THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, NOVEMBER 6, 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 October 16, 2017 Minutes
Additions to the Agenda
Limited Public Comment

1. Interviews – Board of Health

2. Health Department
   a. Resolution to Authorize an Amendment to Resolution #16 – 114 Authorize Certain Health Department Staff to Sign CMS Forms 855A and 855B
   b. Resolution to Authorize an Administrative Service Agreement with Blue Cross Blue Shield of Michigan at the Ingham County Jail
   c. Resolution to Accept FY 2018 Child and Adolescent Health Center Program Funds
   d. Resolution to Authorize an Agreement with the Greater Lansing Food Bank

3. Veterans Affairs – Resolution to Authorize the Ingham County Department of Veteran Affairs to Accept Four Hundred Twenty-Five Dollars Donated from the Family of Deceased Veteran, Joseph E. Merritt

4. Controller’s Office – Resolution Authorizing 2018 Agreements for Community Agencies

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.
Members Present: Tennis, Banas, Anthony, and Nolan

Members Absent: Sebolt and McGrain

Others Present: Commissioner Bryan Crenshaw, Sam Davis, David Mittleman, Paul Novak, Robert Sickels, Samantha Bird, Zoe Weinstein, Ryan Claypool, Jalina Crawford, Heather Irvine, Ian Soree, Karen Weinstein, Lilly Spears, Eric Dobbrastine, Jared Cypher, Liz Kane and others

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 October 2, 2017 Minutes

WITHOUT OBJECTION, CHAIRPERSON TENNIS RECOGNIZED THAT THE MINUTES OF THE OCTOBER 2, 2017 HUMAN SERVICES COMMITTEE MEETING WERE APPROVED AS PRESENTED. Absent: Commissioners Sebolt and McGrain

Additions to the Agenda

None.

Additional Information for Agenda Item No. 5 – 2017 Contingency Fund Update

Limited Public Comment

None.

MOVED BY COMM. BANAS, SUPPORTED BY COMM. NAeyaERT, TO APPROVE A CONSENT AGENDA CONSISTING OF THE FOLLOWING ACTION ITEMS:

3. Sheriff – Resolution to Authorize an Agreement with the Michigan State University School of Psychiatry to Provide Psychiatric Services for Inmates at the Ingham County Jail

4. Health Department
   a. Resolution to Authorize an Agreement with Language Line Solutions for Interpreter Services
   b. Resolution to Authorize an Agreement with MIHP EMR, LLC
   c. Resolution to Extend Agreement with Michigan State University for Psychiatric Services
   d. Resolution to Amend NextGen/QSI Agreement
   e. Resolution to Accept 2017 AIM Funds

5. Controller’s Office – Resolution Authorizing Adjustments to the 2017 Ingham County Budget

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

2. MSU Extension – Ingham County Youth Commission Becoming a 4-H Group (Discussion)

Chairperson Tennis introduced the history and role of the Ingham County Youth Commission (ICYC).

Zoe Weinstein, ICYC President, stated it was a good idea for the ICYC to switch to a 4-H group, because it would allow the group to fundraise, be involved with youth in other 4-H programs, provide scholarships, and still have a connection to the Board of Commissioners.

Chairperson Tennis asked Eric Dobbrastine, 4-H and ICYC Coordinator, to speak about the proposed club structure the ICYC would have under 4-H.

Mr. Dobbrastine stated 4-H was a club-based model, and currently across the County, there were either different focuses or a broad focus within each group. He further stated that aside from the typical animal and agriculture, topics including science, technology, engineering and math were offered throughout the County.

Mr. Dobbrastine stated that the ICYC group, if turned into a 4-H club, could be more focused if they would like to be. He further stated that being part of the 4-H program would allow the ICYC to do more fundraising and take part in 4-H activities that happened across the State.

Commissioner Anthony stated originally, she thought the ICYC would be a more formal advisory board that the Board of Commissioners could use to get youths’ perspectives on the County’s initiatives, like their parks and trails and health care. She asked if the fiduciary moved from the County to 4-H, how would the ICYC ensure they maintained a strong connection to the County, public service and civics, and make sure it was not just another 4-H group.

Ms. Weinstein stated the ICYC group would not be disconnected from the Board of Commissioners as they would still provide them with their annual report and connect with the Board of Commissioners, but the 4-H distinction would allow them to gain leadership skills at 4-H conferences and gain other resources from 4-H.

Ryan Claypool, ICYC member, stated that in the past year, the group had held an event with the County Commissioners, encouraging other youth to be civically involved and get to know their County Commissioner. He suggested that perhaps the ICYC could update the Committee on their events each month.

Commissioner Banas stated the 4-H designation did not sound like it would change the focus of the ICYC’s work, but she thought it would allow for more resources to help the group accomplish their goals. She further stated she wanted the ICYC to have a strong impact in the community by having a voice and making the communities what they envisioned for the future, and she was wondering what the mechanics to support the young people in the communities were.

Karen Weinstein, ICYC volunteer leader, stated about four years ago when her daughter, Zoe, had gotten involved with the ICYC, there were only a limited set of events and projects, and information about the County Commissioners had been fed to the group so they did not learn anything. She further stated that two years ago, she had volunteered to lead ICYC and they had pulled the program up and were now doing much more with the program.
Karen Weinstein stated the ICYC did need the Board of Commissioners’ support of the endeavor as well, and she would like to see the program continue. She further stated the main difference with the new configuration of the program would be the registration to 4-H that would require a small fee for each student wishing to join, and an application from the group as a whole.

Zoe Weinstein stated ICYC would still have the current leadership positions that would run the group, as well as the council positions set up by 4-H so they would have more resources to draw from.

Commissioner Naeyaert stated she would like to see the ICYC have more involvement in the Board of Commissioners’ meetings, because there were discussions about topics that would affect young people’s futures. She further stated she could see members of ICYC taking seats on the Board of Commissioners and other leadership roles in the County in the future.

Commissioner Naeyaert stated she liked the idea of ICYC becoming a 4-H group, and she looked forward to seeing more ICYC members at Committee meetings in the future.

Zoe Weinstein stated the group had fallen back four years ago, but now that they were becoming stronger, they wanted to be more connected with the Board of Commissioners in the next year.

Commissioner Crenshaw stated that he had discussed the idea with Karen, Mr. Dobbrastine, and Commissioner Celentino, and he wondered if there was a change in structure, if the Board of Commissioners would still appoint ICYC commissioners.

Zoe Weinstein stated there would be two parts, with ICYC still planning to have the County Commissioners appoint members to ICYC, and then members of the group would apply for a 4-H membership after they were appointed.

Commissioner Anthony asked how much the fee was for a 4-H membership.

Mr. Dobbrastine stated the fee for 4-H memberships for each member would be $20 per year.

Commissioner Anthony asked if there would be any other restrictions for ICYC if they became a 4-H group.

Mr. Dobbrastine stated there were no other restrictions.

Karen Weinstein stated the 4-H membership would enable the group to do more fundraising, namely for their Day of Play event.

Samantha Bird, ICYC member, stated Day of Play was an ICYC-sponsored event held at a local park where they tried to get as many children outside and having fun with bubbles, coloring, and games.

Zoe Weinstein stated the Day of Play event was free to those who attended, and the ICYC had not received any funding for the event, aside from an expired grant from the 4-H. She further stated she did not believe the group could currently fundraiser under its current arrangement.

Commissioner Anthony stated she understood ICYC should be able to raise funds, as other advisory boards like the Women’s Commission were able to raise funds.

Discussion.
Chairperson Tennis stated he would ask staff to work with 4-H to create a new resolution that amended the current structure of the ICYC.

1. **Human Services Committee – Potential Litigation Related to the Opioid Epidemic (Discussion)**

Chairperson Tennis stated the issue of opioid overdoses had been at the top of commissioners’ minds for a long time. He provided background on other jurisdictions that had been trying to receive compensation from prescription drug companies from the damage done by the opioid epidemic.

Chairperson Tennis stated when the Committee had reviewed the medical examiner costs, they had noticed a huge spike in autopsies, due to the amount of overdoses recently.

David Mittleman, Church & Wyble, P.C. Trial Lawyer, provided background on the opioid epidemic and lawsuits against the pharmaceutical companies and distributors that were ongoing. He laid out why the team of lawyers he was working with would be the best to represent Ingham County in a similar lawsuit, because they had local, statewide and nationwide resources.

Mr. Mittleman stated he would be the mid-Michigan point person for their litigation, and he believed there would be strength in having a coalition consisting of litigation from the entire mid-Michigan area.

Paul Novak, Weitz & Luxenberg Managing Attorney, stated there were only a few very specific limited uses of opioids that should be allowed, including end-of-life palliative care and post-surgical scenarios. He further stated there were more opioid prescriptions written in Michigan in a year than there were residents of Michigan.

Mr. Novak outlined other statistics and stated they were indicative of a crisis in the country, one that affected people in a variety of contexts. He further stated taxpayers in the community were also affected, with incarceration, autopsy and addiction & mental health treatment costs.

Mr. Novak stated there were currently ten cities, twelve states, 66 counties, and 41 Attorneys General that were investigating the use of opioids by pharmaceutical companies and pharmaceutical wholesalers. He outlined potential lawsuits, including claims of public nuisance, negligence, deceptive messaging and RICO (Racketeer Influenced and Corrupt Organizations).

Commissioner Nolan left at 7:10pm

Mr. Novak outlined Weitz & Luxenberg’s background with pharmaceutical lawsuits. He further outlined the fee arrangements generally associated with these types of litigation, where the firms that litigated on the County’s behalf would litigate on a contingent fee basis, so the County would not be responsible for any legal fees involved in retention.

Mr. Mittleman stated there would only be one fee paid, not one fee to each of the three firms involved.

Robert Sickels, Sommers & Schwartz Trial Attorney, outlined his firm’s background and involvement in the opioid litigation. He stated the problem in Michigan was the drug immunity law that did not allow those pharmaceutical companies to be held responsible to be liable for damage done by their prescriptions.

Mr. Sickels stated Mr. Novak had developed the public nuisance theory to get around the drug immunity law in Michigan. He further stated he had been in touch with County Prosecutor Carol Siemon and Staff Attorney Bonnie Toskey.
Mr. Sickels distributed an information packet to members of the Committee.

Chairperson Tennis stated he had wanted the Committee to discuss how to go about possible litigation, and if the Committee wanted to go forward with this with litigation tonight, and then they would select representation at a later date.

Commissioner Anthony stated she had heard something on Michigan Public Radio about the litigation about the opioid epidemic in Michigan that had perked her interest, and she had realized the epidemic was here in the state. She further stated that in the report on the radio, it had said if the jurisdiction did win, the money would go back to the counties to help with those affected, like law enforcement and health centers.

Mr. Mittleman stated he would represent Ingham County in the case. He further stated that the key was to hold the wrongdoer accountable, and that wrongdoing could not be done without national distributors that did nothing when they saw something suspicious.

Mr. Mittleman stated the coalition he worked with had put together a county-by-county damage report in relation to the opioid epidemic.

Commissioner Naeyaert asked if the attorneys were approach Ingham County based on what was happening with the opioid epidemic on the national level.

Mr. Sickels stated they were responding to what was happening in Ingham County, as they had been able to track down data related to administration of opioids.

Discussion.

Commissioner Banas stated she understood each attorney had its own approach, but she wanted to get clarification. She asked if Ingham County would be one of several counties or communities in litigation, and if they each would be represented singularly or as a network.

Mr. Mittleman stated that other than the two other counties his group already represented in Michigan, her hoped to represent all other 81 counties and major cities. He further stated that the focus of his group was not so much what was happening in other states, but what was happening in Michigan.

Mr. Mittleman stated Mr. Novak would be the statewide liaison for the similar national cases.

Mr. Novak stated when they looked at how the litigation was structured, it would be state-specific. He further stated the team his firm had put together would be versed on Michigan public nuisance law as well as RICO and other relevant fields.

Discussion.

Mr. Sickels stated the success of any claim would be based on a specific county’s damages, which his group had already assembled for Ingham County. He further stated damages would be unique and every jurisdiction would have to show how it had been impacted through its health care and law enforcement statistics.

Mr. Sickels stated he believed the cases could be consolidated for certain discovery purposes, so it would go in front of one federal judge. He further stated his group had filed a petition to consolidate the cases.
and it was likely it would be consolidated to Columbus or Southwest Illinois where there were already a lot of cases.

Mr. Mittleman stated he did not doubt that there would be multi-district litigation, but his hope would be to hold cases in their own communities to have more favorable jurors decide the cases. He further stated he understood it might not be possible to do so from an economic standpoint, to have duplicate cases across the country.

Discussion.

Mr. Novak stated there would be conversations better suited for closed session under attorney-client privilege, as to the type of form and when the County would like to file.

Chairperson Tennis stated he thought this meeting was more to get a feel of what the options were for the County.

Commissioner Naeyaert asked if pharmaceutical companies would see the lawsuit coming, since there were similar ones out there already.

Mr. Mittleman stated the pharmaceutical companies had paid to play, meaning they made so much money they would rather pay the plaintiffs off so they could continue to make their money.

Discussion.

Commissioner Naeyaert asked why physicians and other prescribers were not included in the litigation.

Mr. Mittleman stated the prescribers might be collateral players, but they were looking at the broader picture as to who could be held accountable.

Commissioner Naeyaert asked if there was any action to take on synthetic opioids, as she was aware cartels were getting those drugs into local places.

Mr. Sickels stated they were planning on a civil litigation, and dealing with cartels would be more of a criminal litigation. He further stated there was a link between the addiction of prescription opioids and the transition into heroin and other synthetic drugs.

Chairperson Tennis stated he would ask the County staff to work with the County Prosecutor, Staff Attorneys, Sheriff’s Office, and any other interested parties to figure out how to move forward with the litigation.

Jared Cypher, Deputy Controller, stated Bonne Toskey, County Attorney, already had some of the information and he recommended getting her opinion before moving forward. He further stated after they consulted with the County Attorney, the County should put out an RFP to find the most qualified firm for the litigation.

6. Board Referral – Letter from the Genesee County Board of Commissioners Regarding the Passage of Resolution #17–369, a Resolution Opposing Decrease in Federal Funding for the Great Lakes Restoration Initiative

Chairperson Tennis stated the letter would be placed on file and if anyone wanted to come forward with their own resolution, they would be more than welcome.
Announcements
None.

Public Comment
None.

Adjournment
The meeting was adjourned at 7:41 p.m.
NOVEMBER 6, 2017 HUMAN SERVICES AGENDA
STAFF REVIEW SUMMARY

ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions

2. **Health Department**
   a. **Resolution to Authorize an Amendment to Resolution #16 – 114 to Authorize Certain Health Department Staff to Sign CMS Forms 855A and 855B**
   This resolution authorizes the following people to sign CMS forms 855A and 855B with the following percent of management control:
   - Anne Scott, Interim Deputy Health Officer/Executive Director (40%)
   - Linda Vail, Health Officer (35%)
   - Eric Thelen, Health Department Chief Financial Officer (25%)
   b. **Resolution to Authorize an Administrative Service Agreement with Blue Cross Blue Shield of Michigan at the Ingham County Jail**
   This resolution authorizes the Schedule A Addendum to the Administrative and Schedule B – BlueCard Disclosures Inter-Plan Agreement with BCBSM for paying claims for health care services provided to inmates of the Ingham County Jail. The Schedule A Addendum and Schedule B will be effective December 1, 2017 through November 30, 2018.
   c. **Resolution to Accept FY 2018 Child and Adolescent Health Center Program Funds**
   This resolution authorizes the agreement with MPCA for the acceptance of $640,000 in CAHC program funding for the period of October 1, 2017 through September 30, 2018.
   d. **Resolution to Authorize an Agreement with the Greater Lansing Food Bank**
   This resolution authorizes a Memorandum of Agreement (MOA) with the Greater Lansing Food Bank (GLFB) for use of its warehouse as a Distribution Node for receiving, sorting, and storing medical supplies in the event of a public health emergency.

3. **Veterans Affairs - Resolution to Authorize the Ingham County Department of Veteran Affairs to Accept Four Hundred Twenty-Five Dollars Donated from the Family of Deceased Veteran, Joseph E. Merritt**
   This resolution accepts a donation of $425 from the family members of Joseph E. Merritt to the Ingham County Department of Veteran Affairs to be used for the purpose of serving the veterans. Specifically, Ingham County Department of Veteran Affairs will utilize these funds to honor all veterans of Ingham/Clinton County with a Veterans Day Program.

4. **Controller’s Office – Resolution Authorizing 2018 Agreements for Community Agencies**
   This resolution approves community agency funding for FY 2018. Each application was evaluated making the “meeting basic needs” criteria a priority as approved in Board of Commissioners resolution #17-248. For 2018, twenty eight (28) applications were received; requesting a total of $268,800; and $200,000 is included in the 2018 Finance Recommended Budget for community agency funding. Each funded agency included in the
recommendation is funded either at their request, or at what they received last year plus a $500 increase, totaling $200,400. If the resolution is approved as recommended, the additional $400 could be utilized from the 2018 contingency fund. Agencies receiving funding in 2017 that did not apply for 2018 include Capital Area Community Services, Edgewood Village, Tuesday Toolmen, Hosanna House, and Mid-Michigan Recovery Service. The recommendation for Advent House is $0 because the application was submitted after the deadline.

Binders containing the applications of each agency have been previously distributed to you. Please bring those with you to the meeting, as they will provide helpful information for your discussions.

OTHER ITEMS:

1. **Interviews** – Board of Health
TO: Board of Commissioners Human Services and Finance Committees

FROM: Linda S. Vail, MPA, Health Officer

DATE: October 17, 2017

SUBJECT: Amendment to Resolution #16-114

For the meeting agenda of November 14th, 2017

BACKGROUND
Centers for Medicare and Medicaid Services (CMS) forms 855A and 855B must be completed and filed each time the ICHD establishes, changes, or terminates a health center location or it will lose its ability to obtain enhanced reimbursements through Medicaid and Medicare. The Public Health Services Act enables ICHD Community Health Centers as Federally Qualified Health Centers under section 330e and Federally Qualified Health Center Look-Alikes to obtain enhanced reimbursement through Medicaid and Medicare. CMS requires that those authorized to sign CMS forms 855A and 855B be named. CMS form 855A indicates that an exact percentage of management control be stated for each health center position. Resolution #16-114, authorized the following positions/names to sign CMS forms 855A and 855B with the following percent of management control:

- Russell Kolski, Deputy Health Officer/Executive Director (40%)
- Linda Vail, Health Officer (35%)
- Eric Thelen, Health Department Chief Financial Officer (25%)

With the resignation of Russell Kolski as Executive Director/Deputy Health Officer, and the appointment of Anne Scott at Interim Executive Director, Resolution #16-114 must be amended as follows:

- Anne Scott, Interim Deputy Health Officer/Executive Director (40%)
- Linda Vail, Health Officer (35%)
- Eric Thelen, Health Department Chief Financial Officer (25%)

ALTERNATIVES
There are no alternatives

FINANCIAL IMPACT
There are no financial impacts.

OTHER CONSIDERATIONS
There are no other considerations.

RECOMMENDATION
Based on the information presented, I respectfully recommend approval of the attached resolution to support amending Resolution 16-114 to authorize the following people to sign CMS forms 855A and 855B with the following percent of management control:

- Anne Scott, Interim Deputy Health Officer/Executive Director (40%)
- Linda Vail, Health Officer (35%)
- Eric Thelen, Health Department Chief Financial Officer (25%)
Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE AN AMENDMENT TO RESOLUTION #16 – 114 TO AUTHORIZE CERTAIN HEALTH DEPARTMENT STAFF TO SIGN CMS FORMS 855A AND 855B

WHEREAS, Centers for Medicare and Medicaid Services (CMS) forms 855A and 855B must be completed and filed each time the ICHD establishes, changes, or terminates a health center location or it will lose its ability to obtain enhanced reimbursements through Medicaid and Medicare; and

WHEREAS, the Public Health Services Act enables ICHD Community Health Centers as Federally Qualified Health Centers under section 330e and Federally Qualified Health Center Look-Alikes to obtain enhanced reimbursement through Medicaid and Medicare; and

WHEREAS, the CMS require that those authorized to sign CMS forms 855A and 855B be named; and

WHEREAS, CMS form 855A indicates that an exact percentage of management control be stated for each health center position; and

WHEREAS, Resolution #16-114, authorized the following positions/names to sign CMS forms 855A and 855B with the following percent of management control:

- Russell Kolski, Deputy Health Officer/Executive Director (40%)
- Linda Vail, Health Officer (35%)
- Eric Thelen, Health Department Chief Financial Officer (25%)

WHEREAS, with the resignation of Russell Kolski and appointment of Anne Scott as Interim Deputy Health Officer/Executive Director, Resolution #16-114 must be amended to reflect this change.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners authorizes the following people to sign CMS forms 855A and 855B with the following percent of management control:

- Anne Scott, Interim Deputy Health Officer/Executive Director (40%)
- Linda Vail, Health Officer (35%)
- Eric Thelen, Health Department Chief Financial Officer (25%)

BE IT FURTHER RESOLVED, that the Chairperson of the Ingham County Board of Commissioners is authorized to sign the necessary contract documents on behalf of the County after approval as to form by the County Attorney.
TO:       Board of Commissioners Human Services and Finance Committee
FROM:    Linda S. Vail, MPA, Health Officer
DATE:    October 10, 2017
SUBJECT: Agreement with Blue Cross Blue Shield of Michigan

For the meeting agenda of November 14th, 2017

BACKGROUND
The Ingham County Health Department and Blue Cross Blue Shield of Michigan (BCBSM) entered into an agreement in 1996 wherein BCBSM would pay the claims of health care services provided to inmates of the Ingham County Jail. The agreement is updated annually by executing Schedule A – Addendum to the Administrative Services contract.

ALTERNATIVES
There are no alternatives.

FINANCIAL IMPACT
The Schedule A addendum proposed through the attached resolution will cover the period of December 1, 2017 – November 30, 2018. Terms and conditions have remained the same as the December 1, 2016 – November 30, 2017 agreement.

OTHER CONSIDERATIONS
Blue Cross/Blue Shield has included a Schedule B (Blue Card Disclosure Inter-Plan Agreement) which addresses services performed outside the BCBSM geographic coverage area.

RECOMMENDATION
Based on the information presented, I respectfully recommend approval of the Schedule A Addendum and Schedule B to the Blue Cross Blue Shield of Michigan Administrative Service agreement for the period of December 2017 – November 2018.
SCHEDULE A—Renewal Term (Effective December 2017 through November 2018)
Administrative Services Contract (ASC)
Blue Cross Blue Shield of Michigan:

1. Group Name: Ingham County Inmates
2. Group Number: 007004013
3. Initial ASC Contract Effective Date: December 01, 2007
4. ASC Funding Arrangement: Quarterly Settled Monthly Wire
5. Line(s) of Business:
   [X] Facility [X] Professional [ ] Dental
   [ ] Facility Foreign [X] Prescription Drugs [ ] Vision
   [ ] Facility Domestic

6. Administrative Fees: The below administrative fees cover the Lines of Business checked in Section 5 above, unless otherwise indicated.

   Administrative Fee and Additional Administrative Compensation

   A. Administrative Fee (Fixed)  Administrative Fee
      Percent of Claims
      11%

   B. Additional Administrative Compensation
      *Additional Admin
      Compensation
      9%

*Additional Administrative Compensation (AAC) is nine percent (9%) of BCBSM discounts on Michigan hospital claims.

7. This Schedule A does not include any fees payable by Group to an Agent. If Group has an Agent Fee Processing Agreement on file with BCBSM, please refer to that agreement for fees and details.

8. Late Payment Charges/Interest:
A. Late Payment Charge 2%
B. Yearly Statutory Interest Charge (Simple Interest) 12%
C. Provider Contractual Interest

9. BCBSM Account: 1840-09397-3
   Company 0270-00296
   Wire Number Back American Bank Assoc

10. The Group acknowledges that BCBSM or a Host Blue may have compensation arrangements with providers in which the provider is subject to performance or risk-based compensation, including but not limited to withhold, bonuses, incentive payments, provider credits and other management fees. Often the compensation amount is determined after the medical service has been performed and after the Group has been billed. The claims billed to Group include both service-based and value-based reimbursement to health care providers. Group acknowledges that BCBSM’s negotiated reimbursement rates include all reimbursement obligations to providers including provider obligations and entitlements under BCBSM Quality Programs. Service-based reimbursement means the portion of the negotiated rate attributed to a particular health care service. Value-based reimbursement is the portion of the negotiated reimbursement rate attributable to BCBSM Quality Programs, as described in Exhibit 1 to Schedule A. BCBSM negotiates provider reimbursement rates and settles provider obligations on its own behalf, not Group. Group receives the benefit of BCBSM provider rates, but it has no entitlement to a particular rate or to unbundle the service-based or value-based components of claims. See Exhibit 1 to Schedule A and Schedule B to ASC for additional information.

11. The rebate administration and claims processing fee charged and retained by Express Scripts is (i) 4.18% of gross rebates for BCBSM clinical formulary, generic formulary, custom select formulary, and specialty drug Claims and (ii) 0.2% of gross rebates for part D formulary drug Claims, including Part D specialty drug Claims. The rebate administration fee charged and retained by Highmark is up to 5.5% of gross rebates for medical benefit drug Claims.
Pursuant to Express Scripts's Inflation Protection Program, Express Scripts contracts with pharmaceutical manufacturers for inflation protection payments ("IPP") to offset increases in certain brand drugs. Express Scripts will pay a predefined portion of the IPP that it receives to BCBSM as set forth in the contract between Express Scripts and BCBSM. Express Scripts contracts for IPP on its own behalf and may realize positive margin between amounts paid to BCBSM and amounts received from pharmaceutical manufacturers. BCBSM will distribute Group's share of the IPP that it receives from Express Scripts based on the total IPP received by BCBSM divided by the total number of Group's brand drug claims multiplied by the number of Group's brand drug claims. IPPs will be distributed to Group through the Customer Savings Refund process.

BCBSM:

BY: __________________________
   (Signature)

NAME: _______________________
   (Print)

TITLE: _______________________

DATE: _______________________

THE GROUP:

BY: __________________________
   (Signature)

NAME: _______________________
   (Print)

TITLE: _______________________

DATE: _______________________

Blue Cross Blue Shield of Michigan is an independent licensee of the Blue Cross and Blue Shield Association.

Group Name: ____________________  Group Number: 007123456
Schedule A - Exhibit 1

BCBSM Value-Based Provider Reimbursement

As in prior years, the Claims billed to Group include amounts that BCBSM reimburses health care providers including reimbursement tied to value. BCBSM has adopted a provider payment model that includes both fee-based and value-based reimbursement. BCBSM does not unbundle Claims and does not retain any portion of Claims as compensation. Provider reimbursement is governed by separate agreements with providers, BCBSM standard operating procedures, and BCBSM Quality Programs.

BCBSM negotiates provider reimbursement rates on its own behalf and makes those rates available to customers through its products and networks. The reimbursement rates can, and often do, vary from provider to provider. Providers may qualify for higher reimbursement rates for satisfying requirements of certain BCBSM Quality Programs, including, for example, Pay-for-Performance (PfP) rates and Value Based Contracting (VBC) rates earned by hospitals and Patient Centered Medical Home (PCMH) rates earned by physicians.

Provider reimbursement rates also capture provider commitments to BCBSM Quality Programs. For example, hospitals participating in BCBSM Collaborative Quality Initiatives (CQIs) agree to allocate a portion of their reimbursement to fund network hospital quality initiatives. Intellectual property may be developed through BCBSM Quality Programs for subsequent license and use by BCBSM or a third party. BCBSM specifically understands, acknowledges, and agrees that it has no rights to any intellectual property, or derivatives thereof, including, but not limited to, copyrights, patents, or licenses, developed through BCBSM Quality Programs.

Providers may also receive reward and incentive payments from BCBSM Quality Programs funded through an allocation from provider reimbursement or collected from Group’s Customer Savings Rebate. Such allocations may be to a pooled fund from which value-based payments to providers are made. For example, pursuant to the Physician Group Incentive Program (PGIP), physicians agree to allocate 5% of each Claim to a PGIP fund, which in turn makes reward payments to eligible physician organizations demonstrating particular quality and pays physician organizations for participation in collaborative initiatives.

As explained in the Blue Card Program disclosure (Schedule B to ASC), an out-of-state Blue Cross Blue Shield Plan (“Host Blue”) may also negotiate fee-based and/or value-based reimbursement for their providers. A Host Blue may include all provider reimbursement obligations in Claims or may, at its election, collect some or all of its value-based provider (VBP) reimbursement obligations through a per attributed member per month (PAMPPM) benefit expense. As in, for example, the Blue Distinction Total Care (BDTC) Program. All Host Blue PAMPPM benefit expenses for VBP reimbursement will be consolidated on your monthly invoice and appear as “Out-of-State VBP Provider Reimbursement.” The supporting detail for the consolidated amount will be available on e-Bookshelf as reported by each Host Blue Plan. Host Blues determine which members are attributed to eligible providers and calculate the PAMPPM VBP reimbursement obligation based only on these attributed members. Host Blue have exclusive control over the calculated reimbursement rates and values.

Value-based reimbursement includes other obligations and entitlements pursuant to other BCBSM Quality Programs funded in a similar manner to those described in this Exhibit. Additional information is available at www.valuepartnerships.com and www.bcbs.com/totalcare. Questions regarding provider reimbursement and BCBSM Quality Programs or Host Blue VBP reimbursement should be directed to your BCBSM account representative.
Schedule B
BlueCard Disclosures
Inter-Plan Arrangements

I. Out-of-Area Services

Overview
BCBSM has a variety of relationships with other Blue Cross and/or Blue Shield Licensees referred to generally as "Inter-Plan Arrangements." These Inter-Plan Arrangements operate under rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever Enrollees access healthcare services outside the geographic area BCBSM serves, the Claim for those services may be processed through one of these Inter-Plan Programs and presented to BCBSM for payment in accordance with the rules of the Inter-Plan Arrangements. The Inter-Plan Arrangements are described generally below.

Typically, when accessing care outside the geographic area BCBSM serves, Enrollees obtain care from Providers that have a contractual agreement ("Participating Providers") with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). In some instances, Enrollees may obtain care from Providers in the Host Blue geographical area that do not have a contractual agreement ("Non-participating Providers") with the Host Blue. BCBSM remains responsible for fulfilling its contractual obligations to you. BCBSM’s payment practices in both instances are described below.

This disclosure describes how Claims are administered for Inter-Plan Arrangements and the fees that are charged in connection with Inter-Plan Arrangements. Note that Dental Care Benefits, except when paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by BCBSM to provide the specific service or services, are not processed through Inter-Plan Arrangements.

A. BlueCard® Program

The BlueCard® Program is an Inter-Plan Arrangement. Under this Arrangement, when Enrollees access covered healthcare services within the geographic area served by a Host Blue, the Host Blue will be responsible for contracting and handling all interactions with its Participating Providers. The financial terms of the BlueCard Program are described generally below.

1. Liability Calculation Method Per Claim – In General
a. Enrollee Liability Calculation

The calculation of the Enrollee liability on Claims for covered healthcare services processed through the BlueCard Program will be based on the lower of the Participating Provider’s billed covered charges or the negotiated price made available to BCBSM by the Host Blue.

Under certain circumstances, if BCBSM pays the Healthcare Provider amounts that are the responsibility of the Enrollee, BCBSM may collect such amounts from the Enrollee.

In situations where participating agreements allow for bulk settlement reconciliations for Episode-Based Payment/Bundled Payments, BCBSM may include a factor for such settlement or reconciliations as part of the fees BCBSM charges to Group.

Where Group agrees to use reference-based benefits, which are service-specific benefit dollar limits for specific procedures, based on a Host Blue’s local market rates, Enrollees will be responsible for the amount that the healthcare Provider bills for a specified procedure above the reference benefit limit for that procedure. For a Participating Provider, that amount will be the difference between the negotiated price and the reference benefit limit. For a Non-participating Provider, that amount will be the difference between the Non-Participating Provider’s billed charge and the reference benefit limit. Where a reference benefit limit exceeds either a negotiated price or a Provider’s billed charge, the Enrollee will incur no liability, other than any applicable Enrollee cost sharing.
b. Group Liability Calculation

The calculation of Group liability on Claims for covered healthcare services processed through the BlueCard Program will be based on the negotiated price made available to BCBSM by the Host Blue under contract between the Host Blue and the Provider. Sometimes, this negotiated price may be greater for a given service or services than the billed charge in accordance with how the Host Blue has negotiated with its Participating Provider(s) for specific healthcare services. In cases where the negotiated price exceeds the billed charge, Group may be liable for the excess amount even when the Enrollee’s deductible has not been satisfied. This excess amount reflects an amount that may be necessary to secure (a) the Provider’s participation in the network and/or (b) the overall discount negotiated by the Host Blue. In such a case, the entire contracted price is paid to the Provider, even when the contracted price is greater than the billed charge.

2. Claims Pricing

The Host Blue determines a negotiated price, which is reflected in the terms of each Host Blue’s healthcare Provider contracts. The negotiated price made available to BCBSM by the Host Blue may be represented by one of the following:

(i) an actual price. An actual price is a negotiated payment in effect at the time a Claim is processed without any other increases or decreases, or

(ii) an estimated price. An estimated price is a negotiated payment in effect at the time a Claim is processed, reduced or increased by a percentage to take into account certain payments negotiated with the Provider and other Claim- and non-Claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and abuse recoveries, Provider refunds not applied on a Claim-specific basis, retrospective settlements, and performance-related bonuses or incentives, or

(iii) an average price. An average price is a percentage of billed charges for covered services in effect at the time a Claim is processed representing the aggregate payments negotiated by the Host Blue with all of its healthcare Providers or a similar classification of its Providers and other Claim- and non-Claim-related transactions. Such transactions may include the same ones as noted above for an estimated price.

The Host Blue determines whether it will use an actual, estimated or an average price in its respective Provider agreements. The use of estimated or average pricing may result in a difference (positive or negative) between the price Group pays on a specific Claim and the actual amount the Host Blue pays to the Provider. However, the BlueCard Program requires that the amount paid by the Enrollee and Group is a final price; no future price adjustment will result in increases or decreases to the pricing of past Claims.

Any positive or negative differences in estimated or average pricing are accounted for through variance accounts maintained by the Host Blue and are incorporated into future Claim prices. As a result, the amounts charged to Group will be adjusted in a following year, as necessary, to account for over- or underestimation of the past years’ prices. The Host Blue will not receive compensation from how the estimated price or average price methods, described above, are calculated. Because all amounts paid are final, neither positive variance account amounts (funds available to be paid in the following year), nor negative variance amounts (the funds needed to be received in the following year), are due to or from Group. If Group terminates, Group will not receive a refund or charge from the variance account.

Variance account balances are small amounts relative to the overall paid Claims amounts and will be liquidated/drawn down over time. The timeframe for their liquidation depends on variables, including, but not limited to, overall volume/number of Claims processed and variance account balance. Variance account balances may earn interest at the federal funds or similar rate. The Host Blue may retain interest earned on funds held in variance accounts.

3. BlueCard Program Fees and Compensation

Group understands and agrees to reimburse BCBSM for certain fees and compensation which BCBSM is obligated under the BlueCard Program to pay to the Host Blue, to the Blue Cross and Blue Shield Association (BCBSA), and/or to vendors of BlueCard Program related services. The specific Blue Card Program fees and compensation that are charged to Group and which Group is responsible related to the foregoing are set forth in Exhibit 1 to this Schedule B. BlueCard Program Fees and compensation may be revised annually from time to time as described in H below.
B. Negotiated Arrangements

With respect to one or more Host Blue, instead of using the BlueCard Program, BCBSM may process your Enrollee claims for covered healthcare services through Negotiated Arrangements.

In addition, if BCBSM and Group have agreed that (a) Host Blue(s) shall make available (a) custom healthcare Provider network(s) in connection with this Agreement, then the terms and conditions set forth in BCBSM’s Negotiated Arrangement(s) for National Accounts with such Host Blue(s) shall apply. These include the provisions governing the processing and payment of Claims when Enrollees access such network(s). In negotiating such arrangement(s), BCBSM is not acting on behalf of or as an agent for Group, the Group’s health care plan or Group Enrollees.

1. Enrollee Liability Calculation

Enrollee liability calculation for covered healthcare services will be based on the lower of either billed covered charges for covered services or negotiated price that the Host Blue makes available to BCBSM that allows Group’s Enrollees access to negotiated participation agreement networks of specified Participating Providers outside of BCBSM’s service area.

Under certain circumstances, if BCBSM pays the Healthcare Provider amounts that are the responsibility of the Enrollee, BCBSM may collect such amounts from the Enrollee.

In situations where participating agreements allow for bulk settlement reconciliations for Episode-Based Payment/Bundled Payments, BCBSM may include a factor for such settlement or reconciliations as part of the fees BCBSM charges to Group.

Where Group agrees to use reference-based benefits, which are service-specific benefit dollar limits for specific procedures, based on a Host Blue’s local market rates, Enrollees will be responsible for the amount that the healthcare Provider bills for a specified procedure above the reference benefit limit for that procedure. For a Participating Provider, that amount will be the difference between the negotiated price and the reference benefit limit. For a Non-participating Provider, that amount will be the difference between the Non-Participating Provider’s billed charge and the reference benefit limit. Where a reference benefit limit exceeds either a negotiated price or a Provider’s billed charge, the Enrollee will incur no liability, other than any applicable Enrollee cost sharing.

2. Group Liability Calculation

The calculation of Group liability on Claims for covered healthcare services processed through the BlueCard Program will be based on the negotiated price made available to BCBSM by the Host Blue under the contract between the Host Blue and the Provider. Sometimes, this negotiated price may be greater for a given service or services than the billed charge in accordance with how the Host Blue has negotiated with its Participating Provider(s) for specific healthcare services. In cases where the negotiated price exceeds the billed charge, Group may be liable for the excess amount even when the Enrollee’s deductible has not been satisfied. This excess amount reflects an amount that may be necessary to secure (a) the Provider’s participation in the network and/or (b) the overall discount negotiated by the Host Blue. In such a case, the entire contracted price is paid to the Provider, even when the contracted price is greater than the billed charge.

3. Claims Pricing

Same as in the BlueCard Program above.

4. Fees and Compensation

Group understands and agrees to reimburse BCBSM for certain fees and compensation which we are obligated under applicable Inter-Plan Arrangement requirements to pay to the Host Blue, to the Blue Cross and Blue Shield Association, and/or to vendors of Inter-Plan Arrangement-related services. Fees and compensation under applicable Inter-Plan Arrangement may be revised annually as described in section H below. In addition, the participation agreement with the Host Blue may provide that BCBSM must pay an administrative and/or network access fee to the Host Blue, and Group further agrees to reimburse BCBSM for any such applicable administrative and/or network access fees. The specific fees and compensation that are charged to Group under the Negotiated Arrangements are set forth in Exhibit 1 to this Schedule B.
C. Special Cases: Value-Based Programs

Value-Based Programs Overview

Group Enrollees may access covered healthcare services from Providers that participate in a Host Blue’s Value-Based Program. Value-Based Programs may be delivered either through the BlueCard Program or a Negotiated Arrangement. These Value-Based Programs may include, but are not limited to, Accountable Care Organizations, Global Payment/Total Cost of Care arrangements, Patient Centered Medical Homes and Shared Savings arrangements.

Value-Based Programs under the BlueCard Program

Value-Based Programs Administration

Under Value-Based Programs, a Host Blue may pay Providers for reaching agreed-upon cost/quality goals in the following ways, including but not limited to retrospective settlements, Provider Incentives, share of target savings, Care Coordinator Fees and/or other allowed amounts.

The Host Blue may pass these Provider payments to BCBSM, which BCBSM will pass directly on to Group as either an amount included in the price of the Claim or an amount charged separately in addition to the Claim.

When such amounts are included in the price of the Claim, the Claim may be billed using one of the following pricing methods, as determined by the Host Blue:

(i) Actual Pricing: The charge to accounts for Value-Based Programs incentives/Shared Savings settlements is part of the Claim. These charges are passed to Group via an enhanced Provider fee schedule.

(ii) Supplemental Factor: The charge to accounts for Value-Based Programs incentives/Shared Savings settlements is a supplemental amount that is included in the Claim as an amount based on a specified supplemental factor (e.g., a small percentage increase in the Claim amount). The supplemental factor may be adjusted from time to time.

When such amounts are billed separately from the price of the Claim, they may be billed as a Per Attributed Member Per Month (PaMPM) amount for Value-Based Programs incentives/Shared Savings settlements to Group outside of the Claim system. BCBSM will pass these Host Blue charges directly through to Group as a separately identified amount on the Group’s invoices.

The amounts used to calculate either the supplemental factors for estimated pricing or PaMPM billings are fixed amounts that are estimated to be necessary to finance the cost of a particular Value-Based Program. Because amounts are estimates, there may be positive or negative differences based on actual experience, and such differences will be accounted for in a variance account maintained by the Host Blue (in the same manner as described in the BlueCard Claim pricing section above) until the end of the applicable Value-Based Program payment and/or reconciliation measurement period. The amounts needed to fund a Value-Based Program may be changed before the end of the measurement period if it is determined that amounts being collected are projected to exceed the amount necessary to fund the program or if they are projected to be insufficient to fund the program.

At the end of the Value-Based Program payment and/or reconciliation measurement period for these arrangements, the Host Blue will take one of the following actions:

- Use any surplus in funds in the variance account to fund Value-Based Program payments or reconciliation amounts in the next measurement period.
- Address any deficit in funds in the variance account through an adjustment to the PaMPM billing amount or the reconciliation billing amount for the next measurement period.
The Host Blue will not receive compensation resulting from how estimated, average or PaMPM price methods, described above, are calculated. If Group terminates, you will not receive a refund or charge from the variance account. This is because any resulting surpluses or deficits would be eventually exhausted through prospective adjustment to the settlement billings in the case of Value-Based Programs. The measurement period for determining these surpluses or deficits may differ from the term of the administrative services contract.

Variance account balances are small amounts relative to the overall paid Claims amounts and will be liquidated/drawn down over time. The timeframe for their liquidation depends on variables, including, but not limited to, overall volume/number of Claims processed and variance account balance. Variance account balances may earn interest, and interest is earned at the federal funds or similar rate. The Host Blue may retain interest earned on funds held in variance accounts.

Note: Enrollees will not bear any portion of the cost of Value-Based Programs except when the Host Blue uses either average pricing or actual pricing to pay Providers under Value-Based Programs.

Care Coordinator Fees

The Host Blue may also bill BCBSM for Care Coordinator Fees for Covered Services which BCBSM will pass on to Group as follows:

1. PaMPM billings; or

2. Individual Claim billings through applicable care coordination codes from the most current editions of either Current Procedural Terminology (CPT) published by the American Medical Association (AMA) or Healthcare Common Procedure Coding System (HCPCS) published by the U.S. Centers for Medicare and Medicaid Services (CMS).

As part of this agreement/contract, BCBSM and Group will not impose Enrollee cost sharing for Care Coordinator Fees.

Value-Based Programs under Negotiated Arrangements

If BCBSM has entered into a Negotiated National Account Arrangement with a Host Blue to provide Value-Based Programs to Enrollees, BCBSM will follow the same procedures for Value-Based Programs administration and Care Coordination Fees as noted in the BlueCard Program section.

D. Return of Overpayments

Recoveries of overpayments from a Host Blue or its Participating Providers and Non-participating Providers can arise in several ways, including, but not limited to, anti-fraud and abuse recoveries, audits/healthcare Provider/hospital bill audits, credit balance audits, utilization review refunds, and unsolicited refunds. Recoveries will be applied/Recovery amounts determined in the ways noted above will be applied so that so that corrections will be made, in general, on either a Claim-by-Claim or prospective basis. If recovery amounts are passed on a Claim-by-Claim basis from the Host Blue to BCBSM they will be credited to Group account. In some cases, the Host Blue will engage a third party to assist in identification or collection of overpayments/recovery amounts. The fees of such a third party may charge to Group as a percentage of the recovery.

Unless the Host Blue agrees to a longer period of time for retroactive cancellations of membership, the Host Blue will provide BCBSM the full refunds from Participating Providers for a period of only one year after the date of the Inter-Plan financial settlement process for the original Claim. For Care Coordinator Fees associated with Value-Based Programs, BCBSM will request such refunds for a period of up to ninety (90) days from the termination notice transaction on the payment innovations delivery platform. In some cases, recovery of Claim payments associated with a retroactive cancellation may not be possible if, as an example, the recovery (a) conflicts with the Host Blue’s state law or healthcare Provider contracts (b) would result from Shared Savings and/or Provider Incentive arrangements or (c) would jeopardize the Host Blue’s relationship with its Participating Providers, notwithstanding to the contrary any other provision of this agreement/contract.
E. Inter-Plan Programs: Federal/State Taxes/Surcharges/Fees

In some instances, federal or state laws or regulations may impose a surcharge, tax or other fee that applies to self-funded accounts. If applicable, BCBSM will provide prior written notice of any such surcharge, tax or other fee to Group, which will be Group liability.

F. Non-Participating Healthcare Providers Outside BCBSM’s Service Area

1. Enrollee Liability Calculation
   a. In General

When covered healthcare services are provided outside of BCBSM’s service area by Non-participating Providers, the amount an Enrollee pays for such services will generally be based on either the Host Blue’s Non-participating Provider local payment or the pricing arrangements required by applicable state law. In these situations, the Enrollee may be responsible for the difference between the amount that the Non-participating Provider bills and the payment BCBSM will make for the covered services as set forth in this paragraph. Payments for out-of-network emergency services will be governed by applicable federal and state law.

   b. Exceptions

In some exception cases, BCBSM may pay Claims from Non-participating Providers outside of BCBSM’s service area based on the Provider’s billed charge, such as in situations where an Enrollee did not have reasonable access to a Participating Provider, as determined by BCBSM in BCBSM’s sole and absolute discretion or by applicable state law. In other exception cases, BCBSM may pay such Claims based on the payment BCBSM would make if BCBSM were paying a Non-participating Provider inside of its service area where the Host Blue’s corresponding payment would be more than BCBSM’s in-service area Non-participating Provider payment. BCBSM may choose to negotiate a payment with such a Provider on an exception basis.

Unless otherwise stated, in any of these exception situations, the Enrollee may be responsible for the difference between the amount that the Non-participating Provider bills and the payment BCBSM will make for the covered services as set forth in this paragraph.

2. Fees and Compensation

Group understands and agrees to reimburse BCBSM for certain fees and compensation which we are obligated under applicable Inter-Plan Arrangement requirements to pay to the Host Blue, to the Blue Cross and Blue Shield Association, and/or to vendors of Inter-Plan Arrangement-related services. The specific fees and compensation that are charged to Group and that Group will be responsible for in connection with the foregoing are set forth in Exhibit 1 to this Schedule B. Fees and compensation under applicable Inter-Plan Arrangements may be revised from time to time as provided for in H below.

G. Blue Cross Blue Shield Global Core (Formerly known as BlueCard Worldwide® Program)

1. General Information

If Enrollees are outside the United States, the Commonwealth of Puerto Rico and the U.S. Virgin Islands (hereinafter: “BlueCard service area”), they may be able to take advantage of the Blue Cross Blue Shield Global Core Program when accessing covered healthcare services. The Blue Cross Blue Shield Global Core Program is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the Blue Cross Blue Shield Global Core Program assists Enrollees with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when Enrollees receive care from Providers outside the BlueCard service area, the Enrollees will typically have to pay the Providers and submit the Claims themselves to obtain reimbursement for these services.
• **Inpatient Services**

In most cases, if Enrollees contact the Blue Cross Blue Shield Global Core Service Center for assistance, hospitals will not require Enrollees to pay for covered inpatient services, except for their cost-share amounts/deductibles, coinsurance, etc. In such cases, the hospital will submit Enrollee Claims to the Blue Cross Blue Shield Global Core Service Center to initiate Claims processing. However, if the Enrollee paid in full at the time of service, the Enrollee must submit a Claim to obtain reimbursement for covered healthcare services. Enrollees must contact BCBSM to obtain precertification for non-emergency inpatient services.

• **Outpatient Services**

Physicians, urgent care centers and other outpatient Providers located outside the BlueCard service area will typically require Enrollees to pay in full at the time of service. Enrollees must submit a Claim to obtain reimbursement for covered healthcare services.

• **Submitting a Blue Cross Blue Shield Global Core Claim**

When Enrollees pay for covered healthcare services outside the BlueCard service area, they must submit a Claim to obtain reimbursement. For institutional and professional claims, Enrollees should complete a Blue Cross Blue Shield Global Core International claim form and send the claim form with the Provider’s itemized bill(s) to the Blue Cross Blue Shield Global Core Service Center address on the form to initiate claims processing. The claim form is available from BCBSM, the Blue Cross Blue Shield Global Core Service Center, or online at www.bcbsglobal.com. If Enrollees need assistance with their claim submissions, they should call the Blue Cross Blue Shield Global Core Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week.

2. **Blue Cross Blue Shield Global Core Program-Related Fees**

Group understands and agrees to reimburse BCBSM for certain fees and compensation which we are obligated under applicable Inter-Plan Arrangement requirements to pay to the Host Blue, to the Association and/or to vendors of Inter-Plan Arrangement-related services. The specific fees and compensation that are charged to Group under the Blue Cross Blue Shield Global Core Program and that Group is responsible for relating to the foregoing are set forth in Exhibit 1 to this Schedule B. Fees and compensation under applicable Inter-Plan Arrangements may be revised from time to time as provided for in section H below.

H. **Modifications or Changes to Inter-Plan Arrangement Fees or Compensation**

Modifications or changes to Inter-Plan Arrangement fees are generally made effective Jan. 1 of the calendar year, but they may occur at any time during the year. In the case of any such modifications or changes, BCBSM shall provide Group with at least thirty (30) days’ advance written notice of any modification or change to such Inter-Plan Arrangement fees or compensation describing the change and the effective date thereof and Group right to terminate the ASC without penalty by giving written notice of termination before the effective date of the change. If Group fails to respond to the notice and does not terminate this Agreement during the notice period, Group will be deemed to have approved the proposed changes, and BCBSM will then allow such modifications to become part of this Agreement.
Schedule 1

BlueCard Program Access Fees may be charged separately each time a claim is processed through the BlueCard Program. All other BlueCard Program-related fees are included in BCBSM’s administrative fee. The BlueCard Access Fee is charged by the Host Blue to BCBSM for making its applicable Provider network available to Group’s Enrollees. The BlueCard Access Fee will not apply to Non-participating Provider Claims. The BlueCard Access Fee is charged on a per-Claim basis and is charged as a percentage of the discount/differential BCBSM receives from the applicable Host Blue. The percentage for 2018 is 4.30% for fewer than 1,000 PPO or traditional enrolled Blue contracts; 2.40% for 1,000–9,999 Blue PPO enrolled contracts; and 2.22% for 10,000–49,999 Blue PPO enrolled contracts, all capped at $2,000.00 per Claim. For Groups with more than 50,000 Blue PPO enrolled contracts, Blue Card Access Fees are waived and not charged to the Group. If Group’s enrollment falls below 50,000 PPO enrolled contracts, BCBSM passes the BlueCard Access Fee, when charged, directly on to the Group.

Instances may occur in which the Claim payment is zero or BCBSM pays only a small amount because the amounts eligible for payment were applied to patient cost sharing (such as a deductible or coinsurance). In these instances, BCBSM will pay the Host Blue’s Access Fee and pass it along directly to the Group as stated above even though the Group paid little or had no Claim liability.
WHEREAS, in Resolution #16-497 the Ingham County Board of Commissioners authorized the existing agreement between Ingham County Health Department (ICHD) and Blue Cross Blue Shield of Michigan (BCBSM) for the period of December 1, 2016 – November 30, 2017; and

WHEREAS, ICHD and BCBSM entered into an agreement in 1996 wherein BCBSM would pay the claims of health care services provided to inmate of Ingham County jail; and

WHEREAS, that agreement is updated annually by executing a Schedule A Addendum; and

WHEREAS, BCBSM has proposed a 2017-2018 Schedule A Addendum to the Administrative Services Agreement; and

WHEREAS, there are no other changes to the proposed 2017-2018 Schedule A Addendum to the Administrative Services Agreement; and

WHEREAS, BCBSM has proposed an additional addendum, Schedule B – BlueCard Disclosures Inter-Plan Agreements, which addresses services performed outside the geographic coverage area; and

WHEREAS, the Health Officer recommends that the Board of Commissioners to authorize the 2017-2018 Schedule A and Addendum to the BCBSM Administrative Services Agreement for the inmates of Ingham County Jail.

THEREFORE BE IT RESOLVED, that the Board of Commissioners authorize the Schedule A Addendum to the Administrative and Schedule B – BlueCard Disclosures Inter-Plan Agreement with BCBSM for paying claims for health care services provided to inmates of the Ingham County Jail.

BE IT FURTHER RESOLVED, that the Schedule A Addendum and Schedule B shall be effective December 1, 2017 through November 30, 2018.

BE IT FURTHER RESOLVED, that there are no other changes to the proposed 2017 -2018 Schedule A Addendum to the Administrative Services Agreement.

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

BE IT FURTHER RESOLVED, the Ingham County Board of Commissioners authorizes the Board Chairperson to sign the agreement after it is approved as to form by the County Attorney.
TO: Board of Commissioners Human Services and Finance Committee
FROM: Linda S. Vail, MPA, Health Officer
DATE: October 13, 2017
SUBJECT: Accept FY 2018 Child and Adolescent Health Center Program Funds
For the meeting agenda of November 14th, 2017

BACKGROUND
The Ingham County Board of Commissioners has authorized the Ingham County Health Department (ICHD) to accept Child and Adolescent Health Center (CAHC) Program Funding from the Michigan Department of Health and Human Services (MDHHS), as administered through the Michigan Primary Care Association (MPCA), for the period of October 1, 2011 through September 30, 2017, through resolutions #11-235, 12-199, 13-049, 14-358, 15-412, and 16-448. The purpose of this agreement is to provide funds to ICHD to promote the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services. The CAHC program funding supports continued operations of ICHD’s school-based/school-linked health centers.

ALTERNATIVES
There are no alternatives.

FINANCIAL IMPACT
CAHC program funding for the term of October 1, 2017 through September 30, 2018 is as follows:

- Eastern - $195,000
- Sexton - $195,000
- Willow - $250,000

OTHER CONSIDERATIONS
Ingham Community Health Center Board has reviewed and supports the acceptance of the award and supports any budget adjustments necessary.

RECOMMENDATION
Based on the information presented, I respectfully recommend that the Ingham County Board of Commissioners authorizes the agreement with MPCA for the acceptance of $640,000 in CAHC program funding for the period of October 1, 2017 through September 30, 2018.
Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO ACCEPT FY 2018 CHILD AND ADOLESCENT HEALTH CENTER PROGRAM FUNDS

WHEREAS, Ingham County Board of Commissioners has authorized the Ingham County Health Department (ICHD) to accept Child and Adolescent Health Center (CAHC) Program Funding from the Michigan Department of Health and Human Services (MDHHS), as administered through the Michigan Primary Care Association (MPCA), for the period of October 1, 2011 through September 30, 2017, through resolutions #11-235, #12-199, #13-049, #14-358, #15-412, and #16-448; and

WHEREAS, the purpose of this agreement is to provide funds to ICHD to promote the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services; and

WHEREAS, CAHC program funding supports continued operations of ICHD’s school-based/school-linked health centers; and

WHEREAS, the CAHC program funding award for the term of October 1, 2017 through September 30, 2018 is as follows: Eastern $195,000, Sexton $195,000 and Willow $250,000; and

WHEREAS, the Ingham Community Health Center Board has reviewed and supports the acceptance of this award and supports any budget adjustments necessary as part of this agreement; and

WHEREAS, the Health Officer recommends that the Board of Commissioners authorize an agreement with MPCA for acceptance of the CAHC program funding in the amount of $640,000 for the term of October 1, 2017 through September 30, 2018.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby authorizes the agreement with MPCA for the acceptance of $640,000 in CAHC program funding for the period of October 1, 2017 through September 30, 2018.

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 the necessary contract documents on behalf of the county after approval as to form by the County Attorney.
TO: Board of Commissioners, Human Services Committee  
FROM: Linda S. Vail, MPA, Health Officer  
DATE: October 16, 2017  
SUBJECT: Agreement with Greater Lansing Food Bank for use of its Warehouse as a Distribution Node  
For the meeting agenda of November 6, 2017

BACKGROUND  
Attached is a resolution to enter into a Memorandum of Agreement (MOA) with the Greater Lansing Food Bank (GLFB) for use of its warehouse as a Distribution Node for receiving, sorting, and storing medical supplies in the event of a public health emergency. The Ingham County Health Department (ICHD) Emergency Preparedness unit is responsible for the maintenance and revision of the department’s Emergency Operations Plan and would like to enter into agreement with GLFB for use of the warehouse facility in the event of a large-scale public health emergency or terrorist event as a Distribution Node. The site will be used for receiving, sorting, and storing medical supplies to be used at mass vaccination/pharmaceutical dispensing clinics in the event of a public health emergency or terrorist event. The agreement will be in effect for ten (10) years.

ALTERNATIVES  
There are no alternatives.

FINANCIAL IMPACT  
None.

OTHER CONSIDERATIONS  
There are no other considerations.

RECOMMENDATION  
Based on the information presented, I respectfully recommend approval of the attached resolution to authorize an agreement with the Greater Lansing Food Bank to utilize its warehouse as a Distribution Node site in the event of a public health emergency.
RESOLUTION TO AUTHORIZE AN AGREEMENT WITH THE GREATER LANSING FOOD BANK

WHEREAS, the Ingham County Health Department Emergency Preparedness unit is responsible for the maintenance and revision of the department’s Emergency Operations Plan; and

WHEREAS, the Ingham County Health Department Emergency Preparedness unit would like to enter into agreement with the Greater Lansing Food Bank for use of the facility in the event of a large-scale public health emergency or terrorist event; and

WHEREAS, the Ingham County Health Department Emergency Preparedness unit has identified a site owned by the Greater Lansing Food Bank as a Distribution Node site which shall be used for receiving, sorting, and storing medical supplies to be used at mass vaccination/pharmaceutical dispensing clinics in the event of a public health emergency or terrorist event; and

WHEREAS, the site owned by the Greater Lansing Food Bank will be made available for the Ingham County Health Department’s use within 12 hours of the request and for the time period being requested; and

WHEREAS, the County shall bear the risk of loss or damage to its medical supplies and equipment stored on the facility’s premises. The Greater Lansing Food Bank shall bear the risk of loss or damage to the facility arising out of its use as a Distribution Node or from any other cause.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement with the Greater Lansing Food Bank for use of its site in the event of a large-scale public health emergency.

BE IT FURTHER RESOLVED, that the agreement is authorized effective upon the Board of Commissioners approval and will be in effect for ten (10) years.

BE IT FURTHER RESOLVED, that the Board Chair is authorized to sign the Memorandum of Agreement upon review by the County Attorney.
TO: Board of Commissioners Human Services & Finance Committees
FROM: Ingham County Department of Veteran Affairs (Director of Veterans)
DATE: 10/26/2017
SUBJECT: Authorization to accept monetary donation
For the meeting agendas of November 6 & 8, 2017

BACKGROUND Ingham County Department of Veteran Affairs has a reputation of adhering to the highest professional standards while maintaining the trust and confidence of the veterans in Ingham and Clinton Counties. This long-standing reputation had been recognized and honored by the surviving family of Joseph E. Meritt.

ALTERNATIVES N/A

FINANCIAL IMPACT: Ingham County Department of Veteran Affairs will utilize these funds to honor all veterans of Ingham/Clinton County with a Veterans Day Program.

OTHER CONSIDERATIONS N/A

RECOMMENDATION
Based on the information presented, I respectfully recommend approval of the attached resolution.
Agenda Item 3

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE THE INGHAM COUNTY DEPARTMENT OF VETERAN AFFAIRS TO ACCEPT FOUR HUNDRED TWENTY-FIVE DOLLARS DONATED FROM THE FAMILY OF DECEASED VETERAN, JOSEPH E. MERRITT

WHEREAS, the Ingham County Department of veteran Affair’s mission is to fulfill President Lincoln’s promise “To care from him who shall have borne the battle, and for his widow, and his orphan” by serving and honoring the men and women who are America’s Veterans; and

WHEREAS, the Department of Veteran Affairs is committed to working diligently to serve veterans and are driven by an earnest belief in VA’s mission; fulfilling both individual and organizational responsibilities; and

WHEREAS, the family members of deceased veteran, Joseph E. Merritt; has donated Four Hundred Twenty-Five Dollars to Ingham County Department of Veteran Affairs.

THEREFORE BE IT RESOLVED that the Ingham County Board of Commissioners authorizes the acceptance of Four hundred twenty-five dollars from the family members of Joseph E. Merritt to the Ingham County Department of Veteran Affairs to be used for the purpose of serving the veterans.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners expresses their appreciation to The Merritt Family for their support of the Ingham County Department of Veteran Affairs.

BE IT FURTHER RESOLVED, that the Ingham County Board of Commissioners authorizes the Ingham County Department of Veteran Affairs to accept the donation of four hundred twenty-five dollars and directs the Department of Veteran Affairs to utilize the funds for the purpose of providing the highest quality of service and continuous improvement.
MEMORANDUM

TO: Human Services and Finance Committees

FROM: Jared Cypher, Deputy Controller

DATE: October 24, 2017

SUBJECT: Resolution Authorizing 2018 Agreements for Community Agencies

For the meeting agendas of November 6 and November 8

BACKGROUND
Attached is the resolution approving community agency funding for FY 2018. Each application was evaluated making the “meeting basic needs” criteria a priority as approved in Board of Commissioners resolution #17-248.

ALTERNATIVES
N/A

FINANCIAL IMPACT
For 2018, Twenty eight (28) applications were received, requesting a total of $268,800; and $200,000 is included in the 2018 Finance Recommended Budget for community agency funding. Each funded agency included in the recommendation is funded either at their request, or at what they received last year plus a $500 increase, totaling $200,400. If the resolution is approved as recommended, the additional $400 could be utilized from the 2018 contingency fund. Agencies receiving funding in 2017 that did not apply for 2018 include Capital Area Community Services, Edgewood Village, Tuesday Toolmen, Hosanna House and Mid-Michigan Recovery Service. The recommendation for Advent House is $0 because the application was submitted after the deadline.

Binders containing the applications of each agency have been previously distributed to you. Please bring those with you to the meeting, as they will provide helpful information for your discussions.

OTHER CONSIDERATIONS
N/A.

RECOMMENDATION
Based on the information presented, I respectfully recommend approval of the attached resolution.
Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION AUTHORIZING 2018 AGREEMENTS FOR COMMUNITY AGENCIES

WHEREAS, the 2018 Ingham County Budget has been approved by the Board of Commissioners; and

WHEREAS, under the Community Agency Program a number of agencies have been allocated funds to provide important services that are consistent with the County’s Strategic Planning objective to Ingham County residents; and

WHEREAS, the 2018 Finance Recommended budget includes $200,000 allocated for community agencies; and

WHEREAS, the Controller/Administrator has provided recommended funding levels for each agency that were determined using the criteria set forth in Resolution #17-248.

THEREFORE BE IT RESOLVED, the Ingham County Board of Commissioners hereby directs the County Attorney to draft contracts for the period of January 1, 2018 through December 31, 2018, in the amount specified for each community agency listed on the attached, for the services to Ingham County residents previously approved by the Human Services and Finance Committees.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the necessary documents after review by the County Attorney.
<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>SCOPE</th>
<th>2017 AMT. RECEIVED</th>
<th>2018 REQUEST</th>
<th>2018 CONTROLLER RECOMMENDED</th>
<th>2018 HUMAN SERVICES RECOMMENDED</th>
<th>2018 FINANCE RECOMMENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advent House Ministries, Inc.</td>
<td>$10,000</td>
<td>$15,000.00</td>
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<tr>
<td>Boys &amp; Girls Club of Lansing</td>
<td>To serve hands to youth ages 6-18 at the Boys &amp; Girls Club of Lansing during the summer and trades to youth after school</td>
<td>$5,200</td>
<td>$5,200.00</td>
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<td>$3,200</td>
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<tr>
<td>Capital Area Community Services, Inc.</td>
<td></td>
<td>$5,500</td>
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<tr>
<td>Capital Area United Way Capital College Access Network</td>
<td>To increase the college attainment rate of students, particularly those who are low-income, first generation, and of color through developing a college-going culture and school-based support for college readiness, participation, and completion</td>
<td>$9,750</td>
<td>$10,000.00</td>
<td>$10,000</td>
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</tr>
<tr>
<td>Cristo Rey Community Center Community Kitchen</td>
<td>To serve daily meals to individuals of the community in a safe, respectful environment</td>
<td>$4,250</td>
<td>$4,250.00</td>
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<td>$4,250</td>
</tr>
<tr>
<td>Cristo Rey Community Center Direct Assistance Food Pantry Program</td>
<td>To provide residents with a week's worth of groceries, including hygiene products and necessities year-round</td>
<td>$9,000</td>
<td>$9,000.00</td>
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<td>$9,000</td>
</tr>
<tr>
<td>Cristo Rey Community Center Prescription Assistance</td>
<td>To provide efficient assistance and advocacy in acquiring prescription medications that are critical for the prevention and treatment of medical conditions and illnesses</td>
<td>$6,750</td>
<td>$6,750.00</td>
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<td>$6,750</td>
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<tr>
<td>Edgewood Village Non-Profit Housing Corp</td>
<td></td>
<td>$2,700</td>
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<tr>
<td>EVE, Inc.</td>
<td>To serve victims of domestic, sexual, and elder abuse through provision of safe shelter support services (crisis line, advocacy, and counseling) and legal protections to maintain safety of the victim and to support the re-structuring of their lives</td>
<td>$15,500</td>
<td>$18,000.00</td>
<td>$16,000</td>
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<tr>
<td>Gateway Community Services - Child &amp; Family Services</td>
<td>To provide food, clothing, shelter, and hygiene products, crisis intervention, counseling, and independent living skills to homeless, runaway, at-risk, and street youth ages 12-21 in Ingham County</td>
<td>$15,300</td>
<td>$15,300.00</td>
<td>$15,300</td>
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</tr>
<tr>
<td>Greater Lansing Food Bank</td>
<td>To improve the food security of low-income families and individuals in the mid-Michigan region through gardening</td>
<td>$11,000</td>
<td>$12,000.00</td>
<td>$11,500</td>
<td></td>
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<tr>
<td>Greater Lansing Housing Coalition - Balloonine</td>
<td>To provide shelter and housing stability with supportive services to all residents</td>
<td>$7,500</td>
<td>$20,000.00</td>
<td>$8,000</td>
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<tr>
<td>Greater Lansing Housing Coalition - Tuesday Toolshed</td>
<td></td>
<td>$1,800</td>
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<tr>
<td>Habitat for Humanity</td>
<td>To help low-income homeowners afford projects like replacing windows, doors, gutters, and roofs; porch repairs; ramps; and exterior painting</td>
<td>N/A</td>
<td>$2,500</td>
<td>$2,500</td>
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</tr>
<tr>
<td>Haven House</td>
<td>To provide food for breakfast, lunch, and dinner as well as beverages to the homeless families of Haven House</td>
<td>$13,000</td>
<td>$20,000.00</td>
<td>$13,500</td>
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<tr>
<td>Organization</td>
<td>Description</td>
<td>Amount 1</td>
<td>Amount 2</td>
<td>Amount 3</td>
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<td>---------------------------------------------------</td>
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<tr>
<td>Rosannou House of Michigan</td>
<td>To provide direct client assistance in the form of a food pantry, housing, utilities, medical/mental health assistance, and transportation for HIV/AIDS individuals with LAAN</td>
<td>$4,000</td>
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<tr>
<td>Lansing Area Aids Network</td>
<td>To serve low-income residents of the Leslie Public School District with food bank assistance, transportation, education, and community-donated household items</td>
<td>$5,000</td>
<td>$5,000.00</td>
<td>$5,000</td>
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<tr>
<td>Leslie Outreach, Inc.</td>
<td>To offer well-trained, para-professional services with empathy and crisis intervention skills to help callers through their crisis through distress reduction, feelings de-escalation, future plans, and to work toward resolving the issue</td>
<td>$1,300</td>
<td>$1,400.00</td>
<td>$1,400</td>
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<tr>
<td>Listening Ear</td>
<td>To provide services related to basic needs of survivors of domestic violence and stalk, including their minor children, specifically food, and supplies, advocacy assistance funds, and shelter telephone service</td>
<td>$2,000</td>
<td>$2,000.00</td>
<td>$2,000</td>
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<tr>
<td>Mid-Michigan Recovery Service</td>
<td></td>
<td></td>
<td>$12,900</td>
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<tr>
<td>MSU Safe Place</td>
<td>To provide services related to basic needs of survivors of domestic violence and stalk, including their minor children, specifically food, and supplies, advocacy assistance funds, and shelter telephone service</td>
<td>$12,000</td>
<td>$12,900.00</td>
<td>$12,500</td>
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<tr>
<td>Northwest Initiative</td>
<td>To help cover the cost of purchasing items emergency needs items for ex-offenders returning to the community from a federal or state correctional institution or long-term jail stay (&gt;6 months)</td>
<td>N/A</td>
<td>$10,000.00</td>
<td>$10,000.00</td>
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<tr>
<td>Refugee Development Center</td>
<td>To help at-risk refugees and immigrants in Ingham County who are in need of food, clothing, and the necessary resources to obtain such supplies on their own</td>
<td>$8,000</td>
<td>$12,000.00</td>
<td>$8,500</td>
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<tr>
<td>RSVP</td>
<td>To provide community outreach events, specialty training for all volunteers, activity supplies, nutritional snacks for day center clients, and costs associated with assessment of need and referrals for RSVP</td>
<td>$5,000</td>
<td>$5,000.00</td>
<td>$5,000</td>
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</tr>
<tr>
<td>Rural Family Services of Ingham County</td>
<td>To help Ingham County residents afford their homes and keep local food banks supplied with food</td>
<td>$14,000</td>
<td>$14,000.00</td>
<td>$14,000</td>
<td></td>
<td></td>
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<tr>
<td>Southside Community Coalition</td>
<td>To provide after school program-healthy snacks to children, monthly lunches for seniors, bi-weekly food distribution to families, summer camp breakfasts to children, and breakfast and lunch to children of the No School Days program</td>
<td>$6,000</td>
<td>$10,000.00</td>
<td>$6,500</td>
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<tr>
<td>Southside Community Kitchen</td>
<td>To provide well-balanced meals to citizens in need free of cost</td>
<td>$0</td>
<td>$3,500.00</td>
<td>$3,500</td>
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<tr>
<td>St. Vincent Catholic Charities</td>
<td>To help refugee families with a &quot;pre-paycheck&quot; for one month's rent while the family works toward self-sufficiency</td>
<td>$4,000</td>
<td>$5,000.00</td>
<td>$4,500</td>
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<tr>
<td>Stockbridge Community Outreach</td>
<td>To provide milk coupons to families in the Tide Me Over backpack program</td>
<td>$4,550</td>
<td>$4,500.00</td>
<td>$4,500</td>
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<tr>
<td>Tri-County Office on Aging</td>
<td>To provide a 24-hour year-round emergency response system that provides seniors experiencing crises that impact basic needs</td>
<td>$4,000</td>
<td>$10,000.00</td>
<td>$4,500</td>
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<tr>
<td>Organization</td>
<td>Description</td>
<td>WA-LAM</td>
<td>LA-LAM</td>
<td>Other</td>
<td></td>
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<tr>
<td>WA-LAM Care Unit</td>
<td>To provide a stabilizing environment to house individuals who are medically stable yet have to wait for a bed in treatment or to return to a RISE home with necessities such as a hygiene kit, towels, and bedding</td>
<td>$4,000</td>
<td>$6,000.00</td>
<td>$4,500</td>
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<tr>
<td>WA-LAM Recovery Community</td>
<td>To provide housing for recovering addicts by providing support for health, home, purpose, and community</td>
<td>$10,000</td>
<td>$15,000.00</td>
<td>$10,500</td>
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<tr>
<td>YMCA Westside Community</td>
<td>To serve students in families who have been adversely affected by the current economic climate by providing meals during meetings &amp; referring participants' families to local agencies</td>
<td>$1,000</td>
<td>$4,500.00</td>
<td>$1,500</td>
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<tr>
<td><strong>Total Amount</strong></td>
<td></td>
<td>$220,000.00</td>
<td>$268,800.00</td>
<td>$200,400</td>
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