

CHAMPAIGN COUNTY BOARD

COMMITTEE OF THE WHOLE

Finance/Policy, Personnel, & Appointments/Justice & Social Services Agenda County of Champaign, Urbana, Illinois Tuesday, September 10, 2013 – 6:00 p.m.

Lyle Shields Meeting Room, Brookens Administrative Center, 1776 East Washington Street, Urbana, Illinois

- I. Call To Order
- II. Roll Call
- **III.** Approval of Minutes

A. Committee of the Whole Minutes – August 13, 2013 (to be distributed)

- IV. Approval of Agenda/Addenda
- V. <u>Public Participation</u>
- VI. Communications
- VII. <u>Justice & Social Services:</u>
 - A. Animal Control Update Presentation
 - B. <u>Monthly Reports</u> All reports are available on each department's webpage through the department reports page at: http://www.co.champaign.il.us/COUNTYBD/deptrpts.htm
 - 1. Animal Control July 2013
 - 2. Emergency Management Agency August 2013
 - 3. Head Start July 2013
 - 4. Probation & Court Services –July 2013
 - 5. Public Defender July 2013
 - 6. Veterans' Assistance Commission August 2013
 - C. Other Business
 - D. Chair's Report
 - 1. Pretrial Services 200,000-250,000 a year.
 - 2. Access to behavioral health programs 250,000-300,000
 - 3. Effective Substance Abuse Intervention 85,000-100,000 and detox
 - 4. Expansion of community sanctions, 150,000 planning
 - 5. Re-entry 140,000
 - 6. Racial Justice Task Force 12,000
 - 7. Children with Parents in Jail

VIII. Policy, Personnel, & Appointments:

- A. Appointments/Reappointments
 - Champaign County Housing Authority Resident Commissioner Term: September 19, 2013-July 31, 2015 Applicants:
 - Colleen Miller

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Committee of the Whole Agenda Finance; Policy, Personnel, & Appointments; Justice & Social Services September 10, 2013 Page 2

Fuge 2	
Vanessa Buchanan	
Jama Lyn Thomas	
 2. Somer #1 Drainage District-Unexpired Term Ending 8/31/2016 Applicant: Earl Woller 	12
 3. Drainage District #2 Town of Scott-Unexpired Term Ending 8/31/2016 Applicant: Roger Armstrong 	13
 4. Harwood & Kerr Drainage District-Unexpired Term Ending 8/31/2016 Applicant: Bryan Schluter 	14
 Resolution to Correct the Term of Appointment of Jim Randol to the Zoning Board of Appeals 	15
B. County Clerk 1. August 2013 Report	16
 C. <u>County Administrator</u> 1. Administrative Services August 2013 Report 2. Update on 2013 Champaign County Employee Recognition Week 	17-19 20
D. Other Business	
E. Chair's Report	
F. <u>Semi-Annual Review of Closed Session Minutes</u>	
G. Designation of Items to be Placed on the County Board Consent Agenda	
Finance:	
A. <u>Treasurer</u> 1. <u>Monthly Reports</u> – August 2013 - Reports are available on the Treasurer's webpage at http://www.co.champaign.il.us/TREAS/reports.htm	
2. Resolution Authorizing the County Board Chair to Assign Mobile Home Tax Sale Certificate of Purchase	21
B. <u>Auditor</u> 1. <u>Monthly Reports</u> – August 2013 - Reports are available on the Auditor's webpage at http://www.co.champaign.il.us/auditor/monthlyreports.htm	
C. Nursing Home Report	22-25

IX.

Committee of the Whole Agenda Finance; Policy, Personnel, & Appointments; Justice & Social Services September 10, 2013

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D.	Labor/Management Health Insurance Committee 1. Recommendation for Health Insurance Plan for County Employees for FY2014	26-35
	Budget Amendments/Transfers 1. Budget Transfer #13-00009 Fund/Dept: 080 General Corporate-075 General County 080 General Corporate-071 Public Properties Total Amount: \$10,000 Reason: Per County Facilities Direction-To Transfer Funds to Physical Plant Budget to Pay for Expenses Due to Repair and Maintenance of the Northeast Parking Lot at Brookens Administrative Center	36
	 Budget Amendment #13-00046 Fund/Dept: 080 General Corporate-071 Public Properties Increased Appropriations: \$5,000 Increased Revenue: None: from Fund Balance Reason: To Budget for Repair and Maintenance of the Northeast Parking Lot at Brook Administrative Center 	37 kens
	 Budget Amendment #13-00047 Fund/Dept: 080 General Corporate-016 Administrative Services Increased Appropriations: \$17,351 Increased Revenue: None: from Fund Balance Reason: Funds Needed to Pay for Deputy County Administrator/Finance Employee f September 30-November 30, 2013 	38 for Period
	4. Budget Amendment #13-00048 Fund/Dept: 075 Regional Planning Commission-778 IDPH Afford Care Act-IACA Increased Appropriations: \$20,000 Increased Revenue: \$20,000 Reason: To Accommodate Receipt of New Illinois Department of Public Health gran the Affordable C are Act program. Funds from the Illinois Department of Public Hea obtained through a joint application with other community action agencies statewide.	lth were
F.	 Circuit Clerk & Circuit Court 1. Recommendation for Approval of Law Library Fee Increase 2. Recommendation for Approval of Courts Automation Fund Fee Increase 3. Recommendation for Approval of Courts Document Storage Fund Fee Increase (to be Distributed) 	41-48 49-55
G.	 Nursing Home Board of Directors Recommendation for Renewal of Compliance Services Agreement with MPA – Term 9/1/2013 through 6/30/2014 Approval of Private Pay Room Rates for FY2014 	56-75 76-78
Н.	 Emergency Management Agency Request Approval of Application, & If Awarded, Acceptance of the Illinois Emergen Management Agency Hazardous Materials Emergency Preparedness Grant 	.cy 79-93

Management Agency Hazardous Materials Emergency Preparedness Grant

Committee of the Whole Agenda Finance; Policy, Personnel, & Appointments; Justice & Social Services September 10, 2013 Page 4

I.	County	/ Adm	inistr	ator

- 1. General Corporate Fund FY2013 Budget Report (to be distributed)
- 2. General Corporate Fund FY2013 Budget Change Report (to be distributed)
- 3. Recommendation Establishing Health Insurance Premium Contributions for Non-Bargaining Employees in FY2014 (to be distributed)
- 4. Resolution Establishing Compensation for Interim Facilities Director

94-96

J. <u>Inter-Committee Memo from County Facilities Committee Regarding Repair & Maintenance of County Parking Lots</u>

97

- K. Other Business
- L. Chair's Report
- M. Semi-Annual Review of Closed Session Minutes
- N. Designation of Items to be Placed on the County Board Consent Agenda

X. Other Business

XI. Adjournment

Pretrial Services

Recommended by

Conferences with child justices
Conferences with state court administrator
National Sheriff's Association
American Probation & Parole Association
Association of Prosecuting Attorneys
American Council of Child Defenders
International Association of Chiefs of Police
National Association of Counties
American Bar Association

Functions

- 1. Screening
- 2. Supervision

Cost-based on McLean County costs, we estimate it would cost 200,000-250,000. The ultimate savings should exceed that.

Since our Sheriff has already begun this process, the cost of the added personnel and training could be folded into this budget for greatest efficiency.

Access to Behavioral Health Programs

Problem of concern to Sheriff, jail, and police departments. Police often have no alternative to jail for the mentally ill since there are too few crisis managers and no setting as an alternative to jail. The jail and mental health board are working on a transition program that will connect people with available mental health services on entry to and exit from jail. A community based mental health crisis center perhaps in connection with one of the local hospitals needs to be an available option for the police. Pre-booking diversion to the crisis center for the mentally ill would help everyone. County Board leadership to create intergovernmental agreements and contracts for services would get the system started.

Cost

The MHB has negotiated its contracts to provide needed services to those with behavioral health problems who are involved with the criminal justice system. Two social workers at the jail and two at the new Community Resource Center at Presence would be a start. Also someone to plan and organize the new system and apply for grants. 250-300,000?

Effective Substance Abuse Intervention

A detox center is needed. Prior to drastic cutbacks the Prairie Center detox served 600 unduplicated people a year from 60 counties. 371 of these were from Champaign County. The cost per day was 277 with an average stay of 4 days.

After release, they can be assessed and referred to providers for other services they needsubstance abuse treatments, mental health, medical and dental care, housing, etc. Drug Court-post adjudication probation program. The statistics of our program are amazing. The grant for drug court coordinator and part time deputy ends September 2013.

Cost: 85,000 to 100,000 per year for drug court coordinator in Prairie Center budget (MHB) and ¼ time deputy in Sheriff budget. The costs after grants of the detox center are not yet in.

Expansion of Community Sanctions

Illinois Criminal Justice Information Authority said that 260 of the people from Champaign County serving prison sentences in 2012 not the criteria to serve their sentences safely in the community. In the jail nearly half are accused of misdemeanors and more than half of non-violent crimes.

Cheaper alternatives: Substance abuse treatment, cognitive behavioral therapy, probation, job-training, parole, intensive probation, day reporting centers, electronic monitoring, halfway house, work release.

Costs: 50,000 planner, 100,000 planning for day reporting center, 250,000 to start on Waukesha County model

Better Re-entry from IDOC

Reduce barriers to employment, housing, and food stamps for people with felony conviction

End the requirement that parolees not consort with people who have reentered society. Establish a first stop facility to help prisoners with a plan for re-entry, connect them with available social services, and connect them with peer mentors.

Cost: year 1- Program Coordinator 70,000, 3 part-time peer mentors 70,000 -total 140,000

Year 2 and 3 more mentors, training and office-225,000

Racial Disparity

Forma Racial Justice Task Force to find and attack all the points of the system where racial inequality enters the system.

Cost: 12,000 for data collection, meeting and publication.

Children with Parents in Jail

Children should be able to see, hear, and touch their parents even when the parents are in jail. If child custody is at stake, the requirements for the parent to retain or regain custody must be doable. Creating requirements that the system prevents the parent from doing should be stopped by the courts.

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

NAME: Collicen Miller
ADDRESS: 2509 Maplewood Dr. Champanya IL 61921 Street City State Zip Code
4 2 1
EMAIL:
Check Box to Have Email Address Redacted on Public Documents
NAME OF APPOINTMENT BODY OR BOARD: Resident Comissioner
BEGINNING DATE OF TERM: ENDING DATE: J414 2015
The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.
1. What experience and background do you have which you believe qualifies you for this appointment/ reappointment?
Extensive Real Estate training, Had licenses as
A Saksperson, then A broker, Inspector, and asst.
(10016) 801
Bacheloss in Criminal Justice 3rd yr, law Suden Master's Psyc- and my Exp as a 5 year resident mys
Master's Psyc- and my Exp as a 5 year resident mys
2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?
Helping residents with legitimate issues with living conditions, Working with temantspand
living conditions, Working with tomants, and
listening to concerns, an advocating for
them to make the harsing To Provide guidance and
leadership responsibilities to tennants as well.
3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?
Schooling and prior Real Estate Experience.
I am a Housing Choice Voucher program + have
be my 5th year: Medra Seals is my case
Norker, and know Jim. Mgrof Sketton Place
Work with Tanny Kust I am Familier will Douglass
Dark + Number Properties Az Well, HCV properties:

4.	Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No If yes, please explain:
5.	Would you be available to regularly attend the scheduled meeting of the appointed body?
Ye	s No If no, please explain:
	facts set forth in my application for appointment are true and complete. I understand this application is a ument of public record that will be on file in the County Board Office.
	Signature 3-24-13 Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

NAME: Rev. Vanessa Buchanan
ADDRESS: 302 S. 2nd St-Apt, #201 Chang II 61820 Street City State Zip Code
EMAIL: rev. v. buchanan@gmail.com PHONE:
Check Box to Have Email Address Redacted on Public Documents
NAME OF APPOINTMENT BODY OR BOARD: Housing Authority Resident Commission
BEGINNING DATE OF TERM: ENDING DATE: 2015
The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.
1. What experience and background do you have which you believe qualifies you for this appointment/ reappointment? 2 have lived in The Skerten Brushing a De past 6 years
and I believe that bein a resident will provide a
motat perspective to how decision will import
The residues of the second
2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?
noviding the growing need for low income
pousing. And imprinet incie prigrans to help
Deople to hise up and off the need for
assistance
3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?
to a residut in the ton Those und a have a understay
The mangement of That building I have worken
with latrica at Kusa The margin and sloft me one?
of I am very famin with operations of the Sterland

4.	4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest selected to serve on the body for which you are applying? (This question is not meant to disqualify only intended to provide information.) Yes No If yes, please explain:	if you ar you; it i
_		
5.	5. Would you be available to regularly attend the scheduled meeting of the appointed body?	4
Ye	Yes No If no, please explain:	
_		
	The first and forth in manageriation for appointment and two and complete. I understand this applie	ntion is a
	The facts set forth in my application for appointment are true and complete. I understand this applic document of public record that will be on file in the County Board Office.	ation is a
	Laura Buchana	
	Signature	
	Date () 2013	

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

NARME: 12
NAME: Jana Cyn homas
ADDRESS: 1803 Southwood Dr Champaign Ll City State Zip Code
EMAIL: Jema Thomas 56 gradicom PHONE: (773) 512-7543
Check Box to Have Email Address Redacted on Public Documents
NAME OF APPOINTMENT BODY OR BOARD:
BEGINNING DATE OF TERM: ENDING DATE: July 2015
The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.
1. What experience and background do you have which you believe qualifies you for this appointment/ reappointment?
I have experience in Humanities, Social Syndies, Ethics,
law (legal studies), Business Administration, Advanced
Computer skills, Bilingual (Spanish) and as a Section 8
Voncher program resident I would bring my oron
dynamic interest or concerns.
2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?
I believe they apply daily quidance or assisting in
such a field w/ howing an impact; positively on
our community in it's sustainability. My vision would be
relpine provide imput and guidance in order to better help
supporting the community.
3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?
I am a housing thoice Doucher resident, I am
also a volunteer of the Resident Advisory Board
ent I have familiarized myself w/ Washington Square
and their residents and I work beside tamunipruff
Sirector of Housing Authority and I have established a
sorking relationship with cynthia Grady as a Section 8
monation program attended. I am also familiar with the new

4.	Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No If yes, please explain:
	Would you be available to regularly attend the scheduled meeting of the appointed body? s No If no, please explain:
	e facts set forth in my application for appointment are true and complete. I understand this application is a ument of public record that will be on file in the County Board Office. Signature Date

Jama Thomas

7/10/2013

1803 Southwood Drive Champaign IL 61821 (773)512-7543

jamathomas5@gmail.com

Ithomas 1 60@capellauniversity.edu

OBJECTIVES

I enjoy the philosophy of law and applying them daily to help give guidance or assisting in such a field; in order to achieve overall success and experience in helping others.

EDUCATION

University of Illinois

Spring of 2009

Certificate in Humanities

Kaplan University

Spring of 2011

Paralegal and Computer courses

Capella University | Currently Enrolled

Business Administration (Bachelor Degree)

EXPERIENCE

Head Preschool Teacher | Bundles of Joy Learning Center July 2010 - January 2011

The young children I taught were between the ages of two and six years old. I entered provided that all teaching lessons and extracurricular activities are done by me voluntarily. The lessons were in both Spanish and English, which consisted of graded papers, quizzes (school age), mix & match, puzzles and fill-in the blanks. Authentic food was prepared and clothes with music were brought in addition too. A monthly newsletter which addressed all subjects notated the progress in each class/age groups and encouraged the parents to be involved in their little loved one's learning process as they embraced another language.

SKILLS

- Bilingual (English/Spanish)
- Innovator
- Persistent
- Organized
- People skills
- Problem Solving Skills
- Leadership/Self Starter
- Dependable/Reliable
- Optimistic

APPLICABLE COMPUTER PROGRAMS

Windows 2007, Microsoft Office, Vista, Access, Outlook, Lexis Nexis, Westlaw, Excel, Word, PowerPoint; also includes integration.

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM Fire, Drainage, Cemetery, Water, & Farmland Assessment

NAME: EARL L. WOLLER
ADDRESS: 1847 CR2100 N. URB. IL 61802 Street City State Zip Code
EMAIL: PHONE: \$17 840 5554
NAME OF APPOINTMENT BODY OR BOARD: SOMERS # DRAINAGE DIST,
BEGINNING DATE OF TERM: $9/1/2013$ ENDING DATE: $8/31/2016$
The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.
1. What experience and background do you have which you believe qualifies you for this appointment?
MY DAD (PAUL) WAS ON THIS FOR YEARS. I LEARNED A FEW THINGS FROM HIM. I AVANG REPAIRED TILE ON DITCHES.
2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? FHAVE LIVED ON THIS DITCH FOR GOYEAR AND OWN GROUND ON BOTH SIDES OF IT.
Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No If yes, please explain:
Signature Date: 8/27/13

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM Fire, Drainage, Cemetery, Water, & Farmland Assessment

NAME: Roger G Armstrong
NAME: Roger G Armstrong ADDRESS: 577 CR 1700 N. Champaign Il 61822 Street State Zip Code
EMAIL: PHONE: 217 390 4063 Check Box to Have Email Address Redacted on Public Documents
NAME OF APPOINTMENT BODY OR BOARD: Scott #2 Drainage
BEGINNING DATE OF TERM: unexpired ENDING DATE: 8/31/2016
The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.
1. What experience and background do you have which you believe qualifies you for this appointment?
Land owner -I have been a continuing Commissioner on this drainage distric
sine 1907
2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? Extensive —They are a political subdivision authorized to levy assessments for making drainage improvements and/or maintaining the same, within its boundaries The staff consists of 3 commissioners and their attorney
3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected
to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No If yes, please explain:

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM Fire, Drainage, Cemetery, Water, & Farmland Assessment

NAME: BRYAN Schlutes
ADDRESS: 2357 Cty Rd 2900. 6THold IT 6/847 Street Street Zip Code
EMAIL: Dasbms 98a JAHOO. Com PHONE: 217-568-7358 Check Box to Have Email Address Redacted on Public Documents
NAME OF APPOINTMENT BODY OR BOARD: Harwood + Kerr DD
BEGINNING DATE OF TERM: $9/1/13$ ENDING DATE: $8/31/16$
The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.
1. What experience and background do you have which you believe qualifies you for this appointment? Rural Background, tarming Background, People of District Knowledge of y importance of having Dorseon on district from Aua.
2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? Limited, but some knowledge,
Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No If yes, please explain:
Bryan Wichles Signature Date: Le Domber 1 = 2013

RESOLUTION NO.

RESOLUTION CORRECTING THE TERM OF APPOINTMENT OF JIM RANDOL TO THE ZONING BOARD OF APPEALS

WHEREAS, Alan Kurtz submitted to the County Board his appointment of Jim Randol to fill an unexpired term on the Zoning Board of Appeals on July 18, 2013; and

WHEREAS, The specific term approved in Resolution No. 8573 was July 18, 2013 through November 30, 2017; and

WHEREAS, The unexpired term should be July 18, 2013 through November 30, 2016 in order to have the correct appointment cycle in place pursuant to 55 ILCS 5/5-12010; and

WHEREAS, Such appointment correction requires the advice and consent of the County Board under 55 ILCS 5/5-12010;

NOW, THEREFORE, BE IT RESOLVED By the Champaign County Board that the County Board does hereby advise and consent to the corrected appointment of Jim Randol to the Zoning Board of Appeals for an unexpired term ending November 30, 2016 in order to follow the appointment cycle; and

BE IT FURTHER RESOLVED That the County Clerk transmit a certified copy of this resolution to: Jim Randol 114 E Center Street PO Box 123, Seymour, IL 61875.

PRESENTED, ADOPTED, APPROVED, AND RECORDED this 19th day of September A.D. 2013.

	Alan Kurtz, Cha	ur
Champaign County Board		

Gordy Hulten, County Clerk and ex-officio Clerk of the Champaign County Board

ATTEST:



1776 East Washington Street

Urbana, IL 61802

Email: mail@champaigncountyclerk.com Website: www.champaigncountyclerk.com Vital Records:

(217)384-3720

Elections: Fax:

(217)384-3724 (217)384-1241

TTY: (217)384-8601

COUNTY CLERK MONTHLY REPORT AUGUST 2013

Liquor Licenses & Permits

10.00

Civil Union Licenses

125.00

Marriage License

3,050.00

Interests

10.55

State Reimbursements

Vital Clerk Fees

17,399.75

Tax Clerk Fees

9,821.11

Refunds of Overpayments

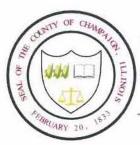
-

TOTAL

30,416.41

Additional Clerk Fees

2,580.00



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581

ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE MANAGEMENT SERVICES

Deb Busey, County Administrator

ADMINISTRATIVE SERVICES – MONTHLY HR REPORT <u>AUGUST 2013</u>

VACANT POSITIONS LISTING

771071	11105	THOUS LISTING					FY	
			HOURLY	REG		11	2013	
FUND	DEPT	POSITION TITLE	RATE	HRS	REG SAL	11	HRS	FY '13 SAL
						11		
		DEP CO ADMIN-						
80	16	FINANCE	\$46.15	1950	\$89,992.50	11	1950	\$89,992.50
80	20	ACCOUNTANT	\$18.02	1950	\$35,139.00	11	1950	\$35,139.00
80	30	PT LEGAL CLERK	\$11.74	1040	\$12,209.60	11	1040	\$12,209.60
80	32	JURY CLERK	\$11.74	1040	\$12,209.60	11	1040	\$12,209.60
80	40	CLERK	\$11.74	1950	\$22,893.00	11	1950	\$22,893.00
80	51	CRT SRV OFCR	\$19.28	1950	\$37,596.00	II	1950	\$37,596.00
80	140	DEP SHRFCORR	\$18.66	2080	\$38,812.80	11	2080	\$38,812.80
80	140	DEP SHRFCORR	\$18.66	2080	\$38,812.80	II	2080	\$38,812.80
80	140	DEP SHRFCORR	\$18.66	2080	\$38,812.80	II	2080	\$38,812.80
80	140	DEP SHRFCORR	\$18.66	2080	\$38,812.80	Ï	2080	\$38,812.80
80	141	LEGAL SECRETARY	\$13.82	1950	\$26,949.00	II	1950	\$26,949.00
						11		
		TOTAL	\$207.13		\$392,239.90	11		\$392,239.90

UNEMPLOYMENT REPORT

Notice of Claims received - 11 total

- 4 Nursing Home
- 1 Physical Plant
- 1 Mental Health Board
- 2 Regional Planning Commission
- 1 Sheriff
- 2 Head Start

Benefit Determinations - 8

- 1 Nursing Home benefits allowed
- 4 Nursing Home benefits denied
- 1 Head Start benefits allowed
- 1 Physical Plant benefits allowed

(217) 384-3776

Notice of Pending Appeal

- Nursing Home

Employer Protests Filed - 4 total

- 1 Nursing Home
- 1 Mental Health Board
- 1 Regional Planning Commission
- 1 Head Start

Notice of Telephone Hearing

- Nursing Home

PAYROLL REPORT

AUGUST PAYROLL INFORMATION

	8/9/2013		8,	/23/2013
_	EE's		EE's	
Pay Group	<u>Paid</u>	Total Payroll \$\$	<u>Paid</u>	Total Payroll \$\$
General Corp	488	\$902,285.06	502	\$881,110.89
Nursing Home	222	\$244,761.87	220	\$248,420.39
RPC/Head Start	196	\$244,799.99	201	\$244,256.87
Total	906	\$1,391,846.92	923	\$1,373,788.15

HEALTH INSURANCE/BENEFITS REPORT

August, 2013

Total Number of Employees Enrolled: 718

General County Union:

Single 222; EE+spouse 23.; EE+child(ren) 50.; Family 34 waived 51

Nursing Home Union:

Single 62; EE+ spouse 10; EE+child(ren) 4; Family 1; waived 11

Non-bargaining employees:

Single 127; EE+spouse 28; EE+child(ren) 23; Family 25; waived 47

Life Insurance Premium paid by County: 1763.58

Health Insurance Premium paid by County: 320,528.20

Health Reimbursement Account contribution paid by County: 17,783.00

TURNOVER REPORT

Turnover is the rate at which an employer gains and loses employees. To get the best picture for turnover the calculations are based on rolling year averages.

General County

August 2013 : 5.14%

August 2013 : 2 of 567 Employees left Champaign County

WORKERS' COMPENSATION REPORT

Entire County Report	August 2013	August 2012
New Claims $8/1 - 8/31$	2	3
Closed Claims 8/1 - 8/31	6	0
Open Claims	31	14

(Ongoing #, total number of open claims as of 8/31)

Year to Date Total (Ongoing #, total number of open claims)

August 2012 47 August 2013 51

EEO REPORT

Information provided based on EEO Tracking forms submitted by Applicant. Figures are for General County only.

August EEO Report - General County Only	Facilities Director (Physical Plant)	Deputy County Administrator of Finance (Admin Services)	Maintenance Worker(Physical Plant)	PT Master Control Officer (CCSO)	AUGUST - TOTALS
Total Applicants Applied	27	27	16	30	100
Male	0	12	16	14	42
Female	3	15	0	16	34
Undisclosed	1	0	0	0	1
Caucasian	18	21	14	21	74
African-American	7	5	2	7	21
Asian or Pacific Islander	0	1	0	0	1
Hispanic	1	0	0	0	1
Native American or Alaskan Native	1	0	0	2	3
Two of more races	0	0	0	0	0
Undisclosed	0	0	0	0	0
Veteran Status	4	4	1	6	15
Disability	0	0	0	0	0

ADMINISTRATIVE SUPPORT to COUNTY BOARD REPORT

Agendas Posted	15	Meetings Staffed	11	Minutes Posted	12
Appointments Posted	16	Notification of Appointment	33	Contracts Posted	3
Calendars Posted	6	Resolutions Prepared	64	Ordinances Prepared	0



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581

ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE MANAGEMENT SERVICES

Deb Busey, County Administrator

To:

James Quisenberry, Deputy Chair-Policy, Personnel & Appointments &

MEMBERS OF THE CHAMPAIGN COUNTY BOARD COMMITTEE of the

WHOLE

From:

Amanda Tucker, HR Generalist

Date:

September 10, 2013

Re:

Champaign County Employee Recognition Week

The 2013 Champaign County Board's Employee Recognition Program will be scheduled for the week of October 28, 2013. The week will be promoted as the Champaign County Employee Recognition and Appreciation Week.

The events and locations for the week of October 28th would be as follows:

- Urbana Civic Center Tuesday, October 29, 2013 (11:30 1:00pm)
 - Invite County Board Members, Department Heads, County Employees being recognized and Retirees with Family
 - o This would include all departments except Nursing Home and RPC.
 - Luncheon program that will include food and beverage.
 - Each recognized employee would be presented with a certificate of service based upon their years of service.
- Champaign County Nursing Home Wednesday, October 30, 2013 (2:00pm)
 - Invite Members of the County Board, Nursing Home Board of Directors and all employees of the Nursing Home.
 - Each recognized employee would be presented with a certificate of service based upon their years of service.
- In addition to the weeks activities the following events will recognize employees:
 - o October 24, 2013: County Board Meeting
 - Resolution Honoring County Employees and Retirees.
 - RPC Recognition Event Thursday, November 14, 2013

Thanks you for your time and consideration. If you have questions or concerns, please feel free to contact me.

Thanks,

Amanda

RESOLUTION



RESOLUTION AUTHORIZING THE COUNTY BOARD CHAIR TO ASSIGN MOBILE HOME TAX SALE CERTIFICATE OF PURCHASE

WHEREAS, pursuant to the authority of 35 ILCS 516/35 the County of Champaign, as Trustee for the Taxing Districts, has undertaken a program to collect delinquent mobile home taxes;

AND WHEREAS, pursuant to this program the County of Champaign, as Trustee for the Taxing Districts, has obtained a Tax Sale Certificate of Purchase as to the following described mobile home:

1228 CYPRESS

PERMANENT PARCEL NUMBER: 20-032-0251

As described in certificates(s): 93 sold October 2010

AND WHEREAS, pursuant to public auction sale, Antonia Hernadez, Purchaser(s), has/have deposited the total sum of \$695.00 for the purchase of the said Certificate of Purchase and has/have requested that the County of Champaign assign to said Purchaser(s) the said Certificate of Purchase and all of the rights of Champaign County to obtain a Tax Certificate of Title as to the said mobile home and further, from said payment the County shall receive \$250.00 as a return for its certificates(s) of Purchase. The County Clerk shall receive \$0.00 for cancellation of certificate(s) and to reimburse for the charges advanced therefrom; the Auctioneer shall receive \$0.00 for services rendered; the Illinois Secretary of State shall receive the sum of \$95.00 for issuance of the Tax Certificate Title to said Purchaser(s); and the remainder shall be the sums due the Tax Agent for his services;

AND WHEREAS, it appears to the Budget & Finance Committee that Champaign County and its taxing districts will be best served by assigning its said Tax Sale Certificate of Purchase to said Purchaser(s) in exchange for the aforesaid payment;

NOW THEREFORE BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the County Board Chair is authorized to assign the abovesaid Tax Sale Certificate of Purchase as to the above described mobile home in exchange for payment to the Treasurer of Champaign County, Illinois, of the sum of \$250.00, which shall be disbursed according to law. This resolution shall be effective for sixty (60) days from this date and any transaction between the above parties not occurring within this period shall be null and void.

PRESENTED,	ADOPTED,	APPROVED	and	RECORDED	this		day	of
ATTEST:								
CLERK				COUNTY BO	ARD (CHAIRMAN	6	

SALE TO NEW OWNER

To:

Board of Directors

Champaign County Nursing Home

From:

Scott Gima

Manager

Date:

September 3, 2013

Re:

August 2013 Statistical and July 2013 Financial Management Report

The overall census increased from 182.3 in July to 188.7 in August. Medicare fell from 18.2 to 14.3, but August showed an increase in Medicare residents transitioning to long term residents instead of discharges.

The net loss in July was -\$51k which is relatively unchanged from -\$52k in June. On a cash basis, operations showed a positive cash contribution of \$9,913, which is slightly better than the \$7,228 positive cash flow in June.

Statistics

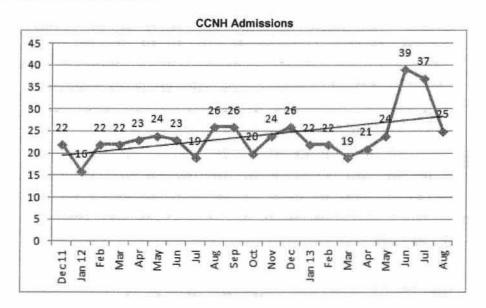
The overall census increased jumped from 183.7 in July to 188.7 in August but Medicare fell from 18.2 in July to 14.3 in August due to a drop in admissions. The drop in discharges coupled with Medicare residents converting to long term stays helped the overall census. There were 154 Medicaid conversion days in August, up slightly from 107 in July, but a far cry from the 339 seen in May and 218 in April.

The table below summarizes admissions and discharges. Admissions were down in August compared to June and July, but still strong compared to previous months. Discharges are also down in August.

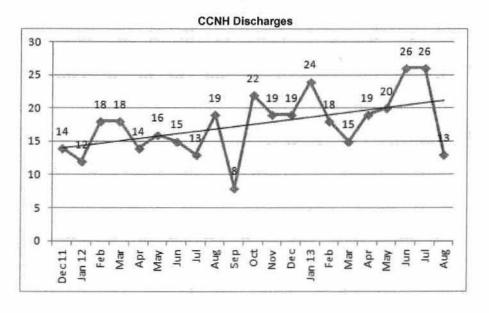
Admissions and Discharges December 2012 to July 2013

	Medicare Admits	Non-Medicare Admits	Total Admits	Discharges	Expirations	Total Discharges/Expirations
Dec 12	23	3	26	19	15	34
Jan	11	11	22	27	11	38
Feb	15	7	22	18	13	31
Mar	6	13	19	15	6	21
Apr	14	7	21	21	8	29
May	13	11	24	22	8	30
June	23	16	39	27	• 7	34
July	18	19	37	27	9	36
August	11	14	25	13	4	17

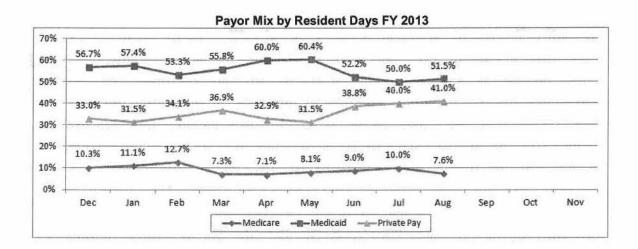
In FY2012, monthly admissions averaged 22.2 per month. Through August FY2013, the average is 26.1 per month. The chart below shows monthly admissions between December 2011 and August 2013. Over this time period, there is a slight positive trend in monthly admissions with the spike in June and July of 2013.



Discharges, however, have been occurring at a high pace compared to FY2012. In FY2012, the average monthly discharges was 15.7, ranging between 8 and 22. The current monthly average is 20.0 through August with a range between 15 and 26. Discharges in August totaled 13 which is a sharp drop from 26 in June and July and has helped the overall census increase seen in August.



There were 154 Medicaid conversion days in August, which is down from 106 days in July. The payor mix shows a significant change since May. The Medicaid mix is has been just above 50 percent since June, while the private pay mix has been around 40 percent. The Medicare mix is currently 7.6 percent.



The private pay mix has increased due to an increase in private pay admissions in recent months as shown in the table below. This along with the recent Medicare admission trends are very positive signs of CCNH's improving position in the Champaign County long term care market.

Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13
3	4	4	9	7	5	13	11	10

Net Income/(Loss)/Cash from Operations

July showed a net loss of \$51k. Adding back depreciation, the month showed positive operating cash figure totaling \$10k. On a year-to date basis, cash is down by \$394 after adjusting for the \$333k loan write-off in April – we right at the breakeven point for the year.

Revenues

Revenues increased from \$1.086 million in June to \$1.151k in July, an increase of \$64,774. Medicare revenue increased from \$221,044 in June to \$265,534 in July, which was expected based on the increase in Medicare census from 16.5 to 18.2 in the same two months. Private pay increased slightly from \$401,996 to \$428,065 during the same period.

There were 106 Medicaid days that were adjusted in July.

Expenses

Expenses increased slightly from \$1.225 million in June to \$1.290 million in July, an increase of \$62,317.

Wages increased from \$526,051 in June to \$553,265 in July. Wages per day increased from \$95.45 to \$97.90 per day.

 OT and holiday pay related to the 4th of July holiday drove the higher labor expenses in July.

Non-labor expenses increased from \$513,074 in June to \$553,235 in July, an increase of \$38,490.

 Medicare pharmacy costs jumped from \$13,875 in June to \$29,434, reflecting a handful of high cost medication costs.

Cash Position

The month ending cash balance increased from \$631,579 in June to \$784,424 in July. Accounts receivable fell from \$3.115 million in June to \$3.031 million in July. Accounts payable increased from dropped from \$1.385 million in June to \$1.415 million in July.



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581

ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE MANAGEMENT SERVICES

Deb Busey, County Administrator

MEMORANDUM

TO: Christopher Alix, Deputy Chair - Finance and MEMBERS of the

CHAMPAIGN COUNTY BOARD COMMITTEE of the WHOLE

FROM: Angela Lusk, Co-Chair & Deb Busey, Co-Chair, and

Members of the Champaign County Labor Management Health

Insurance Committee

DATE: September 4, 2013

RE: Recommendation for Employee Health Insurance and Related Benefit

Plans for FY2014

After review and analysis of health insurance plan proposals brought to us through our broker John Malachowski – Gallagher Benefit Services, the Champaign County Labor Management Health Insurance Committee submits the following recommendations for employee health insurance and related benefits plans for FY2014:

HEALTH INSURANCE PLAN RECOMMENDATION

Health Alliance POS-C2000 80/50 Premium Plan with 6-Tier Pharmacy Benefits Plan

The recommended plan is identical to the Plan provided for County Employees in FY2013, and covers the 13 month FY2014 budget year from December 1, 2013 through December 31, 2014.

While the plan design and benefits remain exactly the same in FY2014, the Labor Management Health Insurance Committee has included a change to the Health Reimbursement Account (HRA) allowances to be provided to employees in FY2014, to help in deflecting the overall cost of insurance to the County. The following chart depicts the change:

(217) 384-3776

WWW.CO.CHAMPAIGN.IL.US

(217) 384-3896 FAX

Out-Of-Pocket Maximum Change	POS- C2000 FY2013	POS- C2000 FY2014
Insurance Plan Out-Of-Pocket Maximum – Single		
Coverage	\$3,000	\$3,000
Employer HRA Contribution to Out-Of-Pocket Maximum*	\$1,500	\$1,250
Total Out of Pocket Maximum Liability to Employee	\$1,500	\$1,750
Insurance Plan Out-Of-Pocket Maximum – Family Coverage	\$6,000	\$6,000
Employer HRA Contribution to Out-Of-Pocket Maximum*	\$3,000	\$2,500
Total Out of Pocket Maximum Liability to Employee	\$3,000	\$3,500

The Committee's recommendation with regard to Health Reimbursement Account contributions paid by the County is to include all eligible expenses after the employee has reached the \$1,750.00 maximum for single coverage, or \$3,500 maximum for their dependent coverage plan, and that the following items are eligible for reimbursement, whether they occur before or after the relevant out-of-pocket maximum is reached:

- 1. The \$1,000 co-payment required for MRI and CT scans,
- \$1,250 of the \$2,000 co-payment required in-patient hospitalization and outpatient surgery/procedures; and
- 3. \$25 of the \$50 co-payment for Urgent Care Visits, for up to 2 Urgent Care Visits per year/per enrollee.

The overall premium rate increase from FY2013 to FY2014 is 8.17%. It should be noted that this premium rate includes approximately 3% of new costs in fees and taxes that are directly attributable to the Affordable Care Act (ACA) and will be required in FY2014.

The four plan tiers to be offered and the change in cost from FY2013 to FY2014 are documented here:

PLAN	FY2013 Monthly Premium	FY2014 Monthly Premium	FY2014 Increase
Employee Only	\$584	\$635	\$51
Employee + Spouse	\$772	\$836	\$64
Employee + Children	\$729	\$791	\$62
Family	\$1,260	\$1,365	\$105

Premium contributions for all County employees will be consistent based on their terms of employment.

The POS-C2000 Benefit Plan Summary is attached to this Memorandum for your information.

DENTAL PLAN:

The Labor Management Health Insurance Committee recommends the continued offering of the Delta Dental Plan to County Employees. We are in the second 12 month period of a 24 month renewal. This is a voluntary, employee paid insurance benefit plan.

The Delta Dental Insurance Plan Summary is attached to this Memorandum for your information.

VISION PLAN:

The Labor Management Health Insurance Committee recommends the continued offering of the EyeMed Vision Care Plan. We are in the second 12 month period of a 24 month renewal. This is a voluntary, employee paid insurance benefit plan.

The EyeMed Vision Plan Summary is attached to this Memorandum for your information.

RECOMMENDED ACTION:

The Finance Committee of the Whole recommends to the County Board approval of offering the Health Alliance POS-C2000 80/50 Premium Plan with 6-Tier Premium Pharmacy Benefits for all County Employees for FY2014; and the County will provide HRA reimbursement to employees with single coverage at an annual maximum of up to \$1,250/year to cover the single out-of-pocket maximum in excess of \$1,750 or for the co-pays for MRI/CT scans, outpatient surgery/inpatient hospitalization, maternity care, or a \$25 reimbursement for up to two Urgent Care Visits as those expenses occur throughout the year; and the County will provide HRA reimbursement towards dependent plan coverage at an annual maximum of up to \$2,500/year to cover the dependent plan out-of-pocket maximum in excess of \$3,500 or for the co-pays for MRI/CT scans, outpatient surgery/inpatient hospitalization up to \$1,250, or a \$25 reimbursement for up to two Urgent Care Visits for each individual covered under the County's Plan, as those expenses occur throughout the year.

The Finance Committee of the Whole recommends to the County Board approval of offering the Delta Dental voluntary dental plan for the second 12 months of a 24 month renewal with an effective date of January 1, 2014.

The Finance Committee of the Whole recommends to the County Board approval of offering the EyeMed Vision Plan as a voluntary plan for the second 12 months of a 24 month renewal with an effective date of January 1, 2014.

Thank you for your consideration of this recommendation.

attachments

POS-C 2000 80/50 Premium

	Member Res	ponsibility
Member Benefits	In-Network	Out-of-Network
Plan Year Deductible	N/A	Single: \$5,000 Family: \$10,000
Plan Year Out-of-Pocket Maximum	Single: \$3,000 Family: \$6,000	Single: \$10,000 Family: \$20,000
Includes deductible expenses		
Be Healthy Preventive Services Immunizations, adult and child annual physical exam, mammograms, PAP smears, cancer screenings and more. Age/frequency schedules apply.	\$0 copayment	50% coinsurance
Primary Care Office Visit	\$25 copayment	50% coinsurance
Specialist Office Visit	\$50 copayment	50% coinsurance
Routine Prenatal Care	20% coinsurance	50% coinsurance
Diagnostic Tests and X-rays	20% coinsurance	50% coinsurance
MRI and CT	\$1,000 copayment, then 20% coinsurance	50% coinsurance
Outpatient Surgery/Procedures	\$2,000 copayment, then 20% coinsurance	50% coinsurance
Inpatient Hospitalization Including Maternity Care	\$2,000 copayment, then 20% coinsurance	50% coinsurance
Urgent Care Visit	\$50 copayment	50% coinsurance
Emergency Department Visits	\$200 copayment	\$200 copayment deductible does not apply
Emergency Department Transportation	\$100 copayment	\$100 copayment deductible does not apply
Spinal Manipulations	50% coinsurance	50% coinsurance deductible does not apply
Durable Medical Equipment and Other Prostheses, Orthopedics and Orthopedic Appliances*	20% coinsurance	not covered
Arm, Leg Prostheses and Custom Orthotics	20% coinsurance	not covered
Eye Exams*	\$40 copayment	not covered
Pharmacy Coverage	See Pharmacy Bene	fit Summary for details.

^{*}Copayments and coinsurance payments for these services do not apply to the plan year out-of-pocket maximum.

This is a brief summary of Health Alliance benefits and exclusions, which are subject to change. Please refer to the Health Alliance Policy for detailed information regarding these plans.

Champaign County maintains a Health Reimbursement Arrangement (HRA) which reduces many of the member responsibilities shown above. Refer to a separate HRA handout which details the provisions of the HRA.



Premium Pharmacy Benefits

Member Responsibility

Member Benefits*	In-Network	Out-of-Network
Rxtra Drugs	FREE (\$0 copayment)	50% coinsurance
Value-Based Drugs	\$20 copayment	50% coinsurance
Tier 1	\$7 copayment	50% coinsurance
Tier 2	\$25 copayment	50% coinsurance
Tier 3	\$50 copayment	50% coinsurance
Tier 4 (Specialty Pharmacy Preferred/ Specialty Medical Preferred) Preauthorization Required	\$100 copayment	50% coinsurance
Tier 5 (Specialty Pharmacy Non-Preferred/ Specialty Medical Non-Preferred) Preauthorization Required	\$150 copayment	50% coinsurance
Tier 6 (Non-Formulary Specialty Pharmacy) Preauthorization Required	50% coinsurance	50% coinsurance
Specialty Prescription Drugs Individual Plan Year Out-of-Pocket Maximum** Family Plan Year Out-of-Pocket Maximum**	\$2,500 \$7,500	N/A N/A

^{**} Separate from and in addition to the medical plan year out-of-pocket maximum.

This is a brief summary of Health Alliance benefits and exclusions, which are subject to change. Please refer to the Health Alliance Policy for detailed information regarding these plans.





Delta Dental PPO Plus Proposal Featuring ToGoSM Provided For: County of Champaign

This plan design includes the ability to carry over unused annual maximums. Enrollees may carry over unused portions of their annual maximum in a given year to the new year's annual maximum.

Network Plan

	Delta Dental PPO Network Dentist	** Delta Dental Premier Managed Fee-For-Service Network Dentist	***Non-Network Dentist
CARRYOVER FEATURE: This proportions	osal includes the <i>ToGoSM</i> of their annual maximum i	feature, which enrollees to c	arry over qualified unused
Coverage A: Preventive & Diagnostic Prophylaxis (cleanings) twice per benefit year Topical fluoride applications for dependents under age 19 once per benefit year Routine periodic evaluations Space maintainers Bitewing X-rays Sealants on first and second molars once in a lifetime for dependents under age 16	100%	70%	70%
Coverage B: Minor Dental X-rays (excluding bitewing x-rays) Emergency Exams and Palliative Treatment Amalgam and composite resin fillings Therapeutic drug injections Non-surgical periodontics	80%	50%	40%
Coverage C: Maior Oral surgery including general anesthesia Endodontics Surgical periodontics Denture relining and rebasing Cast restorations: crowns, onlays, post and core Prosthodontics: fixed and removable bridges and complete dentures	50%	50%	40%
Coverage D: Orthodontics Treatment necessary for proper alignment of teeth Subject to lifetime maximum	50%	50%	50%
Deductible: • Applies to coverage B&C	\$50 Single/\$150 Family	\$100 Single/\$300 Family	\$100 Single/\$300 Family
Annual Maximum: Dependent children to age 26 Dependent students to age 26	\$1,000	\$1,000	\$1,000
Ortho. Lifetime Maximum: Dependent children to age 19	\$1,000	\$1,000	\$1,000

^{*}Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 - 35% discount off of average billed charges nationally.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's actual charge.

^{**}Delta Dental Premier network dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (also known as "Usual & Customary" fee), which is established at a level that typically delivers a 5 - 20% discount off of average billed charges nationally.

^{***} Non-network dentists are reimbursed at the 50th U & C.



Delta Dental PPO Plus Proposal Featuring ToGoSM Provided For: County of Champaign

This plan design includes the ability to carry over unused annual maximums. Enrollees may carry over unused portions of their annual maximum in a given year to the new year's annual maximum.

Premier Plan

	* Delta Dental PPO Network Dentist	** Delta Dental Premier Managed Fee-For-Service Network Dentist	****Non-Network Dentist
CARRYOVER FEATURE: This proportions	posal includes the <i>ToGoSM</i> of their annual maximum f	feature, which enrollees to c rom one year to the next.	arry over qualified unused
Coverage A: Preventive & Diagnostic Prophylaxis (cleanings) twice per benefit year Topical fluoride applications for dependents under age 19 once per benefit year Routine periodic evaluations Space maintainers Bitewing X-rays Sealants on first and second molars once in a lifetime for dependents under age 16	100%	100%	100%
Coverage B: Minor Dental X-rays (excluding bitewing x-rays) Emergency Exams and Palliative Treatment Amalgam and composite resin fillings Therapeutic drug injections	80%	80%	80%
Coverage C: Major Oral surgery including general anesthesia Endodontics Periodontics Denture relining and rebasing Cast restorations: crowns, onlays, post and core Prosthodontics: fixed and removable bridges and complete dentures	50%	50%	50%
Coverage D: Orthodontics Treatment necessary for proper alignment of teeth Subject to lifetime maximum	50%	50%	50%
Deductible: • Applies to coverage B&C	\$50 Single/\$150 Family	\$50 Single/\$150 Family	\$50 Single/\$150 Family
Annual Maximum: Dependent children to age 26 Dependent students to age 26	\$1,000	\$1,000	\$1,000
Ortho. Lifetime Maximum: • Dependent children to age 19	\$1,000	\$1,000	\$1,000

^{*}Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 - 35% discount off of average billed charges nationally.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's actual charge.

^{**}Delta Dental Premier network dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (also known as "Usual & Customary" fee), which is established at a level that typically delivers a 5 - 20% discount off of average billed charges nationally.

^{***} Non-network dentists are reimbursed at Delta Dental Premier fee levels.

Champaign County

Plan Design Summary

Eye Exam, Lenses, Frames	, Frequencies	Effective Date: 1/1/2013
	Plan 1: True	View Plan H
	EyeMed Access Network	Out of Network
Annual Eye Exam	\$10 Co-pay	Up to \$35
Lenses (per pair)		
Single Vision	\$25 Co-pay	Up to \$25
Bifocal	\$25 Co-pay	Up to \$40
Trifocal	\$25 Co-pay	Up to \$55
Lenticular	20% discount	No benefit
Progressive	Standard = \$90 Co-pay	NA NA
	Premium = See Reverse	
Frames	\$100	Up to \$45
Frequencies		
Exam/Lens/Frames	12/12/12	12/12/12
	Based on date of service	Based on date of service

Deductible, Maximum	Dec	lucti	ble	, Ma	ximı	ım
---------------------	-----	-------	-----	------	------	----

Deductibles	CHAPTER TO BE TO SELECT ON THE PERIOD	
10.2	\$10 Exam	No deductible
	\$25 Eye Glass Lenses	
Maximum		
Calendar Year	None	None

Contact Lenses

Fit & Follow Up Exams	Standard: Member cost up to \$55 Premium: 10% off of retail	No benefit No benefit
Contacts Elective Medically Necessary	Up to \$115 Covered in full	Up to \$92 Up to \$200

Per Pay Rate

\$3.76
\$7.90
\$6.36
\$10.60

Rates are guaranteed for 24 months following the effective date listed above.



John Malachowski, CLU
Gallagher Benefit Services, Inc.
A Subsidiary of Arthur J. Gallagher & Co.
IOI S. Main Street, Suite 200
Decatur, Illinois 62523
Phone: 217.233.3342

Email: john_malachowski@ajg.com

RELIANCE STANDARD

Confidential proposal for Group Eye Care Prepared for Champaign County August 30, 2012 Page 4

Champaign County

Plan Design Summary

Lens Options (me	ember cost)
------------------	-------------

	Plan 1: TrueView Plan H			
Progressive Lenses	EyeMed Access Network Standard: \$65 + lens deductible	Out of Network No benefit		
	Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost			
Std. Polycarbonate	\$40	No benefit		
Scratch Resistant	\$15	No benefit		
Coating				
Anti-Reflective	\$45	No benefit		
Coating				
Ultraviolet Coating	\$15	No benefit		
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit		

Discounts	15% discount on the remaining balance in excess of the conventional contact lens allowance.
	20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other
	discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
Lens Options (Member Cost)	\$15 - Tint (Solid & Gradient).
Secondary Purchase Plan	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.



Program

John Malachowski, CLU Gallagher Benefit Services, Inc. A Subsidiary of Arthur J. Gallagher & Co.

101 S. Main Street, Suite 200 Decatur, Illinois 62523 Phone: 217.233.3342

Email: john_malachowski@ajg.com

RELIANCE STANDARD LIFE INSURANCE COMPANY

Confidential proposal for Group Eye Care Prepared for Champaign County August 30, 2012 Page 5

REQUEST FOR BUDGET TRANSFER NEEDING CHAMPAIGN COUNTY BOARD APPROVAL

FUND 080 GENERAL CORPORATE DEPARTMENT 075 GENERAL COUNTY 080 GENERAL CORPORATE

071 PUBLIC PROPERTIES

TO LINE ITEM:

FROM LINE ITEM:

NUMBER/TITLE	\$ AMOUNT	NUMBER/TITLE
080-071-534.06		080-075-533.99
ACQUISITION	10,000.	CONTINGENT EXPENSE
EXPLANATION: PER COUNTY F	ACILITIES DIRECTION	- TO TRANSFER FUNDS TO PHYSICAL
PLANT BUDGET TO PAY FOR	EXPENSES DUE TO REPA	AIR AND MAINTENANCE OF THE
NORTHEAST PARKING LOT AT	BROOKENS ADMINISTRA	ATIVE CENTER.
0 11 2		
DATE SUBMITTED: 9-4-2	013	Hana L. Burn
		AUTHORIAED SIGNATURE
APPROVED BY PARENT COMMIT	TEE: DATE:	* PLEASE SIGN IN BLUE INK *
	AND A PARK AND SELECTION OF THE SELECTIO	
APPROVED BY BUDGET AND FIR	NANCE COMMITTEE:	DATE:
	26	
COUNT	BO ³⁶ ARD	COPY

FUND 080 GENERAL CORPORATE DEPARTMENT 071 PUBLIC PROPERTIES

INCREASED APPROPRIATIONS:				
ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
080-071-534.76 PARKING LOT/SIDEWLK MAINT	9,400	5,400	10,400	5,000
TOTALS	9,400	5,400	10,400	5,000
INCREASED REVENUE BUDGET:	BEGINNING	CURRENT	BUDGET IF	INCREASE
ACCT. NUMBER & TITLE	BUDGET AS OF 12/1	BUDGET	REQUEST IS APPROVED	(DECREASE) REQUESTED
None: from Fund Balance				
TOTALS	0	0	0	0
EXPLANATION: TO BUDGET FOR R	EPAIR AND MA	INTENANCE OF	THE NORTHEA	ST PARKING
LOT AT BROOKENS ADMINISTRAT	IVE CENTER			
				
DATE SUBMITTED:	AUTHORIZED SIGNA	TURE ** PLEAS	E SIGN IN BLUE INK	**
9-4-2013	alan t	unhart		
APPROVED BY BUDGET & FINANCE	COMMITEE:	DATE:		

FUND 080 GENERAL CORPORATE DEPARTMENT 016 ADMINISTRATIVE SERVICES

INCREASED APPROPRIATIONS:				
ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
080-016-511.03 REG. FULL-TIME EMPLOYEES	300,359	300,359	317,710	17,351
TOTALS	300,359	300,359	317,710	17,351
INCREASED REVENUE BUDGET:	BEGINNING BUDGET	CURRENT BUDGET	BUDGET IF REQUEST IS	INCREASE (DECREASE)
ACCT. NUMBER & TITLE	AS OF 12/1	BUDGET	APPROVED	REQUESTED
None: from Fund Balance				
TOTALS				
	0	0	1 0	. 0
EXPLANATION: FUNDS NEEDED TO				/FINANCE
EMPLOYEE FOR PERIOD SEPTEMB	ER 30 - NOVE	MBER 30, 201	13.	
DATE SUBMITTED:	AUTHORIZED SIGNA	TIDE ** DIEN	SE SIGN IN BLUE INK	**
9-4-2013		elna (. Bre		
APPROVED BY BUDGET & FINANCE	COMMITEE:	DATE:	5	
		-		

FUND 075 REGIONAL PLANNING COMM DEPARTMENT 778 IDPH AFFORD CARE ACT-IACA

INCREASED APPROPRIATIONS: ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET		BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
75-778-511.03 REG. FULL-TIME EMPLOYEES	1	0	0	20,000	20,000
TOTALS			1.01		
INCREASED REVENUE BUDGET:	1	0	0	20,000	20,000
ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT		BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
075-778-334.42 IL DP PUB HLTH-GEN RV GRT		0	0	20,000	20,000
TOTALS		0	0	20,000	20,000
EXPLANATION: SEE ATTACHED					
DATE SUBMITTED:	AUTHORIZED SI	Charles *	* PLEAS	SE SIGN IN BLUE INK	**
9-4-18	(Myly			
APPROVED BY BUDGET & FINANCE	COMMITEE:	DATE:			
APPROVED BY BUDGET & FINANCE	COMMITEE:	DATE:_			

BUDGET AMENDMENT NO. 13-00048

Reason for Amendment:

To accommodate receipt of new Illinois Department of Public Health grant award for the Affordable Care Act program. This In-Person Counselor grant will support staff time to inform and assist eligible Champaign County residents with applying for health care coverage under the Affordable Care Act. Funds from the Illinois Department of Public Health were obtained through a joint application with other community action agencies statewide.

CHAMPAIGN COUNTY CIRCUIT COURT

ROGER W. HOLLAND

COURT ADMINISTRATOR

TO:

Christopher Alix, Deputy Chair of Finance;

Astrid Berkson, Deputy Chair of Justice & Social Services; and Members

of the Champaign County Board

FROM: Kgr

Roger W. Holland, Court Administrator

DATE:

August 2, 2013

RE:

Law Library Fee

Due to a dramatic decrease in the Law Library Fund balance and an ongoing interest in supporting the Self-Representation Help Desk, the Circuit Court is requesting a \$7 increase in the Law Library fee.

Pursuant to the Illinois Counties Code, the County Board has the power to authorize a law library fee of up to \$21 to be collected by the Circuit Clerk on each filing in civil cases. The current Champaign County Law Library fee was set at \$10 in 2003. The history of the Champaign County Law Library fee is summarized in Attachment A.

Since the fee was last increased, the Law Library Fund has assisted General Corporate Fund departments with expenses related to legal research, including the Circuit Court (Westlaw subscriptions, print materials, salary), Public Defender (Westlaw subscriptions, print materials), and State's Attorney (print material offset). Additionally, financial support for the Self-Representation Help Desk has come from the Law Library Fund for three of the last five years and is proposed to resume in FY 2014. Due to these expenditures and a significant decrease in fee revenue from civil cases, the Law Library Fund balance has decreased dramatically over the last several years.

The imminent adoption of the Access to Justice Act will amend the Counties Code by changing the Law Library's enacting legislation to include the provision that law library facilities "may include self-help centers and other legal assistance programs for the public as part of the services it provides on-site and online." Additionally, the bill allows that law library expenses that may be defrayed include "the expense of any attendant self-help centers and legal assistance programs." (House Bill 3111 was passed by both houses of the General Assembly and sent to the Governor on June 19, 2013).

Champaign County Circuit Court 101 East Main Street - Room 213 Urbana, Illinois 61801-2799



Telephone: (217) 239-5789 Facsimile: (217) 531-7476 Email: rholland@co.champaign.il.us

CHAMPAIGN COUNTY CIRCUIT COURT

ROGER W. HOLLAND

COURT ADMINISTRATOR

While informal conversations with Law Librarians from other Illinois counties indicate that fee increase requests are being considered across the State, concrete plans for those other counties' requests are not yet fully developed. The current law library fees charged by some other Illinois counties are listed in Attachment B.

The condition of the Law Library fund over time is illustrated in Attachment C. Please note the substantial decline over the last few years. Attachment D includes information concerning the collection of Law Library fees over the years. Due to a significant decrease in civil filings, the total amount in fees collected has decreased in recent years.

For the foregoing reasons, the Circuit Court respectfully requests that the County Board approve the increase of the Law Library fee from \$10 to \$17 per civil filing.

Champaign County Circuit Court 101 East Main Street - Room 213 Urbana, Illinois 61801-2799



Telephone: (217) 239-5789 Facsimile: (217) 531-7476 Email: rholland@co.champaign.il.us

ATTACHMENT A

Champaign County Law Library Fee History

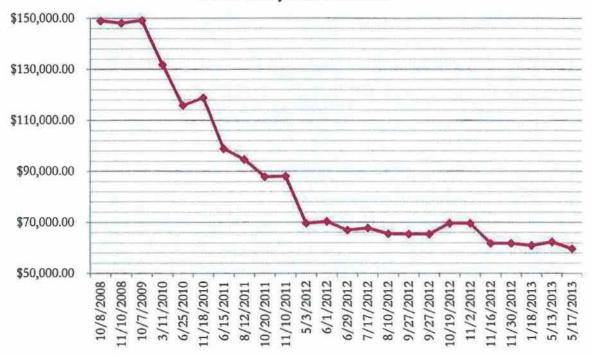
October 17, 1978	Ordinance 82	\$2.00
November 30, 1982	amended	\$3.00
October 20, 1987	amended	\$5.00
September 2001	amended	\$9.00
October 23, 2003	Ordinance 702	\$10.00 effective 12/1/2003 current

ATTACHMENT B

County	Fee	Population
Champaign	\$ 10	201,081
La Salle	\$ 13	113,924
McLean	\$ 10	170,556
Peoria	\$ 17	186,494
Rock Island	\$ 13	147,556
Vermilion	\$ 11	81,625

ATTACHMENT C

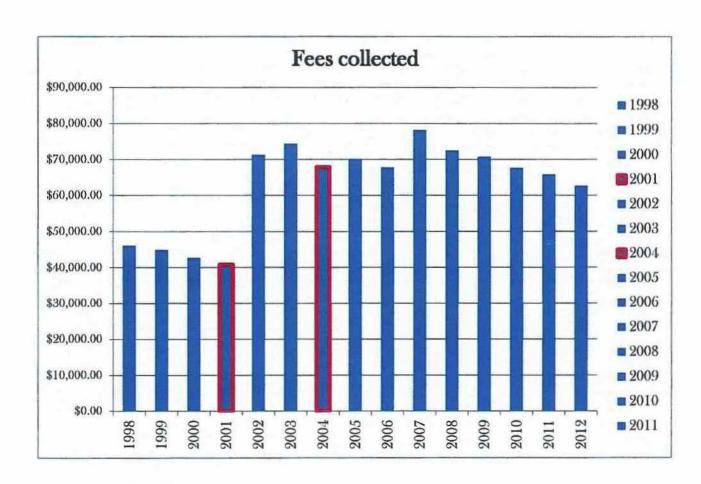
Law Library Fund Balance



ATTACHMENT D

Revenue From Law Library Fees 1998 - 2012

Year	Fees collected
1998	\$46,092.00
1999	\$44,948.00
2000	\$42,700.00
2001	\$40,841.00
2002	\$71,291.00
2003	\$74,528.00
2004	\$67,855.00
2005	\$70,151.00
2006	\$67,740.00
2007	\$78,204.00
2008	\$72,485.00
2009	\$70,747.00
2010	\$67,635.00
2011	\$65,849.00
2012	\$62,695.00



September 2001: fee increased from \$5 to \$9 December 2003 (FY 04): increase to \$10

LAW LIBRARY FUND

	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017
Beginning Fund Balance	\$134,266	\$144,250	\$127,561	\$92,224	\$74,682	\$61,176	\$34,618	\$4,010	-\$28,028	-\$63,965
Law Library fees	\$72,485	\$70,747	\$67,635	\$65,849	\$62,695	\$58,128	\$60,000	\$60,000	\$60,000	\$60,000
Interest	\$2,961	\$381	\$660	\$94	\$76	\$60	\$35	\$4		
Revenue Total	\$75,446	\$71,128	\$68,295	\$65,943	\$62,771	\$58,188	\$60,035	\$60,004	\$60,000	\$60,000
Books, Westlaw	\$35,516	\$42,654	\$44,468	\$48,982	\$47,074	\$57,450	\$60,323	\$63,339	\$66,506	\$69,831
Transfer to Gen Corp	\$13,000	\$13,447	\$16,645	\$7,600	\$0	\$0	\$0	\$0	\$0	\$0
Photocopies (Circuit Court)	\$1,504	\$1,496	\$1,496	\$1,916	\$3,546	\$3,568	\$3,590	\$3,611	\$3,633	\$3,655
Self-Representation Help Desk		\$7,365	\$15,283	\$2,998	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$1,441	\$303	\$4,669	\$157	\$2,297	\$641	\$3,000	\$700	\$725	\$750
Personnel	\$14,001	\$22,552	\$21,073	\$21,833	\$22,460	\$23,087	\$23,731	\$24,393	\$25,073	\$25,773
Expenditure Total	\$65,462	\$87,817	\$103,634	\$83,486	\$75,377	\$84,746	\$90,643	\$92,042	\$95,937	\$100,009
Ending Fund Balance	\$144,250	\$127,561	\$92,224	\$74,682	\$61,182	\$34,618	\$4,010	-\$28,028	-\$63,965	-\$103,974

Ihansen: Beginning Fund Balance taken from AS 400. Discrepancy with FY2012 Ending Fund Balance comes from these numbers.

Ihansen:

based on monthly average as of 8/27/13

Law Library 092-074 Projections With \$7 Fee Increase

LAW LIBRARY FUND

	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017
Beginning Fund Balance	\$134,266	\$144,251	\$127,561	\$92,224	\$74,682	\$61,176	\$34,618	\$36,010	\$36,004	\$32,104
Law Library fees	\$72,485	\$70,747	\$67,635	\$65,849	\$62,695	\$58,128	\$102,000	\$102,000	\$102,000	\$102,000
Interest	\$2,961	\$381	\$660	\$94	\$76	\$60	\$35	\$36	\$36	\$32
Revenue Total	\$75,446	\$71,128	\$68,295	\$65,943	\$62,771	\$58,188	\$102,035	\$102,036	\$102,036	\$102,032
Books, Westlaw	\$35,516	\$42,654	\$44,468	\$48,982	\$47,074	\$57,450	\$60,323	\$63,339	\$66,506	\$69,831
Transfer to Gen Corp	\$13,000	\$13,447	\$16,645	\$7,600	\$0	\$0	\$0	\$0	\$0	\$0
Photocopies (Circuit Court)	\$1,504	\$1,496	\$1,496	\$1,916	\$3,546	\$3,568	\$3,590	\$3,611	\$3,633	\$3,655
Self-Representation Help Desk	100000000	\$7,365	\$15,283	\$2,998	\$0	\$0	\$10,000	\$10,000	\$10,000	\$10,000
Miscellaneous	\$2,945	\$303	\$4,669	\$157	\$2,297	\$641	\$3,000	\$700	\$725	\$750
Personnel	\$14,001	\$22,552	\$21,073	\$21,833	\$22,460	\$23,087	\$23,731	\$24,393	\$25,073	\$25,773
Expenditure Total	\$66,966	\$87,817	\$103,634	\$83,486	\$75,377	\$84,746	\$100,643	\$102,042	\$105,937	\$110,009
Ending Fund Balance	\$144,251	\$127,561	\$92,224	\$74,682	\$61,182	\$34,618	\$36,010	\$36,004	\$32,104	\$24,127

Katie M. Blakeman Clerk of the Circuit Court



Champaign County Courthouse

101 East Main Street Urbana, Illinois 61801 Phone (217) 384-3725 Fax (217) 384-3879

CHAMPAIGN COUNTY OFFICE OF THE CIRCUIT CLERK

TO:

Christopher Alix, Deputy Chair - Finance & MEMBERS OF THE

CHAMPAIGN COUNTY BOARD COMMITTEE of the WHOLE

FROM:

The Honorable Thomas J. Difanis, Presiding Judge

Katie M. Blakeman, Circuit Clerk

DATE:

August 7, 2013

RE:

Request for Review of Court Automation Fee

A. Introduction and History

The Court Automation Fund, established by 705 ILCS 105 et seq., contains revenue derived from a \$10.00 fee assessed on virtually all court cases. This fee was established at \$3.00 by County Board Resolution #2338 on November 20, 1984. It was raised to \$5.00 by County Board Resolution #3476 on August 16, 1994. It was increased to its current level of \$10.00 by County Board Resolution #7131 on September 24, 2009. The purpose of the Fund is to defray the County's costs associated with the Court's automated record keeping systems. The statutory maximum for this fee is \$15.00. Revenue from this fee for Fiscal Year 2012 was \$249,049, while expenditures from the Fund were \$323,324.

B. Report

Expenditures from the Fund include: (1) the replacement of all computers and other technology devices necessary for the operation of the Circuit Court and Circuit Clerk offices (This replacement occurs every four years); the annual JANO Justice Systems maintenance costs; the maintenance of the Champaign County jury system; and the reserve for replacement of the AS-400 of the technology system (which requires replacement approximately once every 7 years). The fund also covers \$114,033 in personnel costs. All of these expenses are deemed essential to the operation of the courts, and would otherwise pose a burden on the General Corporate Fund.

The expenses required to maintain the Court's automation system have increased over the last decade. As the Illinois Supreme Court continues to encourage the development of e-business initiatives (e.g. electronic filing, electronic pleas of guilty in traffic cases, etc.) these expenses will continue to increase. It is our hope that Champaign County will be able to benefit from the efficiencies associated with these initiatives and provide better

Katie M. Blakeman Clerk of the Circuit Court



Champaign County Courthouse

101 East Main Street Urbana, Illinois 61801 Phone (217) 384-3725 Fax (217) 384-3879

CHAMPAIGN COUNTY OFFICE OF THE CIRCUIT CLERK

customer service for individuals involved in the justice system. Some potential improvements include providing public access terminals in the courthouse lobby and electronic notifications for court appearances. Without an increase in revenue to the Court Automation Fund, these initiatives will simply not be possible.

C. Recommended Action

Based on our review of the declining fund balance and the projections for increased expenditures, it is our recommendation that the County Board increase the Court Automation fee to \$15.00, effective October 1st, 2013. However, we ask that fee not be increased for traffic offenses that do not require a court appearance, as well as Small Claims civil cases. For those two case types, we recommend that the fee remain at \$10.00.

Attached to this document are two spreadsheets, and two graphs.

Attachment A depicts the Fund balance based on current expenditures and anticipated future expenses using our current technology costs while keeping the fee unchanged. Without an increase in the fee in FY2013, the replacement of the AS-400 (the Court's mainframe computer platform) will not achievable in FY2016, and the projected fund deficit beginning FY2013 grows dramatically.

Attachment B depicts the Fund balance with the same expenditures and anticipated future expenses with an increase of the fee to \$15.00 effective October 1, 2013. This funding level provides adequate reserves to cover anticipated expenses through FY2016, and should be able to recover following large capital expenditures.

D. Comparison

A comprehensive survey of other jurisdictions has provided valuable comparisons for both proximity counties and counties of comparable size. It is clear from the comparisons that Champaign County's Court Automation fee is lower than those of both surrounding counties and of those of comparable population. It should also be noted that in the 2013 spring legislative session, a bill was introduced that would increase the statutory maximum of the Court Automation and Document Storage Fees to \$25. Though the bill was not called for a vote this session, it was supported by the Illinois Association of Court Clerks, and is expected to pass in 2014.

Katie M. Blakeman Clerk of the Circuit Court



Champaign County Courthouse 101 East Main Street

Urbana, Illinois 61801 Phone (217) 384-3725 Fax (217) 384-3879

CHAMPAIGN COUNTY OFFICE OF THE CIRCUIT CLERK

Proximity Counties *Indicates plans to increase fee

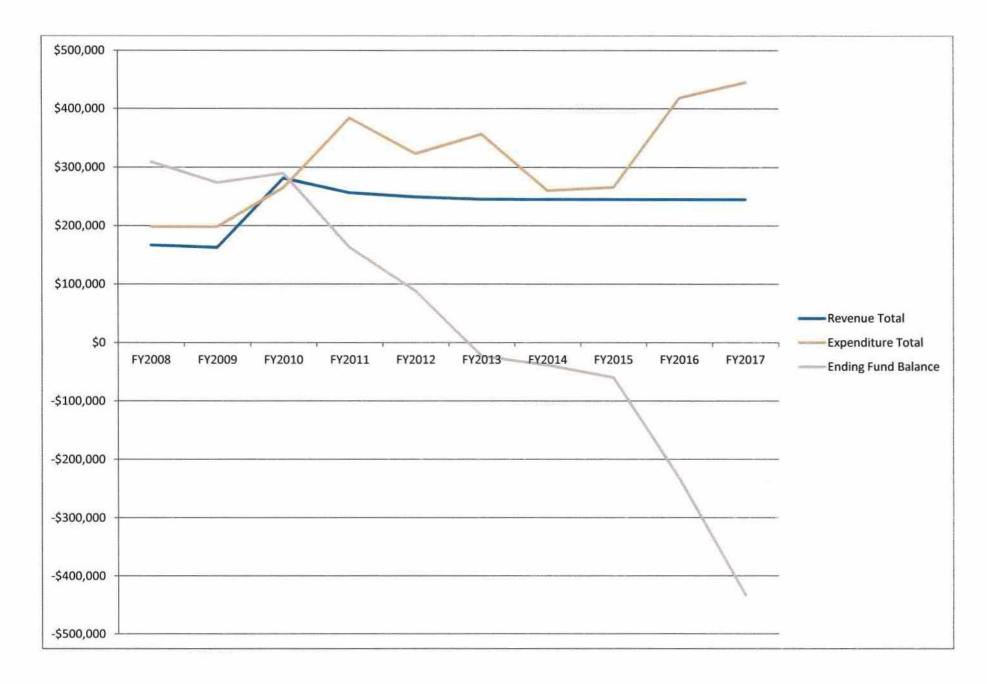
County	Population	Court Automation Fee
Champaign	201,081	\$10
Coles	53,873	\$8*
Dewitt	16,561	\$15
Douglas	19,980	\$15
Macon	110,768	\$15
Moultrie	14,846	\$15
Piatt	16,729	\$5
Vermillion	81,625	\$15

Comparable Counties

County	Population	Court Automation Fee
Kankakee	114,449	\$15
Kendall	114,736	\$15
LaSalle	113,924	\$15
McHenry	308,760	\$15
Peoria	186,494	\$15
Rock Island	147,546	\$15
Sangamon	197,465	\$15
St. Clair	270,056	\$15
Winnebago	295,266	\$15

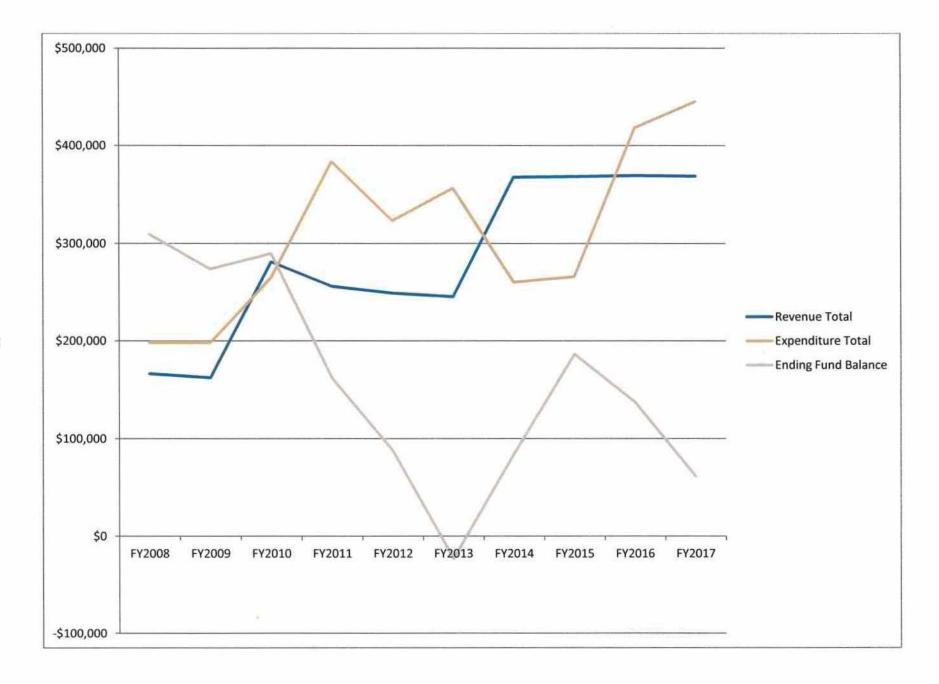
Appendix A -Court Automation – Current Revenue and Expenditures

	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017
Beginning Fund Balance	\$341,167	\$309,514	\$273,836	\$289,822	\$162,438	\$88,143	-\$23,310	-\$38,652	-\$59,647	-\$232,944
Court Costs	\$156,903	\$161,197	\$279,742	\$253,324	\$243,731	\$245,000	\$245,000	\$245,000	\$245,000	\$245,000
Interest Earnings	\$9,642	\$1,254	\$1,322	\$245	\$93	\$80	\$1	\$1	\$1	\$1
Transfers In				\$2,599	\$5,225					
Revenue Total	\$166,545	\$162,451	\$281,064	\$256,168	\$249,049	\$245,080	\$245,001	\$245,001	\$245,001	\$245,001
JANO Software	\$83,005	\$83,005	\$90,825	\$101,479	\$96,404	\$97,555	\$99,506	\$101,496	\$103,526	\$105,597
JJS Software	\$4,498	\$4,498	\$4,498	\$4,498	\$4,633	\$4,498	\$4,633	\$4,772	\$4,915	\$5,063
Judicial Systems, Inc.	\$1,645	\$1,697	\$1,713	\$1,621	\$1,752	\$1,820	\$1,750	\$1,750	\$1,750	\$1,750
Courts Hardware					\$72,888					\$85,000
Circuit Clerk Hardware	\$79,793	\$23,129	\$24,697	\$27,902		\$97,608				\$82,500
AS400 Maintenance & Replacement	\$26,074	\$25,000	\$28,171	\$126,323	\$27,099	\$28,500	\$28,500	\$28,500	\$175,000	\$28,500
Miscellaneous	\$3,183	\$60,800	\$11,185	\$14,336	\$11,005	\$12,519	\$8,500	\$8,500	\$8,500	\$8,500
Personnel	\$0	\$0	\$103,988	\$107,393	\$109,562	\$114,033	\$117,454	\$120,978	\$124,607	\$128,345
Expenditure Total	\$198,198	\$198,129	\$265,078	\$383,552	\$323,344	\$356,533	\$260,343	\$265,996	\$418,298	\$445,254
Ending Fund Balance	\$309,514	\$273,836	\$289,822	\$162,438	\$88,143	-\$23,310	-\$38,652	-\$59,647	-\$232,944	-\$433,197



Appendix B - Court Automation – Including \$5 Increase

	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017
Beginning Fund Balance	\$341,167	\$309,514	\$273,836	\$289,822	\$162,438	\$88,143	-\$22,940	\$84,317	\$186,665	\$137,733
Court Costs	\$156,903	\$161,197	\$279,742	\$253,324	\$243,731	\$245,000	\$367,500	\$367,500	\$367,500	\$367,500
Interest Earnings	\$9,642	\$1,254	\$1,322	\$245	\$93	\$450	\$100	\$843	\$1,867	\$1,377
Transfers In				\$2,599	\$5,225					
Revenue Total	\$166,545	\$162,451	\$281,064	\$256,168	\$249,049	\$245,450	\$367,600	\$368,343	\$369,367	\$368,877
JANO Software	\$83,005	\$83,005	\$90,825	\$101,479	\$96,404	\$97,555	\$99,506	\$101,496	\$103,526	\$105,597
JJS Software	\$4,498	\$4,498	\$4,498	\$4,498	\$4,633	\$4,498	\$4,633	\$4,772	\$4,915	\$5,063
Judicial Systems, Inc.	\$1,645	\$1,697	\$1,713	\$1,621	\$1,752	\$1,820	\$1,750	\$1,750	\$1,750	\$1,750
Courts Hardware					\$72,888		1 - 1 - 1 - 1			\$85,000
Circuit Clerk Hardware	\$79,793	\$23,129	\$24,697	\$27,902		\$97,608				\$82,500
AS400 Maintenance & Replacement	\$26,074	\$25,000	\$28,171	\$126,323	\$27,099	\$28,500	\$28,500	\$28,500	\$175,000	\$28,500
Miscellaneous	\$3,183	\$60,800	\$11,185	\$14,336	\$11,005	\$12,519	\$8,500	\$8,500	\$8,500	\$8,500
Personnel	\$0	\$0	\$103,988	\$107,393	\$109,562	\$114,033	\$117,454	\$120,978	\$124,607	\$128,345
Expenditure Total	\$198,198	\$198,129	\$265,078	\$383,552	\$323,344	\$356,533	\$260,343	\$265,996	\$418,298	\$445,254
Ending Fund Balance	\$309,514	\$273,836	\$289,822	\$162,438	\$88,143	-\$22,940	\$84,317	\$186,665	\$137,733	\$61,356





Management Performance Associates

Woods Mill Towers • Suite 501 South 14323 South Outer Forty Road Chesterfield, Missouri 63017 314 • 434-4227 FAX 314 • 434-4337 www.healthcareperformance.com

TO:

Champaign County Nursing Home Board of Directors

FROM:

Scott Gima

SUBJECT:

Compliance Program Renewal

DATE:

August 8, 2013

The Agreement for Compliance Program Development and Implementation for the Champaign County Nursing Home expires on August 31, 2013. MPA is requesting a recommendation from the Champaign County Nursing Home Board of Directors to recommend approval of the agreement through June 30, 2014, which coincides with the MPA management agreement.

Over the past 11 plus months, MPA has been working with CCNH management in the implementation of the Compliance Program. Significant progress has been made and this memo summarizes the current status of the program implementation. We are currently on track to meet the goals of having the written compliance program document, policies and procedures, and training and auditing plans in place for CCNH within one year. This memo summarizes the status of implementation including a summary table.

Once completed the scope of work transitions from program develop to the next phase in the compliance program which is the ongoing auditing and monitoring. The focus here is on testing existing procedures to see if there are compliance related issues. If so, these areas of risk will be identified, a corrective action plan will be implemented and the new processes will be audited at a later date to determine ongoing compliance. The other implementation activities transition into a review and revise phase. In addition, as new areas of concern are identified by the OIG, new policies, training/education programs will need to be adopted. The key point here is that the change in scope from implementation to a working compliance program (auditing and monitoring) does not change the amount of work involved by MPA and CCNH staff to maintain a functioning compliance program.

The OIG has explicitly stated that a non-functioning compliance program is worse than not having a compliance program. Yet, because compliance is mandated by the Federal Government as a requirement of participation in the Medicare and Medicaid programs,

there is no choice but to have a fully operational compliance program. Day to day operational activities can easily lead to putting compliance activities on the backburner. MPA will provide the necessary guidance and support to ensure compliance activities will continue.

Attachment 1 provides examples of regulatory issues facing providers. Examples of recent enforcement activities against health care providers including SNFs are provided. A summary of the SNF risk areas being targeted by the OIG in 2013 is also provided. This provides relevant background on the constantly changing areas of risk that SNF providers are facing. The takeaway from these examples is that SNFs are an area of focus.

Enforcement activities have been on the rise and will only continue to increase. Coupled with the complexities of the regulations, the compliance services MPA is providing to CCNH is a valuable and cost effective service and we look forward to continuing our compliance work with CCNH.

Background

The Compliance Program consists of the following nine elements:

- 1. Written policies, procedures, and standards of conduct
- 2. A designated compliance officer and compliance committee
- 3. An effective training and education strategy
- 4. Effective lines of communication
- 5. Enforcement of standards through well-publicized disciplinary guidelines
- 6. Internal monitoring and auditing (to be performed by CCNH staff with MPA guidance)
- 7. Prompt response to detected offenses and corrective action
- 8. Regular review of Compliance Program
- 9. Updates to the Compliance Program

Compliance Program development is divided into the following six stages:

ı. **Assessment of Compliance Status**

CCNH's current state of compliance with the nine Compliance Program Components was assessed. The "baseline" compliance audit was used to:

> Develop written policies, procedures, and goals for each Compliance Program element

Create a specific action plan for meeting these goals Assign responsibility for each action item

Develop an audit tool to measure the progress of each Compliance Program element

II. **Compliance Program Document Development**

MPA drafted a Compliance Program document, which will be tailored to organization-specific practices. Building on CCNH's existing compliance practices, MPA developed P&P for the following Compliance Program elements:

Designating a compliance officer and compliance committee

MPA with CCNH has identified a Compliance Officer and Compliance Committee. The roles of the officer and committee have been defined by policy including the delineation of how the compliance officer and committee will interface with and report to CCNH.

Conducting effective training and education

The Compliance Program will describe CCNH's plan for compliance related training (including how often employees will be trained and on what topics, and how training is documented).

Developing effective lines of communication

MPA assisted CCNH in the development of a toll-free hotline for employees, residents, and others to report potential compliance program violations. The hotline availability and the practice of promoting the hotline has been

Enforcing standards through well-publicized disciplinary guidelines

CCNH's employee handbook has been reviewed to determine whether compliance is sufficiently addressed as an element of evaluating employees and managers. While compliance training and education are designed to prevent disciplinary action, the Compliance Program must state how non-compliance will be addressed. The amended policies and procedures include consequences for violating the Compliance Program and failing to detect Compliance Program violations. These P&P are be listed in the Compliance Program document and become a part of employee training.

Responding promptly to detected offenses and developing corrective action

MPA has reviewed CCNH's P&P for handling internal investigations, and has expanded them in the Compliance Program document. There are guidelines for: investigating incidents or reports of alleged non-compliance, including P&P for developing a proper corrective action plan; self-reporting overpayments; and how to document the investigation and corrective action process.

The Compliance Program document also includes a Code of Conduct setting forth CCNH's basic compliance requirements and guiding principles. Finally, the Compliance Program document includes P&P for compliance with federal and state false claims laws (required by the Deficit Reduction Act for entities that receive or make annual Medicaid payments of at least \$5 million).

III. Development of Policies and Procedures that Target Organization-Specific Compliance Risks

MPA has reviewed CCNH's P&P against OIG compliance guidance; prior surveys; staff input; and the results of the baseline assessment. The P&P development focused on the compliance risks identified in the baseline assessment.

IV. Training and Education

MPA developed a training plan for CCNH to implement, which included training topics, frequency, and documentation requirements. In addition, MPA will provide the following training programs:

General compliance training emphasizing the importance of compliance, and explaining the Compliance Program and how to report non-compliance. This training included one live seminar or workshop (1 to 2 hours) provided to CCNH employees. A County Board member training program was developed using the County's "Mindflash" online training program.

V. Auditing and Monitoring

MPA is currently working with CCNH staff in the development of an audit tool to benchmark CCNH's compliance progress in each compliance risk area. This is scheduled to be completed by the end of August 2013. Audit tools under development include: random sampling of records or charts, reviewing written contracts, observing clinical staff, assessing HIPAA documentation, evaluating employee training and discipline records, and reviewing compliance report complaint logs and investigative files. Audits will be conducted by CCNH personnel, with direction from MPA.

Audits will be repeated by CCNH at measured intervals as appropriate (monthly, quarterly, annually, or bi-annually, depending on the complexity of the standard and degree of risk involved). After each audit, CCNH will create a results report to be shared with your management staff. Periodically, MPA will review these reports, identify areas needing improvement, update goals, and work with your management staff to develop a plan to achieve these new goals.

VI. Updates and Improvements

MPA has provided CCNH with ongoing regulatory updates to the Compliance Program.

In addition, and in connection with an annual audit, MPA will organize an annual evaluation of the Compliance Program, specifically addressing whether:

adequate resources are dedicated to compliance
P&P need to be updated based on audit results
the Compliance Program is followed by employees
the roles of Compliance Officer and Compliance Committee need
clarification or modification
further employee education and training are needed
the reporting mechanism is used
disciplinary P&P are followed, applied consistently, and effective to
prevent non-compliance
audit techniques successfully identify risk areas and monitor
improvements
investigation and corrective action procedures promptly identify,
minimize the effects of, and prevent further non-compliance
the Compliance Program is sufficiently documented

The results of the evaluation will be reported to senior management along with recommendations for improving the Compliance Program in the following year.

Compliance Program Implementation Status

	Service/	Deliverable	Status
I.		Compliance Status mpliance Audit)	Completed
II.	Compliance Pro Development	ogram Document	Completed
III.		f P&P that Target pecific Compliance Risks	Completed
IV.	Training and Education	Board of Directors Education	Online self study education is ongoing.
		Management training	Completed
		Employees	Completed
		Development of training plan	Completed
		Procedures for documenting training completion and effectiveness	Completed
V.	Auditing and M Development	Ionitoring Procedure	In progress – scheduled to be completed by the end of August 2013
		Annual review of Compliance Program Effectiveness	Pending
VI.	Updates and Improvement	Updates based on regulation, guidance and best practices	Provided on an ongoing basis.
		Board of Director Program Implementation Updates	Provided with each monthly management update

Attachment 1 Compliance Program Regulatory Issues

Compliance regulation of health care providers is only increasing:

The existing compliance landscape is already complex. SNFs must comply with HIPAA and HITECH, the Anti-Kickback Statute, the Civil Monetary Penalties Law, the False Claims Act, the Stark Law, Medicare and Medicaid requirements, and the Deficit Reduction Act.

It's not getting any easier:

The Fraud Enforcement and Recovery Act of 2009 (FERA) expanded the scope of the False Claims Act (FCA); enhanced the attorney general's authority to investigate false claims; removed the FCA's intent requirement; increased liability for knowingly retaining Medicare or Medicaid overpayments; and extended whistleblower protections to contractors and agents.

The Affordable Care Act (a/k/a the Health Care Reform Law) makes it much easier for a health care provider or employee to inadvertently violate the Anti-Kickback Statute. A defendant will not need to have actual knowledge that the alleged activity violates the Statute—nor will a defendant need a specific intent to commit a violation. Anti-Kickback Statute violations will also constitute grounds for False Claims Act actions. The Affordable Care Act also created additional grounds for the government to impose civil monetary penalties, and increased funding for health care enforcement activities by \$250,000,000 over 5 years.

HITECH increased penalties for HIPAA violations to up to \$50,000 per violation; and in June 2011, the Department of Health and Human Services appointed an audit contractor to conduct HIPAA Privacy and Security compliance audits.

Increased fraud enforcement brings increased penalties

The following are a few of many examples of recent enforcement actions:

On July 7, 2011, the U.S. Department of Health and Human Services Office for Civil Rights announced a settlement agreement with the University of California at Los Angeles Health System (UCLAHS) for potential HIPAA violations. UCLAHS agreed to pay \$865,000 and enter a three year corrective action plan to resolve two complaints that unauthorized UCLAHS employees accessed celebrity patients' electronic PHI. The complaints asserted that UCLAHS failed to properly train employees to ensure privacy protections and failed to sanction and/or document sanctions of employees who improperly accessed PHI.

Margaretville Memorial Hospital and Nursing Home, Inc. agreed to pay \$80,000 for allegedly violating the Civil Monetary Penalties Law when it billed Medicare Part D and State healthcare plans for drugs provided by Margaretville Memorial Hospital to Margaretville Nursing Home residents when the residents were covered by Part A.

Since 2008, the OIG has entered Civil Monetary Penalties Law settlements with more than 60 providers who allegedly employed or contracted with one or more individuals that the providers knew or should have known were excluded from participation in Federal health care programs. Nine of these settlements involved long term care facilities. For example, a rehabilitation and nursing center in CT agreed to pay \$42,203 for allegedly employing an excluded individual.

The U.S. Attorney entered a civil quality-of-care settlement with a NY nursing home after an investigation of the home's sub-standard pressure ulcer treatment and prevention, incontinence care, pain management, nutrition, weight monitoring, infection control, and diabetic care. In addition to imposing a penalty of \$305,072, the settlement required the facility to hire a full-time physician or nurse practitioner whose sole responsibility is to regularly and continuously treat its residents.

In July 2011, the OIG reported that 82% of hospice claims for Medicare beneficiaries in nursing facilities did not meet Medicare coverage requirements in 2009, and 63% of Medicare hospice claims did not meet plan-of-care guidelines. In addition, 46 percent of hospices surveyed were cited with health deficiencies, a substantial proportion of which related to patient care planning and quality issues.

Nursing homes are increasingly being targeted by the OIG as described below:

A Tennessee-based nursing home manager and its related ancillary affiliate agreed to pay \$2.7 million to resolve allegations that its therapy claims were "medically unnecessary and unreasonable."

An Iowa facility paid a \$675,000 settlement for over-billing Medicare therapy services; it entered into a Corporate Integrity Agreement and then proceeded to sue its therapy provider for the over-utilization of therapy services.

A nursing home company paid \$953,375 to resolve allegations that it provided unnecessary services (for example, occupational therapy provided to elderly Alzheimer's Syndrome patients who could never expect to return to work). A chain of nursing homes is charged with violating the False Claims Act by encouraging therapists to bill higher amounts and perform more expensive therapy—even if patients didn't need therapy or could be harmed by it. A nursing home in Virginia and its owners agreed to pay \$700,000 to resolve liability under the False Claims Act for submitting claims to Medicare for non-reimbursable therapy provided to 37 residents.

These examples are a few of the many that exist. The OIG's focus on claims for therapy services provided in SNFs is further emphasized by an OIG report issued in November 2012: **Inappropriate Payments to Skilled Nursing Facilities Cost Medicare More than a Billion Dollars in 2009**. In this report, the OIG found 25% of all SNF claims submitted in 2009 to be faulty. The majority of these claims involved an upcoded RUG. Of these upcoded claims, most involved SNFs providing more therapy on the MDS than was documented in the medical record. The OIG also found that 25% of these claims involved therapy listed in the medical record that was not reasonable and necessary. In

response to this report, the OIG and CMS plan to increase review of SNF claims, and identify SNFs that are billing for higher paying RUGs.

Ever Changing Compliance Risk Areas

Specific areas of risk change on an annual basis. The OIG provides an annual work plan that summarizes areas of risk that it will pursue in the coming year for skilled nursing facilities. In 2013, the OIG is targeting waste, patient safety, quality of care and fraud and abuse. There is a lot of detail in the following summary, but it is being provided to show the level of regulatory complexity that CCNH must deal with on an ongoing and ever changing basis.

Waste (unnecessary services)

The OIG continues to target claims submitted for services that are not payable by Medicare:

Claims Processing Errors—Medicare Payments for Part B Claims With G Modifiers

The OIG will review Medicare claims that were submitted between 2002 and 2011 with GA, GX, GY, or GZ service code modifiers. Because these modifiers indicate that Medicare denial is expected, any payments made by Medicare for these claims may constitute improper payments.

If you submitted claims with G modifiers between 2002 and 2011, and received payments from Medicare for any of these claims, these payments may constitute overpayments that need to be repaid to Medicare. SNFs should conduct an audit of claims submitted with G modifiers to identify any payments received from Medicare, and make any necessary repayments.

Payments for Services After Beneficiaries' Death

The OIG will review Medicare claims submitted in 2011 to identify any Medicare payments made for deceased beneficiaries.

SNFs should audit claims submitted in 2011 to determine if any claims were submitted for deceased beneficiaries; and, if so, make any necessary repayments. Here is one way to establish the scope of your audit: 1) Generate a list of discharges by date of death; then sort by payor source; 2) Pull the last statement for each patient and examine for charges after the date of death.

Patient safety

The OIG is targeting services that negatively affect patient safety.

Adverse Events in Post-Acute Care for Medicare Beneficiaries

The OIG plans to evaluate the occurrence and potential causes of adverse and temporary harm events for Medicare beneficiaries receiving post-acute care in SNFs—and determine the extent to which they are preventable. While this OIG Work Plan item does not pose an immediate threat of reimbursement loss for SNFs, it warns of the direction the OIG is taking. Much like the direction the government has taken with hospital readmissions, SNFs should not be surprised if penalties for adverse and temporary harm events are forthcoming.

SNFs should prepare for this development now by monitoring adverse and temporary harm events with their Quality Assurance programs. Identify areas for improvement, document progress, and monitor outcomes to assure you are making solid progress.

Use of Atypical Antipsychotic Drugs

The OIG will determine the percentage of nursing home residents receiving atypical antipsychotic drugs, the types of drugs most commonly received, and the characteristics associated with nursing homes that frequently administer atypical antipsychotic drugs. The OIG is concerned about residents receiving unnecessary drugs, and/or receiving prescription drugs without sufficient monitoring.

The OIG's attention to antipsychotic drugs is not new, and SNFs are likely already familiar with this issue. Now is a good time to ensure that your Quality Assurance program is effectively monitoring antipsychotic use, planned drug reductions, and drug effects. SNFs should consider tracking antipsychotic drug use in order to identify increases in utilization. We also recommend ensuring policies and procedures are in place to verify that all drugs have a corresponding diagnosis.

Communicable Disease Care

The OIG will review claims for communicable disease care to determine whether they complied with Federal and State requirements. The OIG will identify unallowable claims for communicable disease care, and will examine patient safety consequences associated with nursing homes' failure to comply with related communicable disease requirements.

SNFs should review their infection control line listing, policies, procedures, and training records in preparation for a possible audit. Work through your infection control committee to analyze infection and antibiotic use trends.

Quality of care

The OIG will examine certain services to determine if quality of care requirements are met. The OIG is particularly concerned with the provision of services in accordance with care plans.

Medicare Requirements for Quality of Care

The OIG will determine the extent to which SNFs use the Residential Assessment Instrument (RAI) to develop care plans to provide services and plan for discharges. The OIG will also determine whether residents receive all the psychosocial services listed in care plans.

SNFs should conduct audits of their care plans to determine 1) if care plans are sufficiently tied to the RAI; and 2) if all services identified in the care plans, particularly psychosocial services, were actually provided.

Medicaid Waivers-Adult Day Health Care Services

The OIG will review Medicaid payments for adult day care services to determine whether the payments complied with certain Federal and State requirements for 1) beneficiary eligibility, and 2) providing services in accordance with a plan of care.

SNFs that provide adult day care services should audit these services to verify that eligibility and plans of care are sufficiently documented.

Fraud and Abuse

The OIG's fraud and abuse efforts will focus on hospice arrangements, and citizenship of beneficiaries.

Hospices—Marketing Practices and Financial Relationships with Nursing Facilities

The OIG will review hospices' marketing materials and practices, and financial relationships with nursing facilities. Because the OIG recently found that 82 percent of hospice claims for beneficiaries in nursing facilities did not meet Medicare coverage requirements, the OIG is concerned that hospices and nursing facilities may be involved in inappropriate enrollment and compensation, including instances in which hospices aggressively marketed services to nursing facility residents.

SNFs that contract with hospices should conduct a legal review of arrangements with hospice providers to verify that there are no kickbacks or incentives for overutilization.

Payments for Alien Beneficiaries Unlawfully Present in the United States on the Dates of Service

The OIG will determine whether Medicare payments were made on behalf of beneficiaries who were unlawfully present in the United States on the dates of services.

As part of Medicare eligibility determinations, SNFs should verify that potential beneficiaries are in the U.S. legally. During admission, be certain that staffs are copying two forms of identification for your administrative file. We recommend a drivers license, passport, or government issued ID along with a social security card, Medicare card, birth certificate, or other government issued non-photo ID.

In addition, conduct a check of the Common Working File to determine Medicare usage (if applicable) prior to admission.

AGREEMENT for COMPLIANCE PROGRAM SERVICES for the CHAMPAIGN COUNTY NURSING HOME

THIS AGREEMENT is made and entered into as of the	th day of	(Month),
2013 by and between the Champaign County Board, acting	on behalf of the Co	unty of
Champaign, a body politic and corporate owning and opera	ting as Champaign (County Nursing
Home (the "Home"), and Management Performance Association		
"Manager").		

RECITALS

- The parties hereto have previously entered a Management Contract dated June 19, 2011; and
- b. The parties desire to enter into this additional Agreement for the purpose of development and implementation of a Compliance Program for the Champaign County Nursing Home (the "Compliance Services"), subject to the terms and conditions as set forth below:
- c. Other than the specific terms noted in this Agreement for Compliance Program Development and Implementation, all other terms and conditions of the Management Contract between the parties dated June 19, 2011 shall apply to this Agreement, to the extent that any such terms apply to the Compliance Services.

WITNESSETH

NOW. THEREFORE, the parties agree as follows:

- Program: Manager shall be responsible for designing, and overseeing the implementation and ongoing management of, a Compliance Program for Home. Manager shall be responsible for conducting a baseline compliance audit; assisting with policy and procedure development and compliance training; providing strategic guidance for compliance audits; providing ongoing updates to the Compliance Program; serving as a compliance resource to Home; and conducting an annual review of the Compliance Program's effectiveness. The specific terms for the compliance program services are documented in Exhibits A (Detailed Description of Compliance Program Services), and B (Table of Responsibilities) to this Agreement, which are incorporated herein by reference.
- Management Fee: Manager shall invoice the Home the amount of \$40,720 for the Compliance Program, payable in monthly payments of \$3,393.33 in advance. In addition to the fee, direct costs of Manager for expenses such as travel and lodging expenses, long distance telephone, and webinar and other training costs shall be reimbursed separately by the Home on a monthly basis, subject to the terms of the Champaign County Travel Policy and monthly review by the Nursing Home Board of Directors. The professional fee will be adjusted annually for growing in CPI using the All Urban Consumers Index.

- 3 Term: This agreement shall be in effect for ten (10) months from September 1, 2013 through June 30, 2014. This Agreement may renew for one additional one year period on July 1, 2014 with mutually agreed upon modifications, unless this Agreement is terminated by either party by giving thirty (30) days' written or notice of termination is given, as set forth below.
- Scope. MPA's Compliance Services are designed to reduce your risk of regulatory penalty via a compliance program that is well-documented and maintained. However, there can be no assurance that all risk will be eliminated. Any damages arising from or out of MPA's work will be limited to the lesser of either one year's professional fees or actual damages. MPA's Compliance Services do not constitute legal advice.

IN WITNESS THEREOF, the undersigned have executed this AGREEMENT for COMPLIANCE PROGRAM DEVELOPMENT and IMPLEMENTATION as of the day and year first written above.

Alan Kurtz	Michael A. Scavotto
Chair	President
Champaign County Board	Management Performance Associates Inc.
Date:	Date:

Exhibit A Detailed Description of Compliance Program Services

MPA will work with CCNH to develop and maintain a Compliance Program with the following elements:

- 1. Written policies, procedures, and standards of conduct
- 2. A designated compliance officer and compliance committee
- 3. An effective training and education strategy
- 4. Effective lines of communication
- 5. Enforcement of standards through well-publicized disciplinary guidelines
- Internal monitoring and auditing (to be performed by CCNH staff with MPA guidance)
- 7. Prompt response to detected offenses and corrective action
- 8. Regular review of Compliance Program
- 9. Updates to the Compliance Program

The Compliance Program is divided into the following six stages:

I. Ongoing Assessment of Compliance Status

MPA will work with CCNH staff to assess CCNH's current state of compliance with the nine Compliance Program Components.

II. Compliance Program Document Development

MPA will review and revise the Compliance Program document as needed. This document will be tailored to organization-specific practices.

Building on CCNH's current compliance practices, MPA will review and revise existing P&P, as well as develop new P&P as needed for the following Compliance Program elements:

Compliance officer and compliance committee

MPA will work with CCNH the Compliance Officer and Compliance Committee, and refine the roles of the officer and committee as needed. MPA will also revise the method for which the compliance officer and committee will interface with and report to CCNH.

Conducting effective training and education

The Compliance Program will describe CCNH's plan for compliance related training (including how often employees will be trained and on what topics, and how training is documented). MPA will continue to work with CCNH to maintain effective and timely training and education.

Developing effective lines of communication

MPA will help CCNH maintain the communication of the program including the use of a toll-free hotline for employees, residents, and others to report potential compliance program violations.

Enforcing standards through well-publicized disciplinary guidelines

MPA will continue to review and revise CCNH's employee handbook to ensure that compliance is sufficiently addressed as an element of evaluating employees and managers. While compliance training and education are designed to prevent disciplinary action, the Compliance Program must state how non-compliance will be addressed. If additional P&P are needed, MPA will work with staff input to develop P&P that include consequences for violating the Compliance Program and failing to detect Compliance Program violations. Corrective action may take the form of employee education. P&P will explain the range of discipline; who is responsible for taking action and how matters are handled; and that disciplinary action will be taken on an equitable basis. These P&P will be listed in the Compliance Program document and become a part of employee training.

Responding promptly to detected offenses and developing corrective action

MPA will continue to review CCNH's P&P for handling internal investigations, and expand them in the Compliance Program document. There will be guidelines for: investigating incidents or reports of alleged non-compliance, including P&P for developing a proper corrective action plan; self-reporting overpayments; and how to document the investigation and corrective action process.

III. Development of Policies and Procedures that Target Organization-Specific Compliance Risks

MPA will continually review CCNH's P&P against changes in OIG compliance guidance; prior surveys; staff input; and the results of the baseline assessment. The P&P development will focus on the compliance risks identified in the baseline assessment as well as risk areas identified by the OIG.

IV. Training and Education

MPA will continue to review and revise the training plan for CCNH which will set out training topics, frequency, and documentation requirements. In addition, MPA will provide the following training programs:

> General compliance training emphasizing the importance of compliance, and explaining the Compliance Program and how to report non-compliance. This training will be one live seminar or

- workshop (1 to 2 hours) provided to CCNH employees and County Board members.
- Two additional training sessions (live seminar, workshop, and/or webinar) addressing two compliance topics identified with CCNH (e.g. HIPAA, managing the QA process; etc.)

With each webinar or seminar, MPA will provide P&P for documenting completion of training and measuring training effectiveness. Training on additional topics and for employees and directors who join CCNH after the above training is complete is available for an additional fee.

V. Auditing and Monitoring

After year one, the compliance program is shifting from development to a focus on ongoing auditing and monitoring of areas of risk. For each compliance risk area, MPA will work with CCNH staff (management, administrative, clinical and/or billing) to review and revise existing audit tools and well as develop new audit tools as necessary to benchmark CCNH's compliance progress in each compliance risk area. Audit tools include: random sampling of records or charts, reviewing written contracts, observing clinical staff, assessing HIPAA documentation, evaluating employee training and discipline records, and reviewing compliance report complaint logs and investigative files. Audits will be conducted by CCNH personnel, with direction from MPA.

Audits will be completed by CCNH staff at measured intervals as appropriate (monthly, quarterly, annually, or bi-annually, depending on the complexity of the standard and degree of risk involved). After each audit, CCNH will create a results report to be shared with management staff. MPA will be involved in the creation of these reports. Periodically, MPA and CCNH staff will review these reports, identify areas needing improvement, update goals, and develop a plan to achieve these new goals. MPA will be heavily involved in assisting CCNH in the ongoing auditing and monitoring program.

VI. Updates and Improvements

MPA will provide ongoing regulatory updates to the Compliance Program. In addition, and in connection with the annual audit, MPA will organize an annual evaluation of the Compliance Program, specifically addressing whether:

adequate resources are dedicated to compliance
P&P need to be updated based on audit results
the Compliance Program is followed by employees
the roles of Compliance Officer and Compliance Committee need
clarification or modification
further employee education and training are needed

the reporting mechanism is used disciplinary P&P are followed, applied consistently, and effective to prevent non-compliance audit techniques successfully identify risk areas and monitor improvements investigation and corrective action procedures promptly identify, minimize the effects of, and prevent further non-compliance the Compliance Program is sufficiently documented

The results of the evaluation will be reported to senior management along with recommendations for improving the Compliance Program in the following year.

Corporate Support

MPA will serve as a resource to you and will be available to answer questions that may arise regarding the Compliance Program and its policies and procedures.

Ongoing Management of Your Program for Results

The following steps are crucial for continuing a successful program:

Creating a compliance culture that compliments the organization's mission
Training and education
Reviewing the effectiveness of auditing and monitoring
Assessing the Compliance Program annually
Updating the Compliance Program based on new regulations, OIG
guidance, and improvements in best practices

When performed on an annual basis, the above services, combined with the efforts of your staff, will keep your Compliance Program effective.

Exhibit B Table of Responsibilities

Task	MPA Responsibility	CCNH Responsibility
Assessment of Compliance Status	Provide checklists, requests for information Review and analyze responses to requests for information, and develop strengths, weaknesses,	Distribute checklists, requests for information to relevant personne for completion Provide information about existing compliance policies and
	and goals	Facilitate timely and accurate completion of checklists and requests
		Participate in discussion about results
Compliance Program Document Review and Development	Draft compliance program document for CCNH as needed. Review and revise document	Review and provide feedback on documents
	based on OIG compliance regulatory changes	Disseminate compliance program to employees, directors, and vendors
Review, Revise and Develop new Policies and Procedures that	Amend existing policies. Draft additional policies and procedures	Provide existing policies and procedures
Target Organization- Specific Compliance Risks		Review amended policies and new policies
		Disseminate completed policies and procedures and incorporate them into daily operations
Training and Education	Review and Revise the plan for how CCNH will conduct, document and evaluate training on an ongoing basis	Work with MPA to identify risk areas appropriate for additional training
		Identify facility personnel who will provide ongoing employee education (new employee orientation, quarterly, annual inservices)
Auditing and Monitoring	Review, revise and develop audit tools for each of the risk areas that are a part of the CCNH compliance program	Assign responsibility (CCNH staff) for conducting audits Complete the audits and report the results back to MPA

	Review ongoing audit results with CCNH staff and monitor results for improvement and effectiveness	Provide feedback to MPA to identify the most effective audit processes	
Updates and Improvement	Oversee an annual audit of overall compliance program effectiveness at CCNH	Participate in the annual audit; provide requested information to MPA	
	Provide updates based on regulations, best practices, and other guidance	Incorporate updates into training, policies and procedures, and audit process	
		Report new compliance concerns to MPA	

RESOLUTION NO.

RESOLUTION REGARDING CHARGES FOR SERVICES AT THE CHAMPAIGN COUNTY NURSING HOME

WHEREAS, the basic charge established December 1, 2012 is not adequate to cover increased costs of operation for Champaign County Nursing Home; and

WHEREAS, the Champaign County Board of Directors has duly noted and studied the impact upon the services provided and has determined that to continue to maintain the services now provided the following rate structure be established:

Skilled Nursing Care	\$184.11 per day
Dementia Care	\$212.78 per day
Dementia Care, Advanced	\$227.11 per day
Private Suite Premium	\$44.10 per day
Nursing Home Transportation	\$36.75 + mileage
Adult Day Services	\$78.27 per day
Adult Day Services ½ Day	\$51.81 per day
Adult Day Transportation	\$10.50 each way

NOW, THEREFORE, BE IT RESOLVED that:

Section 1. All residents of Champaign County Nursing Home shall be charged the basic rate according to placement in the building and services received to become effective December 1, 2013.

- Section 2. Third party payors will be billed for covered services with residents or their responsible party or/and their guardian being billed for the Medicare deductible and coinsurance. Separate charges shall be billed for all special therapy services provided.
 - Section 3. Separate charges shall be billed for Beauty and Barber Shop services provided.
- **Section 4.** Separate charges shall be billed for medical and personal supplies as provided to the resident.

Section 5. The County Board authorizes the Champaign County Nursing Home to charge the amount for that service being rendered and directs Champaign County Nursing Home to notify all agencies and persons responsible for the payment for such services and rates, and Section 6. All resolutions or parts of resolutions in conflict herewith are repealed.

PRESENTED, ADOPTED, APPROVED, AND RECORDED this 19th day of September, 2013.

Alan Kurtz, Chair	
Champaign County Board	

ATTEST:

Gordy Hulten, County Clerk and ex-officio Clerk of the Champaign County Board

Champaign County Private Pay Room Rate Survey

	CCN	н				
	2013	2014	CUNR	Heartland	Helia	Meadowbrook
Semi Private Room	175.35	184.11	191 to 225	188.00	170.00	245.00
Private Room	215.35	228.11	196 to 315	219.00	210.00	367.00
ALZ - Semi Private	202.65	212.78	n/a	n/a	n/a	n/a
ALZ - Private Room	242.65	256.78	n/a	n/a	n/a	n/a
ALZ Advanced Semi-Private	216.30	227.11	206.00	n/a	n/a	n/a
ALZ Advanced Private	256.30	271.11	315.00	n/a	n/a	n/a

CHAMPAIGN COUNTY APPLICATION FORM FOR GRANT CONSIDERATION, ACCEPTANCE, RENEWAL/EXTENSION

Department: Champaign County Sheriff's Office-Champaign County EMA
Grant Funding Agency: Illinois Emergency Management Agency
Amount of Grant: \$2,483.20
Begin/End Dates for Grant Period: October 1, 2013-September 30, 2014
Additional Staffing to be Provided by Grant: none
Application Deadline: August 31, 2013
Parent Committee Approval of Application: Finance
Is this a new grant, or renewal or extension of an existing grant? renewal
If renewal of existing grant, date grant was first obtained: January 2012
Will the implementation of this grant have an effect of increased work loads for other departments? (i.e. increased caseloads, filings, etc.) Yes You You
If yes, please summarize the anticipated impact:
Does the implementation of this grant require additional office space for your department that is not provided by the grant? Yes No If yes, please summarize the anticipated space need:
Please check the following condition which applies to this grant application:
The activity or service provided can be terminated in the event the grant revenues are discontinued.
The activity should, or could be, assumed by County (or specific fund) general and recurring operating funds.
Departments are encouraged to seek additional sources or revenue to support the services prior to expiration of grant funding.
This Grant Application Form must be accompanied by a Financial Impact Statement. (See back of form)
All staff positions supported by these grant funds will exist only for the term award of grant, unless specific action is taken by the County Board to extend the position. DATE: September 3, 2013 SIGNED: SIGNED:
Department Head

Application for & Acceptance of Grant Approval:
Approved by Finance Committee: Approved by County Board:
Approved by County Board. Approved by Grant Executive Committee:
- Approximately seems assessment and seems and

COUNTY OF CHAMPAIGN

FINANCIAL IMPACT STATEMENT

(To accompany Grant Applications or Appropriate Resolutions/Ordinances)

Current Year Annu	ai Expenditure Estimate	<u>i.</u>	
Number of Positions	2	Personnel \$ 102,777.07	
Commodities:	\$		
Contractual:	\$		
Capital:	\$		
Long Term Expendi	iture Estimate:		
Current Year Annu	al Revenue Estimate:		
Long Term Revenue	e Estimate:		
Approved by Finance	ce Committee:	Date:	_
Approved by Count	y Board:	Date:	_



SHERIFF DAN WALSH CHAMPAIGN COUNTY SHERIFF'S OFFICE

Coordinator John Dwyer Champaign County EMA 1905 E. Main Street Urbana, Illinois 61802 (217) 384-3826

To:

Christopher Alix, Deputy Chair of Finance and Members of the County Board

From:

John Dwyer, EMA Coordinator

Subject:

Emergency Management Assistance Grant

Date:

September 3, 2013

EMA is requesting approval to apply for and accept when awarded our annual Hazardous Materials Emergency Preparedness Planning Grant as attached. This grant is to offset the administrative costs for the County EMA Program.

We are applying for \$2,483.20. The amount of received over the last two years range has been over \$2,000 however it is dependent on the allocation by the Federal Budget given to the Illinois Emergency Management for administration of the grant. We will advise the committee when we know our grant amount.

Hazardous Materials Emergency Preparedness (HMEP) Planning Grant Program FFY 2013 GRANT PROGRAM APPLICATION

DATE 07/25/2013 00:07

JURISDICTION	Champaign County						
FEDERAL EMPLOYE	R IDENTIFICATION NUM	BER (FEIN):		3'	76006910		
D-U-N-S NUMBER	(DUNS):	96192	2478		PLUS FOUR	: 0000	
GRANT POINT OF CO	NTACT: FIRST: John		La	st:	Dwyer		
MAILING ADDRESS:			1905 E. Ma	in St.	*****		
CITY:	Urbana		ZIP CODE -	FOUR:	61802 _	4581	
OFFICE TELEPHONE:	(217) 384-382	6					
EMAIL ADDRESS:		jdwy	er@co.champ	aign.il.us			
CHECK ADDRESS:		17	76 E. Washing	gton St.			
CITY:	Urbana		ZIP CODE +	FOUR:	61802 -	4581	
IEMA REGION #: Region 7 JURISDICTION			AL YEAR STAR	T DATE:	12/01/2	013	
	CHII	EF ELECTEI	O OFFICIAL			п	
FIRST NAME: Alan LAS			AME:		Kurtz		
CEO TITLE:		County Board Chair					
	LOCAL EMERGENCY	PLANNING	COMMITTE	EE CHAII	RPERSON		
FIRST NAME: John L.			ST NAME: Dwyer				
	ESDA/EMA	COORDIN	ATOR/DIRI	ECTOR			
FIRST NAME:	John	LAST	NAME:		Dwyer		
	Au		NFORMATION d from section p				
FOR	M SECTIONS		SECTION TOTALS		MBINATION OF UP 0 80% - FEDERAL MATCH	COMBINATION OF U TO 20% - LOCAL MATCH	
PERSONNEL &	BENEFITS		\$0.00		\$ 0.00	\$ 0.00	
TRAVEL			\$ 1,954.00		\$ 1,044.00	\$ 910.00	
BASIC NEEDS			\$1,150.00		\$ 1,115.00	\$ 35.00	
GRAND TOTAL	FOR ALL SECTION	IS	\$ 3,104.00				
GRANT MATCH	- 80% / 20%		FEDERA	L 80%	LO	OCAL 20%	

HMEP GRANT AMOUNTS

THE MOST ALLOWED UNDER THIS GRANT

\$2,483.20

\$620.80

PERSONNEL

Personnel Expenses to include employees or contractors related to the following:

0

Directions: Enter job title, name of employee, % of time per week for HMEP Grant Work, annual Grant Salary to be submitted for reimbursement, Total Annual Salary from local government and HMEP % of Salary . *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction 35 hours The percentage listed should reflect the number of HMEP Grant hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for HMEP Grant ONLY is divided by the Total Annual Salary from local government to report the HMEP % of Salary in the last column. This HMEP % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	- Name	% HMEP Grant Time (of a *Standard work week - See Expl. Above)	Annual Salary for HMEP Grant	Total Annual Salary from local government	HMEP % of Salary	Match Type
n/a	n/a	0.000%	\$0.00	\$0.00	0.000%	None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00		İ	None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00			None

TOTAL SALARIES FOR HMEP WORK ONLY:

\$0.00 Total of all pages for HMEP Salaries (Only) is listed at bottom of this page,

Do any of the above named employees divide their work between the HMEP and another department or grant in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO
✓	

If the answer is YES, list the job title, name, department or grant worked for, percentage of time worked for other department, and annual salary in that job, in the

Title	Name	Name of "Other Dept. or grant"	% of Time Worked for "Other Dept. or grant"	Annual Salary for work From "Other Depart or grant program"	Match Type
					None

\$0.00 TOTAL HMEP SALARIES: (Do NOT include Salaries from other departments.) This amount will be added to total on page 1

FFY 2013 - HMEP Grant Application Section 2: Personnel

Page 2

2-A PERSONNEL

Personnel E	xpenses to	include o	employees	or contractors	related to	the following:
-------------	------------	-----------	-----------	----------------	------------	----------------

0

Directions: Enter job title, name of employee, % of time per week for HMEP Work, annual Grant Salary to be submitted for reimbursement, Total Annual Salary from local government and HMEP % of Salary . *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction. 35 hours The percentage listed should reflect the number of HMEP Grant hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for HMEP Grant ONLY is divided by the Total Annual Salary from local government to report the % of Salary in the last column. This HMEP % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% HMEP Grant Time (of a *Standard work week - See Expl. Above)	Annual Salary for HMEP ONLY	Total Annual Salary from local government	HMEP % of Salary	Match Typ
			\$0.00			None
			\$0.00			None
			\$0.00		1	None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00			None
			\$0.00			None

TOTAL SALARIES FOR HMEP WORK ONLY:

(This amount also listed at bottom of page, and on first page.)

\$0.00

Do any of the above named employees divide their work between the HMEP and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

YES	NO

If the answer is YES, list the job title	, name, department worked for,	percentage of time worked for other department	t, and annual salary in that job, in the following table

Title	Name	Name of "Other Dept, or grant"	% of Time Worked for "Other Depart or grant"	Annual Salary for work From "Other Depart or grant program"	Match Type
					None
1					None
1			1		None
					None
1					None
					None
					None
1			1		None
1					None

TOTAL HMEP SALARIES:

\$0.00

(Do NOT include Salaries from other departments.) This amount will be added to total on page 1

FFY 2013 - HMEP Grant Application Section 2-A: Personnel Page 3

3 BENEFITS

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that represent an out-of-pocket expense to the local government grant recipient. Do not list benefits that are paid by the employee.

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the HMEP salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck, the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply the HMEP% of Salary to get the HMEP Benefit Amount for the year, for each benefit. The "HMEP% of Salary" was calculated on page 2 "Personnel" of these HMEP grant application forms. Provide the grand total of HMEP benefits for the entire year below.

Benefits related to the employment of those individuals listed in the personnel section. These same criteria of eligible categories apply when evaluating the match opportunities. For volunteers, reasonable fringe benefits may be established based on ordinarily paid for similar work within the jurisdiction. Documentation about the rates will be required.

	T	BENEFIT EXPENSE					В	AXB	
NAME	BENEFIT - (LIST THE TYPE)	% of Gross Paycheck	Centage OR Total Annual Salary	Dollar An Dollar Amount	Annual # of Pay Periods	Gross Benefit Annual Total	HMEP % of Salary	HMEP Benefit AMOUNT	Match Type
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
			i i		4	\$0.00		\$0.00	None
							1	20.00	_

TOTAL BENEFITS FOR HMEP WORK:

\$0.00

This amount will be added to total on page 1.

FFY 2013 - HMEP Grant Application Section 3 - Benefits Page 4

3-A BENEFITS

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that represent an out-of-pocket expense to the local government grant recipient. Do not list benefits that are paid by the employee.

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the HMEP salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck, the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply the HMEP% of Salary to get the HMEP Benefit Amount for the year, for each benefit. The "HMEP% of Salary" was calculated on page 2 "Personnel" of these HMEP grant application forms. Provide the grand total of HMEP benefits for the entire year below.

Benefits related to the employment of those individuals listed in the personnel section. These same criteria of eligible categories apply when evaluating the match opportunities. For volunteers, reasonable fringe benefits may be established based on ordinarily paid for similar work within the jurisdiction. Documentation about the rates will be required.

BENEFIT - (LIST T		BENEFIT EXPENSE Percentage OR Dollar Amount				A B Gross Benefit HMEP %		AXB	ZUN WELL
NAME	TYPE)	% of Gross Paycheck	Total Annual Salary	Dollar Amount	Annual # of Pay Periods	Annual Total	of Salary	HMEP Benefit AMOUNT	Match Type
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
					7	\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None
						\$0.00		\$0.00	None

TOTAL BENEFITS FOR HMEP WORK: This amount will be added to total on page 1.

\$0.00

FFY 2013 - HMEP Grant Application Section 3-A - Benefits Page 5

4 TRAVEL

IEMA must have travel information on file before any travel expenses can be reimbursed.

CHOOSE ONE OF THE TWO CATEGORIES BELOW:

A. LOCAL GOVERNMENT HAS NO TRAVEL REGULATIONS If this is the case, you will be covered by current State of Illinois travel regulations. Link to State Travel Board Site

B. LOCAL GOVERNMENT HAS TRAVEL REGULATIONS

If this is the case, attach a current copy of your local travel regulations. Failure to do so will cause applicant to be ineligible for travel reimbursement.

IEMA will notify you when they will be accepting the travel regulations.

	R OF STATEMENT (A or B) THAT APPLIES TO YOUR LOCAL GOVERNMENT YOU ENTERED B, PLEASE COMPLETE THE BOXES BELOW.
Local Mileage is	56 cents per mile.
Meals and/or per diem:	\$46.00
Lodging Allowance:	\$70.00

LIST REASONS FOR TRAVEL AND ESTIMATED COSTS

TRAVEL ACTIVITY	AMOUNT	Match Type
Midwest Emergency Preparedness Conference (mileage) 2 people	\$ 470.00	Soft
Midwest Emergency Preparedness Conference (Lodging) 2 people	\$ 420.00	None
Midwest Emergency Preparedness Conference (meals) 2 people	\$ 98.00	None
IESMA Conference mileage (2 people)	\$ 240.00	Soft
IESMA Conference meals (2 people)	\$ 42.00	None
IEMA Conference Hotel (2 people)	\$ 400.00	None
IEMA Conference (mileage-2 people)	\$ 200.00	Soft
IEMA Conference Meals (2 people)	\$ 84.00	None
	\$ 0.00	None

TOTAL TRAVEL EXPENSES:

\$1,954.00

Enter this total on Page 1

FFY 2013 - HMEP Grant Application Section 4 - Travel Page 6

5 BASIC NEEDS

DIRECTIONS: List the items that are necessary and essential for the LEPC basic needs in the following 6 categories. These same criteria of eligible categories apply when evaluating the match opportunities. To determine the value of eligible donated equipment, determine the number of hours that each piece of donated equipment was used and multiply it by the jurisdiction's or FEMA's Equipment Rate, whichever is lower. http://www.fema.gov/pdf/government/grant/pa/eqrates_2010.pdf. The out-of-pocket cost to operate the equipment may be claimed as a donation for credit under this policy unless it is included in a reimbursed equipment rate.

CATEGORY	II	TEM DESCRIPTIONS	AMOUNT	Match T
	Item	Description	Amount	
Γ	1	Carton of paper	\$ 35.00	None
			\$ 0.00	None
OFFICE SUPPLIES			\$ 0.00	None
OFFICE SUFFLIES			\$ 0.00	None
		1	\$ 0.00	None
			\$ 0.00	None
			\$ 0.00	None
PRINTING SERVICES	Item	Description	Amount	\Box
FOR DRILLS, EXERCISES &	1	Printing of Commodity flow study information	\$ 315.00	None
PROJECTS	2	Printing of pre-plans for responders	\$ 315.00	None
	Item	Description	Amount	
DOCTAGE FOR			\$ 0.00	None
POSTAGE FOR DRILLS,			\$ 0.00	None
EXERCISES OR		1	\$ 0.00	None
PROJECTS		1	\$ 0.00	None
TROJECIS			\$ 0.00	None
			\$ 0.00	None
	Item	Description	Amount	
EQUIPMENT			\$ 0.00	None
RENTAL FOR			\$ 0.00	None
DRILLS &			\$ 0.00	None
EXERCISE			\$ 0.00	None
	Item	Description	Amount	1
CONTRACTUAL EXPENSES AND			\$ 0.00	None
EXERCISE			\$ 0.00	None
EXPENSES OTHER			\$ 0.00	None
THAN EQUIPMENT			\$ 0.00	None
RENTAL			\$ 0.00	None
CONFERENCE	Item	Description	Amount	\vdash
REGISTRATION FEES	1	(2) Midwest Emergency Preparedness Conference Registration	\$ 250.00	None
FOR LEPC RELATED		Annual transfer of the second	\$ 0.00	None
PROFESSIONAL TRAINING SESSIONS			\$ 0.00	None
AND OTHER			\$ 0.00	None
CONFERENCES			\$ 0.00	None
	CRANDTO	OTAL OF BASIC NEEDS PAGE 5	\$ 915.00	1

FFY 2013 - HMEP Grant Application Section 5 - Basic Needs Page 8

5-A BASIC NEEDS

DIRECTIONS: List the items that are necessary and essential for the LEPC basic needs in the following 6 categories. These same criteria of eligible categories apply when evaluating the match opportunities. To determine the value of eligible donated equipment, determine the number of hours that each piece of donated equipment was used and multiply it by the jurisdiction's or FEMA's Equipment Rate, whichever is lower. http://www.fema.gov/pdf/government/grant/pa/eqrates_2010.pdf. The out-of-pocket cost to operate the equipment may be claimed as a donation for credit under this policy unless it is included in a reimbursed equipment rate.

CATEGORY	ITEM	DESCRIPTIONS	AMOUNT	Match Ty
	Item	Description	Amount	
	4		\$ 0.00	None
	1	Toner	\$ 35.00	Soft
OFFICE SUPPLIES			\$ 0.00	None
OFFICE SUPPLIES	1		\$ 0.00	None
			\$ 0.00	None
	1		\$ 0.00	None
			\$ 0.00	None
PRINTING SERVICES	Item	Description	Amount	
FOR DRILLS, EXERCISES &	1	LEPC Brochures for outreach	\$ 200.00	None
PROJECTS			\$ 0.00	None
	Item	Description	Amount	
DOCTA OF FOR			\$ 0.00	None
POSTAGE FOR			\$ 0.00	None
DRILLS, EXERCISES OR	1		\$ 0.00	None
PROJECTS	1		\$ 0.00	None
PROJECTS			\$ 0.00	None
1.			\$ 0.00	None
	Item	Description	Amount	
EQUIPMENT			\$ 0.00	None
RENTAL FOR			\$ 0.00	None
DRILLS &	1		\$ 0.00	None
EXERCISE			\$ 0.00	None
COMPAGNIA	Item	Description	Amount	
CONTRACTUAL EXPENSES AND			\$ 0.00	None
EXERCISE	1		\$ 0.00	None
EXPENSES OTHER			\$ 0.00	None
THAN EQUIPMENT			\$ 0.00	None
RENTAL			\$ 0.00	None
CONFERENCE	Item	Description	Amount	
REGISTRATION FEES		•	\$ 0.00	None
FOR LEPC RELATED			\$ 0.00	None
PROFESSIONAL TRAINING SESSIONS			\$ 0.00	None
AND OTHER			\$ 0.00	None
CONFERENCES			\$ 0.00	None
	CDAND TOTAL	OF BASIC NEEDS PAGE 5A	\$ 235.00	

FFY 2013 - HMEP Grant Application Section 5 - Saulo Needs Page 6

5-B BASIC NEEDS

DIRECTIONS: List the items that are necessary and essential for the LEPC basic needs in the following 6 categories. These same criteria of eligible categories apply when evaluating the match opportunities. To determine the value of eligible donated equipment, determine the number of hours that each piece of donated equipment was used and multiply it by the jurisdiction's or FEMA's Equipment Rate, whichever is lower. http://www.fema.gov/pdf/government/grant/pa/eqrates_2010.pdf. The out-of-pocket cost to operate the equipment may be claimed as a donation for credit under this policy unless it is included in a reimbursed equipment rate.

CATEGORY	ITEM I	DESCRIPTIONS	AMOUNT	Match Ty
	Item	Description	Amount	
OFFICE SUPPLIES	1	none	\$ 0.00	None
			\$ 0.00	None
			\$ 0.00	None
OFFICE SUPPLIES			\$ 0.00	None
			\$ 0.00	None
			\$ 0.00	None
			\$ 0.00	None
PRINTING SERVICES	Item	Description	Amount	
FOR DRILLS, EXERCISES &			\$ 0.00	None
PROJECTS			\$ 0.00	None
	Item	Description	Amount	
DOOT LOD FOR			\$ 0.00	None
POSTAGE FOR			\$ 0.00	None
DRILLS, EXERCISES OR			\$ 0.00	None
PROJECTS			\$ 0.00	None
TROJECIS			\$ 0.00	None
			\$ 0.00	None
	Item	Description	Amount	
EQUIPMENT			\$ 0.00	None
RENTAL FOR			\$ 0.00	None
DRILLS &			\$ 0.00	None
EXERCISE	1		\$ 0.00	None
GOVERN COMMAN	Item	Description	Amount	
CONTRACTUAL EXPENSES AND			\$ 0.00	None
EXERCISE			\$ 0.00	None
EXPENSES OTHER			\$ 0.00	None
THAN EQUIPMENT			\$ 0.00	None
RENTAL	1		\$ 0.00	None
CONFERENCE	Item	Description	Amount	
REGISTRATION FEES			\$ 0.00	None
FOR LEPC RELATED			\$ 0.00	None
PROFESSIONAL TRAINING SESSIONS			\$ 0.00	None
AND OTHER			\$ 0.00	None
CONFERENCES			\$ 0.00	None
	GRAND TOTAL	OF BASIC NEEDS PAGE 5A	\$ 0.00	1

FFY 2013 - HMEP Grant Application Section 5 - Basic Needs Page 8

FFY 2013 Hazardous Materials Emergency Preparedness (HMEP) Grant Program

Project Description:

Provide a brief descripton of the proposed project that summarizes the use of the grant award. Please note all workplans must implement a program that meets the requirements of Title III of the Superfund Amendments and Reauthorizations (SARA) and the Illinois Emergency Planning and Community Right to Know Act (IPCRA).

Collect and maintain information from facilities that store and use hazardous chemicals. Update the County Emergency Operations Plan Hazardous Materials Annex. Run a drill to exercise the plan. Update maps showing chemical facilities in the planning district. Develop LEPC operating procedures. Participate in public outreach and first responder activities. Continue to update LEPC website. Respond to requests for information from the public.

FFY 13 Hazardous Materials Emergency Preparedness (HMEP) Grant Program Tasks: Please list tasks for verification of progress on project. Estimated Completion Date Description of Task September 30, 2014 Hold Quarter Meetings with **LEPC Members** Task 1 Attend conferences and trainings September 30, 2014 regarding hazardous materials sessions Task 2 Meet with a sampling of EHS September 30, 2014 facility and railroad representatives Task 3 Begin efforts for a county September 30, 2014 commodity flow study with data collection Task 4 Review and update Tier II data, September 30, 2014 update CAMEO suite with current Tier II data. Incorporate data Task 5 from CAMEO and Tier II data into local Geographic Information System (GIS) programs Review and update local LEPC September 30, 2014 plan as needed Task 6

Federal Funding Accountability and Transparency Act (FFATA)

Disclaimer: The data provided on this sheet will be uploaded into the website by IEMA as required by law.

PLEASE READ BELOW AND ANSWER THE FOLLOWING QUESTIONS:

"Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) be made available to the public via a single, searchable website, which is www.USASpending.gov."

1. Answer the question,

As provided to you by your sub-awardee, in your sub-awardee's business or organization's preceding completed fiscal year, did its business or organization (the legal entity to which the DUNS number it provided belongs) receive (1) 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000.00 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements?"

No

2. Answer the question,

As provided to you by your Sub-awardee, does the public have access to information about the compensation of the executives in the sub-awardee's business or organization (the legal entity to which the DUNS number it provided belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?"

Yes

	EXECUTIVE #1	
First Name:	Last Name:	Compensation Amount:
	EXECUTIVE #2	
First Name:	Last Name:	Compensation Amount:
	EXECUTIVE #3	
First Name:	Last Name:	Compensation Amount:
	EXECUTIVE #4	
First Name:	Last Name:	Compensation Amount:
	EXECUTIVE #5	
First Name:	Last Name:	Compensation Amount:

Submit



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581

ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE MANAGEMENT SERVICES

Debra Busey, County Administrator

MEMORANDUM

TO:

Christoher Alix, Deputy Chair - Finance, and Members of the Committee

of the Whole

FROM: Deb Busey, County Administrator

DATE:

September 3, 2013

RE:

Compensation for Interim Facilities Director

When a current employee serves in the capacity for an interim period while a search is conducted to fill the department head position, it has been the practice of the County Board to determine the salary to be paid to any individual acting as an Interim Department Head on a case by case basis.

At this time, I have asked Kirk Kirkland, Building and Grounds Manager in the Physical Plant, to serve as Interim Facilities Director from September 13th until the new Facilities Director is on board. At this time, we anticipate that date to be no later than December 1st - so this interim period would be for eleven weeks. Kirk has agreed to serve in this interim capacity.

- Kirk Kirkland's current hourly compensation is \$30.86 in his position as Building and Grounds Manager (annual – \$64,189)
- Alan Reinhart's current hourly compensation is \$40.21 (annual \$83,637)
- The salary range minimum for the Facilities Director is \$34.27 (annual \$71,282)

Because Kirk will have to manage the responsibilities of both positions for this 11-week period, I am requesting your consideration of compensating him at the mid-point between his current salary and the salary currently paid to Alan Reinhart - \$35.54/hour. This is just 3.7% above the minimum salary for the Facilities Director position, and results in a temporary 15% increase for Kirk which will increase his salary by \$2,059.20 over an 11week period.

The full impact, including fringe benefits costs, to Kirk is documented in the following table:

(217) 384-3776

WWW.CO.CHAMPAIGN.IL.US

(217) 384-3896 FAX

AFFECTED FUND		Bldg Grounds Manager	Interim Facilities Director	Difference
	Hourly Rate	\$30.86	\$35.54	\$4.68
General Corporate	11 week salary	\$13,578.40	\$15,637.60	\$2,059.20
IMRF	IMRF Contribution	\$1,346.98	\$1,551.25	\$204.27
Social Security	Social Security	\$1,038.75	\$1,196.28	\$157.53
General Corporate	Health Insurance	n/a	n/a	n/a
Self-Funded Insurance	Unemployment	\$664.35	\$664.35	\$0.00
Self-Funded Insurance	Work Comp	\$1,238.35	\$1,426.15	\$187.80
	TOTAL	\$17,866.82	\$20,475.63	\$2,608.80

However, the actual impact in costs to the County is a savings, because we will not be paying the Facilities Director over this 11-week period. The savings is documented below:

AFFECTED FUND		Facilities Director	Interim Facilities Director Pay Upgrade	Difference
	Hourly Rate	\$40.21	\$4.68	-\$35.53
General Corporate	11 week salary	\$17,692.40	\$2,059.20	-\$15,633.20
IMRF	IMRF Contribution	\$1,755.09	\$204.27	-\$1,550.81
Social Security	Social Security	\$1,353.47	\$157.53	-\$1,195.94
General Corporate	Health Insurance	n/a	n/a	n/a
Self-Funded Insurance	Unemployment	\$664.35	\$664.35	\$0.00
Self-Funded Insurance	Work Comp	\$1,613.55	\$187.80	-\$1,425.75
	TOTAL	\$23,078.85	\$3,273.15	-\$19,805.70

RECOMMENDED ACTION:

The Finance Committee of the Whole recommends to the County Board approval of additional compensation for Robert Kirkland while he serves as Interim Facilities Director from September 15, 2013 until the position of Champaign County Facilities Director is filled pursuant to the ongoing Search, shall be established at a 15% increase over his current rate of compensation.

Thank you for your consideration of this request.

RESOLUTION No.

A RESOLUTION ESTABLISHING COMPENSATION for INTERIM FACILITIES DIRECTOR

WHEREAS, pursuant to the retirement of Alan Reinhart, Facilities Director, effective on September 13, 2013, the position of Facilities Director will become vacant; and

WHEREAS, the County Administrator has appointed Robert Kirkland, Building and Grounds Manager, to serve as Interim Facilities Director from September 15, 2013 until the position of Champaign County Facilities Director is filled pursuant to the ongoing Search; and

WHEREAS, the County Administrator recommends to the Finance Committee approval of additional compensation for Robert Kirkland while he serves as Interim Facilities Director from September 15, 2013 until the position of Champaign County Facilities Director is filled pursuant to the ongoing Search, to be established at a 15% increase over his current rate of compensation; and

WHEREAS, the Finance Committee approves the recommendation of the County Administrator and recommends to the County Board approval of additional compensation for Robert Kirkland while he serves as Interim Facilities Director from September 15, 2013 until the position of Champaign County Facilities Director is filled pursuant to the ongoing Search, shall be established at a 15% increase over his current rate of compensation;

NOW, THEREFORE BE IT RESOLVED by the County Board of Champaign County that additional compensation for Robert Kirkland, while he serves as Interim Facilities Director from September 15, 2013 until the position or Champaign County Facilities Director is filled pursuant to the ongoing Search, shall be established at a 15% increase over his current rate of compensation.

	PRESENTED,	PASSED,	APPROVED	and F	RECORDED	this 19th da	y of Septemb	ber,
A.D.	2013.							

ATTEST:	Alan Kurtz, Chair Champaign County Board
Gordy Hulten, County Clerk and Ex-officio Clerk of the County Board	

CHAMPAIGN COUNTY PHYSICAL PLANT

1776 EAST WASHINGTON STREET, URBANA, ILLINOIS 61802-4581

FACILITIES & GROUNDS MANAGEMENT SERVICES

Alan Reinhart, Facilities Director



MEMORANDUM

DATE:

September 3, 2013

TO:

Christopher Alix, Chair - and Members of the County Finance

Committee

FROM:

Stan James, Chair – and Members of the County Facilities Committee

RE:

County Parking Lots - Repair & Maintenance

In an effort to repair three County parking lots which are in poor condition, the Facilities Committee unanimously requested the following action at their meeting on September 3, 2013:

The County Facilities Committee recommends to the Finance Committee that direction be given in the preparation of the FY2014 budget, that \$32,000 be budgeted in the General Corporate Funds as a transfer to the Physical Plant Budget to provide funding for the maintenance and repair of the following County parking lots:

- Brooken Administrative Center north
- METCAD/EMA 1905 E Main St.
- Behind Illini Oil Change 305 E Main St.