6,295	23,032	9,485					
101.00.00.2260 Human Resources	(4,649)	445	610	354					
101.00.00.2292 Prosecutor	<u></u>	0	_	-					
101.00.00.2310 Court Services	-	0	_	-					
101.00.00.2332 Purchasing	(3,830)	537	(869)	253					
101.00.00.2364 Register of Deeds	(812)	4,787	9,306	5,915					
101.00.00.2530 Treasurer's Office	974	179	175	902					
101.00.00.2653 Building and Grounds	2,202	4,529	7,771	2,418					
101.00.00.2656 Bldg & Grounds -McCree	106	395	1,121	177					
101.00.00.3020 Sheriff Court Security-Transpor	(492)	752	1,393	265					
101.00.00.3025 Sheriff Court Security-Transpor	-	1,274	2,405	4,643					
101.00.00.3028 Sheriff Court Security-Transpor	-	73	622	19					
101.00.00.3030 Sheriff Corrections Division	33,702	34,120	56,891	50,310					
101.00.00.3035 Building and Grounds - Jail	-	474	1,668	186					
101.00.00.3050 Sheriff Administration		645	723	322					
101.00.00.3110 Sheriff Investigative Division	2,575	1,456	1,676	4,169					
101.00.00.3145 Sheriff Overtime	1,111	0	1,679						
101.00.00.3160 Sheriff Marine Patrol	_	0	-	-					
101.00.00.3205 Tether Program	_	30	38	(30)					
101.00.00.4260 Emergency Mgmt		0	_	-					
628.00.00.2582 IT	1,192	765	934	2,782					
645.00.00.2334 Motor Pool	705	1,829	(494)	495					
	42,478	62,323	119,281	89,892					

Genesee County Human Resources and Labor Relations



Moving Genesee County Forward

Date: March 20, 2017

To: Commissioner Bryant Nolden, Chairperson

Governmental Operations Committee

From: Anita Galajda, Director

RE: RFP - Healthcare Consultant

Human Resources is requesting approval to issue a Request for Proposal for Health Care Consulting. The current contract expired September 31, 2017.

Attached is a compilation of ongoing and as needed services the consultants provide to Genesee County.

Email: <u>hr@co.genesee.mi.us</u> www.gc4me.com

Health Care Consultants

- 1. Reviewing all health and welfare plans for appropriate administrative changes to achieve cost savings.
- 2. Review and advise on all health and welfare plans and processes for compliance with Health Care Reform and Public Act 152 regulations and other related legislative requirements, (AHCB4) COBRA, ADA HIPPA, etc.
- 3. Assist with plans and processes for compliance pertaining to future legislation pertaining to health and welfare requirements.
- 4. Evaluating the County health plans to determine benefit changes that would provide needed cost savings with minimum employee impact. This would include being a resource in local negotiations including participation in meetings and hearings.
- Continuously analyze trends, evaluate County risk and recommend any required changes to the current stop loss limits for the County's medical insurance plans and pharmacy benefits provider.
- 6. Assist in marketing, developing RFP's and analyzing proposals for all lines of health and welfare insurance plans including a Third Party Administrator of health and welfare services.
- 7. Evaluating all plans, recommendations for cost reductions as well as assisting in the implementation phase for any of the County's health and welfare programs.
- 8. Be an expert witness as required during contract negotiations, arbitration, etc.
- 9. Be a guide to the county regarding Health Care Reform requirements.
- 10. Monitor, identify and advise on self-insurance statements and rate calculations, charges, etc.
- 11. Act as an advocate for the county with vendors. Participate in renewal meetings and vet contractors.
- 12. Benefits and wellness strategy development and planning for active employees and retirees which includes evaluation of all plans and recommendations for any benefit and/or administrative changes.
- 13. Bargaining strategy development and support including participation in labor negotiations and arbitration hearings.
- 14. Project management support.

- 15. Actuarial services (e.g., Financial and budget reporting and analysis, renewal/rate development and review, stop loss analysis, benefit modeling, IBNR estimates).
- 16. Vendor management including renewal negotiations.
- 17. Full vendor procurement process covering medical, prescription drug, dental, vision, stop loss, life, AD & D, short-term disability and long-term disability vendors as well as Third Party Administrator for health and welfare services once every three years or as needed including implementation support of the new vendor (e.g., contract and performance guarantee negotiation, tracking and planning).
- 18. Benefits-related legislation (PPACA, COBRA, HIPPA PA 106) analysis and other compliance support.

Genesee CountyHuman Resources and Labor Relations



Moving Genesee County Forward

Date:

March 20, 2017

To:

Bryant Nolden, Chairperson

From:

Anita Galajda, Director

Re:

HAP Contract Approval

Attached for approval are the 2017/2018 HAP HMO and HAP PPO contracts.

NOTE: HAP was able to match our Medicare retiree plans, thus post 65 retirees will now have the option of HAP or BCBSM.



QR-14188

HMO RATE AUTHORIZATION RENEWAL

GENESEE COUNTY HMO

GROUP ID: 10004947 SUBGROUP ID(s): 1000,1002

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/14/17

NOTICE OF HEALTH ALLIANCE PLAN'S PREMIUM RATES

Page 1 of 3 March 3, 2017

Renewal Date: June 01 Illustrative Monthly Premium Rates Effective: June 01, 2017 through May 31, 2018 Rates with HICAA & Renewai PPACA Contract Type Contracts Medical **Pharmacy** <u>Total</u> Change Tax/Fees \$451,38 Subscriber Only 153 \$447.35 \$447.35 Subscriber & Spouse 43 \$894.66 N/A \$894.66 1.95% \$902.71 Subscriber & Child 57 \$894.66 N/A \$894.66 1.95% \$902.71 Subscriber & Children 38 \$1,221.22 N/A \$1,221.22 1.95% \$1 232 21 Subscriber, Spouse & Child(ren) 200 \$1,221.22 N/A \$1,221.22 1.95% \$1,232,21 Subs (Medicare) \$226.03 N/A \$226.03 \$228.06 Subs (Medicare) & Spouse \$673.34 N/A \$673,34 \$679.39 Subs (Medicare) & Child \$673.34 N/A \$673.34 \$679.39 Subs (Medicare) & Children \$999.90 \$999.90 N/A \$1,008.89 Subs (Medicare), Spouse & Children \$999.90 N/A \$999.90 \$1,008.89 Subs & Spouse (Medicare) \$673.38 N/A \$673.38 \$679.44 Subs, Spouse (Medicare) & Child \$1,120.69 N/A \$1,120.69 \$1,130.77 Subs, Spouse (Medicare) & Children \$1,447.25 N/A \$1,447.25 \$1,460.27 Subs (Medicare) & Spouse (Medicare) \$452,06 N/A \$452.06 \$456.12 Subs(Medicare) Sp(Medicare) & Child \$899,37 N/A \$899.37 \$907.45 Subs(Medicare), Sp(Medicare) & Children \$1,225.93 N/A \$1,225.93 \$1,236.95

Illustrative rates including taxes and fees listed above are based upon current tax/fee assessments. Pending regulatory decisions may affect these rates.

Product Information	
Commercial Medical Product:	AA002489
Medicare Medical Product:	AA002489

SEE PRODUCT DETAILS AND/OR CHANGES (INDICATED IN BOLD) ON PAGE 2

These are the rates and benefits selected for the period above by the Executive Representative of the group and is subject to the Terms and Conditions of the Group Operating Agreement Please sign and return to your HAP Account Manager

Authorized Signature	
Printed Name	
Title	
Date	

MY SIGNATURE ACKNOWLEDGES THE ACCEPTANCE OF THE BENEFITS AND REMARKS LISTED ON PAGES 2 & 3 ATTACHED

We at Health Alliance Plan look forward to our continued partnership and appreciate your business. If you have questions or wish to discuss other benefit plans, please contact your HAP Account Manager:

KATHLEEN DAVIS @ (810) 600-8025



RENEWAL

GENESEE COUNTY HMO GROUP ID: 10004947

SUBGROUP ID(s): 1000,1002

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/14/17

Page 2 of 3 March 3, 2017

QR-14188

Benefits:

Commercial Medical Product:

Related Riders:

AA002489

MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY

K96: \$100 AMBULANCE COPAY

K70: OOPM MAXIMUMS \$3,000/\$6,000

K47: 10% COINSURANCE WITH \$250/\$500 DEDUCTIBLE, \$750/\$1500 COINS MAX (Value Plus Modified so Ded & Coins shall not apply to Ambulance) 313; SNF - 100 DAYS

274: \$15 OFFICE VISIT COPAY (\$0 Prev Svcs) 202: CHIROPRACTIC SERVICES - 20 VISITS 148: BARIATRIC (REMOVES COPAY)

132: \$30 URGENT CARE COPAY 073: INFERTILITY - 50% COPAY

039; \$100 ER COPAY 012; DME;P&O

Medicare Medical Product:

Related Riders:

AA002489

MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY

K96: \$100 AMBULANCE COPAY K70: OOPM MAXIMUMS \$3,000/\$6,000

K47: 10% COINSURANCE WITH \$250/\$500 DEDUCTIBLE, \$750/\$1500 COINS MAX (Value Plus Modified so Ded & Coins shall not apply to Ambulance)

313: SNF - 100 DAYS

274: \$15 OFFICE VISIT COPAY (\$0 Prev Svcs)
202: CHIROPRACTIC SERVICES - 20 VISITS
148: BARIATRIC (REMOVES COPAY)
132: \$30 URGENT CARE COPAY
073: INFERTILITY - 50% COPAY

039; \$100 ER COPAY 012; DME;P&O

REFER TO ATTACHED BENEFIT SUMMARY OR SBC FOR MORE BENEFIT INFORMATION



QR-14188

HMO RATE AUTHORIZATION RENEWAL GENESEE COUNTY HMO

GROUP ID: 10004947

SUBGROUP ID(s): 1000,1002

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/14/17

Page 3 of 3 March 3, 2017

REMARKS:

RENEWAL (491 ACTUAL CONTRACTS); Based on the January 2017 enrollment.

Premium rates include 1.5% commissions.

For HRA/HSA information and fees, please contact your HAP Account Manager.

The rates displayed which include taxes and fees (embedded rates) were developed at a fixed point in time. If you choose non-embedded rates and have taxes and fees determined separately each month, the total premium per contract type may be different than the rates displayed above. The variance is due to month-to-month membership fluctuations.

Health Alliance Plan/Alliance Health & Life reserves the right to re-rate an employer group if the enrollment and other demographic factors of the group changes by more than 10%. This applies to not only shifts within the group's fully insured population, but also shifts in funding mechanism – for example, a fully insured group electing self-funded for a portion of their population.

Rates are based on a minimum employer contribution of not less than 50% of the total premium.

Commercial refers to a person not eligible for Medicare (Parts A and B) Medicare refers to a person eligible for Medicare (Parts A and B)

Please note that the quoted premium rates do not include the assessment imposed as a result of the Health insurance Claims Assessment Act (HICAA) (Public Act 142 of 2011) - which applies a Michigan tax on paid health insurance claims beginning 1/1/12. The law was enacted to provide funding for the Michigan Medicaid program. This tax will beapplied as a separate line item on your monthly invoice.

Please note that the quoted premium rates do not include any Federal or any other State taxes/fees/assessment that may become due during the rating period. Any such tax/fee/assessment will be an addition to the premiums and similarly to HICAA will be applied as a separate line item on your monthly invoice.

Health Alliance Plan is regulated by the Department of Insurance and Financial Services and its annual rate filing and other matters are subject to the approval of that agency.

A 25% participation level is required

Rates do not apply to retirees.

Monthly remittance reports and payment should only be sent to the following address: DEPARTMENT #271101 * HEALTH ALLIANCE PLAN * P.O. BOX 55000 * DETROIT, MI 48255-2711

Prepared by Risk Assessment & Rating Analyst:

Nicolas Smalley





HMO RATE AUTHORIZATION RENEWAL GENESEE COUNTY HMO

GROUP ID: 10004947

SUBGROUP ID(s): 1201,1301,1401 REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/14/17

NOTICE OF HEALTH ALLIANCE PLAN'S PREMIUM RATES

Page 1 of 3 March 3, 2017

Renewal Date: Monthly Premium Rates Effective:	June 01 June 01, 2017 through N	lay 31, 2018					lilustrative Rates with HICAA &
					F	Renewal	PPACA
Contract Type	Contracts	<u>Medical</u>	<u>Pharmacy</u>	<u>Total</u>	9	Change	Tax/Fees
Subscriber Only	3	\$733.06	N/A	\$733.06	+	1.95%	\$739.66
Subscriber & Spouse	5	\$1,466.13	N/A	\$1,466.13	+	1.95%	\$1,479.33
Subscriber & Child	2	\$1,466.13	N/A	\$1,466.13	+	1.95%	\$1,479.33
Subscriber & Children	1	\$2,001.26	N/A	\$2,001.26	+	1.95%	\$2,019.27
Subscriber, Spouse & Child(ren)	2	\$2,001.26	N/A	\$2,001.26	+	1.95%	\$2,019.27
Subs (Medicare)		\$245.41	N/A	\$245.41			\$247.62
Subs (Medicare) & Spouse		\$978.48	N/A	\$978.48			\$987.29
Subs (Medicare) & Child		\$978.48	N/A	\$978.48			\$987.29
Subs (Medicare) & Children		\$1,513.61	N/A	\$1,513.61			\$1,527.23
Subs (Medicare), Spouse & Children		\$1,513.61	N/A	\$1,513.61			\$1,527.23
Subs & Spouse (Medicare)		\$978.47	N/A	\$978.47			\$987.28
Subs, Spouse (Medicare) & Child		\$1,711.54	N/A	\$1,711.54			\$1,726.95
Subs, Spouse (Medicare) & Children		\$2,246.67	N/A	\$2,246.67			\$2,266.89
Subs (Medicare) & Spouse (Medicare)		\$490.82	N/A	\$490.82			\$495.24
Subs(Medicare),Sp(Medicare) & Child		\$1,223.89	N/A	\$1,223.89			\$1,234.91
Subs(Medicare),Sp(Medicare) & Children		\$1,759.02	N/A	\$1,759.02			\$1,774.85

illustrative rates including taxes and fees listed above are based upon current tax/fee assessments. Pending regulatory decisions may affect these rates.

Product Information	
Commercial Medical Product:	AA002492
Medicare Medical Product:	AA002492

SEE PRODUCT DETAILS AND/OR CHANGES (INDICATED IN BOLD) ON PAGE 2

These are the rates and benefits selected for the period above by the Executive Representative of the group and is subject to the Terms and Conditions of the Group Operating Agreement

Please sign and return to your HAP Account Manager

Authorized Signature_	
Printed Name	
Title	
Date	

MY SIGNATURE ACKNOWLEDGES THE ACCEPTANCE OF THE BENEFITS AND REMARKS LISTED ON PAGES 2 & 3 ATTACHED

We at Health Alliance Plan look forward to our continued partnership and appreciate your business. If you have questions or wish to discuss other benefit plans, please contact your HAP Account Manager: KATHLEEN DAVIS @ (810) 600-8025



QR-14189

HMO RATE AUTHORIZATION RENEWAL **GENESEE COUNTY HMO**

GROUP ID: 10004947 SUBGROUP ID(s): 1201,1301,1401

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/14/17

Page 2 of 3 March 3, 2017

Benefits:

Commercial Medical Product: Related Riders: AA002492

MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY

K97; \$15 ER COPAY

K20: OOPM MAXIMUMS \$6,350/\$12,700

313: SNF - 100 DAYS

202: CHIROPRACTIC SERVICES - 20 VISITS

117: \$15 URGENT CARE COPAY 073: INFERTILITY - 50% COPAY

012: DME;P&O

Medicare Medical Product:

Related Riders:

AA002492

MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY

K97: \$15 ER COPAY

K20: OOPM MAXIMUMS \$6,350/\$12,700

313: SNF - 100 DAYS 202: CHIROPRACTIC SERVICES - 20 VISITS

117: \$15 URGENT CARE COPAY 073: INFERTILITY - 50% COPAY

012: DME;P&O

REFER TO ATTACHED BENEFIT SUMMARY OR SBC FOR MORE BENEFIT INFORMATION



QR-14189

HMO RATE AUTHORIZATION RENEWAL GENESEE COUNTY HMO

GROUP ID: 10004947

SUBGROUP ID(s): 1201,1301,1401

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/14/17

Page 3 of 3 March 3, 2017

REMARKS:

RENEWAL (13 ACTUAL CONTRACTS); Based on the January 2017 enrollment.

Premium rates DO NOT include commissions.

For HRA/HSA information and fees, please contact your HAP Account Manager.

The rates displayed which include taxes and fees (embedded rates) were developed at a fixed point in time. If you choose non-embedded rates and have taxes and fees determined separately each month, the total premium per contract type may be different than the rates displayed above. The variance is due to month-to-month membership fluctuations.

Health Alfiance Plan/Alfiance Health & Life reserves the right to re-rate an employer group if the enrollment and other demographic factors of the group changes by more than 10%. This applies to not only shifts within the group's fully insured population, but also shifts in funding mechanism – for example, a fully insured group electing self-funded for a portion of their population.

Rates are based on a minimum employer contribution of not less than 50% of the total premium.

Commercial refers to a person not eligible for Medicare (Parts A and B) Medicare refers to a person eligible for Medicare (Parts A and B)

Please note that the quoted premium rates do not include the assessment imposed as a result of the Health insurance Claims
Assessment Act (HICAA) (Public Act 142 of 2011) - which applies a Michigan tax on paid health insurance claims beginning 1/1/12.
The law was enacted to provide funding for the Michigan Medicaid program. This tax will beapplied as a separate line item on your monthly invoice.

Please note that the quoted premium rates do not include any Federal or any other State taxes/fees/assessment that may become due during the rating period. Any such tax/fee/assessment will be an addition to the premiums and similarly to HICAA will be applied as a separate line item on your monthly invoice.

Health Alliance Plan is regulated by the Department of Insurance and Financial Services and its annual rate filing and other matters are subject to the approval of that agency.

A 25% participation level is required

Monthly remittance reports and payment should only be sent to the following address:
DEPARTMENT #271101 * HEALTH ALLIANCE PLAN * P.O. BOX 55000 * DETROIT, MI 48255-2711

Prepared by Risk Assessment & Rating Analyst:

Nicolas Smalley





HMO RATE AUTHORIZATION RENEWAL

GENESEE COUNTY HMO

GROUP ID: 10004947 SUBGROUP ID(s): 1001

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/15/17

NOTICE OF HEALTH ALLIANCE PLAN'S PREMIUM RATES

Page 1 of 3 March 3, 2017

Renewal Date: Monthly Premium Rates Effective:	June 01 June 01, 2017 through R	May 31, 2018					Illustrative Rates with HICAA &
					F	Renewal	PPACA
Contract Type	Contracts	Medical	Pharmacy	Total	<u>c</u>	hange	Tax/Fees
Subscriber Only	15	\$651.83	N/A	\$651.83	+	1.95%	\$657.70
Subscriber & Spouse	6	\$1,303.66	N/A	\$1,303.66	+	1.95%	\$1,315.39
Subscriber & Child	4	\$1,303.66	N/A	\$1,303.66	+	1.95%	\$1,315.39
Subscriber & Children	2	\$1,779.50	N/A	\$1,779.50	+	1.95%	\$1,795.52
Subscriber, Spouse & Child(ren)	9	\$1,779.50	N/A	\$1,779.50	+	1.95%	\$1,795.52
Subs (Medicare)		\$217.06	N/A	\$217.06			\$219.01
Subs (Medicare) & Spouse		\$868.89	N/A	\$868.89			\$876.70
Subs (Medicare) & Child		\$868.89	N/A	\$868.89			\$876.70
Subs (Medicare) & Children		\$1,344.73	N/A	\$1,344.73			\$1,356.83
Subs (Medicare), Spouse & Children		\$1,344.73	N/A	\$1,344.73			\$1,356.83
Subs & Spouse (Medicare)		\$868.89	N/A	\$868.89			\$876.71
Subs, Spouse (Medicare) & Child		\$1,520.72	N/A	\$1,520.72			\$1,534.40
Subs, Spouse (Medicare) & Children		\$1,996.56	N/A	\$1,996.56			\$2,014.53
Subs (Medicare) & Spouse (Medicare)		\$434.12	N/A	\$434.12			\$438.02
Subs(Medicare), Sp(Medicare) & Child		\$1,085.95	N/A	\$1,085.95			\$1,095.71
Subs(Medicare), Sp(Medicare) & Children		\$1,561.79	N/A	\$1,561.79			\$1,575.84

Illustrative rates including taxes and fees listed above are based upon current tax/fee assessments. Pending regulatory decisions may affect these rates.

Product Information	
Commercial Medical Product:	AA002490
Medicare Medical Product:	AA002490

SEE PRODUCT DETAILS AND/OR CHANGES (INDICATED IN BOLD) ON PAGE 2

These are the rates and benefits selected for the period above by the Executive Representative of the group and is subject to the Terms and Conditions of the Group Operating Agreement

Please sign and return to your HAP Account Manager

Authorized Signature_	
Printed Name	
Title	
Date	

MY SIGNATURE ACKNOWLEDGES THE ACCEPTANCE OF THE BENEFITS AND REMARKS LISTED ON PAGES 2 & 3 ATTACHED

We at Health Alliance Plan look forward to our continued partnership and appreciate your business. If you have questions or wish to discuss other benefit plans, please contact your HAP Account Manager: KATHLEEN DAVIS @ (810) 600-8025



HMO RATE AUTHORIZATION

RENEWAL GENESEE COUNTY HMO

GROUP ID: 10004947

SUBGROUP ID(s): 1001

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/15/17

Page 2 of 3 March 3, 2017

QR-14191

Benefits:

Commercial Medical Product:

AA002490

Related Riders:

MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY

K96: \$100 AMBULANCE COPAY

K47: 10% COINSURANCE WITH \$250/\$500 DEDUCTIBLE, \$750/\$1500 COINS MAX (Value Plus Modified so Ded & Coins shall not apply to Ambular

K20: OOPM MAXIMUMS \$6,350/\$12,700

313: SNF - 100 DAYS

274: \$15 OFFICE VISIT COPAY (\$0 Prev Svcs) 202: CHIROPRACTIC SERVICES - 20 VISITS 148: BARIATRIC (REMOVES COPAY) 132: \$30 URGENT CARE COPAY 073: INFERTILITY - 50% COPAY

039: \$100 ER COPAY 012: DME;P&O

Medicare Medical Product:

Related Riders:

AA002490

MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY

K96: \$100 AMBULANCE COPAY

K47: 10% COINSURANCE WITH \$250/\$500 DEDUCTIBLE, \$750/\$1500 COINS MAX (Value Plus Modified so Ded & Coins shall not apply to Ambular

K20: OOPM MAXIMUMS \$6,350/\$12,700

313: SNF - 100 DAYS

274: \$15 OFFICE VISIT COPAY (\$0 Prev Svcs)
202: CHIROPRACTIC SERVICES - 20 VISITS
148: BARIATRIC (REMOVES COPAY)
132: \$30 URGENT CARE COPAY
073: INFERTILITY - 50% COPAY

039: \$100 ER COPAY 012: DME;P&O

REFER TO ATTACHED BENEFIT SUMMARY OR SBC FOR MORE BENEFIT INFORMATION



HMO RATE AUTHORIZATION RENEWAL GENESEE COUNTY HMO

GROUP ID: 10004947

SUBGROUP ID(s): 1001

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/15/17

Page 3 of 3 March 3, 2017

REMARKS:

RENEWAL (36 ACTUAL CONTRACTS); Based on the January 2017 enrollment.

Premium rates DO NOT include commissions.

For HRA/HSA information and fees, please contact your HAP Account Manager.

The rates displayed which include taxes and fees (embedded rates) were developed at a fixed point in time. If you choose non-embedded rates and have taxes and fees determined separately each month, the total premium per contract type may be different than the rates displayed above. The variance is due to month-to-month membership fluctuations.

Health Alliance Plan/Alliance Health & Life reserves the right to re-rate an employer group if the enrollment and other demographic factors of the group changes by more than 10%. This applies to not only shifts within the group's fully insured population, but also shifts in funding mechanism – for example, a fully insured group electing self-funded for a portion of their population.

Rates are based on a minimum employer contribution of not less than 50% of the total premium.

Commercial refers to a person not eligible for Medicare (Parts A and B) Medicare refers to a person eligible for Medicare (Parts A and B)

Please note that the quoted premium rates do not include the assessment imposed as a result of the Health insurance Claims
Assessment Act (HICAA) (Public Act 142 of 2011) - which applies a Michigan tax on paid health insurance claims beginning 1/1/12.
The law was enacted to provide funding for the Michigan Medicaid program. This tax will beapplied as a separate line item on your monthly invoice.

Please note that the quoted premium rates do not include any Federal or any other State taxes/fees/assessment that may become due during the rating period. Any such tax/fee/assessment will be an addition to the premiums and similarly to HICAA will be applied as a separate line item on your monthly invoice.

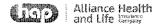
Health Alliance Plan is regulated by the Department of Insurance and Financial Services and its annual rate filing and other matters are subject to the approval of that agency.

A 25% participation level is required

Monthly remittance reports and payment should only be sent to the following address: DEPARTMENT #271101 * HEALTH ALLIANCE PLAN * P.O. BOX 55000 * DETROIT, MI 48255-2711

Prepared by Risk Assessment & Rating Analyst:

Nicolas Smalley



RENEWAL WITH RATE RELIEF

Froup Name:	GENESEE COUNTY AHL	
Froup Number:	10004948	
tenewal Date:	June 01	
ffective Dates of this Quotation:	June 1, 2017 Through May 31, 2018	
ales Representative:	Kathleen Davis @ (810) 600-8025	

Page 1 of 4 March 3, 2017

QR - 14186

Prescription Drug:	Not	Covered
		· · · · · · · · · · · · · · · · · · ·
amily OOPM:	\$6,000	\$12,900
ndividual OOPM:	\$3,000	\$6,000
amily Coinsurance Max:		\$3,000
	\$1,500	
amily Deductible: ndividual Coinsurance Max:	\$500 \$750	\$1,000 \$1,500
ndividual Deductible:	\$250 \$500	\$500
Percent Coverage:	80.0%	60.0%
	In Network	Out of Network
lospital Outpatient Copay per Admission:		\$0:
lospital Inpatient Copay per Admission:		\$0
mergency Room Copay:		\$150
Irgent Care Copay:		\$30
Office Visit Copay / Specialist Copay:		\$20
ian type.		FFU
Plan Type:		PPO
Subgroup Number(s):	10	00, 1002
	Pi	2001390
lan Design:		enewal

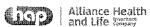
Contract Types	Contracts		PP001390		
		Medical	Rx	Total	% Change
Subscriber	5	\$483.13	\$0.00	\$483.10	1.95%
Subscriber & Spouse	5	\$966.22	\$0,00	\$985.22	1.95%
Subscriber & Child	1 1	\$966,22	\$0.00	\$966.22	1.95%
Subscriber & Children	2	\$1,318.89	\$0.00	\$1,318.89	1.95%
Subscriber, Spouse, &	1				
Child(ren)	10	\$1,318.89	\$0.00	\$1,318.89	1.95%
	1				
Medicare WRAP (M)					
Subs.(M)	1			\$338.19	1.95%
Subs.(M) Subs.(M) & Sp.		ļ		\$821.28	
Subs.(M) & C.				\$821.20	
Subs.(M) & Ch.	1 !]		\$1,173,95	
Subs.(M), Sp., & Ch.	1 1	1		\$1,173.05	
Subs. & Sp.(M)	1 1			\$821.32	
Subs., Sp.(M), & C.	1 1			\$1,304.41	
Subs., Sp.(M), & Ch.	1 1	Į.		\$1,657.08	
Subs.(M) & Sp.(M)		Į.		\$676,38	
Subs.(M), Sp.(M), & C.		i		\$1,159.47	
Subs.(M), Sp.(M), & Ch.				\$1,512.14	
Initial Here →	I				
#		Indicate your selection	n by initialing under the des	ired option(s) above.	

*****RATES DO NOT INCLUDE HICAA & PPACA TAXES & FEES*****

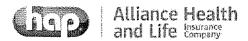
These rates are contingent based upon employer groups providing renewal rates to HAP's Risk Assessment & Rating Department. Risk Assessment Department holds the right to revise these rates once the renewal information is provided.

These are the rates and benefits selected for the period above by the Executive Representative of the group, and is subject to the Terms and Conditions of the Group Operating Agreement. Please sign and return to your HAP Account Manager.

Authorized Signature:	
Printed Name:	
Title:	
Date:	



and Life longing				RATE AUTHORIZATIO WAL WITH RATE RELIEF	DN	QR - 14186
Group Name: Group Number:			GENESEE COUNTY AHL 10004948			
Renewal Date: Effective Dates of this Quotation:		June 01 June 1, 2017 Through May 31, 2018				
Sales Representative:			Kath	een Davis @ (819) 600-802	5	
	•					
						Page 2 of 4 March 3, 2017
Plan Design:				Renewal PP001390		
Subgroup Number(s):				1000, 1002		
Plan Type:	-			PPO		
Office Visit Copay / Specialist Cop Urgent Care Copay:	oay:			\$20 \$30		
Emergency Room Copay: Hospital Inpatient Copay per Adm	inninus			\$150 \$0		
Hospital Outpatient Copay per Adin				\$0		
			In Network	· · · · · · · · · · · · · · · · · · ·	Out of Network	
Percent Coverage: Individual Deductible:			80.0% \$250		60.0% \$500	
Family Deductible:			\$500		\$1,000	
Individual Coinsurance Max: Family Coinsurance Max:	:		\$750 \$1,500		\$1,500 \$3,000	
Individual OOPM: Family OOPM:			\$3,000 \$6,000		\$6,000 \$12,000	
Prescription Drug:				Not Covered		
Contract Types	Contracts			PP001390		
	001111111111	N	D.,	Total	Total with HICAA-L PPACA	
Subscriber	5	Medical \$483.13	\$0.00	\$483.13	Taxes & Fees \$487,48	
Subscriber & Spouse Subscriber & Child	5 1	\$966.22 \$966.22	\$0.00 \$0.00	\$966.22 \$966.22	974.92 9874.92	
Subscriber & Children	2	\$1,318.89	\$0.00	\$1,318.89	\$1,330,76	
Subscriber, Spouse, & Child(ren)	10	\$1,318.89	\$0.00	\$1,318.89	\$1,330.78	
Medicare WRAP (M)				4000.40		
Subs.(M) Subs.(M) & Sp.				\$338.19 \$821.28	\$341.23 \$828.67	
Subs.(M) & C. Subs.(M) & Ch.				\$821.28 \$1,173.95	3828.67 \$1,184.51	
Subs.(M), Sp., & Ch.				\$1,173.95	\$1,184.51	
Subs. & Sp.(M) Subs., Sp.(M), & C.				\$821,32 \$1,304.41	\$626.71 51,316,15	
Subs., Sp.(M), & Ch. Subs.(M) & Sp.(M)				\$1,657.08 \$676.38	\$1,674,99 \$682.46	
Subs.(M), Sp.(M), & C.	ļ			\$1,159.47	\$1,169.90	
Subs.(M), Sp.(M), & Ch. Initial Here →				\$1,512.14	51,525.74	
		Indicate	your selection by initial	ing under the desired optic	on(s) above.	
Illustrative rates with taxes	& fees are ba	sed upon current tax/	fee assessments. Pend	ling regulatory decisions n	nay affect these rates.	
These rates are contingent to revise these rates once				HAP's Risk Assessment & I	Rating Department. Risk Assessment Depa	rtment holds the right
These are the rates and be Agreement, Please sign a				esentative of the group, an	d is subject to the Terms and Conditions of	the Group Operating
Authorized Signature:		. 18-113				Paradore
Printed Name:						
Title:						
Data						



QR - 14186

GENESEE COUNTY AHL 10004948

Page 3 of 4 March 3, 2017

PP001390

A00P: PRECERT & MEDICAL MANAGEMENT FOR NON-GRANDFATHERED PLANS-LG

A103: \$30.00 URGENT CARE SERVICES COPAY RIDER

A151: \$250 INDIVIDUAL/\$500 FAMILY IN-NETWORK DEDUCTIBLE RIDER

A154: \$500 INDIVIDUAL/\$1000 FAMILY OUT OF NETWK DEDUCTIBLE RIDER

A158: 20% IN-NETWORK COINSURANCE RIDER

A162: 40% OUT OF NETWORK COINSURANCE RIDER

A168: \$1500 INDIVIDUAL/\$3000 FAMILY OUT OF NETWORK COIN MAX RIDER

A172: ABORTION 1 EVERY 2 YEARS

A235: \$150 EMERGENCY SERVICE COPAY RIDER

A363: \$750 INDIVIDUAL/\$1500 FAMILY IN NETWORK COINS MAX RIDER

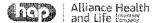
A440: \$20 OV/\$0 PREV

A479: ADULT MALE VOLUNTARY STERILIZATION RIDER A536: \$3,000 IND/\$6,000 FAM IN NETWORK OOP MAX

A537: \$6,000 IND/\$12,000 FAM OON OOP MAX

AMHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY

REFER TO ATTACHED BENEFIT SUMMARY OR SBC FOR MORE BENEFIT INFORMATION



∩P . 14186

		QIC- I-VIO
Group Name:	GENESEE COUNTY AHL	
Group Number:	10004948	
		Page 4 of
		Page 4 of 4 March 3, 2013
MARKS:		

RE

All sales are subject to final Underwriting approval, These quotes comply with Mental Health Parity Act. Premium rates include commissions. The benefits available under this policy will be administered consistent with the requirements of state and federal law, including but not limited to the Patient Protection and Affordable Care Act (PPACA), as such provisions may be implemented over time in accordance with the legislation. Groups that qualify as grandfathered as that term is defined in PPACA may be eligible for a different benefit schedule than non-grandfathered groups. Groups shall self-identify as a grandfathered group, if such status applies.

Plans without Rx are not permissible if employee is in a Nationcare state (AL, AR, AZ, DC, ID, LA, MS, NY, OK, WV.

Please note that the quoted premium rates include the Patient Centered Outcomes Research Institute (PCORI) Fee which is an assessment imposed as a result of the Patient Protection and Affordable Care Act (PPACA).

Please note that the quoted premium rates include the assessment imposed as a result of the Health insurance Claims Assessment Act (HICAA) (Public Act 142 of 2011) - which applies a Michigan tax on paid health insurance claims beginning 1/1/12. The law was enacted to provide funding for the Michigan Medicaid program.

Premium rates listed are based upon current tax/fee.assessments. Pending regulatory decisions may affect these premium rates.

The rates displayed which include taxes and fees (embedded rates) were developed at a fixed point in time. If you choose non-embedded rates and have taxes and fees determined separately each month, the total premium per contract type may be different than the rates displayed above. The variance is due to month-to-month membership fluctuations.

HAP/AHL reserves the right to re-rate an employer group if the enrollment and other demographic factors of the group changes by more than 10%. This applies to not only shifts within the group's fully insured population, but also shifts in funding mechanism – for example, a fully insured group electing self-funded for a portion of their population.

Rates are based on a minimum employer contribution of not less than 50% of the total premium.

For dual HAP/AHL only quotes, participation levels will be monitored based on an overall requirement of 70% participation in our service area. HAP and AHL must each have at least 25% of enrollment.

This health coverage does meet the minimum value standard for the benefits it provides.

Monthly remittance reports and payment should only be sent to the following address: Department #271101 * HEALTH ALLIANCE PLAN * P.O. BOX 55000 * DETROIT, MI 48255-2711

Prepared by Risk Assessment & Rating Analyst:

Marcia	Hawas	



HMO RATE AUTHORIZATION RENEWAL GENESEE COUNTY HMO

GROUP ID: 10004947 SUBGROUP ID(s): 1101,1501

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/14/17

NOTICE OF HEALTH ALLIANCE PLAN'S PREMIUM RATES

Page 1 of 3 March 3, 2017

Renewal Date: Monthly Premium Rates Effective:	June 01 June 01, 2017 through Ma	ay 31, 2018					lliustrative Rates with HICAA &
						Renewal	PPACA
Contract Type	<u>Contracts</u>	<u>Medical</u>	<u>Pharmacy</u>	<u>Total</u>	9	hange	Tax/Fees
Subscriber Only	7	\$733.21	N/A	\$733.21	+	1.95%	\$739.81
Subscriber & Spouse	7	\$1,466.43	N/A	\$1,466,43	+	1.95%	\$1,479.63
Subscriber & Child	1	\$1,466.43	N/A	\$1,466.43	+	1.95%	\$1,479.63
Subscriber & Children	2	\$2,001.67	N/A	\$2,001.67	÷	1.95%	\$2,019.69
Subscriber, Spouse & Child(ren)	12	\$2,001.67	N/A	\$2,001.67	÷	1.95%	\$2,019.69
Subs (Medicare)		\$247.70	N/A	\$247.70			\$249.93
Subs (Medicare) & Spouse		\$980.92	N/A	\$980.92			\$989.75
Subs (Medicare) & Child		\$980.92	N/A	\$980.92			\$989.75
Subs (Medicare) & Children		\$1,516.16	N/A	\$1,516.16			\$1,529.81
Subs (Medicare), Spouse & Children		\$1,516.16	N/A	\$1,516.16			\$1,529.81
Subs & Spouse (Medicare)		\$980.91	N/A	\$980.91			\$989.74
Subs, Spouse (Medicare) & Child		\$1,714.13	N/A	\$1,714.13			\$1,729.56
Subs, Spouse (Medicare) & Children		\$2,249.37	N/A	\$2,249.37			\$2,269.62
Subs (Medicare) & Spouse (Medicare)		\$495.40	N/A	\$495,40			\$499.86
Subs(Medicare),Sp(Medicare) & Child		\$1,228.62	N/A	\$1,228.62			\$1,239.68
Subs(Medicare),Sp(Medicare) & Children		\$1,763.86	N/A	\$1,763.8 6			\$1,779.74

Illustrative rates including taxes and fees listed above are based upon current tax/fee assessments. Pending regulatory decisions may affect these rates.

Product Information	
Commercial Medical Product:	AA002491
Medicare Medical Product:	AA002491

SEE PRODUCT DETAILS AND/OR CHANGES (INDICATED IN BOLD) ON PAGE 2

These are the rates and benefits selected for the period above by the Executive Representative of the group and is subject to the Terms and Conditions of the Group Operating Agreement

Please sign and return to your HAP Account Manager

Authorized Signature	
Printed Name	
Title	
Date	

MY SIGNATURE ACKNOWLEDGES THE ACCEPTANCE OF THE BENEFITS AND REMARKS LISTED ON PAGES 2 & 3 ATTACHED

We at Health Alliance Plan look forward to our continued partnership and appreciate your business. If you have questions or wish to discuss other benefit plans, please contact your HAP Account Manager: KATHLEEN DAVIS @ (810) 500-8025



HMO RATE AUTHORIZATION RENEWAL

GENESEE COUNTY HMO

GROUP ID: 10004947 SUBGROUP ID(s): 1101,1501

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/14/17

Page 2 of 3 March 3, 2017

Benefits:

Commercial Medical Product: Related Riders: AA002491

MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY

K97: \$15 ER COPAY

K20: OOPM MAXIMUMS \$6,350/\$12,700

313: SNF - 100 DAYS

202: CHROPRACTIC SERVICES - 20 VISITS 117: \$15 URGENT CARE COPAY 073: INFERTILITY - 50% COPAY

013: HEARING AID 012: DME;P&O

Medicare Medical Product:

Related Riders:

AA002491

MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY

K97: \$15 ER COPAY

K20: OOPM MAXIMUMS \$6,350/\$12,700

313: SNF - 100 DAYS

202: CHIROPRACTIC SERVICES - 20 VISITS

117: \$15 URGENT CARE COPAY 073: INFERTILITY - 50% COPAY

013: HEARING AID 012: DME;P&O

REFER TO ATTACHED BENEFIT SUMMARY OR SBC FOR MORE BENEFIT INFORMATION



HMO RATE AUTHORIZATION RENEWAL GENESEE COUNTY HMO

GROUP ID: 10004947 SUBGROUP ID(s): 1101,1501

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED 2/14/17

Page 3 of 3 March 3, 2017

REMARKS:

RENEWAL (29 ACTUAL CONTRACTS); Based on the January 2017 enrollment.

Premium rates DO NOT include commissions,

For HRA/HSA information and fees, please contact your HAP Account Manager.

The rates displayed which include taxes and fees (embedded rates) were developed at a fixed point in time. If you choose non-embedded rates and have taxes and fees determined separately each month, the total premium per contract type may be different than the rates displayed above. The variance is due to month-to-month membership fluctuations.

Health Alliance Plan/Alliance Health & Life reserves the right to re-rate an employer group if the enrollment and other demographic factors of the group changes by more than 10%. This applies to not only shifts within the group's fully insured population, but also shifts in funding mechanism – for example, a fully insured group electing self-funded for a portion of their population.

Rates are based on a minimum employer contribution of not less than 50% of the total premium.

Commercial refers to a person not eligible for Medicare (Parts A and B) Medicare refers to a person eligible for Medicare (Parts A and B)

Please note that the quoted premium rates do not include the assessment imposed as a result of the Health insurance Claims
Assessment Act (HICAA) (Public Act 142 of 2011) - which applies a Michigan tax on paid health insurance claims beginning 1/1/12.
The law was enacted to provide funding for the Michigan Medicaid program. This tax will beapplied as a separate line item on your monthly invoice.

Please note that the quoted premium rates do not include any Federal or any other State taxes/fees/assessment that may become due during the rating period. Any such tax/fee/assessment will be an addition to the premiums and similarly to HICAA will be applied as a separate line item on your monthly invoice.

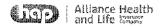
Health Alliance Plan is regulated by the Department of Insurance and Financial Services and its annual rate filing and other matters are subject to the approval of that agency.

A 25% participation level is required

Monthly remittance reports and payment should only be sent to the following address: DEPARTMENT #271101 * HEALTH ALLIANCE PLAN * P.O. BOX 55000 * DETROIT, MI 48255-2711

Prepared by Risk Assessment & Rating Analyst;

Nicolas Smalley



PPO RATE AUTHORIZATION RENEWAL WITH RATE RELIEF

TE RELIEF	QR - 14187
ALTY ALB	 ' 1

Group Name:	GENESEE COUNTY AHL
Group Number:	10004948
Renewal Date:	June 01
Effective Dates of this Quotation:	June 1, 2017 Through May 31, 2018
Sales Representative:	Kathleen Davis @ (810) 600-8025
	• • • • • • • • • • • • • • • • • • • •

Page 1 of 4 March 3, 2017

Plan Design:	Re	newal
	PP(001391
Subgroup Number(s):	1	1001
Plan Type:		PPO
Office Visit Copay / Specialist Copay:		\$20
Jrgent Care Copay:	,	\$30
mergency Room Copay:		150
lospital Inpatient Copay per Admission:		\$0
lospital Outpatient Copay per Admission:		
	In Network	Out of Network
ercent Coverage:	80.0%	60.0%
ndividual Deductible:	\$250	\$500
amily Deductible:	\$500	\$1,000
idividual Coinsurance Max:	\$750	\$1,500
amily Coinsurance Max:	\$1,500	\$3,000
ndividual OOPM:	\$6,350	\$12,700
amily OOPM:	\$12,700	\$25,400
<u> </u>	·	
Prescription Drug:	Not Covered	

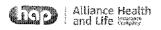
Contract Types	Contracts	PP001391			
		Medical	Rx	Total	% Change
Subscriber	5	\$483.13	\$ 0.00	\$483.13	1.95%
Subscriber & Spouse	5	\$966.22	\$0.00	\$965.22	1.95%
Subscriber & Child	1 1	\$966.22	\$0.00	\$965,22	1.95%
Subscriber & Children	2	\$1,318.89	\$0.00	\$1,318.89	1.95%
Subscriber, Spouse, &			!		
Child(ren)	10	\$1,318.89	\$0.00	\$1,318.89	1.95%
	1				
					
Medicare WRAP (M)			İ		
Subs.(M)	1			- \$338,18	1.95%
Subs.(M) & Sp.	1			5821.27	
Subs.(M) & C.				\$821,27	
Subs.(M) & Ch.	1			\$1,175.04	
Subs.(M), Sp., & Ch.				\$1,173,94	
Subs. & Sp.(M)			ŀ	\$821.31	
Subs., Sp.(M), & C.			ļ.	\$1,304.40	
Subs., Sp.(M), & Ch.			Į.	\$1,857,07	
Subs.(M) & Sp.(M)				\$678.36	
Subs.(M), Sp.(M), & C. Subs.(M), Sp.(M), & Ch.	1			\$1,159.45 \$1,512.12	
Subs.(W), Sp.(W), & Cn.	ļ		<u>t </u>		
minar nere 7		Indicate your coloct	ion by initialing under the desir	red option(s) above	

*****RATES DO NOT INCLUDE HICAA & PPACA TAXES & FEES*****

These rates are contingent based upon employer groups providing renewal rates to HAP's Risk Assessment & Rating Department. Risk Assessment Department holds the right to revise these rates once the renewal information is provided.

These are the rates and benefits selected for the period above by the Executive Representative of the group, and is subject to the Terms and Conditions of the Group Operating Agreement. Please sign and return to your HAP Account Manager.

Authorized Signature:	
Printed Name:	
Title:	
Date:	



RENEWAL WITH RATE RELIEF

Group Name:	GENESEE COUNTY AHL	
Group Number:	10004948	
Renewal Date:	June 01	
Effective Dates of this Quotation:	June 1, 2017 Through May 31, 2018	
Sales Representative:	Kathleen Davis @ (810) 600-8025	

Page 2 of 4 March 3, 2017

QR - 14187

Plan Design:	Rer	newal	
	· PP0	01391	
Subgroup Number(s):	11	001	
Plan Type:	P	PO	
Office Visit Copay / Specialist Copay:		520	
Urgent Care Copay:		30	
Emergency Room Copay:		150	
Hospital Inpatient Copay per Admission:	\$0		
Hospital Outpatient Copay per Admission:	n: \$0		
	In Network	Out of Network	
Percent Coverage:	80.0%	60.0%	
Individual Deductible:	\$250	\$500	
Family Deductible:	\$500	\$1,000	
Individual Coinsurance Max:	\$750	\$1,500	
Family Coinsurance Max:	\$1,500	\$3,000	
Individual OOPM:	\$6,350	\$12,700	
Family OOPM:	\$12,700	\$25,400	
Prescription Drug:	Not C	overed	

Contract Types	Contracts			PP001391	
kar					TOTAL WITH HICAA & CPACA
		Medical	Rx	Total	Taxes & Fees
Subscriber	5	\$483.13	\$0,00	\$483.13	2497.4B
Subscriber & Spouse	5	\$966.22	\$0.00	\$966.22	5974.92
Subscriber & Child	1 1	\$966.22	\$0.00	\$966.22	5974.92
Subscriber & Children	2	\$1,318.89	\$0.00	\$1,318.89	\$1,330.76
Subscriber, Spouse, &					
Child(ren)	10	\$1,318.89	\$0.00	\$1,318.89	\$1,330,76
	1 i				
Medicare WRAP (M)					
Subs.(M) Subs.(M) & Sn.	1 1			\$338.18	\$42
288	1 1			\$821.27	\$828.66
Subs.(M) & C.	1 1			\$821.27	\$828.60
Subs.(M) & Ch.	1 1			\$1,173.94	\$1,184.50
Subs.(M), Sp., & Ch.				\$1,173.94	\$1,184,60
Subs. & Sp.(M)	1 1			\$821.31	\$828.70
Subs., Sp.(M), & C.	1 1			\$1,304.40	\$1,316,14
Subs., Sp.(M), & Ch.				\$1,657.07	\$1,871.98
Subs.(M) & Sp.(M)	1			\$676.36	5882.44
Subs.(M), Sp.(M), & C.	1			\$1,159.45	\$1,469.86
Subs.(M), Sp.(M), & Ch.				\$1,512.12	\$1,525.72
Initial Here →				ng under the desired option(

Illustrative rates with taxes & fees are based upon current tax/fee assessments. Pending regulatory decisions may affect these rates.

These rates are contingent based upon employer groups providing renewal rates to HAP's Risk Assessment & Rating Department. Risk Assessment Department holds the right to revise these rates once the renewal information is provided.

These are the rates and benefits selected for the period above by the Executive Representative of the group, and is subject to the Terms and Conditions of the Group Operating Agreement. Please sign and return to your HAP Account Manager.

Authorized Signature:	
Printed Name:	
Title:	
Date:	



QR - 14187

GENESEE COUNTY AHL 10004948

Page 3 of 4 March 3, 2017

PP001391

A00P: PRECERT & MEDICAL MANAGEMENT FOR NON-GRANDFATHERED PLANS-LG

A103: \$30.00 URGENT CARE SERVICES COPAY RIDER

A151: \$250 INDIVIDUAL/\$500 FAMILY IN-NETWORK DEDUCTIBLE RIDER A154: \$500 INDIVIDUAL/\$1000 FAMILY OUT OF NETWK DEDUCTIBLE RIDER

A158: 20% IN-NETWORK COINSURANCE RIDER

A162: 40% OUT OF NETWORK COINSURANCE RIDER

A168: \$1500 INDIVIDUAL/\$3000 FAMILY OUT OF NETWORK COIN MAX RIDER

A172: ABORTION 1 EVERY 2 YEARS

A235: \$150 EMERGENCY SERVICE COPAY RIDER

A363: \$750 INDIVIDUAL/\$1500 FAMILY IN NETWORK COINS MAX RIDER

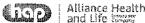
A440: \$20 OV/\$0 PREV

A479: ADULT MALE VOLUNTARY STERILIZATION RIDER A516: \$6,350 IND/\$12,700 FAM IN NETWORK OOP MAX

A517: \$12,700 IND/\$25,400 FAM OON OOP MAX

AMHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY

REFER TO ATTACHED BENEFIT SUMMARY OR SBC FOR MORE BENEFIT INFORMATION



Alliance Health and Life longues	PPO RATE AUTHORIZATION QR - 14187				
Group Name:	GENESEE COUNTY AHL				
Group Number:	10004948				
	Page 4 of 4				
REMARKS:	March 3, 2017				
All sales are subject to final Underwriting approval. These quotes comply with Mental Health Parity Act. Premium rates include commissions. The benefits available under this policy will be administered consistent with the requirements of state and federal law, including but not limited to the Patient Protection and Affordable Care Act (PPACA), as such provisions may be implemented over time in accordance with the legislation. Groups that qualify as grandfathered as that term is defined in PPACA may be eligible for a different benefit schedule than non-grandfathered groups. Groups shall self-identify as a grandfathered group, if such status applies.					
Plans without Rx are not permissible if employee is in a N	ationcare state (AL, AR, AZ, DC, ID, ŁA, MS, NY, OK, WV.				
Please note that the quoted premium rates include the Pa Protection and Affordable Care Act (PPACA).	tient Centered Outcomes Research Institute (PCORI) Fee which is an assessment imposed as a result of the Patient				
Please note that the quoted premium rates include the assessment imposed as a result of the Health insurance Claims Assessment Act (HICAA) (Public Act 142 of 2011) - which applies a Michigan tax on paid health insurance claims beginning 1/1/12. The law was enacted to provide funding for the Michigan Medicaid program.					
Premium rates listed are based upon current tax/fee asso	ssments. Pending regulatory decisions may affect these premium rates.				
The rates displayed which include taxes and fees (embedded rates) were developed at a fixed point in time. If you choose non-embedded rates and have taxes and fees determined separately each month, the total premium per contract type may be different than the rates displayed above. The variance is due to month-to-month membership fluctuations.					
HAP/AHL reserves the right to re-rate an employer group if the enrollment and other demographic factors of the group changes by more than 10%. This applies to not only shifts within the group's fully insured population, but also shifts in funding mechanism – for example, a fully insured group electing self-funded for a portion of their population.					
Rates are based on a minimum employer contribution of not less than 50% of the total premium.					
For dual HAP/AHL only quotes, participation levels will be HAP and AHL must each have at least 25% of enrollmen	monitored based on an overall requirement of 70% participation in our service area.				
This health coverage does meet the minimum value of	tandard for the benefits it provides,				

Monthly remittance reports and payment should only be sent to the following address: Department #271101* HEALTH ALLIANCE PLAN * P.O. BOX 55000 * DETROIT, MI 48255-2711

Prepared by Risk Assessment & Rating Analyst:

Marcia Hawes



Genesee County Information Technology

1101 Beach Street, 2nd Floor Flint MI 48502

Christopher A. Newell, CIO Phone: (810) 237-6103 Fax: (810) 257-3380

To: Bryant Nolden, Chairperson – Government Operations Committee

From: Christopher Newell, CIO

Date: March 15, 2017

I would like to ask your review of this request for approval of overnight travel, and related costs, for two IT Department employees to attend Wendia POB Administrator training, in Orem Utah (Wedia's US headquarters), April 10-14, 2017.

Total cost is projected to be \$2250.00, as detailed below:

	Cost (2
Item	people)
Airfare	\$1,000.00
Lodging	\$700.00
Ground Transport	\$250.00
Non-included meals	\$300.00
Total	\$2,250.00

Wendia PoB is the trouble ticketing and work order system which is replacing KACE for the IT Department, and will also be used for work order processing and tracking in Buildings and Grounds. This is a one-time training for current personnel to become proficient in managing the system after the initial set-up.

The above costs are based on air fares as of 3/15. **A roll call vote is requested** to allow us to secure transportation at the best cost possible.



Office of Genesee County Sheriff SHERIFF ROBERT J. PICKELL

UNDERSHERIFF CHRISTOPHER SWANSON

ADMINISTRATIVE SECRETARY PAM COOKINGHAM

1002 S. SAGINAW STREET, FLINT, MI 48502 810-257-3407 810-257-3077-FAX

March 9, 2017

MEMORANDUM

TO:

Chairperson Bryant Nolden

Government Operations Committee

FROM:

Sheriff Robert J. Pickell SW

SUBJECT:

RENEWAL OF GENESEE INTERMEDIATE SCHOOL DISTRICT

CONTRACT

Since 2012, the Genesee Intermediate School District (GISD) has contracted with the Office of Genesee County Sheriff for a Police Deputy to act as a School Resource Officer (SRO) for school districts throughout Genesee County.

I am requesting approval to renew this contract for the 2016/2017 school year. GISD will be responsible for all funding of this position.

If you have any questions, please contact myself, or Undersheriff Christopher Swanson.

PROFESSIONAL SERVICES CONTRACT

This Contract for Professional Services (the "Contract") is by and between the County of Genesee, a Michigan Municipal Corporation, whose principal place of business is located at 1101 Beach Street, Flint, Michigan 48502 (the "County") and the Office of the Genesee County Sheriff (the "Sheriff"), and Genesee Intermediate School District, whose principal place of business is located at 2413 W. Maple Ave., Flint, MI 48507 ("GISD") (the County, Sheriff and GISD together being the "Parties").

1. Agreement and Authority

Execution of this Agreement is authorized by Resolution #_____ issued by the Genesee County Board of County Commissioners.

2. Term

The term of this Contract commences on September 1, 2016, and shall be effective through August 31, 2017 (the "Term").

3. Purpose

This contract is entered into for the purpose of the Sheriff to provide a Genesee County Sheriff's deputy who is a certified police officer to act as the School Resource Officer to Genesee Intermediate School District.

4. Scope of Work

The Sheriff agrees to assign a certified police officer to the Genesee Intermediate School District to provide police and counseling services to students, teachers, administrators and parents within the school system, as well as assist in the preparation of, and training for, emergency preparedness plans (the "Services").

5. Compensation

Services covered by this Contract. The basic cost of such Services is estimated to be, and intended by the parties not to exceed, \$97,300.00 for the Term described above. (See Exhibit A which is incorporated herein by reference). The basic cost includes all salaries and wages, sick leave, vacations, employee benefits, supervision, Public Employees' Retirement Contribution Insurance premiums, social security, unemployment insurance, worker's compensation, equipment costs, vehicle costs, and all other indirect costs incurred by the County and the Sheriff in providing the Services. The County reserves the right to demand, and GISD agrees to pay, all actual costs incurred in providing the Services, including vehicle fuel costs in excess of the estimated motor pool allowance based on use and the costs of fuel.

- 5.2 The County will provide to GISD bi-monthly invoices, along with any supporting documentation such as time sheets and receipts for incurred expenses. Actual computation of applicable costs hereunder shall be made by the Genesee County Controller. Payments for such costs shall be made promptly by GISD to the County within thirty (30) days of receipt of the County's invoice and supporting documentation.
- 4.3 In addition to the basic costs designated in subsection 4.1 above, GISD agrees to pay costs for any overtime incurred in the course of providing the services under this Contract.
- 44 It is understood that the staffing provided for in this Contract supports a full time position for GISD but does not include weekends, holidays, or backfilling of the position when an assigned individual is absent due to illness or vacation. GISD agrees to pay all costs, dollar for dollar, associated with such additional coverage, if GISD chooses to request it.
- 4.5 If, during the period covered by this Contract, an increase in salary, fringe benefits or other costs is implemented as a result of negotiation between the County and the collective bargaining organization (labor union) of the employees or as a result of rate increases, this Contract shall be amended to include the increased cost of providing the services covered by this Contract, and GISD agrees to reimburse the County to the extent of the increased costs.
- 4.6 The County and the Sheriff agree that overtime incurred during the period covered by this Contract shall be kept to a minimum. The County and Sheriff further agree to report overtime costs, if any, to GISD monthly.

6. Taxes.

The County is a Michigan Municipal Corporation. GISD acknowledges that the County is exempt from Federal Excise Tax and Michigan Sales Tax.

7 Contract Administrator

The contract administrator for this Contract is Sheriff Robert Pickell (the "Contract Administrator"). GISD acknowledges that the Contract Administrator is the primary County contact for notices and instructions related to this Contract. The GISD agrees to provide a copy of all notices related to this Contract to the Contract Administrator.

8. Termination

- 8.1 Any party may terminate this Contract for any reason upon written notice to the other parties of not less than forty-five (45) days prior to the date of such termination.
- 8.2 The County may terminate this Contract immediately in the event its costs exceed, or are anticipated to exceed, \$97,300.00 for the Contract Term and GISD declines to pay the County for such additional costs.
- 7.3 In the event of termination, the County is not liable to GISD for any costs incurred to obtain substitute performance.

9. Nondiscrimination

The Parties covenant that they will not discriminate against an employee or applicant of employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight, marital status or a disability that is unrelated to the individual's ability to perform the duties of a particular job or position, and that they will require the same non-discrimination assurances from any subcontractor who may be used to carry out duties described in this contract. The Parties further covenant that they will not discriminate against businesses that are owned by women, minorities or persons with disabilities in providing services covered by this Contract. Breach of this covenant shall be regarded as a material breach of this Contract.

10. Freedom of Information Act

This Contract and all attachments, as well as all other information submitted by GISD to the County, are subject to disclosure under the provisions of MCL §15.231, et seq., known as the "Freedom of Information Act".

11. Liability

Each party to this Agreement will remain responsible for any claims arising out of that party's performance of this Agreement, as provided for in this Agreement or by law. This Agreement is not intended to either increase or decrease either party's liability to or immunity from tort claims.

This Agreement is not intended to, nor will it be interpreted as giving, either party a right of indemnification either by contract or at law for claims arising out of the performance of this Agreement.

12. General Provisions

12.1 Entire Contract

This Contract, consisting of the following documents and Exhibits, embodies the entire Contract between the Parties

The Contract - This Professional Services Contract 12.1.1.

12.1.2. Exhibit A -Anticipated Budget

There are no promises, terms, conditions, or obligations relating to the Services other than those contained herein. In the event of a conflict between this Contract and any Exhibit, the terms of this Contract shall control.

12.2 No Assignment

The County may not assign or subcontract this Contract without the express written consent of GISD.

12.3 Modification

This Contract may be modified only in writing executed with the same formalities as this Contract.

12.4 Binding Effect

The provisions of this Contract shall apply to and bind the heirs, executors, administrators, and assigns all of the parties hereto.

12.5 Headings

The paragraph headings in this Contract are used only for ease of reference, and do not limit, modify, construe, and or interpret any provision of this Contract.

12.6 Governing Law and Venue

This Contract is entered into under the laws of the State of Michigan. Any litigation between the Parties arising out of this Contract must be initiated within two years of the cause of action accruing and must be brought in a court of competent jurisdiction in Genesee County, Michigan.

12.7 Severability and Survival

In the event that any provision of this Contract is deemed by any court of competent jurisdiction to be legally ineffective, such decision shall have no effect on the remaining provisions of this Contract.

12.8 Interpretation

Each Party has had opportunity to have this Contract reviewed by legal counsel and has had equal opportunity to contribute to its contents. In the event of any dispute concerning the interpretation of this Contract, there shall be no presumption in favor of any interpretation solely because the form of this Contract was prepared by the County.

12.9 Remedies

All remedies specified in this Contract are non-exclusive. The County reserves the right to seek any and all remedies available under this Contract and applicable law in the event that GISD fails to abide by the terms of this Contract.

IN WITNESS WHEREOF, the Parties have caused this Contract to be executed by their duly authorized agents.

COUNTY OF GENESEE

Ву:	Mark Young, Chairperson Board of County Commissioners	Date:
Ву:	Robert J. Pickell, Sheriff	Date:
GENE	ESEE INTERMEDIATE SCHOOL DISTR	UCT
Ву:	Lisa A. Hagel, Superintendent Genesee Intermediate School District	Date:
Approv	red as to form:	Approved as to form:
Genes	ee County Corporation Counsel	For Genesee Intermediate School District

EXHIBIT A

Anticipated Budget 2016-17

GENESEE COUNTY, MICHIGAN GISD SRO BUDGET 3/1/17-2/28/18

Account	Account Name	Jon Becher 2017/18 <u>Budget</u>
30015	Salary Permanent	50,505
30055	Salary Overtime	,
30065	Overtime Holiday Pay	~
30070	Salary Premium	=
30080	Longevity	1,010
	SALARIES Total	51,515
33010	Social Security	3,941
33045	Medical Insurance	17,623
33060	Optical Insurance	136
33080	Dental Insurance	923
33085	Life Health Insurance	852
33095	Retirement	4,121
33110	Workers Compensation	1,564
33125	Unemployment	98
33126	Post-Retirement Benefits	9,777
	FRINGES Total	39,035
35050	Supplies Computer	_
35160	Laundry Robes Uniforms	250
65070	Equipment	ма
75025	Motor Pool Charges	6,500
80025	Governmental Service Fee	
	OTHER NON-PERSNL EXP. Total	6,750
EXPENSE	Total	97,300



Office of Genesee County Sheriff SHERIFF ROBERT J. PICKELL

UNDERSHERIFF CHRISTOPHER SWANSON

March 9, 2017

ADMINISTRATIVE SECRETARY PAM COOKINGHAM

MEMORANDUM

1002 S. SAGINAW STREET, FLINT, MI 48502 810-257-3407 810-257-3077-FAX

TO:

Chairperson Bryant Nolden

Governmental Operations

FROM:

Sheriff Robert J. Pickell

SUBJECT: GENESEE INTERMEDIATE SCHOOL DISTRICT'S REQUEST FOR

AN ADDITIONAL SCHOOL RESOURCE OFFICER

The Genesee Intermediate School District (GISD) is requesting an additional School Resource Officer for the 2016/2017 school year.

I am requesting approval of providing an additional School Resource Officer to the GISD. GISD will be responsible for all funding of this position.



GENESEE INTERMEDIATE SCHOOL DISTRICT

LEADERSHIP * SERVICE * INNOVATION Partnering for success!

2413 West Maple Ávenue, Flint, Michigan 48507-3493 (810) 591-4400 Fax (810) 591-7570 www.geneseeisd.org

To: Sheriff Robert J. Pickell, Office of Genesee County Sheriff

From: Dr. Lisa A. Hagel, Superintendent June Adulage

Date: February 21, 2017

Re: School Liaison Officer Request

On behalf of the Genesee Intermediate School District, we wish to thank and recognize the Office of Genesee County Sheriff for their continued support and partnership. As a result of the success of our countywide liaison officer, we are ready to expand our offerings and request one (1) additional deputy. We utilized Deputy Jon Beecher for the past two months who did a fantastic job with our students and staff. Therefore, we are requesting the addition of Deputy Beecher to GISD.

Together Deputy Ulshafer and Deputy Beecher will serve the students in Genesee County in General Education, Special Education, Early Childhood and Genesee Career Institute. The deputies will share training for staff and assessment of facilities as well as working with students.

We see the team of Majik and the two deputies as being a very valuable addition to education and safety. Again, I greatly appreciate the partnership and support.

If you have any additional informational needs, please do not hesitate to call me at 810-591-4403.

LAH/lis

Clindy A. Gansen, Prosident S. Dr. Paul D. Newman, Vice President S. Dele A. Green, Secretary & Lawrence P. Ford, Treasuler S. Jerry G. Ragsdate, Trustees

PROFESSIONAL SERVICES CONTRACT

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1. Agreement and Authority

Execution of this Agreement is authorized by Resolution #_____ issued by the Genesee County Board of County Commissioners.

2. Term

The term of this Contract commences on March 7, 2017, and shall be effective through August 31, 2017 (the "Term").

3. Purpose

This contract is entered into for the purpose of the Sheriff to provide a second Genesee County Sheriff's deputy who is a certified police officer to act as an additional School Resource Officer to Genesee Intermediate School District.

4. Scope of Work

The Sheriff agrees to assign a second certified police officer to the Genesee Intermediate School District to provide police and counseling services to students, teachers, administrators and parents within the school system, as well as assist in the preparation of, and training for, emergency preparedness plans (the "Services").

5. Compensation

Services covered by this Contract. The basic cost of such Services is estimated to be, and intended by the parties not to exceed, \$54,012.00 for the Term described above. (See Exhibit A which is incorporated herein by reference). The basic cost includes all salaries and wages, sick leave, vacations, employee benefits, supervision, Public Employees' Retirement Contribution Insurance premiums, social security, unemployment insurance, worker's compensation, equipment costs, vehicle costs, and all other indirect costs incurred by the County and the Sheriff in providing the Services. The County reserves the right to demand, and GISD agrees to pay, all actual costs incurred in providing the Services, including vehicle fuel costs in excess of the estimated motor pool allowance based on use and the costs of fuel.

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The Sheriff agrees to assign a second certified police officer to the Genesee Intermediate School District to provide police and counseling services to students, teachers, administrators and parents within the school system, as well as assist in the preparation of, and training for, emergency preparedness plans (the "Services").

5. Compensation

5.1 GISD agrees to pay the County the actual costs for performing all Services covered by this Contract. The basic cost of such Services is estimated to be, and intended by the parties not to exceed, \$54,012.00 for the Term described above. (See Exhibit A which is incorporated herein by reference). The basic cost includes all salaries and wages, sick leave, vacations, employee benefits, supervision, Public Employees' Retirement Contribution Insurance premiums, social security, unemployment insurance, worker's compensation, equipment costs, vehicle costs, and all other indirect costs incurred by the County and the Sheriff in providing the Services. The County reserves the right to demand, and GISD agrees to pay, all actual costs incurred in providing the Services, including vehicle fuel costs in excess of the estimated motor pool allowance based on use and the costs of fuel.

- 5.2 The County will provide to GISD bi-monthly invoices, along with any supporting documentation such as time sheets and receipts for incurred expenses. Actual computation of applicable costs hereunder shall be made by the Genesee County Controller. Payments for such costs shall be made promptly by GISD to the County within thirty (30) days of receipt of the County's invoice and supporting documentation.
- 4.3 In addition to the basic costs designated in subsection 4.1 above, GISD agrees to pay costs for any overtime incurred in the course of providing the services under this Contract.
- 4.4 It is understood that the staffing provided for in this Contract supports a full time position for GISD but does not include weekends, holidays, or backfilling of the position when an assigned individual is absent due to illness or vacation. GISD agrees to pay all costs, dollar for dollar, associated with such additional coverage, if GISD chooses to request it.
- 4.5 If, during the period covered by this Contract, an increase in salary, fringe benefits or other costs is implemented as a result of negotiation between the County and the collective bargaining organization (labor union) of the employees or as a result of rate increases, this Contract shall be amended to include the increased cost of providing the services covered by this Contract, and GISD agrees to reimburse the County to the extent of the increased costs.
- 4.6 The County and the Sheriff agree that overtime incurred during the period covered by this Contract shall be kept to a minimum. The County and Sheriff further agree to report overtime costs, if any, to GISD monthly.

6. Taxes.

The County is a Michigan Municipal Corporation. GISD acknowledges that the County is exempt from Federal Excise Tax and Michigan Sales Tax.

7. Contract Administrator

The contract administrator for this Contract is Sheriff Robert Pickell (the "Contract Administrator"). GISD acknowledges that the Contract Administrator is the primary County contact for notices and instructions related to this Contract. The GISD agrees to provide a copy of all notices related to this Contract to the Contract Administrator.

8. Termination

- 8.1 Any party may terminate this Contract for any reason upon written notice to the other parties of not less than forty-five (45) days prior to the date of such termination.
- 8.2 The County may terminate this Contract immediately in the event its costs exceed, or are anticipated to exceed, \$54,012.00 for the Contract Term and GISD declines to pay the County for such additional costs.
- 7.3 In the event of termination, the County is not liable to GISD for any costs incurred to obtain substitute performance.

9. Nondiscrimination

The Parties covenant that they will not discriminate against an employee or applicant of employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight, marital status or a disability that is unrelated to the individual's ability to perform the duties of a particular job or position, and that they will require the same non-discrimination assurances from any subcontractor who may be used to carry out duties described in this contract. The Parties further covenant that they will not discriminate against businesses that are owned by women, minorities or persons with disabilities in providing services covered by this Contract. Breach of this covenant shall be regarded as a material breach of this Contract.

10. Freedom of Information Act

This Contract and all attachments, as well as all other information submitted by GISD to the County, are subject to disclosure under the provisions of MCL §15.231, et seq., known as the "Freedom of Information Act".

11. Liability

Each party to this Agreement will remain responsible for any claims arising out of that party's performance of this Agreement, as provided for in this Agreement or by law. This Agreement is not intended to either increase or decrease either party's liability to or immunity from tort claims.

This Agreement is not intended to, nor will it be interpreted as giving, either party a right of indemnification either by contract or at law for claims arising out of the performance of this Agreement.

12. General Provisions

12.1 Entire Contract

This Contract, consisting of the following documents and Exhibits, embodies the entire Contract between the Parties.

12.1.1. The Contract – This Professional Services Contract

12.1.2. Exhibit A –Anticipated Budget

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The County may not assign or subcontract this Contract without the express written consent of GISD.

12.3 Modification

This Contract may be modified only in writing executed with the same formalities as this Contract.

12.4 Binding Effect

The provisions of this Contract shall apply to and bind the heirs, executors, administrators, and assigns all of the parties hereto.

12.5 Headings

The paragraph headings in this Contract are used only for ease of reference, and do not limit, modify, construe, and or interpret any provision of this Contract.

12.6 Governing Law and Venue

This Contract is entered into under the laws of the State of Michigan. Any litigation between the Parties arising out of this Contract must be initiated within two years of the cause of action accruing and must be brought in a court of competent jurisdiction in Genesee County, Michigan.

12.7 Severability and Survival

In the event that any provision of this Contract is deemed by any court of competent jurisdiction to be legally ineffective, such decision shall have no effect on the remaining provisions of this Contract.

12.8 Interpretation

Each Party has had opportunity to have this Contract reviewed by legal counsel and has had equal opportunity to contribute to its contents. In the event of any dispute concerning the interpretation of this Contract, there shall be no presumption in favor of any interpretation solely because the form of this Contract was prepared by the County.

12.9 Remedies

All remedies specified in this Contract are non-exclusive. The County reserves the right to seek any and all remedies available under this Contract and applicable law in the event that GISD fails to abide by the terms of this Contract.

IN WITNESS WHEREOF, the Parties have caused this Contract to be executed by their duly authorized agents.

COUNTY OF GENESEE

By:	Mark Young, Chairperson Board of County Commissioners	Date:
Ву:	Robert J. Pickell, Sheriff	Date:
GEN	ESEE INTERMEDIATE SCHOOL DISTR	RICT
Ву:	Lisa A. Hagel, Superintendent Genesee Intermediate School District	Date:
Appro	ved as to form:	Approved as to form:
Genes	see County Corporation Counsel	For Genesee Intermediate School District

EXHIBIT A

Anticipated Budget 2017

GENESEE COUNTY, MICHIGAN GISD SRO BUDGET 3/1/17-8/31/17

<u>Account</u>	Account Name	Jon Becher 2017 <u>Budget</u>
30015	Salary Permanent	27,959
30055	Salary Overtime	
30065	Overtime Holiday Pay	
30070	Salary Premium	WA
30080	Longevity	559_
	SALARIES Total	28,518
33010	Social Security	2,182
33045	Medical Insurance	9,869
33060	Optical Insurance	79
33080	Dental Insurance	538
33085	Life Health Insurance	497
33095	Retirement	2,281
33110	Workers Compensation	912
33125	Unemployment	57
33126	Post-Retirement Benefits	5,703
	FRINGES Total	22,119
35050	Supplies Computer	-
35160	Laundry Robes Uniforms	125
65070	Equipment	
75025	Motor Pool Charges	3,250
80025	Governmental Service Fee	-
	OTHER NON-PERSNL EXP. Total	3,375
EXPENSE	54,012	



Office of Genesee County Sheriff SHERIFF ROBERT J. PICKELL

UNDERSHERIFF CHRISTOPHER SWANSON

ADMINISTRATIVE SECRETARY PAM COOKINGHAM

1002 S. SAGINAW STREET, FLINT, WI 48502 810-257-3407 810-257-3077-FAX

MEMORANDUM

DATE:

March 10, 2017

TO:

Chairperson Bryant Nolden

Governmental Operations Committee

FROM:

Sheriff Robert J. Pickell

SUBJECT: BLUE CROSS BLUE SHIELD OF MICHIGAN ADMINISTRATIVE

SERVICES CONTRACT

I am requesting approval to accept the Blue Cross Blue Shield of Michigan Administrative Services Contract (ASC). The renewal term for the ASC is March 1, 2017 through February 28, 2018. Please find attached a copy of the ASC.

A ROLL CALL VOTE is being requested.

Attachment

Schodule A - Contract Year March 2017 through February 2018 Administrative Services Contract (ASC)

1. 2.	Group Name; Group Number:	Genesee County Inmates 007000373			
3. 4.	Contract Effective Date: ASC Funding Arrangement:	March 1, 1998 Quarterly Settled Month	/ Wire		
5.	Lino(s) of Business: X Pacility X Professional Prescription Drugs Master Medical Administrative Fees: The below	Dental Vision Hearing	er the Lines of Business cl	procked in Section 5 above, unless otherwises	
	6. Administrative Fees: The below administrative fees cover the Lines of Business checked in Section 5 above, unless Administrative Fee and Additional Administrative Compens				
	A. Administrative Fee (Fixed)		Administrative Fee Percent of Claims 15.49%		
	B. Additional Administrative Con	npensation	*Additional Admir Compensation 9%	1	
	*Additional Administrative Co	mpensation (AAC) is nin	e percent (9%) of BCBSM	discounts on Michigan hospital claims.	
7.	This Schedule A does not include any fees payable by Group to an Agent. If Group has an Agent Fee Processing Agreement on life with Blue Cross, please refer to that agreement for fees and details.				
8,	Late Payment Charges/Interest: A. Late Payment Charge B. Yearly Statutory Interest C C. Provider Contractual Interes		2% 12%		
9	Blue Cross Accou #840-09397:3 Wire Number		0720-00096 American Bank Assoc		
10	Amounts billed for out-of-stat negotiated by a Host Blue with	e claims may include Blu out-of-state providers. !	eCard access fees and any ice Schedule B to ASC and	value-based provider reimbursment Exhibit 1 for additional information.	
П.	If your group contains Medicare contracts and they are being separated from the current funding arrangement, all figures within the current funding arrangement will be adjusted				
12.	to performance or risk-based con member management fees. Often has been invoiced. The Claims b Group acknowledges that BCBSI obligations and entitlements unde attributed to a particular health c BCBSM Quality Programs, as de provider obligations on its own b	uponsation, including but no the componsation amount illed to Group include both M's negotiated reimbursom ir BCBSM Quality Program are service. Value-based in servibed in Exhibit 1 to Sch chalf, not Group, Group re	at limited to withholds, born is determined after the medi- service-based and value-by- out rates include all reimburs. Service-based reimburs- timbursement is the portion dedic A. BCBSM negotic ceives the benefit of BCBs.	ments with providers in which the provider is a sees, incentive payments, provider credits and cal service has been performed and after the Gester bindbursement to health care providers. Seement obligations to providers including proverment means the portion of the negotiated rate of the negotiated reimbursement rate attributations provider roimbursement rates and settles. M provider roimbursement rates and settles. M provider rates, but it has no entitlement to a See Exhibit 1 to Schedule A and Schedule B to	
13.	BCBSM will charge an additional administrative fee if an ASC customer obtains stop-loss coverage from a third-party stop-loss vende. This additional fee will be \$6.00 per contract per month.				
14.	Amounts billed for out-of-state claims may include BlueCard access fees and any value-based provider reimbursement negotiated by a Host Blue with out-of-state providers. See Schedule B to ASC and Exhibit 1 for additional information.				
15.	Prescription drug rebate administrative fees are \$0.25 per BCBSM Clinical Formulary claims that are administered by Express Scripts and up to 5.5% of gross rebates for BCBSM's Custom Formulary, Custom Select Formulary, Part D formularies, specialty drugs and other medical benefit drugs that are administered by Highmark. The administrative fee is withheld from the rebate payment received from BCBSM's rebate administrators.				
16.	If you have a Consumer-Directed Health (CDH) spending account, you may be bifled a separate fee for the applicable contracts.				
17.	If the number of monthly contracts varies by \pm /- 10% from the estimate stated in 6(A), BCBSM reserves the right to change the administrative fee.				
	Blue Cross:		Genese	e County inmates:	
	BY:Blue Cross Representa	tive (Signature)	BY:	(Signature)	
	DATE:		Name	: (Drive)	
	Prepared by:			(Print)	
		Blue Cross Underwriting	TITLE:	**************************************	

DATE:



Office of Genesee County Sheriff SHERIFF ROBERT J. PICKELL

UNDERSHERIFF CHRISTOPHER SWANSON

ADMINISTRATIVE SECRETARY PAM COOKINGHAM

1002 S. SAGINAW STREET, FLINT, MI 48502 810-257-3407 810-257-3077-FAX

March 13, 2017

MEMORANDUM

TO:

Chairperson Bryant Nolden

Governmental Operations

FROM:

Sheriff Robert J. Pickell

SUBJECT:

2016-17 HAZARDOUS MATERIALS EMERGENCY PLANNING GRANT

AGREEMENT

Attached please find the 2016-2017 Hazardous Materials Emergency Planning Grant Agreement.

This grant will provide \$2,700.00 for the LEPC to be used in developing or reviewing plans for facilities that meet SARA Title III, Section 302 planning requirements (facilities that use, store, or produce large amounts of chemicals) in Genesee County. The grant requires a 20% in-kind match \$725.00) that is fulfilled by committee members and staff hours. No County funds are used.

I am requesting approval to accept the Hazardous Materials Emergency Planning Grant Agreement with the State of Michigan, and authorize the Genesee County Board of Commissioners Chairperson Mark Young, the LEPC Chairperson, Sheriff Robert J. Pickell, and the Controller delegate, Kristie Primeau, to sign the HEMP Grant Agreement.

State of Michigan Fiscal Year 2016-17 Hazardous Materials Emergency Preparedness Planning Program Grant Agreement

September 30, 2016 to September 30, 2017

CFDA Number: 20.703 Grant Number: HM-HMP-0558-16-01-00

This Fiscal Year (FY) 2016-17 Hazardous Materials Emergency Preparedness (HMEP) Planning Program grant agreement is hereby entered into between the Michigan Department of State Police, Emergency Management and Homeland Security Division (hereinafter called the Recipient), and the

COUNTY OF GENESEE

(hereinafter called the Subrecipient)

I. Purpose

The purpose of this grant agreement is to provide federal funds to the Subrecipient for the development of new Superfund Amendments and Reauthorization Act (SARA), Title III, Section 302, hazardous materials emergency response plans, as well as for the updating of previously submitted plans. This grant agreement provides financial assistance to first responders (fire, law enforcement, emergency medical services, etc.) for allowable costs in the following areas:

- A. Provision of assistance to public sector employees through planning grants to states, territories, and Native American tribes for emergency response.
- B. Increased state, territorial, tribal, and local effectiveness in implementation of the Federal Emergency Planning and Community Right-to-Know Act of 1986.
- C. Encouragement of a comprehensive approach to emergency planning by incorporating the unique challenges of response to transportation situations.

II. Statutory Authority

Funding for the FY 2016-17 HMEP is authorized by the U.S. Department of Transportation (DOT) Pipeline and Hazardous Materials Safety Administration (PHMSA) and the Federal Hazardous Materials Transportation Law (49 U.S.C. Section 5101 et. seq.).

The Subrecipient agrees to comply with all FY 2016-17 HMEP program requirements and most recent version of:

- A. 2 CFR, Part 200 of the Code of Federal Regulations (CFR), *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* located at http://www.ecfr.gov.
- B. 49 CFR, Part 110 Hazardous Materials Public Sector Training and Planning Grants.
- C. 49 U.S.C. 5116 et seq. located at https://www.gpo.gov/fdsys.
- D. Any other applicable Federal statutes and regulations, including, but not limited to the following:
 - The Recipient must comply with 49 CFR Part 20, "New Restrictions on Lobbying." 49 CFR Part 20 is incorporated by reference in this award. 49 CFR Part 20 is available at www.gpoaccess.gov/ecfr/ by clicking on Title 49 CFR Part 20.
 - 2. The Recipient must comply with Title VI of the Civil Right Act of 1964, which provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.
 - 3. The Recipient must comply with 49 CFR Part 21, "Nondiscrimination in Federally-Assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964." 49 CFR Part 21 is incorporated by reference into this award. 49 CFR Part 21 is available at: www.gpoaccess.gov/ecfr/ by clicking on Title 49 CFR part 21.

4. The Recipient must comply with 49 CFR part 32, "Government-wide Requirements for Drug- Free Workplace (Financial Assistance)," which implements the requirements of Public Law 100-690, Title Subtitle D, "Drug-Free Workplace Act of 1988." 49 CFR Part 32 is incorporated by reference in this award. 49 CFR Part 32 is available at: www.gpoaccess.gov/ecfr/ by clicking on Title 49 CFR Part 32.

No term or condition of this award is intended to require the Recipient to violate any applicable State, Territorial or Tribal law.

III. Award Amount and Restrictions

A. The **County of Genesee** is awarded **\$2,700.00** under the FY 2016-17 HMEP Planning Program Grant Agreement. This funding will be awarded as described in *Hazardous Materials Emergency Preparedness Planning Grant Instructions* enclosed with this grant agreement, and is based on information provided in the HMEP grant application submitted for the FY 2016-17 grant year. This allocation is dependent upon the level of federal funding and may be reduced if available federal funding is reduced. Any unused grant funds remaining at the end of the grant year will be used to increase the reimbursement for accepted new SARA Title III plans submitted by participating Local Emergency Planning Committees (LEPCs). The Subrecipient's payment per new plan will be recalculated using these funds and the award to the Subrecipient for the number of new plans submitted will be adjusted. This may affect the match amount required for this grant.

Based on the Subrecipient's application, a match amount of **\$675.00** is required. However, the Subrecipient must be prepared to match all funds received through this contract (which equates to 25% of any federal funds received), as noted in Section III, D of the *Hazardous Materials Emergency Preparedness Planning Grant Instructions* that are enclosed with this grant agreement.

- B. The PHMSA reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, for federal government purposes:
 - The copyright in any work developed under this grant, sub-award, or contract under a grant or sub-award; and
 - 2. Any rights of copyright to which the Recipient, Subrecipient, or a contractor purchases ownership with grant support.

IV. Responsibilities of the Subrecipient

- A. Grant funds must supplement, not supplant, state or local funds. Federal funds must be used to supplement existing funds, not replace (supplant) funds that have been appropriated for the same purpose. Potential supplanting will be carefully reviewed in subsequent monitoring reviews and audits. The Subrecipient may be required to supply documentation certifying that it did not reduce non-federal funds because of receiving federal funds. Subrecipients may be required to supply documentation certifying that a reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds.
- B. In addition to this grant agreement, the Subrecipient shall complete, sign, and submit to the Recipient the following documents, which are incorporated by reference into this grant agreement:
 - 1. HMEP Planning Grant Agreement In-Kind Match form (EMD-063)
 - 2. Standard Assurances
 - Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
 - 4. Audit Certification (EMD-053)
 - 5. Request for Taxpayer Identification Number and Certification (W-9)
 - 6. SARA Title III Hazardous Materials, Off-site Emergency Response Plan Update List. This form is located on the MSP/EMHSD website at http://www.michigan.gov/emhsd. The Plan Update List does not need to be completed and returned with the FY 2016-17 HMEP Planning Program grant agreement. This form is to be used if and when a list of updated plans is submitted for your grant.

The Plan Update List form can be submitted directly to the SARA Title III Planner at the Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMHSD) when plan updates have been completed for the grant year.

- 7. Other documents that may be required by federal or state officials
- C. The Subrecipient agrees to comply with all applicable federal and state regulations, including, but not limited to, the following:
 - 1. Meet the LEPC eligibility requirements, as stated in the enclosed *Hazardous Materials Emergency Preparedness Planning Grant Instructions*, Section II.
 - 2. Submit <u>new SARA Title III</u> (Section 302) community hazardous materials emergency response plans to the MSP/EMHSD District Coordinator no later than July 1, 2017. Support grant documentation must meet the requirements stated in the enclosed *Hazardous Materials Emergency Preparedness Planning Grant Instructions*, Section IV.B., or forfeit that portion of the grant award.
 - 3. Submit a list of <u>updated</u> SARA Title III (Section 302) community hazardous materials emergency response plans to MSP/EMHSD no later than July 1, 2017. The form for submitting these updates is available on the MSP/EMHSD website located at http://www.michigan.gov/emhsd. Support grant documentation must meet the requirements stated in the enclosed *Hazardous Materials Emergency Preparedness Planning Grant Instructions*, Section IV.B., or forfeit that portion of the grant award.
 - 4. Comply with National Incident Management System (NIMS) requirements to be eligible to receive federal preparedness funds. NIMS information is available at http://www.fema.gov/national-incident-management-system. More information on complying with NIMS is available from the State NIMS Coordinator.
 - 5. Integrate individuals with disabilities into emergency planning in compliance with Executive Order 13347 and the *Rehabilitation Act of 1973*.
 - 6. Comply with applicable financial and administrative requirements set forth in the current edition of 2 CFR, Part 200, including, but not limited to, the following provisions:
 - Account for receipts and expenditures, maintain adequate financial records, and refund expenditures disallowed by federal or state audit.
 - b. Retain all financial records, statistical records, supporting documents, and other pertinent materials for at least three years after the grant is closed by the awarding federal agency for purposes of federal and/or state examination and audit.
 - c. Non-federal organizations which expend \$750,000 or more in federal funds during their current fiscal year are required to have an audit performed in accordance with the Single Audit Act of 1984, as amended, and 2 CFR, Part 200.501.
 - 7. Comply with the Department of Transportation's policy for contracting with small and minority businesses, women-owned business enterprises, veteran owned, and HubZone business firms. The Recipient and any of the Recipient's subrecipients are encouraged to take all necessary affirmative steps to assure that small, women-owned, minority disadvantaged businesses, veteran, and HubZone business firms are used when possible.
 - 8. Complete federally-mandated reporting requirements, including, but not limited to, requirements related to the *Federal Funding Accountability and Transparency Act of 2006* (FFATA) (Public Law 109-282), as amended by Section 6202(a) of the *Government Funding Transparency Act of 2008* (Public Law 110-252) and program specific reporting requirements.

V. Responsibilities of the Recipient

The Recipient, in accordance with the general purposes and objectives of this grant agreement, will:

- A. Administer the grant in accordance with all applicable federal and state regulations and guidelines and submit required reports to the awarding federal agency.
- B. Provide direction and technical assistance to the Subrecipient.
- C. Provide to the Subrecipient any special report forms and reporting formats (templates) required for administration of the program.
- D. Reimburse the Subrecipient, in accordance with this grant agreement, based on appropriate documentation submitted by the Subrecipient.
- E. At its discretion, independently, or in conjunction with the federal awarding agency, conduct random on-site reviews of the Subrecipient(s).

VI. Reporting Procedures

Submit new and updated SARA Title III (Section 302) community hazardous materials emergency response plans, and identify which facility plans were updated on the enclosed *Plan Update List* form as stated in the FY 2016-17 application to MSP/EMHSD, no later than July 1, 2017. Complete instructions on how and where to submit required reports can be found in the *Hazardous Materials Emergency Preparedness Planning Grant Instructions* that are enclosed with this grant agreement.

If a support grant was requested, the LEPC must meet the requirements stated in the enclosed *Hazardous Materials Emergency Preparedness Planning Grant Instructions*, Section IV.B., or forfeit that portion of the grant award.

VII. Payment Procedures

Upon receipt, review, and acceptance of all work products and other requirements, as referenced in this contract, the Recipient will calculate the payment to be made to the Subrecipient and will forward this information to the Subrecipient. See the *Hazardous Materials Emergency Preparedness Planning Grant Instructions* document enclosed with this grant agreement for further information.

All Subrecipients in the HMEP grant program must submit documentation on the associated costs being charged to the \$1,000.00 HMEP support grant. The eligible expenses are laid out in the HMEP \$1,000.00 Support Grant Certification Form, which will be sent to each LEPC at the close of the federal fiscal year. When a LEPC enters information into this form, the cost will need to be supported by a receipt, time sheet (reflecting hours worked on SARA related planning issues), purchase order or a paid invoice. The support grant form and attachments must be returned to MSP/EMHSD by the assigned due date.

VIII. Employment Matters

The Subrecipient shall comply with Title VI of the *Civil Rights Act of 1964*, as amended; Title VIII of the *Civil Rights Act of 1968*; Title IX of the *Education Amendments of 1972 (Equal Opportunity in Education Act)*; the *Age Discrimination Act of 1975*; the *Elliott-Larsen Civil Rights Act*, 1976 PA 453, as amended, MCL 37.2101 *et seq.*; and all other federal, state and local fair employment practices and equal opportunity laws and covenants. The Subrecipient shall not discriminate against any employee or applicant for employment, to be employed in the performance of this grant agreement, with respect to his or her hire, tenure, terms, conditions, or privileges of employment; or any matter directly or indirectly related to employment because of his or her race, religion, color, national origin, age, sex, height, weight, marital status, limited English proficiency, or handicap that is unrelated to the individual's ability to perform the duties of a particular job or position. The Subrecipient agrees to include in every subcontract entered into for the performance of this grant agreement this covenant not to discriminate in employment. A breach of this covenant is a material breach of the grant agreement.

The Subrecipient must comply with 2 CFR, Part 1200, Nonprocurement Suspension and Debarment, located at http://www.ecfr.gov. The Subrecipient shall ensure that no subcontractor, manufacturer, or supplier of the Subrecipient for projects related to this grant agreement appears on the Active Exclusions list on the System for Award Management (SAM) website located at http://www.sam.gov (previously this search was performed in the Excluded Parties List System – EPLS).

The Subrecipient must comply with regulation 49 CFR, Part 21, Nondiscrimination in Federally-Assisted Programs of the Department of Transportation – Effectuation of the Title VI of the Civil Rights Act of 1964 (see related certification form contained in this grant agreement package).

The Subrecipient must comply with regulation 49 CFR, Part 20, New Restrictions on Lobbying (see related certification form contained in this grant agreement package).

IX. Limitation of Liability

The Recipient and the Subrecipient to this grant agreement agree that each must seek its own legal representative and bear its own costs, including judgments, in any litigation that may arise from performance of this contract. It is specifically understood and agreed that neither party will indemnify the other party in such litigation.

This is not to be construed as a waiver of governmental immunity for either party.

X. Third Parties

This grant agreement is not intended to make any person or entity, not a party to this grant agreement, a third party beneficiary hereof or to confer on a third party any rights or obligations enforceable in their favor.

XI. Grant Agreement Period

This grant agreement is in full force and effect from September 30, 2016 to September 30, 2017. No costs eligible under this grant agreement shall be incurred before the starting date of this grant agreement, except with prior written approval. This grant agreement package consists of two identical grant agreements, simultaneously executed; each is considered an original having identical legal effect. This grant agreement may be terminated by either party by giving thirty (30) days written notice to the other party stating reasons for termination and the effective date, or upon the failure of either party to carry out the terms of the grant agreement. Upon any such termination, the Subrecipient agrees to return to the Recipient any funds not authorized for use, and the Recipient shall have no further obligation to reimburse the Subrecipient.

XII. Entire Grant Agreement

This grant agreement is governed by the laws of the State of Michigan and supersedes all prior agreements, documents, and representations between the Recipient and the Subrecipient, whether expressed, implied, or oral. This grant agreement constitutes the entire agreement between the parties and may not be amended except by written instrument executed by both parties prior to the grant end date. No party to this grant agreement may assign this grant agreement or any of his/her/its rights, interest, or obligations hereunder without the prior consent of the other party. The Subrecipient agrees to inform the Recipient in writing immediately of any proposed changes of dates, budget, or services indicated in this grant agreement, as well as changes of address or personnel affecting this grant agreement. Changes in dates, budget, or services are subject to prior written approval of the Recipient. If any provision of this grant agreement shall be deemed void or unenforceable, the remainder of the grant agreement shall remain valid.

The Recipient may suspend or terminate grant funding to the Subrecipient, in whole or in part, or other measures may be imposed for any of the following reasons:

- A. Failure to expend funds in a timely manner consistent with the grant milestones, guidance, and assurances.
- B. Failure to comply with the requirements or statutory objectives of federal or state law.
- C. Failure to follow grant agreement requirements or special conditions.
- D. Proposal or implementation of substantial plan changes to the extent that, if originally submitted, the project would not have been approved for funding.
- E. Failure to submit required reports.
- F. Filing of a false certification in the application or other report or document.
- G. Failure to adequately manage, monitor or direct the grant funded activities of its subrecipients.

Before taking action, the Recipient will provide the Subrecipient reasonable notice of intent to impose corrective measures and will make every effort to resolve the problem informally.

XIII. Business Integrity Clause

The Recipient may immediately cancel the grant without further liability to the Recipient or its employees if the Subrecipient, an officer of the Subrecipient, or an owner of a 25% or greater share of the Subrecipient is convicted of a criminal offense incident to the application for or performance of a state, public, or private grant or subcontract; or convicted of a criminal offense, including, but not limited to any of the following: embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, attempting to influence a public employee to breach the ethical conduct standards for State of Michigan employees; convicted under state or federal antitrust statutes; or convicted of any other criminal offense which, in the sole discretion of the Recipient, reflects on the Subrecipient's business integrity.

XIV. Freedom of Information Act (FOIA)

Much of the information submitted in the course of applying for funding under this program, or provided in the course of grant management activities, may be considered law enforcement-sensitive or otherwise critical to national security interests. This may include threat, risk, and needs assessment information; and discussions of demographics, transportation, public works, and industrial and public health infrastructures. Therefore, each Subrecipient agency Freedom of Information Officer will need to determine what information is to be withheld on a case-by-case basis. The Subrecipient should be familiar with the regulations governing Protected Critical Infrastructure Information (6 CFR, Part 29) and Sensitive Security Information (49 CFR, Part 1520), as these designations may provide additional protection to certain classes of homeland security information.

XV. Official Certification

For the Subrecipient The individual or officer signing this grant agreement sign this grant agreement on behalf of the organizatio complete all requirements specified in this grant agree	certifies by his or her signature that he or she is authorized to n he or she represents. The Subrecipient agrees to ement.
Subrecipient Name	Subrecipient's DUNS Number
Printed Name	Title
Signature	Date
For the Recipient (Michigan State Police, Emergen	cy Management and Homeland Security Division)
Capt. Chris A. Kelenske, Commander Printed Name	Deputy State Director of Emergency Management and Homeland Security Title
Chris Ce Koonsbe	February 22, 2017 Date



OFFICE OF THE PROSECUTOR GENESEE COUNTY COURTHOUSE 900 S. SAGINAW STREET FLINT, MICHIGAN 48502

ADMINISTRATION (810) 257-3210 FAMILY SUPPORT (810) 257-3240 WARRANT DIVISION (810) 257-3165 CRIMINAL DIVISION (810) 257-3232

REQUEST TO APPEAR BEFORE GOVERNMENTAL OPERATIONS COMMITTEE

To: Bryant Nolden, Chair – Governmental Operations Committee

From: David S. Leyton, Prosecuting Attorney

RE: Contract for Canine Advocate Services

Date: March 13, 2017

Request: I respectfully request to appear before the Governmental Operations Committee at its next meeting on Monday March 20, 2017 to request acceptance of the attached contract with the YWCA to provide the services of a Canine Advocate to assist crime victims.

Explanation: Citizens of Genesee County who find themselves the victims of violent and traumatic crimes, including but limited to domestic violence and sexual assault are often retraumatized as the case against their perpetrators moves through the court system. Being called upon to recount the traumatic events and personal details over and over again in great detail creates a new level of trauma that we only began to fully comprehend in the last several years. Throughout the country and the state of Michigan prosecutors are utilizing canine advocates to sooth the victims of crime when they meet with prosecutors to prepare for trial and for presentation of their court testimony. The YWCA of Greater Flint has procured a canine advocate to accompany victims to our offices and to court for this very reason. This service would be provided at no cost to the County. Corporation Counsel has drafted and approved the attached contract.

Action requested: Approve the attached contract for canine services, forward to the Board for approval and authorize the Board Chair's execution of the contract.

Thank you for your consideration.

PROFESSIONAL SERVICES CONTRACT

This Contract for Professional Services (the "Contract") is by and between the County of Genesee, a Michigan Municipal Corporation, whose principal place of business is located at 1101 Beach Street, Flint, Michigan 48502 (the "County"), and the YWCA of Greater Flint, Inc., a Michigan nonprofit corporation, whose principal place of business is located at 301 E. 3rd St., Flint, MI 48502 or (the "Contractor") (the County and the Contractor together, the "Parties").

1. Agreement and Authority

Execution of this Agreement is authorized by Resolution #_____ issued by the Genesee County Board of County Commissioners.

2. Term

This Contract commences on the date of the final signature, and shall be effective until terminated by either party.

3. Scope of Work

The Contractor agrees to perform the services described on Exhibit A (the "Services").

4. Compensation

The Contractor agrees to perform the Services at no cost to the County. In return, the County agrees to provide insurance coverage for the Contractor's canine during the time periods when the canine is performing services for the County within the Genesee County courts.

5. Taxes

The County is a Michigan Municipal Corporation. The Contractor acknowledges that the County is exempt from Federal Excise Tax and Michigan Sales Tax.

6. Contract Administrator

The contract administrator for this Contract is Tamara Phillips, Assistant Prosecuting Attorney (the "Contract Administrator"). The Contractor acknowledges that the Contract Administrator is the primary County contact for notices and instructions related to this Contract. The Contractor agrees to provide a copy of all notices related to this Contract to the Contract Administrator.

7. Termination

Either party may terminate this Contract by written notice specifying the date of termination.

8. Nondiscrimination

The Contractor covenants that it will not discriminate against an employee or applicant of employment with respect to hire, tenure, terms, conditions, or privileges of employment,

or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight, marital status or a disability that is unrelated to the individual's ability to perform the duties of a particular job or position, and that it will require the same non-discrimination assurances from any subcontractor who may be used to carry out duties described in this contract. Contractor covenants that it will not discriminate against businesses that are owned by women, minorities or persons with disabilities in providing services covered by this Contract, and that it shall require the same assurances from subcontractors. Breach of this covenant shall be regarded as a material breach of this contract.

9. Freedom of Information Act

This Contract and all attachments, as well as any other information submitted by the Contractor to the County, are subject to disclosure under the provisions of MCL 15.231, et seq., known as the "Freedom of Information Act".

10. Intellectual Property

Any intellectual property created by the Contractor in the performance of the Services shall be considered a work made for hire, and any and all rights in such intellectual property shall belong solely to the County. Upon the County's request, the Contractor agrees to execute any documents necessary to convey ownership of such intellectual property to the County.

11. Identity Theft Prevention

- 11.1 In the event that the Contractor will obtain identifying information during the performance of the Services, the Contractor must take reasonable precautions to ensure that such identifying information is protected from unauthorized disclosure and is used only for the purpose of performing the Services.
- 11.2 For the purposes of this Paragraph, "identifying information" means any name or number that may be used, alone or in conjunction with any other information, to identify a specific person, including but not limited to name, address, telephone number, social security number, date of birth, driver's license number, taxpayer identification number, or routing code.

12. Insurance Requirements and Indemnification

The Contractor agrees to maintain insurance coverage for the canine's human handler of the types and amounts required as set forth in the Insurance Checklist attached as Exhibit B and keep such insurance coverage in force throughout the life of this Contract. With the exception of canine actions, each party to this Agreement will remain responsible for any claims arising out of that party's performance of this Agreement, as provided for in this Agreement or by law. This Agreement is not intended to either increase or decrease either party's liability to or immunity from tort claims. This Agreement is not intended to give, nor will it be interpreted as giving, either party a right of indemnification either by contract or at law for claims arising out of the performance of this Agreement.

13. Independent Contractor

The Contractor and its agents and employees are independent contractors and are not the employees of the County.

14. General Provisions

14.1 Entire Contract

This Contract, consisting of the following documents and Exhibits, embodies the entire Contract between the Parties.

14.1.1. The Contract - This Professional Services Contract

14.1.2. Exhibit A - The Scope of Work

14.1.3. Exhibit B - The Insurance Checklist

There are no promises, terms, conditions, or obligations relating to the Services other than those contained herein. In the event of a conflict between this Contract and any Exhibit, the terms of this Contract shall control.

14.2 No Assignment

The Contractor may not assign or subcontract this Contract without the express written consent of the County.

14.3 Modification

This Contract may be modified only in writing executed with the same formalities as this Contract.

14.4 Binding Effect

The provisions of this Contract shall apply to and bind the heirs, executors, administrators, and assigns all of the parties hereto.

14.5 Headings

The paragraph headings in this Contract are used only for ease of reference, and do not limit, modify, construe, and or interpret any provision of this Contract.

14.6 Governing Law and Venue

This Contract is entered into under the laws of the State of Michigan. Any litigation between the Parties arising out of this Contract must be initiated within two years of the cause of action accruing and must be brought in a court of competent jurisdiction in Genesee County, Michigan.

14.7 Severability and Survival

In the event that any provision of this Contract is deemed by any court of competent jurisdiction to be legally ineffective, such decision shall have no effect on the remaining provisions of this Contract.

14.8 Interpretation

Each Party has had opportunity to have this Contract reviewed by legal counsel and has had equal opportunity to contribute to its contents. In the event of any dispute concerning the interpretation of this Contract, there shall be no presumption in favor of any interpretation solely because the form of this Contract was prepared by the County.

14.9 Remedies

All remedies specified in this Contract are non-exclusive. The County reserves the right to seek any and all remedies available under this Contract and applicable law in the event that the Contractor fails to abide by the terms of this Contract.

IN WITNESS WHEREOF, the Parties have caused this Contract to be executed by their duly authorized agents.

COUNTY OF GENESEE
Ву:
Mark Young
Chairperson
Date:

Chief Assistant Prosecuting Attorney - Civil Division

EXHIBIT A Description of the Services

The Canine Advocacy Program of the YWCA will provide a trained therapy dog with his handler to accompany children or victims in courthouse legal proceedings for the purpose of alleviating anxiety associated with being involved in the criminal justice system. The dog will interact with the child or victim through petting, tricks, or simply being there prior to and after a court appearance. If allowed, the dog will accompany the child or victim in the courtroom at whatever level is permitted, i.e., sitting with the child or within sight of the child, with the handler nearby.

Requests for, and coordination of services, will initiate with the Office of the Prosecuting Attorney.

EXHIBIT B Insurance Checklist

GENESEE COUNTY INSURANCE CHECKLIST

Canine Therapy Program

PROFESSIONAL SERVICES CONTRACT FOR:

Coverage Required	Limits (Figures denote minimums)	
X 1. Workers' Compensation	Statutory limits of Michigan	
X 2. Employers' Liability	\$100,000 accident/disease	
	\$500,000 policy limit, disease	
	Including Premises/operations	
X 3. General Liability	\$1,000,000 per occurrence with \$2,000,000 aggregate Including Products/Completed Operations and Contractual Liability	
4. Professional liability	\$1,000,000 per occurrence with \$2,000,000 aggregate Including errors and omissions	
5. Medical Malpractice	\$200,000 per occurrence \$800,000 in aggregate	
X 6. Automobile liability	\$1,000,000 combined single limit each accident- Owned, Hired, Non-owned	
7. Umbrella liability/Excess Coverage	\$,000,000 BI & PD and PI	
 X 10. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements) X 11. The certificate must state bid number and title 		
Insurance Agent's Statement		
I have reviewed the requirements with the bidder named below. In addition:		
The above required policies carry the following deductibles:		
Liability policies are occurrence	claims made	
Insurance Agent	Signature	
Bidder's Statement I understand the insurance requirements and will comply in full if awarded the contract.		
Bidder Signature		

Required general insurance provisions are provided in the checklist above. These are based on the contract and exposures of the work to be completed under the bid. Modifications to this checklist may occur at any time prior to signing of the contract. Any changes will require approval by the vendor/contractor, the department and County Risk Manager. To the degree possible, all changes will be made as soon as feasible.