

MUSKEGON COUNTY BOARD OF COMMISSIONERS  
MUSKEGON COUNTY, MICHIGAN

**AGENDA**

**HUMAN SERVICES COMMITTEE**

Hall of Justice  
990 Terrace Street, Muskegon, MI  
December 3, 2013 – 4:00 PM

Charles Nash, Chair  
Rillastine Wilkins, Vice-Chair

- 
1. Call to Order
  2. Roll Call
  3. Approval of Minutes of November 5, 2013
  4. Public Comment (on an agenda item)
  5. Items for Consideration

- |              |   |
|--------------|---|
| HS13/12 – 76 | (Mental Health) Approve Addition of Physical Therapy Services to CMH's Contract with PNA LTD/Homcare, Inc.                    |
| HS13/12 – 77 | (Mental Health) Authorize CMH to Enter into Hospital Reimbursement Adjustment Agreements                                      |
| HS13/12 – 78 | (Mental Health) Authorize CMH to Amend FY14 Contract Extension with Mercy Health-Hackley Behavioral Health                    |
| HS13/12 – 79 | (Mental Health) Authorize CMH to Sign Contract with Service Vendors/Providers Who Submitted Written Agreements                |
| HS13/12 – 80 | (Mental Health) Authorize Reclassify of Masters Level Clinician Position to Supports Coordinator/CBS Position                 |
| HS13/12 – 81 | (Mental Health) Amend Contract with Preferred Employment and Living Supports, LLC   |
| HS13/12 – 82 | (Mental Health) Authorize Reclassification of Mid-Level Practitioner Position to a 32 Hour/Week General Psychiatrist Position |

**Public Comment**

Persons may address the Commission during the time set aside for Public Comment or at any time by suspension of the rules. All persons must address the commission and state their name for the record. Comments shall be limited to two (2) minutes for each participant, unless time is extended prior to the public comment period by a vote of a majority of the commission.

Human Resources Committee  
Agenda  
December 3, 2013  
Page 2

6. Old Business
7. New Business
8. Public Comment
9. Adjournment

AMERICAN DISABILITY ACT POLICY FOR ACCESS TO OPEN MEETINGS OF THE  
MUSKEGON COUNTY BOARD OF COMMISSIONERS AND ANY OF ITS  
COMMITTEES OR SUBCOMMITTEES

The County of Muskegon will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered at the meeting, to individuals with disabilities who want to attend the meeting upon 24-hours' notice to the County of Muskegon. Individuals with disabilities requiring auxiliary aids or services should contact the County of Muskegon by writing or calling: Administration, 990 Terrace Street, Muskegon, MI 49442 (231) 724-6520

**Muskegon County  
Human Services Committee Meeting  
November 5, 2013  
4:00 p.m.  
Hall of Justice, 4<sup>th</sup> Floor  
Muskegon, MI**

**Charles Nash, Chair**

**Rillastine Wilkins, Vice-Chair**

**MINUTES**

**CALL TO ORDER**

The meeting was called to order by Commissioner Nash at 4:00 p.m.

**ROLL CALL**

Present: Benjamin Cross, James Derezinski, Marvin Engle, Susie Hughes, Kenneth Mahoney, Charles Nash, Terry Sabo, Robert Scolnik, Rillastine Wilkins

**APPROVAL OF MINUTES**

It was moved by Wilkins, supported by Cross, to approve the minutes of the October 1, 2013 meeting as written. Motion carried.

**PUBLIC COMMENT (On an agenda item)**

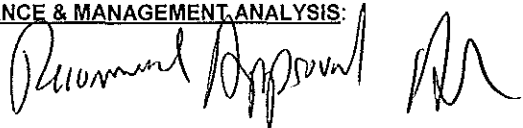
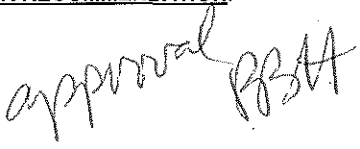
None.

**ITEMS FOR CONSIDERATION**

- HS13/11 – 70      It was moved by Cross, supported by Mahoney, to approve changing Supports Coordinator/MI position #X87232 to Masters Level Clinician/HBS effective November 13, 2013. Motion carried.
- HS13/11 – 71      It was moved by Derezinski, supported by Sabo, to authorize Community Mental Health to amend the FY 2011/2013 contracts with the fourteen (14) Community Inpatient providers listed on "Hospitals Contracting with the Inpatient Affiliation for FY14" in order to extend the current contracts through September 30, 2014, as the listed rates for each hospital. Motion carried.
- HS13/11 – 72      It was moved by Cross, supported by Mahoney, to authorize the Community Mental Health Director to sign a First Amendment to the Lease with No More Sidelines to increase the amount of CMH programs office space at their Folkert Community Hub (located at 640 W. Seminole Road, Muskegon, MI 49441), for a total monthly rent of \$6,833.76, effective October 1, 2013 through December 31, 2017. Motion carried.
- HS13/11 – 73      It was moved by Wilkins, supported by Mahoney, to authorize Community Mental Health to accept the proposed rate changes by those vendors/providers listed in "FY 2013/2014 Proposed Vendor Rate Changes", effective October 1, 2013, through September 30, 2014. Motion carried.

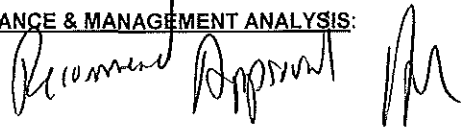
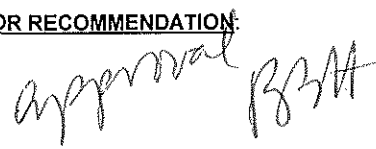


# REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services		BUDGETED X		NON-BUDGETED		PARTIALLY BUDGETED	
REQUESTING DEPARTMENT Community Mental Health			COMMITTEE DATE December 03, 2013		REQUESTOR SIGNATURE Julia Rupp, Executive Director		
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)							
<p>Approval is requested for Community Mental Health Services of Muskegon County (CMH) to add Physical Therapy Services to CMH's contract with PNA LTD/Homcare, Inc., (905 W. Summit, Muskegon, MI 49441), effective December 1, 2013, through September 30, 2014.</p> <p>We have a consumer who has been receiving Physical Therapy Services three times a week at the Muskegon Life Skills Day Program from VNS. Effective November 30, 2013, VNS will no longer be providing physical therapy services. PNA LTD/Homcare, Inc. does provide these services and has the capacity to provide physical therapy services to our consumer. The rates will be \$65.00 per visit for a Physical Therapist and \$47.00 per visit for a Physical Therapist Assistant. These rates are significantly less than what CMH is currently paying for these services.</p>							
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)							
<p>I move to approve the addition of Physical Therapy Services to Community Mental Health's contract with PNA LTD/Homcare, Inc., at the rates of \$65.00 per visit for a Physical Therapist and \$47.00 per visit for a Physical Therapist Assistant, effective December 1, 2013, through September 30, 2014.</p>							
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)							
<u>HUMAN RESOURCES ANALYSIS:</u>				<u>FINANCE &amp; MANAGEMENT ANALYSIS:</u>			
							
<u>CORPORATE COUNSEL ANALYSIS:</u>				<u>ADMINISTRATOR RECOMMENDATION:</u>			
							
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee:						11/22/2013	
AGENDA DATE: 12/3/13		AGENDA NO.: H513/12-76		BOARD DATE: 12/10/13		PAGE NO.	



# REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services		BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DEPARTMENT Community Mental Health		COMMITTEE DATE December 03, 2013	REQUESTOR SIGNATURE Julia Rupp, Executive Director	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)				
<p>Approval is requested for Community Mental Health (CMH) Services of Muskegon County to enter into Hospital Reimbursement Adjustment (HRA) agreements with those Community Inpatient Hospitals in which either Ottawa or Muskegon Affiliates admitted consumers during FY 2012, or the Michigan Department of Community Health (MDCH) established our agency as one of the payees for the facility.</p> <p>The MDCH has established that the goal of the HRA agreement is to sustain community psychiatric inpatient capacity and remove Medicaid access barriers. It is important that community inpatient psychiatric capacity be sufficient so that medically necessary inpatient services are readily available to Medicaid beneficiaries and the quality of services, as measured through hospital accreditation and compliance with PIHP contractual requirements, is adequate. Therefore, the MDCH has determined that adequacy of payment for services is a necessary component. This HRA agreement is independent of the local PIHP/hospital rate-setting process. These payments are supplemental to the current PIHP/Hospital current year rate.</p> <p>The following is the list of the LBHA HRA Agreements: Forest View Hospital, Borgess Hospital, Harbor Oaks Hospital, Havenwyck Hospital, Healthsource Saginaw, Hillsdale Community Health Center, Holland Community Hospital, Marquette General Hospital, Memorial Medical Center of West Michigan, Mercy Health Partners Hackley Campus, MidMichigan Medical Center-Midland, Pine Rest Christian Hospital, Saint Mary's Health Care (Grand Rapids).</p>				
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)				
<p>I move to authorize the Community Mental Health Services of Muskegon County Executive Director to enter into Hospital Reimbursement Adjustment (HRA) agreements with those Community Inpatient Hospitals in which either Ottawa or Muskegon affiliates paid for inpatient care of their consumers during FY 2012, or the Michigan Department of Community Health has established our agency as one of the payees for the facility for October 01, 2013, through December 31, 2013.</p>				
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)				
HUMAN RESOURCES ANALYSIS:		FINANCE & MANAGEMENT ANALYSIS:		
				
CORPORATE COUNSEL ANALYSIS:		ADMINISTRATOR RECOMMENDATION:		
				
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee				11/22/2013
AGENDA DATE: 12/3/13	AGENDA NO.: HS 13/12.77	BOARD DATE: 12/10/13	PAGE NO.	

# PREPAID INPATIENT HEALTH PLANS – HOSPITAL RATE ADJUSTMENT AGREEMENT

**Agreement Expiration Date: December 31, 2013**

This Agreement is between the County of Muskegon and **Lakeshore Behavioral Health Alliance**, located at 376 E. Apple Avenue, Muskegon, Michigan 49442, acting as the Prepaid Inpatient Health Plan, (hereinafter referred to as "PIHP") and **Forest View Hospital**, located at 1055 Medical Park Drive S.E., Grand Rapids, Michigan 49546, (hereinafter referred to as "Contractor"). As used throughout this Agreement, PIHP and/or the Contractor may also be referred to individually as a "Party" or together as the "Parties."

1. **PURPOSE OF AGREEMENT.** The purpose of this Agreement, which is authorized in part by MCL 333.20161, is the Quality Assurance Assessment Program for Inpatient Psychiatric Hospitals and Units. The program specifically provides for the payment of a hospital rate adjustment. The amount of this adjustment will be determined by the Michigan Department of Community Health (MDCH) for disbursement by the PIHP to the Contractor.

2. **RELATIONSHIP OF THE PARTIES.**

A. It is agreed that the Contractor is an independent contractor for any and all purposes and at any and all times during which this Agreement is in effect. Under no circumstances will the officers, employees, servants and agents of Contractor be in any way deemed to be and shall not hold themselves out as officers, employees, servants or agents of the PIHP. To the extent under any circumstances it is deemed otherwise, the Contractor agrees to indemnify the PIHP, holding it completely harmless as to any costs or damages that it may suffer, including reasonable attorney fees.

B. This agreement is not exclusive and nothing contained within shall be construed to restrict the right of either party to enter into other similar contracts.

3. **TERM.**

This Agreement shall be in effect from **October 1, 2013 to December 31, 2013** inclusive, unless terminated in accordance with the termination section of this Agreement.

4. **FINANCIAL OBLIGATIONS, REIMBURSEMENT AND COSTS SETTLEMENT.**

A. The PIHP, based upon funds and information received from MDCH, will reimburse Contractor for its costs associated with its program for improving access, quality and performance in the providing of services to eligible clients. A particular program will be developed by the PIHP which will include MDCH in the design methodology, data collection and evaluation.

B. The MDCH will establish a schedule for reimbursement, and the PIHP will follow such schedule. This schedule will be designed to reimburse Contractor for its costs related to improving access, quality and performance, including design methodology, data collection and evaluation.

In making its reimbursement, the PIHP will only reimburse payments to network and out of network providers as dictated by methodology jointly developed by MDCH in collaboration with the PIHP.



C. The Contractor will hold the PIHP harmless for payments received when these payments are consistent with the guidance and methodology jointly developed by the PIHP and MDCH and communicated by MDCH.

5. DESIGNATED REPRESENTATIVE.

For PIHP: Julia Rupp, Executive Director  
Lakeshore Behavioral Health Alliance  
376 E. Apple Avenue  
Muskegon, MI 49442  
Phone No. 231-724-1111  
Fax No. 231-724-1300  
rupp@cmhs.co.muskegon.mi.us

For Contractor: Andrew Hotaling, Chief Executive Officer  
Forest View Hospital  
1055 Medical Park Dr. S.E.  
Grand Rapids, MI 49546  
Phone No. 616-942-9610  
Fax No. 616-285-9144  
Andrew.Hotaling@uhsinc.com

Changes in designated representatives shall be made only after advance written notice to the other party.

6. NOTICES. Any notice of consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by first class mail, postage prepaid, or otherwise delivered as follows:

To PIHP: Julia Rupp, Executive Director  
Lakeshore Behavioral Health Alliance  
376 E. Apple Avenue  
Muskegon, MI 49442

To Contractor: Andrew Hotaling, Chief Executive Officer  
Forest View Hospital  
1055 Medical Park Dr. S.E.  
Grand Rapids, MI 49546

or at such other address or to such other person that the parties may from time-to-time designate. Notices and consents under this section, which are sent by mail, shall be deemed to be received five (5) days following their deposit in the United States mail.

7. TAXES. PIHP shall not be responsible for paying any taxes on Contractor's behalf, and should PIHP be required to do so by State, Federal, or local taxing agencies, Contractor agrees to reimburse PIHP promptly for the full value of such paid taxes plus interest and penalty, if any. These taxes shall include, without limitation the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance and worker's compensation insurance.

8. INDEMNIFICATION. To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the PIHP, its subsidiaries, departments, divisions, and agencies and their respective officials, officers, directors, employees, and agents from

and against any and all liability, litigation, causes of action, and claims, by whomsoever brought or alleged, and regardless of the legal theories upon which based, and from and against all losses, costs, expenses, and fees and expenses of attorneys and expert witnesses resulting therefrom on account of, relating to, or arising out of bodily injury or death of any person, or on account of damage to property, including loss of use thereof, arising or allegedly arising out of or resulting from the work. The foregoing indemnity of the PIHP shall include, but it not limited to, claims alleging or involving the negligence of Contractor, its subcontractors, or the joint negligence of Contractor, its subcontractors, and/or the PIHP, but shall not extend to liability found by way of final judgment to have resulted from the sole negligence of the PIHP.

9. TERMINATION.

- A. The Agreement may be immediately terminated at the discretion of PIHP in consultation with MDCH with written notification to the Contractor for any of the following reasons:
- i. Reduction in funding upon which this Agreement is contingent.
  - ii. Material breach of the Agreement.
- B. PIHP may, by written notice to Contractor, terminate this Agreement in whole or in part at any time, subject to a thirty (30) day written notice, whether for PIHP's convenience or because of the failure of Contractor to fulfill the obligations herein. Upon receipt of this notice, Contractor shall immediately discontinue all services (unless the notice directs otherwise), and deliver to PIHP all data estimates, graphs, summaries, reports, and all other records, documents or papers as may have been accumulated or produced by Contractor in performing this Agreement, whether completed or in process.

10. GOVERNING LAW. This agreement shall be governed by and enforced in accordance with the laws of the State of Michigan.
11. SECTION HEADINGS. The headings of the several sections, and any Table of Contents appended hereto, shall be solely for convenience of reference and shall not affect the meaning, construction or effect hereof.
12. SEVERABILITY. If any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.
13. ENTIRE AGREEMENT AND AMENDMENT. In conjunction with matters considered herein, this Agreement contains the entire understanding and agreement of the parties and there have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set forth herein. This Agreement may be altered, amended or modified only by an instrument in writing, executed by the parties to this Agreement and by no other means. Each party waives their future right to claim, contest or assert that this Agreement was modified, canceled, superseded or changed by any oral agreements, course of conduct, waiver or estoppel.

14. **SUCCESSORS AND ASSIGNS.** All representations, covenants and warranties set forth in the Agreement by or on behalf of, or for the benefit of any or all of the parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.
15. **NO THIRD-PARTY BENEFICIARY.** No person dealing with the PIHP or Contractor shall be, nor shall any of them be deemed to be, third-party beneficiaries of this Agreement. This Agreement is not intended to, nor shall it be interpreted to create a special relationship between the PIHP or the Contractor and any staff, visitors, residents, or other individuals who may have business through the PIHP.
16. **EXECUTION OF COUNTERPARTS.** This Agreement may be executed in any number of counterparts and each such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.
17. **AUTHORITY.** All parties to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated and on behalf of any entities, person, or firms represented or purported to be represented by such entity(ies), person(s), or firm(s) and that all formal requirements necessary or required by any State and/or Federal law in order to enter into this Agreement have been fully complied with. Furthermore, by entering into this Agreement, Contractor hereby warrants that it shall not have breached the terms or conditions of any contract or agreement to which Contractor is obligated, which breach would have a material effect there on.
18. **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):** Each party acknowledges that it is a "Covered Entity" as defined by the regulations entitled Standards for Privacy of Individual Identifiable Health Information, promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended. In the course of performing its duties and obligations under this Agreement, each party will receive or create certain information concerning Consumers that constitutes "Protected Health Information" (PHI) within the meaning of the HIPAA regulations. For any use and/or disclosure of PHI pursuant to this Agreement, both Parties will comply with the HIPAA regulations.

**COMMUNITY MENTAL HEALTH  
SERVICES OF MUSKEGON COUNTY**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Julia Rupp, Executive Director

**FOREST VIEW HOSPITAL**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Andrew Hotaling, Chief Executive Officer

# REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services	BUDGETED    NON-BUDGETED    PARTIALLY BUDGETED X
-----------------------------	---

REQUESTING DEPARTMENT Community Mental Health	COMMITTEE DATE December 03, 2013	REQUESTOR SIGNATURE Julia Rupp, Executive Director
--	-------------------------------------	---

**SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)**

Authorization is requested for Community Mental Health (CMH) of Muskegon County to amend the FY14 contract extension with Mercy Health-Hackley Behavioral Health to increase their rates effective November 1, 2013, through September 30, 2014 as follows:

Adult Inpatient Services:	\$876.00 per day (6.3% increase)
Adult Inpatient Co-Occurring DD/MI Services:	\$976.00 per day (5.6% increase)

**SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)**

I move to authorize Community Mental Health to amend the FY14 contract extension with Mercy Health-Hackley Behavioral Health to increase their rates effective November 1, 2013, through September 30, 2014, to \$876.00 per day for Adult Inpatient Services and \$976.00 per day for Adult Inpatient Co-Occurring DD/MI Services.

**ADMINISTRATIVE ANALYSIS (AS APPLICABLE)**

<u>HUMAN RESOURCES ANALYSIS:</u>	<u>FINANCE &amp; MANAGEMENT ANALYSIS:</u> 
----------------------------------	---

<u>CORPORATE COUNSEL ANALYSIS:</u>	<u>ADMINISTRATOR RECOMMENDATION:</u> 
------------------------------------	--

If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee

	11/22/2013
--	------------

AGENDA DATE: 12/3/13	AGENDA NO.: HS13/12-78	BOARD DATE: 12/10/13	PAGE NO.
-------------------------	---------------------------	-------------------------	----------

**SECOND AMENDMENT TO 2011/2013 CONTRACT  
Between  
Community Mental Health Services of Muskegon County  
And  
Mercy Health-Hackley Behavioral Health**

**Effective November 1, 2013 through September 30, 2014**, the Mercy Health-Hackley Behavioral Health Adult Inpatient Services rate will increase to \$876.00 per day and the Adult Inpatient Co-Occurring MI/DD Services rate will increase to \$976.00 per day. (See Attachment A)

With the exception of this amended language, the original agreement remains in full force and effect.

**COMMUNITY MENTAL HEALTH SERVICES  
OF MUSKEGON COUNTY**

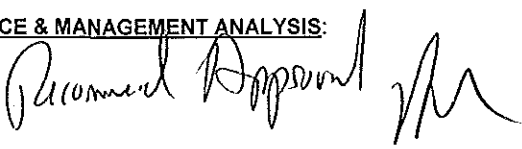

**MERCY HEALTH,  
HACKLEY BEHAVIORAL HEALTH**

\_\_\_\_\_  
Julia Rupp  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kim Maguire, MBA, BSN, RN    Date  
VP of Patient Care Services & CNO


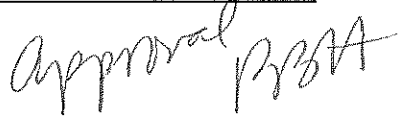
# REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services		BUDGETED X		NON-BUDGETED		PARTIALLY BUDGETED	
REQUESTING DEPARTMENT Community Mental Health			COMMITTEE DATE December 03, 2013		REQUESTOR SIGNATURE Julia Rupp, Executive Director		
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)							
<p>Authorization is requested for Community Mental Health to contract with those service vendors/providers who have submitted written agreements to continue service provision at the Fiscal Year 2012/2013 rates for the time period effective October 1, 2013 through September 30, 2014.</p> <p>See Attachment A: Vendor Agreement for Continuation of FY 2012/2013 Rates Through September 30, 2014. Contract projected expenditures are noted on the attachment.</p>							
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)							
<p>I move to authorize the Community Mental Health Executive Director to sign a contract with those service vendors/providers who have submitted written agreements to continue service provision at the Fiscal Year 2012/2013 rates for the time period effective October 1, 2013, through September 30, 2014.</p>							
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)							
<u>HUMAN RESOURCES ANALYSIS:</u>				<u>FINANCE &amp; MANAGEMENT ANALYSIS:</u>			
							
<u>CORPORATE COUNSEL ANALYSIS:</u>				<u>ADMINISTRATOR RECOMMENDATION:</u>			
							
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee						11/22/2013	
AGENDA DATE: 12/3/13		AGENDA NO.: HS13/12.79		BOARD DATE: 12/10/13		PAGE NO.	

**ATTACHMENT A: Vendor Agreement for Continuation of FY 2012/2013 Rates Through September 30, 2014**

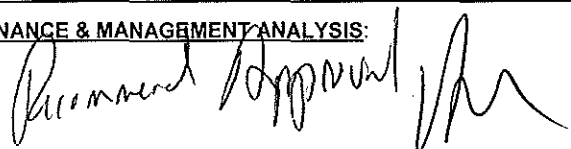

Vendor	Provider/Service	Vendor	Provider/Service
<p><b>Harbor Psychological Services</b>  <b>Margaret Lowe, Psy.D.</b>                      1148 Fourth Street                      Muskegon, MI 49442</p> <p>Projected Expenditure:                      \$5,000.00</p>	<ul style="list-style-type: none"> <li>Specialized Outpatient Mental Health Services</li> </ul>	<p><b>Kelly's Kare AFC</b>                      7888 Whitehall Road                      Muskegon, MI 49445</p> <p>Projected Expenditure:                      \$</p>	<ul style="list-style-type: none"> <li>Room and Board, Personal Care and CLS in a Specialized Residential Setting -Kelly's Kare AFC</li> <li>CLS Enhanced Staffing</li> </ul>
<p><b>Rocking Horse Ranch</b>                      19138 144<sup>th</sup> Avenue                      Fruitport, MI 49415</p> <p>Projected Expenditure:                      \$215,000.00</p>	<ul style="list-style-type: none"> <li>Room and Board, Personal Care and CLS in a Specialized Residential Setting - Rocking Horse Ranch</li> <li>CLS Enhanced Staffing</li> </ul>	<p><b>Netsmart University</b>                      146 2<sup>nd</sup> Street N                      Suite 301                      St. Petersburg, FL 33701</p> <p>Projected Expenditure:                      \$164,000.00</p>	<ul style="list-style-type: none"> <li>Software License</li> </ul>

# REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services		BUDGETED X      NON-BUDGETED      PARTIALLY BUDGETED	
REQUESTING DEPARTMENT Community Mental Health	COMMITTEE DATE December 03, 2013	REQUESTOR SIGNATURE Julia Rupp, Executive Director	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)			
<p>Authorization is requested for Community Mental Health (CMH) to reclassify the current Mental Health Clinician position #X53303 (NX 00240), to a Supports Coordinator/CBS position (NX 00150), effective December 11, 2013. The total decreased cost for FY 2014 for this change would be (\$10,659). The total cost decrease to the County General Fund would be (\$179). This position is currently funded in org 7320, and the funding for this reclassified position would stay in org 7320.</p> <p>This position is currently filled with a staff person who was unable to retain her Masters Level License. She will continue to work on the same team as she has been, however we must change her role in order to continue to employ her working with the same population. This will provide continuity of care for our recipients and give her time to renew her license.</p>			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)			
<p>I move to authorize the reclassification of Masters Level Clinician position #X53303 (NX 00240) to a Supports Coordinator/CBS position (NX 00150) effective December 11, 2013 with the funding for this position staying in org 7320.</p>			
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)			
<u>HUMAN RESOURCES ANALYSIS:</u>  <p style="text-align: center;">Recommend Approval D. Groeneveld</p>		<u>FINANCE &amp; MANAGEMENT ANALYSIS:</u>  	
<u>CORPORATE COUNSEL ANALYSIS:</u>		<u>ADMINISTRATOR RECOMMENDATION:</u>  	
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee			
			11/22/2013
AGENDA DATE: 12/3/13	AGENDA NO.: HS13/12-80	BOARD DATE: 12/10/13	PAGE NO.

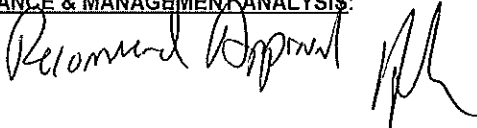



# REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services		BUDGETED X		NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DEPARTMENT Community Mental Health		COMMITTEE DATE December 03, 2013		REQUESTOR SIGNATURE Julia Rupp, Executive Director	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)					
<p>Approval is requested for Community Mental Health Services of Muskegon County (CMH) to add a per diem Community Living Supports rate to CMH's contract with <b>Preferred Employment and Living Supports, LLC</b>, (1735 Peck Street, Muskegon, MI 49441), effective November 1, 2013, through September 30, 2014. This per diem rate allows for a consumer to participate in board-related activities outside of Muskegon County. The billing code for the per diem rate is H2016, and will be billed at the rate of \$160.00 per day plus incurred expenses.</p>					
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)					
<p>I move to amend the contract with Preferred Employment and Living Supports, LLC, to add a per diem Community Living Supports rate of \$160.00 plus incurred expenses effective November 1, 2013, through September 30, 2014.</p>					
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)					
HUMAN RESOURCES ANALYSIS:			FINANCE & MANAGEMENT ANALYSIS:		
					
CORPORATE COUNSEL ANALYSIS:			ADMINISTRATOR RECOMMENDATION:		
					
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee					11/22/2013
AGENDA DATE: 12/3/13	AGENDA NO.: HS13/12-81	BOARD DATE: 12/10/13	PAGE NO.		



# REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Human Services		BUDGETED    NON-BUDGETED    PARTIALLY BUDGETED X		
REQUESTING DEPARTMENT Community Mental Health		COMMITTEE DATE December 03, 2013		REQUESTOR SIGNATURE Julia Rupp, Executive Director
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)				
<p>Authorization is requested for Community Mental Health Services of Muskegon County (CMH) to reclassify the current Mid-Level Medical Practitioner position #X56204 (NX 00432), to a 32-Hour per week General Psychiatrist position (NX 00650), effective December 11, 2013. The total increased cost for FY 2014 for this change would be \$59,493. CMH has the funds to cover these increased expenditures. The total cost increase to the County General Fund would be \$1,362. However, these funds are already budgeted, and no additional funds are actually being requested from the County General fund. This position is currently funded in org 7323, and the funding for this reclassified position would stay in org 7323.</p> <p>The reason for this requested change is that one of our current Psychiatrists has asked for a reduction in hours from full time down to 32-hours per week. This change will allow us to maintain as many psychiatric prescriber hours as possible while still honoring this request. This is extremely important due to such a limited availability of psychiatrists.</p>				
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)				
<p>I move to authorize the reclassification of Mid-Level Practitioner position #X56204 (NX 00432) to a 32-hour/week General Psychiatrist position (NX 00650) effective December 11, 2013 with the funding for this position staying in org 7323.</p>				
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)				
<u>HUMAN RESOURCES ANALYSIS:</u>		<u>FINANCE &amp; MANAGEMENT ANALYSIS:</u> 		
<u>CORPORATE COUNSEL ANALYSIS:</u>		<u>ADMINISTRATOR RECOMMENDATION:</u> 		
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee				11/22/2013
AGENDA DATE: 12/3/13	AGENDA NO.: H513/12-82	BOARD DATE: 12/10/13	PAGE NO.	