



BOARD OF COMMISSIONERS MEETING REVISED AGENDA

April 27, 2020

7:30 PM

Zoom Virtual Meeting Room 399-700-0062

<https://zoom.us/j/3997000062>

"The mission of Livingston County is to be an effective and efficient steward in delivering services within the constraints of sound fiscal policy. Our priority is to provide mandated services which may be enhanced and supplemented to improve the quality of life for all who work, reside and recreate in Livingston County."

Pages

1. CALL MEETING TO ORDER
2. MOMENT OF SILENCE FOR REFLECTION
3. PLEDGE OF ALLEGIANCE TO THE FLAG
4. ROLL CALL
5. CORRESPONDENCE 4
 - a. Delta County Resolution Requesting the Great Lakes Shoreline be Declared a Disaster Area and Seek Assistance
6. CALL TO THE PUBLIC
7. APPROVAL OF MINUTES 6
 - a. Minutes of Meeting Dated: April 14, 2020
 - b. Minutes of Meeting Dated: April 22, 2020
8. TABLED ITEMS FROM PREVIOUS MEETINGS
9. APPROVAL OF AGENDA
10. REPORTS
11. PUBLIC HEARING
 - Adoption of a 911 Plan for Livingston County
 - a. Call Public Hearing to Order
Motion Required
 - b. Public Comments

c. Adjourn Public Hearing

Motion Required

12. APPROVAL OF CONSENT AGENDA ITEMS

Resolutions 2020-04-122 through 2020-04-131

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13. RESOLUTIONS FOR CONSIDERATION

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| *a. | 2020-04-130 | 72 |
| | Resolution to Authorize a First Quarter Supplemental Appropriation to the Fiscal-Year 2020 Budget – Fiscal Services | |

- *b. 2020-04-131** **79**
- Resolution Extending Additional and/or Modified Temporary Emergency Employment Provisions in Response to COVID-19 - County Administration
- *c. 2020-04-132** **81**
- Resolution Amending Resolution 2019-08-114 Establishing the Census 2020 Complete Count Committee – Board of Commissioners

14. CALL TO THE PUBLIC

15. ADJOURNMENT

DELTA COUNTY BOARD OF COMMISSIONERS

ADMINISTRATION OFFICE
310 LUDINGTON STREET
ESCANABA, MICHIGAN 49829
PHONE: 906-789-5100
FAX: 906-789-5197



RESOLUTION #20-05

REQUESTING THE GREAT LAKES SHORELINE BE DECLARED A DISASTER AREA AND TO SEEK ASSISTANCE

WHEREAS, record high water levels in the Great Lake have contributed to ongoing shoreline erosion across the State of Michigan, and

WHEREAS, Lake Michigan water levels have caused damage to public infrastructure in the County of Delta, and

WHEREAS, Lake Michigan water levels are causing detrimental environmental impacts at other various sites along the shoreline, and

WHEREAS, the County of Delta recognizes the effects of storms, high water, and wind driven wave action that is causing severe erosion to the shorelines, infrastructure, and private property along the Great Lakes, and

WHEREAS, the conditions of the Great Lakes shorelines directly affect business and tourism in Delta County and the State of Michigan by limiting access to beaches, boat landings, and parks along the shorelines and loss and damaged property directly affects the local, county and state tax base, and

WHEREAS, Delta County, as well as other shoreline communities in the State of Michigan are desperately in need of additional resources to combat shoreline erosion and protection of natural resources.

NOW, THEREFORE BE IT RESOLVED, that the Delta County Board of Commissioners requests that the Governor of the State of Michigan along with the State Legislature declare the Shoreline of the Great Lakes in the State of Michigan a disaster area, and that the Governor and State Legislature seek assistance from Congress and the President of the United States of America for the devastating situation which has an impact statewide.

BE IT FURTHER RESOLVED, that a copy of this Resolution be sent to Governor Gretchen Whitmer, Senator Ed McBroom, Representative Beau LaFave, Congressman Jack Bergman,

Senator Debbie Stabenow, Representative Sara Cambensy, Senator Gary Peters, and all of the counties in the State of Michigan.

I, Nancy J. Przewrocki, Delta County Clerk and Clerk of the Delta County Board of Commissioners do hereby certify this to be a true and exact copy from the minutes of the statutory meeting of the Delta County Board of Commissioners held on April 14, 2020.

I, Nancy J. Przewrocki, Delta County Clerk do hereby set my hand and seal this 14th day of April, 2020.


Nancy J. Przewrocki, Delta County Clerk



LIVINGSTON COUNTY BOARD OF COMMISSIONERS

MEETING MINUTES

April 14, 2020, 4:30 p.m.

Zoom Virtual Meeting Room

Meeting ID: 399-700-0062 / Password: LCBOC

<https://zoom.us/j/3997000062?pwd=SUdLYVFFcmozWnFxbm0vcHRjWkvVIZz09>

Members Present: Carol Griffith, Kate Lawrence, William Green, Wes Nakagiri, Douglas Helzerman, Robert Bezotte, and Gary Childs

1. CALL MEETING TO ORDER

The Statutory Equalization meeting was called to order by Chairwomen Carol Griffith at 4:30 p.m.

2. MOMENT OF SILENCE FOR REFLECTION

3. PLEDGE OF ALLEGIANCE TO THE FLAG

All rose for the Pledge of Allegiance to the Flag of the United States of America.

4. ROLL CALL

Roll call by the Clerk indicated the presence of a quorum.

District 5 and 8 Commissioner seats are vacant.

5. CORRESPONDENCE

- a. Cheboygan County Resolution 20-04 In Support of 4 Year Terms for County Commissioners
- b. Houghton County Resolution 20-03 Emergency Management and Safe Schools
- c. Grand Traverse County Resolution 24-2020 in Support of House Bill 5330 and Senate Bill 730
- d. Grand Traverse County Resolution 29-2020 Declaring Support of the 2nd Amendment

Motion to receive and place on file the correspondence.

It was moved by K. Lawrence

Seconded by D. Helzerman

MOTION Carried (7-0-0)

6. CALL TO THE PUBLIC

None.

7. APPROVAL OF MINUTES

- a. Minutes of Meeting Dated: March 9, 2020
- b. Special Meeting Minutes Dated: March 12, 2020
- c. Minutes of Meeting Dated: March 18, 2020
- d. Special Meeting Minutes Dated: April 1, 2020
- e. Minutes of Meeting Dated April 8, 2020

Motion to approve the minutes as presented.

It was moved by R. Bezotte
Seconded by G. Childs

Roll Call Vote: Yes (7): R. Bezotte, G. Childs, C. Griffith, K. Lawrence, W. Green, W. Nakagiri, and D. Helzerman; No (0): None; Absent (0): None

MOTION Carried (7-0-0)

8. TABLED ITEMS FROM PREVIOUS MEETINGS

None.

9. APPROVAL OF AGENDA

Motion to approve the Agenda as presented.

It was moved by D. Helzerman
Seconded by W. Green

Roll Call Vote: Yes (7): D. Helzerman, R. Bezotte, G. Childs, C. Griffith, K. Lawrence, W. Green, and W. Nakagiri; No (0): None; Absent (0): None

MOTION Carried (7-0-0)

10. REPORTS

10.a District 8 County Commissioner Vacancy

Cindy Catanach, Interim County Administrator, explained the processing for filling the vacant Commissioner 8 seat.

Dianne McCormick, Public Health Director, gave an update on the COVID-19 virus and introduced Dr. Juan Luis Marquez, the new Livingston County Medical Director. Dr. Marquez reviewed his qualifications and answered questions from the Board.

Chairwomen Griffith thanked all the first responders for their hard work and dedication.

Commissioner Bezotte discussed the Livingston County website for retirees regarding fees and inquired about the County Administrator position and the Census.

Cindy Catanach updated the Board on the County Administrator position.

Commissioner Helzerman advised that, at this time, Livingston County is at 67% response for the Census.

11. APPROVAL OF CONSENT AGENDA ITEMS

Resolutions 2020-04-086 through 2020-04-091

Motion to approve the resolutions on the Consent Agenda.

It was moved by G. Childs
Seconded by W. Green

Roll Call Vote: Yes (7): G. Childs, C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, and R. Bezotte; No (0): None; Absent (0): None

MOTION Carried (7-0-0)

11.a 2020-04-086

Resolution to Reclassify a Part Time Public Health Nurse (PHN) Program Coordinator Position (Grade 10) to a Part Time Public Health Nurse (PHN) (Grade 9) Position – Health Department

11.b 2020-04-087

Resolution Approving Appointments of the Livingston County Medical Examiner & Deputy Medical Examiners – Emergency Medical Services

11.c 2020-04-088

Resolution Authorizing the Write-off of Aged Receivables – Emergency Medical Services

11.d 2020-04-089

Resolution Authorizing Grant Application and Contract for Supplemental FY 2020 Federal Section 5307 Funding for COVID-19 Response – LETS

11.e 2020-04-090

Resolution Authorizing Temporary Waiver of Passenger Fares During COVID-19 Emergency - LETS

11.f 2020-04-091

Resolution to Accept the Annual Out-of-State Travel Report for 2019 – Fiscal Services

12. RESOLUTIONS FOR CONSIDERATION

Resolutions 2020-04-092 and 2020-04-093

12.a 2020-04-092

Resolution to submit the Estimated 2021 General Fund Budget to the Allocation Board – Fiscal Services

Discussion.

Motion to adopt the Resolution.

It was moved by W. Green

Seconded by G. Childs

Roll Call Vote: Yes (7): W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, G. Childs, C. Griffith, and K. Lawrence; No (0): None; Absent (0): None

MOTION Carried (7-0-0)

12.b 2020-04-093

Resolution to Adopt the 2020 County Equalization Report as Submitted with the Accompanying Statements - Equalization

Motion to adopt the Resolution.

It was moved by G. Childs

Seconded by D. Helzerman

Roll Call Vote: Yes (7): , G. Childs, C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, and R. Bezotte; No (0): None; Absent (0): None

MOTION Carried (7-0-0)

13. CALL TO THE PUBLIC

Rich Malewicz, Howell, commended the Board.

Ron Kardos, Oceola Township, thanked those county employees who started the Zoom meetings.

14. ADJOURNMENT

Motion to adjourn the meeting at 5:11 p.m.

It was moved by D. Helzerman

Seconded by K. Lawrence

Roll Call Vote: Yes (7): D. Helzerman, R. Bezotte, G. Childs, C. Griffith, K. Lawrence, W. Green, and W. Nakagiri; No (0): None; Absent (0): None

MOTION Carried (7-0-0)

Elizabeth Hundley, Livingston County Clerk

UNAPPROVED

LIVINGSTON COUNTY BOARD OF COMMISSIONERS

MEETING MINUTES

April 22, 2020

IMMEDIATELY FOLLOWING THE FINANCE COMMITTEE

Zoom Virtual Meeting Room

Meeting ID: 399-700-0062 / Password: LCBOC

<https://zoom.us/j/3997000062?pwd=SUdLYVFFcmozWnFxbm0vcHRjWkVIZz09>

Members Present

Carol Griffith, Kate Lawrence, William Green, Wes Nakagiri, Douglas Helzerman,
Robert Bezotte, and Gary Childs

1. CALL MEETING TO ORDER

The meeting was called to order by Chairwoman Carol Griffith at 10:12 a.m.

2. PLEDGE OF ALLEGIANCE TO THE FLAG

All rose for the Pledge of Allegiance to the Flag of the United States of America.

3. ROLL CALL

Indicated the presence of a quorum.

District 5 and 8 Commissioner seats are vacant.

4. CALL TO THE PUBLIC

None.

5. APPROVAL OF AGENDA

Motion to approve the Agenda as presented.

Moved By K. Lawrence

Seconded By R. Bezotte

Roll Call Vote: Yes (7): C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman,
R. Bezotte, and G. Childs; No (0): None; Absent (0): None.

Motion Carried (7-0-0)

6. NOMINATIONS FOR APPOINTMENT OF DISTRICT 8 COUNTY COMMISSIONER

Chairperson Griffith opened the floor for nominations of candidates that applied and interviewed to fill the vacancy for District 8, Livingston County Board of Commissioners for the remainder of the current unexpired term.

Commissioner Childs nominated Tabitha Dolan and Commissioner Lawrence seconded.

Commissioner Green nominated Jay Gross and Commissioner Bezotte seconded.

Following no further nominations, Chairperson Griffith closed the nominations.

Motion to appoint Tabitha Dolan as commissioner for District 8 to fill the vacancy in office for the remainder of the appointment term until December 31, 2020.

Moved By G. Childs
Seconded By K. Lawrence

Roll Call Vote: Yes (3): C. Griffith, K. Lawrence, and G. Childs; No (4): W. Green, W. Nakagiri, D. Helzerman, and R. Bezotte; Absent (0): None.

Motion Failed (3-4-0)

Motion to appoint Jay Gross as commissioner for District 8 to fill the vacancy in office for the remainder of the appointment term until December 31, 2020.

Moved By W. Green
Seconded By R. Bezotte

Roll Call Vote: Yes (5): K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, and R. Bezotte; No (2): C. Griffith, and G. Childs; Absent (0): None.

Motion Carried (5-2-0)

Jay Gross appointed District 8 Commissioner to fill the vacancy in office for the remainder of the appointment term until December 31, 2020.

7. RESOLUTION FOR CONSIDERATION

Motion to adopt the Resolution.

7.1 2020-04-121

Resolution Amending Livingston County Budget and Authorizing Implementation of Recommendations Proposed To Reduce Appropriations Including a Moratorium on Hiring and Promotions, and Restrictions on Discretionary Spending as a Direct Result of COVID-19 – County Administration

Motion to adopt the Resolution.

Moved By W. Green
Seconded By R. Bezotte

Roll Call Vote: Yes (7): C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, and G. Childs; No (0): None; Absent (0): None.

Motion Carried (7-0-0)

8. FINANCE COMMITTEE RECOMMENDATION FOR APPROVAL OF CLAIMS

Dated: April 22, 2020

Motion to approve the Claims.

Moved By K. Lawrence
Seconded By G. Childs

Roll Call Vote: Yes (7): C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, and G. Childs; No (0): None; Absent (0): None.

Motion Carried (7-0-0)

9. FINANCE COMMITTEE RECOMMENDATION FOR APPROVAL OF PAYABLES

Dated: April 3 through April 16, 2020

Motion to approve the Payables.

Moved By K. Lawrence

Seconded By R. Bezotte

Roll Call Vote: Yes (7): C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, and G. Childs; No (0): None; Absent (0): None.

Motion Carried (7-0-0)

10. CALL TO THE PUBLIC

None.

11. ADJOURNMENT

Motion to adjourn the meeting at 10:21 a.m.

Moved By D. Helzerman

Seconded By K. Lawrence

Roll Call Vote: Yes (7): C. Griffith, K. Lawrence, W. Green, W. Nakagiri, D. Helzerman, R. Bezotte, and G. Childs; No (0): None; Absent (0): None.

Motion Carried (7-0-0)

Elizabeth Hundley, Livingston County Clerk

RESOLUTION

NO: 2020-04-122

LIVINGSTON COUNTY

DATE: April 27, 2020

Resolution Authorizing the Reorganization of the Juvenile Division of the Trial Courts – Juvenile Court

WHEREAS, the Chief Judge of the Circuit Court, Presiding Judge of the Juvenile Division, the Juvenile and Probate Court Administrator and the Court Financial Officer have evaluated the organizational structure of the Juvenile Court and wish to make changes to that structure to coordinate and improve the reimbursement and collection process; and

WHEREAS, the functions of the Diversion Coordinator position will be distributed and absorbed by other members in the Juvenile Probation Department and the Juvenile Court could benefit from a more streamlined reimbursement and collection process; and

WHEREAS, the Reimbursement & Collections Clerk position will focus on duties pertaining to payment terms and the collection and accounting of court-ordered costs, fees and service reimbursements, and will enhance customer service and interaction, improve the sharing of information and communication and, ultimately, create a more interactive and integrated approach for moving juveniles and their parents through the various stages of reimbursement and collection; and

WHEREAS, the Reimbursement & Collections Clerk position is a revenue capturing position; and

WHEREAS, the Reimbursement & Collections Clerk will be funded 25% by the Child Care Fund and 75% by the Juvenile Court General Fund; and

WHEREAS, this reorganization will result in a decrease in general fund expenditures.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby authorizes a reorganization of the Juvenile Court changing the Diversion Coordinator position at Grade 8 to the Reimbursement and Collections Clerk position at Grade 4 as described in the chart below.

| CURRENT | | | | | |
|------------|-------------------|-------|------|----------|---------|
| Position # | Description | Grade | FTE | ORG | Percent |
| 14900205 | DIVERSION | 8 | 1.00 | 29266200 | 50% |
| | COORDINATOR | | | 10114900 | 50% |
| PROPOSED | | | | | |
| Position # | Description | Grade | FTE | ORG | Percent |
| 14900205 | REIMBURSEMENT & | 4 | 1.00 | 29266200 | 25% |
| | COLLECTIONS CLERK | | | 10114900 | 75% |

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MOVED:
SECONDED:
CARRIED:

LIVINGSTON COUNTY COURTS JOB DESCRIPTION

REIMBURSEMENT & COLLECTIONS CLERK – JUVENILE COURT

Supervised by: Court Financial Officer

Supervises: No supervisory responsibility

Position Summary:

Under the direction of the Court Financial Officer and the Juvenile Court Administrator, performs a variety of tasks in support of the reimbursement and collection functions of the Juvenile Court. Duties include, but are not limited to, posting charges to accounts; assisting families with account balances; setting up payment plans; preparing monthly statements, delinquency letters, and yearly state income tax intercept orders; assisting staff with questions regarding account balances and performing other court-related duties.

Essential Job Functions:

An employee in this position may be called upon to do any or all of the following essential functions. These examples do not include all of the duties, which the employee may be expected to perform. To perform this job successfully, an individual must be able to perform each essential function satisfactorily.

1. Interviews payers, reviews financial records and assesses income to determine the ability to pay. Provides information and communicates findings to the probation department and judiciary.
2. Meets face-to-face with juvenile offenders and/or parents to set up payment plans for reimbursements to the court under established guidelines.
3. Communicates with parents and others regarding account balances, payment arrangements, collection procedures and a variety of matters. Provides excellent customer service and works to resolve conflicts.
4. Receives and posts financial court orders and charges to accounts.
5. Monitors compliance with court ordered restitution and other payments. Maintains real-time case notes and monitors dockets to facilitate collection activities. Collaborates with victim right's advocate in Prosecutor's office to facilitate distribution of restitution to victims.

6. Generates monthly invoices to payers identifying current and past due balances and payment requirements.
7. Monitors collection and initiates collection activities such as correspondence to payers; direct contact with payers; redirecting government benefits and child support; and petitions & orders to show cause.
8. Generates and reviews the tax intercept audit and in conjunction with the Court Financial Officer, determines taxes to be intercepted. Prepares and processes orders. Files notices to discharge as necessary.
9. Assists in preparation and maintenance of financial records for the child care fund and other Juvenile Court grant reports.
10. Works collaboratively with Juvenile Court Administration, the Financial, Probation and Court Support Departments to carry out the statutory duties of the court in regard to assessment, reimbursement and collections.
11. Provides financial and collections reporting for Juvenile Court, including providing information to Juvenile Probation Officers regarding status of restitution and financial provisions of probation.
12. Performs other duties as directed.

Required Knowledge, Skills, Abilities, and Minimum Qualifications:

The requirements listed below are representative of the knowledge, skills, abilities and minimum qualifications necessary to perform the essential functions of the position. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the job.

Requirements include the following:

- Associate's Degree in accounting, paralegal, business or related field and two years of progressively more responsible experience in bookkeeping or accounting, preferably in a law or court environment.
- The Court, at its discretion, may consider an alternative combination of formal education and work experience.

- Knowledge of the principles and practices of accounting and office procedures.
- Considerable knowledge of bookkeeping principles and practices, cash handling, receipting documents and payments, and providing customer service.
- Skill in assembling data and preparing comprehensive and accurate reports.
- Demonstrated ability to maintain professional integrity and respect for those requiring juvenile services including the ability to lead and earn respect.
- Ability to establish effective working relationships and use good judgment, initiative and resourcefulness when dealing with county employees, representatives of other governmental units, professional contacts, elected officials, children and families and the public.
- Skill in the use of office equipment and technology, including Microsoft Suite, On Base, Munis, Judicial Data Warehouse (JDW), Judicial Information System (JIS), Accurint and other database and financial software and the ability to learn new software programs applicable to the position.

Physical Demands and Work Environment:

The physical demands and work environment characteristics described here are representative of those an employee encounters while performing the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to communicate in person and by telephone, read regular and small print, view and produce written and electronic documents, and enter data on a computer keyboard with repetitive keystrokes. The employee must be mobile in an office setting, stand, sit, stoop and kneel, use hands to finger, handle, or feel and reach with hands and arms. The employee must lift or push/pull objects of up to 15 lbs. without assistance. Accommodation will be made, as needed, for office employees required to lift or move objects that exceed this weight.

The typical work environment of this job is a business office setting where the noise level is quiet and sometimes moderate.

2020

RESOLUTION

NO: 2020-04-123

LIVINGSTON COUNTY

DATE: April 27, 2020

Resolution to Approve a Non-Precedent Setting, One Time Only Voluntary Donation of Vacation Time to an Employee within the District Court – District Court

WHEREAS, employees within the District Court have requested the opportunity for employees to donate vacation time to an employee of the District Court who has a serious health condition; and

WHEREAS, said donation would be a totally voluntary action on the part of the employees wishing to contribute their vacation time and will do so by signing and returning the appropriate form provided by the Human Resources Department;

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby approves, subject to written concurrence by the union, the non-precedent setting, one time only voluntary donation of vacation time by County or Court employees to an employee in the District Court who has experienced a serious health condition.

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MOVED:

SECONDED:

CARRIED:

RESOLUTION

NO: 2020-04-124

LIVINGSTON COUNTY

DATE: April 27, 2020

Resolution Authorizing a Lease Deferment Agreement Between the University of Michigan and the Livingston County EMS Department- Emergency Medical Services

WHEREAS, the University of Michigan is experiencing a significant cash flow challenge as a result of the COVID-19 outbreak,

WHEREAS, the University of Michigan has an existing lease agreement with the EMS department for the lease of hanger space used by Survival flight,

WHEREAS, the University of Michigan has reached out to the EMS department requesting a deferment of rent payments to help offset the cash flow issue,

WHEREAS, our legal counsel has drafted the attached lease deferment agreement and it has been sent to U of M for review and approval,

WHEREAS, The EMS Director and acting County Administrator have reviewed the request and feel that as long as the EMS department is made whole by October 1st, 2020 when the annual bond payment is due that we can financially absorb this short term deferment,

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby approves and authorizes the short-term partial deferment of rent payments proposed by University of Michigan as outlined in the attached First Amendment of Lease agreement with the University of Michigan so as to permit a 50% deferral of rent from the University of Michigan to the EMS Department for the months May, June, & July. The deferred rent shall to be repaid in full on or before September 30th, 2020.

BE IT FURTHER RESOLVED that the Chairperson of the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts/agreements, renewals and future amendments for monetary and contract language adjustments related to the above upon review and/or preparation of Civil Counsel.

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MOVED:
SECONDED:
CARRIED:

David Feldpausch
Director



Amy Chapman
Deputy Director

1911 Tooley Rd * Howell, MI 48855
Business (517) 546-6220 * Fax (517) 546-6788 * Emergency 911
www.livgov.com

Memorandum

To: Livingston County Board of Commissioners
Fr: David Feldpausch, EMS Director
Date: 04/17/2020
Re: Resolution regarding U of M Lease deferral

I was recently contacted by a representative from U of M regarding the deferment of lease payment as they have experienced a significant cash flow shortage as a result of the COVID -19 outbreak. In their original request they were looking to defer payments out twelve to eighteen months. I had originally discussed it with the acting County administrator and we agreed that we were not in a cash position to be able to help.

During the follow up conversation with the U of M they were also interested in some short term deferments as they had hoped to have some federal funding soon to alleviate some of the cash flow issue.

After looking at our current cash position and timing of our bond payment on the EMS building the acting County administrator and I agreed that we could help with a short term deferment as long as we were made whole by the time that bond payment is due on 10-01-2020.

The draft deferment agreement was created by our legal counsel and forwarded to the U of M for review. I hope to have their approval back before the finance meeting on the 22nd.

If you have any questions regarding this matter, please contact me.

FIRST AMENDMENT TO LEASE

THIS FIRST AMENDMENT TO LEASE ("First Amendment") is made this ___ day of April, 2020, by and between **LIVINGSTON COUNTY** ("Landlord") and **THE REGENTS OF THE UNIVERSITY OF MICHIGAN** ("Tenant").

W I T N E S S E T H:

WHEREAS, Landlord and Tenant entered into a Lease Agreement dated June 12, 2012 (the "Lease") pursuant to which Tenant leased, for a term of twenty years, certain hangar and office space at the Emergency Medical Services building located at 1885 N. Tooley Road, Howell, Michigan (the "EMS Facility"); and

WHEREAS, to address and mitigate certain COVID-19 related economic and cash-flow considerations, Landlord and Tenant desire to amend the Lease to defer the Tenant's payment of a portion of Base and Additional Rent for a period of three (3) months with respect to EMS Facility.

NOW, THEREFORE, in consideration of the premises and mutual covenants and agreements herein contained and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Landlord and Tenant hereby agree to the following:

1. **Recitals.** The recitals set forth above are incorporated herein by this reference with the same force and effect as if fully set forth hereinafter.

2. **Rent Deferment.** Notwithstanding anything to the contrary in Sections 4.0 and 4.1 of the Lease, Landlord hereby agrees to conditionally defer a portion of the Tenant's Base and Additional Rent payments for the period commencing May 1, 2020 and expiring July 31, 2020 (the "Rent Deferment Period").

2.1 During the Rent Deferment Period Tenant shall pay monthly Base and Additional Rent for the EMS Facility in an amount equal to \$13,561.56 per month. The total amount of deferred Base and Additional Rent during the Rent Deferment Period equals \$40,684.65.

2.2 Commencing August 1, 2020 and continuing through and including September 30, 2020, in addition to the payment of Base and Additional Rent specified in the Lease (e.g., \$27,123.11 per month), Tenant shall pay to Landlord the Deferred Rent in two (2) equal monthly installments of \$20,342.11 together with Tenant's August and September monthly installment of Base and Additional Rent.

2.3 Commencing October 1, 2020, Tenant shall pay to Landlord Base and Additional Rent for the EMS Facility in accordance with the schedule for Base and Additional Rent in the Lease (e.g., \$27,123.11 per month for 2020).

3. **Reaffirmation of Terms.** Except as expressly modified hereby, all of the terms, covenants and provisions of the Lease are hereby confirmed and ratified and shall remain unchanged and in full force and effect.

4. **Representations.** Tenant hereby represents and warrants to Landlord that: (i) Tenant is not in default of any of its obligations under the Lease and that such Lease is valid, binding and enforceable in accordance with its terms, (ii) Tenant has full power and authority to execute and perform this First Amendment, and (iii) Tenant has taken all action necessary to authorize the execution and performance of this First Amendment.

5. **Counterpart Copies.** This First Amendment may be executed in two or more counterpart copies, each of which shall be deemed to be an original and all of which counterparts shall have the same force and effect as if the parties hereto had executed a single copy of this First Amendment.

THE REGENTS OF THE UNIVERSITY OF MICHIGAN

COUNTY OF LIVINGSTON

BY:

CAROL S. GRIFFITH - CHAIRPERSON
COUNTY BOARD OF COMMISSIONERS

Dated: _____

ated: _____

APPROVED AS TO FORM FOR
COUNTY OF LIVINGSTON:
**COHL, STOKER &
TOSKEY, P.C.**
By: Richard McNulty
On: April 17, 2020

RESOLUTION

NO: 2020-04-125

LIVINGSTON COUNTY

DATE: April 27, 2020

Resolution Approving the Submission of a Federal Emergency Management Agency (FEMA) Request for Public Assistance and Subsequent Public Assistance Grant Application – Planning Department

WHEREAS, on March 13, 2020, President Trump declared a national emergency for the Coronavirus (COVID-19) Pandemic response which included the State of Michigan, and

WHEREAS, this emergency declaration designated all counties in Michigan as eligible for Category B, Emergency Protective Measures, of the Federal Emergency Management Agency's (FEMA) Public Assistance Grant Program, and

WHEREAS, if an eligible organization has or may have at least \$3,300 in eligible, uninsured Category B, Emergency Protective Measures costs, the organization should submit a FEMA Request for Public Assistance and subsequent grant application to the Michigan State Police, Emergency Management and Homeland Security Division, and

WHEREAS, various Livingston County departments have collectively incurred at least \$3,300 in COVID-19 related costs and the FEMA Public Assistance Grant may reimburse a maximum 75% of the COVID-19 related costs, and

WHEREAS, the Livingston County Planning Department has staff designated as Professional Emergency Managers (PEM) with substantial grant writing and administration expertise necessary to compile documentation for any work and costs that may be eligible under Category B, Emergency Protective Measures.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners approves the submission of a FEMA Request for Public Assistance and subsequent grant application to the Michigan State Police, Emergency Management and Homeland Security Division, and

BE IT FURTHER RESOLVED that the Chairperson of the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts/agreements, renewals and future amendments for monetary and contract language adjustments related to the above upon review and/or preparation of Civil Counsel.

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MOVED:
SECONDED:
CARRIED:



LIVINGSTON COUNTY, MICHIGAN
PLANNING DEPARTMENT

304 East Grand River Avenue, Howell, MI
Phone (517) 546-7555 Fax (517) 552-2347
Web Site: <https://livgov.com/plan/>

Memorandum

To: Livingston County Board of Commissioners
From: Kathleen Kline-Hudson, Planning Director
Date: 4/20/20
Re: FEMA Public Assistance Grant

This resolution is for approval to submit a Federal Emergency Management Agency (FEMA) Request for Public Assistance and subsequent Public Assistance Grant Application in order to claim Livingston County reimbursement for a maximum 75% of COVID-19 related costs incurred by Livingston County departments since January 20, 2020.

If you have any questions regarding this matter please contact me.

RESOLUTION

NO: 2020-04-126

LIVINGSTON COUNTY

DATE: April 27, 2020

Resolution Authorizing a Contract Renewal with Blue Cross Blue Shield for Discounted Medical Billing - Jail

WHEREAS, the jail currently has a contract for off-site medical billing with Blue Cross Blue Shield Michigan (BCBSM) that is up for renewal on 04/01/20; and

WHEREAS, when an inmate is sent off-site, BCBSM provides a discount if the provider is a member of BCBS network; and

WHEREAS, this discount also applies to prescription drugs and off-site dental visits; and

WHEREAS, BCBSM applies their discounted rate of 48% to 52% and charges the county an 11% administrative fee for the use of their discount; and

WHEREAS, when an inmate is inpatient and Medicaid is not applicable, the hospital requires an additional administrative fee of 9.5% (AAC Fee) that would come off the BCBS discounted rate; and

WHEREAS, BCBS invoices the Sheriff's Office monthly with a detailed claim report for all discounted claims including administrative fees; and

WHEREAS, BCBS processed 153 medical claims in 2019 for the Sheriff's Office totaling \$476,509 which after discounts, the Sheriff's Office was responsible for \$167,136, a savings of \$309,373.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby authorizes to renew the contract for discounted medical services with Blue Cross Blue Shield for a Two (2) year period, commencing 4/01/2020 and expiring 3/31/2022.

BE IN FURTHER RESOLVED that the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts/agreements, renewals and future amendments for monetary and contract language adjustments related to the above upon review and/or preparation of Civil Counsel.

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MOVED:
SECONDED:
CARRIED:



LIVINGSTON COUNTY SHERIFF'S OFFICE

**150 S. Highlander Way
Howell, Michigan 48843-2323
(517) 540-7974
dadas@livgov.com**

DATE: March 10, 2020

TO: Livingston County Board of Commissioners

FROM: Lt. Dan Adas

RE: Blue Cross Blue Shield of Michigan Inmate Offsite Medical Contract

Attached for your consideration and approval is a resolution authorizing the Sheriff's Office to continue the contract with Blue Cross Blue Shield of Michigan (BCBSM) for inmate offsite medical for a term of two (2) years. This contract discounts offsite medical bills that the Sheriff's Office incurs for inmate doctor or hospital visits. BCBSM provides an ID enrollment number for an inmate when they are scheduled to be sent offsite. This number would qualify the inmate for the BCBS discount if the provider is a member of the BCBS network. This discount would also apply to prescription drugs, offsite dental and pre-booking in custody medical clearances. There are 33,000 doctors and 152 hospitals that are members of the BCBS network, which includes the hospitals we currently use.

A contract with BCBSM should result in a discount of 48% to 52% and the county would be charged an 11% administrative fee. If the inmate is admitted or considered inpatient and Medicaid is not applicable, the hospital would require an additional administrative fee of 9.5%. In 2019, BCBSM processed 153 medical claims for the Sheriff's Office totaling \$476,509. After discounts, the Sheriff's Office was responsible for \$167,136, a savings of \$309,373.

BCBSM invoices the Sheriff's Office monthly for all claims processed in that month as well as the corresponding administrative fee. A detailed claims report accompanies the monthly invoice. Currently, Michigan Department of Corrections and 46 Michigan county jails are all under contract with BCBSM.

If you have any questions regarding this matter please contact me.



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

GROUP SIGNATURE PAGE

Effective for 04/01/2020 – 3/31/2021

**Between Blue Cross Blue Shield of Michigan and
COUNTY OF LIVINGSTON, A POLITICAL SUBDIVISION AND MUNICIPAL (CID – 287179)**

Group and Blue Cross Blue Shield of Michigan agree to sign the specified documents checked-off below (“Documents”) via this Group Signature Page. Also included are the 2020 Exhibit 1 to Schedule A (Value-Based Provider Reimbursement), the 2020 Schedule B BlueCard Disclosures, and the 2020 Stop Loss Policy (if applicable).

Each party’s Signature is the legal equivalent of a manual / handwritten signature on the specified Documents. By providing their Signatures below, the parties are legally bound by the terms and conditions in the Documents. Group agrees that no certification authority or other third-party verification is necessary to validate Group’s Signature, and that the lack of such certification or third-party verification will not in any way affect the enforceability of Group’s Signature or the Documents.

Documents Included:

- ☐ **ASC Contract Amendment**
- ☒ **Schedule A**
 - Exhibit 1 to Schedule A
 - ☐ Exhibit 2 to Schedule A
- **Schedule B**
 - Exhibit 1 to Schedule B

Stop-Loss Insurance

- **Stop-Loss Policy**
- ☐ Stop-Loss Exhibit

REQUIRES GROUP SELECTION (Specific Stop Loss Only)

Group is electing **Specific Stop-Loss**
“Run-Out” Coverage:

☐ Yes ☐ No

Policyholder Initials: _____

- ☐ **Amendment to Stop-Loss Insurance**

Upon signature by the parties, this page will be electronically attached to the Documents and stored for reference and record. Group may review this documentation by requesting a copy from their BCBSM salesperson.

BLUE CROSS BLUE SHIELD OF MICHIGAN:

GROUP CUSTOMER:

| | |
|---------------------------|---------------------------|
| By: (Signature) | By: (Signature) |
| Name: (Print) | Name: (Print) |
| Title: | Title: |
| Date: | Date: |

Blue Cross Blue Shield of Michigan
SCHEDULE A – Renewal Term (Effective 04/01/2020 thru 03/31/2021)
Administrative Services Contract (ASC)

1. **Group Name** COUNTY OF LIVINGSTON, A POLITICAL SUBDIVISION AND MUNICIPAL
2. **Customer ID** 287179
3. **ASC Funding Arrangement** Monthly Invoice

4. **Line(s) of Business and Products**

| Line of Business | Applicable |
|--------------------|------------|
| Facility | X |
| Facility Foreign | |
| Facility Domestic | |
| Professional | X |
| Prescription Drugs | X |
| Dental | X |
| Vision | |
| Hearing | |

| Products | Applicable |
|----------|------------|
| Flexlink | |

5. **Administrative Fees**

The below administrative fees cover the Lines of Business and Products checked in Section 4 above, unless otherwise indicated.

A. **Fixed Administrative Fees – Not Applicable**

| B. Variable Administrative Fees | Percentage | Effective Date | Effective Date |
|---|------------|----------------|----------------|
| i. Administrative Fee Percent (%) of Claims | 11.0% | 04/01/2020 | 03/31/2022 |
| ii. Additional Administrative Compensation* | 9.5% | 04/01/2020 | 03/31/2022 |

*In exchange for a fixed administrative fee, BCBSM will retain as Additional Administrative Compensation (AAC), nine and one-half percent (9.5%) of the Michigan Hospital discounts. AAC is included in the medical claims cost that is contained in the Groups Amount Billed. The AAC is separate from and does not include BlueCard fees.

6. **Data Feeds – Not Applicable**

7. **Hospital Advance – Not Applicable**

8. **Advanced Deposit Monthly Cap Amount – Not Applicable**

9. **BCBSM Account**

| | | |
|--------------|----------|---------------------------|
| 1840-09397-3 | Comerica | 0720-00096 |
| Wire Number | Bank | American Bank Association |

10. Late Payment / Interest Charges

| | |
|---|-----|
| A. Late Payment Charge | 2% |
| B. Health Care Provider Interest Charge | 12% |

11. Buy-Ups – Not Applicable**12. Shared Savings Programs**

BCBSM has implemented programs to enhance the savings realized by its customers. As stated below, BCBSM will retain as administrative compensation a percent of the recoveries or cost avoidance. Administrative compensation retained by BCBSM through the Shared Savings Program will be available through reports obtained on eBookshelf:

| Program: | BCBSM Retention of: | |
|--|---------------------|---|
| A. Pre-Payment Forensic Billing Review: | 30% | Cost avoidance of improper hospital billing identified by third party vendor(s) through forensic pre-payment billing review. |
| B. Advanced Payment Analytics: | 30% | Recoveries of claims overpayments identified by third party vendor(s) using proprietary data mining analytics and enhanced reviews. |
| C. Subrogation: | 30% | Recoveries of claims overpayments from subrogation efforts. |
| D. Provider Credit Balance Recovery: | 30% | Recoveries of claims overpayments obtained by third party vendor(s) through enhanced review of hospital patient accounting systems. |
| E. Non-Participating Provider Negotiated Pricing: | 30% | Cost avoidance for out-of-network, non-participating Claims equal to the difference between the amount that would have been paid pursuant to the Group's benefit design (before Enrollee cost-share is applied) and the amount actually paid for such Claims (before Enrollee cost-share is applied) as a result of third-party vendor negotiations or benchmark-based pricing. |
| F. Rebate Service Fee for Medical Prescription Drugs: | 10% | Medical benefit drug rebates on Claims incurred in the renewal term net of the Rebate Administrator Fee. The Rebate Administrator Fee is 5.25% of gross rebates for medical benefit drug Claims. |
| G. Rebate Service Fee for Pharmacy Prescription Drugs: | 10% | Pharmacy benefit rebates on Claims incurred in the renewal term net of the Rebate Administrator Fee charged and retained by the Rebate Administrator. The Rebate Administrator Fee is (i) 3% of gross rebates for BCBSM clinical formulary, custom formulary, and custom select formulary drug Claims, including specialty drug Claims and (ii) 8.2% of gross rebates for Part D formulary drug Claims, including Part D specialty drug Claims. |

13. Traditional Prescription Drug Pricing and Administrative Compensation – Not Applicable**14. 3rd Party Rx Vendor Fee**

If Group's prescription drug benefits are administered by a third-party vendor, BCBSM will charge Group an administrative fee of \$5.00 per contract per month due to the additional costs and resources necessary for BCBSM to effectively manage and administer the medical benefit without administering the prescription drug benefit.

15. 3rd Party Stop-Loss Vendor Fee

If Group obtains stop-loss coverage from a third-party stop-loss vendor, BCBSM will charge an additional fee of \$8.00 per contract per month due to the additional costs and resources necessary for BCBSM to effectively manage Group's benefits.

16. Agent Fees

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

17. Medicare Contracts

If Group has Medicare contracts that are being separated from the current funding arrangement, all figures within the current funding arrangement will be adjusted.

18. Compensation Agreement with Providers

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

BCBSM Quality Programs may also include risk sharing arrangements with certain provider entities ("PE"), e.g., physician organizations, facilities, health systems, or any combination thereof, that have contracted with BCBSM for upside and downside risk for a performance year. The PE's performance will be measured by comparing its total cost of care trend for attributed members to BCBSM's statewide total cost of care trend which may be equated to a per member per month amount. BCBSM will calculate each PE's performance approximately 11 months after the end of a performance year.

If the PE's performance results in a payment of additional reimbursement, Group may be invoiced an additional amount based on its attributed membership to that PE. If the PE's performance results in a return of reimbursement, Group may receive a credit based on its attributed membership to that PE. BCBSM will provide Group with supporting documentation for such amounts. Invoice or credit to Group will occur in conjunction with BCBSM's customer savings refund process as set forth in the administrative services contract.

Notwithstanding the above, in the first year of the program (2020), BCBSM will not invoice Group for any additional reimbursement earned by a PE. Moreover, reimbursement returned to BCBSM will be used to offset any additional reimbursement earned by a PE in the following year. BCBSM will not retain any amounts resulting from such risk sharing arrangements.

See Exhibit 1 to Schedule A and Schedule B to ASC for additional information.

19. Out-of-State Claims

Amounts billed for out-of-state claims may include BlueCard access fees and any value-based provider reimbursement negotiated by a Host Blue with out-of-state providers. See Schedule B to ASC and Exhibit 1 to Schedule A for additional information.

Exhibit 1 to the Schedule A: Value-Based Provider Reimbursement

As in prior years, the Claims billed to Group include amounts that BCBSM reimburses health care providers including reimbursement tied to value. BCBSM has adopted a provider payment model that includes both fee-based and value-based reimbursement. BCBSM does not unbundle Claims and does not retain any portion of Claims as compensation. Provider reimbursement is governed by separate agreements with providers, BCBSM standard operating procedures, and BCBSM Quality Programs, which are subject to change at BCBSM's discretion. BCBSM shall provide Group with at least sixty (60) days' advance written notice of any additions, modifications or changes to BCBSM Quality Programs describing the change and the effective date thereof.

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

Provider reimbursement rates also capture provider commitments to BCBSM Quality Programs. For example, hospitals participating in Hospital Collaborative Quality Initiatives (CQIs) agree to allocate a portion of their reimbursement to fund inter-hospital quality initiatives.

Providers may also receive reward and incentive payments from BCBSM Quality Programs funded through an allocation from provider reimbursement or collected from Group's Customer Savings Refund. Such allocations may be to a pooled fund from which value-based payments to providers are made. For example, pursuant to the Physician Group Incentive Program (PGIP), physicians agree to allocate a percentage of each Claim to a PGIP fund, which in turn makes reward payments to eligible physician organizations demonstrating particular quality and pays physician organizations for participation in collaborative initiatives. Starting in 2019, an additional portion of a provider's contractual reimbursement (the "Risk Allocation") on most claims will be allocated to a Risk Pool for payment to organized systems of care based on cost/quality performance.

BCBSM Quality Programs may also include risk sharing arrangements with certain provider entities ("PE"), e.g., physician organizations, facilities, health systems, or any combination thereof, that have contracted with BCBSM for upside and downside risk for a performance year. The PE's performance will be measured by comparing its total cost of care trend for attributed members to BCBSM's statewide total cost of care trend which may be equated to a per member per month amount. BCBSM will calculate each PE's performance approximately 11 months after the end of a performance year.

If the PE's performance results in a payment of additional reimbursement, Group may be invoiced an additional amount based on its attributed membership to that PE. If the PE's performance results in a return of reimbursement, Group may receive a credit based on its attributed membership to that PE. BCBSM will provide Group with supporting documentation for such amounts. Invoice or credit to Group will occur in conjunction with BCBSM's customer savings refund process as set forth in the administrative services contract.

Notwithstanding the above, in the first year of the program (2020), BCBSM will not invoice Group for any additional reimbursement earned by a PE. Moreover, reimbursement returned to BCBSM will be used to offset any additional reimbursement earned by a PE in the following year. BCBSM will not retain any amounts resulting from such risk sharing arrangements.

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

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

**Schedule B
BlueCard Disclosures
Inter-Plan Arrangements**

Out-of-Area Services

Overview

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

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

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

A. BlueCard® Program

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

1. Liability Calculation Method Per Claim – In General

a. Enrollee Liability Calculation

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

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

Where Group agrees to use reference-based benefits, which are service-specific benefit dollar limits for specific procedures, based on a Host Blue’s local market rates, Enrollees will be responsible for the amount that the healthcare Provider bills for a specified procedure above the reference benefit limit for that procedure. For a Participating Provider, that amount will be the difference between the negotiated price and the reference benefit limit. For a Nonparticipating Provider, that amount will be the difference between the Nonparticipating Provider’s billed charge and

the reference benefit limit. Where a reference benefit limit exceeds either a negotiated price or a Provider's billed charge, the Enrollee will incur no liability, other than any applicable Enrollee cost sharing.

b. Group Liability Calculation

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

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

2. Claims Pricing

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

- (i) an actual price. An actual price is a negotiated payment in effect at the time a Claim is processed without any other increases or decreases, or
- (ii) an estimated price. An estimated price is a negotiated payment in effect at the time a Claim is processed, reduced or increased by a percentage to take into account certain payments negotiated with the Provider and other Claim- and non-Claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and abuse recoveries, Provider refunds not applied on a Claim-specific basis, retrospective settlements, and performance-related bonuses or incentives, or
- (iii) an average price. An average price is a percentage of billed charges for covered services in effect at the time a Claim is processed representing the aggregate payments negotiated by the Host Blue with all of its healthcare Providers or a similar classification of its Providers and other Claim- and non-Claim-related transactions. Such transactions may include the same ones as noted above for an estimated price.

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

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

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

3. BlueCard Program Fees and Compensation

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

B. Negotiated Arrangements

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

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

1. Enrollee Liability Calculation

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

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

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

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

2. Group Liability Calculation

The calculation of Group liability on Claims for covered healthcare services processed through the BlueCard Program will be based on the negotiated price made available to BCBSM by the Host Blue under the contract between the Host Blue and the Provider. Sometimes, this negotiated price may be greater for a given service or services than the billed

charge in accordance with how the Host Blue has negotiated with its Participating Provider(s) for specific healthcare services. In cases where the negotiated price exceeds the billed charge, Group may be liable for the excess amount even when the Enrollee's deductible has not been satisfied. This excess amount reflects an amount that may be necessary to secure (a) the Provider's participation in the network and/or (b) the overall discount negotiated by the Host Blue. In such a case, the entire contracted price is paid to the Provider, even when the contracted price is greater than the billed charge.

3. Claims Pricing

Same as in the BlueCard Program above.

4. Fees and Compensation

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

C. Special Cases: Value-Based Programs

Value-Based Programs Overview

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

Value-Based Programs under the BlueCard Program

Value-Based Programs Administration

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

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

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

- (i) Actual Pricing: The charge to accounts for Value-Based Programs incentives / Shared Savings settlements is part of the Claim. These charges are passed to Group via an enhanced Provider fee schedule.
- (ii) Supplemental Factor: The charge to accounts for Value-Based Programs incentives/Shared Savings settlements is a supplemental amount that is included in the Claim as an amount based on a specified supplemental factor

(e.g., a small percentage increase in the Claim amount). The supplemental factor may be adjusted from time to time.

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

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

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

- Use any surplus in funds in the variance account to fund Value-Based Program payments or reconciliation amounts in the next measurement period.
- Address any deficit in funds in the variance account through an adjustment to the PaMPM billing amount or the reconciliation billing amount for the next measurement period.

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

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

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

Care Coordinator Fees

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

1. PaMPM billings; or
2. Individual Claim billings through applicable care coordination codes from the most current editions of either Current Procedural Terminology (CPT) published by the American Medical Association (AMA) or Healthcare

Common Procedure Coding System (HCPCS) published by the U.S. Centers for Medicare and Medicaid Services (CMS).

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

Value-Based Programs under Negotiated Arrangements

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

D. Return of Overpayments

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

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

E. Inter-Plan Programs: Federal / State Taxes / Surcharges / Fees

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

F. Nonparticipating Healthcare Providers Outside BCBSM's Service Area

1. Enrollee Liability Calculation

a. In General

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

b. Exceptions

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

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

2. Fees and Compensation

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

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

1. General Information

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

• Inpatient Services

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

• Outpatient Services

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

• Submitting a Blue Cross Blue Shield Global Core Claim

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

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

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

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

Modifications or changes to Inter-Plan Arrangement fees are generally made effective Jan. 1 of the calendar year, but they may occur at any time during the year. In the case of any such modifications or changes, BCBSM shall provide Group with at least sixty (60) days' advance written notice of any modification or change to such Inter-Plan Arrangement fees or compensation describing the change and the effective date thereof and Group right to terminate the ASC without penalty by giving written notice of termination before the effective date of the change. If Group fails to respond to the notice and does not terminate the ASC during the notice period, Group will be deemed to have approved the proposed changes, and BCBSM will then allow such modifications to become part of the ASC.

Exhibit 1 to the Schedule B

BlueCard Program Access Fees may be charged separately each time a claim is processed through the BlueCard Program. All other BlueCard Program-related fees are included in BCBSM's administrative fee, unless otherwise agreed to by Group. The BlueCard Access Fee is charged by the Host Blue to BCBSM for making its applicable Provider network available to Group's Enrollees. The BlueCard Access Fee will not apply to Nonparticipating Provider Claims. The BlueCard Access Fee is charged on a per-Claim basis and is charged as a percentage of the discount / differential BCBSM receives from the applicable Host Blue and is capped at \$2,000.00 per Claim. The percentages for 2020 are:

1. 3.97% for fewer than 1,000 PPO or traditional enrolled Blue contracts;
2. 2.21% for 1,000–9,999 Blue PPO or traditional enrolled Blue contracts;
3. 2.05% for 10,000–49,999 Blue PPO or traditional enrolled Blue contracts;

For Groups with more than 50,000 Blue PPO or traditional enrolled contracts, Blue Card Access Fees are waived and not charged to the Group. If Group's enrollment falls below 50,000 PPO enrolled contracts, BCBSM passes the BlueCard Access Fee, when charged, directly on to the Group.

Instances may occur in which the Claim payment is zero or BCBSM pays only a small amount because the amounts eligible for payment were applied to patient cost sharing (such as a deductible or coinsurance). In these instances, BCBSM will pay the Host Blue's Access Fee and pass it directly on to the Group as stated above even though the Group paid little or had no Claim liability.

FW: BCBS Contract Proposal

Adas, Dan <DAdas@livgov.com>

Mon 4/13/2020 12:20 PM

To: Kristen Landis <KLandis@livgov.com>

This was her response I figure we just go forward with getting this to PS.

From: Johnson, Yvonne <YMoore@bcbsm.com>

Sent: Monday, April 13, 2020 11:48 AM

To: Adas, Dan <DAdas@livgov.com>

Subject: [EXT] RE: BCBS Contract Proposal

"The e-mail below is from an external source. Please do not open attachments or click links from an unknown or suspicious origin."

Will have the revisions back to you by 4\17\20

Yvonne Johnson

Prison Health Services

Key Account Manager

Office (313) 448-7910

Cell (313) 498- 2896

Fax 1-866-526-7177

ymore@bcbsm.com



From: Adas, Dan <DAdas@livgov.com>

Sent: Saturday, April 11, 2020 7:04 AM

To: Johnson, Yvonne <YMoore@bcbsm.com>

Subject: RE: BCBS Contract Proposal

[External email]

Yvonne, I'm thinking below is a mistake. You put that it is a two(2) year agreement but yet put the term offered is from 04/01/20 – 3/31/21. This should be 03/31/22 right. Please advise. I am trying to get this in front of the board on 04-20-20 and then final approval on 04/27/20 where I can get final signatures. Thanks Lt. Adas

Agenda Page 42 of 81

From: Johnson, Yvonne <YMoore@bcbsm.com>
Sent: Tuesday, March 3, 2020 2:40 PM
To: Adas, Dan <DAdas@livgov.com>
Subject: [EXT] RE: BCBS Contract Proposal

"The e-mail below is from an external source. Please do not open attachments or click links from an unknown or suspicious origin."

Hello,

Here is the medical renewal for the inmates.

We are offering you a 2 year agreement.

The term offered is from 4\1\20 – 3\31\21.

Please review, sign and return to me by 3\23\20.

Any questions, please let me know.

Thanks,

Yvonne Johnson
Prison Health Services
Key Account Manager
Office (313) 448-7910
Cell (313) 498- 2896
Fax 1-866-526-7177
ymoore@bcbsm.com



From: Johnson, Yvonne
Sent: Monday, March 02, 2020 10:36 AM
To: Adas, Dan <DAdas@livgov.com>
Subject: RE: BCBS Contract Proposal

Good morning,

I was only approved to offer a two year contract for you.

That is being created and I should have it to deliver to you by tomorrow.

Yvonne Johnson
Prison Health Services
Key Account Manager
Office (313) 448-7910
Cell (313) 498- 2896
Fax 1-866-526-7177
ymoore@bcbsm.com



From: Adas, Dan <DAdas@livgov.com>
Sent: Monday, March 02, 2020 10:22 AM
To: Johnson, Yvonne <YMoore@bcbsm.com>
Subject: FW: BCBS Contract Proposal

[External email]

Yvonne,

Was wondering if you have heard anything yet on a contract with updated dates and length of the renewal. If you remember I requested if we could get a 1 year contract with an option of 4 one year renewals. The reason for this would be it would just be a signature from the board chair instead of going in front of three different boards for contract renewal yearly. Thanks Lt. Adas

From: Jeff Leveque <JLeveque@livgov.com>
Sent: Thursday, February 27, 2020 9:48 AM
To: Adas, Dan <DADas@livgov.com>
Subject: BCBS Contract Proposal

Dan, did we ever get an actual proposed agreement yet? I looked back in my emails and didn't see anything.

Lieutenant Jeffery A. LeVeque
Jail Administrator



Livingston County Sheriff's Office
150 S. Highlander Way
Howell, MI 48843
Main - 517-546-2445
Direct - 517-540-7939
Cell - 517-294-3659
jleveque@livgov.com

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RESOLUTION

NO: 2020-04-127

LIVINGSTON COUNTY

DATE: April 27, 2020

Resolution Authorizing the JAG Grant Purchase of MILO Range Training Simulator - Sheriff

WHEREAS, resolution 2019-08-120 authorized Justice Assistance Grant (JAG) program funding in the amount of \$350,000; and

WHEREAS, in the FY20 grant application, the Sheriff's Office had to articulate the need for the live fire shooting simulator equipment; and

WHEREAS, upon approval of the FY20 JAG approval, the Sheriff's Office was locked into purchasing these or similar items; and

WHEREAS, this new scenario-based simulator with live fire capabilities will improve decision making in emergency response and expose Deputies to a variety of situations in a safe and productive environment; and

WHEREAS, the federal 1122 program, owned and operated by the Department of Defense, was identified as a source of supply for this system which allows states and units of local government access to federal sources of supply to purchase equipment; and

WHEREAS, the system cost is \$97,155 after a current MILO customer credit of \$5,000 and detailed savings listed below:

| MILO Item | 1122 Program Price | Retail Price | Savings |
|--|--------------------------|-----------------|------------|
| Range Advanced w/live fire training & accessories | 47,145.00 | 49,995.00 | \$2,850.00 |
| Range Advanced Training System w/accessories | 23,695.00 | 24,995.00 | 1,300.00 |
| Recoil Kits for both pistol & rifle, and install accessories | 31,315.00 | 33,475.00 | 2,160.00 |
| TOTALS | 102,155.00 | 108,465.00 | 6,310.00 |

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby authorizes the purchase of the MILO Range Training Simulator utilizing JAG Grant funds in the amount of \$97,155 as described above.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts/agreements, renewals and future amendments for monetary and contract language adjustments related to the above upon review and/or preparation of Civil Counsel.

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MOVED:
SECONDED:
CARRIED:



**Procurement Synopsis
For
Live Fire Training System for the Sheriff's Department**

The Sheriff's Office received Justice Assistance Grant (JAG) program funding through the U.S. Department of Justice. The JAG Program provides states, tribes, and local governments with critical funding necessary to support a range of program areas including law enforcement, prosecution, indigent defense, courts, crime prevention and education, corrections and community corrections, drug treatment and enforcement, planning, evaluation, technology improvement, and crime victim and witness initiatives and mental health programs related to law enforcement and corrections programs.

In applying for the grant, the County had to articulate the need for the live fire shooting simulator equipment. With the JAG approval, the County was locked into purchasing those, or similar, items. Through this \$350,000 grant, the Sheriff's Office is proposing the purchase of a new scenario-based simulator with live fire capabilities. This will improve decision making in emergency response, and expose Deputies to a variety of situations in a safe and productive environment.

Working with Procurement staff, the federal 1122 Program was identified as a source of supply for this system. The 1122 Program, owned and managed by the Department of Defense, allows states and units of local government access to federal sources of supply to purchase equipment to support counter-drug, homeland security, and emergency response activities.

The MILO Range Training Simulator is available through the 1122 Program. The MILO Range Training Simulator is a comprehensive solution that is designed to allow trainers the ability to give presentations and classes, conduct interactive testing and assessment, and provide immersive hands-on scenario-based exercise with detailed debriefing and after action review. Each MILO system is designed to increase trainee knowledge, skills and confidence in a safe, challenging environment that is highly interactive and engaging.

In addition to experiencing efficiencies through a direct purchase, the County will realize savings through an 1122 Program purchase. The following reflects the system cost and savings:

| MILO Item | 1122 Program Price | Retail Price | Savings |
|--|--------------------|--------------|------------|
| Range Advanced w/live fire training & accessories | 47,145.00 | 49,995.00 | \$2,850.00 |
| Range Advanced Training System w/accessories | 23,695.00 | 24,995.00 | 1,300.00 |
| Recoil Kits for both pistol & rifle, and install accessories | 31,315.00 | 33,475.00 | 2,160.00 |
| TOTALS | 102,155.00 | 108,465.00 | 6,310.00 |

In addition to the \$6,310.00 savings reflected above, a \$5,000.00 credit will be applied to the purchase for being a current MILO customer, making the total purchase price \$97,155.00 and total savings of \$11,310.00. Grant monies remaining after this purchase will be used in the purchase (at a later date) of firearms for this system.

Based on the above, approval is requested for purchase of the MILO Range Training System.



State of Michigan

1122 PROGRAM ORDER FORM – GSA SCHEDULE ITEMS ONLY

Date 4/8/2020

☐ Counter-Drug
☐ Homeland Security
☒ Emergency Response

Ordering Law Enforcement Agency

Agency Livingston County Sheriff Office

Point of Contact: Lieutenant Mike Nast

E-Mail mnast@livgov.com

Phone #: 517-540-7912

Cell #: 517-404-0250

Fax#: 517-552-2542

Ship to

Law Enforcement Agency: Livingston County Sheriff Office

Address: 150 S Highlander Way

City: Howell

Zip: 48843

Point of Contact: Lieutenant Mike Nast

Justification for Order: Provide a narrative of how the requested equipment will support your counter-drug, homeland security and/or emergency response mission. Be descriptive:

The Livingston County Sheriffs Office is interested in purchasing a new scenario based simulator with live fire capabilities. This will improve decision making in emergency response, and expose Deputies to a variety of situations in a safe and productive environment. LCSO has decided to invest in MILO.

Selected Vendor

Company Name: MILO Range Training Systems (MRTS) GSA Contract #: GS- 00F-332CA

Point of Contact: Jesse Wimmer

Phone: 303-378-5283

Fax: 734-531-4002

| Item # | Item Description | Qty | Purchase Price | Retail Price | Savings |
|-------------|---|-----|----------------|--------------|----------|
| MILO-RNG-A | Milo range advanced WLive fire training and accesories | 1 | 47,145.00 | 49,995.00 | 2,850.00 |
| MILO-RNG-A | Milo range advanced training system with accesories | 1 | 23,695.00 | 24,995.00 | 1,300.00 |
| MILO-RECOIL | Milo recoil kits for both pistol and rifle and install accesories | 1 | 31,315.00 | 33,475.00 | 2,160.00 |
| | Credit for being a current milo customer | | | | 5,000.00 |

Order Total \$97,155.00

Purchase Authorized by:

Title: Sheriff Michael Murphy

Head of Local Agency/Chief Executive Official

Signature: 

Please e-mail this form to Genevieve Hayes at:

hayesg2@michigan.gov

SPOC Approval

☒ Yes ☐ No

Terms and Conditions-

1. Understanding that DTMB staff does not endorse or recommend any specific vendor, product, or service. The agency will deal directly with the vendor regarding product or service issues.
2. Agreement that the undersigned agency representative, who has the authority to do so, holds the State of Michigan harmless in the event of any lawsuit or claim arising as a result of the acquisition or use of products or services provided under this program.
3. The State has not determined or can guarantee that use of the 1122 Program will satisfy any local purchasing ordinances or policies.

Updated 08/2014

FW: 1122 Form

Mike Nast <MNast@livgov.com>

Mon 4/6/2020 3:48 PM

To: Penny Saites <saites@macservcorp.com>

Penny,

Here is Genevieve's approval.

From: Hayes, Genevieve (DTMB) [mailto:HayesG2@michigan.gov]

Sent: Monday, April 06, 2020 11:24 AM

To: Mike Nast

Subject: [EXT] RE: 1122 Form

"The e-mail below is from an external source. Please do not open attachments or click links from an unknown or suspicious origin."

Hi Mike,

This is approved – thanks.

I can physically sign the form and forward you a copy for your files once we return to the office.

Please let me know when/if you do indeed move forward and place the order.

Thank you,

Genevieve Hayes

Division Director, Policy and Training Division

Central Procurement Services, Customer Experience

State of Michigan

517-230-2817

hayesg2@michigan.gov



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Current bids: michigan.gov/sigmavss

Info for vendors: michigan.gov/miprocurement

RESOLUTION

NO: 2019-08-120

LIVINGSTON COUNTY

DATE: August 26, 2019

Resolution Authorizing the Sheriff's Office and the County of Livingston to Apply for FY 2020 Byrne Justice Assistance Grant - Sheriff

WHEREAS, the Livingston County Sheriff's Office wishes to enter an application into the FY2020 Byrne Justice Assistance Grant, through the Michigan State Police, under the Technology Enhancement Projects section; and

WHEREAS, the purpose of the grant is to acquire funding to make technology enhancements to the Sheriff's Office through the purchase of new equipment and software; and

WHEREAS, the state funding are a one-time funds that do not require any County matching or cash match funds; and

WHEREAS, the County of Livingston will be applying to receive up to \$350,000 in reimbursement funds from the State of Michigan, through the Byrne Justice Assistance Grant.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby authorizes the Sheriff's Office to apply and if awarded enter into contract with the State of Michigan, for the Byrne Justice Assistance Grant wherein Livingston County could receive a maximum of \$350,000 in State reimbursement funds effective October 1, 2019 through September 30, 2020.

BE IT FURTHER RESOLVED that the Chair of the Livingston County Board of Commissioners is authorized to sign all forms, assurances, contracts, agreements, amendments and support documents related to the 2020 Byrne Justice Assistance Grant upon review by Civil Counsel.

BE IT FURTHER RESOLVED that the Board of Commissioners authorize any budget amendment necessary to effectuate this \$350,000 grant award.

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MOVED:
SECONDED:
CARRIED:

RESOLUTION

NO: 2020-04-128

LIVINGSTON COUNTY

DATE: April 27, 2020

**Resolution to Adopt an Investment Policy Statement for the Livingston County
457(b) Deferred Compensation Plan – Fiscal Services**

WHEREAS, it has been determined that the implementation of an Investment Policy Statement for the Livingston County 457(b) Deferred Compensation Plan will assist the Retirement Plan Advisory Committee in effectively selecting, supervising, and evaluating the investment options provided under the Plan; and

WHEREAS, this Policy has been prepared by Plante Moran, Financial Advisors, and reviewed and approved by the Retirement Plan Advisory Committee; and

WHEREAS, this Resolution has been recommended for adoption by the Personnel Committee.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby adopts the attached Investment Policy Statement for the Livingston County 457(b) Deferred Compensation Plan.

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**MOVED:
SECONDED:
CARRIED:**

INVESTMENT POLICY STATEMENT
For
Livingston County 457(b) Deferred Compensation Plan

February, 2020

Plante Moran
Financial Advisors

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SUMMARY OF PURPOSE AND OBJECTIVES

Plan Purpose and Objectives

The Livingston County 457(b) Deferred Compensation Plan ("Plan") was originally adopted effective November 1st, 1987 and covers the participants according to the terms of the Plan document, with the objective of offering participants the opportunity to save, manage, accumulate and preserve retirement account assets.

This Investment Policy Statement is issued by the Board of Commissioners of Livingston County (the "Commissioners"). The Commissioners have authorized the Retirement Plan Advisory Committee (the "Committee") to administer specific functions of the Plan, outlined herein and effective as of the date on which this Investment Policy Statement is acknowledged by the Commissioners.

All of the Plan assets are invested at the discretion of the participant, or if permitted, their beneficiary, in investment options selected from a group of alternatives made available by the Plan. The number and types of investment alternatives available and the investment managers retained to manage the alternatives are subject to change. Decisions regarding investment options will be made in the sole interest of the participants and beneficiaries of the Plan.

The provisions of this Investment Policy Statement are subject to the terms of the Plan, the agreement establishing the trust maintained pursuant to the Plan, the charter under which the Committee is organized (if applicable), and any relevant investment advisory agreement. To the extent of any conflict, the terms of such Plan, agreement, charter, or investment advisory agreement control. This Investment Policy Statement does not provide any additional rights to any party other than those that are described in those documents.

Purpose of the Investment Policy Statement

The purpose of this Investment Policy Statement is to assist the Committee in effectively selecting, supervising, and evaluating the investment options provided under the Plan. The primary focus of this Investment Policy Statement is to:

1. Outline the criteria to select and monitor the investment options under the Plan.
2. Effectively manage the selection of investment options under the Plan.

The Committee will formally review this Investment Policy Statement periodically. Any modifications to this Investment Policy Statement will be reviewed and discussed with the appropriate parties prior to implementation.

ROLES AND RESPONSIBILITIES

Plan Participants

Plan participants are responsible for making their own investment decisions based on their own retirement goals, risk tolerances and savings/investment time horizons.

Livingston County Retirement Plan Advisory Committee

The Committee is broadly responsible to oversee the administration of the Plan and investment of the Plan assets. Its duties include executing this Investment Policy Statement, adding, removing, or replacing funds within the Plan, and monitoring and evaluating the performance of service providers in carrying out this Statement.

Livingston County Staff

The appropriate staff of Livingston County, as designated by Livingston County from time to time, is responsible for the day-to-day administrative duties of the Plan and providing the Committee with appropriate information to fulfill its responsibilities.

Investment Consultant

The primary role of the Investment Consultant is to assist the Committee in fulfilling its responsibilities by providing information, analysis and a prudent process that contribute to the success of the investment program. The Investment Consultant is responsible for assisting the Committee in selecting investment options available to Plan participants and ongoing monitoring of investment options. The Investment Consultant is also responsible for assisting the Committee with respect to analyzing fees and summarizing fees paid to various service providers, educating and updating the Committee on investment issues that might impact the Plan, and various other services identified in its Investment Advisory Agreement.

Custodian (Directed Trustee)

The primary role of the Custodian is to provide adequate safekeeping of the assets along with suitable accounting services and reporting. The Custodian also provides proxies for voting when received from mutual funds and investment managers and any other services listed in the Custodial Services Agreement.

Third Party Administrator (TPA)/Record Keeper

The TPA/Record Keeper is responsible for daily administration services along with compliance testing and document filing services in accordance with regulations, and for making accurate and timely plan data accessible to the Committee and staff. The TPA/Record Keeper also provides participant services including but not limited to: web or phone access to account information and planning tools, access to phone representatives, quarterly statements and other services listed in the TPA/Record Keeper Service Agreement.

Investment Managers

The role of each Investment Manager is to manage the Plan assets under its supervision in accordance with guidelines and objectives included in each Investment Manager's agreement, or in accordance with the prospectus for mutual funds and consistent with each Investment Manager's stated investment philosophy and style as presented to the Committee/Investment Consultant. Each Investment Manager also exercises investment discretion in regard to buying, managing and selling assets held in the portfolio, subject to any limitations contained in this document and the Investment Manager's agreement or prospectus.

See the Plan's quarterly report for a listing of Investment Managers.

INVESTMENT OPTION POLICIES

Selection of Investment Options

The Committee will determine, through an understanding of eligible participants, an appropriate number and type of investment options to offer, and which specific Investment Manager to employ for each investment option.

Default Investment

The discretionary assets of participants who do not make an active selection among the available investment options will be placed in the Plan's Qualified Default Investment Alternative ("QDIA"). Permissible QDIA options were reviewed by the Committee, in consultation with the Investment Consultant. The Committee may determine, with the help of the Investment Consultant, to replace the QDIA with another permissible option.

PERFORMANCE OBJECTIVES

Time Horizon

The Committee acknowledges that fluctuating rates of return characterize the securities markets, particularly during short-term time periods. Accordingly, the Committee focuses on

time horizons of three years and greater (e.g. a full market cycle) in evaluating the asset class and investment option performance relative to established benchmarks.

Performance Objectives

Based on the analysis that led to asset allocation and/or investment option decisions, the Committee has identified performance benchmarks for each investment option and the separate mandates within multiple manager options.

The Plan's investment options will be selected to:

1. Seek to achieve an appropriate return given the level of risk.
2. Provide investment returns comparable to returns for investment options having similar investment objectives and risk profiles.
3. Provide a diverse portfolio of investment options covering a range of asset classes.
4. Control administrative and management costs.

INVESTMENT OPTION SELECTION AND EVALUATION

Investment Option Selection

The Committee's intent is to follow a process that embodies the principles of procedural due diligence. Accordingly, when selecting investment options, the Committee, with the assistance of the Investment Consultant, will employ a competitive search process, which includes the following steps:

1. Identification of qualified candidates from Investment Manager search databases maintained by the Investment Consultant or an independent third party.
2. Analysis of qualified candidates in terms of quantitative, qualitative and organizational factors.
3. Selection of finalist candidates based on a due diligence process. Investment options should meet the following minimum criteria:
 - Investment options should correspond to the asset classes appropriate and prudent for eligible Plan participants.
 - The Investment Manager should have a track record managing assets with a similar style.
 - In aggregate, the various share classes of the investment options should have total assets that are sufficient to avoid an excessive concentration of plan assets in the strategy.
 - Options should have a net expense ratio that is lower than the median (50th percentile) of their peer group unless above median expenses are justified for other reasons or factors. (e.g. long-term risk adjusted performance, revenue sharing credits).

Performance Evaluation and Review

With the assistance of the Investment Consultant, the Committee will regularly evaluate the performance of each investment option. In evaluating each investment option, the Committee will consider qualitative factors likely to impact the future performance of the investment option in addition to current and historical quantitative factors.

With the assistance of the Investment Consultant, the Committee has deemed it appropriate to establish objective standards for conducting a review of an Investment Manager.

Some of the conditions that may be considered include:

1. Organizational disruption such as manager changes or material client-servicing problems.
2. Long-term underperformance (defined as five years) in relation to an appropriate broad market index, the median of an appropriate peer group, and risk. If an investment option fails to generate a return premium net of fees in excess of the designated index or indices, performs below the median (50th percentile) of its peer group, and/or has below average alpha (compared to its peer group), then, upon completion of appropriate due diligence, the Committee may decide to eliminate that investment option under the Plan.
3. Shorter-term performance in relation to appropriate style index and the median of an appropriate peer group. A due diligence review process, which may lead to termination, should be initiated if an investment option ranks in the 4th quartile over a one-year period.

As a result of any formal or informal review, the Committee may decide, in its sole discretion to (i) take no action, (ii) monitor the investment option more closely for a period of time, or (iii) remove the investment option.

SERVICE PROVIDER SELECTION AND EVALUATION

In carrying out the policies of this Investment Policy Statement, the Committee may rely on various service providers, in addition to the Investment Managers, including, but not limited to: the Investment Consultant, Custodian, Third Party Administrator, and/or firms providing Plan participants individual investment advice or account management. Such service providers generally shall be evaluated and selected based on the following:

Furthering the Objectives of the Plan in a Cost-Effective Manner. Each service provider is intended to further the objectives of the Plan described in this Investment Policy Statement. The service providers shall be expected to deliver administratively efficient services and charge fees that are reasonable given the service(s) provided.

Core Business Commitment and Expertise. Service providers are intended to have a history of providing services to other retirement plans and its management should demonstrate an ongoing commitment to such business, and its employees should have a reputation among its clients for the quality of its services. The firm should show an appropriate knowledge of applicable statutes and regulations. It should also be able to understand and communicate the Plan sponsor's business culture.

Fiduciary Status and Conflicts of Interest. To the extent required based on the services being provided to the Plan, the service provider shall acknowledge its role as a fiduciary to the Plan. Service providers are expected to disclose any potential conflicts of interest to the Committee.

INVESTMENT FEES AND REVENUE SHARING

The Committee, with the assistance of the Investment Consultant, will analyze investment fees, including revenue sharing, on a periodic basis to determine reasonableness of fees for services provided.

Prepared by:

Reviewed and Accepted:

Plante Moran
Financial Advisors

Date

County Commissioner

Date



FIDUCIARY RESPONSIBILITY

INTRODUCTION

Fiduciaries of defined contribution (DC) plans have come under increasing scrutiny in recent years, in part due to participant lawsuits filed against plan sponsors and the resulting media attention. The Internal Revenue Service (IRS) and Department of Labor (DOL) have also increased the number of plans they audit each year. Because significant consequences can result from a fiduciary breach, you are encouraged to focus on your fiduciary responsibilities and understand the standards of conduct that apply to every plan-related decision you make.

Under a participant-directed DC plan, much of the control and responsibility for participant investment outcomes is substantially shifted from the plan sponsor to the participant. The plan sponsor, however, remains fully and solely responsible for maintaining the plan, meeting regulatory requirements, educating participants, prudently selecting and monitoring both investment options and service providers, and controlling plan expenses.

NAGDCA created this Fiduciary Responsibility Brochure to guide you, a fiduciary of a governmental participant-directed DC plan, through the basic fiduciary responsibilities imposed upon plan sponsors. It provides a simple explanation of fiduciary standards of conduct. It is not a legal interpretation of your responsibilities under state or other applicable law, nor is it intended to be a substitute for the advice of your retirement plan attorney or other professional.

THE PLAN FIDUCIARY

Fiduciary Capacity - A person acts in a fiduciary capacity when he or she handles money or property for the benefit of another. A governmental employer offering a defined contribution (DC) plan to its employees, herein referred to as the plan sponsor, handles money for the benefit of plan participants. Specifically, Internal Revenue Code §457(g) requires governmental 457(b) plan assets and income to be held in trust, or in custodial accounts or annuity contracts described in §401(f), for the exclusive benefit of participants and their beneficiaries. The obligation to make every plan-related decision prudently and with only the best interests of the plan participants in mind means it is essential for you to know and understand your fiduciary responsibilities.

Plan Fiduciaries - A fiduciary is a legal term that can be simply defined as anyone who:

- Exercises discretionary authority or control over plan assets, and/or
- Exercises discretionary authority or responsibility in the administration or management of the plan, and/or
- Gives or renders investment advice for a fee or other compensation.

Fiduciaries may include anyone who:

- Makes decisions regarding plan features and investments.
- Serves or is appointed to a Committee or Board responsible for the plan or its investments.
- Has responsibility to choose, evaluate and dismiss service providers.
- Has the authority to bind the employer/plan sponsor through plan-related contracts.
- Establishes policies and procedures for the plan, or has the ability to make exceptions.

Fiduciaries may be designated by name or function, and responsibilities may be delegated to others, but this does not remove fiduciary responsibility from the delegating fiduciary. Also, you do not have to make decisions to be a fiduciary; simply having the authority to do so makes you a fiduciary.

Simply stated: Fiduciary standards are put in place to protect against fraud, dishonesty and mismanagement of the plan and plan assets.

Non-Fiduciary Service Providers –

An individual's fiduciary responsibility is determined by his or her actions. However, those typically not determined to be plan fiduciaries include anyone who performs administrative functions, but does not have authority to make discretionary decisions for the plan such as those:

- Receiving contributions and applying them to participant accounts.
- Preparing and distributing communication and educational materials.
- Calculating benefits.
- Processing enrollment or contributions forms or documents.
- Applying adopted or established rules and guidelines.

EMPLOYER VERSUS FIDUCIARY FUNCTIONS

Employers sponsoring a DC plan act in a dual capacity -- as the employer and as a fiduciary to the plan.

Employer Functions - Certain functions, known as “settlor” functions, are the responsibility of the employer and are not fiduciary in nature. You are acting in your employer capacity when you:

- Decide to offer a retirement plan to employees,
- Design the plan's benefits and features,
- Amend the plan to add or remove optional provisions, such as loans or Roth accounts, or
- Decide to terminate the plan.

Fiduciary Functions - You are a plan fiduciary when implementing the plan decisions made by the employer. Plan fiduciaries must focus on performing each of these duties solely in the best interests of plan participants, not for the benefit of the employer. Prudently performing each of the many duties required of fiduciaries will require a significant amount of time and effort, but will result in a well-maintained plan that benefits your employees. Things you do with your “fiduciary hat” on include:

- Establishing policies and procedures for the plan.
- Administering and operating the plan in compliance with the plan document by ensuring plan policies, procedures and forms match the plan provisions.
- Keeping the plan document compliant and updated for all required changes in law.
- Developing a formal written Investment Policy Statement (IPS) to detail the criteria you will follow in selecting, monitoring and replacing the plan's investment options.

- Monitoring the fees being charged by each investment option to ensure they are reasonable.
- Selecting and monitoring service providers, trustees, consultants and others who assist with the plan to ensure compliance with their contracts.
- Monitoring each vendor's fees periodically and benchmarking them to fees paid by plans of similar size and complexity.
- Creating and distributing participant communications to educate participants about the benefits of the plan and increase participation.
- Educating participants about the plan's investment options and providing the tools to help them save for a secure retirement.

FIDUCIARY STANDARDS OF CONDUCT

Duty of Loyalty - Fiduciaries have a duty to act in the sole interest of plan participants and their designated beneficiaries. Fiduciaries may not engage in any "self-dealing" acts that serve personal or business interests. Plan fiduciaries subject to the Employee Retirement Income Security Act of 1974 (ERISA) must possess the "duty of care" and the "duty of loyalty" as outlined in the Department of Labor's (DOL) fiduciary standards. Governmental plan fiduciaries have similar responsibilities under state law and are cautioned to avoid conflicts of interest whenever making plan decisions.

Ensure Plan Fees are Reasonable - The duty of loyalty requires plan fiduciaries to ensure that the fees paid by the plan participants for investments and administrative services are reasonable and don't become excessive over time.

Duty of Prudence - Fiduciaries have a duty to act with the care, skill, prudence, and diligence a prudent person would use in similar circumstances (see your State's Uniform Prudent Investor Rule). Depending upon the expertise of your governing body, it may be prudent to retain investment experts to assist you in managing the plan's investments, including fund selection, monitoring, and oversight decisions.

Establish Prudent Processes - Plan fiduciaries are encouraged to develop a step-by-step process for prudently making investment and administrative decisions for the plan. Prudent processes should ensure your investment strategy is being properly developed, implemented, and monitored according to both legal and ethical obligations. Your chances of limiting your fiduciary liability will be increased if you put internal controls in place to assure prudent fiduciary procedures and then document compliance with those processes.

Duty to Diversify - Fiduciaries have a duty to diversify plan assets to minimize risk unless it is clearly prudent to do otherwise. Fiduciaries are obligated to provide diversified investment choices that have materially different risk and return characteristics so participants can diversify their individual accounts to minimize risk.

Duty to Prudently Select and Monitor Investments – One of the most important fiduciary functions for plan sponsors is the selection, monitoring and deselection of the plan's investment menu. Conduct regular investment reviews comparing your funds with those in their peer group and the benchmarks you have established for your funds. Compare the returns of the major asset classes, the expenses of each investment, the level of risk of the investment, continued adherence to the initial selection criteria as well as the standards each fund must meet in order not to be placed on a watch list or be replaced.

Investment Policy Statement (IPS) - Plan fiduciaries are strongly encouraged to adopt an Investment Policy Statement (IPS), which may be the single most important document to help you manage your fiduciary duty when making investment decisions. It should define the processes you have adopted for making investment-related decisions with respect to the plan. Identify the investment goals and objectives of the plan, establish how decisions will be made regarding the selection of investments and specify the procedures for measuring investment performance. Your IPS should govern the goals and objectives of the investment options and include the criteria to be used as your guidelines for monitoring and evaluating the plan's investment options, including a procedure for terminating and replacing any underperforming fund. Comprehensive Investment Management Agreements can aid in proper implementation and maintenance of the IPS guidelines.

Duty to Follow Plan Documents -

Fiduciaries must act in accordance with an executed plan document and all other governing instruments established by the plan. All Internal Revenue Code (Code) provisions required to be in the plan must be included in the written document as well as all optional provisions being offered to participants. If your plan receives revenue sharing or other unallocated amounts into the plan's trust, your document should specifically address how those plan assets are to be used by the plan. Plans often use these unallocated amounts first to pay plan expenses and then allocate any remaining assets to plan participants.

Plan sponsors of individually designed qualified plans described in Code §401(a), including grand-fathered governmental 401(k) plans, are not required to seek an IRS determination letter. In fact, in Announcement 2015-19, the IRS expressed its intention to eliminate the staggered

5-year determination letter remedial amendment cycles for individually designed plans effective January 1, 2017. In addition, the scope of the current Determination Letter program would be narrowed beginning in 2017 for individually designed plans to initial plan qualification and qualification upon termination only. Thus, qualified plans will no longer be able to obtain on-going assurance that the plan continues to be qualified.

The IRS Announcement could cause specific concerns for governmental plans, particularly large ones, which are likely to have special issues in dealing with the changes proposed in Announcement 2015-19 because:

- Plans of governmental employers are subject to very different regulations than plans of private employers. Thus, most prototype plans (i.e., standardized plans designed to be used by numerous employers) do not fit their special circumstances.
- Governmental plans can often be modified only by state legislative action.
- The longer a plan is in existence, the more likely plan amendments will cause the plan terms to be different than the plan for which the determination letter was originally obtained.
- It will be increasingly important to consult with an attorney before making any substantial changes to a plan since IRS assurances as to its continuing qualified status may not be available.

The IRS is expected to issue a New Operational Compliance List on January 1, 2017 to address the "post-qualification letter" retirement plan world and plan amendments going forward.

Importantly, the determination letter program has never applied to eligible §457(b) plans. A plan sponsor wanting assurance from the IRS on the eligible status of its 457(b) plan must request a "letter ruling," commonly called a "private letter

ruling” (PLR). Changes to the determination letter process do not affect the IRS private letter ruling process.

Operating the Plan in Compliance with Plan Documents – Another major fiduciary function for plan sponsors, and a top IRS audit target, is administering the plan in compliance with the plan document. The written plan is your manual for operating your plan so all policies, procedures, forms and participant communications must conform to the plan terms. Be sure you understand how each plan provision is to be administered and develop a procedures/administrative manual to provide clear instructions for service providers and staff members and to help you monitor compliance with plan operations, including all processes outsourced to service providers.

PARTICIPANT LAWSUITS

Participant Challenges – Some plan participants are challenging the prudence and competitiveness of plan investments. It only takes one disgruntled participant to cost the plan sponsor dearly in terms of fiduciary liability. Recent class action lawsuits place new emphasis on;

- fees charged by plan’s investment options,
- fees charged by service providers and record keepers,
- allocation of fees to participants’ accounts,
- allocation of revenue sharing, and
- the manner in which fees are communicated to participants.

Issues Presented – A few of the issues presented in these class action lawsuits include whether;

- plan fiduciaries acted prudently in selecting and monitoring plan investments and compensation arrangements,
- fees were reasonable or excessive,
- fees were properly disclosed, and
- fiduciaries who were determined to be acting imprudently in selecting “retail” or “proprietary” mutual funds resulting in unreasonable fees.

Lessons for Plan Sponsors – The courts have based their decisions more on whether the plan fiduciaries followed prudent processes when making plan-related decisions rather than on the particular decisions they made. In other words, plan fiduciaries must understand their duties, guard against conflicts of interest and act solely in the best interest of the plan participants in every plan decision. It is essential to follow your written IPS when selecting and de-selecting funds and to focus on the fees charged by each investment option.

Importantly, the U.S. Supreme Court has held unanimously that plan fiduciaries have an ongoing duty to monitor the investments they make available to plan participants. Another lesson learned from the court decisions is the responsibility of plan fiduciaries to prudently monitor your service providers’ performance and fees and make changes when warranted.

Documenting your prudent decision making processes will also go a long way to limit your fiduciary liability. It is not a viable defense to argue that a decision was made solely in good faith, without due diligence. Plan sponsors are expected to obtain expert assistance and advice, if needed.

STRATEGIES FOR LIMITING FIDUCIARY LIABILITY

Reducing Complications – To be successful, the plan must build the structure and framework necessary for prudent plan administration. A solid foundation must be laid before you can construct a winning plan design. Develop a clear direction and objectives for your plan so you can evaluate the effectiveness of your program. Focus on how to reduce your plan oversight obligations, limit your fiduciary liability and simultaneously improve the plan for your participants.

Consolidate to a Single Record keeper

– Studies show that plans with multiple record keepers suffer at both the plan sponsor and participant level. Allowing more than one record keeper to offer products or services under your plan is a major complication that increases the time and effort you must spend exercising your fiduciary oversight over the plan. This duplication of providers requires you to monitor each one's investment lineup, services and fees individually and to determine that each provider's performance meets your expectations and that their fees are reasonable. Determining whether fees are reasonable can be more complicated if two providers offering essentially the same services to your plan charge different compensation. How can you argue that it is reasonable to retain a provider charging higher compensation for the same services?

Retaining a service provider is in and of itself is a fiduciary function. Consolidating to a single record keeper is arguably the best way to simplify your oversight functions and limit your potential fiduciary liability. You should use objective criteria to find a record keeper who offers a broad selection of reasonably priced quality investments, reasonably priced recordkeeping and administrative services appropriate for your plan design, and an effective participant communication program designed to meet

the requirements of ERISA §404(c). You may decide to issue a Request for Proposal (RFP) to find the best provider for your plan based upon your objectives.

At the participant level, multiple record keepers have been shown to result in lower participation rates. Employees often procrastinate when deciding to join the plan if too many choices are required. Employees looking at joining the plan must also decide how much to contribute and what investment options to choose. Don't make it even more difficult for them to participate by adding another layer of decision making – which record keeper to choose.

Consolidating to a single record keeper does not, however, mean that you must retain a single institution to provide all plan services. Under a bundled approach, a single institution provides all plan services including recordkeeping, administration, the investment options and communications. Under an unbundled approach, two or more financial institutions are selected to provide different plan services. For example, you may choose one institution to provide recordkeeping and administration and another institution to advise you with respect to the investment options to be offered to the plan. The unbundled approach will make it easier to change one of the servicing providers if it fails to meet the service standards for the plan without having to terminate the other(s). Determining whether a bundled or unbundled approach is best for your plan is a fiduciary function.

Limit Number of Core Investment Options

– Studies show a significant percentage of employees are overwhelmed by too many investment options in their DC plans. Confused employees might not join the plan at all or may select investment funds that are not well diversified. Some employees have even been known to throw up their hands and put an equal amount in each fund offered by their employer.

For plans with a single record keeper, revising the investment lineup may be the simplest and most effective action to help participants make better investment choices. By streamlining the investment lineup and eliminating asset class overlaps, you can significantly reduce confusion for employees and consequently improve participation and savings rates while helping them make more appropriate allocation decisions.

Ideally, an effective lineup would include professionally managed target-date options for those employees who are not prepared to deal with allocations and rebalancing over time; a streamlined core lineup that reduces participant confusion and limits the potential for taking unnecessary allocation risks; and a brokerage window for those participants wanting access to more sophisticated investments and have the capability to choose them wisely.

Compliance with ERISA §404(c) - State statutes governing governmental plans encourage participant education. Some states may even contain a provision similar to ERISA §404(c) which is designed to help plan sponsors limit their fiduciary liability. By advising participants of their responsibility to direct the investment of their accounts, and by providing them with sufficient information to permit them to make informed investment decisions, you, the plan fiduciary, may not be liable for any losses resulting from their individual investment choices. ***This is for informational purposes only and is not intended to be all inclusive of the requirements of 404(c) or provide guidance or legal advice upon which you may rely.*** Consult with your own attorney or other advisor for guidance on your particular situation.

Generally, in order to take advantage of the fiduciary relief available under §404(c) plan fiduciaries must satisfy a number of general conditions including:

- The plan must offer at least three diversified investment alternatives (“core funds”) that have materially different risk and return characteristics so participants can diversify to minimize risk.
- The plan must permit transfers among these three core funds at least quarterly.
- The plan must give participants enough information to permit informed decision-making. The regulation is very specific about what information must be given to participants automatically and upon request, including regular and periodic disclosures of plan-related and investment-related information.
- Participants must be given the opportunity to give investment instructions to an identified plan fiduciary who is obligated to comply with those instructions.

When plans allow participants to direct their investments, fiduciaries need to regularly make participants aware of their rights and responsibilities under the plan related to directing their investments. This includes providing plan and investment-related information, including information about fees and expenses, which participants need to make informed decisions about the management of their individual accounts. Participants must receive the information before they can first direct their investment in the plan and annually thereafter. The investment-related information needs to be presented in a format, such as a chart, that allows for a comparison among the plan’s investment options. If you use information provided by a service provider that you rely on reasonably and in good faith, you will be protected from liability for the completeness and accuracy of the information.

404(c) Relief for Defaulted Investments

- Under the Pension Protection Act, fiduciaries are provided certain protections if they default participants into a qualified default investment alternative (QDIA). If plan sponsors wish to receive this limited protection, they should consider offering an investment option that qualifies as a QDIA according to the Department of Labor. Common QDIAs include balanced funds, target-date funds, and managed accounts.

MONITORING PLAN SUCCESS BY EVALUATING RETIREMENT READINESS

Plan fiduciaries are not responsible for ensuring that participants make the right decisions about saving, investing and spending to have adequate savings to maintain their standard of living in retirement. Many sponsors, however, want their DC plan to serve as a vehicle for improving their employees' retirement picture. One area critical to effective plan governance is the accurate measurement of plan effectiveness. Surveys have shown that employers have a growing concern over retirement benefit adequacy and the financial well-being of their plan participants. DC plan sponsors are increasingly concerned about the ability of their employees to retire comfortably and in a timely manner.

As a practical matter, the more satisfied participants are with their plan, the less likely they will be to blame plan fiduciaries for a negative outcome. It makes sense, therefore, to monitor plan level retirement readiness, plan design, financial literacy and employee outcomes. Evaluate the current retirement readiness at the plan level by looking at the;

- overall rate of employee participation,
- median contribution rate,
- median account balance,

- your plan's demographics, and
- most popular investment alternatives.

Certain plan design features are proven to simplify employee decision-making and encourage plan participation. Two important ones, consolidating to a single record keeper, and limiting the number of core investment options, were previously discussed. In states where it is allowed, automatic enrollment can dramatically increase participation in the plan and studies show most automatically enrolled employees continue to participate in the plan. Automatically escalating the contribution amounts each year keeps contribution levels up and the resulting increased savings improves retirement readiness.

DOCUMENT COMPLIANCE WITH YOUR PRUDENT PROCESSES

Plan sponsors should maintain all plan documents, executed amendments, meeting minutes and documentation of the processes used when making plan decisions. Maintaining these documents in a single location ensure they can be easily accessed for your review and for production in the event of an IRS audit or litigation. Documents that should be maintained in a fiduciary "filing cabinet" include:

- plan documents and any summary plan materials,
- trust agreement,
- plan forms, rules and procedures,
- service agreements,
- third party contracts,
- investment contracts,
- Investment Policy Statement, and
- all amendments to those documents.

BREACHES OF FIDUCIARY DUTY

Depending upon the laws of your state, you may be personally liable if you are a fiduciary and you breach your fiduciary duties. Breach of fiduciary duty may also result in participant lawsuits. You may be considered in breach of your fiduciary duties if you;

- fail to comply with the exclusive benefit rule by entering into self-dealing transactions, such as using plan assets for your own or your company's benefit or accepting things of value from someone who may benefit from your actions,
- fail to exercise your responsibilities to the plan in a prudent manner., fail to prudently diversify the menu of investment options offered under the plan,
- fail to monitor the plan's investment options and replace funds as necessary pursuant to your investment policy, OR
- fail to provide participants with enough information to permit informed decision-making.

Appendix A: Governmental Plan Fiduciary Responsibility Checklist

– The Governmental Plan Fiduciary Responsibility Checklist is designed to assist you in fulfilling your fiduciary responsibilities. You are encouraged to review the checklist at least annually as a due diligence exercise designed to keep you in compliance with your fiduciary responsibilities.

This Governmental Plan Fiduciary Responsibility Checklist is not guaranteed to be appropriate or sufficient for you and your plan and you are encouraged to consult with your counsel or other experts for all of your fiduciary responsibility and other plan related matters.

Neither NAGDCA, nor its employees or agents, nor members of its Executive Board, provide tax, financial, accounting or legal advice. This memorandum should not be construed as tax, financial, accounting or legal advice; it is provided solely for informational purposes. NAGDCA members, both government and industry, are urged to consult with their own attorneys and/or tax advisors about the issues addressed herein.

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APPENDIX A

GOVERNMENTAL PLAN FIDUCIARY RESPONSIBILITY CHECKLIST

This Governmental Plan Fiduciary Responsibility Checklist is designed to assist you in fulfilling your fiduciary responsibilities. You are encouraged to review the checklist at least annually as a due diligence exercise designed to keep you in compliance with your fiduciary responsibilities. It is not guaranteed to be appropriate or sufficient for you and your plan and you are encouraged to consult with your counsel or other experts for all of your fiduciary responsibility and other plan related matters.

Plan Documents:

- ☐ You maintain the IRS Determination Letter on your qualified 401(a) or 401(k) plan, (if you obtained one while the IRS program was in effect).
- ☐ You maintain the IRS Private Letter Ruling on your eligible 457(b) plan, if applicable.
- ☐ You amended your qualified plan for any required law changes by the due date in Rev. Proc. 2016-37 or subsequent guidance.
- ☐ You amended your 457(b) plan to include any new optional provision by the end of the plan year in which the provision is operationally put into effect.
- ☐ Plan trustees are properly appointed and your trust agreement is properly executed.
- ☐ Your written Investment Policy Statement (IPS) is up to date.
- ☐ Properly executed service provider contracts outlining their responsibilities and fees are maintained.
- ☐ Fiduciary liability or other insurance coverage has been purchased if deemed necessary.

Plan Fiduciaries:

- ☐ All fiduciaries are identified and understand their duties and fiduciary responsibilities via properly executed Board Charter.
- ☐ All fiduciaries have received sufficient training on the basic fiduciary standards of conduct and have completed ethics orientation
- ☐ Plan fiduciaries meet regularly to review plan investments and administration.
- ☐ You periodically review plan success metrics, such as participation rates, salary deferral rates, investment diversification, and retirement income readiness.
- ☐ You periodically review and consider changes to plan design, plan services and investment options as warranted to improve your plan's success metrics.
- ☐ No plan fiduciary has made plan decisions or used plan assets for his or her personal interests.

Plan Administration and Operation:

- ❑ All participant deferrals and loan repayments are invested in the plan as soon as administratively practicable after being deducted from employee paychecks.
- ❑ The plan is being administered in accordance with regulatory and plan document rules.
- ❑ Unallocated amounts in a plan account, if applicable, have been used to pay allowable plan expenses or have been allocated to participant accounts.
- ❑ Your policies and procedures for operating the plan and all processes outsourced to your service providers match the terms of your plan document.

Plan Fees:

- ❑ The fees being paid by the plan for the investment options are reasonable.
- ❑ You are receiving the same disclosure of service provider fees that are required to be provided to ERISA plans.
- ❑ You have determined the fees paid to third party service providers are reasonable.

Monitoring Investments and Service Providers:

The plan maintains and abides by a written Investment Policy Statement (IPS) when selecting, monitoring and making changes to the plan's investment menu.

The process of vendor selection and contract award is thoroughly documented.

Plan fiduciaries maintain a broad range of investment options for the plan.

You monitor all outsourced services performed by third parties to ensure compliance with your plan document, their contracts and performance standards.

Employee Communications:

- ❑ You have provided quarterly Participant Benefit Statements to participants.
- ❑ You have effective, easy-to-understand participant communications on all important aspects of the plan.
- ❑ You educate participants about the importance of saving for retirement and the basics of investing.
- ❑ You use ERISA §404(c) as a best practice to inform participants and limit your potential fiduciary liability.

Documentation:

- ❑ You document who your plan fiduciaries are and their responsibilities.
- ❑ You document each of your meetings, the results of your review and monitoring of investments and service providers, and the decisions made with respect to the plan.
- ❑ You maintain a due diligence file containing documentation supporting your fiduciary process and decision-making.
- ❑ You have all properly executed plan documents, contracts, agreements and all amendments thereto in an easily accessible "filing cabinet."

RESOLUTION

NO: 2020-04-129

LIVINGSTON COUNTY

DATE: April 27, 2020

Resolution Authorizing a Background Check Process for Board Appointments to Committees or Boards – Human Resources

WHEREAS, each year the Livingston County Board of Commissioners makes dozens of appointments to various committees and boards; and

WHEREAS, there is a need for the creation of a consistent and uniform approach to background checks for these appointments that is also sensitive to the variety of appointments and population representation requirements on some committees; and

WHEREAS, Human Resources has worked with civil counsel to develop background check guidelines for Board of Commissioner appointments to committees and boards.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby approves the following guidelines for background checks for Board appointments to committees and boards.

- A. Candidates for Board or Committee membership (whether paid or unpaid) appointed directly by or within the sole authority of the Livingston County Board of Commissioners may be required to undertake background checks (which may include, but is not limited to criminal background and DHHS Child Registry) where:
 - i. Such background checks are required either expressly or by implication by law, regulation, licensing, performance standards, or applicable grant documents; or
 - ii. As otherwise required, in its discretion, by the Board of Commissioners and/or authorized County Elected Officials.
- B. To be considered, all candidates shall be required to authorize the County to secure, at minimum, a criminal conviction history and DHHS Child Registry history from the appropriate law enforcement or other appropriate agency, should the County determine it is required or appropriate to undertake a background check.
- C. Unless required by section (a)(1) or otherwise directed in the discretion of the Board of Commissioners, background checks will normally not be required to be undertaken for Board or Committee candidates or members who are:
 - i. elected officials; or
 - ii. municipal board members or public officials, or

- iii. a representative of a public benefit or charitable non-profit corporation;
- iv. where the candidate's inclusion (or representation of a population to be served) on the Board/Committee is required by law, regulation, municipal agreement or grant document in a representational capacity for a specified elected official/municipal entity/non-profit/or population to be served.

D. The Board retains discretion to permit or require a background check for any and all seats, offices, appointments or candidates for appointment subject to Board approval.

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MOVED:
SECONDED:
CARRIED:

RESOLUTION

NO: 2020-04-130

LIVINGSTON COUNTY

DATE: April 27, 2020

Resolution to Authorize a First Quarter Supplemental Appropriation to the Fiscal-Year 2020 Budget – Fiscal Services

WHEREAS, the proposed amendment ensures compliance with the Uniform Budgeting and Accounting Act, as amended; and

WHEREAS, the proposed amendment recognizes actual expenditure activity for the first quarter of 2020 and includes:

- Increase/decreases in departmental expenditures to correspond to actual activity
 - Net-zero transfer for Fiscal Services additional procurement services through CoPro+ covered by personnel savings
 - Net-zero transfer for Jail increased inmate medical and reduced inmate food expense
- Increased expenditures for Health Department for software, Hep A outreach & response and COVID-19 response offset by an increase in grant revenue
- Increased expenditures for Sheriff Donation Fund for Crime Victim Unit and Community Outreach supplies covered by fund balance
- Increased expenditures for Social Welfare for emergency client needs covered by fund balance
- A net-zero transfer for Public Defender for mileage, office supplies, equipment and other operational needs; and

WHEREAS, the proposed amendment includes the increased costs in the amount of \$7,052 for two position reclassifications in the County Clerk office authorized by Personnel Committee resolutions 2020-02-110PC and 2020-02-111PC; and

WHEREAS, the proposed amendment adjusts General Fund revenue to anticipated collection levels for:

- Net-zero transfer from District Court to Circuit Court for Judge's salary reimbursement
- Increase in Probate Court Judge's salary reimbursement in the amount of \$10,582
- Decrease for Juvenile Court adoption home study fees in the amount of \$2,000
- Increase for in reimbursement for Election costs in the amount of \$6,800
- Decrease in Jail federal inmate housing reimbursement for average daily population reduction for the first quarter in the amount of \$143,000; and

WHEREAS, resolution 2019-04-050 authorized a Community Correction grant in the amount of \$85,168. The proposed amendment includes establishing a budget for F275 Community Corrections and reducing F239 by \$85,168 to accurately reflect the Community Corrections grant in the appropriate fund.

THEREFORE BE IT RESOLVED that the Board of Commissioners authorizes the following supplemental appropriations to the Fiscal-Year 2020 Budget as illustrated below:

| FUND | Approved 2020 budget | Proposed amendment | Amended 2020 budget |
|-----------------------------|----------------------|--------------------|---------------------|
| 101 - General Fund | \$51,658,048 | \$ 7,052 | \$51,665,100 |
| 221 - Health | \$ 4,124,170 | \$ 64,000 | \$ 4,188,170 |
| 230 - Sheriff Donations | \$ 500 | \$ 3,000 | \$ 3,500 |
| 239 - Court State Grants | \$ 622,748 | \$ (85,168) | \$ 537,580 |
| 260 - Public Defender | \$ 2,532,119 | \$ - | \$ 2,532,119 |
| 275 - Community Corrections | \$ - | \$ 85,168 | \$ 85,168 |
| 290 - Social Welfare | \$ 9,000 | \$ 500 | \$ 9,500 |

BE IT FURTHER RESOLVED that the worksheet showing details of the above is available for review in the Fiscal Services office.

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MOVED:
SECONDED:
CARRIED:

| EXPENDITURES | | | | | |
|-------------------------------|--------------------------------|----|------------|------------------|---------------------|
| 2020 Amended | | | | Proposed Amended | |
| Special Revenue Funds | | | | | |
| 21065100 | EMS | \$ | 10,542,142 | \$ | - \$ 10,542,142 |
| 21110100 | CENSUS 2020 | \$ | 50,000 | \$ | - \$ 50,000 |
| 21414100 | FOC Family Counseling | \$ | 14,000 | \$ | - \$ 14,000 |
| 21514100 | FOC | \$ | 2,790,160 | \$ | - \$ 2,790,160 |
| 21814900 | REDD GRANT | \$ | 61,518 | \$ | - \$ 61,518 |
| 22160100 | Health | \$ | 4,124,170 | \$ | 64,000 \$ 4,188,170 |
| 23030100 | Sheriff Donation Fund | \$ | 500 | \$ | 3,000 \$ 3,500 |
| 23143000 | Animal Shelter Donations | \$ | - | \$ | - \$ - |
| 23816800 | Courts FED Grants | \$ | 461,349 | \$ | - \$ 461,349 |
| 23826717 | Family Support | \$ | 305,544 | \$ | - \$ 305,544 |
| 23830100 | Sheriff - Federal Grants | \$ | 314,275 | \$ | - \$ 314,275 |
| 23833100 | Sheriff Marine Safety | \$ | 5,600 | \$ | - \$ 5,600 |
| 23842600 | FED Emergency Mngmnt | \$ | 176,862 | \$ | - \$ 176,862 |
| 23872100 | Planning Federal Grants | \$ | 24,555 | \$ | - \$ 24,555 |
| 23916800 | Courts STATE Grants | \$ | 622,748 | \$ | (85,168) \$ 537,580 |
| 23926718 | Crime Victims Rights | \$ | 167,421 | \$ | - \$ 167,421 |
| 23930100 | Sheriff State Grants | \$ | 12,000 | \$ | - \$ 12,000 |
| 23930106 | Sheriff Traffic Secondary Road | \$ | 132,446 | \$ | - \$ 132,446 |
| 23943000 | Animal Shelter State Grants | \$ | 25,000 | \$ | - \$ 25,000 |
| 23944100 | DPW State Grants | \$ | - | \$ | - \$ - |
| 24469000 | CDBG Grant | \$ | 17,255 | \$ | - \$ 17,255 |
| 24527800 | ROD Survey & Remon | \$ | 166,245 | \$ | - \$ 166,245 |
| 25522300 | Princ Res Exemption | \$ | 7,322 | \$ | - \$ 7,322 |
| 25626801 | ROD Automation | \$ | 314,113 | \$ | - \$ 314,113 |
| 26017200 | Indigent Defense | \$ | 2,532,119 | \$ | - \$ 2,532,119 |
| 26132500 | 911 Central Dispatch | \$ | 4,299,628 | \$ | - \$ 4,299,628 |
| 26132525 | 911 Enhanced | \$ | 372,254 | \$ | - \$ 372,254 |
| 26132526 | 911 Training | \$ | 26,646 | \$ | - \$ 26,646 |
| 26335100 | Sheriff CO Training | \$ | 20,000 | \$ | - \$ 20,000 |
| 26530100 | Drug Law Enforcement | \$ | 4,500 | \$ | - \$ 4,500 |
| 26630100 | DEA Equitable Sharing | \$ | 6,166 | \$ | - \$ 6,166 |
| 26821500 | Concealed Pistol Licensing | \$ | 67,240 | \$ | - \$ 67,240 |
| 26914500 | Law Library | \$ | - | \$ | - \$ - |
| 27536200 | Community Corrections | \$ | - | \$ | 85,168 \$ 85,168 |
| 27830100 | Sheriff Victim Svcs Unit | \$ | 1,075 | \$ | - \$ 1,075 |
| 29067000 | Social Welfare | \$ | 9,000 | \$ | 500 \$ 9,500 |
| 29266200 | Child Care Juvenile | \$ | 2,041,993 | \$ | - \$ 2,041,993 |
| 29266300 | Child Care Social Services | \$ | 1,065,000 | \$ | - \$ 1,065,000 |
| 29568900 | Veteran Services | \$ | 1,038,133 | \$ | - \$ 1,038,133 |
| 29630100 | Criminal Forfeiture | \$ | 1,890 | \$ | - \$ 1,890 |
| Enterprise Funds | | | | | |
| 51744100 | Landfill | \$ | 105,650 | \$ | - \$ 105,650 |
| 54237100 | Building & Safety | \$ | 3,272,246 | \$ | - \$ 3,272,246 |
| 5750275 | Reg Wastewater O&M | \$ | 3,438 | \$ | - \$ 3,438 |
| 5780275 | Septic Receiving | \$ | 1,592,264 | \$ | - \$ 1,592,264 |
| 58105400 | Airport | \$ | 1,397,319 | \$ | - \$ 1,397,319 |
| 58853800 | LETS | \$ | 5,536,946 | \$ | - \$ 5,536,946 |
| 59535100 | Jail Commissary | \$ | 175,765 | \$ | - \$ 175,765 |
| Internal Service Funds | | | | | |
| 63126500 | Facility Services | \$ | 2,881,566 | \$ | - \$ 2,881,566 |
| 63622800 | Information Technology | \$ | 5,655,173 | \$ | - \$ 5,655,173 |
| 66126300 | Car Pool | \$ | 1,980,529 | \$ | - \$ 1,980,529 |
| 67785200 | Benefit Fund | \$ | 10,954,169 | \$ | - \$ 10,954,169 |

| REVENUES | | | | | |
|--------------|--------------|----|-----------|------------------|--------------|
| 2020 Amended | | | | Proposed Amended | |
| \$ | (10,542,142) | \$ | - | \$ | (10,542,142) |
| \$ | (50,000) | \$ | - | \$ | (50,000) |
| \$ | (14,000) | \$ | - | \$ | (14,000) |
| \$ | (2,619,177) | \$ | - | \$ | (2,619,177) |
| \$ | (61,518) | \$ | - | \$ | (61,518) |
| \$ | (3,651,326) | \$ | (376,318) | \$ | (4,027,644) |
| \$ | (500) | \$ | - | \$ | (500) |
| \$ | - | \$ | - | \$ | - |
| \$ | (461,349) | \$ | - | \$ | (461,349) |
| \$ | (305,544) | \$ | - | \$ | (305,544) |
| \$ | (314,275) | \$ | - | \$ | (314,275) |
| \$ | (5,600) | \$ | - | \$ | (5,600) |
| \$ | (279,527) | \$ | - | \$ | (279,527) |
| \$ | (24,555) | \$ | - | \$ | (24,555) |
| \$ | (644,842) | \$ | 85,168 | \$ | (559,674) |
| \$ | (167,421) | \$ | - | \$ | (167,421) |
| \$ | (12,000) | \$ | - | \$ | (12,000) |
| \$ | (132,446) | \$ | - | \$ | (132,446) |
| \$ | (25,000) | \$ | - | \$ | (25,000) |
| \$ | - | \$ | - | \$ | - |
| \$ | (42,855) | \$ | - | \$ | (42,855) |
| \$ | (65,000) | \$ | - | \$ | (65,000) |
| \$ | (6,150) | \$ | - | \$ | (6,150) |
| \$ | (204,000) | \$ | - | \$ | (204,000) |
| \$ | (2,554,318) | \$ | - | \$ | (2,554,318) |
| \$ | (4,272,325) | \$ | - | \$ | (4,272,325) |
| \$ | (372,250) | \$ | - | \$ | (372,250) |
| \$ | (26,646) | \$ | - | \$ | (26,646) |
| \$ | (20,000) | \$ | - | \$ | (20,000) |
| \$ | (2,000) | \$ | - | \$ | (2,000) |
| \$ | (3,000) | \$ | - | \$ | (3,000) |
| \$ | (120,780) | \$ | - | \$ | (120,780) |
| \$ | - | \$ | - | \$ | - |
| \$ | - | \$ | (85,168) | \$ | (85,168) |
| \$ | (1,250) | \$ | - | \$ | (1,250) |
| \$ | (9,000) | \$ | - | \$ | (9,000) |
| \$ | (2,041,993) | \$ | (74,000) | \$ | (2,115,993) |
| \$ | (1,065,000) | \$ | - | \$ | (1,065,000) |
| \$ | (1,011,000) | \$ | - | \$ | (1,011,000) |
| \$ | - | \$ | - | \$ | - |
| \$ | (75,400) | \$ | - | \$ | (75,400) |
| \$ | (2,273,500) | \$ | - | \$ | (2,273,500) |
| \$ | - | \$ | - | \$ | - |
| \$ | (2,150,414) | \$ | - | \$ | (2,150,414) |
| \$ | (1,501,242) | \$ | - | \$ | (1,501,242) |
| \$ | (5,273,608) | \$ | - | \$ | (5,273,608) |
| \$ | (129,000) | \$ | - | \$ | (129,000) |
| \$ | (2,646,720) | \$ | - | \$ | (2,646,720) |
| \$ | (4,846,837) | \$ | - | \$ | (4,846,837) |
| \$ | (1,579,550) | \$ | - | \$ | (1,579,550) |
| \$ | (10,954,169) | \$ | - | \$ | (10,954,169) |

| EXPENDITURES | | | | | | | | | | Proposed Amended |
|-------------------------------|----------------------------------|-----------------------------|-------------------------------------|---|---|---|--|---|------------|------------------|
| 2020 Amended | Health BSA & Amalgam software | Health COVID-19 response | Health Hep A outreach & response | Sheriff Donations Crime Victim Unit & Community Outreach supplies (using fund balance) | Court State Grants Community Corrections grant transferred to F275 | Public Defender Net zero transfer: decrease personnel & increased operational exp. | Community Corrections Grant authorized by 2019-04 050 transferred from F289 | Social Welfare Emergency client store cards (using fund balance) | | |
| Special Revenue Funds | | | | | | | | | | |
| 21065100 | BMS | \$ | 10,542,142 | | | \$ | - | \$ | 10,542,142 | |
| 21110100 | CINSLUS 2020 | \$ | 50,000 | | | \$ | - | \$ | 50,000 | |
| 21414100 | FOC Family Counseling | \$ | 14,000 | | | \$ | - | \$ | 14,000 | |
| 21514100 | FOC | \$ | 2,780,160 | | | \$ | - | \$ | 2,780,160 | |
| 21814900 | REDD GRANT | \$ | 61,518 | | | \$ | - | \$ | 61,518 | |
| 22160100 | Health | \$ | 4,116,170 | \$ | 11,000 | \$ | 40,000 | \$ | 13,000 | |
| 23030100 | Sheriff Donation Fund | \$ | 3,000 | | | \$ | - | \$ | 3,000 | |
| 23143000 | Animal Shelter Donations | \$ | | | | \$ | - | \$ | | |
| 23816800 | Courts FED Grants | \$ | 461,349 | | | \$ | - | \$ | 461,349 | |
| 23826717 | Family Support | \$ | 305,544 | | | \$ | - | \$ | 305,544 | |
| 23830100 | Sheriff - Federal Grants | \$ | 314,275 | | | \$ | - | \$ | 314,275 | |
| 23833100 | Sheriff Marine Safety | \$ | 5,600 | | | \$ | - | \$ | 5,600 | |
| 23842600 | FED Emergency Mngmnt | \$ | 176,862 | | | \$ | - | \$ | 176,862 | |
| 23872100 | Planning Federal Grants | \$ | 24,555 | | | \$ | - | \$ | 24,555 | |
| 23916800 | Courts STATE Grants | \$ | 622,748 | | | \$ | (85,168) | \$ | 537,580 | |
| 23926718 | Crime Victims Rights | \$ | 167,421 | | | \$ | - | \$ | 167,421 | |
| 23930100 | Sheriff State Grants | \$ | 132,000 | | | \$ | - | \$ | 132,000 | |
| 23930106 | Sheriff Traffic Secondary R. | \$ | 132,446 | | | \$ | - | \$ | 132,446 | |
| 23943000 | Animal Shelter State Grant | \$ | 25,000 | | | \$ | - | \$ | 25,000 | |
| 23944100 | DPW State Grants | \$ | | | | \$ | - | \$ | | |
| 24469000 | CDBG Grant | \$ | 17,255 | | | \$ | - | \$ | 17,255 | |
| 24527800 | RDD Survey & Remon | \$ | 166,245 | | | \$ | - | \$ | 166,245 | |
| 25522300 | Princ Res Exemption | \$ | 7,322 | | | \$ | - | \$ | 7,322 | |
| 25626801 | RDD Automation | \$ | 314,113 | | | \$ | - | \$ | 314,113 | |
| 26071700 | Indigent Defense | \$ | 2,532,119 | | | \$ | - | \$ | 2,532,119 | |
| 26132500 | 911 Central Dispatch | \$ | 4,299,628 | | | \$ | - | \$ | 4,299,628 | |
| 26132525 | 911 Enhanced | \$ | 372,254 | | | \$ | - | \$ | 372,254 | |
| 26132526 | 911 Training | \$ | 26,646 | | | \$ | - | \$ | 26,646 | |
| 26135100 | Sheriff CD Training | \$ | 20,000 | | | \$ | - | \$ | 20,000 | |
| 26530100 | Drug Law Enforcement | \$ | 4,500 | | | \$ | - | \$ | 4,500 | |
| 26630100 | DEA Equitable Sharing | \$ | 6,166 | | | \$ | - | \$ | 6,166 | |
| 26821500 | Concealed Pistol Licensing | \$ | 67,240 | | | \$ | - | \$ | 67,240 | |
| 26914500 | Law Library | \$ | - | | | \$ | - | \$ | - | |
| 27936200 | Community Corrections | \$ | - | | | \$ | 85,168 | \$ | 85,168 | |
| 27950100 | Sheriff Victim Secs Unit | \$ | 1,075 | | | \$ | - | \$ | 1,075 | |
| 29067000 | Social Welfare | \$ | 9,500 | | | \$ | 500 | \$ | 9,500 | |
| 29266200 | Child Care Juvenile | \$ | 2,041,993 | | | \$ | - | \$ | 2,041,993 | |
| 29266300 | Child Care Social Services | \$ | 1,065,000 | | | \$ | - | \$ | 1,065,000 | |
| 29268900 | Veteran Services | \$ | 1,038,133 | | | \$ | - | \$ | 1,038,133 | |
| 29630100 | Crosslink Enforcement | \$ | 1,890 | | | \$ | - | \$ | 1,890 | |
| Enterprise Funds | | | | | | | | | | |
| 51744100 | Landfill | \$ | 105,650 | | | \$ | - | \$ | 105,650 | |
| 54237100 | Building & Safety | \$ | 3,272,246 | | | \$ | - | \$ | 3,272,246 | |
| 5750275 | Reg Wastewater O&M | \$ | 3,438 | | | \$ | - | \$ | 3,438 | |
| 5780275 | Septic Receiving | \$ | 1,592,264 | | | \$ | - | \$ | 1,592,264 | |
| 58105400 | Airport | \$ | 1,397,319 | | | \$ | - | \$ | 1,397,319 | |
| 58531800 | LETS | \$ | 5,536,946 | | | \$ | - | \$ | 5,536,946 | |
| 59535100 | Jail Commissary | \$ | 175,765 | | | \$ | - | \$ | 175,765 | |
| Internal Service Funds | | | | | | | | | | |
| 63126500 | Facility Services | \$ | 2,881,566 | | | \$ | - | \$ | 2,881,566 | |
| 63622800 | Information Technology | \$ | 5,655,173 | | | \$ | - | \$ | 5,655,173 | |
| 66126300 | Car Pool | \$ | 1,980,529 | | | \$ | - | \$ | 1,980,529 | |
| 67785200 | Benefit Fund | \$ | 10,954,169 | | | \$ | - | \$ | 10,954,169 | |

| REVENUES | | | | | | | | | | Proposed Amended |
|--------------|---|--|-------------------------------------|---|--|--|-----------|--------|----|------------------|
| 2020 Amended | Court State Grants Community Corrections grant transferred to F275 | Health Emergency Preparedness COVID-19 response | Health Hep A outreach & response | Health ELUPB Water Supply, Wastewater & Communicable Disease | Community Corrections Grant authorized by 2019-04 050 transferred from F289 | Child Care LACASA and Wrap Around contracts | | | | |
| \$ | (10,542,142) | | | | | | \$ | - | \$ | (10,542,142) |
| \$ | (50,000) | | | | | | \$ | - | \$ | (50,000) |
| \$ | (14,000) | | | | | | \$ | - | \$ | (14,000) |
| \$ | (2,615,177) | | | | | | \$ | - | \$ | (2,615,177) |
| \$ | (61,518) | | | | | | \$ | - | \$ | (61,518) |
| \$ | (4,037,644) | | | | | | \$ | - | \$ | (4,037,644) |
| \$ | (376,318) | \$ | (168,745) | \$ | (25,000) | \$ | (182,573) | | | |
| \$ | (500) | | | | | | \$ | - | \$ | (500) |
| \$ | (461,349) | | | | | | \$ | - | \$ | (461,349) |
| \$ | (305,544) | | | | | | \$ | - | \$ | (305,544) |
| \$ | (314,275) | | | | | | \$ | - | \$ | (314,275) |
| \$ | (5,600) | | | | | | \$ | - | \$ | (5,600) |
| \$ | (279,527) | | | | | | \$ | - | \$ | (279,527) |
| \$ | (24,555) | | | | | | \$ | - | \$ | (24,555) |
| \$ | (644,842) | \$ | 85,168 | | | | \$ | 85,168 | \$ | (559,674) |
| \$ | (167,421) | | | | | | \$ | - | \$ | (167,421) |
| \$ | (132,000) | | | | | | \$ | - | \$ | (132,000) |
| \$ | (132,446) | | | | | | \$ | - | \$ | (132,446) |
| \$ | (25,000) | | | | | | \$ | - | \$ | (25,000) |
| \$ | (42,855) | | | | | | \$ | - | \$ | (42,855) |
| \$ | (65,000) | | | | | | \$ | - | \$ | (65,000) |
| \$ | (6,150) | | | | | | \$ | - | \$ | (6,150) |
| \$ | (204,000) | | | | | | \$ | - | \$ | (204,000) |
| \$ | (2,554,318) | | | | | | \$ | - | \$ | (2,554,318) |
| \$ | (4,272,325) | | | | | | \$ | - | \$ | (4,272,325) |
| \$ | (372,250) | | | | | | \$ | - | \$ | (372,250) |
| \$ | (26,646) | | | | | | \$ | - | \$ | (26,646) |
| \$ | (20,000) | | | | | | \$ | - | \$ | (20,000) |
| \$ | (4,500) | | | | | | \$ | - | \$ | (4,500) |
| \$ | (1,000) | | | | | | \$ | - | \$ | (1,000) |
| \$ | (130,780) | | | | | | \$ | - | \$ | (130,780) |
| \$ | - | | | | | | \$ | - | \$ | - |
| \$ | - | | | | | | \$ | - | \$ | - |
| \$ | (1,250) | | | | | \$ | (85,168) | | | (85,168) |
| \$ | (9,500) | | | | | | \$ | - | \$ | (9,500) |
| \$ | (2,041,993) | | | | | \$ | (74,000) | | | (2,115,993) |
| \$ | (1,065,000) | | | | | | \$ | - | \$ | (1,065,000) |
| \$ | (1,011,000) | | | | | | \$ | - | \$ | (1,011,000) |
| \$ | (75,400) | | | | | | \$ | - | \$ | (75,400) |
| \$ | (2,273,500) | | | | | | \$ | - | \$ | (2,273,500) |
| \$ | - | | | | | | \$ | - | \$ | - |
| \$ | (2,150,414) | | | | | | \$ | - | \$ | (2,150,414) |
| \$ | (1,501,242) | | | | | | \$ | - | \$ | (1,501,242) |
| \$ | (5,273,608) | | | | | | \$ | - | \$ | (5,273,608) |
| \$ | (129,000) | | | | | | \$ | - | \$ | (129,000) |
| \$ | (2,646,720) | | | | | | \$ | - | \$ | (2,646,720) |
| \$ | (4,846,837) | | | | | | \$ | - | \$ | (4,846,837) |
| \$ | (1,579,550) | | | | | | \$ | - | \$ | (1,579,550) |
| \$ | (10,954,169) | | | | | | \$ | - | \$ | (10,954,169) |

| FUND | Approved 2020 budget | Proposed amendment | Amended 2020 budget |
|-----------------------------|-------------------------|-----------------------|------------------------|
| 101 - General Fund | \$ 51,658,048 | \$ 7,052 | \$ 51,665,100 |
| 221 - Health | \$ 4,124,170 | \$ 64,000 | \$ 4,188,170 |
| 230 - Sheriff Donations | \$ 500 | \$ 3,000 | \$ 3,500 |
| 239 - Court State Grants | \$ 622,748 | \$ (85,168) | \$ 537,580 |
| 260 - Public Defender | \$ 2,532,119 | \$ - | \$ 2,532,119 |
| 275 - Community Corrections | \$ - | \$ 85,168 | \$ 85,168 |
| 290 - Social Welfare | \$ 9,000 | \$ 500 | \$ 9,500 |

RESOLUTION

NO: 2020-04-131

LIVINGSTON COUNTY

DATE: April 27, 2020

Resolution Extending Additional and/or Modified Temporary Emergency Employment Provisions in Response to COVID-19 - County Administration

WHEREAS, the State of Michigan has issued Interim Recommendations for COVID-19 Community Mitigation Strategies (“State Recommendations”), including strategies for workplaces; and

WHEREAS, the State Recommendations include encouraging employees to stay home when sick, encouraging staff to tele-work when feasible, particularly individuals at risk of severe illness, and other measures to encourage social distancing to limit the spread of the virus; and

WHEREAS, on March 23, 2020, the Governor of Michigan issued Executive Order No. 2020-21 (“Exec. Order 2020-21”) addressing temporary requirements to suspend activities that are not necessary to sustain or protect life, which further limited County operations; and

WHEREAS, on March 18, 2020, the Families First Coronavirus Response Act (“FFCRA”) was signed into law. The FFCRA includes two (2) distinct provisions that provide emergency COVID-19 related leave to certain employees covered by the FFCRA: (1) the Emergency Paid Sick Leave Act (“EPSLA”); and (2) the Emergency Family and Medical Leave Expansion Act (“EFMLEA”). It is the current understanding that the Department of Labor (“DOL”) will provide clarifying regulations in the near future following the FFCRA’s effective date of April 1, 2020.

WHEREAS, on April 1, 2020, the provisions of the FFCRA went into effect; and

WHEREAS, on April 24, 2020, the Governor of Michigan issued Executive Order No. 2020-59 (“Exec. Order 2020-59”) reaffirming and extending until May 15, 2020 prior executive orders requirements to suspend activities that are not necessary to sustain or protect life; and

WHEREAS, Livingston County is taking reasonable measures to safeguard the health of our employees and the people we serve while maintaining limited operations in an effective and efficient manner and continuing to perform critical and essential services to the public.

THEREFORE BE IT RESOLVED in light of the partial County closure and to continue adherence to the social distancing requirements of Exec. Order 2020-59 currently extended in duration through **May 15, 2020** and as a reasonable mitigation strategy in response to COVID-19:

As to those regular full-time and part-time employees who are deemed by their applicable department head or Elected Official as non-essential/non-critical and who are directed by their applicable department head or Elected Official not to report because of a temporary closure, partial closure, or reduction in services, and who are not approved to telecommute -- the Livingston County Board of Commissioners authorizes continuation of these employees’ regular pay and benefits through **May 15, 2020** or the date of any controlling Court or Legislative action staying or superseding Exec. Order 2020-59 (if any), whichever is sooner. As a condition of this continued pay and benefits, employees are expected to remain ready and able to work if called to do so by their

department head or Elected Official.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners hereby extends approval of the previously approved Temporary Emergency Telecommuting Arrangement as a tool for departments to utilize in response to COVID-19 to continue to be effective in accordance with social distancing requirements of a State of Michigan Governor's Executive Order or through **May 15, 2020** or the date of any controlling Court or Legislative action staying or superseding Exec. Order 2020-59 (if any), whichever is sooner.

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MOVED:
SECONDED:
CARRIED:

RESOLUTION

NO: 2020-04-132

LIVINGSTON COUNTY

DATE: April 27, 2020

Resolution Amending Resolution 2019-08-114 Establishing the Census 2020 Complete Count Committee – Board of Commissioners

- WHEREAS,** the United States of America has performed a nationwide census every ten year since 1790, with the last census being in 2010; and
- WHEREAS,** an accurate census is essential for the allocation of representatives to serve in the legislative bodies of the U.S. House of Representatives, the Michigan State Legislature; and within the Livingston County voting districts; and
- WHEREAS,** accurate census information is critical to planning for future growth, development, and the social needs of Livingston County; and
- WHEREAS,** the more informed that residents become about the 2020 census operations, the better their understanding of the census process becomes, thus increasing their willingness to the 2020 Census; and
- WHEREAS,** the Census Bureau is not permitted to publicly release responses furnished by any individual, or on behalf of an individual, or release information to other governmental agencies, including the Internal Revenue Service, the Immigration and Naturalization Service, law enforcement agencies or welfare agencies. In addition, per the Federal Cybersecurity Enhancement Act of 2015, census data is protected from cybersecurity risks through screening of the systems that transmit this data; and
- WHEREAS,** the purpose of the Complete Count Committee will be to advise and assist Livingston County in obtaining the most accurate and complete population count for Census 2020 by increasing the number of County responses through a focused, structured neighbor-to-neighbor program. The committee will also utilize the local knowledge, expertise and influence of each committee member to design and implement a census awareness campaign targeted to the Livingston County community.

THEREFORE BE IT RESOLVED by the Livingston County Board of Commissioners that:

1. A Census 2020 Complete Count Committee is hereby established to advise and assist Livingston County in obtaining the most accurate and complete population count for Census 2020.
2. The Committee shall discuss and formulate strategies and techniques, working with County staff and census bureau officials, to enhance and increase the response rate to Census 2020. The Committee shall be responsible for planning and conducting local educational initiatives, and for preparing of obtaining posters, flyers and handouts for use by the media and others. The Committee will also prepare materials for public service announcements on radio and social media.
3. The Committee shall consist of at least eight (8), but no more than twenty (20), members representing Livingston County based local government, education, faith-based organizations, media, business, community-based organizations, or other philanthropic organizations. The members shall be appointed by the Livingston County Board of Commissioners.
4. The Committee members shall serve from October 1, 2019 through and including August 31, 2020, at which time the Committee, having completed its work, shall dissolve, unless extended by the Board of County Commissioners. No resolution dissolving or rescinding the committee is necessary.
5. The Chairperson of the committee will be appointed by the Chairperson of the Livingston County Board of Commissioners.
6. The Committee shall meet at least every three months (quarterly) but may meet more often as needed.

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MOVED:

SECONDED:

CARRIED: