



Genesee County
Human Services Committee
Agenda

Wednesday, April 16, 2025

5:30 PM

Harris Auditorium, 1101 Beach St.

I. CALL TO ORDER

II. ROLL CALL

III. APPROVAL OF MINUTES

[RES-2025-1542](#) Approval of Meeting Minutes - March 19, 2025

IV. PUBLIC COMMENT TO COMMITTEE

V. COMMUNICATIONS

VI. OLD BUSINESS

VII. NEW BUSINESS

1. [RES-2025-1292](#) Approval of a grant award from the Michigan Department of Education, in the amount of \$26,760.00, to provide for the purchase of kitchen equipment at Genesee County's Community Action Resource Department
2. [RES-2025-1331](#) Approval of a request by Genesee County's Health Department for Local Health Department participation in collaboration of Care Coordination with six (6) State of Michigan contracted Medicaid Health Plans
3. [RES-2025-1378](#) Approval of a grant award from The National Association of County and City Health Officials, in the amount of \$40,000.00, to provide for the Strengthening Immunization Program Communications and Outreach Capacity Project; the budget for this grant is attached
4. [RES-2025-1396](#) Approval of a request to submit a Non-Federal Share Waiver to the Head Start Regional Office for 2024-2025

VIII. OTHER BUSINESS

IX. ADJOURNMENT



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1542

Agenda Date: 4/16/2025

Agenda #:

Approval of Meeting Minutes - March 19, 2025



**Genesee County
Human Services Committee
Meeting Minutes**

Wednesday, March 19, 2025

5:30 PM

Harris Auditorium, 1101 Beach St.

I. CALL TO ORDER

Commissioner Winfrey called the meeting to order at 6:54 PM.

II. ROLL CALL

Present: Charles Winfrey, James Avery, Gary L. Goetzinger and Martin L. Cousineau

Absent: Delrico J. Loyd

III. APPROVAL OF MINUTES

[RES-2025-1313](#) Approval of Meeting Minutes - March 5, 2025

RESULT: APPROVED

MOVER: Gary L. Goetzinger

SECONDER: Martin L. Cousineau

IV. PUBLIC COMMENT TO COMMITTEE

V. COMMUNICATIONS

VI. OLD BUSINESS

VII. NEW BUSINESS

1. **[RES-2025-1225](#)** Approval of a request to submit the 2025-2026 Head Start Grant Application to the Department of Health and Human Services/Administration for Children and Families

RESULT: REFERRED

MOVER: Martin L. Cousineau

SECONDER: Gary L. Goetzinger

Aye: Chairperson Winfrey, Vice Chair Avery, Commissioner Goetzinger and Commissioner Cousineau

Absent: Commissioner Loyd

2. [RES-2025-1246](#) Approval of an agreement between Genesee County and the National Minority Quality Forum, in an amount not to exceed \$100,000.00, to provide continued support for the Flint Cancer Study; the cost of this agreement will be paid from the Health Services Millage

RESULT: REFERRED

MOVER: Martin L. Cousineau

SECONDER: James Avery

Aye: Chairperson Winfrey, Vice Chair Avery, Commissioner Goetzinger and Commissioner Cousineau

Absent: Commissioner Loyd

3. [RES-2025-1301](#) Approval of an agreement between Genesee County and Michigan State University to provide practicum experimental education to university students

RESULT: REFERRED

MOVER: James Avery

SECONDER: Martin L. Cousineau

Aye: Chairperson Winfrey, Vice Chair Avery, Commissioner Goetzinger and Commissioner Cousineau

Absent: Commissioner Loyd

4. [RES-2025-1302](#) Approval of a grant award from the Health Resources and Services Administration, in the amount of \$529,356.00, to provide for Genesee County's Healthy Start Program

RESULT: REFERRED

MOVER: Martin L. Cousineau

SECONDER: James Avery

Aye: Chairperson Winfrey, Vice Chair Avery, Commissioner Goetzinger and Commissioner Cousineau

Absent: Commissioner Loyd

VIII. OTHER BUSINESS

IX. ADJOURNMENT

The meeting was adjourned at 6:59 PM.



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1292

Agenda Date: 4/16/2025

Agenda #: 1.

To: Charles Winfrey, Human Services Committee Chairperson

From: Pamela Coleman, GCCARD Director

RE: Approval of a grant award from the Michigan Department of Education, in the amount of \$26,760.00, to provide for the purchase of kitchen equipment at Genesee County's Community Action Resource Department

BOARD ACTION REQUESTED:

The Genesee County Community Action Resource Department (GCCARD) requests authorization from this committee to accept and expend The Emergency Food Assistant Program (TEFAP) Reach and Resiliency (R&R) Round Two grant agreement from the Michigan Department of Education (MDE) in the amount of \$26,760.00, with a recommendation of approval by the full Genesee County Board of Commissioners at their next regularly scheduled meeting.

BACKGROUND:

GCCARD has received notice from the Michigan Department of Education of a grant award funded under the Build Back Better Reach and Resiliency Grant. Grant funds are available for the period commencing May 23, 2023, through June 30, 2025.

DISCUSSION:

These funds will be utilized by the GCCARD USDA Supplemental Food Program at 2727 Lippincott Blvd., Flint, MI 48507, to purchase equipment, including a new walk-in freezer to store excess USDA Supplemental Foods distributed quarterly to Genesee County residents facing food security crisis.

IMPACT ON HUMAN RESOURCES:

There will be no impact on Human Resources.

IMPACT ON BUDGET:

A budget upload will be available separately as GCCARD works diligently with Fiscal Services to develop a budget outlining the use of these grant funds.

IMPACT ON FACILITIES:

Facilities and Operations will be installing a new walk-in freezer at 2727 Lippincott Blvd., Flint, MI 48507.

IMPACT ON TECHNOLOGY:

There will be no impact on Information Technology.

CONFORMITY TO COUNTY PRIORITIES:

This memorandum conforms to Genesee County's priority of Healthy, Livable, and Safe Communities by ensuring that we may continue providing nutritious USDA foods to Genesee County residents facing food security emergencies. GCCARD is also focused on Long Term Financial Stability as we seek to improve GCCARD facilities to secure the high quality and efficient provision of GCCARD programming for the foreseeable future.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Director of the Genesee County Community Action Resource Department (GCCARD) to authorize accepting The Emergency Food Assistance Program Reach and Resiliency Round Two grant(s) from the Michigan Department of Education to fund equipment purchases for GCCARD's USDA Supplemental Food Program, in the amount of \$26,760.00 for the period commencing May 23, 2023, through June 30, 2025, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the April 16, 2025 meeting of the Human Services Committee of this Board).



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

GRETCHEN WHITMER
GOVERNOR

MICHAEL F. RICE, Ph.D.
STATE SUPERINTENDENT

January 30, 2025

GRANT AWARD NOTIFICATION

Ms. Pamela Colmen, Executive Director
Genesee County Community Action Resource Department
2727 Lippincott Blvd.
Flint, MI 44507

Dear Ms. Coleman:

The Michigan Department of Education (MDE) is pleased to inform you that Genesee County Community Action Resource Department has been approved for The Emergency Food Assistance Program (TEFAP) Reach and Resiliency Grant Round 2 for fiscal years 2023-2024 and 2024-2025. This grant is funded under the provisions of Build Back Better Reach and Resiliency Grant allocated Division B of the Coronavirus Aid, Relief, and Economic Security Act (CARES). The enclosed grant award notification will provide details regarding the grant award and fiscal requirements.

Questions regarding this grant program may be directed to Liana Bennett, Office of Nutrition Services, by telephone at 517-241-5349 or email at bennettl4@michigan.gov.

Sincerely,

A handwritten signature in black ink that reads "Michael F. Rice".

Michael F. Rice, Ph.D.
State Superintendent

Enclosure

cc: James Dunn; Business Manager

STATE BOARD OF EDUCATION

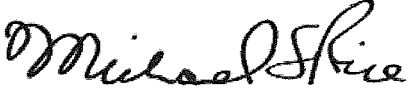
PAMELA PUGH – PRESIDENT • ELLEN COGEN LIPTON / TIFFANY D. TILLEY – CO-VICE PRESIDENTS
JUDITH PRITCHETT – SECRETARY • MARSHALL BULLOCK II – TREASURER
MITCHELL ROBINSON – NASBE DELEGATE • TOM MCMILLIN • NIKKI SNYDER

608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909 • WWW.MICHIGAN.GOV/MDE • 833-633-5788

MICHIGAN DEPARTMENT OF EDUCATION

608 W. Allegan P.O. Box 30008
Lansing, Michigan 48909

REVISED GRANT AWARD NOTIFICATION

<p>1 Recipient Entity Name and Address: Genesee County Community Action Resource Department 2727 Lippincott Blvd. Flint, MI 44507</p> <p>District/Recipient Code: 250000016</p>	<p>5 Recipient Business Contact: Name: Ms. Pamela Coleman Position: Executive Director Telephone: 810-235-3746 Email: PColeman@geneseecountymi.gov</p>									
<p>2 Award Information</p> <p>Grant Title: The Emergency Food Assistance Program (TEFAP) Reach and Resiliency Grant Round 2</p> <p>Fiscal Year: 2023-2025</p> <p>Funding Source (check one): <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other: _____</p> <p>Subaward Type (select): Formula</p> <p>Grant Number – Project Number: 232277-</p> <p>Grant Code:</p>	<p>6 Authorized Funds:</p> <table border="0"> <thead> <tr> <th></th> <th align="right">Date:</th> <th align="right">Amount:</th> </tr> </thead> <tbody> <tr> <td>Original Approved Amount:</td> <td align="right">1/21/2025</td> <td align="right">\$26,760</td> </tr> <tr> <td>Amendments:</td> <td></td> <td></td> </tr> </tbody> </table> <p>Current Authorized Amount: \$26,760</p>		Date:	Amount:	Original Approved Amount:	1/21/2025	\$26,760	Amendments:		
	Date:	Amount:								
Original Approved Amount:	1/21/2025	\$26,760								
Amendments:										
<p>3 Report Due Dates:</p> <p>Final Expenditure Report:</p> <p>Final Performance Report:</p>	<p>7 Expenditure Period:</p> <p>Beginning date: 5/23/2023</p> <p>Ending date: 6/30/2025</p>									
<p>4 MDE Program Staff Contact:</p> <p>Name: Dr. Deanne Kelleher, Director MDE Office: Office Nutrition Services Telephone: 517-897-7981 Email: Kelleherd2@michigan.gov</p>	<p>8 Method of Obtaining Payment:</p> <p>NexSys at: https://milogintp.michigan.gov</p> <p>Payment Contact: NexSys Accounting Help Line (517) 335-0534</p>									
<p>9 Legislative Authority Pertaining to Award:</p> <p>Build Back Better Reach and Resiliency Grant allocated Division B of the Coronavirus Aid, Relief, and Economic Security Act (CARES)</p>										
<p>10 Authorizing Official: Michael F. Rice, Ph.D., State Superintendent</p> <p align="center"></p> <p align="right">Date: 1/27/25</p>										

	The following information pertains to federal subawards for MDE subrecipients.	
11	RECIPIENT INFORMATION: UEI Number: UEI Name: Indirect Cost Rate: %	
12	FEDERAL AWARD INFORMATION Federal Awarding Agency: USDA Food and Nutrition Services Pass-through entity: Michigan Department of Education (MDE) Identification Number (FAIN): 238M100011003 Total Amount of Federal Award to MDE: \$ 2,084,490 Federal Award Signature Date: 05/23/2023 Description:	
13	ASSISTANCE LISTING NUMBER/CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) Assistance Listing Number/CFDA Number: 10.568 Assistance Listing Title/CFDA: Emergency Food Assistance Program (Administrative Costs) Assistance Listing Number Website/CFDA: Go to sam.gov, enter the above number in "Keyword or Program Number" and press "Search." Open the file with the correct CFDA/Assistance Listing Number.	
14	ADDITIONAL REGULATIONS PERTAINING TO AWARD: 2 CFR PART 200—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Education Department General Administrative Regulations (EDGAR) as applicable	
15	ADDITIONAL REQUIREMENTS: A fiscal agency that expends \$750,000 or more of federal funds during its fiscal year is required to have a Single Audit performed for that year. The single audit will be submitted by November 1 of the following year to meet the federal requirements. [2 CFR section 200.331] The grant recipient must permit MDE and auditors to have access to its records and financial statements as necessary to meet audit requirements. Intermediate school districts, school districts, and public school academies must comply with Section 18 of the State School Aid Act and the Michigan School Auditing Manual. SPECIFIC AWARD CONDITIONS: CLOSEOUT TERMS AND CONDITIONS: The grant recipient is required to submit project and financial reports by the deadlines indicated in box 3 of this Grant Award Notification.	
16	NOTICES: Research & Development Grant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1331

Agenda Date: 4/16/2025

Agenda #: 2.

To: Board of County Commissioners

From: Michelle Estell RS, MSA Health Officer

RE: Approval of a request by Genesee County's Health Department to approve Local Health Department participation in collaboration of Care Coordination with six (6) State of Michigan contracted Medicaid Health Plans

BOARD ACTION REQUESTED:

Request to approve Local Health Department participation in collaboration of Care Coordination with six (6) State of Michigan contracted Medicaid Health Plans.

BACKGROUND:

As required by Section 1204 of Public Act 63 of 2011, effective October 1, 2012, the Michigan Department of Health and Human Services (MDHHS) changed the enrollment status of beneficiaries that have both Medicaid and Children's Special Health Care Services (CSHCS) from excluded to mandatory enrollment into a Medicaid Health Plan (MHP). MDCH and the MHPs worked together to obtain signed contracts between MHPs and Local Health Departments (LHD's).

DISCUSSION:

Medicaid Health Plan/LHD contracts were last distributed and agreed upon before October 1, 2012. Michigan Department of Health and Human Services (MDHHS) has made recent revisions to the managed care contracts and has requested each managed care plan within its contracted county obtain LHD signatures on the recently revised contracts. Currently Blue Cross Complete, HAP CareSource, McLaren Medicaid Health Plan, Meridian Health Plan, Molina Medicaid Health Plan and United Health Care Medicaid are contracted service providers in Genesee County. As of this writing HAP CareSource and United Health Care Medicaid have contacted the LHD for department signature.

IMPACT ON HUMAN RESOURCES:

There is no impact on Human Resource

IMPACT ON BUDGET:

There is no impact on budget currently.

IMPACT ON FACILITIES:

There is no impact on Facilities.

IMPACT ON TECHNOLOGY:

There is no impact on Technology.

CONFORMITY TO COUNTY PRIORITIES:

The Genesee County Health Department works to promote and improve healthy, safe and livable communities, long term financial stability and community growth through communicating available resources and services to our residents.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Health Officer to authorize entering into Care Coordination Agreements between Genesee County and the State of Michigan contracted Medicaid health plans Blue Cross Complete, HAP CareSource, McLaren Medicaid Health Plan, Meridian Health Plan, Molina Medicaid Health Plan, and United Health Care Medicaid, said agreements being necessary due to recent revisions made to the managed care contracts by the Michigan Department of Health and Human Services with said Medicaid health plans, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the April 16, 2025 meeting of the Human Services Committee of this Board), and the Chairperson of this Board is authorized to execute the agreements on behalf of Genesee County.

Addendum One to Care Coordination Agreement for Children's Special Health Care Services (CSHCS) Between

Genesee County Health Department and <INSERT>, Inc.

This Addendum to the Care Coordination Agreement between Genesee County Health Department (GCHD), in Flint, Michigan <INSERT> a Medicaid Health Plan (MHP), operating in **Flint**, Michigan is effective as of the 1st day of October, 2012 through September 30, 2013. This addendum is done for the clarification of the non-duplicated Medicaid services that will be provided by the Genesee County Health Department.

FOR GOOD AND VALUABLE CONSIDERATION, THE UNDERSIGNED PARTIES HEREBY AGREE TO THE FOLLOWING:

The Medicaid Health Plan's Responsibilities Include:

- ❖ MHP will provide monthly to Genesee County CSHCS a MHP membership list, to include the client name, date of birth, address, and phone number, parent/guardian name and identification number, within 60 days of member enrollment. This list will be provided by the 15th of each month.
- ❖ MHP will share completed care plans of Genesee County CSHCS/MHP enrollees within 15 working days of plan completion.
- ❖ MHP will provide case management for complex care cases and will share the plan of care with GCHD upon referral of clients/families requesting or needing additional Local Health Department services.
- ❖ MHP will provide coordination of transportation benefits related to Medicaid covered services.
- ❖ MHP will provide coordination of benefits such as: pharmacy services, DME, and other covered provider services.

GCHD Responsibilities Include:

- ❖ GCHD will provide outreach, advocacy and assessment of MHP clients via telephone, home or home-like setting.
- ❖ GCHD will provide the appropriate community service/resource referrals for CSHCS/MHP clients as well as provide ongoing educational service support.
- ❖ GCHD will make three documented attempts to contact CSHCS/MHP clients or members within 15 working days of receiving membership list, one attempt will be by letter and two by telephone.
- ❖ GCHD will complete a Plan of Care (POC) on members with identified needs and who have agreed to participate.
- ❖ GCHD will share with MHP upon request, the member's POC documents completed within the past 12 months or within 15 working days of POC completion on new enrollees.
- ❖ The GCHD POC document will include a disclaimer: "Recommendations do not guarantee coverage by your Medicaid Health Plan".

Genesee County Contact person for the Children Special Health Care Services program is: Bonnie Childs, Nursing Supervisor (810) 257-3619 and bchilds@gchd.us.

No other terms or conditions of the Agreement are changed as a result of this addendum.

BUSINESS ASSOCIATE AGREEMENT

Recital of Defined Terms

“Business Associate” shall mean <INSERT>.

“Electronic PHI” shall have the same meaning found in the Security Rule, 45 C.F.R., 160.103.

“Privacy Rule” shall mean the standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

“Protected Health Information” shall have the same meaning as the term “protected health information” in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of the Department.

“Required by law” shall have the same meaning as the term “required by law” in 45 CFR 164.501.

“Security Rule” shall mean the Security Standards for the Protection of Electronic Health Information at 45 C.F.R., Part 160 and Part 164, Subparts, A and C.

Whereas, Business Associate has, is, and does perform various services for or on behalf of the Department that may or do in fact contain individually identifiable protected health information (“PHI”) as defined by § 164.501 of the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 through 164.

Whereas, the Department, in order to meet its obligations to comply with the privacy and security regulations promulgated under Title II, Subtitle F, §§ 261-264 of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the administrative regulations issued by the Department of Health and Human Services (“DHHS”) as found in 45 C.F.R. Parts 160 through 164 (hereafter the Privacy and Security Rules) seeks reasonable assurances from Business Associate that Business Associate will implement and/or maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of all protected health information it receives or possesses from the Department.

Whereas, Business Associate, in order to meet the Department’s HIPAA, Privacy and Security Rules requirements, agrees to and will provide such reasonable assurances and further asserts that it has or will implement and/or maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of all protected health information that it receives or possesses from the Department.

Whereas, Business Associate further agrees to and will protect all protected health information against reasonably anticipated threats or hazards to the security or integrity of the information and unauthorized uses or disclosures of the information.

NOW, THEREFORE, the parties agree as follows:

1. BUSINESS ASSOCIATE does hereby assure the Department that BUSINESS ASSOCIATE will appropriately safeguard protected health information made available to or obtained by BUSINESS ASSOCIATE.

2. BUSINESS ASSOCIATE shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of the Department as required by the Security Rule.
3. In implementation of such assurance and without limiting the obligations of BUSINESS ASSOCIATE otherwise set forth in this Agreement or imposed by applicable law, BUSINESS ASSOCIATE hereby agrees to comply with applicable requirements of law relating to protected health information and with respect to any task or other activity that BUSINESS ASSOCIATE performs on behalf of the Department to the extent the Department would be required to comply with such requirements.
4. The agreement of BUSINESS ASSOCIATE set forth in items 1 and 2 above, and the additional provisions relating to permitted and required uses and disclosures thereof that shall be from time to time provided to BUSINESS ASSOCIATE by the Department in accordance with applicable law constitute a contract between the Department and BUSINESS ASSOCIATE establishing the permitted and required uses and disclosures of such protected health information by BUSINESS ASSOCIATE.
5. In amplification and not in limitation of the provisions of this Agreement, including this Section of this Agreement, BUSINESS ASSOCIATE agrees that it will--
 - a. Not use or further disclose such information other than as permitted or required by this Agreement.
 - b. Not, except as necessary for the proper management and administration of the BUSINESS ASSOCIATE and for the performance of BUSINESS ASSOCIATE's duties under this Agreement use, reproduce, disclose, or provide to third parties any confidential documents or information relating to the Department or patients of the Department without the prior written consent or authorization of the Department or of the Department's patients. If BUSINESS ASSOCIATE uses such information for the purposes set forth above, it will do so only if the disclosure is required by law or if BUSINESS ASSOCIATE obtains reasonable assurances from the person(s) to whom the information is disclosed that the information disclosed will be held confidential and will be used or further disclosed only as required by law or for the purpose for which BUSINESS ASSOCIATE disclosed it to the person(s). BUSINESS ASSOCIATE shall also ensure that the person(s) to whom BUSINESS ASSOCIATE so discloses information notifies the Department of any instances of breach of confidentiality of which such person is aware.
6. BUSINESS ASSOCIATE shall ensure that its personnel, employees, affiliates, and agents maintain the confidentiality of patient health information and business information of the Department. BUSINESS ASSOCIATE shall secure confidentiality agreements from its personnel on forms approved by the Department and shall provide such agreements to the Department upon request.
7. BUSINESS ASSOCIATE shall not use or further disclose the information in a manner that would violate the requirements of applicable law if done by the Department.
 - a. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the Health Department as specified in the Sexually Transmitted Disease workplan, provided that such use or disclosure

would not violate the Privacy Rule if done by the Health Department or the minimum necessary policies and procedures of the Health Department.

8. BUSINESS ASSOCIATE shall use appropriate safeguards to prevent use or disclosure of such information other than as provided for by this Agreement.
9. BUSINESS ASSOCIATE shall report to the Department any use or disclosure of such information not provided for by this Agreement of which BUSINESS ASSOCIATE becomes aware.
10. BUSINESS ASSOCIATE shall report to the Department any security incident of which it becomes aware.
11. BUSINESS ASSOCIATE shall ensure that any subcontractors or agents to whom BUSINESS ASSOCIATE provides protected health information received from the Department agree to the same restrictions and conditions that apply to BUSINESS ASSOCIATE with respect to such information. BUSINESS ASSOCIATE shall provide copies of such agreements to the Department upon request.
12. BUSINESS ASSOCIATE shall make available protected health information in accordance with applicable law.
13. BUSINESS ASSOCIATE shall provide individuals who are the subject of protected health information received from the Department their rights as made applicable to business associates of covered entities.
14. BUSINESS ASSOCIATE shall maintain standard records pursuant to this agreement and to provide such records and other necessary information to the Department as may be requested or required in writing and as permitted by law. BUSINESS ASSOCIATE agrees that all records kept in connection with this Agreement are subject to review and audit by the Department upon reasonable notice and written request by the Department.
15. Make BUSINESS ASSOCIATE's internal practices, books, and records relating to the use and disclosure of protected health information received from the Department available to the Secretary of DHHS for purposes of determining the Department's compliance with applicable law (in all events, BUSINESS ASSOCIATE shall immediately notify the Department upon receipt by BUSINESS ASSOCIATE of any such request and shall provide the Department copies of any such materials).
16. Upon termination of this Agreement by either party for any reason, BUSINESS ASSOCIATE shall return or destroy all protected health information received from the Department that BUSINESS ASSOCIATE still maintains in any form and all copies thereof, shall retain no copies of such information, and shall remain obligated not to use, disclose, or provide such information to third parties unless and until otherwise required to do so by law.
17. BUSINESS ASSOCIATE shall incorporate any amendments or corrections to protected health information when notified pursuant to applicable law.
18. BUSINESS ASSOCIATE agrees to indemnify and hold harmless the Department, its Board of Directors, officers, agents, employees, and personnel ("Indemnified Party") from and against any and all claims, demands, suits, losses, causes of action, or

liability that the Indemnified Party may sustain as a result of the BUSINESS ASSOCIATE's breach of its duties or the indemnifying party's errors or omissions within the terms of this Agreement or vicarious liability of the Department for any act or conduct of the BUSINESS ASSOCIATE adjudged to constitute fraud, misrepresentation, or violation of any law, including violation of any statute or regulation applicable to the conduct of the BUSINESS ASSOCIATE provided pursuant to this Agreement. This indemnification shall include reasonable expenses, including attorney's fees incurred by defending such claims and damages incurred by reason of the indemnifying party's failure to comply with applicable laws, ordinances, and regulations or for damages caused by the indemnifying party.

19. Without limiting the rights and remedies of the Department elsewhere set forth in this Agreement or available under applicable law, the Department may terminate this Agreement without penalty or recourse to the Department if the Department determines that BUSINESS ASSOCIATE has violated a material term of the provisions of this Agreement.
1. BUSINESS ASSOCIATE agrees that this Agreement may be amended from time to time by the Department if and to the extent required by the provisions of 42 U.S.C. 1171 *et seq.* enacted by the HIPAA and regulations promulgated there under in order to assure that this Agreement is consistent therewith.
2. In the event of an inconsistency between the provisions of this agreement and the mandatory provisions of HIPAA and the Privacy and Security Rules, as amended, HIPAA and the Privacy and Security Rules shall control. Where provisions of this agreement are different than those mandated in the HIPAA and the Privacy and Security Rules, but are none the less permitted by HIPAA and the Privacy and Security Rules, the provisions of this agreement shall control.

EXHIBIT A
Scope of Work

Local Health Department (LHD) and Medicaid Health Plan (MHP)
Care Coordination Agreement for Children’s Special Health Care Services (CSHCS)

This agreement is made and entered into 1 day of March, in the year 2025 by and between **HAP CareSource** (Health plan) and **Genesee County Health Department** (LHD).

A. Legal Basis

Whereas, P.A. 200 of 2012 requires the Michigan Department of Health and Human Services (MDHHS) to enroll children eligible for Children’s Special Health Care Services (CSHCS) and Medicaid into health plans on a capitated basis; and

Whereas, Medicaid-covered CSHCS services will be provided through arrangements between the MDHHS, (name of health plan) and (name of local health department); and

Whereas, Medicaid Health Plan (MHPs) are required by the Michigan Department of Technology, Management and Budget (DTMB) Medicaid Health Plan contract, to establish and maintain coordination of care agreements with all LHDS in the plans service area;

Whereas, LHDs are required by the MDHHS/CSHCS contract, to establish and maintain coordination of care agreements with all MHPs in their jurisdiction;

Now, therefore, the MHP and the LHD agree as follows:

B. Term of Agreement

This agreement will be effective March 1, in the year 2025. Agreement will be subject to amendment due to changes in the contracts between DTMB and the MHP or between the MDHHS and the LHD.

This agreement is in effect upon execution and automatically renews every fiscal year unless and until terminated. Either party may cancel the agreement upon 30 days written notice to MDHHS and the other party.

C. Purpose and Administration

CSHCS Medicaid enrollees qualify for the provision of benefits described in the CSHCS program requirements and covered in the MHP contract. The purpose of establishing a care coordination agreement between the MHP and the LHD is to ensure service coordination and continuity of care for persons receiving services from both organizations. The explicit intent of this agreement is to describe the services to be coordinated and the essential aspects of collaboration between the MHP and LHD.

As required by the CSHCS section of the DTMB/MHP and the MDHHS/LHD CSHCS contract, coordination of care agreements with the LHDs in the MHPs’ service area will be available for review upon request from the MDHHS.

D. Areas of Responsibility

Mutually Served Consumers

All CSHCS enrollees qualify for LHD services. This agreement refers to MHP enrollees who also qualify for CSHCS services. The intent of establishing a written agreement between the MHP and the LHD is to ensure services coordination and continuity of care for persons receiving services from both organizations.

Services Provided by MHP

The MHP provides Medicaid covered services to enrollees as required by the MHP contract with the DTMB. These services include, but are not limited to:

- The MHP provide assessments, case management and care coordination services. The MHP will notify enrollees of the availability of LHD services.
- The MHP provides referral to the LHD for enrollees who require assistance with resources at the local level or request LHD services. Referrals can be made by letter, fax, electronically secure transmission, or by telephone.
- The MHP establishes a process with the LHD to ensure communication on assessment, plan of care, care coordination, and updates to coordination services.
- The MHP provides transportation to all Medicaid Covered services when requested by a client in accordance with the State CHCP contract.
- The MHP assists CSHCS enrollees with the renewal process starting 6 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The MHP notifies new plan enrollees when they submit medical documentation to the State. This should be done within 7 business days.
- The MHP assists plan enrollees with the transition to adult care and help identify adult specialty care providers appropriate for the client's condition(s).
- The MHP shall regularly provide contact information for Nurse Case Managers to each LHD in the MHP's service area. The method for sharing information shall be agreed upon by the organizations.

Services Provided by LHD

The LHD provides services to children enrolled in an MHP for the CSHCS Program, as required by LHD Comprehensive Agreement. These services include, but are not limited to:

- LHD staff provide ongoing educational and community resources in the local community to assist with the unique circumstances of the enrollee.
- The LHD provides the following services for the CSHCS enrollees in collaboration with the MHP and according to the process established with the MHP to prevent duplication of services:
 - Outreach and assessment
 - Plan of care development
 - Care coordination including assisting with health, social, educational or other support services
 - Facilitating transitional services for enrollees at age 26 with the appropriate MHP
 - Assistance with Children with Special Needs (CSN) Fund applications
 - Referral to community services
- The LHD assists CSHCS enrollees with the renewal process starting 3 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The LHD assists CSHCS enrollees with navigating any health system related challenges, including collaborating with the MHPs to address any client concerns.
- The LHD shall regularly provide contact information for all LHD CSHCS staff to each MHP that serves the county. The method for sharing information shall be agreed upon by the organizations.

E. Care Coordination

Beneficiaries enrolled in both the Children's Special Health Care Services (CSHCS) and Medicaid programs may qualify for care coordination and case management services offered by both the local health department (LHD) and the Medicaid Health Plan (MHP). These services are designed to support individuals with complex health needs by ensuring they receive comprehensive and integrated care.

It is essential that the LHD and MHP collaborate closely in managing these beneficiaries' care. By coordinating their efforts, MHPS and LHDs can effectively address each individual's unique needs while avoiding any overlap in services. This not only enhances the quality of care provided but also streamlines the process for beneficiaries, making it easier for them to access necessary services without confusion or redundancy.

Through this collaboration, the LHD and MHP should share information, develop complementary care plans, and track service delivery. This ensures that all aspects of a beneficiary's health, including social determinants of health, are addressed in a holistic manner, ultimately leading to better health outcomes and improved satisfaction for those receiving care.

Both parties agree to establish a process to communicate on a regular basis; to review and update the plans of care; and report the status of mutually served consumers. Both parties will collaborate on an effective means of communicating the need for individual referrals.

F. Quality Improvement

Both parties agree to the mechanisms in place to conduct Quality Improvement activities to monitor the coordination of services. The LHD and the MHP shall participate in Quality Improvement Programs established by MDHHS and provide data as requested to improve the quality of care for children with special health care needs.

G. Complaints, Grievance and Appeals

The MHP and the LHD will share their grievance and appeal processes and appropriate contact information with each other.

The LHD is required to direct enrollees to MHP's grievance and appeal process as appropriate. The MHP is required to direct enrollees to the LHD's grievance and appeal process as appropriate.

The MHPs are required to report complaints, grievances and appeals to MDHHS. MDHHS/Managed Care Plan Division oversees quality assurance, monitors compliance and requires corrective action as needed.

H. Dispute Resolution

Both parties agree to participate in a dispute resolution process in the event that the MHP or the LHD contests a decision or action by the other party related to the terms of this agreement.

The dispute resolution process should include:

- Request to the other party for reconsideration of the disputed decision or action.
- Appeal to MDHHS regarding a disputed decision by an MHP, or for a disputed decision by an LHD.

I. Governing Laws

Both parties agree that performance under this agreement will be conducted in compliance with all federal, state, and local laws, regulations, guidelines, and directives.

J. Signature

Signatures below designate the person who has authority to administer this agreement.

LOCAL HEALTH DEPARTMENT

MEDICAID HEALTH PLAN

Signature

Signature

Printed Name

Jeffrey Holzhausen

Printed Name

Title

VP Provider Contracting & Network Management

Title

Date

Date

630 S. Saginaw St. Suite 4 Flint MI. 48502

Business Address

1414 E. Maple Road Troy MI. 48083

Business Address

810-257-3612

Business Telephone

866-766-4661

Business Telephone

Local Health Department (LHD) and Medicaid Health Plan (MHP)
Care Coordination Agreement for Children’s Special Health Care Services (CSHCS)

This agreement is made and entered into _____ day of _____, in the year 2025 by and between UnitedHealthcare Community Plan of Michigan (Health plan) and Genesee County Controller - LGA (LHD).

A. Legal Basis

Whereas, P.A. 200 of 2012 requires the Michigan Department of Health and Human Services (MDHHS) to enroll children eligible for Children’s Special Health Care Services (CSHCS) and Medicaid into health plans on a capitated basis; and

Whereas, Medicaid-covered CSHCS services will be provided through arrangements between the MDHHS, (name of health plan) and (name of local health department); and

Whereas, Medicaid Health Plan (MHPs) are required by the Michigan Department of Technology, Management and Budget (DTMB) Medicaid Health Plan contract, to establish and maintain coordination of care agreements with all LHDS in the plans service area;

Whereas, LHDs are required by the MDHHS/CSHCS contract, to establish and maintain coordination of care agreements with all MHPs in their jurisdiction;

Now, therefore, the MHP and the LHD agree as follows:

B. Term of Agreement

This agreement will be effective _____ in the year 2025. Agreement will be subject to amendment due to changes in the contracts between DTMB and the MHP or between the MDHHS and the LHD.

This agreement is in effect upon execution and automatically renews every fiscal year unless and until terminated. Either party may cancel the agreement upon 30 days written notice to MDHHS and the other party.

C. Purpose and Administration

CSHCS Medicaid enrollees qualify for the provision of benefits described in the CSHCS program requirements and covered in the MHP contract. The purpose of establishing a care coordination agreement between the MHP and the LHD is to ensure service coordination and continuity of care for persons receiving services from both organizations. The explicit intent of this agreement is to describe the services to be coordinated and the essential aspects of collaboration between the MHP and LHD.

As required by the CSHCS section of the DTMB/MHP and the MDHHS/LHD CSHCS contract, coordination of care agreements with the LHDs in the MHPs’ service area will be available for review upon request from the MDHHS.

D. Areas of Responsibility

Mutually Served Consumers

All CSHCS enrollees qualify for LHD services. This agreement refers to MHP enrollees who also qualify for CSHCS services. The intent of establishing a written agreement between the MHP and the LHD is to ensure services coordination and continuity of care for persons receiving services from both organizations.

Services Provided by MHP

The MHP provides Medicaid covered services to enrollees as required by the MHP contract with the DTMB. These services include, but are not limited to:

- The MHP provide assessments, case management and care coordination services. The MHP will notify enrollees of the availability of LHD services.
- The MHP provides referral to the LHD for enrollees who require assistance with resources at the local level or request LHD services. Referrals can be made by letter, fax, electronically secure transmission, or by telephone.
- The MHP establishes a process with the LHD to ensure communication on assessment, plan of care, care coordination, and updates to coordination services.
- The MHP provides transportation to all Medicaid Covered services when requested by a client in accordance with the State CHCP contract.
- The MHP assists CSHCS enrollees with the renewal process starting 6 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The MHP notifies new plan enrollees when they submit medical documentation to the State. This should be done within 7 business days.
- The MHP assists plan enrollees with the transition to adult care and help identify adult specialty care providers appropriate for the client's condition(s).
- The MHP shall regularly provide contact information for Nurse Case Managers to each LHD in the MHP's service area. The method for sharing information shall be agreed upon by the organizations.

Services Provided by LHD

The LHD provides services to children enrolled in an MHP for the CSHCS Program, as required by LHD Comprehensive Agreement. These services include, but are not limited to:

- LHD staff provide ongoing educational and community resources in the local community to assist with the unique circumstances of the enrollee.
- The LHD provides the following services for the CSHCS enrollees in collaboration with the MHP and according to the process established with the MHP to prevent duplication of services:
 - Outreach and assessment
 - Plan of care development
 - Care coordination including assisting with health, social, educational or other support services
 - Facilitating transitional services for enrollees at age 21 with the appropriate MHP
 - Assistance with Children with Special Needs (CSN) Fund applications
 - Referral to community services
- The LHD assists CSHCS enrollees with the renewal process starting 3 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The LHD assists CSHCS enrollees with navigating any health system related challenges, including collaborating with the MHPs to address any client concerns.
- The LHD shall regularly provide contact information for all LHD CSHCS staff to each MHP that serves the county. The method for sharing information shall be agreed upon by the organizations.

E. Care Coordination

Beneficiaries enrolled in both the Children's Special Health Care Services (CSHCS) and Medicaid programs may qualify for care coordination and case management services offered by both the local health department (LHD) and the Medicaid Health Plan (MHP). These services are designed to support individuals with complex health needs by ensuring they receive comprehensive and integrated care.

It is essential that the LHD and MHP collaborate closely in managing these beneficiaries' care. By coordinating their efforts, MHPS and LHDs can effectively address each individual's unique needs while avoiding any overlap in services. This not only enhances the quality of care provided but also streamlines the process for beneficiaries, making it easier for them to access necessary services without confusion or redundancy.

Through this collaboration, the LHD and MHP should share information, develop complementary care plans, and track service delivery. This ensures that all aspects of a beneficiary's health, including social determinants of health, are addressed in a holistic manner, ultimately leading to better health outcomes and improved satisfaction for those receiving care.

Both parties agree to establish a process to communicate on a regular basis; to review and update the plans of care; and report the status of mutually served consumers. Both parties will collaborate on an effective means of communicating the need for individual referrals.

F. Quality Improvement

Both parties agree to the mechanisms in place to conduct Quality Improvement activities to monitor the coordination of services. The LHD and the MHP shall participate in Quality Improvement Programs established by MDHHS and provide data as requested to improve the quality of care for children with special health care needs.

G. Complaints, Grievance and Appeals

The MHP and the LHD will share their grievance and appeal processes and appropriate contact information with each other.

The LHD is required to direct enrollees to MHP's grievance and appeal process as appropriate. The MHP is required to direct enrollees to the LHD's grievance and appeal process as appropriate.

The MHPs are required to report complaints, grievances and appeals to MDHHS. MDHHS/Managed Care Plan Division oversees quality assurance, monitors compliance and requires corrective action as needed.

H. Dispute Resolution

Both parties agree to participate in a dispute resolution process in the event that the MHP or the LHD contests a decision or action by the other party related to the terms of this agreement.

The dispute resolution process should include:

- Request to the other party for reconsideration of the disputed decision or action.
- Appeal to MDHHS regarding a disputed decision by an MHP, or for a disputed decision by an LHD.

I. Governing Laws

Both parties agree that performance under this agreement will be conducted in compliance with all federal, state, and local laws, regulations, guidelines, and directives.

J. Signature

Signatures below designate the person who has authority to administer this agreement.

LOCAL HEALTH DEPARTMENT

Signature

Michelle Estell

Printed Name

Health Officer

Title

Date

Business Address

Business Telephone

MEDICAID HEALTH PLAN

Signature

Tisha Crowder-Martin

Printed Name

Chief Operating Officer

Title

February 17, 2025

Date

3000 Town Center Dr, Southfield, MI 48075

Business Address

(248) 728-9015

Business Telephone

Local Health Department (LHD) and Medicaid Health Plan (MHP) Care Coordination Agreement for Children’s Special Health Care Services (CSHCS)

This agreement is made and entered _____ day of _____, in the year 2025, by and between
into Meridian Health Plan (MHP) and _____ (LHD)

A. Legal Basis

Whereas, P.A. 200 of 2012 requires the Michigan Department of Health and Human Services (MDHHS) to enroll children eligible for Children’s Special Health Care Services (CSHCS) and Medicaid into health plans on a capitated basis; and

Whereas, Medicaid-covered CSHCS services will be provided through arrangements between the MDHHS, Meridian Health Plan (MHP) and _____ (LHD); and

Whereas, Medicaid Health Plan (MHPs) are required by the Michigan Department of Technology, Management and Budget (DTMB) Medicaid Health Plan contract, to establish and maintain coordination of care agreements with all LHDS in the plans service area;

Whereas, LHDs are required by the MDHHS/CSHCS contract, to establish and maintain coordination of care agreements with all MHPs in their jurisdiction;

Now, therefore, the MHP and the LHD agree as follows:

B. Term of Agreement

This agreement will be effective _____ in the year 2025. Agreement will be subject to amendment due to changes in the contracts between DTMB and the MHP or between the MDHHS and the LHD.

This agreement is in effect upon execution and automatically renews every fiscal year unless and until terminated. Either party may cancel the agreement upon 30 days written notice to MDHHS and the other party.

C. Purpose and Administration

CSHCS Medicaid enrollees qualify for the provision of benefits described in the CSHCS program requirements and covered in the MHP contract. The purpose of establishing a care coordination agreement between the MHP and the LHD is to ensure service coordination and continuity of care for persons receiving services from both organizations. The explicit intent of this agreement is to describe the services to be coordinated and the essential aspects of collaboration between the MHP and LHD.

As required by the CSHCS section of the DTMB/MHP and the MDHHS/LHD CSHCS contract, coordination of care agreements with the LHDs in the MHPs’ service area will be available for review upon request from the MDHHS.

D. Areas of Responsibility

Mutually Served Consumers

All CSHCS enrollees qualify for LHD services. This agreement refers to MHP enrollees who also qualify for CSHCS services. The intent of establishing a written agreement between the MHP and the LHD is to ensure services coordination and continuity of care for persons receiving services from both organizations.

Services Provided by MHP

The MHP provides Medicaid covered services to enrollees as required by the MHP contract with the DTMB. These services include, but are not limited to:

- The MHP provide assessments, case management and care coordination services. The MHP will notify enrollees of the availability of LHD services.
- The MHP provides referral to the LHD for enrollees who require assistance with resources at the local level or request LHD services. Referrals can be made by letter, fax, electronically secure transmission, or by telephone.
- The MHP establishes a process with the LHD to ensure communication on assessment, plan of care, care coordination, and updates to coordination services.
- The MHP provides transportation to all Medicaid Covered services when requested by a client in accordance with the State CHCP contract.
- The MHP assists CSHCS enrollees with the renewal process starting 6 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The MHP notifies new plan enrollees when they submit medical documentation to the State. This should be done within 7 business days.
- The MHP assists plan enrollees with the transition to adult care and help identify adult specialty care providers appropriate for the client's condition(s).
- The MHP shall regularly provide contact information for Nurse Case Managers to each LHD in the MHP's service area. The method for sharing information shall be agreed upon by the organizations.

Services Provided by LHD

The LHD provides services to children enrolled in an MHP for the CSHCS Program, as required by LHD Comprehensive Agreement. These services include, but are not limited to:

- LHD staff provide ongoing educational and community resources in the local community to assist with the unique circumstances of the enrollee.
- The LHD provides the following services for the CSHCS enrollees in collaboration with the MHP and according to the process established with the MHP to prevent duplication of services:
 - Outreach and assessment
 - Plan of care development
 - Care coordination including assisting with health, social, educational or other support services
 - Facilitating transitional services for enrollees at age 21 with the appropriate MHP
 - Assistance with Children with Special Needs (CSN) Fund applications
 - Referral to community services
- The LHD assists CSHCS enrollees with the renewal process starting 3 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The LHD assists CSHCS enrollees with navigating any health system related challenges, including collaborating with the MHPs to address any client concerns.
- The LHD shall regularly provide contact information for all LHD CSHCS staff to each MHP that serves the county. The method for sharing information shall be agreed upon by the organizations.

E. Care Coordination

Beneficiaries enrolled in both the Children's Special Health Care Services (CSHCS) and Medicaid programs may qualify for care coordination and case management services offered by both the local health department (LHD) and the Medicaid Health Plan (MHP). These services are designed to support individuals with complex health needs by ensuring they receive comprehensive and integrated care.

It is essential that the LHD and MHP collaborate closely in managing these beneficiaries' care. By coordinating their efforts, MHPS and LHDs can effectively address each individual's unique needs while avoiding any overlap in services. This not only enhances the quality of care provided but also streamlines the process for beneficiaries, making it easier for them to access necessary services without confusion or redundancy.

Through this collaboration, the LHD and MHP should share information, develop complementary care plans, and track service delivery. This ensures that all aspects of a beneficiary's health, including social determinants of health, are addressed in a holistic manner, ultimately leading to better health outcomes and improved satisfaction for those receiving care.

Both parties agree to establish a process to communicate on a regular basis; to review and update the plans of care; and report the status of mutually served consumers. Both parties will collaborate on an effective means of communicating the need for individual referrals.

F. Quality Improvement

Both parties agree to the mechanisms in place to conduct Quality Improvement activities to monitor the coordination of services. The LHD and the MHP shall participate in Quality Improvement Programs established by MDHHS and provide data as requested to improve the quality of care for children with special health care needs.

G. Complaints, Grievance and Appeals

The MHP and the LHD will share their grievance and appeal processes and appropriate contact information with each other.

The LHD is required to direct enrollees to MHP's grievance and appeal process as appropriate. The MHP is required to direct enrollees to the LHD's grievance and appeal process as appropriate.

The MHPs are required to report complaints, grievances and appeals to MDHHS. MDHHS/Managed Care Plan Division oversees quality assurance, monitors compliance and requires corrective action as needed.

H. Dispute Resolution

Both parties agree to participate in a dispute resolution process in the event that the MHP or the LHD contests a decision or action by the other party related to the terms of this agreement.

The dispute resolution process should include:

- Request to the other party for reconsideration of the disputed decision or action.
- Appeal to MDHHS regarding a disputed decision by an MHP, or for a disputed decision by an LHD.

I. Governing Laws

Both parties agree that performance under this agreement will be conducted in compliance with all federal, state, and local laws, regulations, guidelines, and directives.

J. Signature

Signatures below designate the person who has authority to administer this agreement.

LOCAL HEALTH DEPARTMENT

Signature

Printed Name

Title

Date

Business Address

Business Telephone

MEDICAID HEALTH PLAN

Signature

Printed Name

Title

Date

Business Address

Business Telephone

Local Health Department (LHD) and Medicaid Health Plan (MHP)
Care Coordination Agreement for Children’s Special Health Care Services (CSHCS)

This agreement is made and entered into 1st day of February, in the year 2025 by and between Blue Cross Complete (Health plan) and Genesee County Health Department (LHD).

A. Legal Basis

Whereas, P.A. 200 of 2012 requires the Michigan Department of Health and Human Services (MDHHS) to enroll children eligible for Children’s Special Health Care Services (CSHCS) and Medicaid into health plans on a capitated basis; and

Whereas, Medicaid-covered CSHCS services will be provided through arrangements between the MDHHS, (name of health plan) and (name of local health department); and

Whereas, Medicaid Health Plan (MHPs) are required by the Michigan Department of Technology, Management and Budget (DTMB) Medicaid Health Plan contract, to establish and maintain coordination of care agreements with all LHDS in the plans service area;

Whereas, LHDs are required by the MDHHS/CSHCS contract, to establish and maintain coordination of care agreements with all MHPs in their jurisdiction;

Now, therefore, the MHP and the LHD agree as follows:

B. Term of Agreement

This agreement will be effective February 1st in the year 2025. Agreement will be subject to amendment due to changes in the contracts between DTMB and the MHP or between the MDHHS and the LHD.

This agreement is in effect upon execution and automatically renews every fiscal year unless and until terminated. Either party may cancel the agreement upon 30 days written notice to MDHHS and the other party.

C. Purpose and Administration

CSHCS Medicaid enrollees qualify for the provision of benefits described in the CSHCS program requirements and covered in the MHP contract. The purpose of establishing a care coordination agreement between the MHP and the LHD is to ensure service coordination and continuity of care for persons receiving services from both organizations. The explicit intent of this agreement is to describe the services to be coordinated and the essential aspects of collaboration between the MHP and LHD.

As required by the CSHCS section of the DTMB/MHP and the MDHHS/LHD CSHCS contract, coordination of care agreements with the LHDs in the MHPs’ service area will be available for review upon request from the MDHHS.

D. Areas of Responsibility

Mutually Served Consumers

All CSHCS enrollees qualify for LHD services. This agreement refers to MHP enrollees who also qualify for CSHCS services. The intent of establishing a written agreement between the MHP and the LHD is to ensure services coordination and continuity of care for persons receiving services from both organizations.

Services Provided by MHP

The MHP provides Medicaid covered services to enrollees as required by the MHP contract with the DTMB. These services include, but are not limited to:

- The MHP provide assessments, case management and care coordination services. The MHP will notify enrollees of the availability of LHD services.
- The MHP provides referral to the LHD for enrollees who require assistance with resources at the local level or request LHD services. Referrals can be made by letter, fax, electronically secure transmission, or by telephone.
- The MHP establishes a process with the LHD to ensure communication on assessment, plan of care, care coordination, and updates to coordination services.
- The MHP provides transportation to all Medicaid Covered services when requested by a client in accordance with the State CHCP contract.
- The MHP assists CSHCS enrollees with the renewal process starting 6 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The MHP notifies new plan enrollees when they submit medical documentation to the State. This should be done within 7 business days.
- The MHP assists plan enrollees with the transition to adult care and help identify adult specialty care providers appropriate for the client's condition(s).
- The MHP shall regularly provide contact information for Nurse Case Managers to each LHD in the MHP's service area. The method for sharing information shall be agreed upon by the organizations.

Services Provided by LHD

The LHD provides services to children enrolled in an MHP for the CSHCS Program, as required by LHD Comprehensive Agreement. These services include, but are not limited to:

- LHD staff provide ongoing educational and community resources in the local community to assist with the unique circumstances of the enrollee.
- The LHD provides the following services for the CSHCS enrollees in collaboration with the MHP and according to the process established with the MHP to prevent duplication of services:
 - Outreach and assessment
 - Plan of care development
 - Care coordination including assisting with health, social, educational or other support services
 - Facilitating transitional services for enrollees at age 21 with the appropriate MHP
 - Assistance with Children with Special Needs (CSN) Fund applications
 - Referral to community services
- The LHD assists CSHCS enrollees with the renewal process starting 3 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The LHD assists CSHCS enrollees with navigating any health system related challenges, including collaborating with the MHPs to address any client concerns.
- The LHD shall regularly provide contact information for all LHD CSHCS staff to each MHP that serves the county. The method for sharing information shall be agreed upon by the organizations.

E. Care Coordination

Beneficiaries enrolled in both the Children's Special Health Care Services (CSHCS) and Medicaid programs may qualify for care coordination and case management services offered by both the local health department (LHD) and the Medicaid Health Plan (MHP). These services are designed to support individuals with complex health needs by ensuring they receive comprehensive and integrated care.

It is essential that the LHD and MHP collaborate closely in managing these beneficiaries' care. By coordinating their efforts, MHPS and LHDs can effectively address each individual's unique needs while avoiding any overlap in services. This not only enhances the quality of care provided but also streamlines the process for beneficiaries, making it easier for them to access necessary services without confusion or redundancy.

Through this collaboration, the LHD and MHP should share information, develop complementary care plans, and track service delivery. This ensures that all aspects of a beneficiary's health, including social determinants of health, are addressed in a holistic manner, ultimately leading to better health outcomes and improved satisfaction for those receiving care.

Both parties agree to establish a process to communicate on a regular basis; to review and update the plans of care; and report the status of mutually served consumers. Both parties will collaborate on an effective means of communicating the need for individual referrals.

F. Quality Improvement

Both parties agree to the mechanisms in place to conduct Quality Improvement activities to monitor the coordination of services. The LHD and the MHP shall participate in Quality Improvement Programs established by MDHHS and provide data as requested to improve the quality of care for children with special health care needs.

G. Complaints, Grievance and Appeals

The MHP and the LHD will share their grievance and appeal processes and appropriate contact information with each other.

The LHD is required to direct enrollees to MHP's grievance and appeal process as appropriate. The MHP is required to direct enrollees to the LHD's grievance and appeal process as appropriate.

The MHPs are required to report complaints, grievances and appeals to MDHHS. MDHHS/Managed Care Plan Division oversees quality assurance, monitors compliance and requires corrective action as needed.

H. Dispute Resolution

Both parties agree to participate in a dispute resolution process in the event that the MHP or the LHD contests a decision or action by the other party related to the terms of this agreement.

The dispute resolution process should include:

- Request to the other party for reconsideration of the disputed decision or action.
- Appeal to MDHHS regarding a disputed decision by an MHP, or for a disputed decision by an LHD.

I. Governing Laws

Both parties agree that performance under this agreement will be conducted in compliance with all federal, state, and local laws, regulations, guidelines, and directives.

J. Signature

Signatures below designate the person who has authority to administer this agreement.

LOCAL HEALTH DEPARTMENT

Signature

Printed Name

Title

Date

Business Address

Business Telephone

MEDICAID HEALTH PLAN

Signature

Donald Beam, MD

Printed Name

Chief Medical Officer

Title

Date

4000 Town Center Dr; Suite
1300, Southfield, MI 48075

Business Address

Business Telephone

Local Health Department (LHD) and Medicaid Health Plan (MHP)
Care Coordination Agreement for Children's Special Health Care Services (CSHCS)

This agreement is made and entered into 1st day of April, in the year 2025 by and between Molina Healthcare of Michigan Inc., a Michigan Corporation (Health plan) and LHD Name (LHD).

Commented [KB1]: Enter Legal on line one of W9

A. Legal Basis

Whereas, P.A. 200 of 2012 requires the Michigan Department of Health and Human Services (MDHHS) to enroll children eligible for Children's Special Health Care Services (CSHCS) and Medicaid into health plans on a capitated basis; and

Whereas, Medicaid-covered CSHCS services will be provided through arrangements between the MDHHS, (name of health plan) and (name of local health department); and

Whereas, Medicaid Health Plan (MHPs) are required by the Michigan Department of Technology, Management and Budget (DTMB) Medicaid Health Plan contract, to establish and maintain coordination of care agreements with all LHDS in the plans service area;

Whereas, LHDS are required by the MDHHS/CSHCS contract, to establish and maintain coordination of care agreements with all MHPs in their jurisdiction;

Now, therefore, the MHP and the LHD agree as follows:

B. Term of Agreement

This agreement will be effective month and day in the year 2025. Agreement will be subject to amendment due to changes in the contracts between DTMB and the MHP or between the MDHHS and the LHD.

This agreement is in effect upon execution and automatically renews every fiscal year unless and until terminated. Either party may cancel the agreement upon 30 days written notice to MDHHS and the other party.

C. Purpose and Administration

CSHCS Medicaid enrollees qualify for the provision of benefits described in the CSHCS program requirements and covered in the MHP contract. The purpose of establishing a care coordination agreement between the MHP and the LHD is to ensure service coordination and continuity of care for persons receiving services from both organizations. The explicit intent of this agreement is to describe the services to be coordinated and the essential aspects of collaboration between the MHP and LHD.

As required by the CSHCS section of the DTMB/MHP and the MDHHS/LHD CSHCS contract, coordination of care agreements with the LHDS in the MHPs' service area will be available for review upon request from the MDHHS.

D. Areas of Responsibility

Mutually Served Consumers

All CSHCS enrollees qualify for LHD services. This agreement refers to MHP enrollees who also qualify for CSHCS services. The intent of establishing a written agreement between the MHP and the LHD is to ensure services coordination and continuity of care for persons receiving services from both organizations.

Services Provided by MHP

The MHP provides Medicaid covered services to enrollees as required by the MHP contract with the DTMB. These services include, but are not limited to:

- The MHP provide assessments, case management and care coordination services. The MHP will notify enrollees of the availability of LHD services.
- The MHP provides referral to the LHD for enrollees who require assistance with resources at the local level or request LHD services. Referrals can be made by letter, fax, electronically secure transmission, or by telephone.
- The MHP establishes a process with the LHD to ensure communication on assessment, plan of care, care coordination, and updates to coordination services.
- The MHP provides transportation to all Medicaid Covered services when requested by a client in accordance with the State CHCP contract.
- The MHP assists CSHCS enrollees with the renewal process starting 6 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The MHP notifies new plan enrollees when they submit medical documentation to the State. This should be done within 7 business days.
- The MHP assists plan enrollees with the transition to adult care and help identify adult specialty care providers appropriate for the client's condition(s).
- The MHP shall regularly provide contact information for Nurse Case Managers to each LHD in the MHP's service area. The method for sharing information shall be agreed upon by the organizations.

Services Provided by LHD

The LHD provides services to children enrolled in an MHP for the CSHCS Program, as required by LHD Comprehensive Agreement. These services include, but are not limited to:

- LHD staff provide ongoing educational and community resources in the local community to assist with the unique circumstances of the enrollee.
- The LHD provides the following services for the CSHCS enrollees in collaboration with the MHP and according to the process established with the MHP to prevent duplication of services:
 - Outreach and assessment
 - Plan of care development
 - Care coordination including assisting with health, social, educational or other support services
 - Facilitating transitional services for enrollees at age 21 with the appropriate MHP
 - Assistance with Children with Special Needs (CSN) Fund applications
 - Referral to community services
- The LHD assists CSHCS enrollees with the renewal process starting 3 months prior to the client's medical renewal date. This will include submission of updated medical when it becomes available.
- The LHD assists CSHCS enrollees with navigating any health system related challenges, including collaborating with the MHPs to address any client concerns.
- The LHD shall regularly provide contact information for all LHD CSHCS staff to each MHP that serves the county. The method for sharing information shall be agreed upon by the organizations.

E. Care Coordination

Beneficiaries enrolled in both the Children's Special Health Care Services (CSHCS) and Medicaid programs may qualify for care coordination and case management services offered by both the local health department (LHD) and the Medicaid Health Plan (MHP). These services are designed to support individuals with complex health needs by ensuring they receive comprehensive and integrated care.

It is essential that the LHD and MHP collaborate closely in managing these beneficiaries' care. By coordinating their efforts, MHPs and LHDs can effectively address each individual's unique needs while avoiding any overlap in services. This not only enhances the quality of care provided but also streamlines the process for beneficiaries, making it easier for them to access necessary services without confusion or redundancy.

Through this collaboration, the LHD and MHP should share information, develop complementary care plans, and track service delivery. This ensures that all aspects of a beneficiary's health, including social determinants of health, are addressed in a holistic manner, ultimately leading to better health outcomes and improved satisfaction for those receiving care.

Both parties agree to establish a process to communicate on a regular basis; to review and update the plans of care; and report the status of mutually served consumers. Both parties will collaborate on an effective means of communicating the need for individual referrals.

F. Quality Improvement

Both parties agree to the mechanisms in place to conduct Quality Improvement activities to monitor the coordination of services. The LHD and the MHP shall participate in Quality Improvement Programs established by MDHHS and provide data as requested to improve the quality of care for children with special health care needs.

G. Complaints, Grievance and Appeals

The MHP and the LHD will share their grievance and appeal processes and appropriate contact information with each other.

The LHD is required to direct enrollees to MHP's grievance and appeal process as appropriate. The MHP is required to direct enrollees to the LHD's grievance and appeal process as appropriate.

The MHPs are required to report complaints, grievances and appeals to MDHHS. MDHHS/Managed Care Plan Division oversees quality assurance, monitors compliance and requires corrective action as needed.

H. Dispute Resolution

Both parties agree to participate in a dispute resolution process in the event that the MHP or the LHD contests a decision or action by the other party related to the terms of this agreement.

The dispute resolution process should include:

- Request to the other party for reconsideration of the disputed decision or action.
- Appeal to MDHHS regarding a disputed decision by an MHP, or for a disputed decision by an LHD.

I. Governing Laws

Both parties agree that performance under this agreement will be conducted in compliance with all federal, state, and local laws, regulations, guidelines, and directives.

J. Signature

Signatures below designate the person who has authority to administer this agreement.

(LHD) -----

Molina Healthcare of Michigan Inc. (MHP)

Commented [KB2]: Enter Legal Name on line one of W9 and fill out printed name, title, business address, and business telephone. Then save as PDF - sign and date it and return it to MHP so it can be fully signed.

Signature

Signature

Printed Name

Terrisca Des Jardins

Printed Name

Title

Plan President

Title

Date

Date

Business Address

**880 W Long Lake Rd, Suite 600, Troy, MI
48098**

Business Address

Business Telephone

855-322-4077

Business Telephone



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1378

Agenda Date: 4/16/2025

Agenda #: 3.

To: Charles Winfrey, Human Services Committee Chairperson

From: Michelle Estell, RS, MSA

RE: Approval to accept a grant award from The National Association of County and City Health Officials (NACCHO) for the Strengthening Immunization Program Communications and Outreach Capacity Project

BOARD ACTION REQUESTED:

Approval to accept a grant award of \$40,000 from NACCHO for the Strengthening Immunization Program Communications and Outreach Capacity project and approval of accompanying agreement.

BACKGROUND:

The National Association of County and City Health Officials (NACCHO), serves as the voice of the countries over 3,300 local health departments (LHDs). NACCHO provides capacity-building resources that support LHD leaders in developing and implementing public health policies and practices. The Strengthening Immunization Program Communications and Outreach Capacity project will provide LHDs with resources to strengthen their public-facing communications about vaccines across the lifespan. This will include training, technical assistance, and other resources designed to help LHDs develop and evaluate tailored immunization communication materials for priority populations within their jurisdictions. LHDs will learn through expert-led sessions and peer-to-peer mentorship opportunities to share best practices and insights.

DISCUSSION:

With this funding, The Genesee County Health Department aims to increase adolescent vaccination rates, particularly for Human Papillomavirus (HPV), by at least 5% by the end of 2025. Current vaccination rates in the Genesee County lag behind state and national benchmarks, necessitating a comprehensive communication initiative targeting parents of adolescents aged 11-17.

IMPACT ON HUMAN RESOURCES:

There is no anticipated impact on Human Resources. This grant award will not supplement staff salaries.

IMPACT ON BUDGET:

See attached budget amendment for the \$40,000 award.

IMPACT ON FACILITIES:

There is no anticipated impact on facilities.

IMPACT ON TECHNOLOGY:

Staff working on the project will utilize existing technology. There is no additional impact anticipated on technology.

CONFORMITY TO COUNTY PRIORITIES:

Healthy, Livable, and Safe Communities: Increasing adolescent vaccination rates, particularly for HPV, directly contributes to preventing vaccine-preventable diseases, reducing the burden of cancer and other illnesses. Strengthening public-facing communication about vaccines empowers families with accurate health information, leading to better decision-making and higher immunization rates.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Health Officer to authorize accepting a grant from the National Association of County and City Health Officials (NACCHO) and entering into a grant agreement between Genesee County and NACCHO to fund the Strengthening Immunization Program Communications and Outreach Capacity project, for the period commencing January 1, 2025, through July 31, 2025, in the total amount of \$40,000.00 with no additional General Fund appropriation required, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the April 16, 2025 meeting of the Human Services Committee of this Board), the Chairperson of this Board is authorized to execute the agreement on behalf of Genesee County, and the Chief Financial Officer is directed to record the attached budget amendment.

Budget Guidance Document

Genesee County

Strengthening Immunization Program

Please answer the following questions	Answer
Do you have prior experience in federal contracting? Yes or No	Yes
Have you completed a single audit? Yes or No	Yes

Line Items	Requested Amount
<p>Personnel/Direct Labor (Name & Position description). Please include the following for each person:</p> <ul style="list-style-type: none"> -Staff member name, position, and brief description of duties -Annual salary (NACCHO follows the current salary cap, found using the link in the budget guidance document) -Full Time Employee (FTE) calculation: percentage of time is correctly prorated for the period of personnel -Hourly employee calculation -Total number of months devoted to project <p>Please note: All individuals listed in the personnel section should be employees of the health department. Contractors should be in the “Contractual” section of the budget (this includes hiring individuals through a contract).</p>	
Personnel Subtotal	\$ -
Fringe Benefits (___%)	
Subtotal Direct Labor & Fringe	\$ -

Contractual. For any consultants or contractors in your budget, make sure to provide a detailed breakdown. It should include:

- Their rate (hourly, daily, monthly, fixed)
- The quantity of service provided (hours, days, months, fixed)
- Must also follow the current salary cap found in the budget guidance document
- Total budget

Translation Services (Per Word Cost)

\$4,278

\$

10,000.00

Video services for commercial recording

	\$ 2,543.80
Digital Promotion	
	\$ 3,200.00
Health Promotion	
Subtotal of Contractual	\$20,022
<p>Materials/ Supplies. Supplies means all tangible personal property with a per unit cost of less than \$500.00.</p> <ul style="list-style-type: none"> - There is currently a ban on the use of federal funding—which is the source of NACCHO’s funding equipment from Chinese companies. This includes supplies and materials such as computers, laptop Zoom subscriptions. -Please specify in your budget and budget narrative the manufacturers and service providers of the supplies (“tablet”). -Please specify the cost per supply/material item and number of supply/material items needed for each item. <p>-To ensure your planned purchases are allowable, please check the list of pre-approved manufacturers.</p>	
	\$4,642
Printed Materials	
Recording Materials	\$ 171.70

Listening Session Pilot Materials	\$ 70.71
Subtotal of Materials/ Supplies	\$ 4,884.00

Travel. You should provide a breakdown of specific costs associated with trips budgeted and how you plan to fund them. Provide the following information for each trip:

- Cost per mile (i.e., \$0.70/mile is the approved 2024 federal mileage reimbursement rate) + total number of miles traveled as these are covered under the federal mileage reimbursement rates for transportation costs.
- Lodging and meals for travelers, based on location(s) of travel (you may use, but should not exceed the federal per diem rates for lodging and meals).
- Number of travelers or trips planned
- Purpose of all planned travel as it relates to the project

Local Travel	\$ 1,661.66
Conference Travel	
	4,046.00
Subtotal of Travel	\$ 5,707.66

Other Expenses

- Please provide a breakdown of specific direct costs budgeted and how each relates to program objectives.
- Items such as rent, utilities, telecoms, etc. are typically covered under your organization's indirect costs.

Data Analytics Software: MAXQDA Analytics Pro

	\$	858.67
Location for Listening Session/Focus Group	\$	-
Gift Cards		
	\$	1,200.00
Subtotal of Other Expenses	\$	2,058.67
Subtotal of Other Direct Expenses	\$	32,672.53
Subtotals of Direct costs	\$	32,672.53
Indirect (22.427%)	\$	7,327.47
Grand Total	\$	40,000.00

y Health Department

m Communications and Outreach Capacity

Cost Justification

This column serves as the budget narrative for your line items. Please include all information outlined in for each section (also noted in the budget guidance document) for each line item.

ersonnel member listed:

ce document)

erformance and costs are accurately calculated based on FTE salary.

ment or entity with which the contract is to be executed. Any individuals to be hired as consultants or ough staffing agencies).

The project will be supported by our immunizations division staff, whose salaries are already covered by our organization's operating budget. Our Health educator and nurse coordinator are a part of our Vaccinate Genesee County Initiative and have built a work plan which includes the work supported by this grant.

akdown of their costs and justification for how their services relate to your program objectives. This

Word-based Translation:
Rate: \$0.20 per word (common language)
Total word count: 15,022 words
Cost: \$3,004.40
Time-based Work:
Hours per material: 5
Rate: \$85 per hour
Materials: 3 (brochure, poster, bus ad)
Total hours: 15
Cost: \$1,275.00

Calculations

Brochure:

Word-based translation: \$1,001.47
Time-based work: \$425.00

Poster:

Word-based translation: \$1,001.47
Time-based work: \$425.00

Bus Ad:

Word-based translation: \$1,001.46
Time-based work: \$425.00

Total Budget: \$4,279.40

Estimate provided by Content Expert, have requested quotes from 3 marketing and media agencies:
Cost Per 1 Minute Video = \$2,500
(Totaling two videos: Male and Female based messaging)

Cost Per Hour of Labor = \$150
Estimated Hours of Labor = 25

Total video production cost: $\$2,500 \times 2 = \$5,000$
Total labor cost: $\$150 \times 25 = \$3,750$

Estimated Total: $\$5,000 + \$3,750 = \$8,750$

Air Time Cost on Local News Channel: ~1,250 for 2 months per their marketing director

Each Platform has a different cost associated with promotional actions.

YouTube Advertising = Average Cost per View is .355 (Range \$0.31 - \$0.40)

Instagram Advertising = Average Cost per engagement is \$.05 (\$0.03 – \$0.08 per engagement)

Facebook Advertising = Facebook Average CPM (Cost Per 1,000 views) – \$8.96

YouTube Target: 5,000 views * .355 (Cost per view) = \$1,775

Instagram Target: 10,000 engagements * .05 = \$500

Facebook Target: 30,000 views * (Cost per 1,000 views (CPM) \$8.96) = 30 * 8.96 \$268.80

Total Cost: \$2,543.8

OutFront Media Provided the following cost for Interior Cards:

Cost per unit: \$32

Minimum units required: 50

Initial duration: 4 weeks

Desired duration: 8 weeks

First, let's calculate the cost for the minimum requirement of 50 units for 4 weeks:

$\$32 \times 50 = \$1,600$ for 4 weeks

$\$1,600 \times 2 = \$3,200$

\$5,000.

g for this project—for the purchase of certain telecommunications and video surveillance services or s, tablets, cellphones (including cellphone plans), and other products but does not include hotspots or

supplies and materials you are requesting as needed (e.g., “Apple iPad” or “Microsoft Surface” instead of

ch request.

facturers in the Annex of the Budget Guidance document linked in row 1.

Quotes from Kadroo Printing in Flint MI. We would be providing printed materials to community partners, local healthcare offices, and school within the GIS system to be given to parents of kids who are eligible for their teen vaccine series. Color printing for 35 locations:

Color brochures: $35 \times 100 \times \$0.55 = \$1,925$

Black & white sheets: $35 \times 200 \times \$0.05 = \350

Postcards: $35 \times 100 \times \$0.38 = \$1,330$

Posters (8.5" x 11"): $35 \times 5 \times \$0.44 = \77

Oversize posters: $35 \times 1 \times \$27.50 = \962.50

$\$1,925 + \$350 + \$1,330 + \$77 + \$962.50 = \$4,644.50$

Sony Digital Voice Recorder - \$86.91

Multi directional Microphone - \$84.79

Pilot Printing of Drafts:

15 post cards, 15 brochures, 4 posters, 2 oversized posters
 $\$.38 (15) + \$.55 (15) + \$.44 (4) + \$27.5 (2) = \$70.71$

You derived those costs. Be sure to include:

Number of miles for each trip. Please note that vehicle fuel and insurance should not be budgeted separately, (and, federal per diem rates)

We are allocating funds for up to 70 miles of travel per week. This accounts for the two main project employees, Nurse Coordinator and health educator, for visits with local physicians, community partners, etc.. We reimburse at the federal standard of .7 cents per mile.

$58 \text{ miles per week} \times 20 \text{ weeks} \times 2 \text{ employees} \times \$0.70 \text{ per mile} = \$$

Attendance to NACCHO360 conference (July 2025) for two employees. This will cover airfare, hotel, per diem, and ground transportation for two people. Advance Registration cost for Member. Group: $\$900 \times 2$ (One Scholarship is provided) = $\$900$

The lodging per diem rate for Los Angeles, Orange, Ventura, and Edwards AFB (excluding the city of Santa Monica) in California for fiscal year 2025 is $\$191$ per night.

Totaling 4 Nights for 2 people $(\$191 * 4) * 2 = \$1,528$

First and Last Day of travel for 2 people: $\$64.5 * 4 = \258

(Lunch Provided by Conference center)

Breakfast and Dinner for two days for two people: $58 * 4 = \$232$

atives. You must also specify the percentage of costs attributed to this project.

costs and should therefore not be budgeted under "Other Expenses" if you are also budgeting for indirect

This will allow us to record and transcribe and promotion focus groups and written reviews of the materials. This will provide a Network liscence for data analysis. Cost breakdown: 5 xMAXQDA Analytics Pro

Network License Non-Profit (Annual Subscription)

1472.00 US\$ Adjusted to meet the 7 month contract length to \$946.17

5 xAI Assist

Network License (Annual Subscription)

0.00 US\$

5 xMAXQDA Transcription

(feature activation)

0.00 US\$

1 xMAXQDA Transcription

Transcription 20 h

MSC is going to allow us to use a space free of cost for this project in their public health school located in... This will be \$40 Kroger gift card (per county regulations they will be unable to purchase tobacco, or alcohol with the gift cards) 15 x \$40 for focus group/listening session members x 2 to account for the development session, and the pilot group for final feedback and review of developed materials.

Calculation attached along with signed letter from the CFO.

NACCHO Comments

Please provide an explanation for how the project is being implemented without any personnel budgeted. You can include the explanation in cell C11 (Done, LJ)

Additional info from Genesee:

Exact Cost for Services was provided by:

Jacqueline Ponte

Translation Center

College of Arts & Letters

Michigan State University

mart1303@msu.edu

Commonly spoken languages we charge \$0.20/word, and up to \$0.24/word for much less commonly spoken languages. Spanish is a commonly spoken language. Time based (ie. Creating content v. translating), costs \$85/hour.

The 2025 mileage reimbursement rate has increased to 70 cents/mile, please use this rate and update the budget accordingly.

For the amount budgeted for daily food costs, are you using your organization's per diem/reimbursement policy rates? If so, please indicate that in cell C33. If not, please use the GSA rates (link below) for meals and incidentals to estimate this cost.

Website link: https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-results?action=perdiems_report&fiscal_year=2025&state=CA&city=anaheim&zip= (Done, LJ) Flight calculation was a flat rate based on current flights for the designated dates - Total cost for a flight from Flint to Santa Ana is \$544 according to American Airlines Pricing.

If the annual cost is \$1,472, then 7 months would be \$858.67, not \$946.06. Please update accordingly. (Done, LJ)

Please provide the formula used in cell B48, either written out or as an Excel formula.

Along with page 3 of the CAP, include a signed letter on your organization's letterhead from a financial official, specifying the indirect cost rate being charged, as it is not explicitly stated in the CAP. (Waiting for Vanessa to return)

Scope of Work and Invoicing Schedule

Scope of Work:

Project: Strengthening Immunization Program Communications and Outreach Capacity

Project Period: January 1, 2025, to July 31, 2025

Award Amount: \$40,000

Project Background

The *Strengthening Immunization Program Communications and Outreach Capacity* project will provide local health departments (LHDs) with resources to strengthen their public-facing communications about vaccines across the lifespan. This will include training, technical assistance, and other resources designed to help LHDs develop and evaluate tailored immunization communication materials for priority populations within their jurisdictions. LHDs will learn through expert-led sessions and peer-to-peer mentorship opportunities to share best practices and insights.

Objectives

With support from NACCHO, _____, seeks to meet the objectives and corresponding Scope of Work below:

- Identify and disseminate best practices for managing, maintaining, and addressing vaccine-preventable diseases across the lifespan.
- Engage in a learning collaborative with other local health departments and partners to exchange information on vaccine promotion strategies and participate in educational sessions and participate in peer-to-peer mentorship opportunities.
- Contribute to shared learning and reporting of challenges, results, and outcomes throughout the project to inform project partners and broader NACCHO membership.

Required Activities

To achieve these goals, _____, will complete the following activities throughout the project period of performance:

- Create a project work plan outlining specific activities the LHD will complete to meet the project objectives and deliverables.
- Share existing vaccine communications, outreach, and/or educational materials and develop an evaluation plan to test those materials with a population of focus.
- Use the feedback from the evaluation activities to guide the development of new vaccine communications, outreach, and/or educational materials.
- Complete NACCHO led evaluation activities at the project's initiation and conclusion.
- Regularly attend and participate in learning collaborative calls and engage in peer-to-peer mentoring opportunities (e.g., one-on-one calls, information exchange, project spotlights, resource sharing, etc.)
- Contribute at least one outreach, education, or communication tool to be shared through NACCHO's communications platforms.
- Attend an in-person convening at NACCHO360 in July 2025 (NACCHO will provide one scholarship per health department).

Invoicing Schedule

Invoice Number and Payment Schedule	Deliverable	Deliverable Amount
Invoice #1 Invoice total: \$10,000 Due: April 15, 2025	Complete project needs assessment	\$5,000
	Develop and submit a project work plan along with existing vaccine communications materials to be evaluated	\$5,000
Invoice #2 Invoice total: \$24,000 Due: June 15, 2025	Develop, submit, and conduct an evaluation plan to assess current communications materials in the population of focus	\$7,000
	Develop and submit at least one immunization communication, outreach, or educational product	\$10,000
	Contribute one communication product highlighting the communication materials developed to be shared via NACCHO's communications platforms	\$7,000
Invoice #3 Invoice total: \$6,000 Due: July 15, 2025	Regularly attend project check-in, community of practice, and peer-to-peer mentorship calls throughout the project period	\$3,000
	Participate in end of project evaluation activities	\$3,000



LEGISTAR SUBMISSION CHECKLIST*

Before submission of a request for payment/authorization for goods, services, or construction work, the following questions must be answered to determine whether to use a purchase order or formal contract. You must check an option in all questions until the form directs you to what workflow and/or document to use.

DOES THE PROJECT NEED A CONTRACT?

1) Is this a request for the purchase of goods? (i.e. office supplies, vehicles, equipment, etc.)

Yes: ____ (Go to Question 2)

No: ____ (Go to Question 4)

2) If providing goods, does the vendor require time on any Genesee County premises for installation and/or maintenance for the goods?

Yes: ____ This project requires a contract, skip to the contracts section.

No: ____ (Go to Question 3)

3) Has the vendor presented a document for the county to sign?

Yes: ____

- This document needs to go through Legistar and be reviewed by the proper departments before it can be signed. It is recommended that Corporate Counsel and Risk Management review prior to submission to avoid potential last step denial.

No: ____

- Use a **Purchase Order** You do not need to complete the remainder of this form.

4) Is this a request for services, an IT submission, or construction work?

Yes: ____ This project requires a contract, skip to the contracts section.

No: ____ Contact Corporate Counsel office prior to submitting into Legistar.

CONTRACTS

*** After selecting a template, contact the Risk Manager to obtain insurance requirements before submitting it to Legistar. * If the vendor has provided a contract, or if you have a department specific template that you are using or have used historically, have it reviewed by risk management and corporate counsel prior to submission into Legistar. Even if the agreement was used previously, it may need changes.**

1) Is this a new contract or a renewal/extension? _____

- a. Renewal/Extension: Use the appropriate renewal/amendment template based on the type of agreement. Include the original signed agreement and all prior amendments in the review process.
- b. New Contract: Go to Question 2.

2) How is the contract funded?

- a. Budgeted or General Funds: _____(Go to Question 3)
- b. Grant Funded: _____(Go to Question 4)
- c. Millage Funded: _____ (Go to Question 5)

3) What is the vendor providing?

- a. Services: _____
 - Use the **Professional Service Contract Template**
- b. Construction/Physical Building Altercation/Remodel _____
 - If the contractor has not provided a proposed contract use the **Construction Contract Template** If the contractor has provided a proposed contract, contact Corporate Counsel prior to submitting into Legistar.

*** To avoid a last step rejection, ask corporate counsel to review updated template before submission into Legistar. ***

4) Complete the AGA Recipient Checklist for Determining Contractor vs. Subrecipient

- a. If the service provider is a **contractor**, go back to Question 3.
- b. If the service provider is a **subrecipient**, a department/grant specific subrecipient agreement template must be used. If the template has not been reviewed by corporate counsel within the last year, contact Corporate Counsel office for review of the agreement/template.

5) Is this a new contract/agreement?

Yes: _____ No: _____

- a. If **yes** - contact Corporate Counsel office for assistance in selecting a template and/or creating an agreement.
- b. If **no** – has the template/previous agreement used for this program been reviewed by Corporate Counsel since August 1, 2023?

If **yes**, use the template/previous agreement.

If **no**, contact Corporate Counsel regarding template/previous agreement.

6) Is a contract that is not a County prepared contract being submitted for review?

Yes: _____ No: _____

- a. If yes, submit the contract to Corporate Counsel office for review prior to submitting to Legistar.

* If at any point in time you have questions while completing this checklist, it is recommended that you contact the appropriate reviewing department (Fiscal Services, Purchasing, Risk Management, or Corporate Counsel) to address your question prior to submission into Legistar.

CONTRACTOR AGREEMENT

This Contractor Agreement is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as “NACCHO”), with its principal place of business at 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005, and **Genesee County on behalf of the Genesee County Health Department** (hereinafter referred to as “Contractor”), with its principal place of business at 630 S Saginaw St., Flint, MI 48502-1525.

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of CDC GRANT #6 NU38PW000037-01-01, CFDA #93.421, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall act at all times in a professional manner consistent with the standards of the industry.
2. TERM OF AGREEMENT: The term of the Agreement shall begin on January 01, 2025, and shall continue in effect until July 31, 2025, unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.
3. PAYMENT FOR SERVICES: In consideration for professional services to be performed, NACCHO agrees to pay Contractor an amount not to exceed \$40,000.00. All payments will be made within 30 days of receipt of invoice(s) from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I. Two (2) invoices must be submitted as follows:

Invoice No.	Amount	Deliverable	Due date
Invoice I	\$17,000.00	<ul style="list-style-type: none"> • Complete project needs assessment (\$5,000.00) • Develop and submit a project work plan along with existing vaccine communications materials to be evaluated (\$5,000.00) 	May 15, 2025

		<ul style="list-style-type: none"> • Develop, submit, and conduct an evaluation plan to assess current communications materials in the population of focus (\$7,000.00) 	
Invoice II	\$23,000.00	<ul style="list-style-type: none"> • Develop and submit at least one immunization communication, outreach, or educational product (\$10,000.00) • Contribute one communication product highlighting the communication materials developed to be shared via NACCHO’s communications platforms (\$7,000.00) • Regularly attend project check-in, community of practice, and peer-to-peer mentorship calls throughout the project period (\$3,000.00) • Participate in end of project evaluation activities (\$3,000.00) 	July 15, 2025

NACCHO Contract number must be included on all invoices. Unless otherwise expressly stated in this Agreement, all amounts specified in, and all payments to be made under, this Agreement shall be in United States Dollars. The parties agree that payment method shall be made by check, via postage-paid first-class mail, at the address for the giving of notices as set forth in Section 26 of this Agreement. Any changes of payment method would require a modification signed by both parties. The final invoice must be received by NACCHO no later than 15 days after the end date of the Agreement. Contractor will be given an opportunity to revise as needed but the final revised invoice must be received no later than 30 days after the end date of the Agreement. NACCHO will not accept any invoices past 30 days of the end date of the Agreement.

ARTICLE II: GENERAL PROVISIONS

1. **INDEPENDENT CONTRACTOR**: Contractor shall act as an independent contractor, and Contractor shall not be entitled to any benefits to which NACCHO employees may be entitled.
2. **PAYMENT OF TAXES AND OTHER LEVIES**: Contractor shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.
3. **LIABILITY**: All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of NACCHO, if the liability, loss, or damage is caused by, or arises out of, the actions of failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor.

All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.

In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and NACCHO in relation to each party's responsibilities under these joint activities.

4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
5. ASSIGNMENT: Without prior written consent of NACCHO, Contractor may not assign this Agreement nor delegate any duties herein.
6. CONTINGENCY CLAUSE: This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.
7. INTERFERING CONDITIONS: Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.
8. OWNERSHIP OF MATERIALS: Contractor hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency. Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

9. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Contractor, the Chief Executive Officer of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Contractor and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.
10. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Contractor for services rendered through the date of termination.
11. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.
12. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.
13. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law's provisions).
14. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.
15. REMEDIES FOR MISTAKES: If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.
16. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Contractor's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal

Awards), and 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), It is the Contractor's responsibility to understand and comply with all requirements set forth therein.

17. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to 2 CFR 200 Subpart D, Contractor will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
18. DEBARRED OR SUSPENDED CONTRACTORS: Pursuant to Executive Order 12549 and Executive Order 12689 entitled "Debarment and Suspension" and 2 CFR 180, Contractor hereby certifies to the best of its knowledge that it is not presently debarred or suspended and will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Non-procurement Programs.
19. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to 2 CFR 200 Subpart E, Contractor hereby certifies to NACCHO that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Contractor will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.
20. SALARY LIMITATION: Pursuant to CDC Additional Requirement – 32: Appropriation Act, General Provisions, cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this Agreement shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with federal funds.
21. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to 2 CFR 200 Subpart F, Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).
22. WHISTLEBLOWER PROTECTION: Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for "whistleblowing."
23. CORONAVIRUS DISEASE 2019 (COVID-19) Funds: The contractor acknowledged that the project is funded under the Coronavirus Preparedness and Response Supplemental Appropriation Act, 2020 (P.L 116-123); the Coronavirus Aid, Relief and Economic Security Act,

2020 (the “CARES Act) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) and/or the Consolidated Appropriation Act, 2021 (P.L. 116-260), Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260) and hereby agrees, as to applicable to the award, to 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measure and 3) assist the United States Government in implementation and enforcement of federal orders related to quarantine and isolation. The Contractor will comply, to the extent applicable, with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Furthermore, consistent with 45 C.F.R. 75.322, the Contractor agrees to provide to CDC copies and/or access to COVID-19 data collected including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

24. Domestic Preferences for Procurement - Maximizing Use of American-Made Goods, Products, and Materials (E.O. 13881): Executive Order 13881 promotes the Buy American Act, 41 U.S.C. §§ 8301-8305, proposing the policy of the United States to buy American and to maximize, consistent with law, the use of goods, products, and materials produced in, and services offered in, the United States. The proposed rule revives heightened restrictions for commercially available-off-the-shelf (“COTS”) products. The Buy American Act (“BAA”) restricts the country of origin of goods bought by the U.S. government, requiring the purchase of “manufactured articles, materials, and supplies that have been manufactured in the United States substantially all from articles, materials, or supplies, mined, produced, or manufactured, in the United States.” 41 U.S.C. § 8302(a).

Under the current FAR rules (particularly Subparts 25.1, 25.2, and 25.5), a domestic end product is one where: (1) the end-product is manufactured in the United States, and (2) more than 50 percent of the cost of all component parts are manufactured in the United States. FAR 25.101. The agencies anticipated to be impacted by this executive order include the Departments of Defense and Commerce, the National Aeronautics and Space Administration, the General Services Administration (GSA), and the Executive Office of the President. Consistent with this Order, Contractors shall insert the substance of this clause, including this paragraph (c), in all subcontracts.

Pursuant to §200.322, to the greatest extent practicable, provide a preference for the purchase, acquisition, or use of goods, products or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products which means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates

such as concrete; glass, including optical fiber; and lumber).

- 25. EXECUTION AND DELIVERY: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.
- 26. NOTICE: All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via email, facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

FOR NACCHO:

National Association of County and City Health Officials
 Attn: Amy Maxson
 1201 (I) Eye Street NW 4th Fl.,
 Washington, DC 20005
 Tel. (202) 796-2669
 Fax (202) 783-1583
 Email: amaxson@naccho.org

With a copy to:

National Association of County and City Health Officials
 Attn: Ade Hutapea, LL.M., CFCM, CCCM
 Senior Director, Grants and Contracts
 1201 (I) Eye Street NW 4th Fl.,
 Washington, DC 20005
 Tel. (202) 507-4272
 Fax (202) 783-1583
 Email: ahutapea@naccho.org

FOR CONTRACTOR:

Genesee County on behalf of the Genesee County Health Department
 Attn.: Bradlee Snyder
 Deputy Health Officer
 630 S Saginaw St.,
 Flint, MI 48502-1525
 Tel. (810) 237-6160
 Fax (810) 257.3147
 Email: bsnyder@geneseecountymi.gov

Check Mailing Address:

Genesee County on behalf of the Genesee County Health Department
 1101 Beach St., 3rd Floor,
 Flint, MI 48502-1470

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

NACCHO:

CONTRACTOR:

By : _____

By : _____

Name : Jerome Chester

Name : _____

Title : Chief Financial Officer

Title : _____

Date : _____

Date : _____

Federal Tax ID No.: 38-6004849

DUNS: 619259146

UEID.: E2J4KM8YBZJ9

**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
CONTRACTOR AGREEMENT – ATTACHMENT I
SCOPE OF WORK**

Scope of Work: Genesee County Health De

Project: Strengthening Immunization Program Communications and Outreach Capacity

Project Period: January 1, 2025, to July 31, 2025

Award Amount: \$40,000

Project Background

The *Strengthening Immunization Program Communications and Outreach Capacity* project will provide local health departments (LHDs) with resources to strengthen their public-facing communications about vaccines across the lifespan. This will include training, technical assistance, and other resources designed to help LHDs develop and evaluate tailored immunization communication materials for priority populations within their jurisdictions. LHDs will learn through expert-led sessions and peer-to-peer mentorship opportunities to share best practices and insights.

Objectives

With support from NACCHO, Genesee County Health De , seeks to meet the objectives and corresponding Scope of Work below:

- Identify and disseminate best practices for managing, maintaining, and addressing vaccine-preventable diseases across the lifespan.
- Engage in a learning collaborative with other local health departments and partners to exchange information on vaccine promotion strategies and participate in educational sessions and participate in peer-to-peer mentorship opportunities.
- Contribute to shared learning and reporting of challenges, results, and outcomes throughout the project to inform project partners and broader NACCHO membership.

Required Activities

To achieve these goals, Genesee County Health De , will complete the following activities throughout the project period of performance:

- Create a project work plan outlining specific activities the LHD will complete to meet the project objectives and deliverables.
- Share existing vaccine communications, outreach, and/or educational materials and develop an evaluation plan to test those materials with a population of focus.
- Use the feedback from the evaluation activities to guide the development of new vaccine communications, outreach, and/or educational materials.
- Complete NACCHO led evaluation activities at the project’s initiation and conclusion.
- Regularly attend and participate in learning collaborative calls and engage in peer-to-peer mentoring opportunities (e.g., one-on-one calls, information exchange, project spotlights, resource sharing, etc.)
- Contribute at least one outreach, education, or communication tool to be shared through NACCHO’s communications platforms.
- Attend an in-person convening at NACCHO360 in July 2025 (NACCHO will provide one scholarship per health department).

Invoicing Schedule

Invoice Number and Payment Schedule	Deliverable	Deliverable Amount
Invoice #1 Invoice total: \$17,000 Due: May 15, 2025	Complete project needs assessment	\$5,000
	Develop and submit a project work plan along with existing vaccine communications materials to be evaluated	\$5,000
	Develop and submit an evaluation plan to assess current communications materials in the population of focus	\$7,000
Invoice #2 Invoice total: \$23,000 Due: July 15, 2025	Develop and submit at least one immunization communication, outreach, or educational product	\$10,000
	Contribute one communication product highlighting the communication materials developed to be shared via NACCHO’s communications platforms	\$7,000
	Regularly attend project check-in, community of practice, and peer-to-peer mentorship calls throughout the project period	\$3,000
	Participate in end of project evaluation activities	\$3,000

December 10, 2024

Genesee County Health Department
630 S Saginaw St.
Flint, MI 48433

RE: Notice of Selection – Strengthening Immunization Program Communications and Outreach Capacity

Dear Brad Snyder,

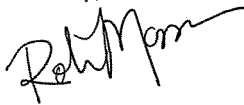
Congratulations! On behalf of the National Association of County and City Health Officials (NACCHO), I write to inform you that after rigorous review and scoring, Genesee County Health Department has been selected to participate in the NACCHO *Strengthening Immunization Program Communications and Outreach Capacity* project. Contingent upon a fully executed contract, your agency will be awarded \$40,000 through this project to strengthen your communications on immunizations across the lifespan.

Upon acceptance of this award, you will be required to agree to the NACCHO Standard Contract language as outlined on pages 10-15 of the RFA in addition to the required documentation needed for contract execution.

Please reply to NACCHO's Immunization Program Analyst, Clarissa Montes (cmontes@naccho.org), by **close of business December 13th**, to indicate your acceptance or declination of the invitation to participate in this project.

Again, congratulations on your selection. We look forward to collaborating with you to strengthen communications on immunizations across the lifespan within your local jurisdiction. Please feel free to contact us at immunization@naccho.org should you have any questions or concerns.

Sincerely,



Robin Mowson, MA, MPH
Director, Immunization
National Association of County and City Health Officials (NACCHO)

DESCRIPTION: NACCHO GRANT ACCEPTANCE

GL #	DESCRIPTION	Increase/(Decrease)
2211-603.02-504.000	FEDERAL REVENUE	40,000.00
2211-603.02-801.000	PROFESSIONAL SERVICE CONTRACTS	19,725.32
2211-603.02-763.000	SUPPLIES	4,884.00
2211-603.02-752.000	SUPPLIES OTHER	2,358.67
2211-603.02-913.001	TRAVEL REGULAR	5,704.54
2211-603.02-957.006	INTRAFUND EXPENSE	7,327.47



Genesee County

Staff Report

Genesee County
Administration Building
1101 Beach St
Flint, MI 48502

File #: RES-2025-1396

Agenda Date: 4/16/2025

Agenda #: 4.

To: Charles Winfrey, Human Services Committee Chairperson

From: Pamela Coleman, GCCARD Director

RE: Approval of a request to submit a Non-Federal Share Waiver to the Head Start Regional Office for 2024-2025

BOARD ACTION REQUESTED:

The Genesee County Community Action Resource Department (GCCARD) requests authorization from this committee to submit a non-federal share waiver to the Head Start Regional Office for the 2024-2025 Genesee County Head Start/Early Head Start grant. This waiver is necessary to reduce the County's contribution by 52% from \$3,319,815 to \$1,593,511, with a recommendation of approval by the full Genesee County Board of Commissioners at their next regularly scheduled meeting.

BACKGROUND:

The Department of Health and Human Services (HHS) requires a \$0.25 local match for every dollar given by the Federal Government to the Head Start Program. This match can be cash or services. Services include free space, maintenance, parent and community volunteers, helping in the classroom, on committees, etc. Donated and specially priced items and services may also be counted. Due to the large amount of funds for Head Start and Early Head Start expansion and economic conditions, HHS has made available a waiver for this requirement.

DISCUSSION:

Many services that Head Start once received without cost are now being charged to the Head Start budget. Also, fewer donated items and reduced parent and community volunteer numbers, due to people struggling with their own economic conditions, and COVID-19 have dwindled non-federal share match opportunities. Currently, the required non-federal share match for Genesee County Head Start funds is \$3,319,815.00. Head Start is requesting a reduction of 52%, bringing the non-federal share match to 1,593,511.00.

IMPACT ON HUMAN RESOURCES:

There will be no impact on Genesee County Human Resources.

IMPACT ON BUDGET:

The required non-federal share amount would be reduced from \$3,319,815 to \$1,593,511.

IMPACT ON FACILITIES:

There will be no impact on Genesee County Facilities and Operations.

IMPACT ON TECHNOLOGY:

There will be no impact on Genesee County Information Technology.

CONFORMITY TO COUNTY PRIORITIES:

Submission of this waiver request will promote anti-poverty programming in alignment with Genesee County's priority of Long Term Financial Stability, ensuring that Head Start and Early Head Start can continue to meet funding requirements and aid as many Genesee County children and families as possible, regardless of demographic as shown by our dedication to Inclusive and Collaborative Culture.

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE GENESEE COUNTY BOARD OF COMMISSIONERS, GENESEE COUNTY, MICHIGAN

LADIES AND GENTLEMEN:

BE IT RESOLVED, by this Board of County Commissioners of Genesee County, Michigan, that the request by the Director of the Genesee County Community Action Resource Department (“GCCARD”) to authorize the submission of the non-federal share waiver request to the Head Start Regional Office for the 2024-2025 Genesee County Head Start/Early Head Start grant, said waiver being necessary to reduce the program’s non-federal share match requirement by 52% from \$3,319,815.00 to \$1,593,511.00, is approved (a copy of the memorandum request and supporting documents being on file with the official records of the April 16, 2025 meeting of the Human Services Committee of this Board), and the Chairperson of this Board is authorized to sign the waiver request on behalf of Genesee County.

Request for a Non Federal Share Waiver

GCCARD Head Start is requesting a waiver for the Head Start preschool/Early Head Start grant for the 2024-2025 year.

Head Start/Early Head Start (05CH012299) Original In-kind amount **\$3,319,815**

52% of the above amount is **\$1,726,304**. Our contribution would be **\$1,593,511**.

The reasons for the request would encompass 3 of the 5 criteria in the Head Start Act Section 640(b)(1)-(5)- lack of community resources, the impact of an unanticipated increase in cost to carry out the program, and impact upon the community if the program is discontinued.

1) Lack of Community Resources

Genesee County enjoyed prosperous times until the downturn of the auto industry in the late 1980's. Thousands of families in Genesee County have lost their jobs and continue to leave the state. The population has declined 5% from 2010 to 2020.

Daily struggles exist for many that have opted to stay in Genesee County. In fact, Genesee County has a higher rate of unemployment, poverty, children in poverty, households receiving public assistance, and childhood food insecurity than the state. Additionally, childhood maltreatment rates are significantly higher than the state, as well.

Community foundations and businesses are making concentrated efforts to revitalize the area, leaving limited resources as in-kind match for Head Start. Entities cannot be depended upon for in-kind, as they are struggling to maintain their own financial viability. In addition, local school districts have had changes that impact the support they can provide for the Head Start Preschool and Early Head Start (EHS) Program.

The COVID-19 pandemic also negatively impacted the generated non-federal share match. Parent and community volunteers were unable to spend time in classrooms due to covid restrictions. Although we have returned to allowing this volunteering, which historically generated a significant amount of non-federal share match, many volunteers are hesitant to return to the classroom setting.

2) Impact of Program Discontinuation

GCCARD Head Start Preschool has been in Genesee County since 1965 and EHS since 1996. While state-funded programs have increased to provide opportunities for four-year-olds within Genesee County, there are no free, center-based opportunities offering comprehensive services for families with children under four years old, other than Head Start Preschool and EHS. Early Head Start center-based children all receive year-round, full school day care. GCCARD Head Start Preschool classrooms also provide full school day care. Families that are working or furthering their education receive priority placement. Alternative (for profit) programs that provide childcare are not only limited in number and capacity, but also require tuition beyond childcare reimbursement rates, making them unaffordable for families that are struggling. Clearly, discontinuation of program funding would negatively impact many families that are attempting to better their lives.

The community partnerships that Head Start has formed through the years will benefit our families' abilities to access the limited resources that are still available to meet their needs. Discontinuation of programming would result in a reduction in early intervention and necessary resources that are essential to a young family's success.

Additional Information:

The proposed grant application for the 2025-2026 year maintains GSRP (Great Start Readiness Program) funding, which will assist in meeting the local match for the program year. GCCARD continues to seek funding and partnership opportunities that will enhance the acquisition of in-kind dollars, while meeting the ever-growing needs of families and children. Specific initiatives include increased implementation of large-scale parent engagement opportunities, a change in parent meeting format to encourage participation, and an expansion of local partnerships to augment non-federal match dollars.

DATE APPROVED

DELRICO LOYD, Chairperson
Genesee County Board of Commissioners