

CHAIRPERSON
MARK GREBNER

VICE-CHAIRPERSON
DEB NOLAN

VICE-CHAIRPERSON PRO-TEM
DON VICKERS

HUMAN SERVICES COMMITTEE
TODD TENNIS, CHAIR
BRIAN McGRAIN
CAROL KOENIG
DEB NOLAN
DON VICKERS
STEVE DOUGAN

INGHAM COUNTY BOARD OF COMMISSIONERS

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

THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, OCTOBER 17, 2011 AT 6:30 P.M., IN THE PERSONNEL CONFERENCE ROOM (D & E), HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING.

Agenda

Call to Order

Approval of the [October 3, 2011](#) Minutes

Additions to the Agenda

Limited Public Comment

1. Health Department
 - a. P2 Regulation Update (*No Materials*)
 - b. Resolution to Authorize an Agreement with the [Tri County Planning Commission](#) to Work on the Complete Streets Initiative
 - c. Resolution to Authorize Service Contracts with Licensed [Dentists](#) for 2012
 - d. Resolution to Authorize a Professional Services Agreement with [Dentists](#) for Services at the Jail
 - e. Resolution to Amend the Fee for Special Transitory Food Unit License [Renewals](#)
 - f. Resolution to Appoint [Dr. Joyce DeJong](#) to the Position of Chief Medical Examiner and to Amend the Existing Agreement with Sparrow Hospital for Medical Examiner Services
 - g. Resolution to Implement the Patient Centered Medical Home [Model of Care](#)
 - h. Resolution Appointing the Ingham County [Health Officer](#)
 - i. Resolution Honoring [Dean G. Sienko, M.D.](#)

2. Board Referral – Memo from State of Michigan Department of Human Services (with Attachment) Regarding the Review of the Ingham County Department of Human Services [Child Care Fund](#)

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

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

HUMAN SERVICES COMMITTEE

October 3, 2011

Minutes

Members Present: Todd Tennis, Brian McGrain, Carol Koenig, Deb Nolan, Don Vickers, Steve Dougan, and Board Chairperson Grebner

Members Absent: None

Others Present: Jared Cypher, Dean Sienko, Renee Canady, Deb Brinson, Chuck Gray, Peggy Roberts, and others.

The meeting was called to order by Chairperson Tennis at 6:34 p.m. in the Personnel Conference Room "D & E" of the Human Services Building, 5303 S. Cedar Street, Lansing.

Approval of the September 19, 2011 Minutes

The September 19, 2011 Minutes were approved as submitted.

Additions to the Agenda

1. Health Department
 - b. Substitute – Resolution Rescinding Resolution #11-256 and Authorizing an Amended 2011-2012 AmeriCorps Grant
 - f. Substitute – Resolution to Authorize Agreements with the Great Lakes Health Information Exchange.
 - l. Late – Appointment to the CHC Board
 - m. Late – Resolution Recognizing the Food Bank Council of Michigan as a Local Nonprofit Organization for the purpose of obtaining Charitable gaming Licenses.

Limited Public Comment

None.

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. VICKERS, TO APPROVE A CONSENT AGENDA FOR THE FOLLOWING ITEMS:

1. Health Department
 - a. Resolution to Authorize an Agreement with the Ingham County Road Commission for Backup Transportation Services for Picking-Up, Transporting and Delivery of Strategic National Stockpile Medical Supplies in the Event of a Public Health Emergency
 - d. Resolution to Enter into a Michigan Groundwater Stewardship Program (MGSP) Clean Sweep Program Agreement with the Michigan Department of Agriculture
 - e. Resolution to Adopt the Explanation of Fee Schedule Establishment and Schedule of Discounts Rationale Policy
 - g. Resolution to Authorize a Lead Abatement Subcontract with Environmental Testing & Consulting, Inc.

- h. Resolution to Authorize a Client Services Agreement with the Michigan Department of Human Services for Refugee Medical Assessment Services
- j. Resolution to Authorize Acceptance of the Service Area Competition Grant Award from the U.S. Department of Health and Human Services
- k. Resolution Authorizing a Grantee Agreement Between the City of Lansing and Ingham County Public Health Department for Lead Hazard Reduction Services
- l. Appointment to the CHC Board
- m. Resolution Recognizing the Food Bank Council of Michigan as a Local Nonprofit Organization for the purpose of obtaining Charitable gaming Licenses.

MOTION CARRIED UNANIMOUSLY. Absent: Comm. Koenig

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. VICKERS, TO APPROVE THE ITEMS ON THE CONSENT AGENDA.

MOTION CARRIED UNANIMOUSLY. Absent: Comm. Koenig

- 1. Health Department
 - b. Resolution Rescinding Resolution #11-256 and Authorizing an Amended 2011-2012 AmeriCorps Grant

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. DOUGAN, TO APPROVE THE RESOLUTION RESCINDING RESOLUTION #11-256 AND AUTHORIZING AN AMENDED 2011-2012 AMERICORPS GRANT.

Comm. Dougan asked where the placements will be. Ms. Roberts stated one full-time person is to be placed at the Northwest Initiative, and the other position will be divided amongst 3 people in the summer.

(Comm. Koenig arrived at 6:40 p.m.)

Comm. Dougan asked if the Health Department will notify the Commissioners when the selections are made. Ms. Roberts agreed.

Comm. Nolan asked who the full-time staff supervisor is. Ms. Roberts stated Katie Ellero is the Program Director.

MOTION CARRIED UNANIMOUSLY.

- c. Resolution to Authorize Signers of Forms 855A and 855B

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. MCGRAIN, TO APPROVE THE RESOLUTION TO AUTHORIZE SIGNERS OF FORMS 855A AND 855B.

Comm. Dougan suggested clearly identifying the Chief Financial Officer and Chief Operating Officer.

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. VICKERS, TO AMEND THE RESOLUTION BY ADDING HEALTH DEPARTMENT IN FRONT OF CHIEF FINANCIAL OFFICER, AND COMMUNITY HEALTH CENTER IN FRONT OF CHIEF OPERATING OFFICER IN THE LAST WHEREAS AND THE THEREFORE BE IT RESOLVED, AND AS FOLLOWS:

WHEREAS, for this reason, the Health Officer recommends that the following positions be authorized to sign forms 855A and 855B:

- Health Officer
- Community Health Center Network Deputy Health Officer/Chief Executive Officer
- **Health Department** Chief Financial Officer
- **Community Health Center** Chief Operating Officer.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the following persons to sign Forms 855A and 855B:

- Health Officer
- Community Health Center Network Deputy Health Officer/Chief Executive Officer
- **Health Department** Chief Financial Officer
- **Community Health Center** Chief Operating Officer.

THIS WAS ACCEPTED AS A FRIENDLY AMENDMENT.

Comm. Vickers asked if only one signature is required. Ms. Brinson stated two signatures are required.

MOTION TO APPROVE THE RESOLUTION, AS AMENDED, CARRIED UNANIMOUSLY.

- f. Resolution to Authorize Agreements with the Great Lakes Health Information Exchange

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. NOLAN, TO APPROVE THE RESOLUTION TO AUTHORIZE AGREEMENTS WITH THE GREAT LAKES HEALTH INFORMATION EXCHANGE.

Mr. Cypher provided corrected language for the Resolution.

MOVED BY COMM. DOUGAN, SUPPORTED BY COMM. VICKERS, TO AMEND THE RESOLUTION BY CHANGING THE 1ST and 2nd BE IT FURTHER RESOLVED AS FOLLOWS:

1ST BIFR:

THAT THE TERM OF THE SUBSCRIPTION AND DATA EXCHANGE AGREEMENTS SHALL BE 3 YEARS FROM THE DATE OF EXECUTION AND THE REGISTRATION AGREEMENT IS AUTHORIZED AS A ONE TIME AGREEMENT TO INITIATE THE PROCESS OF LICENSING PROVIDERS TO EXCHANGE HEALTH INFORMATION THROUGH GLHIE.

AND

THE 2ND BIFR:

THAT THE BOARD OF COMMISSIONERS AUTHORIZES PAYMENT OF GLHIE FEES AND DUES OF UP TO 80,000 PER YEAR.

THIS WAS ACCEPTED AS A FRIENDLY AMENDMENT.

Comm. Dougan asked if the \$10,000 is a one time only fee. Dr. Sienko answered yes. Chairperson Tennis asked where the \$10,000 is coming from. Dr. Sienko stated a grant.

Chairperson Tennis asked if there are more steps for the electronic records, and further asking if this is the last obstacle. Ms. Brinson explained this is one of a couple steps for the data exchange agreement. She further explained this is the contract which provides the ability to enter into an agreement with the State and local GLHI, then noting Sparrow is already using the exchange. She informed the Committee that the interfaces still need to be built except that can not be done until this contract is in place. The County is scheduled to be using the electronic records by the second week in January 2012.

Comm. Dougan asked if this will include paramedics and first responders in the future. Ms. Brinson stated she is unsure of the future but at this time no. There was a discussion of the exchange of information and HIPAA issues.

Dr. Sienko made note that electronic records are typically more secure than paper records because of the need to sign in with a password which allows for the tracking of who is obtaining what information and when.

MOTION TO APPROVE THE RESOLUTION, AS AMENDED, CARRIED UNANIMOUSLY.

- i. Resolution to Authorize Acceptance of the Affordable Care Act Grants for School Based Health Centers Capital Program

MOVED BY COMM. NOLAN, SUPPORTED BY COMM. MCGRAIN, TO APPROVE THE RESOLUTION TO AUTHORIZE ACCEPTANCE OF THE AFFORDABLE CARE ACT GRANTS FOR SCHOOL BASED HEALTH CENTERS CAPITAL PROGRAM.

Comm. Nolan asked about the potential of Otto Community Health Center being closed, and how much money will be going into renovations there. Ms. Brinson explained there was an opportunity to receive a grant and the request was made for equipment, furniture and computers, and these items can be moved to another location.

MOTION CARRIED UNANIMOUSLY.

- j. Resolution to Authorize Acceptance of the Service Area Competition Grant Award from the U.S. Department of Health and Human Services

Dr. Sienko stated that although this item was on consent he wanted to acknowledge the staff on securing the 5-year, no-restriction award and also acknowledge the Commissioner's support.

There was a brief discussion of household hazardous waste disposal.

2. Controller/Administrator - Third Quarter 2011 Budget Adjustments and Contingency Fund Update - Resolution Authorizing Adjustments to the 2011 Ingham County Budget

MOVED BY COMM. MCGRAIN, SUPPORTED BY COMM. NOLAN, TO APPROVE THE THIRD QUARTER 2011 BUDGET ADJUSTMENTS AND CONTINGENCY FUND UPDATE - RESOLUTION AUTHORIZING ADJUSTMENTS TO THE 2011 INGHAM COUNTY BUDGET.

Mr. Cypher stated there were no adjustments related to the departments or agencies that report to the Human Services Committee. He explained the main adjustment was an increase in the property tax revenue because the equalization report was greater than anticipated.

Comm. Dougan stated he prefers not to put this type of action on consent and appreciates the information provided to the Committee.

MOTION CARRIED UNANIMOUSLY.

Announcements

Chairperson Tennis stated there will be a Pollution Prevention six-month review at the next meeting. The department will give an update and feedback. He noted that the stakeholders have been invited to provide their feedback and/or suggestions.

The Committee would like to know the following:

1. Were any companies found storing hazardous materials improperly?
2. Were there any non-compliance issues?
3. What are the surprises?
4. How much revenue has been generated taking the 3 FTE into consideration?
5. What problems have been found along the way?
6. Were there problems with issuing permits?
7. How many permits have been issued?

8. Who has been contacted on the “list” and who needs to be contacted?

Comm. Vickers stated that he has received two complaints.

Comm. McGrain asked when the Community Agencies will be discussed. Mr. Cypher stated that is scheduled for October 31, 2011. There was a discussion of postponing the October 31, 2011 discussion of Community Agencies to November 14, 2011. It is possible the October 31, 2011 meeting will either be held at an earlier time or cancelled.

Public Comment

None.

The meeting adjourned at approximately 7:13 p.m.

Respectfully submitted,

Julie Buckmaster

OCTOBER 17, 2011 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

ACTION ITEMS:

The Assistant Deputy Controller is recommending approval of the following resolutions:

Ib. Resolution to Authorize an Agreement with the Tri County Regional Planning Commission to Work on the Complete Streets Initiative

This resolution utilizes \$20,250 funding through the 2012 CPBC agreement to authorize a contract in the amount of \$6,750 with the Tri-County Regional Planning Commission (TCRPC) to provide technical assistance to Delhi Township, Meridian Township, and the City of Leslie in development of their Complete Streets ordinances. The resolution also authorizes subcontracts with the three municipalities in the amount of \$4,500 each in order to get Complete Streets ordinances in place in those communities.

Ic. Resolution to Authorize Service Contracts with Licensed Dentists for 2012

This resolution authorizes dental service contracts with dentists for 2012. There is \$159,120 in the Fiscal Year 2012 budget for contractual dentists for oral health services at Healthy Smiles Dental Center. This is the same budgeted amount as 2011. If approved, this resolution would increase the hourly rate for these contractual dentists from \$53.07 per hour to \$54.66 per hour for the period January 1, through December 31, 2012. Even though the budgeted amount for these services remains the same as in the prior fiscal year, the hourly rate is a 3% increase, in conflict with Board of Commissioners' Resolution #10-357 which states that annual cost increases should not exceed 1% per year.

Id. Resolution to Authorize a Professional Services Agreement with Dentists for Services at the Jail

This resolution authorizes professional services agreements with dentists to serve jail inmates for the period of January 1 through December 31, 2012. The 2012 budget includes \$24,487 to purchase the services of dentists to serve jail inmates. The proposed rate of compensation is \$70 per hour, a continuation of 2009, 2010 and 2011 rates.

Ie. Resolution to Amend the Fee for Renewing the Licenses of Special Transitory Food Units

This resolution amends resolution #11-165 (Resolution Updating Various Fees for County Services) to set the 2012 special transitory food unit (STFU) renewal fee at \$106, as mandated by the State of Michigan. Resolution #11-165 set the fee at \$101. All other fees set forth in the original resolution remain unchanged.

If. Resolution to Appoint Dr. Joyce DeJong to the Position of Chief Medical Examiner and to Amend the Existing Agreement with Sparrow Hospital for Medical Examiner Services

This resolution amends the Medical Examiner Services Agreement with Sparrow Hospital. The amendments to the existing Medical Examiner Services Agreement will: appoint Dr. Joyce DeJong, D.O. as Chief Medical Examiner for Ingham County, remove any price adjustments based on the number of autopsies performed and instead price adjust the contract based on the number of investigations conducted, require Sparrow's participation in both Elder Death and Child Death review teams, and increase the compensation to Sparrow from \$320,000 to \$355,000 annually. The increased cost will be covered from existing funds in the Health Department's 2012 budget.

1h. Resolution Appointing the Ingham County Health Officer

This Resolution appoints Renee Canady to the permanent full-time position of Ingham County Health Officer, at the salary level of MCF18 Step 4 (\$120,715) with all the duties and responsibilities inherent in that position, effective November 1, 2011.

The Assistant Deputy Controller is not recommending approval of the following resolution:

1g. Resolution to Implement the Patient Centered Medical Home Model of Care

Approval of this resolution in its current form is not recommended. This resolution authorizes the creation of three positions to pursue Patient Centered Medical Home (PCMH) status, which the Health Department attempts to define in the attached memorandum. The total cost of the three new positions is \$236,801. The Health Department is proposing to fund these positions from five sources that should have been a part of the budget process, given we are less than a month into their 2012 fiscal year. During the budget process, the Health Department stated at their budget hearing that they were uncomfortable with the increase of \$300,000 that was budgeted in their Medicaid revenue line item. Therefore, based on this issue raised by the Health Department, the first \$300,000 of any new revenue should be used to offset that concern. Additionally, if this revenue had been brought forth during the budget process, it could have been utilized to offset General Fund costs and/or restore one of the 13 positions that were eliminated.

The five revenue sources that the Health Department proposes to utilize are as follows:

- (1) The ICHD CHCN submitted three applications to participate in a three year demonstration to evaluate the effect of PCMH in improving care, promoting health, and reducing the cost of care provided to Medicare beneficiaries served by federally qualified health centers (FQHCs). This will provide \$65,880 per year over three years, and is funding specifically intended for the purpose of implementing PCMH status.
- (2) As an FQHC, the ICHD CHCN will also receive \$35,000 in supplemental funding for PCMH recognition through HRSA. This is a one time appropriation.
- (3) Physicians Health Plan's (PHP) Triple Aim Incentive Program is estimated by the Health Department to generate \$100,000 this year. PHP is paying this incentive to providers for meeting specific benchmarks. At this time no payments have been received from PHP. At the time of this review, no documentation has been presented to verify that this is a dependable revenue stream.
- (4) The Health Department intends to utilize "meaningful use" reimbursement meant for the implementation of Electronic Health Record (EHR). Health Department providers are eligible for this reimbursement, including nurses, and physicians. In total, this is expected to generate \$403,750 in the first year and \$161,500 each year for five years thereafter. At this time only the physicians' portion - \$127,500 is available to allocate in the first year and \$51,000 for years two through six. However, it will be necessary to utilize over \$100,000 of these funds for additional, unplanned purchases related to EHR implementation, making it unavailable for use in funding new positions. The nurses are currently not willing to give up their reimbursements.
- (5) The Health Department intends to qualify for the Federal Tort Claims Act (FTCA) which would provide immunity to providers after completing a qualification process, thereby saving \$75,000 per year in malpractice insurance. Before these savings can legitimately be considered as an option to fund the new positions, it is recommended that written confirmation that malpractice insurance is no longer needed be obtained from Michigan Municipal Risk Management Authority (MMRMA) legal staff and the County Attorney.

The only revenue sources that I am comfortable recommending for use in funding the new positions are the demonstration funding of \$65,880 per year for three years, and the one time appropriation of \$35,000. I recommend the approval of one position, to be treated as grant funded. The Health Department has 155.62 FTE assigned to the Community Health Centers in the 2012 budget. As we deal with difficult budget times and other departments have been asked to do more with less, the remaining duties should be assigned to existing staff if achieving PCMH status is a priority.

OTHER ITEMS:

1a. P2 Regulation Update

1i. Resolution Honoring Dean G. Sienko, M.D.

MEMORANDUM

To: Human Services Committee
Finance Committee

From: Dean Sienko, M.D. Health Officer

Date: September 27, 2011

Subject: Recommendation to authorize an agreement with the Tri-County Planning Commission for work on the Complete Streets Initiative

This is a recommendation to authorize an agreement with the Tri-County Planning Commission for work on the Complete Streets Initiative. Complete Streets is funded through the Comprehensive Planning and Budgeting Agreement with the State of Michigan. The Board of Commissioners authorized the 2011-2012 Agreement in Resolution #11-283.

Ingham County will receive a total of \$20,250 toward Complete Streets. The Complete Streets project is aimed at making roadways safer for pedestrians and cyclists. Under the current project the County would subcontract with the Tri-County Planning Commission (TCRPC) and with Delhi and Meridian townships and the City of Leslie in order to get Complete Streets ordinances in place in those communities. TCRPC will provide technical assistance to the municipalities in development of their Complete Streets ordinances. The municipalities use the funds to develop their plans. This includes holding community forums, printing costs and staff time, among other things. The ultimate goal is to develop and adopt a Complete Streets ordinance for each of the municipalities. This is a model that has already worked well in our work with Lansing and Lansing Township, among other places.

I recommend that the Board of Commissioners adopt the attached resolution.

c: John Jacobs w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE AN AGREEMENT
WITH THE TRI COUNTY REGIONAL PLANNING COMMISSION
TO WORK ON THE COMPLETE STREETS INITIATIVE**

WHEREAS, the MDCH and Ingham County have entered into a 2011-2012 Agreement for the delivery of public health services under the Comprehensive Planning, Budgeting and Contracting (CPBC) process as authorized by Resolution #11-283 and

WHEREAS, the CPBC Agreement for 2011-2012 will contain \$20,250 for a Complete Streets Initiative to make roadways safer for pedestrians and cyclists; and

WHEREAS, the current effort will extend Complete Streets ordinances to Delhi and Meridian townships and the City of Leslie; and

WHEREAS, the Tri-County Regional Planning Commission has provided technical expertise on the development of such ordinances throughout the Complete Streets process; and

WHEREAS, the Health Department wishes to engage these local governments and the Tri-County Regional Planning Commission to work on the current project.

THEREFORE BE IT RESOLVED, that subcontracts of \$4,500 are authorized with Delhi and Meridian townships and the City of Leslie.

BE IT FURTHER RESOLVED, that an agreement for \$6,750 is authorized with Tri-County Regional Planning Commission for planning services.

BE IT FURTHER RESOLVED, that the term of these four subcontracts shall be for the period October 1, 2011 through January 30, 2012.

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Dean G. Sienko, M.D., M.S., Health Officer/Medical Director

DATE: October 3, 2011

SUBJECT: Recommendation to Authorize 2012 Contracts with Dentists

This is a recommendation to authorize dental service contracts with dentists for 2012. There is \$159,120 in the Fiscal Year 2012 budget for contractual dentists for oral health services at Healthy Smiles Dental Center. This is the same budgeted amount as 2011.

For the Ingham County Health Department's Community Health Center Network (ICHD CHCN) to maintain high quality dental care for its pediatric and adult dental populations and to maintain revenue projections resulting from dental services it is critical to recruit and retain contractual dentists. In order to competitively secure contractual dentists it is important that the ICHD CHCN pay a competitive rate. It continues to be a major challenge to recruit and retain qualified dentists. ICHD's 2011 hourly rate of \$53.07 for contractual dentists was far below what other Federally Qualified Health Centers (FQHCs) in the state were paying contractual dentists. In fact, Michigan Primary Care Association's Bi-Annual Health Center Salary Survey indicates the mid-range salary of a dentist is \$86,285-\$117,500. The Ingham County Health Department's 2011 Managerial Salary for a dentist was \$78,756-\$94,530, or \$54.90 and \$65.90 per hour.

Therefore, I recommend a 3% increase in the hourly rate from \$53.07 to \$54.66 for the period January 1, through December 31, 2012, for the contractual dentists. Even with a 3% rate increase, the contracts will not exceed the budgeted amount of \$159,120 for calendar year 2012.

The attached resolution will authorize contracts with licensed dentists at the rate of \$54.66 per hour. The Department will manage contractual hours to stay within the total budgeted amount for contractual dentists. The County Attorney will prepare contracts that require the dentist to maintain professional liability insurance consistent with County policies. I recommend that the Board authorize the contracts.

Attachment

c: Debra Brinson, w/attachment
John Jacobs, w/attachment
Barbara Mastin, w/attachment
Jayson Welter, w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE SERVICE CONTRACTS
WITH LICENSED DENTISTS FOR 2012**

WHEREAS, Ingham County's Community Health Center Network (CHCN) operates two dental health centers and uses a mix of employed and contracted dentists to provide services; and

WHEREAS, the Health Department's 2012 Budget includes \$159,120 to pay for contractual dentists; and

WHEREAS, the Health Officer has recommended that the Board of Commissioners authorize contracts with dentists at the rate of \$54.66 per hour.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes dental services contracts with licensed dentists for the period January 1, 2012 through December 31, 2012.

BE IT FURTHER RESOLVED, that the dentists shall be paid at the rate of \$54.66 per hour, with total expenditures not to exceed \$159,120 during the agreement period.

BE IT FURTHER RESOLVED, that the County Attorney is authorized to prepare service contracts for licensed dentists recommended by the Health Department and that the County Board Chairperson is authorized to sign such contracts.

MEMORANDUM

TO: Human Services Committee
Finance Committee

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

DATE: October 6, 2011

RE: Dental Services at the Ingham County Jail

Ingham County provides on-site dental services to inmates of the jail by using contractual dentists. This is an essential health care service, which we are obligated to provide. I recommend that the Board authorize professional services agreements with dentists to serve jail inmates for the period of January 1 through December 31, 2012.

The Department's 2012 budget includes \$24,487 to purchase the services of dentists to serve jail inmates. The proposed rate of compensation is \$70 per hour, which is a continuation of 2009, 2010 and 2011 rates. This hourly pay rate has remained the same as this dentist operates without a dental assistant.

Attachment

c: Debra Brinson, w/attachment
John Jacobs, w/attachment
Barbara Mastin, w/attachment
Jayson Welter, w/attachment

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AUTHORIZE A PROFESSIONAL SERVICES AGREEMENT WITH
DENTISTS FOR SERVICES AT THE JAIL**

WHEREAS, Ingham County provides dental services to individuals incarcerated within the Ingham County Jail;
and

WHEREAS, the Health Department coordinates medical and dental services provided to Jail inmates; and

WHEREAS, the Health Department utilizes professional services agreements to obtain the professional services
of dentists to serve Jail inmates; and

WHEREAS, the Health Department's 2012 Budget includes \$24,487 for the purpose of contracting with
dentists; and

WHEREAS, the pay rate for contracting with dentists has remained the same since 2009; and

WHEREAS, the Health Officer has recommended that 2012 professional services contracts be authorized with
dentists to serve Jail inmates.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes professional
services agreements with dentists to serve individuals incarcerated at the Ingham County Jail.

BE IT FURTHER RESOLVED, that the agreements shall compensate dentists at the rate of \$70 per hour for
services provided in 2012.

BE IT FURTHER RESOLVED, that the period of the professional services agreements shall be January 1, 2012
through December 31, 2012.

BE IT FURTHER RESOLVED, that the Chairperson of the Ingham County Board of Commissioners is
authorized to sign professional services agreements authorized by this resolution after review by the County
Attorney.

MEMORANDUM

TO: Human Service Committee
Finance Committee

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

DATE: October 6, 2011

RE: Recommendation to Amend the Fee for Renewing the Licenses of Special Transitory Food Units

The Board of Commissioners established a fee schedule for County services in Resolution #11-165. Included in the schedule was the fee for renewal of the licenses of special transitory food units (STFU).

The State of Michigan has recently updated fees required under the food service sanitation program and in so doing set the STFU renewal fee at \$106. We are obligated to use the fees prescribed under this program.

The attached resolution amends resolution #11-165 and sets the STFU renewal fee at \$106. I request that the Board adopt the attached resolution.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO AMEND THE FEE FOR
SPECIAL TRANSITORY FOOD UNIT LICENSE RENEWALS**

WHEREAS, the Board of Commissioners establishes fees for services provided by the Health Department under the authority of the Public Health Code; and

WHEREAS, the Board of Commissioners established the schedule of fees for County services, including those provided by the Health Department, in Resolution #11-165; and

WHEREAS, the schedule established a fee for renewing the license of a special transitory food unit (STFU) of \$101 effective October 1, 2011; and

WHEREAS, the State of Michigan has mandated that the fee for STFU license renewals shall be \$106; and

WHEREAS, the Health Officer has recommended that the fee charged by Ingham County should be equal to the State mandated fee.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby amends Resolution #11-165 by establishing the STFU license renewal fee at \$106.

BE IT FURTHER RESOLVED, that all other fees as set in Resolution #11-165 will remain unchanged.

BE IT FURTHER RESOLVED, that this fee shall be effective for all STFU license renewals made after October 1, 2011.

MEMORANDUM

TO: Human Services Committee
Finance Committee

FROM: Dean G. Sienko, M.D., Health Officer/Chief Medical Examiner

DATE: October 7, 2011

RE: Amendments to the Medical Examiner Services Agreement

In Resolution #10-406, the Board of Commissioners authorized a Medical Examiner Services Agreement with the Sparrow Hospital with the term the agreement of March 1, 2011 through February 29, 2015. Among other specifications, the agreement appointed a number of Sparrow Forensics physicians to serve as Deputy Medical Examiners, established a contract price of \$320,000 for the services, and based the contract price on a projected 160 autopsies per year. The contract provided that if the number of autopsies exceeded 176 (110% of the projection), the County was to reimburse Sparrow \$1,700 for each additional autopsy above 176.

The experience over the past seven months has demonstrated that Sparrow is likely to exceed 176 autopsies annually; therefore I engaged Sparrow officials to find another way to construct this agreement.

Sparrow officials informed me that the Ingham agreement was the only one written, among many with other Michigan counties, that was price-adjusted based on the number of autopsies performed. They recommended that we remove the price adjustment for autopsies and instead price-adjust based on the number of investigations conducted. Sparrow officials estimate that they are likely to investigate nearly 700 cases this year for Ingham County.

The amendments to the existing Medical Examiner Services Agreement will: appoint Dr. Joyce DeJong, D.O. as Chief Medical Examiner for Ingham County, remove any price adjustments based on the number of autopsies performed and instead price adjust the contract based on the number of investigations conducted, require Sparrow's participation in both Elder Death and Child Death review teams, and increase the compensation to Sparrow from \$320,000 to \$355,000 annually.

These amendments will appoint a highly qualified physician to serve as Ingham County's Chief Medical Examiner upon my retirement, stabilize further the county's financial obligation to support medical examiner services, and assure the continuation of support for important services such as Child and Elder Death Review Teams. The increased cost for these services is still below the county's expenditures under the previous system.

I recommend the Board adopt the resolution.

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO APPOINT DR. JOYCE DEJONG TO THE POSITION
OF CHIEF MEDICAL EXAMINER AND TO AMEND THE EXISTING AGREEMENT WITH
SPARROW HOSPITAL FOR MEDICAL EXAMINER SERVICES**

WHEREAS, P.A. 1953, No. 181, requires that Michigan counties appoint a Medical Examiner who “. . . shall make investigations as to the cause and manner of death in cases of all persons who die suddenly, unexpectedly, violently, as a result of any suspicious circumstances, while imprisoned in a county or city jail, or persons without medical attendance 48 hours prior to the time of death; or as the result of an abortion . . .”; and

WHEREAS, the current medical examiner, Dean Sienko, M.D., is retiring effective October 31, 2011; and

WHEREAS, a system for determining the cause and manner of death also requires professional forensic pathology services including staff to receive and follow up on death reports, physicians to provide medical oversight of the process, and pathologists to conduct autopsies, when necessary; and

WHEREAS, In Resolution #10-406, Ingham County entered into an agreement with Sparrow Hospital for Medical Examiner Services; and

WHEREAS, Dr. Joyce DeJong, Medical Director of Sparrow Forensic Pathology Services serves competently as Medical Examiner of Allegan and Kalamazoo Counties; and

WHEREAS, Ingham County desires to amend certain terms and conditions of its current Medical Examiner Services Agreement with Sparrow Hospital.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners appoints Dr. Joyce DeJong to the position of Chief Medical Examiner.

BE IT FURTHER RESOLVED, that the term of her appointment shall be for the period November 1, 2011 through February 28, 2015.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners authorizes an Amendment to the Medical Examiner Services Agreement with Sparrow Hospital for forensic pathology services.

BE IT FURTHER RESOLVED, that the term of the Agreement shall remain March 1, 2011 through February 28, 2015.

BE IT FURTHER RESOLVED, that Ingham County will reimburse Sparrow Hospital up to \$355,000 per year for this service based upon 715 deaths investigated per year, with the increased cost associated with this amendment to come from the Health Department's existing 2012 general fund budget.

BE IT FURTHER RESOLVED, if Sparrow Hospital investigates more than 787 deaths for any calendar year, the annual amount paid to Sparrow for the following year will be adjusted to 110% of the pre-established rate.

BE IT FURTHER RESOLVED, that if Sparrow Hospital investigates less than 644 deaths, the annual amount paid to Sparrow for the following year will be adjusted to 90% of the pre-established rate.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the Amended Agreement after review by the County Attorney.

MEMORANDUM

To: Human Services Committee
Finance Committee
County Services Committee

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

Date: October 5, 2011

Subject: Resolution to Implement the Patient Centered Medical Home Model of Care

As the healthcare system transitions to outcome based payments, payors have already begun to create outcome based fee structures, which providers are highly incentivized to adopt. This is a strategic opportunity for the Ingham County Health Department Community Health Center Network (ICHD CHCN). The highest incentive payments will result from achieving Patient Centered Medical Home (PCMH) status. It is the intent of the ICHD CHCN to maximize our eligibility for incentive payments, increase revenues and ultimately become self sustaining.

While we are in the midst of this payor transition of reimbursement, the ICHD CHCN is required to implement electronic health records (EHR) by March 31, 2012. As we have implemented our EHR system, we have become eligible for Meaningful Use incentive payments. The quality reporting structure and outcome measures are required by Meaningful Use are very similar to the quality reporting structure and outcome measures of the PCMH program as well as our required Uniform Data System (UDS) reporting to the Health Resources and Services Administration (HRSA). Additionally, the quality structure required by all of these programs is also required to allow the ICHD CHCN to qualify for Federal Tort Claims Act (FTCA) protection. However, FTCA protection will also require ICHD CHCN to implement a rigorous credentialing and privileging policy.

All of these programs interact in symbiotic relationships but have their own nuances that require a substantial amount of staff resources to support the revenue that they create.

Patient Centered Medical Home and Payor Incentives

The Patient Centered Medical Home (PCMH) certification provides for a standardized reimbursement structure, which takes into account administrative and operational structures in conjunction with outcomes. PCMH recognition has multiple levels. As a health center achieves higher levels of certification, reimbursement also increases. Qualification as a PCMH is extensive with different levels of certification in which it can take years to achieve the highest level of certification. (See Attachment 1) As a Federally Qualified Health Center (FQHC), the ICHD CHCN is strongly encouraged by the Health Resources and Services Administration (HRSA) to achieve PCMH recognition. If PCMH recognition is not achieved, the ICHD CHCN may lose its ability to receive enhanced reimbursement in the future. The Centers for Medicare and Medicaid Services (CMS), in collaboration with the Health Resources and Services Administration (HRSA) is conducting a three year Demonstration to evaluate the effect of the advanced primary care practice model, commonly referred to as PCMH, in improving care, promoting health, and reducing the cost of care provided to Medicare beneficiaries served by federally qualified health centers (FQHCs). The ICHD CHCN submitted three applications for its eligible health centers (Sparrow, St. Lawrence and Cedar Community Health Center) to participate. The Demonstration will provide an estimated \$65,880 for three years to help the ICHD CHCN achieve PCMH recognition. As an FQHC, the ICHD CHCN will also receive \$35,000 in supplemental funding for PCMH recognition through HRSA.

While we are working towards PCMH recognition, payors have begun to reward providers who are ready to meet some outcome measures but are not yet PCMH certified. Physicians Health Plan's (PHP) Triple Aim Incentive Program will generate an estimated \$100,000 this year. PHP and other payors are now paying performance based incentives to providers for meeting payor specific benchmarks. ICHD CHCN has met with PHP as the first payor to provide significant incentives. ICHD CHCN has strategized how to maximize these incentives going forward and hopes to work with Health Plan of Michigan, Health Advantage, McLaren, Omnicare, Molina, Blu-Caid and Blue Cross Blue Shield to further investigate incentives through these payors. Payor incentives will continue to increase each year for the foreseeable future until all payors use the PCMH standardized outcome payment schedule.

Meaningful Use

On February 17, 2009 the American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law. The Health Information Technology for Economic and Clinical Health Act, (HITECH), a provision within ARRA, gave CMS the authority to offer financial incentives to eligible physicians for the adoption and "Meaningful Use" of Health and Human Services (HHS)-certified EHR technologies.

The CMS definition of "Meaningful Use" is intended to work within the existing framework of Medicare and Medicaid law while promoting improvement in the quality, efficiency, and safety of healthcare through the use of certified information technologies. CMS's proposed implementation of Meaningful Use introduces increasingly stringent qualification criteria in 3 distinct stages over time. There are two Meaningful Use reimbursement methods, Medicare and Medicaid. ICHD providers qualify for the Medicaid reimbursement which is more advantageous at \$63,750 per provider over six years. ICHD will receive \$21,250 per provider the first year EHR is implemented and \$8500 per provider for an additional five years thereafter. Based on the currently employed eligible providers, this will create \$403,750 the first year and \$161,500 each year for five years thereafter. (See Attachment 2) However, the payments in years two through six are contingent on providers meeting the Meaningful Use measurements and not all providers may meet Meaningful Use measurements each year. Additionally, we have to negotiate the Meaningful Use delegation into the nurse practitioner contracts. Therefore, at this time only \$127,500 is available to allocate in the first year and \$51,000 for years two through six. Significant staff support will be required to ensure that the measures are collected in the EHR and are being recorded and reported correctly. The meaningful use measures are very similar, and in many cases, overlap with PCMH outcome measures. Additionally, PCMH cannot be achieved without an EHR system. As such, coordinated efforts between these two programs are essential for efficiency and to ensure the program requirements of each are met.

Federal Tort Claims Act

ICHD CHCN pays approximately \$75,000 per year in malpractice insurance. As an FQHC, ICHD CHCN qualifies for the Federal Tort Claims Act (FTCA). FTCA provides immunity to providers after the organization completes the qualification process. The qualification process is multi-faceted and includes quality, operational, credentialing and privileging processes in addition to a site visit by federal auditors. The initial process can take as long as a year to complete. Once FTCA status is achieved, the process of credentialing and privileging is ongoing as well as yearly update applications are required. Again, the FTCA overlaps with the PCMH and Meaningful Use programs in quality and operations processes that must be in place for compliance. However, ICHD CHCN must create and implement a comprehensive credentialing and privileging process, for which, we currently lack the expertise and staff resources.

The revenue from all of these sources is essential to health center operations. In order to maximize the revenue, the ICHD CHCN must create three new positions to carryout the essential and core functions. These positions are budgeted at Step 5 and include:

1. Billing and Customer Services Coordinator (ICEA PRO 8) – 1.0 FTE - \$94,254.00 – new payor requirements dictate that all employed and contractual providers go through a rigorous credentialing process annually. This process requires a substantial amount of work pulling data to maximize enhanced reimbursement. This person will be the credentialing and enrollment coordinator and will ensure the ICHD CHCN receives maximized reimbursement. This position will also be responsible for managing the enrollment of providers into payor systems. As providers are enrolled, the patient panels managed by this staff person will be key to ensuring that payor incentives are received. Additionally, this position will be responsible for coordinating the credentialing and privileging process that is vital for the FTCA protection.
2. Health Information Systems Specialist (ICEA PRO 8) -1.0 FTE - \$94,254.00 – this person will provide one-on-one direct support to primary care providers within each health center on the NextGen Electronic Health Records System. The position will also pull specific reports related to Meaningful Use and PCMH reporting using specific software including SQL, Crystal, NextGen, etc. This position is required to effectively implement and progressively maintain strict Electronic Health Record standards. This person will ensure that the ICHD CHCN achieves PCMH recognition by making sure that payor requirements are met in order to receive maximized incentive payments.
3. Quality Assurance Nurse (MNA Grade 3) - .50 FTE - \$48,293.00 – this person will work on the ICHD CHCN's Quality Assurance Plans. This position is integral to achieving PCMH recognition, tracking Meaningful Use outcome measures and implementing quality processes which meet the requirements of the FTCA.

These positions total \$236,801 per year and will be paid with revenue from Meaningful Use, PCMH, payor incentives and savings from malpractice insurance that will no longer be needed. Ongoing, Meaningful Use payments, PCMH and payor incentives will fund the cost for the next five years at which time Meaningful Use payments will end while PCMH and payor incentives will continue to increase. The funding opportunities will generate more than enough to support the requested positions.

The ICHD CHCN Board of Directors, as the Board of Commissioners co-applicant Board, has approved the creation of these three new positions.

I recommend that the Board of Commissioners approve the creation of these three positions.

cc: Debra Brinson, M.P.A., Deputy Health Officer, w/attachment
John Jacobs, C.P.A., Chief Financial Officer, w/attachment
Barbara Mastin, M.A., Chief Operating Officer, w/attachment
Carolyn Redman, Project Specialist, w/ attachment
Jayson Welter, J.D., Director of Policy, Programs and Compliance, w/attachment

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

INGHAM COUNTY BOARD OF COMMISSIONERS

**RESOLUTION TO IMPLEMENT THE PATIENT CENTERED MEDICAL HOME
MODEL OF CARE**

WHEREAS, as the healthcare system begins to transition to outcome based payments, payors have already begun to create outcome based fee structures, which providers are highly incentivized to adopt; and

WHEREAS, the Patient Centered Medical Home (PCMH) certification provides for a standardized reimbursement structure, which takes into account administrative and operational structures in conjunction with outcomes; and

WHEREAS, PCMH recognition has multiple levels; and

WHEREAS, as a health center achieves higher levels of certification, reimbursement also increases; and

WHEREAS, as a Federally Qualified Health Center (FQHC), the Ingham County Health Department Community Health Center Network (ICHD CHCN) is strongly encouraged by the Health Resources and Services Administration (HRSA) to achieve PCMH recognition; and

WHEREAS, the ICHD CHCN will apply for Federal Tort Claims Act (FTCA) protection which will relieve malpractice insurance cost estimated to be \$75,000 per year; and

WHEREAS, the FTCA requires credentialing, privileging, operation and quality processes that coordinate with the PCMH model; and

WHEREAS, in order to reach PCMH recognition, the ICHD CHCN must create three new positions to carryout the essential and core functions of a PCMH; and

WHEREAS, these positions are budgeted at Step 5 and include:

1. Billing and Customer Services Coordinator (ICEA PRO 8) – 1.0 FTE - \$94,254.00
2. Health Information Systems Specialist (ICEA PRO 8) – 1.0 FTE - \$94,254.00
3. Quality Assurance Nurse (MNA Grade 3) - .50 FTE - \$48,293.00; and

WHEREAS, these positions total \$236,801 per year and will be paid for conservatively with revenue from the following four sources, including: the Centers for Medicaid and Medicare Demonstration project, which will provide an estimated \$65,880 for three years; the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program, of which we are allocating \$127,500; the Health Resources and Services Administration, which will provide \$35,000 in supplemental funding for PCMH recognition, and the Physicians Health Plan's (PHP) Triple Aim Incentive Program, which will generate an estimated \$100,000; and

WHEREAS, the ICHD CHCN has strategized how to maximize these incentives going forward and hopes to work with Health Plan of Michigan, Health Advantage, McLaren, Omnicare, Molina, Blu-Caid and Blue Cross Blue Shield to further investigate incentives through these payors; and

WHEREAS, payor incentives will continue from year to year and will be an ongoing revenue source; and

WHEREAS, these four opportunities will generate \$328,380, more than enough to cover the cost of these three positions; and

WHEREAS, the ICHD CHCN Board of Directors, as the Board of Commissioners co-applicant Board, has approved the creation of these three new positions; and

WHEREAS, the Health Officer recommends that the Board of Commissioners approve the creation of these three positions.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorize the creation of the following positions:

1. Billing and Customer Services Coordinator (ICEA Pro 8) -1.0 FTE - \$94,254.00
2. Health Information Systems Specialist (ICEA Pro 9) -1.0 FTE - \$94,254.00
3. Quality Assurance Nurse (MNA Grade 3) - .50 FTE - \$48,293.00.

BE IT FURTHER RESOLVED, the Board of Commissioners authorizes the acceptance of the Centers for Medicaid and Medicare Demonstration Advance Primary Care Project, which will provide an estimated \$65,880 for three years.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes the acceptance of an estimated \$127,500 for FY 2012 from the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes the Health Resources and Services Administration supplemental funding, which will provide \$35,000 for PCMH recognition.

BE IT FURTHER RESOLVED, that the Board of Commissioners authorizes the acceptance of funds through the Physicians Health Plan's (PHP) Triple Aim Incentive Program, which will generate an estimated \$100,000.

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make the necessary budget adjustments, and the Purchasing Department is authorized to issue any necessary purchase orders or purchase items needed.

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

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION APPOINTING THE INGHAM COUNTY HEALTH OFFICER

WHEREAS, Dean Sienko is retiring from his position as the Ingham County Health Officer; and

WHEREAS, it is necessary for the Ingham County Health Department to have a Health Officer, to act as the administrative head of the Health Department, and to carry out the Health Department's delegated functions to protect the public health and prevent disease; and

WHEREAS, pursuant to MCL 333.2428(1), the Board of Commissioners has the responsibility to appoint a new Health Officer to succeed Dean Sienko; and

WHEREAS, the Ingham County Board of Commissioners conducted a search process for a qualified Health Officer; and

WHEREAS, the Health Officer Selection Committee recommends the appointment of Renee Canady as the Health Officer for the Ingham County Health Department; and

WHEREAS, Renee Canady's credentials and references have been checked and verified.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby accepts the Health Officer Selection Committee's recommendation, and appoints Renee Canady to the permanent full-time position of Ingham County Health Officer, at the salary level of MCF18 Step 4 (\$120,715) with all the duties and responsibilities inherent in that position, effective November 1, 2011.

BE IT FURTHER RESOLVED, that a copy of this Resolution, together with Dr. Canady's curriculum vitae, shall be forwarded to the Michigan Department of Community Health (Local Health Services).

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION HONORING DEAN G. SIENKO, M.D.

WHEREAS, Dean Sienko has served as the Chief Medical Examiner and Medical Director for the Ingham County Health Department since December, 1988; and

WHEREAS, Dean Sienko has served as the Health Officer/Director of the Ingham County Health Department, Chief Medical Examiner, and Medical Director since February, 2007; and

WHEREAS, Dean's service to the community at the local, state, and national level has been exemplar quality; and

WHEREAS, in 1997, the Ingham County Child Death Review Team was established. This team, chaired by Dean Sienko, reviews all child deaths that fall under the Medical Examiner jurisdiction, and are reviewed by a team of local agency representatives which includes law enforcement, and protective services; and

WHEREAS, in 2004, Dean was named to *The Faces of Public Health*, recognizing his care for protecting the health of the troops overseas while serving his nation; and

WHEREAS, in 2006, Dean Sienko, established the Ingham County Elder Death Review Team. This group of professionals from various agencies, law enforcement, adult protective services agencies, and community safety agencies, reviews circumstances of suspicious deaths in the older or vulnerable adult population; and

WHEREAS, Dean championed public health's role in health information exchange as Secretary of the Executive Committee of the Great Lakes Health Information Exchange; and

WHEREAS, Dean embraced and promoted health equity and the Social Justice Project and encouraged the Department to become a national leader in this area; and

WHEREAS, during the outbreak of Novel Influenza A (H1N1), Dean led the Department in the adoption of the incident command system which enabled it to successfully mount numerous mass vaccination clinics; and

WHEREAS, Dean has served as a member of the Board of Directors of the Michigan Association for Local Public Health (MALPH) - currently in the capacity as president, the National Association for County and City Health Officials (NACCHO) and the Capital Area Health Alliance (CAHA).

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby honors Dr. Dean G. Sienko, for 22 years of service with Ingham County and appreciates his dedication and the many contributions he has made toward improving the lives of the citizens of the County of Ingham.

BE IT FURTHER RESOLVED, that the Board wishes him continued success in all of his future endeavors.



STATE OF MICHIGAN
**Department of
Human
Services**

Memo

To: Randy Rauch, Director Ingham County DHS
From: Melinda Fandel, Child Care Fund Analyst *MF*
Subject: Child Care Fund Review

Date: 8/25/2011

Enclosed is the report resulting from the August 9th and 23rd, 2011 on site fiscal and program review of the Ingham County Department of Human Services Child Care Fund.

If you have any questions about the report, please feel free to contact me at 517-373-8934, or at fandelm@michigan.gov.

CC: Maureen Winslow, Juvenile Officer/Administrator, Ingham County
Debbie De Leon, Ingham County Board of Commissioners
Jennifer Kennedy, Program Coordinator
Andrew Thalhammer, CCF Manager
CCF Program/Fiscal File

RECEIVED

SEP 12 2011

CHILD CARE FUND IN-HOME CARE REVIEW REPORT

COUNTY:	Ingham
PERIOD OF REVIEW:	January-April 2011
PROGRAM SERVICE COMPONENT	APPROVED COMPONENT EXPENDITURE:
IMPACT	\$353,396.00
In-Home Psychological Services	\$ 62,007.00
ADMINISTRATIVE UNIT:	Ingham County DHS
DATE OF REVIEW:	8/9/2011 and 8/23/2011
TEST SAMPLE OF CASES:	20
DATE OF LAST PROGRAM REVIEW:	5/20/2010
DATE OF LAST FISCAL REVIEW:	5/20/2010
REVIEWER	Melinda Fandel

GENERAL PROGRAM AND FISCAL STANDARDS AND CRITERIA:

The program was reviewed for the following program and fiscal standards and criteria.

- Expenditures are not for judicial costs.
- Services are intensive, 1 to 20 staff to youth ratios or less, minimum of one face to face contact per week.
- Staff meets the qualifications established in the Juvenile Court Standards and Administrative Guidelines for the Care of Children and not used to meet 1-6000.
- Non-scheduled payments are not for basic family needs otherwise available through public assistance programs.
- Fiscal reviews are completed to verify compliance with Child Care Rule and Policy. Vouchers are reviewed to verify eligibility of expenses for state reimbursement, record of receipts, proper authorization, proper documentation and appropriate submittal on the monthly DHS report.

A. INGHAM DHS FISCAL REVIEW

A fiscal review of the Ingham County Department of Human Services In-Home Care and Child Care Fund expenditures was conducted on August 9 and 23, 2011. Four months of vouchers were reviewed for the In-Home Care program – January through April 2011.

Fiscal reviews are completed to verify compliance with Child Care Fund In-Home Care Rules and Policies. Vouchers are reviewed to verify eligibility of expenses for

state reimbursement. They were also reviewed for proper authorization, back-up documentation, difficulty of care forms and proper submittal on the monthly DHS-206B reports.

Findings

1. All vouchers had the two signatures sign off system in place.
2. Difficulty of Care Forms were not seen to validate any youth in foster care receiving intensive rates.
3. All vouchers did not have appropriate supporting documentation. Clothing inventories and receipts were not present for clothing allowances. There was also a billing statement from Starr Commonwealth that did not match with the expenditures paid on the county voucher. Ingham county paid Starr Commonwealth the amount of \$21,986.92, however the bill only supported \$21,111.72 of those expenditures. The amount of \$875.20 will have to be adjusted on next month's DHS-206B report.
4. Vouchers paid for 'day out' cost for youth in placement. Invoice #00424 from Wedgewood Christian Services charged for 19 days of care when it should have only been 18. The amount of \$258.78 will have to be adjusted on next month's DHS-206B report. Invoice #847 from Pathway of Hope also had a charge for an extra day of care. The amount of \$28.00 will have to be adjusted on next month's DHS-206B report.
5. Revenue collections were properly reported on the DHS-206B report.
6. All vouchers were properly classified into the appropriate Child Care Fund account and properly submitted to the state.

Recommendations

This is the second year the recommendation was made to have copies of all difficulty of care forms attached to the vouchers of youth receiving intensive rates for foster care placements.

Requirements

Ingham DHS will be required to make an adjustment of \$1,161.98 on next month's DHS-206B report for ineligible costs for days of placements and no supporting documentation for charges from a vendor. According the Child Care Fund Handbook, page 19; part 2, all difficulty of care forms are to be seen at the time of the fiscal review; "*The individual difficulty of care forms will be required at the time of fiscal review*".

Clothing inventories or receipts are also to be seen for any type of clothing allowance as stated in the handbook on page 19, under Line 4, Section 'a', part (1) "*Initial clothing allowance - Maximum allowable initial clothing allowances for youth entering care for the first time are established annually by the Department of Human Services. This is not an automatic allowance*".

and actual need must be documented. Payments are to be supported by receipts and are reimbursable only up to the established rate”.

B. INGHAM COUNTY DHS PROGRAM REVIEW

A review of the program components occurred on August 9 and 23, 2011.

- **The review included assessment of the programs as described in the Annual Plan and Budget, and the results reflected in the period of review. The areas of review included the following:**
- **YOUTH/FAMILIES SERVED (Number Projected - Number Served).**
- **FOCUS - Prevent placement, early return (Focus stated in the plan, focus reflected in the cases reviewed).**
- **TARGET POPULATION - Youth/Families to be served as stated in Annual Plan and Budget. Population served as indicated by test sample.**
- **AREA(S) OF IMPACT- Area(s) of intended impact as stated in the Plan and results as reflected in data summary and impact on county’s totals.**
- **FISCAL - Expenditures approved in the Annual Plan and Budget and expenditures made as evidenced by reviewed voucher.**
- **DOCUMENTATION - Files and support forms meet the standards for record keeping as defined by the Child Care Fund.**

COMPONENT SPECIFIC:

In-Home Psychological Services

This program provides psychological assessments and treatment for foster children and parents of children in the foster care system to facilitate family reunification and safe return of children. Services are provided through licensed practitioners within the community. Therapists are contracted with Department of Human Services.

The ten files reviewed for this program were:

Y1490999A Y1389519P Y1390927A Y1477049A X0248761P
Y1504187A Y1202222A Y1326227A Y1509690A case #xyz00 (case# not recorded)

Findings:

1. The youth and families served were consistent with the projections in the Annual Plan and Budget.

2. All of the youth within this test sample were at risk of out-of-home placement based on Category 1, 2, or 3 referrals for neglect and abuse.
3. Ten files were reviewed for this program. Out of the ten files reviewed, two cases were closed with the youth being reunified with the family. The remaining eight cases were still open with all youth in foster care placements while the family is receiving services.
4. This program is intended to provide services to youth and families in the home as an alternative to foster care placement. The test sample reviewed verified the area of intended impact as projected in the Child Care Fund, Annual Plan and Budget.
5. The fiscal expenditures supporting this program were consistent with those identified and approved in the Child Care Fund, Annual Plan and Budget.
6. The documentation within each of the program files (complaints, referrals, current orders, assessments, updated reports, contact sheets, etc.) was incomplete. The two closed cases were missing some type of closing or termination form.

Recommendation:

None

Requirement:

Please put some type of closing report or termination form in the case file for those that are closed.

IMPACT

This is a community based intervention program. Services in this program include intensive home based treatment, wraparound services and family advocacy. Families are involved with a team that consists of a Family Guidance therapist, the WrapAround Facilitator, a Parent Advocate and the DHS caseworker. The therapist addresses behavioral issues along with mental health issues that lead to school suspensions, expulsions, severe acting out behaviors and in some cases delinquent behaviors.

The ten files reviewed for this program were:

Y1012335 Y1525226A X2933404 Y1432529P V2596998P
X0432786P V3336021P X0381256 Y167696P V3483595P

Findings:

1. The youth and families served were consistent with the projections in the Annual Plan and Budget.

2. All of the youth within this test sample were not at risk of out-of-home placement based on Category 1, 2, or 3 referrals for neglect and abuse. New cases had to be pulled due to many of them being Category 4 or 5.
3. Ten files were reviewed for this program. It was not distinguished which of these cases were closed due to no type of closing or termination report in the file. So out of the ten files, all appeared to still be open with the families still receiving services. It did not appear that any of the youth from the families were put into any type of placement while receiving services.
4. This program is intended to provide services to youth and families in the home as an alternative to foster care placement. The test sample reviewed verified the area of intended impact as projected in the Child Care Fund, Annual Plan and Budget.
5. The fiscal expenditures supporting this program were consistent with those identified and approved in the Child Care Fund, Annual Plan and Budget.
6. The documentation within each of the program files (complaints, referrals, current orders, assessments, updated reports, contact sheets, etc.) was incomplete. Every case file was missing monthly reports from Community Mental Health along with referrals into the program. There was no way of knowing if the family was receiving the services that CMH was billing to Ingham DHS.

Recommendation:

Try to work out a new billing system with CMH so as to identify which youth are Category 1, 2, or 3, and to make sure those are the only youth being billed to the Child Care Fund.

Requirement:

It is a requirement that all necessary documentation be kept in the youth/family case files. This includes referrals, monthly progress reports, contacts, and a closing report if a case is closed. All files must be either a Category 1, 2, or 3 in order to be Child Care Fund eligible. Please refer to Section VI; A; number 4 in the Child Care Fund Handbook for these requirements. Future non-compliance with this could result in a loss of Child Care Fund reimbursement.

SUMMARY:

Ingham County DHS is not in full compliance with Child Care Fund Rules and Guidelines for this Fiscal and Program Review. Not all vouchers matched up with bills from vendors, DOCs were missing for youth receiving intensive foster care rates, clothing receipts/inventories were missing for clothing allowance, and 'day out' charges were being paid to vendors. Case files were missing some type of closing or termination reports for closed files, there were no contact sheets, monthly reports were missing, and so were the referrals. Due to this, the original review

date of August 9th, 2011 was moved to August 23rd, 2011 so the county could have more time to prepare. On August 23rd, 2011 case files for the In-Home Care program were still incomplete. Since Ingham County was not in compliance with many of the Child Care Fund requirements, this year's review will be reported as a consultation rather than the actual review. A follow up review will be scheduled within six months to verify future compliance with Child Care Fund rules and guidelines.

It should be noted that it's believed many of these errors were due to the new staff in the office not being familiar with the Child Care Fund requirements for a review. The reviewer has confidence that after this year's review staff will be more prepared for what it is they will need to be ready for the follow up review in six months. The staff was very accommodating when new files had to be pulled and a later date needed to be rescheduled to finish the review. It's highly recommend that staff attend a future Child Care Fund training. If that is not possible, a consultation at their office could also be scheduled to help them with any other questions that they may have.

Thank you for your time.