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HUMAN SERVICES COMMITTEE
TODD TENNIS, CHAIR
RYAN SEBOLT
DEB NOLAN
BRIAN McGRAIN
SARAH ANTHONY
TERI BANAS
ROBIN CASE NAEYAERT

INGHAM COUNTY BOARD OF COMMISSIONERS

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THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, APRIL 17, 2017 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 [April 3, 2017](#) Minutes

Additions to the Agenda

Limited Public Comment

1. Health Department
 - a. Resolution to Authorize Agreements with Azara Healthcare and Michigan Primary Care Association, and to [Accept Additional Funding](#) from Health Resources & Services Administration
 - b. Community Health Center [Reorganization](#) (*Discussion*)
2. Controller's Office – Discussion: Resolution Updating [Various Fees](#) for County Services

Announcements

Public Comment

Adjournment

**PLEASE TURN OFF CELL PHONES OR OTHER ELECTRONIC DEVICES
OR SET TO MUTE OR VIBRATE TO AVOID
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

April 3, 2017

Draft Minutes

Members Present: Tennis, Sebolt, Banas, and Case Naeyaert

Members Absent: Nolan, McGrain, and Anthony

Others Present: Jared Cypher, Robin Reynolds, Debbie Edokpolo, Russell Kolski, and Liz Kane

The meeting was called to order by Chairperson Tennis at 6:30 p.m. in Personnel Conference Room "D & E" of the Human Services Building, 5303 S. Cedar Street, Lansing, Michigan.

Approval of the March 20, 2017 Minutes

WITHOUT OBJECTION, CHAIRPERSON TENNIS RECOGNIZED THAT THE MINUTES OF THE MARCH 20, 2017 HUMAN SERVICES COMMITTEE MEETING WERE APPROVED AS PRESENTED. Absent: Commissioners Nolan, McGrain, and Anthony

Additions to the Agenda

None.

Limited Public Comment

None.

MOVED BY COMM. CASE NAEYAERT, SUPPORTED BY COMM. SEBOLT, TO APPROVE A CONSENT AGENDA CONSISTING OF THE FOLLOWING ACTION ITEMS:

1. Health Department
 - a. Resolution to Amend Resolution #15-375 to Extend the Agreement with Michigan State University for Psychiatric Services
 - b. Resolution Authorizing an Agreement with Edward W. Sparrow Hospital Association for Mobile Events
2. Controller's Office – Resolution Authorizing Adjustments to the 2017 Ingham County Budget

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Nolan, McGrain, and Anthony

THE MOTION TO APPROVE THE ITEMS ON THE CONSENT AGENDA CARRIED UNANIMOUSLY. Absent: Commissioners Nolan, McGrain, and Anthony

1. Health Department
 - c. Services Provided to Immigrants and Refugees (*Discussion*)

Commissioner Tennis introduced the speakers and asked them to speak on what the Ingham County Health Department could do to help refugee and immigrant populations.

Russell Kolski, Community Health Centers Executive Director/Deputy Health Officer, stated that the Health Department was the official refugee screening center for the State refugee program. He further stated the program had changed in the past year, where previously they received a flat fee and had a nurse assessor provide a wide variety of services which were not billed after the fact.

Mr. Kolski stated that in the past year, the program elected to bill services provided to refugees to Medicaid, which required a Nurse Practitioner visit. He further stated the change caused them to lose capacity in providing care.

Debbie Edokpolo, Ingham County Health Department Deputy Health Officer,, clarified that they still saw these patients, but it could take longer to schedule them for appointments.

Mr. Kolski stated that some non-English speaking patients that were seen through the refugee screening program also required interpreting services, which were provided by St. Vincent's Catholic Charities. He further stated that St. Vincent's was contractually obligated to provide interpreting services for the screening, however scheduling patients and interpreters provided a separate problem for the health center.

Mr. Kolski stated that after the initial screening process was completed, if the patient decided to continue receiving care, the interpreting services became the health center's responsibility. He further stated the State of Michigan did not pay for interpreting services, and the current funds the Department had for these services allowed for mostly telephone interpreting services.

Mr. Kolski stated the Department's bill for interpreting services was \$5000 per month. He further stated the main issue was they had 34 different languages to interpret for, rather than just two or three languages that other health centers might see, and none of them were over 5% of the patient base which could justify hiring a bilingual staff person.

Discussion.

Mr. Kolski stated that the health centers would see anyone regardless of immigration status, because they did not collect information about immigration status, only the language they spoke. He further stated their policy was compliant with their federal HRSA grant.

Mr. Kolski stated he was not aware of any issues with immigration enforcement at the health centers. He further stated that Immigration and Customs Enforcement was told not to operate or enforce in health facilities.

Ms. Edokpolo stated the Health Department had three other contracts to help provide interpreting services to patients and spent a lot of money on them because it was an important service. She further stated that when she spoke with staff, it was their goal to be a welcoming place and make sure that all patients felt comfortable.

Discussion.

Ms. Edokpolo stated the Department also worked with other community partners, like the Michigan Immigrant Rights Center, to put together a toolkit on what undocumented immigrants should know in cases of immigration raids, emergency response plans, and contacts for children at schools. She further stated the Health Department was part of the Ingham Refugee and Immigrant Collaborative, where they worked with 47 other organizations to stay updated on issues around the area and what could be done to support the refugee and immigrant community.

Mr. Kolski stated the treatment of refugees and immigrants was similar to what was put in place for LGBTQ patients, where they implemented a Health Equality Index and cultural competency training and were welcoming to all.

Discussion.

Commissioner Banas stated her concern was families and children of immigrants, and she had heard from folks at HeadStart in other parts of the country that children were not going to classes because their families were afraid of being deported. She asked what the Health Department had seen lately surrounding patients' fear of customs enforcement and the challenges that ensued from the current immigration climate.

Ms. Edokpolo stated a lot of the patients were refugees with visas who should not be concerned with deportation if they received services. She further stated if they were afraid, the staff would direct them to places where they could learn more about their refugee status.

Ms. Edokpolo stated that undocumented immigrants who sought services were more concerned, but many were still determined to receive care. She further stated she spoke to a Spanish-speaking interpreter at one facility who indicated a small community of Spanish-speaking patients were wary of continuing services.

Ms. Edokpolo stated staff was trying to reassure patients that they could still receive care regardless of status, and people were still coming to get care.

Mr. Kolski stated there was a general concern about immigration enforcement, but he had not seen a specific patient or population that was not receiving care because of it.

Commissioner Case Naeyaert stated she had encountered the refugee population in courts, and had seen that the court provided interpreters for the refugees. She asked if there was any way to partner with the courts or get federal grants to alleviate the costs of interpretation.

Ms. Edokpolo stated the court was required to provide interpreters, whereas the Health Department did not have the same requirement. She further stated that the courts also got a better rate on the cost of interpreters, which she was looking into.

Discussion.

Mr. Kolski stated the Health Department did have a mandate to provide care in a language that someone could understand, which was why they provided the telephone interpretation when a

person was not available. He further stated that he had communicated to state legislators that there were too many languages in the area and the costs were too high to hire or find interpreters in every language.

Discussion.

Ms. Edokpolo stated that the Health Department tried to connect families with doctors who spoke the same language.

Commissioner Sebolt stated he recalled a member of the public who came before the Committee to speak on behalf of their neighbor who was asked about their documentation status.

Ms. Edokpolo asked if it was at a health center in Ingham County.

Commissioner Sebolt stated it was in Ingham County, but speculated it was an isolated incident where someone did not follow protocol or something got lost in translation.

Mr. Kolski stated there was not even a place to record immigration status in a patient's record, it simply recorded their preferred language. He further stated he had not heard that, but if it was happening, he would like to know.

Discussion.

Commissioner Banas stated that Sparrow and surrounding facilities had doctors and residents from diverse backgrounds. She asked if there was a way to connect with those residents to provide services in their language, and how refugees scheduled their health appointments with the health center.

Mr. Kolski stated they had a full time person who coordinated appointments and the availability of interpreters, which was funded through a HRSA grant. He further stated he was not aware of any partnership with residency programs, apart from the residents and faculty who worked in the Pediatric Department, but they often did not know which resident would be on staff each day due to their fluctuating schedules.

Mr. Kolski stated the Health Department was trying to work with McLaren and Sparrow hospitals to have more residents in health centers, but it had not been fruitful and they were not aware of the other languages the residents spoke.

Discussion.

Commissioner Case Naeyaert thanked the Health Department for their work and stated that in a tough time for refugees, she was glad they were being welcomed and felt safe in Ingham County.

Mr. Kolski stated he was looking for more opportunities for funding for interpreting services. He further stated he was speaking with State Medicaid about how they were required to provide the services and 80% of their patients were on Medicaid, so they needed more funding.

Discussion.

Ms. Edokpolo stated that in the Medicaid bulletin, it itemized interpreting services fees, but it was not enough to cover the actual costs.

Commissioner Banas asked if they looked at foundation dollars to alleviate costs or enhance interpreting services.

Ms. Edokpolo stated the issue was Medicaid did match the cost of some of the services provided, but there was too much need and not enough capacity. She further stated just in the last year, about 600 new refugees settled in the area and the number was growing faster than they could accommodate.

Discussion.

No action was taken on this discussion item.

Announcements

Commissioner Tennis stated that the Community Health Center Board Membership Committee would join one of the future Human Services Committee meetings to interview applicants and discuss vacancies on CHC board.

Mr. Kolski stated there were 15 seats on the CHC board, and they needed to fill 6 vacancies before August.

Public Comment

None.

Adjournment

The meeting was adjourned at 6:59 p.m.

APRIL 17, 2017 HUMAN SERVICES AGENDA STAFF REVIEW SUMMARY

ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions

1. Health Department

- a. *Resolution to Authorize Agreements with Azara Healthcare and Michigan Primary Care Association, and to Accept Additional Funding from Health Resources & Services Administration*

This resolution authorizes three agreements that are necessary to obtain a comprehensive data integration, analytic, and reporting tool to capture metrics from the Ingham County Health Department's (ICHHD) electronic health record management system (NextGen) to meet reporting requirements for Health Resources & Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), and clinical quality initiatives.

Those agreements are:

- 1) An agreement with Azara Healthcare, LLC for the Azara DRVS system at a one-time implementation cost of \$35,000 and ongoing annual maintenance cost of \$4,000 plus \$0.35 cents per medical visit, effective July 1, 2017 with automatic annual renewals.
- 2) A no-cost agreement to partner with MPCA in order to be eligible for the Azara group pricing benefit, effective for the duration of the Azara agreement.
- 3) An agreement to accept \$43,718 in Quality Improvement Supplemental funds and \$68,154 in Delivery System Health Information Investment funds from HRSA for the period of September 1, 2016 through August 31, 2017.

OTHER ITEMS

1. Health Department

- b. *Discussion – Community Health Center Reorganization*

The Community Health Centers seeks to change its staffing model through a four step process:

- 1) Immediate conversion of vacant RN positions to Medical Assistants
- 2) Realigning existing staff to allow for improved utilization, efficiency, and customer service in alignment with the future ideal staffing model.
- 3) Recruiting vacant revenue generating provider positions to justify filling additional vacant positions. Continuing position conversions to further movement towards final staffing model.
- 4) Full implementation of final staffing model.

This is being presented as a discussion item as required by the County's reorganization policy.

2. Controller's Office – Discussion: Resolution Updating Various Fees for County Services

When the Board of Commissioners adopted Resolution #02-155, setting various fees for county services, the Controller's Office was directed to annually review the fees and to recommend adjustments. We have completed our review for fiscal year 2018 consistent with this standing directive and offer a few adjustments for your consideration. This information will appear as a discussion item on the current round of committee meetings. We anticipate presentation of a resolution at the next round of meetings to recommend increases to certain fees. A draft version of the resolution is attached for your review and consideration.

TO: Board of Commissioners Human Services & Finance Committees
FROM: Linda S. Vail, MPA, Health Officer
DATE: March 28, 2017
SUBJECT: Agreements between ICHC and MPCA, Azara Healthcare LLC, and NextGen
For the meeting agendas of April 17 and April 19, 2017

BACKGROUND

A comprehensive data integration, analytic, and reporting tool is necessary to capture metrics from the Ingham County Health Department's (ICHD) electronic health record management system (NextGen) to meet reporting requirements for Health Resources & Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), and clinical quality initiatives. ICHD does not possess the tools necessary to meet these mandated reporting requirements. The Michigan Primary Care Association (MPCA) currently partners with the Ingham Community Health Centers (ICHC) to promote and develop comprehensive and accessible primary health care services. MPCA formed a committee that has recommended Azara Healthcare's system, the Azara Data Reporting & Visualization Solution (DRVS) as the best option out of four companies who provide these reporting tools. The agreement with Azara will provide for reporting software, training, and data handling/storage. Without these reporting tools, ICHC will be unable to obtain enhanced Medicaid reimbursements.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

ICHC received Quality Improvement Supplemental funds (\$43,718) and Delivery System Health Information Investment funds (\$68,154) from HRSA which will be used to cover the initial costs of the agreement with Azara. This agreement will include a one-time implementation cost of \$35,000 and an ongoing annual maintenance fee of \$4,000 plus \$0.35 cents per medical visit. It is anticipated that ongoing annual costs will be offset through performance incentives enabled by the Azara system. The ongoing annual costs of the agreement can be terminated should funding not be available in future years. Partnering with MPCA has resulted in a group pricing savings of 30% over standard pricing for the Azara system, implementation, and support.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based upon the information presented, I respectfully request approval of the attached resolution to authorize an agreement with Azara Healthcare, LLC for the Azara DRVS system at a one-time implementation cost of \$35,000 and ongoing annual maintenance cost of \$4,000 plus \$0.35 cents per medical visit. This agreement will be effective July 1, 2017 and automatically renew annually thereafter unless otherwise terminated by the County. I also recommend authorization of an agreement to partner with MPCA in order to be eligible for the Azara group pricing benefit. There is no cost associated with the MPCA agreement; it will remain in effect for the duration of the Azara agreement. Finally I recommend authorization for ICHD to accept \$43,718 in Quality Improvement Supplemental funds and \$68,154 in Delivery System Health Information Investment funds from HRSA for the period of September 1, 2016 through August 31, 2017.

Introduced by the Human Services & Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AGREEMENTS WITH AZARA HEALTHCARE AND MICHIGAN PRIMARY CARE ASSOCIATION, AND TO ACCEPT ADDITIONAL FUNDING FROM HEALTH RESOURCES & SERVICES ADMINISTRATION

WHEREAS, a comprehensive data integration, analytic, and reporting tool is necessary to capture metrics from the Ingham County Health Department's (ICHD) electronic health record management system (NextGen) to meet reporting requirements for Health Resources & Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), and clinical quality initiatives; and

WHEREAS, ICHD does not possess the tools necessary to meet these mandated reporting requirements; and

WHEREAS, the Ingham Community Health Centers (ICHC) partner with Michigan Primary Care Association (MPCA) who formed a committee that has recommended Azara Healthcare's system, the Azara Data Reporting & Visualization Solution (DRVS) as the best option out of four companies who provide these reporting tools; and

WHEREAS, the agreement with Azara will provide for reporting software, training, and data handling/storage, allowing ICHC to obtain enhanced Medicaid reimbursements; and

WHEREAS, ICHC received Quality Improvement Supplemental funds (\$43,718) and Delivery System Health Information Investment funds (\$68,154) from HRSA which will be used to cover the initial costs of the agreement with Azara; and

WHEREAS, the ICHC Board has reviewed and supports entering into an agreement for the Azara DRVS system; and

WHEREAS, the Health Officer recommends the Board of Commissioners authorizes an agreement with Azara Healthcare, LLC for the Azara DRVS system at a one-time implementation cost of \$35,000 and ongoing annual maintenance cost of \$4,000 plus \$0.35 cents per medical visit, effective July 1, 2017 with automatic annual renewals; and

WHEREAS the Health Officer also recommends the Board of Commissioners authorizes a no-cost agreement to partner with MPCA in order to be eligible for the Azara group pricing benefit, effective for the duration of the Azara agreement; and

WHEREAS, the Health Officer also recommends authorization for ICHD to accept \$43,718 in Quality Improvement Supplemental funds and \$68,154 in Delivery System Health Information Investment funds from HRSA for the period of September 1, 2016 through August 31, 2017.

THEREFORE BE IT RESOLVED, the Board of Commissioners authorizes an agreement with Azara Healthcare, LLC for the Azara DRVS system at a one-time implementation cost of \$35,000 and ongoing annual maintenance cost of \$4,000 plus \$0.35 cents per medical visit, effective July 1, 2017 with automatic annual renewals.

BE IT FURTHER RESOLVED, the Board of Commissioners also authorizes a no-cost agreement to partner with MPCA in order to be eligible for the Azara group pricing benefit, effective for the duration of the Azara agreement.

BE IT FURTHER RESOLVED, the Board of Commissioners authorizes an agreement to accept \$43,718 in Quality Improvement Supplemental funds and \$68,154 in Delivery System Health Information Investment funds from HRSA for the period of September 1, 2016 through August 31, 2017.

BE IT FURTHER RESOLVED, that the Controller is authorized to make any necessary budget adjustments consistent with this resolution.

BE IT FURTHER RESOLVED, that the Chairperson of the Board of Commissioners is hereby authorized to sign any necessary contract documents on behalf of the County after approval as to form by the County Attorney.

April 4, 2017

Community Health Center Reorganization

Overview of Issue

The Ingham Community Health Centers (ICHC) has been operating under a model that has a higher cost per patient than other Federally Qualified Health Centers or local primary care practices. One of the areas identified was our choice to limit medication administration to Registered Nurses and prevent Medical Assistants from operating at their highest level of training. Additionally, realignment of positions will allow added staff and increased customer service in our support services areas. The Health Centers initially approached the Board of Commissioners in October 2016 with a proposal to add medication administration duties to our Medical Assistants under a Memorandum of Understanding with the UAW. This was referred back to committee prior to action by the full Board of Commissioners and ultimately resulted in a formal Grievance by the Michigan Nurses Association that was reviewed by the County Services Committee on March 7, 2017. This proposal is the outcome of the direction provided by the County Services Committee at that meeting.

Overview of Request

The ICHC's Centers seeks to change its staffing model through a four step process:

- 1) Immediate conversion of vacant RN positions to Medical Assistants
- 2) Realigning existing staff to allow for improved utilization, efficiency and customer service in alignment with the future ideal staffing model.
- 3) Recruiting vacant revenue generating provider positions to justify filling additional vacant positions. Continuing position conversions to further movement towards final staffing model.
- 4) Full implementation of final staffing model.

Desired Outcome

The Ingham Community Health Centers desires to utilize its available resources to provide needed medical, dental and behavioral health care to the maximum number of residents in the highest quality manner within a financially sustainable framework. This proposed staffing modification is necessary to begin that transition. Details of the above listed action steps follow.

Russ Kolski



Deputy Health Officer / Executive Director

Step 1 – Conversion of Current Vacant Positions

The Ingham Community Health Centers currently has 5.6 FTE of vacant RN positions. They have become vacant through a combination of retirements, resignations and promotions. In order to improve the clinical operations, ICHC is proposing the conversion of these positions into 7.31 FTE of Medical Assistant positions. Of the 7.31 positions, 3.31 will not be filled until additional providers are hired, as the ability to support these positions is directly tied to provider-generated patient encounters.

Detail of Requested Position Conversions

Vacant Position Conversions (See Spreadsheet for Detail)			
Existing FTE	Current Position	Conversion	
1	RN (Trealor)	1.33	Medical Assistants
1	RN (Ruthig)	1.33	Medical Assistants
1	RN (Jones)	1.34	Medical Assistants
0.7	RN Assessor (Boone)	1.33	Medical Assistants
0.3	RN Assessor (Ollenburger)*		
0.5	RN Case Manager (Missel)	0.67	Medical Assistants
1	RN PCMH Coordinator (Crowe)	1.5	Medical Assistants
5.6	Totals	7.5	Medical Assistants

* Ollenburger now full time RN Assessor with Boone Retirement

Placement of New Positions		
1	Medical Assistant	Cedar Pediatrics
3.0	Medical Assistant	Support Services
		- Medical Records
		- Call Center
		- Referrals
3.5	Medical Assistant	To remain vacant additional providers are hired
7.5	Total New Positions	

Realignment of Current RN Positions		
1	EHR Nurse / Trainer	Existing Position
1	RN Clinical Educator	Replacement Position

Step 2 - Health Center Reorganization – Reallocation of Existing Staff

Ingham Community Health Centers will be realigning its existing staff to maximize the level of care it is able to provide. These movements have no added costs, but will result in improved efficiencies based upon the following actions:

- 1) Conversion of the River Oak facility from the provision of Primary Care Services to providing “Prompt Care” services to existing patients. This will meet the same day and minor acute medical care needs of existing patients. This is not a public urgent care model. This facility would utilize 2.0 FTE of existing provider staff to see existing patients for minor conditions at a rate of 4 per hour rather than our traditional 3 patient per hour rate. Since this location would be an extension of our existing Primary Care Services, care coordination would not be provided at this site. Follow up services would be referred to the patient Primary Care Provider Team. This model will provide for additional patient care visits without the need for additional personnel. It will additionally work to reduce the number of patients currently referred to Urgent Care clinics within the community.
- 2) Additional existing RN staff will be allocated to providing Care Coordination services to assist high risk patients meet their health care goals based upon established national guidelines. Although this service is not currently reimbursable, this is necessary as ICHC prepares for the transition from volume to value based care.
- 3) Transitioning the RN Charge Nurse role from its current form to a lead staff member position. The role will either perform care as part of a direct care team or provide care coordination services depending on the site.

The proposed staffing model puts the Ingham Community Health Centers into alignment with provider teams found in the community and other health centers across the state. It additionally transfers several positions that have previously been considered support positions into direct patient care. This is needed to match our support overhead to the number of visits currently being provided.

Step 2 - Health Center Reorganization - Detail of staff moves and assignments

River Oak - Prompt Care							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.73	0	0.73	0		0	0.73
Providers	3		3	-0.8		-0.8	2.2
Ch RN	1		1			0	1
RN	2		2	-2		-2	0
CHW	1		1			0	1
MA	4		4	-1.8		-1.8	2.2
BHC	0		0	1		1	1
CHR IV	0.6		0.6	0.4		0.4	1
CHR II	2		2	-1		-1	1
Total	14.33		14.33				10.13

Move 1 FTE provider to Forest. Move 2 Full Time Health Center Nurse positions from River Oak. One is reassigned to Forest, the other to Birch. Add in .4 of CHR IV from Birch to make 1 FTE CHR IV. Move one CHR II from River Oak to Cedar Peds. No Care Coordination with Prompt Care.

Birch							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.27		0.27			0	0.27
Providers	2		2			0	2
RN	1		1	1		1	2
MA	2		2			0	2
BHC	0		0			0	0
CHR IV	0.4		0.4	-0.4		-0.4	0
CHR II	2		2			0	2
Total	7.67		7.67				8.27

Pull 0.4 CHR IV to River Oak, only 2 FTE of CHR II remain. Adding one RN from Forest

Women's Health							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.5		0.5			0	0.5
Providers	0.7	2.5	3.2	0.3		0.3	3.5
CHW		0.5	0.5			0	0.5
Rd	0.5		0.5			0	0.5
RN	3.5		3.5			0	3.5
MA	3.7		3.7			0	3.7
BHC	2		2	-1		-1	1
CHR IV	0.5		0.5			0	0.5
CHR II	2		2			0	2
Total	13.4		16.4				15.7

McMillan increased from .7 FTE to 1.0 FTE to correct her allocation (.3 was incorrectly assigned to Youth Center). 1 BHC (Medical Social Worker) position moved to River Oak. Actively working to fill 2.5 FTE vacant provider positions.

Cedar Pediatrics							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.5		0.5				0.5
Providers	0		0				0
CH RN	1		1				1
RN	3.5		3.5				3.5
MA	3.5		3.5		1		4.5
BHC	1		1				1
RD	0.5		0.5				0.5
CHW		0.5	0.5				0.5
CHR IV	1.5		1.5				1.5
CHR II	1		1	1			2
Total	12.5		13				15
Assign 1 new MA FTE. Move 1 FTE CHR position from River Oak to Cedar Peds.							

Forest -Medical							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.44		0.44				0.44
Providers	5.0	1.0	6.00	1.9		1.9	7.9
CHW	1.0		1.00				1
Program Specialist		1.0	1.00				1
CH RN	1.0		1.00				1
RN	1.3	0	1.30	1.4		1.4	2.7
MA	4	1	5.00	2.6	1	3.6	8.6
BHC	1		1.00			0	1
CHR IV	1		1.00	0.5		0.5	1.5
CHR II	0.5		0.50	0.5		0.5	1
Total	15.24		18.24				26.14
<p>In addition to the 5 filled and 1 vacant current positions (6 FTE), add 1 vacant Physician position moved from River Oak, as well as .2 Dundas from Eastern, .2 Salisbury from RW and .5 Pathak from River Oak for a total of 1.9 Provider FTE's added. 1 FTE of RN is moved from River Oak, .4 of RN from Ryan White program. 2 FTE MA moved from River Oak, .2 MA from Eastern and .4MA from RW added. Add .5 CHR IV from Ryan White programs, and add another .5 CHR II from Ryan White programs and add to Forest Medical. One new MA FTE is assigned to Forest, but will not be filled until the second vacant provider position is filled.</p>							

Ryan White B							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.09		0.09			0	0.09
Providers	0.6		0.60	-0.3		-0.3	0.3
CHW			0.00			0	.
Nurse Case MGR	0.5		0.50			0	0.5
CH RN			0.00			0	0
RN	1.4		1.40	-0.55		-0.55	0.85
MA	0.5		0.50	0.8		0.8	1.3
Consumer Support Specialist					0.5	0.5	0.5
BHC			0.00	0.5		0.5	0.5
CHR IV	0.5		0.50	-0.25		-0.25	0.25
CHR II			0.00			0	0
Total	3.59		3.59				4.29
<p>Move .3 provider to Forest Medical. .35 RN is moved to Ryan White D, and .2 to Forest Medical. Medical assistants shifted from Ryan White D into B, as well as 0.5 of BHC from RW D into B. 0.25 CHR IV moved from RWB to Forest Medical. 0.5 of newly created position of Consumer Support Specialist added to B.</p>							
Ryan White D							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.08		0.08			0	0.08
Providers	0.0		0.00	0.1		0.1	0.1
Consumer Support Specialist					0.5	0.5	0.5
Dentist	0.05		0.05			0	0.05
Nurse Care Manger	0.5		0.50			0	0.5
Hygenist	0.05		0.05			0	0.05
RN	0.3		0.30	0.15		0.15	0.45
MA	2.15		2.15	-0.85		-0.85	1.3
BHC	1		1.00	-0.5		-0.5	0.5
CHR IV	0.5		0.50	-0.25		-0.25	0.25
CHR II	0.5		0.50			0	0.5
Total	5.13		5.13				4.28
<p>Add 0.1 FTE From RWB into RWD. Add 0.5 new created position of Consumer Support Specialist, move .15 Rn from Ryan White B, move 0.85 Medical Assistant to RWB and Forest Medical. Move 0.5 of BHC to Ryan White B.</p>							

Dental							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.39		0.39				0.39
Dentist	3.95		3.95				3.95
Dental Assistant	6.6		6.60				6.6
Hygienist	3.35		3.35				3.35
CHR IV	0.00						0
CHR II	3		3.00				3
Total	17.29		17.29				17.29
No staffing model changes proposed.							

Willow							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.49		0.49				0.49
Providers	1	0	1			0	1
Health Ed	0.5		0.5				0.5
CH RN	1		1				1
RN	1	0	1	0.5		0.5	1.5
MA	3	0	3			0	3
BHC	1	0	1			0	1
CHR IV	1	0	1			0	1
CHR II	0	0.5	0.5			0	0.5
Total	8.99		9.49				9.99
Add 0.5 of Health Center Nurse position from Eastern and Sexton.							

Eastern							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.28		0.28				0.28
Health Ed	0.25		0.25				0.25
Providers	1	0	1	-0.2		-0.2	0.8
RN	0.5	0	0.5	-0.25		-0.25	0.25
MA	2	0	2	-0.2		-0.2	1.8
BHC	1	0	1			0	1
CHR IV		0	0			0	0
CHR II		0	0			0	0
Total	5.03		5.03			-0.65	4.38
0.2 of provider and medical assistant to Forest Medical, and 0.25 RN to Willow.							

Sexton							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Supervisor	0.23		0.23				0.23
Health ed	0.25		0.25				0.25
Providers	1	0	1	-0.2		-0.2	0.8
RN	0.5	0	0.5	-0.25		-0.25	0.25
MA	2	0	2	-0.2		-0.2	1.8
BHC	1	0	1			0	1
CHR IV		0	0			0	0
CHR II		0	0			0	0
Total	4.98		4.98				4.33
0.2 of provider and medical assistant to River Oak Medical, and 0.25 RN to Willow.							

Call Center							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
RN	1	0	1			0	1
MA	0	0	0		1	1	1
CHR IV		0	0			0	0
CHR II	5	0	5			0	5
Total	6		6				7
Add 1.0 FTE of medical assistant staff positions created through the conversion of vacant positions.							

Referrals							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
RN	0	0	0			0	0
MA	3	0	3		3.5	1	4
CHR IV	0	0	0			0	0
CHR II	0	0	0			0	0
Total	3		3				4
Add 1.0 FTE of medical assistant staff positions created through the conversion of vacant positions added to Referrals. 2.5 FTE held vacant until future need requires additional staff supports.							

Med Records							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
HPS	0.5	0	0.5			0	0.5
MA	0	0	0		1	1	1
CHR II	4	2	6			0	6
Total	4.5		6.5				7.5
Add 1.0 FTE of medical assistant staff positions created through the conversion of vacant positions.							

Support Services							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
EHR RN	1	0	1			0	1
Anlysts	2		2			0	2
Specialist	2		2			0	2
Clinical Info Trainer	1		1			0	1
Total	6		6				6
EHR RN Position is conveand to Nurse Educator under new job description.							

Quality							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Quality Imp Coord	1		1			0	1
Medical Tech	1		1			0	1
Total	2		2				2
No Changes Proposed							

Admin							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Executive Director/DHO	0.95		0.95			0	0.95
Medical Director	0.55		0.55			0	0.55
Clinical Serv. MGR	1		1			0	1
Strategic Proj Manager	1		1			0	1
Excitve Assistant	1		1			0	1
	4.5		4.5				4.5
No changes proposed							

Admin							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Lead Senior Accountant	1		1			0	1
Health System Analyst	1		1			0	1
Health Sectary	1		1			0	1
	3		3				3
No changes proposed							
Billing and Reporting							
Positions	Filled FTE	Vacant FTE	Total Current FTE	Moved FTE	New FTE Assigned	FTE Change	Total Proposed FTE
Billing Manager	1		1			0	1
Billing and Reporting Clerk	6	2	8			0	8
Billing Specialist	1		1			0	1
Coding Specialist		1	1			0	1
Providing Enroll & Cred Coord	1		1			0	1
	9		12				12
no changes proposed							

Step 3 – Provider Recruitment for open budgeted positions and additional staffing changes as possible through future staff attrition or program growth.

The Ingham Community Health Centers has four budgeted Medical Provider positions that are currently vacant. These positions represent approximately 10,000 annual medical visits based upon current productivity when the providers are fully trained and operational. Recruiting for these positions is of the highest priority as this added capacity will assist in meeting community need as well as stabilizing the Health Center financial performance. Support for these positions will come from Medical Assistant Positions that are created by this proposal but are to remain unfilled until additional visit capacity is created.

ICHC will temporarily reduce the number of new patients accepted by our existing providers to improve our ability to take care of their current patients and reduce our reliance on Urgent Care and Emergency Department visits for those patients. Current demand for follow up patients from existing patients is greater than existing capacity. New patient access will improve as additional providers are hired and fully functional.

Ingham Community Health Centers is proposing that position conversions occur only upon the creation of a vacancy. Future RN positions that are vacated will be held unfilled until such time as conversion of positions to Medical Assistants can be supported by the volume of care provided by the Health Centers. Additionally, existing RN's will be encouraged to fill RN Care Coordinator positions as they are created as this is in line with movement towards value based care and anticipated reimbursement for these needed services. Additionally, Medical Assistants will be utilized when replacing future vacancies for Community Health Representatives (CHR's). This has been reviewed with the UAW and they have supported this change as the pay grade is identical and it provides additional flexibility within our sites.

In response to the concerns expressed by the Michigan Nurses Association, all future Medical Assistants hired by ICHC will be "Certified" by an outside agency such that they meet the federal guidance provided for Meaningful Use compliance. Additionally, all existing Medical Assistants will be provided with medication administration training by Lansing Community College. Training will include an assessment of current staff skills, basic medication training, observed medication administration via Nursing faculty and monitoring by ICHC staff until competency is assured. Additionally, all Medical Assistants will be provided with Electronic Health Record training to assure proper documentation. Existing Medical Assistants that are not currently Certified will be offered assistance with completion of a certification exam. It is hoped this program would offer the training at no cost to current employees and a final proposal will be brought to the Board of Commissioners following negotiations with the UAW.

Existing Charge Nurse positions will not be replaced as they are vacated. The duties of clinical oversight and day to day operations will be assumed by the site medical providers and the Site Supervisor.

It is expected that the process of converting RN positions to Medical Assistants will take several years as it is impossible to accurately predict the rate of separation for existing RN staff. Additionally, it is expected, but not guaranteed, that new RN Care Coordinators will be required and the duties these staff currently perform will need to be replaced.

Step 4 – Ideal model of Care

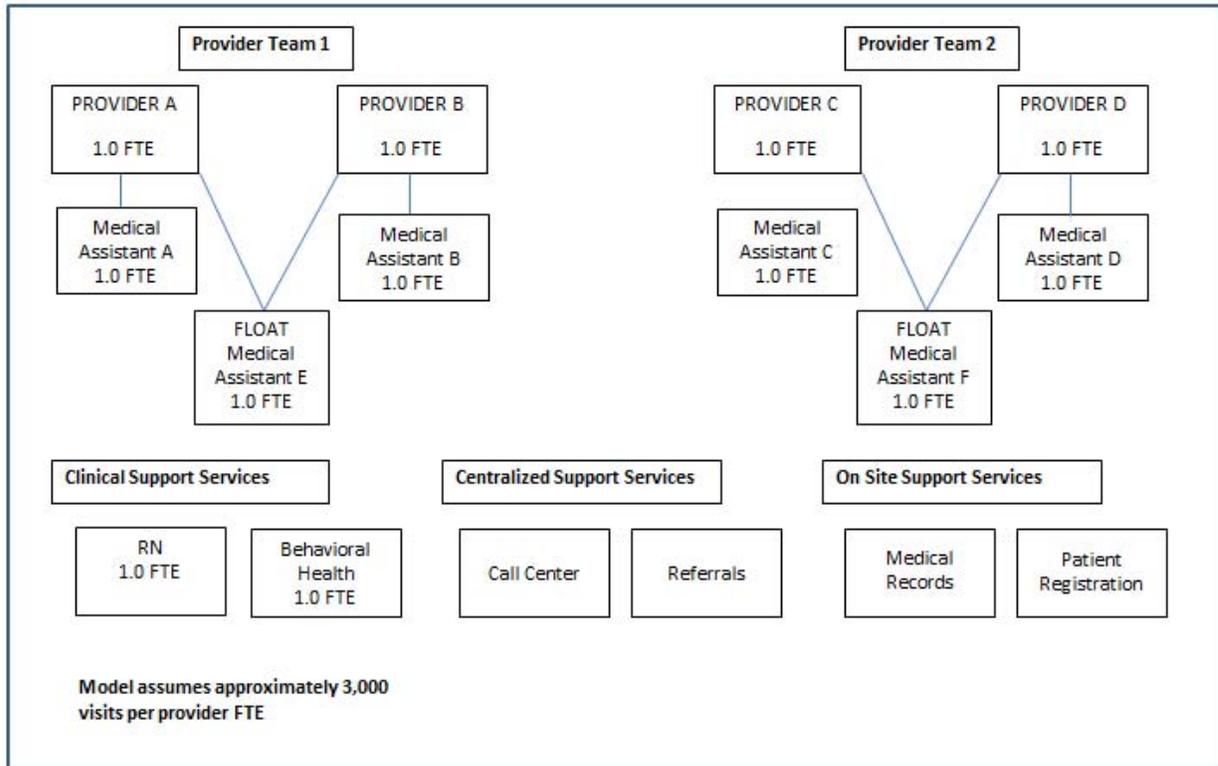
The following model of care represents the ideal staff makeup for 4 full time medical providers providing approximately 12,000 medical visits annually. This model would be followed should any expansion opportunities be identified through partnerships with community organizations or new grant opportunities be identified.



Health Center Reorganization
Committee Discussion Item
April 17-19, 2017



Site Medical Staff Model Goal



MEMORANDUM

TO: Finance and Liaison Committees

FROM: Timothy J. Dolehanty, Controller

DATE: April 4, 2017

SUBJECT: 2018 Update of County Fees

When the Board of Commissioners adopted Resolution #02-155, setting various fees for county services, the Controller's Office was directed to annually review the fees and to recommend adjustments. We have completed our review for fiscal year 2018 consistent with this standing directive and offer a few adjustments for your consideration. This information will appear as a discussion item on the current round of committee meetings. We anticipate presentation of a resolution at the next round of meetings to recommend increases to certain fees. A draft version of the resolution is attached for your review and consideration.

Attached spreadsheets provide details of recommended fee adjustments to be effective for the Health Department and the Friend of the Court on October 1, 2017, park annual and zoo winter seasonal fees on November 1, 2017, and for all other departments on January 1, 2018. As noted in the fee schedule, seasonal fees will continue through March 31, 2018.

The first attachment (Attachment A) offers analysis of proposed fees for 2018. The annual average United States' consumer price index was used to do the calculation. This rate of 0.9% was also used by the State of Michigan for the inflation rate multiplier.

The following information is included for each fee:

1. Location of Service
2. Fee Description
3. The 2017 cost as calculated in last year's fee update process.
4. The 2018 cost, which was calculated by multiplying the 2017 cost by the consumer price index.
5. As identified by the Board of Commissioners, the target percent was determined by the percentage of cost to be recovered by the fee for service. The target percent for each fee was initially passed by Resolution #02-155. For other fees added after the passage of Resolution #02-155, in most cases, it was assumed that the fee as passed is charged at the appropriate cost with a target recovery of 100%.
6. The 2018 calculated fee is based on the 2017 cost multiplied by the target percent.
7. Although many fees were proposed to remain unchanged in 2018, the initial proposed fees were determined by rounding down the calculated fee to the full dollar amount and, in the case of some larger fees, rounded to the lower \$5 or \$10 increment. In some cases the cost multiplied by the target percent is much greater than the current fee, so only an incremental increase was proposed in anticipation of further upward adjustments over several years. Fees that are proposed to increase are presented in **bold type**.

8. Units. This variable was used to calculate anticipated revenue generated by a proposed fee. Initial information was provided in the Maximus study, and in some cases has been updated by the departments.
9. Department/Controller Recommendation. Department heads agreed with the initial proposed fees in most cases. Where there was disagreement, the department head was asked to provide supporting information such as a memorandum of explanation. In all cases, the Controller agreed with recommendations of the department head as follows:
 - a. CS: The Clerk's Office would like to maintain the 2017 rates for most of their fees. Lines 1 and 9, the Clerk indicated that small incremental changes would delay check out for customers and compared to other counties they already charge on the high end. The Marriage Solemnize fee (line 6) was significantly increased a few years ago.
 - b. CS: The Parks Department agrees with some of the proposed fees with the following exceptions: Line 68 and 70 Resident and Non-Resident Annual Fee – Parks does recommend increasing the fee and have actually agreed to a higher fee than what we proposed due to the fact that it hasn't been increased in a couple years; however, they would like to start charging the new rate for this pass in October 2017 because that is when they begin selling passes for the next year. Line 116 Boat Launch Annual – the senior annual was eliminated in 2014 which was \$25, frequent complaints received about the current \$50 fee and the small amount of revenue that the proposed fee would generate isn't really beneficial. Line 134 Disc Golf Annual- given that we are the only course in the area to charge a fee, they don't want to increase cost because there is a chance of losing the current golfers.
 - c. CS: The Register of Deeds does not agree with increasing any of the fees for 2018, due to the fact that the State has increased some of their fees already. State recording fees have increased from \$14 to \$30 this year and that should help with generating revenue.
 - d. HS: The Health Department agrees with most of the proposed fee increase. Line 35, the Office for Young Children indicate that this is a mandated fee for daycare providers and increasing this fee would force them out of the competitive range. Line 95- Department would prefer to keep the fee at the FY17 level because these entities are usually paying for several pools at one time. The cost related to inspecting an additional pool will be less as the initial travel costs are used in the calculation of the initial pool inspection.
 - e. L&C: Animal Control proposed fee increases are supported by the department except the following: Lines 3, 5-7 they agree that a license fee differential between sterilized and unsterilized dogs is appropriate, but the differential we are currently using is too great and is resulting in licensing fewer dogs. The same logic applies to delinquent license fees; we feel they are so high that they are discouraging licensing compliance. They are proposing that fees for unsterilized dogs be set at triple those of sterilized dogs, and delinquent fees be set at double non delinquent fees. This or similar fee structures are used successfully in other counties. We feel that these differentials still encourage spaying and neutering, but are less of a deterrent to licensing dogs at all. Historic dog license data for the County shows a significant decline in licensing of unsterilized dogs when those license fees were significantly increased. They are proposing making up lost revenue per unit on these license classifications by increasing the number of units sold. This will occur due to a combination of the market force of the lower fees, increased licensing efforts by the department and increased compliance with licensing efforts due to the more reasonable fees. This should also have the added benefit of increasing the number of dogs returned to owners by lowering the license portion of the redemption fees.

f. L&C: The District Court does not recommend any fee increase for 2018.

g. L&C: The Friend of the Court does not want to increase the bench warrant fee in Line 67. This fee has been increased over the years and these fees are very difficult to collect and have a very high outstanding balance.

10. Additional revenue is projected from the department head/Controller recommended increase in fees multiplied by the units.

A summary of proposed fee increases for 2018 is presented in the final spreadsheet (Attachment B). The spreadsheet simply lists the 2017 fee, department head and Controller recommendations, and projected revenue for each fee where an increase was proposed.

Fee increases recommended by the Controller's Office would generate approximately \$84,250 in additional revenue in 2018. Total revenue generated by the listed fees is approximately \$5.7 million, meaning the proposed adjustments would increase the base by about 1.0%.

Please do not hesitate to contact me if you have any questions regarding this information.

Attachments

ATTACHMENT A

2018 County Fees Analysis
Human Services Committee

FEES PROPOSED TO CHANGE ARE IN BOLD

	Location of Service	Fee Description	2017 Cost	2018 Cost Increase Factor	2018 Cost	Target Percent	2017 Fee	2018 Calc. Fee	2018 Initial Prop. Fee	Department Recommend	Units	Additional Revenue
1	BCCCP	Alert Value Case Management	\$101.00	0.9%	\$101.91	100%	\$101.00	101.91	\$101.00	\$101.00	5	\$0
2	BCCCP	Hypertension Case Management	\$27.00	0.9%	\$27.24	100%	\$27.00	27.24	\$27.00	\$27.00	5	\$0
3	BCCCP	Wellness Assessment	\$41.00	0.9%	\$41.37	100%	\$41.00	41.37	\$41.00	\$41.00	20	\$0
4	BCCCP	Disease Management Initial Assessment	\$41.00	0.9%	\$41.37	100%	\$41.00	41.37	\$41.00	\$41.00	20	\$0
5	BCCCP	Lifestyle Modification Mgmt of CVD - 1st Stage	\$41.00	0.9%	\$41.37	100%	\$41.00	41.37	\$41.00	\$41.00	20	\$0
6	BCCCP	Lifestyle Modification Mgmt of CVD - Final Stage	\$88.00	0.9%	\$88.79	100%	\$88.00	88.79	\$88.00	\$88.00	20	\$0
7	BCCCP	Disease Management Follow Up	\$101.00	0.9%	\$101.91	100%	\$101.00	101.91	\$101.00	\$101.00	20	\$0
8	BCCCP	Patient Education - Non Physician Provider	\$169.00	0.9%	\$170.52	100%	\$169.00	170.52	\$170.00	\$170.00	20	\$20
9	BCCCP	Patient Navigation	\$81.00	0.9%	\$81.73	100%	\$81.00	81.73	\$81.00	\$81.00	20	\$0
10	Comm. Health	GC Prob Tech	\$21.22	0.9%	\$21.41	100%	COST	21.41	COST	COST	1,000	\$0
11	Comm. Health	Conting Ed. Fee Diseased Control/Imm.	\$15.32	0.9%	\$15.46	100%	\$15.00	15.46	\$15.00	\$15.00	25	\$0
12	Comm. Health	INS Vaccination Verif Form I-693	\$38.31	0.9%	\$38.65	100%	\$38.00	38.65	\$38.00	\$38.00	400	\$0
13	Comm. Health	Immuniz Record Copying Fee	\$4.60	0.9%	\$4.64	100%	\$4.00	4.64	\$4.00	\$4.00	800	\$0
14	Comm. Health	MIHP Tran. Bus/Van	\$35.70	0.9%	\$36.02	100%	\$35.60	36.02	\$36.02	\$36.02	400	\$168
15	Comm. Health	MIHP - Trans Taxi	\$32.65	0.9%	\$32.95	100%	\$32.56	32.95	\$32.95	\$32.95	70	\$27
16	Comm. Health	MIHP Trans. Volunteer	\$0.35	0.9%	\$0.36	100%	\$0.35	0.36	\$0.36	\$0.36	0	\$0
17	Comm. Health	Compreh Envir Investigation	\$306.47	0.9%	\$309.23	100%	\$305.00	309.23	\$305.00	\$305.00	11	\$0
18	Comm. Health	Assessment of Home	\$130.25	0.9%	\$131.42	100%	\$130.00	131.42	\$130.00	\$130.00	5	\$0
19	Imm. Clinic	Internat'l Travel Consult	\$63.10	0.9%	\$63.67	100%	\$63.00	63.67	\$63.00	\$63.00	500	\$0
20	Imm. Clinic	Influenza - Mass Vacc. Clinic	\$30.76	0.9%	\$31.03	75%	market price	23.27	market price	market price	4,500	\$0
21	Med Examiner	Crementation Permits	\$27.77	0.9%	\$28.02	100%	\$27.00	28.02	\$28.00	\$28.00	1,300	\$1,300
22	Med Examiner	Autopsy Report Copies (family)	\$18.51	0.9%	\$18.68	100%	\$0.00	18.68	\$0.00	\$0.00	5	\$0
23	Med Examiner	Autopsy Report Copies (others)	\$46.28	0.9%	\$46.70	100%	\$25.00	46.70	\$26.00	\$26.00	5	\$5
24	OYC	Consultation Request (per hr.)	\$73.94	0.9%	\$74.61	100%	\$73.00	74.61	\$74.00	\$74.00	10	\$10
25	OYC	Agency Training Request- Base, 1.5 hr.	\$221.84	0.9%	\$223.83	100%	\$220.00	223.83	\$220.00	\$220.00	9	\$0
26	OYC	Agency Training Request- Base, 2.5 hr.	\$369.72	0.9%	\$373.05	100%	\$360.00	373.05	\$365.00	\$365.00	11	\$55
27	OYC	Agency Training Request- Base, 3.0 hr.	\$419.33	0.9%	\$423.11	100%	\$432.00	423.11	\$432.00	\$432.00	10	\$0
28	OYC	Agency Training Request- Base, 5.0 hr.	\$698.87	0.9%	\$705.16	100%	\$690.00	705.16	\$690.00	\$690.00	8	\$0
29	OYC	Agency Train. Request- Base, 1.5 hr, each add.	\$14.79	0.9%	\$14.92	100%	\$16.00	14.92	\$16.00	\$16.00	0	\$0
30	OYC	Agency Train. Request- Base, 2.5 hr, each add.	\$22.18	0.9%	\$22.38	100%	\$23.00	22.38	\$23.00	\$23.00	0	\$0
31	OYC	OYC-Advertised Train.- 1-2 hr./per person (min. 15 attending)	\$30.00	0.9%	\$30.27	100%	\$29.00	30.27	\$30.00	\$30.00	100	\$100
32	OYC	OYC-Advertised Train.- 2.5-4.5 hr./per person (min. 15 attending)	\$36.97	0.9%	\$37.30	100%	\$36.00	37.30	\$37.00	\$37.00	700	\$700
33	OYC	OYC-Advertised Train.- 5-7 hrs./per person (min. 15 attending).	\$74.50	0.9%	\$75.17	100%	\$72.00	75.17	\$75.00	\$75.00	100	\$300
34	OYC	OYC - Advanced Training - 8-10 hrs./per person	\$104.76	0.9%	\$105.70	100%	\$110.00	105.70	\$110.00	\$110.00	50	\$0
35	OYC	OYC - Required Training - > 10 hrs./per person	\$191.41	0.9%	\$193.14	100%	\$140.00	193.14	\$150.00	\$140.00	100	\$0
36	OYC	OYC-Agency Request Head Start CPR & 1st Aide	\$71.00	0.9%	\$71.64	100%	\$70.00	71.64	\$71.00	\$71.00	380	\$380
37	Env. Health	FOOD SERVICE SANITATION PROGRAM										\$0
38	Env. Health	Food Service Establishment License Fee										\$0
39	Env. Health	Category 1 (see definition below) - License Fee *	\$586.76	0.9%	\$592.04	80%	\$470.00	473.63	\$470.00	\$470.00	315	\$0
40	Env. Health	Category 1 (see definition below) - Full Plan Review	\$1,217.64	0.9%	\$1,228.60	80%	\$970.00	982.88	\$975.00	\$975.00	5	\$25
41	Env. Health	Category 1 (see definition below) - New Owner/Eval	\$646.43	0.9%	\$652.25	80%	\$515.00	521.80	\$520.00	\$520.00	25	\$125

Location of Service	Fee Description	2017 Cost	2018 Cost Increase Factor	2018 Cost	Target Percent	2017 Fee	2018 Calc. Fee	2018 Initial Prop. Fee	Department Recommend	Units	Additional Revenue
42 Env. Health	Category 1 (see definition below) - New Owner w/minimal plan review	\$776.32	0.9%	\$783.31	80%	\$620.00	626.65	\$625.00	\$625.00	2	\$10
43 Env. Health	Category 2 (see definition below) - License Fee *	\$810.42	0.9%	\$817.72	80%	\$645.00	654.17	\$650.00	\$650.00	430	\$2,150
44 Env. Health	Category 2 (see definition below) - Full Plan Review	\$1,694.07	0.9%	\$1,709.31	80%	\$1,350.00	1,367.45	\$1,355.00	\$1,355.00	25	\$125
45 Env. Health	Category 2 (see definition below) - New Owner/Eval	\$907.72	0.9%	\$915.88	80%	\$725.00	732.71	\$730.00	\$730.00	25	\$125
46 Env. Health	Category 2 (see definition below) - New Owner w/minimal plan review	\$952.85	0.9%	\$961.43	80%	\$760.00	769.14	\$765.00	\$765.00	10	\$50
47 Env. Health	Category 3 (see definition below) - License Fee *	\$1,148.44	0.9%	\$1,158.77	80%	\$915.00	927.02	\$920.00	\$920.00	185	\$925
48 Env. Health	Category 3 (see definition below) - Full Plan Review	\$2,436.29	0.9%	\$2,458.21	80%	\$1,945.00	1,966.57	\$1,950.00	\$1,950.00	25	\$125
49 Env. Health	Category 3 (see definition below) - New Owner/Eval	\$1,323.96	0.9%	\$1,335.88	80%	\$1,055.00	1,068.70	\$1,060.00	\$1,060.00	15	\$75
50 Env. Health	Category 3 (see definition below) - New Owner w/minimal plan review	\$1,466.39	0.9%	\$1,479.58	80%	\$1,170.00	1,183.67	\$1,175.00	\$1,175.00	2	\$10
51 Env. Health	Mobile - License Fee *	\$454.36	0.9%	\$458.45	80%	\$360.00	366.76	\$365.00	\$365.00	1	\$5
52 Env. Health	Mobile - Full Plan Review	\$622.86	0.9%	\$628.47	80%	\$495.00	502.78	\$500.00	\$500.00	1	\$5
53 Env. Health	Mobile - New Owner/Eval.	\$517.55	0.9%	\$522.21	80%	\$415.00	417.76	\$415.00	\$415.00	1	\$0
54 Env. Health	STFU - License Fee * (state mandated fee)	\$454.36	0.9%	\$458.45	34%	\$152.00	153.83	\$152.00	\$152.00	80	\$0
55 Env. Health	STFU - Full Plan Review	\$622.86	0.9%	\$628.47	80%	\$495.00	502.78	\$500.00	\$500.00	20	\$100
56 Env. Health	STFU - New Owner/Eval	\$558.67	0.9%	\$563.70	80%	\$445.00	450.96	\$450.00	\$450.00	1	\$5
57 Env. Health	Temporary Food License	\$374.12	0.9%	\$377.49	50%	\$195.00	188.74	\$195.00	\$195.00	110	\$0
58 Env. Health	Seasonal Facilities - License Fee *	\$551.70	0.9%	\$556.66	50%	\$275.00	278.33	\$275.00	\$275.00	75	\$0
59	Other Food Service Fees										\$0
60 Env. Health	Late Fee for Food License effective 1st day after April 30th	\$135.41	0.9%	\$136.62	100%	\$135.00	136.62	\$135.00	\$135.00	0	\$0
61 Env. Health	Late Fee for Temporary Food License application less than 5 days prior to event (in addition to the \$195 license)	\$195.59	0.9%	\$197.35	100%	\$195.00	197.35	\$195.00	\$195.00	0	\$0
62 Env. Health	Inspection fee for STFU	\$383.15	0.9%	\$386.59	24%	\$90.00	91.08	\$90.00	\$90.00	92	\$0
63 Env. Health	Construction/Remodeling that begins without approved plans (**)	\$988.96	0.9%	\$997.86	80%	\$790.00	798.29	\$795.00	\$795.00	2	\$10
64 Env. Health	Food Service plan review re-evaluation or re-submission	\$501.50	0.9%	\$506.01	100%	\$500.00	506.01	\$500.00	\$500.00	1	\$0
65	Enforcement Food Service Program Fees										\$0
66 Env. Health	Informal Hearing Fee (**)	\$1,129.38	0.9%	\$1,139.54	100%	\$1,126.00	1,139.54	\$1,130.00	\$1,130.00		\$0
67 Env. Health	Formal Hearing Fee (**)	\$1,129.38	0.9%	\$1,139.54	100%	\$1,126.00	1,139.54	\$1,130.00	\$1,130.00		\$0
68 Env. Health	Follow Up inspection to assess compliance for critical violations (**)	\$525.57	0.9%	\$530.30	100%	\$524.00	530.30	\$530.00	\$530.00		\$0
69 Env. Health	Fee for new owner operating without new license(**)	\$812.43	0.9%	\$819.74	80%	\$650.00	655.79	\$655.00	\$655.00	3	\$15
70 Env. Health	WATER SUPPLY WELL & ON-SITE SEPTIC DISPOSAL										\$0
71 Env. Health	Well - permit to construct or alter a private residential , type II, or type III well	\$428.95	0.9%	\$432.81	90%	\$385.00	389.53	\$385.00	\$385.00	100	\$0
72 Env. Health	Septic - new or repair permit for residential or commercial	\$950.84	0.9%	\$959.40	90%	\$850.00	863.46	\$855.00	\$855.00	130	\$650
73 Env. Health	Combined - well & septic	\$1,169.50	0.9%	\$1,180.02	90%	\$1,050.00	1,062.02	\$1,055.00	\$1,055.00	50	\$250
74 Env. Health	Septic - new/repair septic tank only	\$392.17	0.9%	\$395.70	90%	\$350.00	356.13	\$355.00	\$355.00	25	\$125

	Location of Service	Fee Description	2017 Cost	2018 Cost Increase Factor	2018 Cost	Target Percent	2017 Fee	2018 Calc. Fee	2018 Initial Prop. Fee	Department Recommend	Units	Additional Revenue
75	Env. Health	Well - Sanitary survey, public non community Type II - transient well	\$476.43	0.9%	\$480.71	90%	\$430.00	432.64	\$430.00	\$430.00	15	\$0
76	Env. Health	Well - Sanitary survey, public non community Type II non - transient Well	\$551.65	0.9%	\$556.61	90%	\$495.00	500.95	\$500.00	\$500.00	20	\$100
77	Env. Health	Septic Evaluation - application for residential or commercial lot & soil evaluation	\$431.29	0.9%	\$435.17	90%	\$390.00	391.65	\$390.00	\$390.00	30	\$0
78	Env. Health	Septic Evaluation - plan review for engineered system	\$347.04	0.9%	\$350.16	90%	\$311.00	315.15	\$311.00	\$311.00	60	\$0
79		BODY ART FACILITY PROGRAM										\$0
80	Env. Health	License renewal	\$415.24	0.9%	\$418.98	80%	\$330.00	335.18	\$335.00	\$335.00	10	\$50
81	Env. Health	Full plan review	\$539.61	0.9%	\$544.47	80%	\$430.00	435.58	\$435.00	\$435.00	2	\$10
82		CAMPGROUND INSPECTIONS										\$0
83	Env. Health	Permanent Campground	\$418.25	0.9%	\$422.02	100%	\$415.00	422.02	\$420.00	\$420.00	9	\$45
84	Env. Health	Temporary Campground	\$188.56	0.9%	\$190.26	100%	\$185.00	190.26	\$190.00	\$190.00	2	\$10
85		MORTGAGE CERTIFICATION INSPECTIONS (POINT OF SALE)										\$0
86	Env. Health	Point of Sale - Application/Administrative processing fee	\$293.88	0.9%	\$296.52	85%	\$250.00	252.05	\$250.00	\$250.00	550	\$0
87	Env. Health	Point of Sale - On-site evaluation of well & septic	\$595.78	0.9%	\$601.14	75%	\$450.00	450.86	\$450.00	\$450.00	16	\$0
88	Env. Health	Point of Sale - Waste treatment evaluation	\$351.05	0.9%	\$354.21	100%	\$350.00	354.21	\$350.00	\$350.00	2	\$0
89	Env. Health	Point of Sale - Well evaluation	\$250.75	0.9%	\$253.01	100%	\$250.00	253.01	\$250.00	\$250.00	6	\$0
90	Env. Health	Point of Sale - inspector annual renewal fee	\$200.60	0.9%	\$202.41	100%	\$200.00	202.41	\$200.00	\$200.00	17	\$0
91		CHILD CARE & FOSTER CARE INSPECTIONS										\$0
92	Env. Health	Full inspection, water system, sewage disposal, building and grounds	\$284.85	0.9%	\$287.42	100%	\$280.00	287.42	\$285.00	\$285.00	82	\$410
93		POOLS										\$0
94	Env. Health	Pool Inspection	\$176.53	0.9%	\$178.12	100%	\$175.00	178.12	\$175.00	\$175.00	125	\$0
95	Env. Health	Additional pool at the same location	\$122.74	0.9%	\$123.85	100%	\$100.00	123.85	\$110.00	\$100.00	45	\$0
96	Env. Health	Re-inspection fee after violation	\$122.74	0.9%	\$123.85	100%	\$200.00	123.85	\$200.00	\$200.00	0	\$0
97		TOBACCO & E-CIGARETTE										\$0
98	Env. Health	Tobacco & E- cigarette sales license - East Lansing	\$375.12	0.9%	\$378.50	78%	\$290.00	293.49	\$290.00	\$290.00	24	\$0
99	Env. Health	Tobacco & E- cigarette sales license - Not East Lansing	\$375.12	0.9%	\$378.50	90%	\$335.00	340.65	\$340.00	\$340.00	235	\$1,175
100	Env. Health	Tobacco & E- cigarette Change of Ownership Fee - East Lansing	\$136.10	0.9%	\$137.33	100%	\$130.00	137.33	\$135.00	\$135.00	5	\$25
101	Env. Health	Tobacco & E- cigarette Change of Ownership Fee - Not East Lansing	\$157.88	0.9%	\$159.30	100%	\$150.00	159.30	\$155.00	\$155.00	9	\$45
102	Env. Health	Tobacco & E - cigarette sales license vending machine	\$342.10	0.9%	\$345.18	100%	\$335.00	345.18	\$340.00	\$340.00	1	\$5
103	Env. Health	Temporary Tobacco License - Sampling Permit	\$136.84	0.9%	\$138.07	100%	\$130.00	138.07	\$135.00	\$135.00	0	\$0
104	Env. Health	Late Fee and/or failure to report change of ownership (**)	\$195.99	0.9%	\$197.76	100%	\$200.00	197.76	\$200.00	\$200.00	0	\$0
105		POLLUTION PREVENTION PROGRAM (P2)										\$0
106	Env. Health	Category 1: 56 - 499 Gallons (450 - 4,499 pounds) - Reporting Fee	\$149.75	0.9%	\$151.10	50%	\$70.00	75.55	\$71.00	\$71.00	125	\$125
107	Env. Health	Category 1: 56 - 499 Gallons (450 - 4,499 pounds) - Inspection Fee	\$299.51	0.9%	\$302.20	50%	\$145.00	151.10	\$150.00	\$150.00	50	\$250
108	Env. Health	Category 2: 500 - 4,999 Gallons (4,500 - 44,499 pounds) - Reporting Fee	\$299.51	0.9%	\$302.20	50%	\$145.00	151.10	\$150.00	\$150.00	210	\$1,050
109	Env. Health	Category 2: 500 - 4,999 Gallons (4,500 - 44,499 pounds) - Inspection Fee	\$479.20	0.9%	\$483.51	50%	\$235.00	241.75	\$240.00	\$240.00	130	\$650

	Location of Service	Fee Description	2017 Cost	2018 Cost Increase Factor	2018 Cost	Target Percent	2017 Fee	2018 Calc. Fee	2018 Initial Prop. Fee	Department Recommend	Units	Additional Revenue
110	Env. Health	Category 3: 5,000 or more Gallons (more than 45,000 pounds) - Reporting Fee	\$449.25	0.9%	\$453.29	50%	\$220.00	226.65	\$225.00	\$225.00	95	\$475
111	Env. Health	Category 3: 5,000 or more Gallons (more than 45,000 pounds) - Inspection Fee	\$718.81	0.9%	\$725.28	50%	\$350.00	362.64	\$355.00	\$355.00	75	\$375
112	Env. Health	Use hourly rate for Plan Review & Consultation										\$0
113		MISC FEES										\$0
114	Env. Health	Hourly rate for services not specified in the fee schedule	\$100.30	0.9%	\$101.20	100%	\$100.00	101.20	\$100.00	\$100.00	0	\$0
115	Env. Health	Late fee for all licenses not specified above, effective 30 days after due date	\$130.39	0.9%	\$131.56	100%	\$130.00	131.56	\$130.00	\$130.00	0	\$0
116	Env. Health	Sanitary Code appeal fee	\$130.39	0.9%	\$131.56	100%	\$130.00	131.56	\$130.00	\$130.00	0	\$0
117	Env. Health	Returned check fee	\$30.09	0.9%	\$30.36	100%	\$30.00	30.36	\$30.00	\$30.00	0	\$0

\$12,775

Food Service Establishment License Fee	
Category 1	Serving only. Take out pizza only, Religious Organizations, concessions, coffee shop, donuts, ice cream, school kitchens (K-12), Fraternal/Civic organizations, Bar with limited or no PHF
Category 2	Full service with alcohol (Fast food, pizza with additional menu, catering operations)
Category 3	Full service with alcohol (Larger, more complicated menus, fine dining), Institutional (large campus cafeterias), Hospital, Large Hotels

* Includes State of Michigan fee of \$29 for fixed food licenses and \$8 for temporary licenses

** Administrative Fee

ATTACHMENT B

2018 County Fees Analysis
Human Services Committee

Location of Service	Fee Description	2017 Fee	Controller/ Department Recommend	Additional Revenue
BCCCP	Patient Education - Non Physician Provider	\$169.00	\$170.00	\$20
Comm. Health	MIHP Tran. Bus/Van	\$35.60	\$36.02	\$168
Comm. Health	MIHP - Trans Taxi	\$32.56	\$32.95	\$27
Comm. Health	MIHP Trans. Volunteer	\$0.35	\$0.36	\$0
Med Examiner	Cremation Permits	\$27.00	\$28.00	\$1,300
Med Examiner	Autopsy Report Copies (others)	\$25.00	\$26.00	\$5
OYC	Consultation Request (per hr.)	\$73.00	\$74.00	\$10
OYC	Agency Training Request- Base, 2.5 hr.	\$360.00	\$365.00	\$55
OYC	OYC-Advertised Train. - 1-2 hr./per person (min. 15 attending)	\$29.00	\$30.00	\$100
OYC	OYC-Advertised Train. - 2.5-4.5 hr./per person (min. 15 attending)	\$36.00	\$37.00	\$700
OYC	OYC-Advertised Train. - 5-7 hrs./per person (min. 15 attending).	\$72.00	\$75.00	\$300
OYC	OYC-Agency Request Head Start CPR & 1st Aide	\$70.00	\$71.00	\$380
Env. Health	Category 1 (see definition below) - Full Plan Review	\$970.00	\$975.00	\$25
Env. Health	Category 1 (see definition below) - New Owner/Eval	\$515.00	\$520.00	\$125
Env. Health	Category 1 (see definition below) - New Owner w/minimal plan review	\$620.00	\$625.00	\$10
Env. Health	Category 2 (see definition below) - License Fee *	\$645.00	\$650.00	\$2,150
Env. Health	Category 2 (see definition below) - Full Plan Review	\$1,350.00	\$1,355.00	\$125
Env. Health	Category 2 (see definition below) - New Owner/Eval	\$725.00	\$730.00	\$125
Env. Health	Category 2 (see definition below) - New Owner w/minimal plan review	\$760.00	\$765.00	\$50
Env. Health	Category 3 (see definition below) - License Fee *	\$915.00	\$920.00	\$925
Env. Health	Category 3 (see definition below) - Full Plan Review	\$1,945.00	\$1,950.00	\$125
Env. Health	Category 3 (see definition below) - New Owner/Eval	\$1,055.00	\$1,060.00	\$75
Env. Health	Category 3 (see definition below) - New Owner w/minimal plan review	\$1,170.00	\$1,175.00	\$10
Env. Health	Mobile - License Fee *	\$360.00	\$365.00	\$5
Env. Health	Mobile - Full Plan Review	\$495.00	\$500.00	\$5
Env. Health	STFU - Full Plan Review	\$495.00	\$500.00	\$100
Env. Health	STFU - New Owner/Eval	\$445.00	\$450.00	\$5
Env. Health	Construction/Remodeling that begins without approved plans (**)	\$790.00	\$795.00	\$10
Env. Health	Informal Hearing Fee (**)	\$1,126.00	\$1,130.00	\$0
Env. Health	Formal Hearing Fee (**)	\$1,126.00	\$1,130.00	\$0
Env. Health	Follow Up inspection to assess compliance for critical violations (**)	\$524.00	\$530.00	\$0

Location of Service	Fee Description	2017 Fee	Controller/ Department Recommend	Additional Revenue
Env. Health	Fee for new owner operating without new license(**)	\$650.00	\$655.00	\$15
Env. Health	Septic - new or repair permit for residential or commercial	\$850.00	\$855.00	\$650
Env. Health	Combined - well & septic	\$1,050.00	\$1,055.00	\$250
Env. Health	Septic - new/repair septic tank only	\$350.00	\$355.00	\$125
Env. Health	Well - Sanitary survey, public non community Type II non - transient Well	\$495.00	\$500.00	\$100
Env. Health	License renewal	\$330.00	\$335.00	\$50
Env. Health	Full plan review	\$430.00	\$435.00	\$10
Env. Health	Permanent Campground	\$415.00	\$420.00	\$45
Env. Health	Temporary Campground	\$185.00	\$190.00	\$10
Env. Health	Full inspection, water system, sewage disposal, building and grounds	\$280.00	\$285.00	\$410
Env. Health	Tobacco & E- cigarette sales license - Not East Lansing	\$335.00	\$340.00	\$1,175
Env. Health	Tobacco & E- cigarette Change of Ownership Fee - East Lansing	\$130.00	\$135.00	\$25
Env. Health	Tobacco & E- cigarette Change of Ownership Fee - Not East Lansing	\$150.00	\$155.00	\$45
Env. Health	Tobacco & E - cigarette sales license vending machine	\$335.00	\$340.00	\$5
Env. Health	Temporary Tobacco License - Sampling Permit	\$130.00	\$135.00	\$0
Env. Health	Category 1: 56 - 499 Gallons (450 - 4,499 pounds) - Reporting Fee	\$70.00	\$71.00	\$125
Env. Health	Category 1: 56 - 499 Gallons (450 - 4,499 pounds) - Inspection Fee	\$145.00	\$150.00	\$250
Env. Health	Category 2: 500 - 4,999 Gallons (4,500 - 44,499 pounds) - Reporting Fee	\$145.00	\$150.00	\$1,050
Env. Health	Category 2: 500 - 4,999 Gallons (4,500 - 44,499 pounds) - Inspection Fee	\$235.00	\$240.00	\$650
Env. Health	Category 3: 5,000 or more Gallons (more than 45,000 pounds) - Reporting Fee	\$220.00	\$225.00	\$475
Env. Health	Category 3: 5,000 or more Gallons (more than 45,000 pounds) - Inspection Fee	\$350.00	\$355.00	\$375

\$12,775