



Macomb County Board of Commissioners

Dave Flynn – Board Chair Kathy Tocco – Vice Chair Steve Marino – Sergeant-At-Arms

District 1 – Andrey Duzyj District 2 – Marv Sauger District 3 – Veronica Klinefelt District 5 – Rob Mijac District 6 – Jim Carabelli
District 7 – Don Brown District 8 – Kathy Vosburg District 9 – Fred Miller District 12 – Bob Smith District 13 – Joe Sabatini

DATE/TIME: Thursday, December 15, 2016, 7:00 PM

COMMITTEE: Full Board

COMMITTEE CHAIR/VICE CHAIR: Board Chair Flynn, Vice Chair Tocco

COMMITTEE MEMBERS: Committee of the Whole

LOCATION: 1 S. Main St., 9th Floor Mount Clemens, Michigan 48043

FINAL AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Invocation by Commissioner Sabatini
5. Adoption of Agenda
6. Approval of Minutes
 - a) Dated December 8, 2016 /
7. Public Participation (5 minutes maximum per speaker, or longer at the discretion of the Chairperson, related only to issues on the agenda)
8. Adoption of Proclamations
 - a) Commending Juanita Fanto for Nearly 50 Years of Dedicated Service to PLWH (offered by Commissioner Duzyj) /
 - b) Commending William Misterovich for Serving as Chief Deputy Public Works Commissioner (offered by all commissioners) /
 - c) Commending Bob Hoepfner for Serving as Macomb County Director of Roads (offered by all commissioners) /
 - d) Commending Anthony V. Marrocco for Serving as Macomb County Public Works Commissioner (offered by all commissioners) /
 - e) Commending Carmella Sabaugh for Serving as Macomb County Clerk/Register of Deeds (offered by all commissioners) /
 - f) Commending Fred Miller for Serving as Macomb County Commissioner (offered by all commissioners) /
 - g) Commending Steve Marino for Serving as Macomb County Commissioner (offered by all commissioners) /
 - h) Commending Joe Sabatini for Serving as Macomb County Commissioner (offered by all commissioners) /
 - i) Commending Kathy D. Vosburg for Serving as Macomb County Commissioner (offered by all commissioners) /

9. Appointments
 - a) OCE Appointment with BOC Concur: Friend of the Court Advisory Committee (1 vacancy, 3 year term) (1 application is attached) /
 - b) BOC Chair Appointment with Board Concur: Area Agency on Aging 1B (2 vacancies, 2 year term) (1 application for "older adult representative" is attached) /
10. Committee Recommendations (12-13-16 Infra/Econ Development)
 - a) MDOT State Maintenance Contract / Department of Roads
 - b) MDOT Traffic Operations Center Contract / Department of Roads
 - c) MDOT Contract - North Avenue Widening / Department of Roads
 - d) Budget Adjustment - Hoists Upgrade Project / Department of Roads
 - e) Annual Contracts for Animal Services (Sterling Heights, Mt. Clemens, and Warren) / Animal Control
 - f) Collective Bargaining Agreement Police Offices Labor Council - Captains and Chief of Staff / Human Resources
 - g) Collective Bargaining Agreement - Administrative and Technical Employees Association, Macomb County Environmental Health Association, Michigan Nurses Association and Road Technicians Association / Human Resources
 - h) 2016 Budget Amendment - Collective Bargaining Agreements for the Years 2017-2019 / Finance
 - i) 2017 Budget Amendment - Collective Bargaining Agreements for the Years 2017-2019 / Finance
11. Recommendation from OCE
 - a) My Community Dental Centers Lease Agreement / Health Department
12. Recommendation from OCE: Approve the Following 2017 Healthcare Contract Renewals and Corresponding Budget Adjustments
 - a) HAP HMO / Finance
 - b) Blue Care Network / Finance
 - c) Blue Cross Blue Shield Administrative & Stop/Loss Fees / Finance
 - d) Blue Cross Blue Shield Medicare Advantage Insurance Plan / Finance
13. Presentation of Proclamations
 - a) Commending William Misterovich for Serving as Chief Deputy Public Works Commissioner /
 - b) Commending Bob Hoepfner for Serving as Macomb County Director of Roads /
 - c) Commending Jim Jacobs For Nearly 50 Years of Dedicated Service to MCC / Macomb Community College
 - d) Commending Anthony V. Marrocco for Serving as Macomb County Public Works Commissioner /
 - e) Commending Carmella Sabaugh for Serving as Macomb County Clerk/Register of Deeds /
 - f) Commending Fred Miller for Serving as Macomb County Commissioner /
 - g) Commending Steve Marino for Serving as Macomb County Commissioner /
 - h) Commending Joe Sabatini for Serving as Macomb County Commissioner /

i) Commending Kathy D. Vosburg for Serving as Macomb County Commissioner /

14. New Business

15. Public Participation (Five minutes maximum per speaker or longer at the discretion of the Chairperson)

16. Chairman's Comments

17. Roll Call

18. Adjournment

**UNOFFICIAL MINUTES OF THE
MACOMB COUNTY COMMISSION
FULL BOARD MEETING
DECEMBER 8, 2016**

The Macomb County Commission met at 10:09 a.m. on Thursday, December 8, 2016 at the Macomb County Administration Building, One South Main Street, 9th Floor, Mount Clemens. Chair Flynn called the meeting to order.

ROLL CALL

NAME	DISTRICT	PRESENT	NOT PRESENT
Don Brown	7	X	
James Carabelli	6	X	
Andre Duzyj	1	X	
David Flynn	4	X	
Veronica Klinefelt	3	X	
Steve Marino	10	X	
Robert Mijac	5	X	
Fred Miller	9	X	
Joe Sabatini	13	X	
Marvin Sauger	2	X	
Bob Smith	12	X	
Kathy Tocco	11	X	

AGENDA

MOTION

A motion was made by Commissioner Tocco, to approve the agenda, supported by Commissioner Duzyj. **THE MOTION CARRIED.**

MINUTES

MOTION

A motion was made by Commissioner Carabelli, to approve the minutes dated December 1, 2016 (Public Hearing and Full Board), supported by Commissioner Mijac. **THE MOTION CARRIED.**

PUBLIC PARTICIPATION

Joseph Hunt, 8306 Stanley, Warren
Karen Spranger, 7520 Hudson, Warren
Todd Schmitz, Chief Deputy Clerk, 23083 Saxony, Eastpointe

RESOLUTION

MOTION

R16-246 A motion was made by Commissioner Marino, to approve a variance of the Ethics Ordinance Section 2.6B in order to allow Derek Miller to return to the Prosecuting Attorney's office in the capacity as an Assistant Prosecuting Attorney, supported by Commissioner Tocco. **THE MOTION CARRIED.**

RECOMMENDATION FROM 12-08-16 FINANCE MEETING

MOTION

R16-247 A motion was made by Commissioner Marino, to approve the purchase of the Word Systems Inc. I-Record digital audio/visual recording system for use in the MCSO interview rooms, supported by Commissioner Duzyj. **THE MOTION CARRIED.**

ORDINANCE

MOTION

R16-248 A motion was made by Commissioner Klinefelt, to amend the Retirement Ordinance Reinstatement, supported by Commissioner Smith. **THE MOTION CARRIED.**

PROCLAMATION

MOTION

A motion was made by Commissioner Marino to approve the Proclamations in their entirety, supported by Commissioner Duzyj.

R16-249 Commending Annmarie Erickson for 17 years of dedicated service to the Detroit Institute of Arts (DIA) (offered by all commissioners)

R16-250 Commending Roger Facione upon his retirement from Social Services / Human Services Board (offered by all commissioners)

R16-251 Commending Jim Jacobs for nearly 50 years of dedicated service to Macomb Community College (offered by all commissioners)

THE MOTION CARRIED.

NEW BUSINESS

None

PUBLIC PARTICIPATION

Joseph Hunt, 8306 Stanley, Warren

ROLL CALL

NAME	DISTRICT	PRESENT	NOT PRESENT
Don Brown	7	X	
James Carabelli	6	X	
Andre Duzyj	1	X	
David Flynn	4	X	
Veronica Klinefelt	3	X	
Steve Marino	10	X	
Robert Mijac	5	X	
Fred Miller	9	X	
Joe Sabatini	13	X	
Marvin Sauger	2	X	
Bob Smith	12	X	
Kathy Tocco	11		X

ADJOURNMENT

MOTION

A motion was made by Commissioner Duzyj, to adjourn, supported by Commissioner Carabelli.
THE MOTION CARRIED.

Chair Flynn adjourned the meeting at 10:23 a.m., until the call of the Chair.

David Flynn, Chair

Carmella Sabaugh, County Clerk

2016 PROCLAMATION NO. _____

Official Proclamation of the Board of Commissioners
Macomb County, Michigan

**A Proclamation Commending Juanita Fanto For Nearly 50 Years of
Dedicated Service to PLWH**

Commissioner Andrey Duzyj and Chairman David Flynn, On Behalf of The Board Of Commissioners,
Offer The Following Proclamation:

Whereas, Juanita Fanto RN, BSN, ACRN made a major life and career change when she graduated from Wayne State University College of Nursing in May of 1986, completing her Associate degree in Liberal Arts from Oakland County Community College in May of 1983; and

Whereas, Juanita Fanto began her nursing practice immediately after graduation at Harper University Hospital on a medical teaching unit for 2 years, then went to Harpers Infectious Diseases/Pulmonary unit for the following 6 years, first as a Staff Nurse then as a Clinical Nurse Preceptor. It was on this unit, S Violet, in the early days of the AIDS epidemic in the United States, that she began her 28 year career caring for people living with HIV (PLWH); and

Whereas, in 1994, Juanita Fanto transitioned to the Wayne State University HIV Clinic where she has provided outpatient care to PLWH beginning right at the time it was becoming a more chronic, manageable disease, consistently exhibited clinical expertise, leadership, compassion, and commitment during this nearly 3 decade period to a group sorely in need of these qualities especially in those early days and educating countless other health care professionals on the care and treatment of PLWH; and

Whereas, Juanita Fanto obtained certification in HIV nursing and was an active member of the Michigan Chapter of the Association of Nurses in AIDS Care since it was formed in the early 1990's, practicing in collaboration with several Wayne State University Infectious Diseases physicians over the years and been a consistent and dependable presence at the clinic for hundreds of PLWH over that time; and

Whereas, for the past several years, Juanita Fanto has been integral and invaluable to the Infectious Diseases Fellowship program by her knowledge and commitment to excellence, with the Fellows singing her praises at their graduation ceremony for her support and mothering ways throughout their 2 year program; and

Whereas, Juanita Fanto was a Study Coordinator for several pharmaceutical trials on medications treating HIV and it's sequela, in addition to her clinical responsibilities. In 2013 she was the recipient of the OMARI MALUSHAM AWARD for her dedicated services to PLWH by the Wayne State University Research Community Advisory Board made up exclusively of persons living with HIV.

Now, Therefore, Be It Proclaimed By The Board Of Commissioners, Speaking For And On Behalf Of All County Citizens As Follows:

I

That By These Present, the Macomb County Board of Commissioners hereby publicly acknowledges and recognizes the outstanding contributions, dedication, and commitment of **Juanita Fanto** to PLWH in metropolitan Detroit as well as the support she has so generously bestowed on her colleagues and coworkers. Furthermore, best wishes are expressed to **Juanita Fanto** upon her leave from PLWH.

II

Be It Further Proclaimed that a suitable copy of this Proclamation be presented to **Juanita Fanto** in testimony of the high esteem in which she is held by the Macomb County Board of Commissioners.

Official Proclamation of the Board of Commissioners
Macomb County, Michigan

A Proclamation Commending William Misterovich for Dedicated Service to Macomb County

Board Chair Dave Flynn,
On Behalf of the Board of Commissioners,
Offers the Following Proclamation:

Whereas, the Macomb County Board of Commissioners would like to commend **William Misterovich** for faithfully serving Macomb County for more than 45 consecutive years; and

Whereas, **William Misterovich** began working for the Macomb County Public Works Office in February, 1971. Throughout the years he held numerous positions including Drain Coordinator, Public Works Coordinator/Attorney and Chief Deputy Public Works Commissioner; and

Whereas, some of the major achievements **William Misterovich** has been credited with over the course of his career include: orchestrating the purchase of the Macomb County portion of the Detroit sewer system from the City of Detroit in 2010; helping direct the completion of the \$170 million Oakland-Macomb interceptor Drain rehabilitation program from 2009 to 2016; and, overseeing the construction of the \$80 million Lake St. Clair Clean Water Initiative pollution control program in the early 2000s; and

Whereas, **William Misterovich** graduated from St. Clement High School in Center Line in 1959, from the University of Michigan in 1965 and the Detroit College of Law in 1981; and

Whereas, **William Misterovich** plans to be busy and enjoy an active retirement that includes spending time with his 12 precious grandchildren, watching the birds in a wooded conservation easement from the windows of his new condo in Macomb Township, traveling with Deanna, his wonderful wife of 51 years, working part time for his son, an attorney in Kalamazoo, reading bestsellers and watching sports and political shows on TV.

Now Therefore, Be It Proclaimed By The Board Of Commissioners, Speaking For And On Behalf Of All County Residents As Follows:

I

That By These Presents, the Macomb County Board of Commissioners hereby publicly commends, acknowledges and expresses gratitude to **William Misterovich** for his 45 years of dedicated service to the residents of Macomb County and wishes him the best in his retirement years.

II

Be It Further Proclaimed that a suitable copy of this Proclamation be presented to **William Misterovich** in testimony of the high esteem in which he is held by the Macomb County Board of Commissioners.

Official Proclamation of the Board of Commissioners
Macomb County, Michigan

A Proclamation Commending Bob Hoepfner for Dedicated Service to Macomb County

Board Chair Dave Flynn,
On Behalf of the Board of Commissioners,
Offers the Following Proclamation:

Whereas, the Macomb County Board of Commissioners would like to commend **Bob Hoepfner** for faithfully serving Macomb County for more than 42 consecutive years; and

Whereas, **Bob Hoepfner** began working for the Macomb County Road Commission on July 8, 1974. Throughout the years he held numerous positions including Project Engineer, Assistant County Highway Engineer, Highway Engineer, Director; and

Whereas, **Bob Hoepfner** has been a steady force behind hundreds of road, bridge and infrastructure projects throughout the county. He has expertly managed the Roads Department's 236 employees and a budget of more than \$119 million. His responsibilities included overseeing the design and construction of multi-million dollar rehabilitation and capacity reconstruction road projects and he has been a key collaborating contact with the Michigan Department of Transportation and local municipalities for coordination of construction projects; and

Whereas, **Bob Hoepfner** earned a bachelor's degree from from Valparaiso University in Valparaiso, Indiana; and

Whereas, **Bob Hoepfner's** level of knowledge and expertise in all matters related to road construction will be missed; through his efforts he has literally paved the way for Macomb County.

Now Therefore, Be It Proclaimed By The Board Of Commissioners, Speaking For And On Behalf Of All County Residents As Follows:

I

That By These Presents, the Macomb County Board of Commissioners hereby publicly commends, acknowledges and expresses gratitude to **Bob Hoepfner** for his 42 years of dedicated service to the residents of Macomb County and wishes him the best in his retirement years.

II

Be It Further Proclaimed that a suitable copy of this Proclamation be presented to **Bob Hoepfner** in testimony of the high esteem in which he is held by the Macomb County Board of Commissioners.

Official Proclamation of the Board of Commissioners
Macomb County, Michigan

A Proclamation Commending Anthony V. Marrocco for Serving as Macomb County Public Works Commissioner

Board Chair Dave Flynn,
On Behalf of the Board of Commissioners,
Offers the Following Proclamation:

Whereas, the Macomb County Board of Commissioners would like to commend Anthony V. Marrocco for serving as Macomb County Public Works Commissioner for 24 consecutive years; and

Whereas, as Public Works Commissioner, Anthony Marrocco was responsible for the oversight of 1,500 miles of drains, operated a wastewater district for 500,000 residents in 11 communities and also directed the construction of tens of millions of dollars in much-needed sanitary sewers and pollution-abatement projects and controls throughout Macomb County; and

Whereas, his dedication to serving the community goes beyond his role as Public Works Commissioner; Marrocco also served the community through such roles as former chairman and current commissioner on the Huron-Clinton Metropolitan Authority and founding member and former chairman of the Ambassador Club of Henry Ford Macomb Hospitals. He oversees the County Soil Erosion Control Division, Illicit Discharge Elimination Program, Storm Water Management Program and Environmental Education and Services Division; and

Whereas, Anthony Marrocco has served as a trustee on the Chippewa Valley School Board and as a commissioner on the Macomb County Board of Commissioners; he is a member of the Knights of Columbus (4th degree) and the Order of Alhambra. Marrocco was inducted into the Macomb County Hall of Fame for his “outstanding contribution to the lives of (county) citizens” and has received awards and honors from many organizations such as the Warren Symphony and the 2010 Community Leader recognition from Henry Ford Macomb Hospitals Ambassador Club; and

Whereas, Public Works Commissioner Marrocco is a lifelong resident of Macomb County and has made a positive impact while in elected office.

Now Therefore, Be It Proclaimed By The Board Of Commissioners, Speaking For And On Behalf Of All County Residents As Follows:

I

That By These Presents, the Macomb County Board of Commissioners hereby publicly commends, acknowledges and expresses gratitude to Anthony V. Marrocco for serving the residents of Macomb County as a dedicated public servant in the office of Public Works Commissioner.

II

Be It Further Proclaimed that a suitable copy of this Proclamation be presented to Anthony V. Marrocco in testimony of the high esteem in which he is held by the Macomb County Board of Commissioners.

Official Proclamation of the Board of Commissioners
Macomb County, Michigan

A Proclamation Commending Carmella Sabaugh for Serving as Macomb County Clerk/Register of Deeds

Board Chair Dave Flynn,
On Behalf of the Board of Commissioners,
Offers the Following Proclamation:

Whereas, the Macomb County Board of Commissioners would like to commend Carmella Sabaugh for her innovative and dedicated service over the course of 24 consecutive years; and

Whereas, Carmella Sabaugh was first elected as Macomb County Clerk/Register of Deeds in November of 1992; prior to this she had been Warren City Clerk from 1979 to 1985 and from 1987-1992 and she served on the Warren City Council from 1975-1979; and

Whereas, during her tenure as Clerk/Register of Deeds Carmella has improved customer service through regular evening hours, accepting credit cards, partnering with the Secretary of State to regularly provide one-stop shopping, offering a FastPass service that allows customers to skip a wait in line and implementing kiosks to improve customer flow and provide real-time feedback; Carmella's office has been honored by the National Association of Counties dozens of times with awards for best practices; and

Whereas, Carmella has further improved court services by helping the court implement electronic filing and creating attorney express lanes; Carmella made improvements to jury duty by providing rides to court at no cost to the county, reducing the length of jury service for most, offering free WiFi and library book delivery, and partnering with the downtown businesses to provide pagers for jurors waiting to be called to a courtroom, allowing them to visit local businesses.

Whereas, Carmella improved the Register of Deeds office by creating a search and fraud detection system and imaging all real estate records. Her office is only one of a few in the state to calculate redemption values to help homeowners avoid foreclosure and her online entry book stems the tide of real estate fraud; and

Whereas, Carmella improved vital records services with advanced security paper to reduce the risk of identity theft, and led the way in launching many online service options. Carmella's veterans photo ID card service was one of the first in Michigan, which helped prompt the state to designate veterans on drivers' licenses.

Whereas, Carmella improved elections by saving tens of thousands of taxpayer dollars through a first in-the-state public bid for supplies. She has improved the delivery of election night results and campaign finance transparency. Carmella's absentee ballot tracking system served as a model for the state; and

Whereas, Carmella's skill and ability to adapt processes to provide improvements which benefit residents, value for excellent customer service, professional demeanor, concern for others, and her sincerity will be missed.

Now Therefore, Be It Proclaimed By The Board Of Commissioners, Speaking For And On Behalf Of All County Residents As Follows:

I

That By These Presents, the Macomb County Board of Commissioners hereby publicly commends, acknowledges and expresses gratitude to Carmella Sabaugh for serving the residents of Macomb County as a dedicated and innovative Clerk/Register of Deeds.

II

Be It Further Proclaimed that a suitable copy of this Proclamation be presented to Carmella Sabaugh in testimony of the high esteem in which she is held by the Macomb County Board of Commissioners.

Official Proclamation of the Board of Commissioners
Macomb County, Michigan

A Proclamation Commending Fred Miller for Serving as Macomb County Commissioner

Board Chair Dave Flynn,
On Behalf of the Board of Commissioners,
Offers the Following Proclamation:

Whereas, the Macomb County Board of Commissioners would like to commend **Fred Miller** for representing the residents of Mount Clemens and portions of Clinton and Harrison Townships as commissioner over the course of six consecutive years; and

Whereas, Fred Miller was first elected as a County Commissioner in November of 2010; he has served for two terms as the Chair of the Finance Committee, and as a member numerous other committees; and

Whereas, Fred Miller brought a wealth of experience and legislative background to the Board of Commissioners after serving as a State Representative for District 31 (Mount Clemens, Clinton Township, Fraser) from 2005 to 2010, and working as an aide to U.S. Sen. Carl Levin, Congressman David Bonior and State Senator Ken DeBeaussaert in Washington, D.C., Lansing and Macomb County. His dedication to serving the community goes beyond his elected positions. **Fred Miller** is a member of the Macomb County NAACP and previously served on the Board of Trustees for the Disability Network of Oakland and Macomb (DNOM), a disability-rights advocacy non-profit. He faithfully co-hosts a yearly charity pancake breakfast to raise money and food for the Vietnam Veterans of America Chapter #154 Veterans Support Center in Roseville. He has also worked on mission projects with the United Methodist Church in the Appalachian region and in Costa Rica, where he helped build a school, rebuild homes, and construct an agricultural co-op. He was President of the Board for the Macomb Cultural and Economic Partnership (MCEP), a non-profit dedicated to building international relationships and globally marketing Macomb County; and

Whereas, during his tenure as a commissioner, **Fred Miller** has served as a champion to ensure that all county residents have access to services; he has taken on numerous challenging – even unpopular – issues so that attention and discussion can further a cause; and

Whereas, his quick wit, ability to guide a meeting and his “Finance Chairman’s Comments” will be sincerely missed.

Now Therefore, Be It Proclaimed By The Board Of Commissioners, Speaking For And On Behalf Of All County Residents As Follows:

I

That By These Presents, the Macomb County Board of Commissioners hereby publicly commends, acknowledges and expresses gratitude to **Fred Miller** for serving the residents of Macomb County as an engaged and dedicated member of the Macomb County Board of Commissioners.

II

Be It Further Proclaimed that a suitable copy of this Proclamation be presented to **Fred Miller** in testimony of the high esteem in which he is held by the Macomb County Board of Commissioners.

Official Proclamation of the Board of Commissioners
Macomb County, Michigan

A Proclamation Commending Steve Marino for Serving as Macomb County Commissioner

Board Chair Dave Flynn,
On Behalf of the Board of Commissioners,
Offers the Following Proclamation:

Whereas, the Macomb County Board of Commissioners would like to commend **Steve Marino** for representing the residents of Harrison Township and the majority of St. Clair Shores for two consecutive years as their commissioner; and

Whereas, **Steve Marino** was first elected as a County Commissioner in November of 2014; he was elected by his peers as Sergeant-At-Arms. Additionally he served as Chair and Vice-Chair of the Justice and Public Safety Committee and on the Macomb Health Department Hearing Board, the National Association of Counties' Steering Committee on Finance, Pensions, and Intergovernmental Affairs; and

Whereas, his dedication to serving the community goes beyond his role as a Commissioner. **Steve Marino** has volunteered for almost 15 years with the L'Anse Creuse Community Action Coalition and served as Co-Chair. Additionally, **Steve Marino** is a member of the Macomb Chamber of Commerce's Public Policy Committee, Harrison Township Zoning Board of Appeals, Selfridge Base Community Council and is a board member of the L'Anse Creuse Foundation; and

Whereas, as a commissioner, **Steve Marino** placed an emphasis on creating a better environment for career opportunities, advocated for more emphasis on vocational training and dual-enrollment, promoted Lake St. Clair as a regional asset and insisted on greater transparency among candidates and elected officials in campaign finance reporting; and

Whereas, his professionalism and collaborative skills will be sincerely missed.

Now Therefore, Be It Proclaimed By The Board Of Commissioners, Speaking For And On Behalf Of All County Residents As Follows:

I

That By These Presents, the Macomb County Board of Commissioners hereby publicly commends, acknowledges and expresses gratitude to **Steve Marino** for serving the residents of Macomb County as an engaged and dedicated member of the Macomb County Board of Commissioners.

II

Be It Further Proclaimed that a suitable copy of this Proclamation be presented to **Steve Marino** in testimony of the high esteem in which he is held by the Macomb County Board of Commissioners.

Official Proclamation of the Board of Commissioners
Macomb County, Michigan

A Proclamation Commending Joe Sabatini for Serving as Macomb County Commissioner

Board Chair Dave Flynn,
On Behalf of the Board of Commissioners,
Offers the Following Proclamation:

Whereas, the Macomb County Board of Commissioners would like to commend **Joe Sabatini** for representing the residents of Macomb Township, as well as portions of Clinton, Macomb and Shelby Townships, and the City of Utica as commissioner over the course of six consecutive years; and

Whereas, **Joe Sabatini** was first elected as a County Commissioner in November of 2010; he served as Audit Committee Chair and on the Retiree Health Care Board as well as numerous other boards and committees; and

Whereas, his dedication to serving the community goes beyond his role as a commissioner. **Joe Sabatini** is a member of the Michigan Association of CPA's, Michigan Nature Association, Macomb County Farm Bureau, St. Isidore Catholic Church and Right to Life of Central Macomb; and

Whereas, during his tenure as a commissioner, **Joe Sabatini** insisted on increasing transparency in reporting, greater financial accountability and always made sure to recognize efforts of those in the community, especially volunteers; and

Whereas, his technical accounting expertise and pleasant demeanor will be sincerely missed.

Now Therefore, Be It Proclaimed By The Board Of Commissioners, Speaking For And On Behalf Of All County Residents As Follows:

I

That By These Presents, the Macomb County Board of Commissioners hereby publicly commends, acknowledges and expresses gratitude to **Joe Sabatini** for serving the residents of Macomb County as an engaged and dedicated member of the Macomb County Board of Commissioners.

II

Be It Further Proclaimed that a suitable copy of this Proclamation be presented to **Joe Sabatini** in testimony of the high esteem in which he is held by the Macomb County Board of Commissioners.

Official Proclamation of the Board of Commissioners
Macomb County, Michigan

A Proclamation Commending Kathy D. Vosburg for Serving as Macomb County Commissioner

Board Chair Dave Flynn,
On Behalf of the Board of Commissioners,
Offers the Following Proclamation:

Whereas, the Macomb County Board of Commissioners would like to commend **Kathy D. Vosburg** for representing the residents of Lenox and Chesterfield Township, New Haven Village, and the City of New Baltimore for 14 consecutive years as their commissioner; and

Whereas, **Kathy D. Vosburg** was first elected as a County Commissioner in November of 2002; she has been Chair of the Retirement Commission, Chair of the Economic Development Committee and Chair of the Justice and Public Safety Committee. Some initiatives she has had key influence in accomplishing include the 800 MgHZ project, marina collaboration and Blue Water Commission on Lake St. Clair. She successfully worked with a coalition to protect Selfridge ANG from the Base Realignment and Closure (BRAC) program and she has been a very active participant representing Macomb County at numerous events throughout the region. **Kathy D. Vosburg** was elected from among her peers on the Board to the position of Chair for the 2011-12 term - the first Republican to hold the position - and the first Chair to serve under the new Charter which redefined the structure of Macomb County government; and

Whereas, her dedication to serving the community goes beyond her role as a Commissioner. **Kathy D. Vosburg** regularly volunteers her time and has served as an engaged member of the Macomb County Community Mental Health Board, the Macomb County Water Resources Advisory Council, she was an active member of the Southeast Michigan Council of Governments (SEMCOG) and is a past Chair of that organization. **Kathy D. Vosburg** serves on the Metropolitan Affairs Coalition and will continue on in a leadership role. **Kathy D. Vosburg** also serves as the Michigan Association of Counties appointee to the Michigan Public Safety Frequency Advisory Committee and is on the board of directors of Compassion Pregnancy Centers of Macomb. She has an avid interest in local history and belongs to the Chesterfield Township Historical Society, Friends of The Chesterfield Township Library and the Anchor Bay Rotary Club; and

Whereas, **Kathy D. Vosburg** always made certain that Macomb had a voice in regional conversations and that Board of Commissioners maintained a relevant, active role as a co-equal partner in county government; and

Whereas, her ability to multi-task, truly engage the residents of Macomb County and enforce accountability will be sincerely missed.

Now Therefore, Be It Proclaimed By The Board Of Commissioners, Speaking For And On Behalf Of All County Residents As Follows:

I

That By These Presents, the Macomb County Board of Commissioners hereby publicly commends, acknowledges and expresses gratitude to **Kathy D. Vosburg** for serving the residents of Macomb County as an engaged and dedicated member of the Macomb County Board of Commissioners.

II

Be It Further Proclaimed that a suitable copy of this Proclamation be presented to **Kathy D. Vosburg** in testimony of the high esteem in which she is held by the Macomb County Board of Commissioners.

Boards/Commissions Appointments Summary – DECEMBER, 2016

Area Agency on Aging 1-B

Two vacancies created by term expiration; two-year term beginning 01-01-17 through 12-31-18.

Method: Board Chair appointment with BOC Concur

1 – “Older Adult Representative” (age 60+, resident of Macomb County)

1 – “Commissioner Representative” (member of the Macomb County BOC)

The Area Agency on Aging for Region 1-B is a statutory agency, composed of members from Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw Counties.

Function: Serves as the advocate for aging and older persons and to develop and administer an area plan for a comprehensive and coordinated service delivery system in the planning and service area, providing opportunities for older persons and service providers to express their views to the area agency on policy development and program implementation under the plan.

See attached memo from Board Chair.

Sandra Hahn

Friend of the Court Advisory Committee

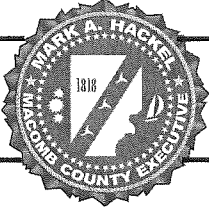
One vacancy created by initial term expiration; three year term beginning 01-01-17 through 12-31-2019.

Method: BOC confirmation of OCE nomination

1 – “Custodial Parent Representative”

See attached nomination memo from OCE.

Jill M. Thomas-Little



Macomb County Executive
Mark A. Hackel

Mark F. Deldin
Deputy County Executive

TO: David Flynn, Board Chair

FROM: Pamela J. Lavers, Deputy County Executive *PJL*

DATE: November 3, 2016

RE: Agenda Item-EXE, Friend of Court Advisory Committee

As provided in Public Act 294 (1982), Section 552.504, this memorandum serves as notice of the County Executive's nomination of Jill M. Thomas-Little to the Friend of the Court Advisory Committee. Jill served a one-year term as the advisory board was being recreated and is now eligible for a full three-year term.

- Re-appoint Jill M. Thomas-Little as Custodial Parent Representative to fill a three (3) year term to expire December 31, 2019 on the Friend of the Court Advisory Committee.

Thank you for your attention to this agenda item and please feel free to contact this office for further assistance.

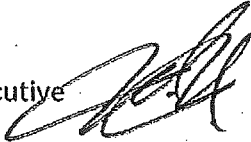
PJL/mmc

cc: Al Lorenzo
Thomas Blohm



Macomb County Executive
Mark A. Hackel

Mark F. Deldin
Deputy County Executive

TO: David Flynn, Board Chair
FROM: Mark A. Hackel, County Executive 
DATE: October 31, 2016
RE: FRIEND OF COURT ADVISORY COMMITTEE

Please accept this memorandum as notice to you for Board approval that I reappoint Jill M. Thomas-Little as Custodial Parent Representative to fill a three (3) year term to expire December 31, 2019, on the Friend of Court Advisory Committee. Jill served a one year term as the advisory board was being recreated and is now eligible for a full three year term. Attached is a copy of her application.

Thank you for your attention to this transmittal, and I am available to answer any questions or concerns.

MAH/gbb



MACOMB COUNTY, MICHIGAN

Resolution Number:	Full Board Meeting Date:

RESOLUTION

Resolution to:
 Re-appoint Jill M. Thomas-Little as Custodial Parent Representative to fill a three (3) year term to expire December 31, 2019 on the Friend of Court Advisory Committee.

Introduced By:
 Commissioner Klinefelt, Gov Ops, Chair

Additional Background Information (If Needed):
 Jill served a one year term as the advisory board was being recreated and is now eligible for a full three year term.

Committee	Meeting Date
Gov Ops	12/6/16
Full Board	12/15/16

Application for Appointment or Re-Appointment to
Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Macomb County Friend of the Court Citizen's Advisory Committee

Term: 3 years; from January 2017 (date/year) to December 2019 (date/year)

1. Applicant Information

Name: Jill M Thomas-Little

Residence Address: 17725 Goldeneye Dr

City, Zip Code: Clinton Township, 48038

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586-899-1325

Email: jlittlej@macomb.edu

Best method of contact: email

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizenship: United States of America

5. Employer: Macomb Community College

Employer Address: 14500 E 12 Mile Road - Warren, MI 48088

Nature of your work: Higher Education Administrator

Position: Vice President, Student Services

6. Educational level, degree(s) received, other relevant certification or endorsements:

Master of Business Administration In Integrative Management - Michigan State University
Bachelor of Arts In Education - University of Michigan - Ann Arbor

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: Macomb County Friend of the Court Citizen's Advisory Committee - custodial parent

Appointment/Election Date: January 2016 (one-year term)

Title/Board-Commission:

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *

If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

None

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

N/A

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

Missed June 2016 meeting due to conflict with employer (consultant on-site for business process mapping)


13. Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

The Macomb County Friend of the Court Citizen's Advisory Committee reconvened after several years in January 2016. As the custodial parent appointed to the committee, by luck of the draw, I was giving a one-year term in order to ensure staggered term expirations moving forward. I have actively participated in grievance reviews and in conversations establishing process and procedures for the committee over this past year. For consistency as we move forward with established procedures, I would like to continue on the committee as the custodial parent representative.

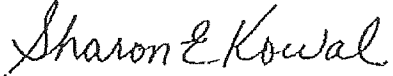
I believe the committee has already assisted the FOC in identifying process improvements to better serve the clients of the FOC. I grew up in Macomb County and have lived in the county most of my adult life. I provide a balanced perspective outside of the court-system, through the lens of a custodial parent, Macomb County resident, and engaged community member. I look forward to serving a full, three-year term providing the Board of Commissioners approves my appointment.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: 
Printed Name:
Date:

Subscribed and sworn to before me this day of


Notary Public
Macomb County, Michigan

Sharon E. Kowal
Notary Public, State of Michigan
County of Macomb
My Commission Expires: 11.19.2021

My Commission expires:

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Macomb County Friend of the Court Citizen's Advisory Committee

Term: 3 years; from January 2017 (date/year) to December 2019 (date/year)

1. Applicant Information

Name: Jill M Thomas-Little

Residence Address: 17725 Goldeneye Dr

City, Zip Code: Clinton Township, 48038

County of Residence: Macomb

Mailing Address (if different than above):

Preferred Phone: 586-899-1325

Email: littlej@macomb.edu

Best method of contact: email

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizenship: United States of America

5. Employer: Macomb Community College

Employer Address: 14500 E 12 Mile Road - Warren, MI 48088

Nature of your work: Higher Education Administrator

Position: Vice President, Student Services

6. Educational level, degree(s) received, other relevant certification or endorsements:

Master of Business Administration In Integrative Management - Michigan State University
Bachelor of Arts In Education - University of Michigan - Ann Arbor

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: Macomb County Friend of the Court Citizen's Advisory Committee - custodial parent
Appointment/Election Date: January 2016 (one-year term)
Title/Board-Commission:
Appointment/Election Date:
Title/Board-Commission:
Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:
Dates Served:
Title/Board-Commission:
Dates Served:
Title/Board-Commission:
Dates Served:

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *

If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

None

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

N/A

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held

Comments/Clarification (if necessary)

Missed June 2016 meeting due to conflict with employer (consultant on-site for business process mapping)


13. Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

The Macomb County Friend of the Court Citizen's Advisory Committee reconvened after several years in January 2016. As the custodial parent appointed to the committee, by luck of the draw, I was giving a one-year term in order to ensure staggered term expirations moving forward. I have actively participated in grievance reviews and in conversations establishing process and procedures for the committee over this past year. For consistency as we move forward with established procedures, I would like to continue on the committee as the custodial parent representative.

I believe the committee has already assisted the FOC in identifying process improvements to better serve the clients of the FOC. I grew up in Macomb County and have lived in the county most of my adult life. I provide a balanced perspective outside of the court-system, through the lens of a custodial parent, Macomb County resident, and engaged community member. I look forward to serving a full, three-year term providing the Board of Commissioners approves my appointment.

14. Statement of Application to Board/Commission


I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature: 

Printed Name:

Date:

Subscribed and sworn to before me this


Notary Public
Macomb County, Michigan

Sharon E. Kowal
Notary Public, State of Michigan
County of Macomb
My Commission Expires: 11.19.2021

My Commission expires:

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page



BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor
Mount Clemens, Michigan 48043
586.469.5125 ~ Fax: 586.469.5993
www.macombBOC.com

May 5, 2016

TO: Mark Deldin, Deputy County Executive; Steve Smigiel, Finance Director
FROM: Dave Flynn, Board Chairman *DF*
RE: AAA1-B Appointments

I request you concur with my re-appointment of Sandra Hann to continue serving in the designation of “Older Adult Representative” on behalf of the residents of Macomb County.

Ms. Hann has successfully served in this capacity for the past several years. She has been an engaged participant and has served the senior population of Macomb County very well.

As you may know, there is a second appointment which is designated as “Commissioner Representative.” Commissioner Bob Smith has served faithfully in this role for the past two years. Since we are at the brink of a new BOC term, I would like to delay making this appointment so if someone else is interested in serving on the AAA1-B Executive Board, they can be given the opportunity to apply. Commissioner Smith has agreed to continue serving in the interim.

Thank you for your concurrence with Ms. Hann, and your agreement to delay the Commissioner Representative appointment.

MACOMB COUNTY BOARD OF COMMISSIONERS

David J. Flynn – Board Chair
District 4

Kathy Tocco – Vice Chair
District 11

Steve Marino – Sergeant-At-Arms
District 10

Andrey Duzyj – District 1

Marvin Sauger – District 2

Veronica Klinefelt – District 3

Robert Mijac - District 5

James Carabelli – District 6

Don Brown – District 7

Kathy Vosburg – District 8

Fred Miller – District 9

Bob Smith – District 12

Joe Sabatini – District 13



Application forms and submission materials should be sent to:

Macomb County Board of Commissioners
 1 S. Main Street, 9th Floor
 Mt. Clemens, MI 48043
 586.469.5125 www.macombBOC.com

Two vacancies are created by term expiration. One position must be filled by a Macomb County Commissioner. The other must be filled by a Macomb County resident age 60 years or more. Application materials must be submitted no later than **5pm on Tuesday, November 29, 2016**. Public interviews to be held the the 9am Tuesday, December 6, 2016 Government Operations Committee meeting. Applicants are encouraged to attend this meeting. Appointments are expected to be made at a December 2016 Full Board meeting

Name of Board/Commission	Area Agency on Aging
Origin	PA345 ('68); PA189 ('86); MCL 168.639
Appointment Authority	Board Chair appt w/ Board of Commissioners concur
Function	The Area Agency on Aging for Region 1-B is a statutory agency, composed of members from Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw Counties. The function of the Agency is to serve as the advocate for aging and older persons and to develop and administer an area plan for a comprehensive and coordinated service delivery system in the planning and service area, providing opportunities for older persons and service providers to express their views to the area agency on policy development and program implementation under the plan.
Membership Composition	2 persons: 1 Commissioner delegate and 1 Older Adult Representative (age 60+, resident of Macomb County)
Term	2 years



Application forms and submission materials should be sent to:

Macomb County Board of Commissioners
 1 S. Main Street, 9th Floor
 Mt. Clemens, MI 48043

586.469.5125
www.macombBOC.com

Name of Board/Commission	Area Agency on Aging
Origin	PA345 ('68); PA189 ('86); MCL 168.639
Appointment Authority	Board Chair appt w/ Board of Commissioners concur
Function	The Area Agency on Aging for Region 1-B is a statutory agency, composed of members from Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw Counties. The function of the Agency is to serve as the advocate for aging and older persons and to develop and administer an area plan for a comprehensive and coordinated service delivery system in the planning and service area, providing opportunities for older persons and service providers to express their views to the area agency on policy development and program implementation under the plan.
Membership Composition	2 persons: 1 Commissioner delegate and 1 Older Adult Representative
Term	2 years

Application for Appointment or Re-Appointment to
Macomb County Board/Commission

RECEIVED

NOV 7 2016

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

BOARD OF COMMISSIONERS

Name of Board/Commission to which appointment is being made:

AREA AGENCY ON AGING 1 B

Term: 2 years; from 1-01-2017 (date/year) to 12-31-2018 (date/year)

1. Applicant Information

Name: SANDRA A. HANN

Residence Address: 331 SALEM DR. NORTH

City, Zip Code: ROMEO 48065

County of Residence: MACOMB

Mailing Address (if different than above):

Preferred Phone: 586-752-5589

Email: SANDRAHANN@YAHOO.COM

Best method of contact: PHONE

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizenship: U.S.

5. Employer: N/A

Employer Address:

Nature of your work:

Position:

6. Educational level, degree(s) received, other relevant certification or endorsements:

BACHELORS IN PSYCHOLOGY
MASTER'S IN COUNSELING
BOTH DEGREES FROM OAKLAND UNIVERSITY

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: BOARD OF DIRECTORS, AAAIB
OLDER ADULT REPRESENTATIVE

Appointment/Election Date: 6.1.2011

Title/Board-Commission: HARBOUR POINTE CONDO ASSOC.
VICE PRESIDENT OF THE BOARD

Appointment/Election Date:

Title/Board-Commission:

Appointment/Election Date:

8. Previously-held appointments and/or elected positions:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

Title/Board-Commission:

Dates Served:

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

[Empty box for listing convictions]

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *

If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

NONE

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

NONE

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission?

Please indicate your attendance record for term(s) served:

Number of meetings attended Number of meetings held
IN 2016

Comments/Clarification (if necessary)

MISSED ONE MEETING BEING MY SISTER'S CAREGIVER IN OHIO

13. Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

- WORKED FOR MACOMB CO. SENIOR SERVICES AS THE SENIOR RESOURCE ADVOCATE
- I AM A LICENSED PROFESSIONAL COUNSELOR
- WELL VERSED PROFESSIONALLY AND PERSONALLY IN NEEDS OF SENIORS AND DISABLED
- INVOLVED IN TWO OTHER COMMITTEES WITHIN AAAIB
 - AWARDDING GRANTS
 - DIVERSIFICATION WITHIN AAAIB

Signature/notary to be provided.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature:

Printed Name:

Date:

Subscribed and sworn to before me this

day of

Notary Public
Macomb County, Michigan

My Commission expires:

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

Sandra A. Hann
331 Salem Drive North
Romeo, MI 48065
586-752-5589

Commissioner David Flynn,

I have been the Older Representative for Macomb County on the Board of Directors of Area Agency on Aging 1B since June of 2011. My attendance at the meetings has been very good, and I have volunteered for other committees within Area Agency on Aging. The agency is involved in important new ventures and I would like to remain a part of this Board.

My various careers included computer programming for a public utility, customer service at a bank, and lastly, advocacy for the senior and disabled population with Macomb County Department of Senior Citizen Services from which I retired in January 2010. Working with for-profit and not-for-profit organizations, afforded me an interesting perspective on the pros and cons of each business type. Working for the senior population afforded me wonderful opportunities which vastly increased my working knowledge of the various concerns of this age group. The individual senior client taught me lessons and provided me with knowledge that I could never obtain from a textbook.

Learning about the federal, state and local programs provided me with information that most individuals cannot learn by going on-line or reading an application. It was the actual interaction with the different agencies that provided the critical information that is necessary in order to provide an accurate assessment in providing assistance to clients.

Because of my various careers and diversified work background, I feel that I am well-versed with both sides of an issue. I pride myself in being non-judgmental, open to new ideas and spending time looking at the whole picture. I feel honored to have been chosen by the Macomb County Board of Commissioners to be on the Board of Directors in the past and plan on focusing on the important issues in the future.

I can be reached on my home phone number (listed above), my cell phone, 586-255-7103 or my email address, sandrahann@yahoo.com.

Thank you.

Sandra A Hann



11-01-2016

October 24, 2016

Chairperson David Flynn
Macomb County Board of Commissioners
1 South Main Street
9th Floor
Mount Clemens, MI 48043

Dear Chairperson Flynn:

The Area Agency on Aging 1-B (AAA 1-B), pursuant to its bylaws, requests the Macomb County Board of Commissioners to appoint two persons to serve on the AAA 1-B Board of Directors, along with comparable representation from Livingston, Monroe, Oakland, St. Clair, and Washtenaw counties.

One of those appointments is that of a county commissioner. The Macomb County Board of Commissioners representative on the AAA 1-B Board of Directors, Commissioner Robert Smith, will be completing his current term on December 31, 2016. I am requesting that the Macomb County Board of Commissioners take action as soon as possible to appoint a commissioner to the AAA 1-B Board of Directors for a two-year term beginning January 1, 2017.

The second appointment is that of an older person at least 60 years of age who is not employed by any local organization receiving funds from the AAA 1-B. The Macomb County older adult representative, Sandra Hann, will be completing her current term on December 31, 2016. I am also requesting that the Macomb County Board of Commissioners take action as soon as possible to appoint an older adult representative to the AAA 1-B Board of Directors for a two-year term beginning January 1, 2017.

The AAA 1-B Board of Directors is responsible for guiding the planning and development of services and programs responsive to the needs of older adults residing in the six counties of the region. The Board annually allocates, through contracts and purchase of services, more than \$35 million in government funds to local service providers. The Board is also responsible for establishing policies and advocating on behalf of the elderly relative to legislation affecting older adults.

The AAA 1-B Board of Directors will meet a minimum of eight times a year, typically on the fourth Friday of the month, at the AAA 1-B office in Southfield. Your prompt attention to these appointments will enable us to hold an orientation meeting for new members in early February 2017, with our first Board of Directors meeting of the year being held later that same month.

Chairperson Flynn
Page 2
October 24, 2016

Should you have any questions pertaining to this appointment, please do not hesitate to contact me or Amanda Sears, Corporate Secretary and Executive Services Manager, at 248-262-9222.

Sincerely,



Tina Abbate Marzolf
Chief Executive Officer

C: Commissioner Robert Smith
Sandra Hann



MACOMB COUNTY, MICHIGAN

Resolution Number:

Full Board Meeting Date:

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RESOLUTION

Resolution to:

Approve the MDOT State Trunkline Maintenance Contract outlining scope of work and price schedules for our crews to maintain state highways.

Introduced By:

Commissioners James Carabelli & Robert Mijac, Infrastructure/Economic Development Committee

Additional Background Information (If Needed):

This is a five year contract for which the state budgeted amount for 2016-17 Fiscal Year is \$5,494,241.00. This amount varies each year, using the average of the previous five years for each renewing year.

Committee	Meeting Date
Infrastructure/ Econ Development	12/13/2016
Full Board	12/15/2016



MACOMB COUNTY, MICHIGAN

Resolution Number:	Full Board Meeting Date:

RESOLUTION

Resolution to:

Approve the annual MDOT Traffic Operations Center contract outlining CMAQ funding for the continued operations of the TOC at the Department of Roads.

Introduced By:

Commissioners James Carabelli & Robert Mijac, Infrastructure/Economic Development Committee

Additional Background Information (If Needed):

CMAQ Funding covers \$2 Million with the Department of Roads covering the remaining \$500,000.

Committee	Meeting Date
Infrastructure/ Econ Development	12/13/2016
Full Board	12/15/2016



MACOMB COUNTY, MICHIGAN

Resolution Number:

Full Board Meeting Date:

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RESOLUTION

Resolution to:

Approve the MDOT Contract outlining the scope of project and cost for widening of North Avenue from Hall Road to 21 Mile Road.

Introduced By:

Commissioners James Carabelli & Robert Mijac, Infrastructure/Economic Development Committee

Additional Background Information (If Needed):

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Committee

Meeting Date

Infrastructure/ Econ Development

12/13/2016

Full Board

12/15/2016



MACOMB COUNTY, MICHIGAN

Resolution Number:

Full Board Meeting Date:

--	--

RESOLUTION

Resolution to:

Approve the budget adjustment of \$100,000 to be added to the Capital Improvements line item of the Department of Roads 2016-17 fiscal year budget.

Introduced By:

Commissioners James Carabelli & Robert Mijac, Infrastructure/Economic Development Committee

Additional Background Information (If Needed):

Request budget adjustment of \$100,000 for the replacement of two of the four in-ground hoists at the DOR Shelby Service Center. This work was included in the 2015-16 fiscal year budget but the contractor was unable to complete the repair within that budget year, and the work was not carried over to the 2016-17 fiscal year budget. Allied was the only bidder on our Request for Proposal. The original manufacturer is no longer in business and replacement parts are not available due to the age of the hoists. These hoists are 22 years old (service center built in 1994) and critical for maintenance on our equipment. With replacement, these hoists will not pass Michigan OSHA inspections. We plan to replace the remaining two hoists in fiscal year 2017-18.

Committee

Meeting Date

Infrastructure/ Econ Development

12/13/2016

Full Board

12/15/2016



MACOMB COUNTY, MICHIGAN

Resolution Number:

Full Board Meeting Date:

RESOLUTION

Resolution to:

Approve annual contracts for animal services to be distributed to Sterling Heights, Mt. Clemens and Warren.

Introduced By:

~~Chair Jeff Randoxxx~~

Commissioners Carabelli and Mijac, Infra/Econ Dev, Co-chairs

Additional Background Information (If Needed):

The contracts are an annual inter-governmental agreements between Macomb County Animal Control and the Cities of Warren, Sterling Heights and Mt. Clemens. The Contract is only to establish a fee schedule.

Contracts have been reviewed and approved by Corporation Counsel. The only change to the annual contracts is a slight increase to fees in order to stay in line with the discretionary fee schedule.

Committee

Meeting Date

Infra/Econ Dev

12/13/2016

Full Board

12/15/2016



MACOMB COUNTY, MICHIGAN

Resolution Number:	Full Board Meeting Date:

RESOLUTION

Resolution to:

Recommend on behalf of the Macomb County Executive and the Human Resources and Labor Relations Department that the Macomb County Board of Commissioners ratify the January 1, 2017 to December 31, 2019 Collective Bargaining Agreement, as tentatively agreed to and ratified by the Police Officers Labor Council - Captains/Chief of Staff.

Introduced By:

Commissioner Carabelli and Mijac, Infra/Econ Development, Co-chairs

Additional Background Information (If Needed):

See attached

Committee	Meeting Date
Full Board	12/15/2016
Infra/Econ Development	12/13/2016



MACOMB COUNTY, MICHIGAN

Resolution Number:	Board Meeting Date:

RESOLUTION

Resolution to:

Recommend on behalf of the Macomb County Executive and the Human Resources and Labor Relations Department that the Macomb County Board of Commissioners ratify Collective Bargaining Agreements from January 1, 2017 to December 31, 2019 as tentatively agreed to and ratified by the following bargaining groups: Administrative and Technical Employees Association (Adtech), Macomb County Environmental Health Association, Michigan Nurses Association and Road Technicians Association.

Introduced By:

Commissioners Carabelli and Mijac, Infra/Econ Development, Co-Chairs

Additional Background Information (If Needed):

See attached

Committee	Meeting Date
Full Board	12/15/2016
Inra/Econ Dev	12/13/16



MACOMB COUNTY, MICHIGAN

Resolution Number:	Full Board Meeting Date:

RESOLUTION

Resolution to:
<p>Adopt a 2016 budget amendment in the amount of \$3,681,385, as indicated on the attached documentation, as a result of recently ratified Collective Bargaining Agreements for the years 2017-2019.</p>

Introduced By:
<p>Commissioners Carabelli and Mijac, Infra/Econ Development, Co-chairs</p>

Additional Background Information (If Needed):
<p>All but three of the County's collective bargaining units recently ratified labor agreements for the three year period January 1, 2017 through December 31, 2019. Those agreements call for a 1.0% across the board wage increase in each of those three years. Those agreements also provide for lump sum payments of \$2,100 to each full time employee and a \$500 to each part time employee in December 2016 and lump sum payments in December 2017 of \$1,000 to each full time employee and \$500 to each part time employee. The 2017 budget that was recently adopted by the Board of Commissioners was built utilizing a 2.0% across the board wage increase for all employees and no lump sum payments. Therefore, a budget amendment is necessary in the funds indicated on the attached schedule to reflect the lump sum payments that will be made on the second paycheck of December 2016.</p> <p>The County's long range forecast for the years 2017-2026 was built assuming a 2% across the board wage increase in 2017 and 1.5% increases every year thereafter, or 5.0% for the contract period. The effect of the labor settlements indicated above is a 4.0% effective wage increase over the three year period. The effective increase is a combination of the 1% across the board increases as well as the lump sum payments due in 2016 and 2017. However, the County will incur additional labor costs in the first two years because the value of the lump sum payments in those years exceeds saving realized from the 1% differential in the across the board wage increase assumption, thereby necessitating budget amendments in both 2016 and 2017. Savings to the County begin accruing in the third year of the contract period and each year thereafter, all other factors being equal.</p>

Committee	Meeting Date
Infra/Econ Dev	12-13-16
Full Board	12-15-16



MACOMB COUNTY, MICHIGAN

Resolution Number:	Full Board Meeting Date:

RESOLUTION

Resolution to:

Adopt a 2017 budget amendment in the amount of \$2,694,290, as indicated on the attached documentation, as a result of recently ratified Collective Bargaining Agreements for the years 2017-2019.

Introduced By:

Commissioners Carabelli and Mijac, Infra/Econ Development, Cho-chairs

Additional Background Information (If Needed):

All but three of the County's collective bargaining units recently ratified labor agreements for the three year period January 1, 2017 through December 31, 2019. Those agreements call for a 1.0% across the board wage increase in each of those three years. Those agreements also provide for lump sum payments of \$2,100 to each full time employee and a \$500 to each part time employee in December 2016 and lump sum payments in December 2017 of \$1,000 to each full time employee and \$500 to each part time employee. The 2017 budget that was recently adopted by the Board of Commissioners was built utilizing a 2.0% across the board wage increase for all employees and no lump sum payments. Therefore, a budget amendment is necessary in the funds indicated on the attached schedule to reflect the lump sum payments that will be made on the second paycheck of December 2016.

The County's long range forecast for the years 2017-2026 was built assuming a 2% across the board wage increase in 2017 and 1.5% increases every year thereafter, or 5.0% for the contract period. The effect of the labor settlements indicated above is a 4.0% effective wage increase over the three year period. The effective increase is a combination of the 1% across the board increases as well as the lump sum payments due in 2016 and 2017. However, the County will incur additional labor costs in the first two years because the value of the lump sum payments in those years exceeds saving realized from the 1% differential in the across the board wage increase assumption, thereby necessitating budget amendments in both 2016 and 2017. Savings to the County begin accruing in the third year of the contract period and each year thereafter, all other factors being equal.

Committee	Meeting Date
Infra/Econ Dev	12/13/2016
Full Board	12/15/2016



Macomb County Executive Mark A. Hackel

Mark F. Deldin
Deputy County Executive

To: David Flynn, Board Chair

From: Pamela J. Lavers, Deputy County Executive

Date: December 13, 2016

RE: Agenda Item – Health Department, My Community Dental Centers (MCDC) Lease Agreement

Attached please find documentation, memorandum and a resolution from Health Department Director, William Ridella, to approve the lease agreement with My Community Dental Centers (MCDC, a non-profit corporation in Michigan), for using the dental center space at the Southwest Health Center to operate the dental clinic.

In 2017, the Health Department will no longer have an annual expense and budget for dental services, and is recommending a lease agreement with MCDC to use dental center space at the Southwest Health Center in Warren to operate the dental clinic. The Department will not be paying MCDC for providing dental services. The lease agreement will generate \$14,562 in annual revenue.

The Executive Office respectfully submits this agenda item for the Commission's consideration and recommends approval of the MCDC lease agreement.

PJL/mmc

cc: William Ridella



MACOMB COUNTY, MICHIGAN

Resolution Number:	Full Board Meeting Date:

RESOLUTION

Resolution to:

Approve the Lease Agreement between the County and My Community Dental Centers for the Dental Center space at the Health Department's Southwest Health Center in Warren.

Introduced By:

Andrey Duzyj, HHS,, Chair

Additional Background Information (If Needed):

Effective January 1, 2017, and aligned with the Health Department 2017 budget, the MCHD recommends the County enter into the attached lease agreement with My Community Dental Centers (MCDC, a nonprofit corporation in Michigan), for using the dental center space at the Southwest Health Center to operate the dental clinic. MCDC will operate and modernize the dental center for expanding dental services to meet the dental health needs of the underserved in Macomb County. MCDC currently has agreements with 20 local health departments in Michigan for providing primary dentistry services to prevent, treat and control periodontal disease and dental carries.

*THIS ITEM WAS WAIVED TO FULL BOARD BY HHS AND FINANCE CHAIRS

Committee	Meeting Date
Full Board	12/15/2016



MEMORANDUM

DATE: 12/12/2016

TO: Office of County Executive

FROM:  William Ridella, Director/Health Officer
Health Department

RE: REQUEST APPROVAL / ADOPTION OF
My Community Dental Centers (MCDC) Lease Agreement

SUBJECT:

Dental Center Lease Agreement between Health Department and My Community Dental Centers

PURPOSE / JUSTIFICATION:

Effective January 1, 2017, and aligned with the Health Department 2017 budget, the MCHD recommends the County enter into the attached lease agreement with My Community Dental Centers (MCDC, a nonprofit corporation in Michigan), for using the dental center space at the Southwest Health Center to operate the dental clinic. MCDC will operate and modernize the dental center for expanding dental services to meet the dental health needs of the underserved in Macomb County. MCDC currently has agreements with 20 local health departments in Michigan for providing primary dentistry services to prevent, treat and control periodontal disease and dental carries.

FISCAL IMPACT / FINANCING:

In 2017 the Health Department will no longer have an annual expense and budget for dental services, and is recommending a lease agreement with MCDC to use the dental center space at the Southwest Health Center in Warren to operate the dental clinic. The Department will not be paying MCDC for providing dental services. The lease agreement will generate \$14,562 in annual revenue.

FACTS AND PROVISION / LEGAL REQUIREMENTS (If applicable):

An approved lease agreement is required for MCDC to occupy and operate the dental clinic at the Southwest Health Center.

IMPACT ON CURRENT SERVICES (PROJECTS):

MCDC has the experience, expertise and quality control to manage and operate dental clinics for Medicaid and underserved residents. MCDC will upgrade and expand the dental center, increase service delivery, and provide continuity of dental services to residents using the dental center.



CONTRACT REVIEW ROUTING FORM

November 2015
REV 4

ORIGINATING DEPARTMENT INFORMATION		
Department Leader: William Ridella	Department: Health Department	Date: 12/12/2016
Contract Contact Person: William Ridella	Contact Phone Number: 469-5510	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #

CONTACT INFORMATION		
Contract Title: My Community Dental Centers (MCDC) Lease Agreement	GRANT <input type="checkbox"/> AWARD <input checked="" type="checkbox"/> Funded	Return By Date: 12/16/2016

DEPARTMENT ROUTING & AUTHORIZATIONS	
NOTES:	

NEW IT Dept. Authorization	DOES THIS INVOLVE TECHNICAL SUPPORT RELATED TO HARDWARE OR SOFTWARE? If No, Skip this step.	
	<input type="checkbox"/> Yes, Send to IT. Chief Information Officer review/approval is REQUIRED.	
	<input type="checkbox"/> Approved	
	<input type="checkbox"/> Approved with changes	
<input type="checkbox"/> Rejected and Return to Requesting Department		Date
Authorized Signature		

1. RISK & CONTRACT MANAGEMENT -

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Approved with changes	<input type="checkbox"/> Rejected
RETURN TO REQUESTING DEPARTMENT		
		<u>12/12/16</u>
Authorized Signature		Date

Department Received Stamp:

RECEIVED

DEC 12 2016

Risk & Insurance Division
Finance Department

2. FINANCE DEPARTMENT -

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Approved with changes	<input type="checkbox"/> Rejected
RETURN TO RISK & CONTRACT MANAGEMENT		
		<u>12-12-16</u>
Authorized Signature		Date

Department Received Stamp:

3. OFFICE OF CORPORATION COUNSEL -

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Approved with changes	<input type="checkbox"/> Rejected
RETURN TO RISK & CONTRACT MANAGEMENT		
		<u>12/12/16</u>
Authorized Signature		Date

RECEIVED

DEC 12 2016

CORPORATION COUNSEL

4. OFFICE OF COUNTY EXECUTIVE -

<input checked="" type="checkbox"/> Approved	<input checked="" type="checkbox"/> BOC Review Required	<input type="checkbox"/> Approved with changes	<input type="checkbox"/> Rejected - RETURN TO RISK & CONTRACT MANAGEMENT
RETURN TO RISK & CONTRACT MANAGEMENT			
			<u>12/13/16</u>
Authorized Signature			Date

Department Received Stamp:

EXECUTIVE OFFICE

DEC 12 2016

RECEIVED



CONTRACT REVIEW ROUTING FORM

November 2015
REV 4

ORIGINATING DEPARTMENT INFORMATION

Department Leader: William Ridella	Department: Health Department	Date: 12/12/2016
Contract Contact Person: William Ridella	Contact Phone Number: 469-5510	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #

CONTACT INFORMATION

Contract Title: My Community Dental Centers (MCDC) Lease Agreement			
Vendor Number (if known):	Vendor Name:	Vendor Disclosure Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> IFAS <input type="checkbox"/> No (N/A)	
Original Contract Amount: \$	Amendment Amount: \$	Total Amended Contract Amount: \$ 0.00	Funding Source - Org Key / Object - (If known):
Contract Begin Date: 01/01/2017	Amendment Date:	Contract End Date: 01/01/2024	Targeted Committee Date:
Contract: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	If Renewal or Amendment, what terms have changed (if any):		Amendment Number:
Contract Bid: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not bid out, please explain:	Lowest Bid: If not lowest bid, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bid Number:	How many bidders responded?	Winning bidder Macomb County Entity: <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain:	

Contract Synopsis:

Effective January 1, 2017, and aligned with the Health Department 2017 budget, the MCHD recommends the County enter into the attached lease agreement with My Community Dental Centers (MCDC, a nonprofit corporation in Michigan), for using the dental center space at the Southwest Health Center to operate the dental clinic. MCDC will operate and modernize the dental center for expanding dental services to meet the dental health needs of the underserved in Macomb County. MCDC currently has agreements with 20 local health departments in Michigan for providing primary dentistry services to prevent, treat and control periodontal disease and dental carries.

OTHER CONTRACT INFORMATION

CONTRACT REQUIRES SIGNATURE OF COUNTY EXECUTIVE ONLY. DESIGNEE SIGNATURE WILL NOT BE ACCEPTED.

PLEASE CHECK APPROPRIATE ITEM BELOW (IF APPLICABLE):

- 1. AWARDING A CONTRACT OF \$35,000 OR MORE FOR SERVICES, SUPPLIES, MATERIALS, EQUIPMENT OR REAL ESTATE.
- 2. AWARDING A CONTRACT OF \$100,000 OR MORE FOR CONSTRUCTION.
- 3. AWARDING A CONTRACT MODIFICATION EXCEEDING 10% OF THE ORIGINAL APPROVED CONTRACT AMOUNT.
- 4. AWARDING A CONTRACT THAT EXCEEDS 5 YEARS IN LENGTH.
- 5. EMPLOYER PAID FRINGE BENEFITS.
- 6. COLLECTIVE BARGAINING AGREEMENTS.
- 7. INTERGOVERNMENTAL AGREEMENTS AS DEFINED BY CHARTER SECTION 3.1.



CONTRACT REVIEW ROUTING FORM

November 2015
REV 4

ORIGINATING DEPARTMENT INFORMATION

Department Leader: William Ridella	Department: Health Department	Date: 12/12/2016
Contract Contact Person: William Ridella	Contact Phone Number: 469-5510	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #

CONTACT INFORMATION

Contract Title: My Community Dental Centers (MCDC) Lease Agreement			
Vendor Number (if known):	Vendor Name:	Vendor Disclosure Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> IFAS <input type="checkbox"/> No (N/A)	
Original Contract Amount: \$	Amendment Amount: \$	Total Amended Contract Amount: \$ 0.00	Funding Source - Org Key / Object - (If known):
Contract Begin Date: 01/01/2017	Amendment Date:	Contract End Date: 01/01/2024	Targeted Committee Date:
Contract: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	If Renewal or Amendment, what terms have changed (if any):		Amendment Number:
Contract Bid: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not bid out, please explain:	Lowest Bid: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not lowest bid, please explain:
Bid Number:	How many bidders responded?	Winning bidder Macomb County Entity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Explain:	

Contract Synopsis:

Effective January 1, 2017, and aligned with the Health Department 2017 budget, the MCHD recommends the County enter into the attached lease agreement with My Community Dental Centers (MCDC, a nonprofit corporation in Michigan), for using the dental center space at the Southwest Health Center to operate the dental clinic. MCDC will operate and modernize the dental center for expanding dental services to meet the dental health needs of the underserved in Macomb County. MCDC currently has agreements with 20 local health departments in Michigan for providing primary dentistry services to prevent, treat and control periodontal disease and dental carries.

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- 1. AWARDED A CONTRACT OF \$35,000 OR MORE FOR SERVICES, SUPPLIES, MATERIALS, EQUIPMENT OR REAL ESTATE.
- 2. AWARDED A CONTRACT OF \$100,000 OR MORE FOR CONSTRUCTION.
- 3. AWARDED A CONTRACT MODIFICATION EXCEEDING 10% OF THE ORIGINAL APPROVED CONTRACT AMOUNT.
- 4. AWARDED A CONTRACT THAT EXCEEDS 5 YEARS IN LENGTH.
- 5. EMPLOYER PAID FRINGE BENEFITS.
- 6. COLLECTIVE BARGAINING AGREEMENTS.
- 7. INTERGOVERNMENTAL AGREEMENTS AS DEFINED BY CHARTER SECTION 3.1.

LEASE AGREEMENT

This Lease Agreement ("Agreement" or "Lease Agreement") is entered into this ____ day of December, 2016, by and between My Community Dental Centers ("MCDC"), whose address is: One Water Street, Suite 200, Boyne City, Michigan, 49712, and the County of Macomb, acting through its agent Macomb County Health Department, ("Health Department" or the "County"), whose address is 43525 Elizabeth Rd. Mt. Clemens, Michigan, 48043, for the lease of real property and improvements now or hereinafter existing on such real property as more fully described herein. MCDC and the County will be periodically referred to as "the Parties" in this Agreement.

RECITALS

WHEREAS, the County is the owner of real property located at 27690 Van Dyke Road, Warren, Michigan 48093, commonly known as the "Majestic Plaza", and hereafter referred to as the "Building"; and

WHEREAS, MCDC desires to lease a portion of the Building containing approximately 1,618 square feet (the "Leased Property" or the "Dental Center") from the County to serve as a Public Dental Center Location where MCDC will provide Dental Center Services, and the County desires to lease the Property for this purpose; and

WHEREAS, concurrent with the execution of this Lease Agreement the Parties are also entering into a Services Agreement and a Contingent Public Dental Center Program Agreement whereby MCDC will provide Dental Center Services on behalf of the Health Department; and

WHEREAS, the Parties wish to memorialize the terms and conditions under which the County will lease the Property to MCDC.

NOW THEREFORE, in consideration of the promises and covenants herein, and other valuable consideration the sufficiency of which is acknowledged by the Parties, the Parties hereto agree as follows:

THE LEASE AGREEMENT TERMS

1. **THE LEASED PROPERTY; OPERATION OF A DENTAL CENTER.** The County hereby leases to MCDC and MCDC hereby leases from the County

the Leased Property for the Leasehold Term specified in Paragraph 2 below and upon the terms and conditions set forth in remainder of this Lease Agreement and the attached Schedules. Specifically, MCDC agrees to operate the Leased Property as a Dental Center, with a focus on service to the low income, uninsured, and underinsured. Services shall be provided without regard to ability to pay.

2. THE LEASEHOLD TERM. The term of this Agreement shall be for a period of seven (7) years, unless sooner terminated as provided in Section 12 of this Lease Agreement ("the Leasehold Term"). The Lease Agreement shall commence on the Commencement Date and expire on the Expiration Date.

(a) Commencement Date: This Lease Agreement shall commence on January 1, 2017, subject to the execution by the Macomb County Office of the County Executive, following approval by the Macomb County Board of Commissioners.

(b) Expiration Date: This agreement shall commence on the Commencement Date and shall continue until December 31, 2024. The Parties may agree to extend this Agreement beyond the initial term upon mutual written agreement.

3. THE LEASEHOLD CONSIDERATION. Subject to the terms of this Section 3, as consideration for the Leased Property lease, MCDC shall pay the County an annual rent of \$14,562.00. Rent shall be payable in installments of \$1,213.50 monthly, due and payable by the 5th day of each month. The first month's payment shall be due and owing upon execution of this Lease Agreement. The Parties agree to annually review the leasehold rent for any adjustments as may be needed.

4. DENTAL EQUIPMENT. The Parties acknowledge and agree that the County will own all the initial furnishings & equipment at the Dental Center ("Initial Equipment"), and MCDC will be responsible for maintenance, repair, and assuring equipment is in good working order while operating the Dental Center during the term of the Lease Agreement. Any need for additional dental equipment, computer equipment, or any other equipment to support MCDC's operation to supply Dental Services, if any, shall be the responsibility of MCDC ("MCDC Equipment")(collectively, Initial Equipment and MCDC Equipment are referred to as the "Dental Equipment"). All Dental Equipment, whether

Initial Equipment or MCDC Equipment, shall become the property of MCDC upon the termination of this Lease Agreement, provided that the termination is not by MCDC pursuant to Section 12.2 of this Lease Agreement.

5. USE OF THE LEASED PROPERTY.

- 5.1** MCDC shall promptly comply with all applicable laws, and shall utilize leased space and equipment to operate a Dental Center, providing dental services to individuals in need, with a focus on services to the low income, uninsured, and underinsured.
- 5.2** The Parties acknowledge that the Dental Center will mutually benefit the Parties, as well as the Parties' staff, patients and visitors. MCDC shall not undertake, permit, allow or cause any act or deed to be performed or any practice to be adopted or followed in or about the Leased Property which causes or is likely to cause: 1) injury or damage to any person, 2) injury or damage to the Leased Property and/or Improvements, or 3) in any way unreasonably impair the value of Leased Property. MCDC shall be solely responsible for its operations.
- 5.3** MCDC covenants and agrees that the use of the Leased Property shall be restricted only to MCDC use and that MCDC shall have no right to lease, assign, or in any way convey the right to use the Lease Property to anyone else without first obtaining the prior written consent of the County, which shall not be unreasonably withheld.
- 5.4** MCDC shall not permit hazardous substances to be located at the Leased Property or to be generated, treated, stored, disposed of or otherwise deposited at the Leased Property, other than cleaning products and pharmaceuticals used in the ordinary course of business, materials related to use of x-ray equipment, and precursors and wastes related to the production and removal of dental fillings without first obtaining the prior written consent of the Health Department Director, or his/her Designee.

5.5 MCDC at all times shall fully and promptly comply with all laws, ordinances, orders, and regulations of any lawful authority having jurisdiction over the operation of the Dental Center.

5.6 The County shall provide to MCDC, its employees, customers, and licensees, the right to use the parking spaces on the premises which shall be in sufficient number to meet city parking ordinances including consideration for handicapped parking. The County may temporarily close any part of this parking facility for such a period of time as may be necessary to make repairs and alterations.

6. LEASED PROPERTY MAINTENANCE AND REPAIRS; LEASED PROPERTY UTILITIES; PERSONAL PROPERTY MAINTENANCE AND REPAIRS.

6.1 The County shall be solely responsible for paying the cost of operating and taking care of all of the following with regard to the Leased Property during the Leasehold Term: (a) general/daily cleaning of the Leased Property and the Improvements, excluding the disposal of sharps, needles, or other medical waste bio-hazardous waste generated by MCDC as part of its Dental Services, which is and shall remain the responsibility of MCDC; and (b) repair and maintenance of the Leased Property, including: 1) plumbing systems and fixtures and equipment serving the Leased Property, 2) heating and air conditioning systems and equipment, 3) all utilities serving the Leased Property, including electricity, gas, oil, steam, water and sanitary sewer, 4) trash and rubbish removal, and 5) exterior maintenance, including parking lot lighting, snow and ice removal from the parking lot and sidewalks, and exterior lawn and landscaping. Notwithstanding the foregoing, MCDC shall otherwise act in good faith to maintain the Leased Property at the level of cleanliness and safety required by law and that is consistent with other tenants of the adjacent premises.

6.2 Lessee's Obligation for Maintenance.

Except for those items listed in 6.1 as the Lessor's obligation under this Lease, MCDC shall keep and maintain in good order, condition, and repair, the Leased Property, including interior portion of the doors, lighting fixtures, floors, walls, and ceiling ("Interior"). Repairs and to the

Interior, which are minor in nature and not specifically covered under the provisions of this agreement, shall be the responsibility of MCDC. Minor repairs will be defined as: any repair which is \$500.00 or less. MCDC shall keep and maintain the Leased Premise in a clean, sanitary, and safe condition; and shall handle all trash and refuse in a neat and orderly manner (except janitorial services provided by the County under Section 6.1).

6.3 Lessee's Alterations.

Shortly after opening for business to the public, MCDC shall make certain renovations to the Leased Property ("Pre-Opening Renovations"). Beyond the Pre-Opening Renovations, MCDC shall not make any alterations, additions, or improvements to the Leased Property without prior consent of the County, which shall not be unreasonably withheld. Subject to the provisions of Section 4 of this Lease Agreement, all renovations, alterations, additions, improvements, and fixtures (but specifically not including the Dental Equipment) which may be made or installed by either party upon the Leased Premise, shall remain upon and be surrendered with the Leased Property, and become the property of the County at the termination of this Lease Agreement; unless the County agrees to their removal in writing prior to their installation. MCDC shall be responsible to obtain any necessary building permits, certificates of occupancy, or other permits required by state or local authorities for such alterations or renovations, and shall be responsible for the costs of same.

6.4 MCDC shall be solely responsible for paying the cost of maintaining and repairing the Dental Equipment referenced above in Paragraph 4.

6.5 Quiet Enjoyment & Right of Entry.

It is understood and agreed that MCDC's hours of operation includes hours and days during which the County's offices may not be open for business. Notwithstanding, MCDC and its employees, customers, and vendors shall have access to the Leased Property during all days and hours that it is open for business. The County shall have the right to enter upon the premise during all business hours, for the purpose of inspecting the same, or making repairs, additions, or alterations. The

County shall give MCDC prior notice, if Lessor is required to enter premise after business hours.

- 7. JOINT MEETINGS.** The Parties agree to meet on a quarterly basis, or such other time frame agreed to by the Parties, to discuss both the past and future performance of this Agreement and to suggest methods of improvement or any other pertinent issue.
- 8. INSURANCE.** MCDC shall obtain general liability and property damage insurance in the aggregate amount of Two-Million Dollars (\$2,000,000), and in the per occurrence amount of One-Million Dollars (\$1,000,000), to insure against any personal injury or property damage arising out of or in any way related to the MCDC operation of the Dental Center and/or use of the Leased Property. MCDC shall provide such additional insurance in amounts as the County shall reasonably require and the Parties can reasonably agree on. MCDC shall provide to the County certificates of insurance evidencing all applicable insurances. In the event MCDC fails to comply with this provision, the County, at its option, may purchase such insurance and the MCDC shall be responsible for reimbursing the County for the cost of the same.
- 9. INDEMNIFICATION AND HOLD HARMLESS.** All liability, loss or damage as a result of claims, demands, costs, or judgments arising out of activities to be performed pursuant to the obligations of a Party under this Lease Agreement shall be the responsibility of that Party and not the responsibility of any other Party, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act on the part of the Party pursuant to the duties of that Party as described in this Lease Agreement or applicable law.

To the extent permitted by law, MCDC shall indemnify and hold harmless County from any and all liability for damages to any person or property arising from any obligation imposed upon MCDC by this Lease Agreement or applicable law. To the extent allowed by law, County shall indemnify and hold harmless MCDC from any liability for damage to any person or property arising from any obligations imposed upon the County by this Lease Agreement or applicable law, provided that nothing herein shall be construed as a waiver of any governmental immunity that is provided to the County or its employees, elected officials, agents, and volunteers by statute or court decisions. Liability for claims asserted due to fraud or

gross negligence shall be the responsibility of the Party committing the fraud, gross negligence or criminal conduct.

All liability to third parties, loss or damage as a result of claims, demands, costs, or judgments arising out of obligations imposed on the County or MCDC by this Lease Agreement or applicable law, shall be borne by each Party in relation to that Party's obligations created by the Lease Agreement or applicable law, provided that nothing herein shall be construed as a waiver of any governmental immunity that is provided to the County or its employees by statute or court decisions.

10. SIGNS. MCDC shall have the right to erect or install any signs at the Leased Property which are approved by the County and, if applicable, the municipality now or hereafter having jurisdiction over the Leased Property. All signs shall be kept in good repair.

11. TAXES AND SPECIAL ASSESSMENTS. The Parties acknowledge that both the County and MCDC are tax-exempt entities ordinarily not subject to personal property taxes or real property taxes. However, if taxes are assessed at some future point, taxes shall be prorated based upon MCDC's usage of the taxable square footage.

12. TERMINATION.

12.1 This Agreement may be terminated at any time by mutual written agreement of the Parties.

12.2 This Agreement may be terminated by either the County or MCDC with 180 days written notice to the other Party.

12.3 In the event that (a) the Services Agreement is terminated, for any reason, and the Contingent Public Dental Center Program Agreement does not immediately become effective, or (b) the Contingent Public Dental Center Program Agreement is terminated, for any reason, this Lease Agreement shall terminate concurrently without any further action by either Party.

13. SUCCESSORS AND ASSIGNS. The covenants and terms of this Agreement shall be binding upon and inure to the benefit of the successors and assigns of the Parties hereto. Notwithstanding the foregoing, neither

Party shall assign any portion of this Agreement without the written consent of the other party. In addition, MCDC agrees not to sublease, assign, or otherwise transfer the Leased Property, or use the Leased Property for purpose other than operation of a Dental Center. Consent as to any assignment under this Agreement shall be limited to that stated in such written consent and shall not constitute a release or a waiver of this Lease Agreement, nor a consent to any other assignment of this Lease Agreement.

- 14. NOTICES.** Notices or consents of any kind required or permitted under this Lease Agreement shall be deemed duly delivered if delivered personally, by email, by fax or by certified mail, return receipt requested, postage prepaid to the appropriate party as follows:

If to the County: **Macomb County Health Department**
Attention: Director/Health Officer
43525 Elizabeth Rd.
Mt. Clemens, Michigan 48043

If to MCDC: **My Community Dental Centers**
Attention: Dr. Greg Heintschel
One Water Street, Suite 200
Boyer City, MI. 49712

Or such other addresses or to the attention of such other individuals as shall be specified in writing by the respective Parties.

- 15. WAIVER.** The failure of either party to insist upon strict performance of any covenants or conditions of this Lease Agreement or to exercise any option here conferred in any one or more instances shall not be construed as a waiver or relinquishment of any such covenants, conditions, or options, but the same shall be and remain in full force and effect. No covenant, term or conditions of this agreement shall be deemed to have been waived by either party, unless such waiver is in writing by such party.

- 16. ENTIRE AGREEMENT.** This Agreement sets forth all covenants, promises, agreements, conditions and understandings between the County and MCDC concerning the lease of the Leased Property. There are no covenants, promises, agreements, conditions or understandings, either

oral or written, between MCDC and the County other than are herein set forth. Notwithstanding the foregoing, all attached **Schedules** listed below are incorporated herein by express reference:

None.

17. **PARTIAL INVALIDITY.** If any term, covenant or condition of this Agreement or the application thereof to any person or circumstance shall be determined to be invalid or unenforceable, the remainder of this Agreement or the application of such term, covenant or condition to persons or circumstances, shall not be affected thereby and the remainder of the Agreement shall be valid and enforceable to the fullest extent permitted by law, unless removal of such term, covenant or condition materially impacts the general intent of the Agreement.
18. **AMENDMENTS.** Except as otherwise stated herein, no subsequent alteration, amendment, change or addition to this Agreement shall be binding unless reduced to writing and signed by both Parties.
19. **BINDING EFFECT.** This Agreement shall be binding upon and inure to the benefit of the Parties hereto and their respective successors and assigns.
20. **HEADINGS.** The headings to the various clauses of this Agreement have been inserted for the convenience of the Parties only. The headings shall not be used to interpret or construe the meaning of the terms and provisions hereof.
21. **COUNTERPARTS.** This Agreement may be signed in counterparts, each counterpart to be considered an original portion of this Agreement, and, upon the event of each party signing the Agreement it shall be final and binding upon the Parties. The signature page of any counterpart may be detached therefrom without impairing the legal effect of the signature(s) thereon, provided such signature page is attached to any other counterpart identical thereto except having additional signature page(s) executed by one or more of the other Parties. Each of the Parties agree that each of the other Parties may rely upon the facsimile signature of any party on this Agreement as constituting a duly authorized, irrevocable, actual, current delivery of this Agreement as fully as if this Agreement contained

the original ink signature of the party or Parties supplying a facsimile signature.

22. PREPARATION OF LEASE AGREEMENT AND CONSTRUCTION.

This has been prepared jointly by respective counsel for each of the Parties, with a full opportunity for the Parties to negotiate its terms. Accordingly, any rule of law or legal decision that would require interpretation of any ambiguities in this Agreement against the party that has drafted it is not applicable and is hereby waived. The Parties agree and acknowledge that no threat, either expressed or implied, duress, coercion, intimidation, or similar force, either expressed or implied, was exercised by any party to obtain the consent of another to the terms of this Agreement.

23. APPLICABLE LAW. This Agreement shall be construed and governed by the laws of the State of Michigan, and shall be construed and interpreted in accordance with its laws notwithstanding its conflict of law principles or any other rule, regulation, or principle that would result in the application of any other state's law.

24. AUTHORITY. Each Party hereto warrants and represents to the other that the execution and performance of this Agreement by it has been duly authorized such that the signatory hereto possesses all requisite power and authority to bind the entity on whose behalf they execute this Agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be signed in their respective names by their respective officers and sealed with their respective seals the day and year first above written.

For the County of Macomb and
The Macomb County Health Department
Date: _____
Title: _____

For My Community Dental Centers

Date: _____

Title: _____

LEASE AGREEMENT

This Lease Agreement (“Agreement” or “Lease Agreement”) is entered into this ____ day of December, 2016, by and between My Community Dental Centers (“MCDC”), whose address is: One Water Street, Suite 200, Boyne City, Michigan, 49712, and the County of Macomb, acting through its agent Macomb County Health Department, (“Health Department” or the “County”), whose address is 43525 Elizabeth Rd. Mt. Clemens, Michigan, 48043, for the lease of real property and improvements now or hereinafter existing on such real property as more fully described herein. MCDC and the County will be periodically referred to as “the Parties” in this Agreement.

RECITALS

WHEREAS, the County is the owner of real property located at 27690 Van Dyke Road, Warren, Michigan 48093, commonly known as the “Majestic Plaza”, and hereafter referred to as the “Building”; and

WHEREAS, MCDC desires to lease a portion of the Building containing approximately 1,618 square feet (the "Leased Property" or the "Dental Center") from the County to serve as a Public Dental Center Location where MCDC will provide Dental Center Services, and the County desires to lease the Property for this purpose; and

WHEREAS, concurrent with the execution of this Lease Agreement the Parties are also entering into a Services Agreement and a Contingent Public Dental Center Program Agreement whereby MCDC will provide Dental Center Services on behalf of the Health Department; and

WHEREAS, the Parties wish to memorialize the terms and conditions under which the County will lease the Property to MCDC.

NOW THEREFORE, in consideration of the promises and covenants herein, and other valuable consideration the sufficiency of which is acknowledged by the Parties, the Parties hereto agree as follows:

THE LEASE AGREEMENT TERMS

1. **THE LEASED PROPERTY; OPERATION OF A DENTAL CENTER.** The County hereby leases to MCDC and MCDC hereby leases from the County

the Leased Property for the Leasehold Term specified in Paragraph 2 below and upon the terms and conditions set forth in remainder of this Lease Agreement and the attached Schedules. Specifically, MCDC agrees to operate the Leased Property as a Dental Center, with a focus on service to the low income, uninsured, and underinsured. Services shall be provided without regard to ability to pay.

2. THE LEASEHOLD TERM. The term of this Agreement shall be for a period of seven (7) years, unless sooner terminated as provided in Section 12 of this Lease Agreement ("the Leasehold Term"). The Lease Agreement shall commence on the Commencement Date and expire on the Expiration Date.

(a) Commencement Date: This Lease Agreement shall commence on January 1, 2017, subject to the execution by the Macomb County Office of the County Executive, following approval by the Macomb County Board of Commissioners.

(b) Expiration Date: This agreement shall commence on the Commencement Date and shall continue until December 31, 2024. The Parties may agree to extend this Agreement beyond the initial term upon mutual written agreement.

3. THE LEASEHOLD CONSIDERATION. Subject to the terms of this Section 3, as consideration for the Leased Property lease, MCDC shall pay the County an annual rent of \$14,562.00. Rent shall be payable in installments of \$1,213.50 monthly, due and payable by the 5th day of each month. The first month's payment shall be due and owing upon execution of this Lease Agreement. The Parties agree to annually review the leasehold rent for any adjustments as may be needed.

4. DENTAL EQUIPMENT. The Parties acknowledge and agree that the County will own all the initial furnishings & equipment at the Dental Center ("Initial Equipment"), and MCDC will be responsible for maintenance, repair, and assuring equipment is in good working order while operating the Dental Center during the term of the Lease Agreement. Any need for additional dental equipment, computer equipment, or any other equipment to support MCDC's operation to supply Dental Services, if any, shall be the responsibility of MCDC ("MCDC Equipment")(collectively, Initial Equipment and MCDC Equipment are referred to as the "Dental Equipment"). All Dental Equipment, whether

Initial Equipment or MCDC Equipment, shall become the property of MCDC upon the termination of this Lease Agreement, provided that the termination is not by MCDC pursuant to Section 12.2 of this Lease Agreement.

5. USE OF THE LEASED PROPERTY.

5.1 MCDC shall promptly comply with all applicable laws, and shall utilize leased space and equipment to operate a Dental Center, providing dental services to individuals in need, with a focus on services to the low income, uninsured, and underinsured.

5.2 The Parties acknowledge that the Dental Center will mutually benefit the Parties, as well as the Parties' staff, patients and visitors. MCDC shall not undertake, permit, allow or cause any act or deed to be performed or any practice to be adopted or followed in or about the Leased Property which causes or is likely to cause: 1) injury or damage to any person, 2) injury or damage to the Leased Property and/or Improvements, or 3) in any way unreasonably impair the value of Leased Property. MCDC shall be solely responsible for its operations.

5.3 MCDC covenants and agrees that the use of the Leased Property shall be restricted only to MCDC use and that MCDC shall have no right to lease, assign, or in any way convey the right to use the Lease Property to anyone else without first obtaining the prior written consent of the County, which shall not be unreasonably withheld.

5.4 MCDC shall not permit hazardous substances to be located at the Leased Property or to be generated, treated, stored, disposed of or otherwise deposited at the Leased Property, other than cleaning products and pharmaceuticals used in the ordinary course of business, materials related to use of x-ray equipment, and precursors and wastes related to the production and removal of dental fillings without first obtaining the prior written consent of the Health Department Director, or his/her Designee.

5.5 MCDC at all times shall fully and promptly comply with all laws, ordinances, orders, and regulations of any lawful authority having jurisdiction over the operation of the Dental Center.

5.6 The County shall provide to MCDC, its employees, customers, and licensees, the right to use the parking spaces on the premises which shall be in sufficient number to meet city parking ordinances including consideration for handicapped parking. The County may temporarily close any part of this parking facility for such a period of time as may be necessary to make repairs and alterations.

6. LEASED PROPERTY MAINTENANCE AND REPAIRS; LEASED PROPERTY UTILITIES; PERSONAL PROPERTY MAINTENANCE AND REPAIRS.

6.1 The County shall be solely responsible for paying the cost of operating and taking care of all of the following with regard to the Leased Property during the Leasehold Term: (a) general/daily cleaning of the Leased Property and the Improvements, excluding the disposal of sharps, needles, or other medical waste bio-hazardous waste generated by MCDC as part of its Dental Services, which is and shall remain the responsibility of MCDC; and (b) repair and maintenance of the Leased Property, including: 1) plumbing systems and fixtures and equipment serving the Leased Property, 2) heating and air conditioning systems and equipment, 3) all utilities serving the Leased Property, including electricity, gas, oil, steam, water and sanitary sewer, 4) trash and rubbish removal, and 5) exterior maintenance, including parking lot lighting, snow and ice removal from the parking lot and sidewalks, and exterior lawn and landscaping. Notwithstanding the foregoing, MCDC shall otherwise act in good faith to maintain the Leased Property at the level of cleanliness and safety required by law and that is consistent with other tenants of the adjacent premises.

6.2 Lessee's Obligation for Maintenance.

Except for those items listed in 6.1 as the Lessor's obligation under this Lease, MCDC shall keep and maintain in good order, condition, and repair, the Leased Property, including interior portion of the doors, lighting fixtures, floors, walls, and ceiling ("Interior"). Repairs and to the

Interior, which are minor in nature and not specifically covered under the provisions of this agreement, shall be the responsibility of MCDC. Minor repairs will be defined as: any repair which is \$500.00 or less. MCDC shall keep and maintain the Leased Premise in a clean, sanitary, and safe condition; and shall handle all trash and refuse in a neat and orderly manner (except janitorial services provided by the County under Section 6.1).

6.3 Lessee's Alterations.

Shortly after opening for business to the public, MCDC shall make certain renovations to the Leased Property ("Pre-Opening Renovations"). Beyond the Pre-Opening Renovations, MCDC shall not make any alterations, additions, or improvements to the Leased Property without prior consent of the County, which shall not be unreasonably withheld. Subject to the provisions of Section 4 of this Lease Agreement, all renovations, alterations, additions, improvements, and fixtures (but specifically not including the Dental Equipment) which may be made or installed by either party upon the Leased Premise, shall remain upon and be surrendered with the Leased Property, and become the property of the County at the termination of this Lease Agreement; unless the County agrees to their removal in writing prior to their installation. MCDC shall be responsible to obtain any necessary building permits, certificates of occupancy, or other permits required by state or local authorities for such alterations or renovations, and shall be responsible for the costs of same.

6.4 MCDC shall be solely responsible for paying the cost of maintaining and repairing the Dental Equipment referenced above in Paragraph 4.

6.5 Quiet Enjoyment & Right of Entry.

It is understood and agreed that MCDC's hours of operation includes hours and days during which the County's offices may not be open for business. Notwithstanding, MCDC and its employees, customers, and vendors shall have access to the Leased Property during all days and hours that it is open for business. The County shall have the right to enter upon the premise during all business hours, for the purpose of inspecting the same, or making repairs, additions, or alterations. The

County shall give MCDC prior notice, if Lessor is required to enter premise after business hours.

- 7. JOINT MEETINGS.** The Parties agree to meet on a quarterly basis, or such other time frame agreed to by the Parties, to discuss both the past and future performance of this Agreement and to suggest methods of improvement or any other pertinent issue.
- 8. INSURANCE.** MCDC shall obtain general liability and property damage insurance in the aggregate amount of Two-Million Dollars (\$2,000,000), and in the per occurrence amount of One-Million Dollars (\$1,000,000), to insure against any personal injury or property damage arising out of or in any way related to the MCDC operation of the Dental Center and/or use of the Leased Property. MCDC shall provide such additional insurance in amounts as the County shall reasonably require and the Parties can reasonably agree on. MCDC shall provide to the County certificates of insurance evidencing all applicable insurances. In the event MCDC fails to comply with this provision, the County, at its option, may purchase such insurance and the MCDC shall be responsible for reimbursing the County for the cost of the same.
- 9. INDEMNIFICATION AND HOLD HARMLESS.** All liability, loss or damage as a result of claims, demands, costs, or judgments arising out of activities to be performed pursuant to the obligations of a Party under this Lease Agreement shall be the responsibility of that Party and not the responsibility of any other Party, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act on the part of the Party pursuant to the duties of that Party as described in this Lease Agreement or applicable law.

To the extent permitted by law, MCDC shall indemnify and hold harmless County from any and all liability for damages to any person or property arising from any obligation imposed upon MCDC by this Lease Agreement or applicable law. To the extent allowed by law, County shall indemnify and hold harmless MCDC from any liability for damage to any person or property arising from any obligations imposed upon the County by this Lease Agreement or applicable law, provided that nothing herein shall be construed as a waiver of any governmental immunity that is provided to the County or its employees, elected officials, agents, and volunteers by statute or court decisions. Liability for claims asserted due to fraud or

gross negligence shall be the responsibility of the Party committing the fraud, gross negligence or criminal conduct.

All liability to third parties, loss or damage as a result of claims, demands, costs, or judgments arising out of obligations imposed on the County or MCDC by this Lease Agreement or applicable law, shall be borne by each Party in relation to that Party's obligations created by the Lease Agreement or applicable law, provided that nothing herein shall be construed as a waiver of any governmental immunity that is provided to the County or its employees by statute or court decisions.

10. SIGNS. MCDC shall have the right to erect or install any signs at the Leased Property which are approved by the County and, if applicable, the municipality now or hereafter having jurisdiction over the Leased Property. All signs shall be kept in good repair.

11. TAXES AND SPECIAL ASSESSMENTS. The Parties acknowledge that both the County and MCDC are tax-exempt entities ordinarily not subject to personal property taxes or real property taxes. However, if taxes are assessed at some future point, taxes shall be prorated based upon MCDC's usage of the taxable square footage.

12. TERMINATION.

12.1 This Agreement may be terminated at any time by mutual written agreement of the Parties.

12.2 This Agreement may be terminated by either the County or MCDC with 180 days written notice to the other Party.

12.3 In the event that (a) the Services Agreement is terminated, for any reason, and the Contingent Public Dental Center Program Agreement does not immediately become effective, or (b) the Contingent Public Dental Center Program Agreement is terminated, for any reason, this Lease Agreement shall terminate concurrently without any further action by either Party.

13. SUCCESSORS AND ASSIGNS. The covenants and terms of this Agreement shall be binding upon and inure to the benefit of the successors and assigns of the Parties hereto. Notwithstanding the foregoing, neither

Party shall assign any portion of this Agreement without the written consent of the other party. In addition, MCDC agrees not to sublease, assign, or otherwise transfer the Leased Property, or use the Leased Property for purpose other than operation of a Dental Center. Consent as to any assignment under this Agreement shall be limited to that stated in such written consent and shall not constitute a release or a waiver of this Lease Agreement, nor a consent to any other assignment of this Lease Agreement.

14. **NOTICES.** Notices or consents of any kind required or permitted under this Lease Agreement shall be deemed duly delivered if delivered personally, by email, by fax or by certified mail, return receipt requested, postage prepaid to the appropriate party as follows:

If to the County: **Macomb County Health Department**
Attention: Director/Health Officer
43525 Elizabeth Rd.
Mt. Clemens, Michigan 48043

If to MCDC: **My Community Dental Centers**
Attention: Dr. Greg Heintschel
One Water Street, Suite 200
Boyer City, MI. 49712

Or such other addresses or to the attention of such other individuals as shall be specified in writing by the respective Parties.

15. **WAIVER.** The failure of either party to insist upon strict performance of any covenants or conditions of this Lease Agreement or to exercise any option here conferred in any one or more instances shall not be construed as a waiver or relinquishment of any such covenants, conditions, or options, but the same shall be and remain in full force and effect. No covenant, term or conditions of this agreement shall be deemed to have been waived by either party, unless such waiver is in writing by such party.

16. **ENTIRE AGREEMENT.** This Agreement sets forth all covenants, promises, agreements, conditions and understandings between the County and MCDC concerning the lease of the Leased Property. There are no covenants, promises, agreements, conditions or understandings, either

oral or written, between MCDC and the County other than are herein set forth. Notwithstanding the foregoing, all attached **Schedules** listed below are incorporated herein by express reference:

None.

17. **PARTIAL INVALIDITY.** If any term, covenant or condition of this Agreement or the application thereof to any person or circumstance shall be determined to be invalid or unenforceable, the remainder of this Agreement or the application of such term, covenant or condition to persons or circumstances, shall not be affected thereby and the remainder of the Agreement shall be valid and enforceable to the fullest extent permitted by law, unless removal of such term, covenant or condition materially impacts the general intent of the Agreement.
18. **AMENDMENTS.** Except as otherwise stated herein, no subsequent alteration, amendment, change or addition to this Agreement shall be binding unless reduced to writing and signed by both Parties.
19. **BINDING EFFECT.** This Agreement shall be binding upon and inure to the benefit of the Parties hereto and their respective successors and assigns.
20. **HEADINGS.** The headings to the various clauses of this Agreement have been inserted for the convenience of the Parties only. The headings shall not be used to interpret or construe the meaning of the terms and provisions hereof.
21. **COUNTERPARTS.** This Agreement may be signed in counterparts, each counterpart to be considered an original portion of this Agreement, and, upon the event of each party signing the Agreement it shall be final and binding upon the Parties. The signature page of any counterpart may be detached therefrom without impairing the legal effect of the signature(s) thereon, provided such signature page is attached to any other counterpart identical thereto except having additional signature page(s) executed by one or more of the other Parties. Each of the Parties agree that each of the other Parties may rely upon the facsimile signature of any party on this Agreement as constituting a duly authorized, irrevocable, actual, current delivery of this Agreement as fully as if this Agreement contained

the original ink signature of the party or Parties supplying a facsimile signature.

22. PREPARATION OF LEASE AGREEMENT AND CONSTRUCTION.

This has been prepared jointly by respective counsel for each of the Parties, with a full opportunity for the Parties to negotiate its terms. Accordingly, any rule of law or legal decision that would require interpretation of any ambiguities in this Agreement against the party that has drafted it is not applicable and is hereby waived. The Parties agree and acknowledge that no threat, either expressed or implied, duress, coercion, intimidation, or similar force, either expressed or implied, was exercised by any party to obtain the consent of another to the terms of this Agreement.

23. APPLICABLE LAW. This Agreement shall be construed and

governed by the laws of the State of Michigan, and shall be construed and interpreted in accordance with its laws notwithstanding its conflict of law principles or any other rule, regulation, or principle that would result in the application of any other state's law.

24. AUTHORITY. Each Party hereto warrants and represents to the

other that the execution and performance of this Agreement by it has been duly authorized such that the signatory hereto possesses all requisite power and authority to bind the entity on whose behalf they execute this Agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be signed in their respective names by their respective officers and sealed with their respective seals the day and year first above written.

For the County of Macomb and

The Macomb County Health Department

Date: _____

Title: _____

For My Community Dental Centers

Date: _____

Title: _____



Macomb County Executive Mark A. Hackel

Mark F. Deldin
Deputy County Executive

To: David Flynn, Board Chair

From: Pamela J. Lavers, Deputy County Executive

Date: December 13, 2016

RE: Agenda Item – Finance, 2017 HAP HMO Renewals

Attached you will find a resolution, memorandum and documentation from Finance Director, Steve Smigiel, to approve the 2017 HAP HMO Renewals.

The Executive Office respectfully submits this agenda item for the Commission's consideration and recommends approval of the budget amendment, as stated above.

PJL/mmc

cc: Mark Deldin
Steve Smigiel
Eric Herppich



MACOMB COUNTY, MICHIGAN

Resolution Number:

Full Board Meeting Date:

12/15/2017

RESOLUTION

Resolution to:

Approve the 2017 HAP HMO Renewals.

Introduced By:

Fred Miller, Finance, Chair

Additional Background Information (If Needed):

The original renewal called for a 15.3% increase for the active employee plan for 2017. Risk Management successfully negotiated this down to a 3.5% increase for 2017. Once again making the plan CAP compliant without monthly premiums to Macomb County employees. These negotiations resulted in overall savings of over \$1,000,000.

*THIS ITEM WAS WAIVED TO FULL BOARD BY FINANCE CHAIR

Committee

Meeting Date

Full Board

12/15/2016



Mark A. Hackel
County Executive

MEMORANDUM

DATE: 12/12/2016
TO: Office of County Executive
FROM: John P. Anderson, Esq.
Risk & Insurance Manager
RE: REQUEST APPROVAL / ADOPTION OF
2017 HAP HMO Renewals

SUBJECT:

2017 HAP HMO Renewals

PURPOSE / JUSTIFICATION:

This insurance covers all Macomb County active employees and retirees that are enrolled in the HAP HMO.

FISCAL IMPACT / FINANCING:

There is a 3.5% increase for the Active Plan, (statutory CAP compliant). There is an 8.65% increase in the Retiree Plan.

FACTS AND PROVISION / LEGAL REQUIREMENTS (If applicable):

Approval of these insurance contracts will provide continuous coverage for the Macomb County active employees and retirees enrolled in the HAP HMO.

2017 HAP HMO Active Monthly Rates

1-person	\$528.73
2-person	\$1,105.74
Family	\$1,442.00

2017 HAP HMO Retiree Monthly Rates

1-person	\$788.77
2-person	\$1,577.53
Family	\$2,151.17

IMPACT ON CURRENT SERVICES (PROJECTS):

N/A



CONTRACT REVIEW ROUTING FORM

November 2015
REV 4

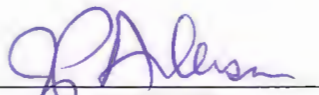
ORIGINATING DEPARTMENT INFORMATION		
Department Leader: Stephen Smigiel	Department: Finance	Date: 12/12/2016
Contract Contact Person: John Anderson	Contact Phone Number: (586) 469-6349	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #

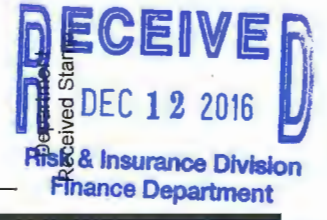
CONTACT INFORMATION	
Contract Title: 2017 HAP HMO Renewals	<input type="checkbox"/> GRANT <input type="checkbox"/> AWARD <input type="checkbox"/> Funded Return By Date:

DEPARTMENT ROUTING & AUTHORIZATIONS
NOTES:

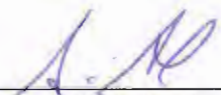

NEW IT Dept. Authorization	DOES THIS INVOLVE TECHNICAL SUPPORT RELATED TO HARDWARE OR SOFTWARE? If No, Skip this step.	
	<input type="checkbox"/> Yes, Send to IT. Chief Information Officer review/approval is REQUIRED. <input type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected and Return to Requesting Department	
	_____ Authorized Signature	_____ Date

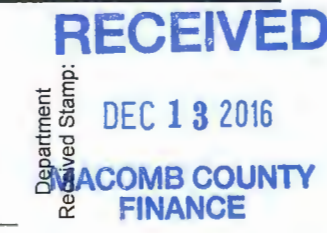
1. RISK & CONTRACT MANAGEMENT -

<input type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected	RETURN TO REQUESTING DEPARTMENT	 _____ Authorized Signature	 _____ Date
--	------------------------------------	--	---



2. FINANCE DEPARTMENT -

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected	RETURN TO RISK & CONTRACT MANAGEMENT	 _____ Authorized Signature	 _____ Date
---	---	--	---


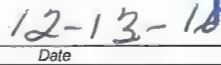


3. OFFICE OF CORPORATION COUNSEL -

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected	RETURN TO RISK & CONTRACT MANAGEMENT	 _____ Authorized Signature	 _____ Date
---	---	--	---

Department Received Stamp:

4. OFFICE OF COUNTY EXECUTIVE -

<input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> BOC Review Required <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected - RETURN TO RISK & CONTRACT MANAGEMENT	 _____ Authorized Signature	 _____ Date
--	--	--





CONTRACT REVIEW ROUTING FORM

November 2015
REV 4

ORIGINATING DEPARTMENT INFORMATION		
Department Leader: Stephen Smigiel	Department: Finance	Date: 12/12/2016
Contract Contact Person: John Anderson	Contact Phone Number: (586) 469-6349	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #

CONTACT INFORMATION			
Contract Title: 2017 HAP HMO Renewals			
Vendor Number (if known):	Vendor Name: Health Alliance Plan of Michigan (HAP)	Vendor Disclosure Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> IFAS <input type="checkbox"/> No (N/A)	
Original Contract Amount: \$ 12,876,281.73	Amendment Amount: \$	Total Amended Contract Amount: \$ 12,876,281.73	Funding Source - Org Key / Object - (If known):
Contract Begin Date: 01/01/2017	Amendment Date:	Contract End Date: 12/31/2017	Targeted Committee Date: 12/15/2016
Contract: <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment	If Renewal or Amendment, what terms have changed (if any): None		Amendment Number:
Contract Bid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If not bid out, please explain:	Lowest Bid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If not lowest bid, please explain:
Bid Number: 48-14	How many bidders responded? 2	Winning bidder Macomb County Entity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Explain: Southfield, MI	

Contract Synopsis:
This is the renewal of the HAP HMO insurance program. This program covers all Macomb County active employees and retirees enrolled in the HAP HMO. This contract was competitively bid in July, 2014.

OTHER CONTRACT INFORMATION	
<input type="checkbox"/> CONTRACT REQUIRES SIGNATURE OF COUNTY EXECUTIVE ONLY. DESIGNEE SIGNATURE WILL NOT BE ACCEPTED.	
PLEASE CHECK APPROPRIATE ITEM BELOW (IF APPLICABLE):	
<input type="checkbox"/>	1. AWARDING A CONTRACT OF \$35,000 OR MORE FOR SERVICES, SUPPLIES, MATERIALS, EQUIPMENT OR REAL ESTATE.
<input type="checkbox"/>	2. AWARDING A CONTRACT OF \$100,000 OR MORE FOR CONSTRUCTION.
<input type="checkbox"/>	3. AWARDING A CONTRACT MODIFICATION EXCEEDING 10% OF THE ORIGINAL APPROVED CONTRACT AMOUNT.
<input type="checkbox"/>	4. AWARDING A CONTRACT THAT EXCEEDS 5 YEARS IN LENGTH.
<input type="checkbox"/>	5. EMPLOYER PAID FRINGE BENEFITS.
<input checked="" type="checkbox"/>	6. COLLECTIVE BARGAINING AGREEMENTS.
<input type="checkbox"/>	7. INTERGOVERNMENTAL AGREEMENTS AS DEFINED BY CHARTER SECTION 3.1.



PHO RATE AUTHORIZATION
 ALTERNATE #1.3
 COUNTY OF MACOMB - ACTIVES
 Group ID: 10000702
 Subgroup ID(s): 1002,1300,1301,1400,1300,1700

Page: QR - 11427

NOTICE OF HEALTH ALLIANCE PLAN'S PREMIUM RATES

Page 1 of 3

Renewal Date: January 01, 2017
 Monthly Premium Rates Effective: January 01, 2017 Through December 31, 2017

Illustrative Rates with HICAA & PPACA Tax/Fees

Contract Type	Contracts	Medical	Pharmacy	Total	Renewal Change	Illustrative Rates with HICAA & PPACA Tax/Fees
Subscriber Only	205	\$453.63	\$75.10	\$528.73	+ 3.5%	\$533.49
Subscriber & Spouse	174	\$948.69	\$157.05	\$1,105.74	+ 3.5%	\$1,115.69
Subscriber & Child	57	\$948.69	\$157.05	\$1,105.74	+ 3.5%	\$1,115.69
Subscriber & Children	65	\$1,237.18	\$204.82	\$1,442.00	+ 3.5%	\$1,454.98
Subscriber, Spouse & Child(ren)	431	\$1,237.18	\$204.82	\$1,442.00	+ 3.5%	\$1,454.98
Subs (Medicare)		\$261.06	\$282.17	\$543.23	+ 4.7%	\$548.12
Subs (Medicare) & Spouse		\$756.12	\$364.12	\$1,120.24		1,130.32
Subs (Medicare) & Child		\$756.12	\$364.12	\$1,120.24		1,130.32
Subs (Medicare) & Children		\$1,044.61	\$411.89	\$1,456.50		1,469.61
Subs (Medicare), Spouse & Children		\$1,044.61	\$411.89	\$1,456.50		1,469.61
Subs & Spouse (Medicare)		\$714.69	\$357.27	\$1,071.96		1,081.61
Subs, Spouse (Medicare) & Child		\$1,209.75	\$439.22	\$1,648.97		1,663.81
Subs, Spouse (Medicare) & Children		\$1,498.24	\$486.99	\$1,985.23		2,003.10
Subs (Medicare) & Spouse (Medicare)		\$522.12	\$564.34	\$1,086.46		1,096.24
Subs(Medicare), Sp(Medicare) & Child		\$1,017.18	\$646.29	\$1,663.47		1,678.44
Subs(Medicare), Sp(Medicare) & Children		\$1,305.67	\$694.06	\$1,999.73		2,017.73
Sponsored Dependent Without Medicare		\$567.04	\$93.88	\$660.91		666.86

Product Information

Commercial Medical Product: AA000474
 Commercial Pharmacy Product: XR000933
 Medicare Medical Product: AA000474
 Medicare Pharmacy Product: XW000330

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

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

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

Authorized Signature _____
 Printed Name _____
 Title _____
 Date _____

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

We at Health Alliance Plan look forward to our continued partnership and appreciate your business. If you have questions or wish to discuss other benefit plans, please contact your HAP Account Manager: Kimberley Cley @ (248) 443-1033



RIDE RATE AUTHORIZATION
 ALTERNATE #13
 COUNTY OF MACOMB - ACTIVEMES
 Group ID: 1000702
 Subgroup ID(s): 1002,1200,1300,1400,1300,1700

BENEFITS:

Commercial Medical Product: AA000474
 Related Riders: K60: OOPM MAXIMUMS \$6,600/\$13,200
 MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY
 J09: \$25 PCP, MHSA / \$40 SPECIALIST (\$0 Prev Svcs)
 317: \$200 ER COPAY
 259: \$50 URGENT CARE COPAY
 126: ASSISTED REPRODUCTIVE TECHNOLOGY
 124: HOME HEALTH CARE - UNLIMITED
 016: SNF - 730 DAYS (RENEWABLE AFTER 60 DAYS)
 014: VISION
 013: HEARING AID
 012: DME;P&O

Commercial Pharmacy Product: XR000933
 455: \$20/\$40/\$60 DRUG COPAY - 30 DAYS

Medicare Medical Product: AA000474
 Related Riders: K60: OOPM MAXIMUMS \$6,600/\$13,200
 MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY
 J09: \$25 PCP, MHSA / \$40 SPECIALIST (\$0 Prev Svcs)
 317: \$200 ER COPAY
 259: \$50 URGENT CARE COPAY
 126: ASSISTED REPRODUCTIVE TECHNOLOGY
 124: HOME HEALTH CARE - UNLIMITED
 016: SNF - 730 DAYS (RENEWABLE AFTER 60 DAYS)
 014: VISION
 013: HEARING AID
 012: DME;P&O

Medicare Pharmacy Product: XW000330
 455: \$20/\$40/\$60 DRUG COPAY - 30 DAYS

REFER TO ATTACHED BENEFIT SUMMARY OR SBC FOR MORE BENEFIT INFORMATION



PRO-RATE AUTHORIZATION
ALTERNATE #1.3
COUNTY OF MACOMB - ACTIVES
Group ID: 10000702
Subgroup ID(s): 1002,1000,1003,1000,1000,1000

REMARKS:

RENEWAL (932 ACTUAL CONTRACTS) ; Based on the January, 2016 enrollment.

Premium rates DO NOT include commissions.

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

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

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

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

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

Medicare refers to a person eligible for Medicare (Parts A and B)

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

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

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

A 25% participation level is required.

Rates do not apply to retirees.

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

Prepared by Risk Assessment & Rating Analyst: Frank J. Nacelewicz



**HMO RATE AUTHORIZATION
RENEWAL
COUNTY OF MACOMB - RETIREES
Group ID: 10000702
Subgroup ID(s): 1301,1401,1501**

Pega: QR - 10563

REVISED RATES SUPERCEDE RATE AUTHORIZATION DATED: 8/26/2016

NOTICE OF HEALTH ALLIANCE PLAN'S PREMIUM RATES

Page 1 of 3

Renewal Date: January 01, 2017
Monthly Premium Rates Effective: January 01, 2017 Through December 31, 2017

<u>Contract Type</u>	<u>Contracts</u>	<u>Medical</u>	<u>Pharmacy</u>	<u>Total</u>	<u>Renewal Change</u>	<u>Illustrative Rates with HICA & PPACA Tax/Fees</u>
Subscriber Only	14	\$673.39	\$115.38	\$788.77	+ 8.65%	\$795.87
Subscriber & Spouse	15	\$1,346.77	\$230.76	\$1,577.53	+ 8.65%	\$1,591.73
Subscriber & Child	0	\$1,346.77	\$230.76	\$1,577.53	+ 8.65%	\$1,591.73
Subscriber & Children	0	\$1,836.50	\$314.67	\$2,151.17	+ 8.65%	\$2,170.53
Subscriber, Spouse & Child(ren)	0	\$1,836.50	\$314.67	\$2,151.17	+ 8.65%	\$2,170.53
Subs (Medicare)		\$261.88	\$295.65	\$557.53	+ 8.65%	\$562.55
Subs (Medicare) & Spouse		\$935.26	\$411.03	\$1,346.29		1,358.41
Subs (Medicare) & Child		\$935.26	\$411.03	\$1,346.29		1,358.41
Subs (Medicare) & Children		\$1,424.99	\$494.94	\$1,919.93		1,937.21
Subs (Medicare), Spouse & Children		\$1,424.99	\$494.94	\$1,919.93		1,937.21
Subs & Spouse (Medicare)		\$935.27	\$411.03	\$1,346.30		1,358.42
Subs, Spouse (Medicare) & Child		\$1,608.65	\$526.41	\$2,135.06		2,154.28
Subs, Spouse (Medicare) & Children		\$2,098.38	\$610.32	\$2,708.70		2,733.08
Subs (Medicare) & Spouse (Medicare)		\$523.76	\$591.30	\$1,115.06		1,125.10
Subs(Medicare), Sp(Medicare) & Child		\$1,197.14	\$706.68	\$1,903.82		1,920.96
Subs(Medicare), Sp(Medicare) & Children		\$1,686.87	\$790.59	\$2,477.46		2,499.76
Sponsored Dependent Without Medicare		\$841.74	\$144.23	\$985.96		994.84

Product Information

Commercial Medical Product: AA001804
Commercial Pharmacy Product: XR000932

Medicare Medical Product: AA001803
Medicare Pharmacy Product: XW000329

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

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

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

Authorized Signature _____
Printed Name _____
Title _____
Date _____

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

We at Health Alliance Plan look forward to our continued partnership and appreciate your business. If you have questions or wish to discuss other benefit plans, please contact your HAP Account Manager: Kimberley Clay @ (248) 443-1033



PHARMACY AUTHORIZATION
RENEWAL
COUNTY OF MACOMB - RETIREES
Group ID: 10000702
Subgroup ID(s): 1001,1434,1301

Page: QR - 10333

Page 2 of 3

BENEFITS:

Commercial Medical Product: AA001804
Related Riders: K60: OOPM MAXIMUMS \$6,600/\$13,200
MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY
J05: \$20 PCP, MHSA / \$30 SPECIALIST (\$0 Prev Svcs)
133: \$150 ER COPAY
132: \$30 URGENT CARE COPAY
126: ASSISTED REPRODUCTIVE TECHNOLOGY
124: HOME HEALTH CARE - UNLIMITED
016: SNF - 730 DAYS (RENEWABLE AFTER 60 DAYS)
012: DME;P&O

Commercial Pharmacy Product: XR000932
452: \$15/\$30/\$50 DRUG COPAY - 30 DAYS

Medicare Medical Product: AA001803
Related Riders: K60: OOPM MAXIMUMS \$6,600/\$13,200
MHE: MENTAL HEALTH AND CHEMICAL DEPENDENCY
J05: \$20 PCP, MHSA / \$30 SPECIALIST (\$0 Prev Svcs)
126: ASSISTED REPRODUCTIVE TECHNOLOGY
124: HOME HEALTH CARE - UNLIMITED
119: \$25 URGENT CARE COPAY
039: \$100 ER COPAY
016: SNF - 730 DAYS (RENEWABLE AFTER 60 DAYS)
012: DME;P&O

Medicare Pharmacy Product: XW000329
452: \$15/\$30/\$50 DRUG COPAY - 30 DAYS

REFER TO ATTACHED BENEFIT SUMMARY OR S3C FOR MORE BENEFIT INFORMATION



2016 RATE AUTHORIZATION
RENEWAL
COUNTY OF ALCONER - RETIREES
Group ID: 10000728
Subgroup ID(s): 1300,1401,1501

Page: Q.R - 10533

Page 3 of 3

REMARKS:

RENEWAL (30 ACTUAL CONTRACTS) ; Based on the January, 2016 enrollment.

Premium rates DO NOT include commissions.

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

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

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

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

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

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

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

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

A 25% participation level is required.

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

Prepared by Risk Assessment & Rating Analyst:

Frank J. Nacelewicz



Macomb County Executive Mark A. Hackel

Mark F. Deldin
Deputy County Executive

To: David Flynn, Board Chair

From: Pamela J. Lavers, Deputy County Executive

Date: December 13, 2016

RE: Agenda Item – Finance, 2017 Blue Care Network (BCN) Renewals

Attached you will find a resolution, memorandum and documentation from Finance Director, Steve Smigiel, to approve the 2017 Blue Care Network (BCN) Renewals.

The Executive Office respectfully submits this agenda item for the Commission's consideration and recommends approval of the budget amendment, as stated above.

PJL/mmc

cc: Mark Deldin
Steve Smigiel
Eric Herppich



MACOMB COUNTY, MICHIGAN

Resolution Number:

Full Board Meeting Date:

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RESOLUTION

Resolution to:

Approve the 2017 BCN Renewals.

--

Introduced By:

Fred Miller, Finance, Chair

--

Additional Background Information (If Needed):

The original renewal called for an 8.5% increase for the 2017 BCN plan for active employees. Risk Management successfully negotiated this down to a 2.5% increase for 2017. Once again the active employees enrolled in BCN will not have to pay a monthly premium, because the rate is CAP compliant.

2017 BCN Renewal (Active) 2.5% Increase

2017 BCN Renewal (Retiree) 10.8% Increase

1-person	\$524.43
2-person	\$1,096.75
Family	\$1,430.28

1-person	\$565.89
2-person	\$1,183.46
Family	\$1,543.35

*THIS ITEM WAS WAIVED TO FULL BOARD BY FINANCE CHAIR

Committee	Meeting Date
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Full Board

12/15/2016



Mark A. Hackel
County Executive

MEMORANDUM

DATE: 12/12/2016

TO: Office of County Executive

FROM: John P. Anderson, Esq.

Risk & Insurance Manager

RE: REQUEST APPROVAL / ADOPTION OF
2017 BCN Renewals

SUBJECT:

2017 Blue Care Network Renewals

PURPOSE / JUSTIFICATION:

This insurance covers the Macomb County active and retiree segments enrolled in the BCN HMO insurance program.

FISCAL IMPACT / FINANCING:

There is a 2.5% increase for the active BCN enrollees for 2017.
There is a 10.8% increase for the retiree BCN enrollees for 2017.

FACTS AND PROVISION / LEGAL REQUIREMENTS (If applicable):

Approval of this insurance will provide continuous coverage for Macomb County active employees and retirees enrolled in the BCN insurance program. The active renewal was negotiated under the statutory CAP, and therefore no monthly premium will be charged to employees.

IMPACT ON CURRENT SERVICES (PROJECTS):

N/A



CONTRACT REVIEW ROUTING FORM

November 2015
REV 4

ORIGINATING DEPARTMENT INFORMATION		
Department Leader: Stephen Smigiel	Department: Finance	Date: 12/12/2016
Contract Contact Person: John Anderson	Contact Phone Number: (586) 469-6349	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #

CONTACT INFORMATION	
Contract Title: 2017 Blue Care Network (BCN) Renewals	GRANT <input type="checkbox"/> AWARD <input type="checkbox"/> Funded <input type="checkbox"/>
Return By Date:	

DEPARTMENT ROUTING & AUTHORIZATIONS
NOTES:

NEW IT Dept. Authorization	DOES THIS INVOLVE TECHNICAL SUPPORT RELATED TO HARDWARE OR SOFTWARE? If No, Skip this step.	
	<input type="checkbox"/> Yes, Send to IT. Chief Information Officer review/approval is REQUIRED.	
	<input type="checkbox"/> Approved	
	<input type="checkbox"/> Approved with changes	
<input type="checkbox"/> Rejected and Return to Requesting Department		_____
		Date

1. RISK & CONTRACT MANAGEMENT -			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected RETURN TO REQUESTING DEPARTMENT	_____ Authorized Signature	_____ Date	

2. FINANCE DEPARTMENT -			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected RETURN TO RISK & CONTRACT MANAGEMENT	_____ Authorized Signature	_____ Date	

3. OFFICE OF CORPORATION COUNSEL -			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected RETURN TO RISK & CONTRACT MANAGEMENT	_____ Authorized Signature	_____ Date	

4. OFFICE OF COUNTY EXECUTIVE -			
<input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> BOC Review Required <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected - RETURN TO RISK & CONTRACT MANAGEMENT	_____ Authorized Signature	_____ Date	



CONTRACT REVIEW ROUTING FORM

November 2015
REV 4

ORIGINATING DEPARTMENT INFORMATION		
Department Leader: Stephen Smigiel	Department: Finance	Date: 12/12/2016
Contract Contact Person: John Anderson	Contact Phone Number: (586) 469-6349	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #

CONTACT INFORMATION			
Contract Title: 2017 Blue Care Network (BCN) Renewals			
Vendor Number (if known):	Vendor Name: Blue Care Network of Michigan (BCN)	Vendor Disclosure Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> IFAS <input type="checkbox"/> No (N/A)	
Original Contract Amount: \$ 12,591,349.00	Amendment Amount: \$	Total Amended Contract Amount: \$ 12,591,349.00	Funding Source - Org Key / Object - (If known):
Contract Begin Date: 01/01/2017	Amendment Date:	Contract End Date: 12/31/2017	Targeted Committee Date: 12/15/2016
Contract: <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment	If Renewal or Amendment, what terms have changed (if any): None		Amendment Number:
Contract Bid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If not bid out, please explain:	Lowest Bid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If not lowest bid, please explain:
Bid Number: 48-14	How many bidders responded? 2	Winning bidder Macomb County Entity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Explain: Detroit, MI	

Contract Synopsis:
This is the renewal of the BCN insurance program. This insurance covers all Macomb County active and retirees enrolled in BCN. This contract was competitively bid in 2014.

OTHER CONTRACT INFORMATION
<input type="checkbox"/> CONTRACT REQUIRES SIGNATURE OF COUNTY EXECUTIVE ONLY. DESIGNEE SIGNATURE WILL NOT BE ACCEPTED.
PLEASE CHECK APPROPRIATE ITEM BELOW (IF APPLICABLE): <input type="checkbox"/> 1. AWARDING A CONTRACT OF \$35,000 OR MORE FOR SERVICES, SUPPLIES, MATERIALS, EQUIPMENT OR REAL ESTATE. <input type="checkbox"/> 2. AWARDING A CONTRACT OF \$100,000 OR MORE FOR CONSTRUCTION. <input type="checkbox"/> 3. AWARDING A CONTRACT MODIFICATION EXCEEDING 10% OF THE ORIGINAL APPROVED CONTRACT AMOUNT. <input type="checkbox"/> 4. AWARDING A CONTRACT THAT EXCEEDS 5 YEARS IN LENGTH. <input checked="" type="checkbox"/> 5. EMPLOYER PAID FRINGE BENEFITS. <input type="checkbox"/> 6. COLLECTIVE BARGAINING AGREEMENTS. <input type="checkbox"/> 7. INTERGOVERNMENTAL AGREEMENTS AS DEFINED BY CHARTER SECTION 3.1.



GROUP 32R

GROUP ID: 0003000001 / CLASS ID: 00000000 / COE: 00000002 / ALL CLASS 32R
BUSINESS NAME: MACOMB COUNTY EMPLOYEES / ACTIVES

Large Group ERS FORT MEDICARE PLAN

In accordance with the terms of your Group Letter of Agreement, this letter sets the rates for your upcoming renewal. All other terms of your group agreement remain in effect. Blue Care Network (BCN) no longer requires that you sign a Benefit and Rate Schedule for each year's renewal.

Your benefit package has been renewed at the following rates and is effective from 1/1/2017 through 12/31/2017.

CERTIFICATE: CLSSLG RIDERS:

- C14HSA Apply 100% coverage to inpatient mental health and substance abuse and no copay for outpatient MH and SA
100MSR Applies 100% coverage to male sterilization services
33RCP \$30 Specialist Office Visit Copay
6350P4 Amends the annual out of pocket maximum to \$6350 per individual / \$12700 per contract
LSS Waives the Allergy Services Copay
CO20 \$20 Office Visit Copay
D11E6 Waives the Durable Medical Equipment Copay
DSRC47 Removes 50% coinsurance for diabetic supplies. Allows 100% coverage
ERY00 \$100 Emergency Room Copay
O27KEP Changes benefit maximum for Outpatient Therapy Services to one period of treatment within 60 consecutive days per episode
PCC6 Waives the Prosthetics & Orthotics Copay
SN730 Skilled Nursing Facility 730
UR30 \$30 Urgent Care Copay
WTRC47 Waives 50% coinsurance for Weight Reduction on the CLSSLG certificate
H1 Standard Hearing Aid Coverage
10233G Drug - \$10 / \$25 / \$50 (Contraceptives, Open Formulary)
3350P4 Amends the annual out of pocket maximum to \$6350 per individual / \$12700 per contract
LCPD20 MOPD2x, 102550

SIGNATURES

GROUP REPRESENTATIVE(S) SIGNATURE: NAME: TITLE: DATE:
BCBSM REPRESENTATIVE(S) SIGNATURE: NAME: TITLE: DATE:

The above are abbreviated descriptions. They do not replace the language in the certificate or rider brochure.

RATES ARE SUBJECT TO CHANGE BASED ON DEPT. OF INSURANCE & FINANCIAL SERVICES APPROVAL
The figures shown are subject to change dependent upon changes in statutes or regulations, and the premium shown includes estimates for certain

Table with columns: MONTHLY PREMIUM RATES, BCN MEDICAL, BCN HEARING, BCN PHARMACY, BCN TOTAL. Rows include Single Contract, Double Contract, E+C Contract, E+>C Contract, Family Contract, and Dependent Continuation.

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA) (also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit our webpage, www.bcsm.com/healthcarereform/. You should also consult with your legal counsel for any legal advice on how you may comply with the law and regulations and the applicability to your plan.

BCN of Michigan rates are guaranteed for the period stated above; however, BCN reserves the right to adjust rates if any of the assumptions or calculations used to calculate the rates are incorrect. Please remember that BCN is a prepaid health plan and payment is due on or before the date noted on your billing statement. If you have questions or wish to discuss other BCN benefit plans, please contact your BCBSM Regional Sales Office or Agent. We at BCN appreciate your business and look forward to providing your continuing health benefit needs.

JC



GROUP BSM

GROUP ID: 1121174001010 CLASS ID: 00 01589/000 10002/002 / ALL CLASSSES
 EMPLOYER: A/E/C CLASS NAME: 100013 COLLECTIVE EMPLOYEES/RETIREE-

Large Group ERS FORTY-FIDELITY PLAN

In accordance with the terms of your Group Letter of Agreement, this letter sets the rates for your upcoming renewal. All other terms of your group agreement remain in effect. Blue Care Network (BCN) no longer requires that you sign a Benefit and Rate Schedule for each year's renewal.

Your benefit package has been renewed at the following rates and is effective from 1/1/2017 through 12/31/2017.

CERTIFICATE: CLSSLG
 RIDERS:

- 01 MHA Apply 100% coverage to inpatient mental health and substance abuse and no copay for outpatient MH and SA
- 1007 SBK Applies 100% coverage to male sterilization services
- 30R.P \$30 Specialist Office Visit Copay
- 335CP Amends the annual out of pocket maximum to \$6350 per individual / \$12700 per contract
- A53 Waives the Allergy Services Copay
- CO20 \$20 Office Visit Copay
- DME6 Waives the Durable Medical Equipment Copay
- DSCR** Removes 50% coinsurance for diabetic supplies. Allows 100% coverage
- ER100 \$100 Emergency Room Copay
- OPTHEP Changes benefit maximum for Outpatient Therapy Services to one period of treatment within 60 consecutive days per episode
- PPO6 Waives the Prosthetics & Orthotics Copay
- S1730 Skilled Nursing Facility 730
- UR30 \$30 Urgent Care Copay
- WR**WR Waives 50% coinsurance for Weight Reduction on the CLSSLG certificate
- 10253C Drug - \$10 / \$25 / \$50 (Contraceptives, Open Formulary)
- 6356Pi 1 Amends the annual out of pocket maximum to \$6350 per individual / \$12700 per contract
- MOPD20 MOPDx, 102550

SIGNATURES

GROUP REPRESENTATIVE(S):
 SIGNATURE: _____
 NAME: _____
 TITLE: _____
 DATE: _____

BCBSM REPRESENTATIVE(S):
 SIGNATURE: _____
 NAME: _____
 TITLE: _____
 DATE: _____

The above are abbreviated descriptions. They do not replace the language in the certificate or rider brochure.

RATES ARE SUBJECT TO CHANGE BASED ON DEPT. OF INSURANCE & FINANCIAL SERVICES APPROVAL.
 The figures shown are subject to change dependent upon changes in statutes or regulations, and the premium shown includes estimates for certain

MONTHLY PREMIUM RATES:	BCN MEDICAL	BCN PHARMACY	BCN TOTAL
Single Contract:	\$416.96	\$148.93	\$565.89
Double Contract:	\$872.00	\$311.46	\$1,183.46
E + C Contract:	\$872.00	\$311.46	\$1,183.46
E + >C Contract:	\$1,137.18	\$406.17	\$1,543.35
Family Contract:	\$1,137.18	\$406.17	\$1,543.35
Dependent Continuation:	Covered	Covered	Covered

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA) (also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit our webpage, www.bcbsm.com/healthcarereform/. You should also consult with your legal counsel for any legal advice on how you may comply with the law and regulations and the applicability to your plan.

BCN of Michigan rates are guaranteed for the period stated above; however, BCN reserves the right to adjust rates if any of the assumptions or calculations used to calculate the rates are incorrect. Please remember that BCN is a prepaid health plan and payment is due on or before the date noted on your billing statement. If you have questions or wish to discuss other BCN benefit plans, please contact your BCBSM Regional Sales Office or Agent. We at BCN appreciate your business and look forward to providing your continuing health benefit needs.

JC



Macomb County Executive Mark A. Hackel

Mark F. Deldin
Deputy County Executive

To: David Flynn, Board Chair

From: Pamela J. Lavers, Deputy County Executive

Date: December 13, 2016

RE: Agenda Item – Finance, 2017 BC/BS Administrative and Stop/Loss Fees

Attached you will find a resolution, memorandum and documentation from Finance Director, Steve Smigiel, to approve the 2017 Blue Cross/Blue Shield Administrative and Stop/Loss Fees contract. The current contract expires 12/31/16. The total contract value is \$1,092,420 based on 700 contracts.

The Executive Office respectfully submits this agenda item for the Commission's consideration and recommends approval of the budget amendment, as stated above.

PJL/mmc

cc: Mark Deldin
Steve Smigiel
Eric Herppich



MACOMB COUNTY, MICHIGAN

Resolution Number:	Full Board Meeting Date:
	12/15/2016

RESOLUTION

Resolution to:
Approve the 2017 BC/BS Administrative & Stop/Loss Fees Contract. The current contract expires 12/31/2016.

Introduced By:
Fred Miller, Finance, Chair

Additional Background Information (If Needed):
The total contract value is \$1,092,420, based on 700 contracts. \$609,252 for Administration, \$483,168 for Stop/Loss.
 Total Spend For 2017 Administrative Fees: 700 Contracts X 12 Months X \$72.53 = \$609,252
Total Spend For 2017 Stop/Loss Fees: 700 Contracts X 12 Months X \$57.52 = \$483,168
Grand Total: \$609,252 + \$483,168 = \$1,092,420
 *THIS ITEM WAS WAIVED TO FULL BOARD BY FINANCE CHAIR

Committee	Meeting Date
Full Board	12/15/2016



MEMORANDUM

DATE: 12/12/2016

TO: Office of County Executive

FROM: John P. Anderson, Esq.

Risk & Insurance Manager

RE: REQUEST APPROVAL / ADOPTION OF

2017 BC/BS Administrative & Stop/Loss Fees

SUBJECT:

2017 BC/BS Administrative and Stop/Loss Fees

PURPOSE / JUSTIFICATION:

Approval of the 2017 Administrative and Stop/Loss fees will provide for continuous coverage for Macomb County's active and retiree segments enrolled in the BC/BS PPO plan. There are approximately 700 contracts in 2017.

FISCAL IMPACT / FINANCING:

The total cost of these 2017 fees are: \$1,092,420 (\$609,252 for Administration, \$483,168 for Stop/Loss).

This represents a 4% increase for Administrative Fees from \$69.74 in 2016 to \$72.53 in 2017.

This represents an 18.26% increase for Stop/Loss Fees from \$48.64 in 2016 to \$57.52 in 2017.

In 2016, the County total spend was \$1,065,420 on these fees, (750 contracts in 2016).

FACTS AND PROVISION / LEGAL REQUIREMENTS (If applicable):

Continuation of these fees are required by plans offered in the new collective bargaining agreements.

IMPACT ON CURRENT SERVICES (PROJECTS):

N/A



CONTRACT REVIEW ROUTING FORM


November 2015
REV 4


ORIGINATING DEPARTMENT INFORMATION		
Department Leader: Stephen Smigiel	Department: Finance	Date: 12/12/2016
Contract Contact Person: John Anderson	Contact Phone Number: (586) 469-6349	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #


CONTACT INFORMATION		
Contract Title: 2017 BC/BS Administrative & Stop/Loss Fees	<input type="checkbox"/> GRANT <input type="checkbox"/> AWARD <input type="checkbox"/> Funded	Return By Date:

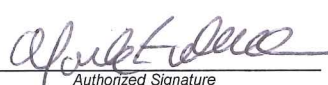
DEPARTMENT ROUTING & AUTHORIZATIONS	
NOTES:	

NEW IT Dept. Authorization	DOES THIS INVOLVE TECHNICAL SUPPORT RELATED TO HARDWARE OR SOFTWARE? If No, Skip this step.	
	<input type="checkbox"/> Yes, Send to IT. Chief Information Officer review/approval is REQUIRED.	
	<input type="checkbox"/> Approved	
	<input type="checkbox"/> Approved with changes	
<input type="checkbox"/> Rejected and Return to Requesting Department		Date

1. RISK & CONTRACT MANAGEMENT -	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected	RECEIVED Department Received Stamp DEC 12 2016 Risk & Insurance Division Finance Department
RETURN TO REQUESTING DEPARTMENT	 Authorized Signature
	12/12/16 Date

2. FINANCE DEPARTMENT -	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected	RECEIVED Department Received Stamp DEC 13 2016 MACOMB COUNTY FINANCE
RETURN TO RISK & CONTRACT MANAGEMENT	 Authorized Signature
	12-13-16 Date

3. OFFICE OF CORPORATION COUNSEL -	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected	Department Received Stamp
RETURN TO RISK & CONTRACT MANAGEMENT	 Authorized Signature
	13 Dec 2016 Date

4. OFFICE OF COUNTY EXECUTIVE -	
<input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> BOC Review Required <input type="checkbox"/> Approved with changes <input type="checkbox"/> Rejected - RETURN TO	EXECUTIVE OFFICE Department Received Stamp DEC 13 2016 RECEIVED
RETURN TO RISK & CONTRACT MANAGEMENT	 Authorized Signature
	12-13-16 Date



CONTRACT REVIEW ROUTING FORM

November 2015
REV 4

ORIGINATING DEPARTMENT INFORMATION

Department Leader: Stephen Smigiel	Department: Finance	Date: 12/12/2016
Contract Contact Person: John Anderson	Contact Phone Number: (586) 469-6349	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #

CONTACT INFORMATION

Contract Title: 2017 BC/BS Administrative & Stop/Loss Fees			
Vendor Number (if known):	Vendor Name:	Vendor Disclosure Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> IFAS <input type="checkbox"/> No (N/A)	
Original Contract Amount: \$ 1,092,420.00	Amendment Amount: \$	Total Amended Contract Amount: \$ 1,092,420.00	Funding Source - Org Key / Object - (If known):
Contract Begin Date: 01/01/2017	Amendment Date:	Contract End Date: 12/31/2017	Targeted Committee Date: 12/15/2016
Contract: <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment	If Renewal or Amendment, what terms have changed (if any): None		Amendment Number:
Contract Bid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If not bid out, please explain:	Lowest Bid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If not lowest bid, please explain:
Bid Number: 46-14	How many bidders responded? 4	Winning bidder Macomb County Entity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Explain: Detroit, MI	

Contract Synopsis:
This is the renewal of the Administrative and Stop/Loss Fees associated with Macomb County's self-insured PPO plans. This contract was competitively bid in July, 2014.

OTHER CONTRACT INFORMATION

CONTRACT REQUIRES SIGNATURE OF COUNTY EXECUTIVE ONLY. DESIGNEE SIGNATURE WILL NOT BE ACCEPTED.

PLEASE CHECK APPROPRIATE ITEM BELOW (IF APPLICABLE):

- 1. AWARDING A CONTRACT OF \$35,000 OR MORE FOR SERVICES, SUPPLIES, MATERIALS, EQUIPMENT OR REAL ESTATE.
- 2. AWARDING A CONTRACT OF \$100,000 OR MORE FOR CONSTRUCTION.
- 3. AWARDING A CONTRACT MODIFICATION EXCEEDING 10% OF THE ORIGINAL APPROVED CONTRACT AMOUNT.
- 4. AWARDING A CONTRACT THAT EXCEEDS 5 YEARS IN LENGTH.
- 5. EMPLOYER PAID FRINGE BENEFITS.
- 6. COLLECTIVE BARGAINING AGREEMENTS.
- 7. INTERGOVERNMENTAL AGREEMENTS AS DEFINED BY CHARTER SECTION 3.1.

Fixed Administrative Fees

Current Fixed Administrative Fees			
	Renewal Fee	Current Fee	Adjustment from Current
Monthly Per Contract Fixed Administrative Fee	\$72.53	\$69.74	4.00%
Total Fixed Administrative Fee	\$72.53	\$69.74	4.00%

- Renewal Period: 01/2017-12/2017
 - Current Period: 01/2016-12/2016

Fixed Administrative Fees History			
Plan Year	Period 1	Period 2	Period 3
BCBSM Fixed Administrative	\$67.06	\$64.17	\$73.32
Total Administrative Fee	\$67.06	\$64.17	\$73.32

- Period 1: 01/2015-12/2015
 - Period 2: 01/2014-12/2014
 - Period 3: 01/2013-12/2013

Stop-Loss

Stop-Loss Protection			
Specific / Aggregate Attachment Point	Renewal	Current	Adjustment from Current
Current \$275,000 Specific / 0% monthly fee per contract	\$57.52	\$48.64	18.26%

- Renewal Incurred Period: 02/2015-01/2016; Renewal Paid Period: 02/2015-02/2016
 - Current Incurred Period: 03/2014-02/2015; Current Paid Period: 03/2014-04/2015
 - Your Stop-Loss Protection covers your Medical benefits (Facility and Professional) for Specific.

Alternative Stop-Loss Coverage Levels			
Annual Attachment Point	Renewal	Monthly Cost per Contract	Adjustment from Current
\$275,000	\$57.52	\$57.52	18.26%

SIGNATURES

GROUP REPRESENTATIVE(S):

SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____

BCBSM REPRESENTATIVE(S):

SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____



MACOMB COUNTY EMPLOYEES: January 2017-December 2017



Macomb County Executive Mark A. Hackel

Mark F. Deldin
Deputy County Executive

To: David Flynn, Board Chair

From: Pamela J. Lavers, Deputy County Executive *PJL*

Date: December 13, 2016

RE: Agenda Item – Finance, 2017 Blue Cross/Blue Shield Medicare Advantage Renewal

Attached you will find a resolution, memorandum and documentation from Finance Director, Steve Smigiel, to approve the 2017 Blue Cross/Blue Shield Medicare Advantage Insurance Plan Renewal. The total contract value is \$10,245,864 based on 1,900 contracts.

The Executive Office respectfully submits this agenda item for the Commission's consideration and recommends approval of the budget amendment, as stated above.

PJL/mmc

cc: Mark Deldin
Steve Smigiel
Eric Herppich



MACOMB COUNTY, MICHIGAN

Resolution Number:	Full Board Meeting Date:

RESOLUTION

Resolution to:
Approve the 2017 BC/BS Medicare Advantage Insurance Plan Renewal for the period 1/1/2017 through 12/31/2017. Total contract value is \$10,245,864.00 based on 1,900 contracts.

Introduced By:
Fred Miller, Finance, Chair

Additional Background Information (If Needed):
<p>The original renewal called for a 14.9% increase for 2017. Risk Management successfully negotiated this down to a 9.9% increase for 2017. This represents a savings of \$466,260 to the County. The new rate will be \$449.38 per member per month (pmpm) versus the original renewal of \$469.83 pmpm that was negotiated lower.</p> <p>Total Medicare Advantage Spend For 2017 is: 1900 Contracts X 12 Months X \$449.38 = \$10,245,864</p> <p>8THIS ITEM WAS WAIVED TO FULL BOARD BY THE FINANCE CHAIR</p>

Committee	Meeting Date
Full Board	12/15/2016



Mark A. Hackel
County Executive

MEMORANDUM

DATE: 12/12/2016

TO: Office of County Executive

FROM: John P. Anderson, Esq.

Risk & Insurance Manager

RE: REQUEST APPROVAL / ADOPTION OF

2017 BC/BS Medicare Advantage Insurance Plan Renewal

SUBJECT:

2017 BC/BS Medicare Advantage Insurance Renewal

PURPOSE / JUSTIFICATION:

This insurance covers the Macomb County Medicare-Eligible Retiree segment. This insurance provides both medical and prescription drug coverage. There are approximately 1,900 contracts.

FISCAL IMPACT / FINANCING:

There is a 9.9% increase for 2017. The monthly premium went from \$408.90 pmpm (per member per month) in 2016 to \$449.38 pmpm in 2017. The total spend in 2016 was \$8,950,003.20 with 1824 contracts. The total spend for 2017 will be \$10,245,864 with 1900 contracts.

FACTS AND PROVISION / LEGAL REQUIREMENTS (If applicable):

Approval of this contract will provide continuous coverage for Macomb County's Medicare Eligible Retiree segment.

IMPACT ON CURRENT SERVICES (PROJECTS):

N/A



CONTRACT REVIEW ROUTING FORM

November 2015
REV 4

ORIGINATING DEPARTMENT INFORMATION

Department Leader: Stephen Smigiel	Department: Finance	Date: 12/12/2016
Contract Contact Person: John Anderson	Contact Phone Number: (586) 469-6349	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #

CONTACT INFORMATION

Contract Title: 2017 BC/BS Medicare Advantage Renewal	<input type="checkbox"/> GRANT <input type="checkbox"/> AWARD <input type="checkbox"/> Funded	Return By Date:
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DEPARTMENT ROUTING & AUTHORIZATIONS

NOTES:

NEW IT Dept. Authorization

DOES THIS INVOLVE TECHNICAL SUPPORT RELATED TO HARDWARE OR SOFTWARE? If No, Skip this step.

Yes, Send to IT. Chief Information Officer review/approval is REQUIRED.

Approved
 Approved with changes
 Rejected and Return to Requesting Department

_____ Authorized Signature _____ Date

1. RISK & CONTRACT MANAGEMENT -

Approved
 Approved with changes
 Rejected

RETURN TO
REQUESTING DEPARTMENT

John Anderson _____ *12/12/16*
 Authorized Signature Date

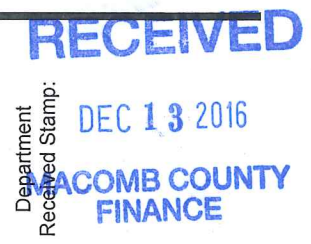


2. FINANCE DEPARTMENT -

Approved
 Approved with changes
 Rejected

RETURN TO
RISK & CONTRACT MANAGEMENT

S.M. _____ *12-13-16*
 Authorized Signature Date



3. OFFICE OF CORPORATION COUNSEL -

Approved
 Approved with changes
 Rejected

RETURN TO
RISK & CONTRACT MANAGEMENT

John Schep _____ *13 Dec 2016*
 Authorized Signature Date

Department Received Stamp:

4. OFFICE OF COUNTY EXECUTIVE -

Approved
 BOC Review Required
 Approved with changes
 Rejected - RETURN TO
RISK & CONTRACT MANAGEMENT

John Anderson _____ *12-13-16*
 Authorized Signature Date





CONTRACT REVIEW ROUTING FORM

November 2015
REV 4

ORIGINATING DEPARTMENT INFORMATION

Department Leader: Stephen Smigiel	Department: Finance	Date: 12/12/2016
Contract Contact Person: John Anderson	Contact Phone Number: (586) 469-6349	NOTE: Contracts are returned interoffice mail unless specified below: <input type="checkbox"/> Call for Pick Up: #

CONTACT INFORMATION

Contract Title: 2017 BC/BS Medicare Advantage Renewal			
Vendor Number (if known):	Vendor Name: Blue Cross & Blue Shield of Michigan	Vendor Disclosure Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> IFAS <input type="checkbox"/> No (N/A)	
Original Contract Amount: \$ 10,245,864.00	Amendment Amount: \$	Total Amended Contract Amount: \$ 10,245,864.00	Funding Source - Org Key / Object - (If known):
Contract Begin Date: 01/01/2017	Amendment Date:	Contract End Date: 12/31/2017	Targeted Committee Date: 12/15/2016
Contract: <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment	If Renewal or Amendment, what terms have changed (if any): None		Amendment Number:
Contract Bid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If not bid out, please explain:	Lowest Bid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If not lowest bid, please explain:
Bid Number: 51-14 6	How many bidders responded?	Winning bidder Macomb County Entity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Explain: Detroit, MI	

Contract Synopsis:
This is the renewal of the BC/BS Medicare Advantage insurance program. This program covers Macomb County's Medicare-Eligible Retiree segment. This contract was competitively bid in July 2014.

OTHER CONTRACT INFORMATION

CONTRACT REQUIRES SIGNATURE OF COUNTY EXECUTIVE ONLY. DESIGNEE SIGNATURE WILL NOT BE ACCEPTED.

- PLEASE CHECK APPROPRIATE ITEM BELOW (IF APPLICABLE):**
- 1. AWARDING A CONTRACT OF \$35,000 OR MORE FOR SERVICES, SUPPLIES, MATERIALS, EQUIPMENT OR REAL ESTATE.
 - 2. AWARDING A CONTRACT OF \$100,000 OR MORE FOR CONSTRUCTION.
 - 3. AWARDING A CONTRACT MODIFICATION EXCEEDING 10% OF THE ORIGINAL APPROVED CONTRACT AMOUNT.
 - 4. AWARDING A CONTRACT THAT EXCEEDS 5 YEARS IN LENGTH.
 - 5. EMPLOYER PAID FRINGE BENEFITS.
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 - 7. INTERGOVERNMENTAL AGREEMENTS AS DEFINED BY CHARTER SECTION 3.1.

Medicare PLUS Blue Group PPOSM



**Blue Cross
Blue Shield**
of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association. Medicare Plus Blue Group PPO is a health plan with a Medicare contract.

GROUP BENEFIT and RATE SUMMARY

Macomb County

2017 Revised Renewal

January 1, 2017 To December 31, 2017

12 Months

Option0
Passive

Medicare PLUS Blue Group PPO™



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Macomb County

	2017 MAPD PPO
Effective Date of Coverage:	January 1, 2017
Month's of Coverage:	12
Plan Type:	MAPD
Estimated Membership:	0
Option:	0
Option Description :	2017 Revised Renewal

MEDICARE ADVANTAGE GROUP RATE:

Medical Rate:	2017 MA Rate PMPM:	\$172.53
Pharmacy Rate:	2017 PD Rate PMPM:	\$276.85
Combined Rate:	2016 MAPD Rate PMPM:	\$408.90
	2017 MAPD Rate PMPM:	\$449.38
	Change Percentage:	9.90%

Notes and Conditions:

- 1) The quoted rates are effective from January 1, 2017 through December 31, 2017, for 12-months.
- 2) For the 2017 renewal year ONLY, there are no taxes and fees charged in the premium rate.
- 3) The premiums shown here include MA (medical services) and PDP (pharmacy services). Other lines of coverage such as dental and vision are not included.
- 4) BCBSM reserves the right to modify this quote if there are changes to the:
 - benefit design included in the proposal,
 - effective date,
 - covered population (+/- 10%),
 - subsequent changes in CMS funding levels, or
 - regulatory changes or if the above conditions are not met.
- 5) Rate calculations were made based upon CMS funding projections known at this time. If significant changes are made to funding levels, BCBSM reserves the right to alter the rates appropriately.

Medicare PLUS Blue Group PPO™



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Macomb County

	2017 MAPD PPO
Effective Date of Coverage:	January 1, 2017
Month's of Coverage:	12
Plan Type:	MAPD
Estimated Membership:	0
Option:	0
Option Description :	2017 Revised Renewal

MEDICARE ADVANTAGE GROUP BENEFITS:

MED/SURG Schedule B

OUT-OF-POCKET MAXIMUM:	\$480
OUT-OF-POCKET COST SHARE OPTIONS:	Coinsurance, Deductible and Copays
SINGLE DEDUCTIBLE (APPLIES TO NETWORK & OUT OF NETWORK SERVICES)	\$100
	COST SHARE
PPO BENEFIT STRUCTURE (ACTIVE or PASSIVE)	PASSIVE
COINSURANCE:	20%

CORE BENEFITS:

Inpatient Facility Svcs (Home Health Care - No Member Cost Share)	Ded,Coins,OOPM Will Apply
Outpatient Facility Svcs	Ded,Coins,OOPM Will Apply
Physician / Practitioner Services	
Office Visits / Consultations	Ded,Coins,OOPM Will Apply
Chiropractic Services	\$10
Specialist Services	Ded,Coins,OOPM Will Apply
Urgent Care	20% Coins,OOPM Will Apply
Facility Evaluation & Management Services	Ded,Coins,OOPM Will Apply
Psychiatric - Psychotherapy Services	Ded,Coins,OOPM Will Apply
Surgical Services / Anesthesia Services / Cardiac Catherization / Cardiovascular - Therapeutic Services	Ded,Coins,OOPM Will Apply
Other Physician Services (Clinical Labs - No Member Cost Share)	Ded,Coins,OOPM Will Apply
Preventive Services	No member cost-share
Emergency Department (ER Care)	No member cost-share
Ambulance Services	Ded,Coins,OOPM Will Apply
DME, P&O and Supplies	No member cost-share

Medicare PLUS Blue Group PPO™



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Macomb County

	2017 MAPD PPO	
Effective Date of Coverage:	January 1, 2017	
Month's of Coverage:	12	
Plan Type:	MAPD	
Estimated Membership:	0	
Option:	0	
Option Description :	2017 Revised Renewal	
A la Carte Medical / Surgical Benefits:		
Foreign Travel (Not Restricted to Emergency & Urgent Care Only)	Included	Cost Share Same As If Services Was Provided in the U.S.

Medicare PLUS Blue Group PPOSM



Blue Cross
Blue Shield
of Michigan

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Macomb County

Effective Date of Coverage:	2017 MAPD PPO
Month's of Coverage:	January 1, 2017
Plan Type:	12
Estimated Membership:	MAPD
Option:	0
Option Description :	0
	2017 Revised Renewal

Pharmacy: Schedule B

Formulary Option:		Comprehensive Enhanced Formulary	
(Open Enhanced, Open, Standard-Closed, or Lean-Closed)			
Clinical Edits/Step Therapy:		Yes	
Cost Share:		\$0	
TIER 1 (Preferred Generic)	32-90 Day Supply Mail Order Copay Multiplier:	2.0 Preferred/3.0 Standard	
	Minimum / Maximum Charged per Claim: <small>(Only Applicable when Coinsurance Selected; Subject to Copay Multiplier)</small>	Not Applicable	Not Applicable
	Cost Share:	\$0	
TIER 2 (Generic)	32-90 Day Supply Mail Order Copay Multiplier:	2.0 Preferred/3.0 Standard	
	Minimum / Maximum Charged per Claim: <small>(Only Applicable when Coinsurance Selected; Subject to Copay Multiplier)</small>	Not Applicable	Not Applicable
	Cost Share:	\$10	
TIER 3 (Preferred Brand)	32-90 Day Supply Mail Order Copay Multiplier:	2.0 Preferred/3.0 Standard	
	Minimum / Maximum Charged per Claim: <small>(Only Applicable when Coinsurance Selected; Subject to Copay Multiplier)</small>	Not Applicable	Not Applicable
	Cost Share:	\$20	
TIER 4 (Non-Preferred)	32-90 Day Supply Mail Order Copay Multiplier:	2.0 Preferred/3.0 Standard	
	Minimum / Maximum Charged per Claim: <small>(Only Applicable when Coinsurance Selected; Subject to Copay Multiplier)</small>	Not Applicable	Not Applicable
	Cost Share:	\$20	
NOTE: Tier 5: Not available at 90-day or Mail Order.			
TIER 5 (Specialty)	32-90 Day Supply Mail Order Copay Multiplier:	Not Applicable	
	Minimum / Maximum Charged per Claim: <small>(Only Applicable when Coinsurance Selected; Subject to Copay Multiplier)</small>	Not Applicable	Not Applicable
	Cost Share:	\$20	

Medicare PLUS Blue Group PPOSM



**Blue Cross
Blue Shield
of Michigan**

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**MEDICARE ADVANTAGE GROUP CONTRACT
2017 SCHEDULE A**

GROUP NAME:	Macomb County
Option	0
Option Description	2017 Revised Renewal
CONTRACT EFFECTIVE DATE:	January 1, 2017
CONTRACT COVERAGE PERIOD:	December 31, 2017
FUNDING TYPE:	FULLY INSURED
2017 MA Rate PMPM:	\$172.53
2017 PD Rate PMPM:	\$276.85
2017 MAPD Rate PMPM:	\$449.38

"Your signature below serves as approval to begin implementation of the PPO Medicare Advantage with accepting of rates and benefit plan as shown in this document."

SIGNATURES

GROUP REPRESENTATIVE(S):

BCBSM REPRESENTATIVE(S):

SIGNATURE: _____
NAME: _____
TITLE: _____
DATE: _____

SIGNATURE: _____
NAME: _____
TITLE: _____
DATE: _____

SIGNATURES

GROUP REPRESENTATIVE(S):

BCBSM REPRESENTATIVE(S):

SIGNATURE: _____
NAME: _____
TITLE: _____
DATE: _____

SIGNATURE: _____
NAME: _____
TITLE: _____
DATE: _____