

Mayor and Council Work Session December 1, 2015 Agenda

*"A diverse, business-friendly, and sustainable community with clean, safe and strong neighborhoods."
"Providing the most efficient and highest-quality services as the municipal location of choice for all
customers."*

*"We must apply ourselves to our task with the same resolution, the same sense of urgency, the
same spirit of patriotism and sacrifice..." Franklin Delano Roosevelt*

4:00 PM WORK SESSION

- 4:00 PM** 1. Proclamation: World AIDS Day
- 4:05 PM** 2. Recognition of Government Finance Officers Association (GFOA) Award for Budget Preparation
- 4:10 PM** 3. 2016 and 2017 Pavement Preservation Program
- 4:25 PM** 4. Bridge Program
- 4:35 PM** 5. FY15 Comprehensive Annual Financial Report (CAFR)
- 5:10 PM** 6. FY17 Health Care Program
- 5:45 PM** 7. Community Action Council

CITY ADMINISTRATOR'S COMMENTS

MAYOR AND COUNCIL COMMENTS

ADJOURN

**REQUIRED MOTION
MAYOR AND CITY COUNCIL
HAGERSTOWN, MARYLAND**

Topic:

Proclamation: World AIDS Day

Mayor and City Council Action Required:

Discussion:

Financial Impact:

Recommendation:

Motion:

Action Dates:

**REQUIRED MOTION
MAYOR AND CITY COUNCIL
HAGERSTOWN, MARYLAND**

Topic:

Recognition of Government Finance Officers Association (GFOA) Award for Budget Preparation

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**REQUIRED MOTION
MAYOR AND CITY COUNCIL
HAGERSTOWN, MARYLAND**

Topic:

2016 and 2017 Pavement Preservation Program

Mayor and City Council Action Required:

Discussion:

Financial Impact:

Recommendation:

Motion:

Action Dates:

ATTACHMENTS:

File Name

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pp_pt_2_of_2.pdf

Description

2016 & 2017 Pavement
Preservation Program

2016 & 2017 Pavement
Preservation Program



CITY OF HAGERSTOWN, MARYLAND

Department of Parks and Engineering

December 1, 2015

TO: Valerie Means, City Administrator
FROM: Rodney Tissue, City Engineer *RT*
RE: 2016 & 2017 Pavement Preservation Program

1. Background

In November 2014, the Council endorsed a draft 2016 street list for pavement preservation, and now the City must finalize the 2016 street list and begin to establish a list of streets for pavement preservation in 2017. This would allow utilities to budget for and install main replacements as necessary. In addition, property owners who receive curb and sidewalk notices will have approximately 12 months to complete the required work prior to the 2017 pavement preservation work (see section 5 below).

2. Mayor & Council Action Requested

Staff requests that on December 15th the Mayor & Council approve the list of streets proposed for pavement preservation in 2016 and tentatively approve the list of streets for pavement preservation in 2017.

3. Pavement Preservation Program

Earlier this year, we completed a new "pavement condition" survey and the results show that the overall Pavement Condition Index (PCI) of all 115 miles of City street dropped from 77.6 in 2012 to 74.2 in September of 2015. This is primarily due to program funding below the threshold needed to maintain the PCI (estimated at \$1.1 million by our software program). While funding in 2015 was at this minimum threshold, 2013 (\$710,000) and 2014 (\$850,000) were short of this minimum goal due to cuts in State Highway User Revenue.

In both 2016 and 2017, we plan to mill/overlay, slurry seal, crackfill, and complete random patching based on the results of the pavement conditions survey. A big factor in selecting streets is the condition of underground utilities and if the respective utility will upgrade prior to paving. We coordinate with the City utilities and Columbia Gas to assure us that their systems are in good condition in the proposed streets. We are meeting with Columbia Gas soon to discuss these lists.

4. Budget

Based on the attached, we will endeavor to budget \$1,100,000 annually for pavement preservation including all paving, milling, slurry seal, patching, crack filling, and pavement markings. A preliminary budget for FY15 would be as follows:

- \$100,000 in fund balance (CIP 025)
- \$332,764 FY16 Highway User Revenue (per SHA letter)

Page 2

- \$667,236 hopefully in restored of Highway User Revenue

If those funds are not available, we would have to postpone streets to stay within our budget.

5. Curb & Sidewalk Notices

Staff sends about 75 to 100 “Curb & Sidewalk” notices each year. We endeavor to work with property owners given the current economic climate. Unless directed by Mayor & Council to do otherwise, staff will follow the previously established City Code and Council-approved policies to issue Notices to the “2017” streets after the first of the year.

6. Alley Condition Survey

We received the results of a comprehensive alley condition survey earlier this year. The results show that the overall Pavement Condition Index (PCI) of all 35 miles of City maintained alleys is 64.1, significantly lower than our street system. This speaks to the need to replace more deteriorated alleys and increase annual funding for this work to approximately \$250,000 annually hopefully funded by a restoration of Highway User Revenue. We are developing a bond-funded project for the replacement of several alleys based on the survey results and the attached map (“FY 2016 Priority Alleys”) shows which alleys we are planning to replace in 2016.

Staff will be available on Tuesday to discuss our Pavement Preservation Program.

Attachment: * 2016 Pavement Preservation list for approval
 * Proposed 2017 Pavement Preservation list for review
 * Alley maps

c: Jim Bender
 Eric Deike
 Dale Poffenberger
 Dan Poffenberger
 Tim Young
 Mike Spiker

City of Hagerstown Pavement Preservation Program Summer 2016

FINAL – Mill and Overlay Streets

<u>Year Last Resurfaced</u>	<u>Street</u>	<u>Location</u>	<u>Area</u>
1990	Summit Avenue	Memorial Blvd to Washington Street	8,615 sy
1993	West Lee Street	Summit Avenue to Locust Street	4,415 sy
1990	East Avenue	Cannon Avenue to Potomac Street	4,650 sy
1987	Radcliffe Avenue	Cannon Avenue to Tracy's Lane	3,426 sy
1981	West Washington Street	Elgin Boulevard to Washington Square	4,920 sy
1989	Frederick Street	Baltimore Street to Memorial Boulevard	9,500 sy
2006	Frederick Street	Wilson Boulevard to City Line	6,225sy
1980	South Mulberry Street	Washington Street to Elm Street	2,588 sy
1980	East Place	Washington Street to Main Avenue	1,970 sy
1992	West Hillcrest Avenue	Oak Hill Avenue to The Terrace	<u>1,630 sy</u>
TOTAL			47,939 SY

FINAL – Slurry Seal Streets

<u>Street</u>	<u>Location</u>
• Franklin Street	Cleveland Avenue to Willard Street
• Willard Street	Jefferson Boulevard to Dead End
• East Hillcrest Avenue	Mulberry Avenue to View Street
• Bartow Drive	Garland Groh Boulevard to roundabout
• Other Streets to be determined	

Note: Other streets that will receive crack filling treatment and isolated patching.

Last revised 11/25/15

City of Hagerstown Pavement Preservation Program Summer 2017

DRAFT – Mill and Overlay Streets

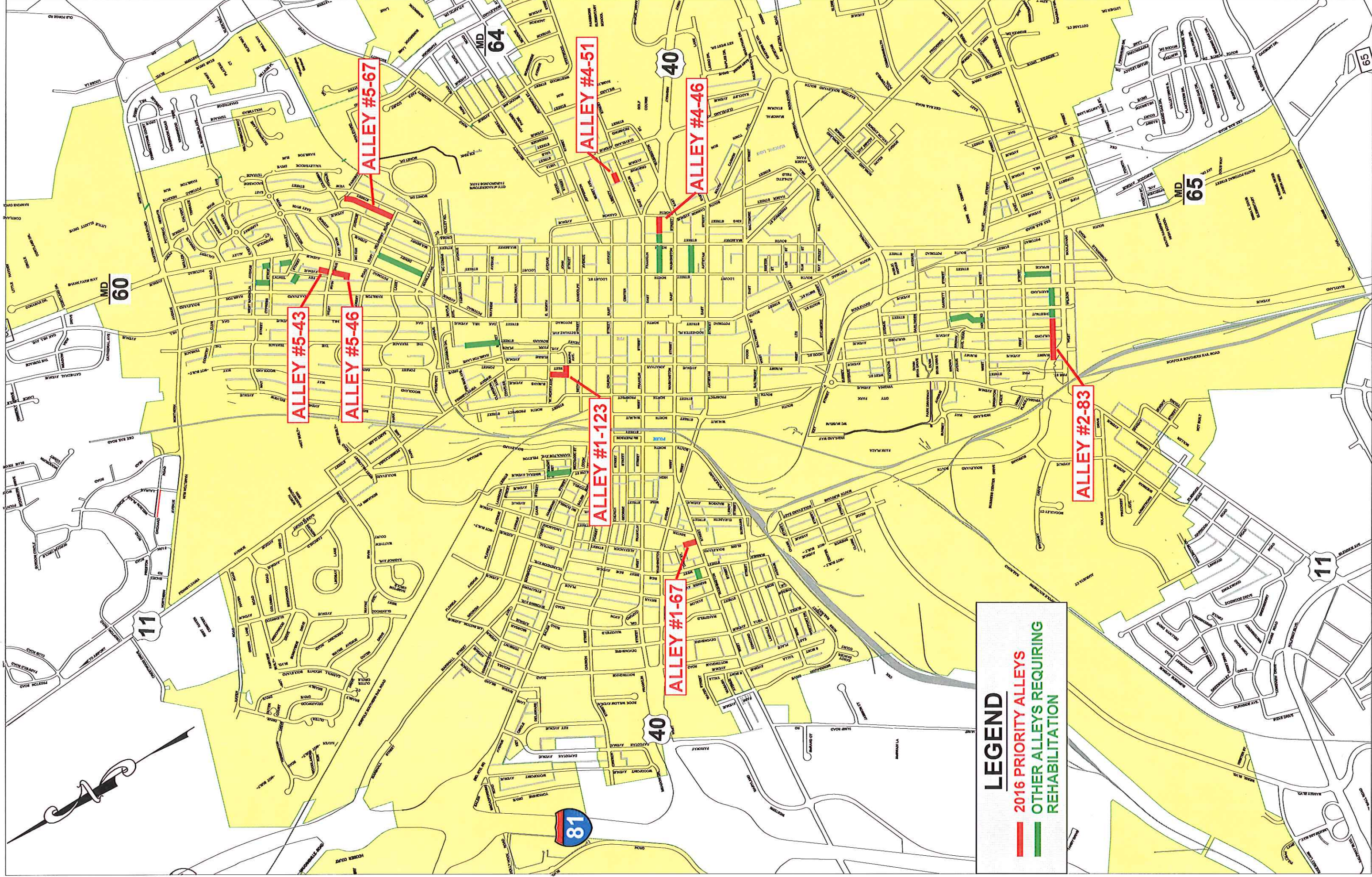
<u>Year Last Resurfaced</u>	<u>Street</u>	<u>Location</u>	<u>Area</u>
2005	Salem Avenue	West Side Avenue to City Limits	16,116 sy
1989	Marshall Street	Strattford Avenue to Rhode Island Avenue	7, 625 sy
1988	Vermont Avenue	Marshall Street to Salem Avenue	2,913 sy
1970	Synder Avenue	Virginia Avenue to Noland Drive	2,045sy
1993	Mill Street	Cannon Avenue to Frederick Street	4,840 sy
1999	Pangborn Boulevard	Mulberry Avenue to Hamilton Run bridge	8,430 sy
1994	West Irvin Avenue	The Terrace to Woodland Way	2,000 sy
1994	Mulberry Avenue	CSXRR to 100'north of McKee Ave	5,490 sy
1983	East Franklin Street	Cleveland Avenue to Cannon Avenue	4,280 sy
1972	Virginia Ave	Virginia Avenue to deadend	3,842 sy
1973	Union Place	Virginia Avenue to Highland Way	<u>635 sy</u>
TOTAL			58, 216 SY

DRAFT – Slurry Seal Streets

- To Be Determined

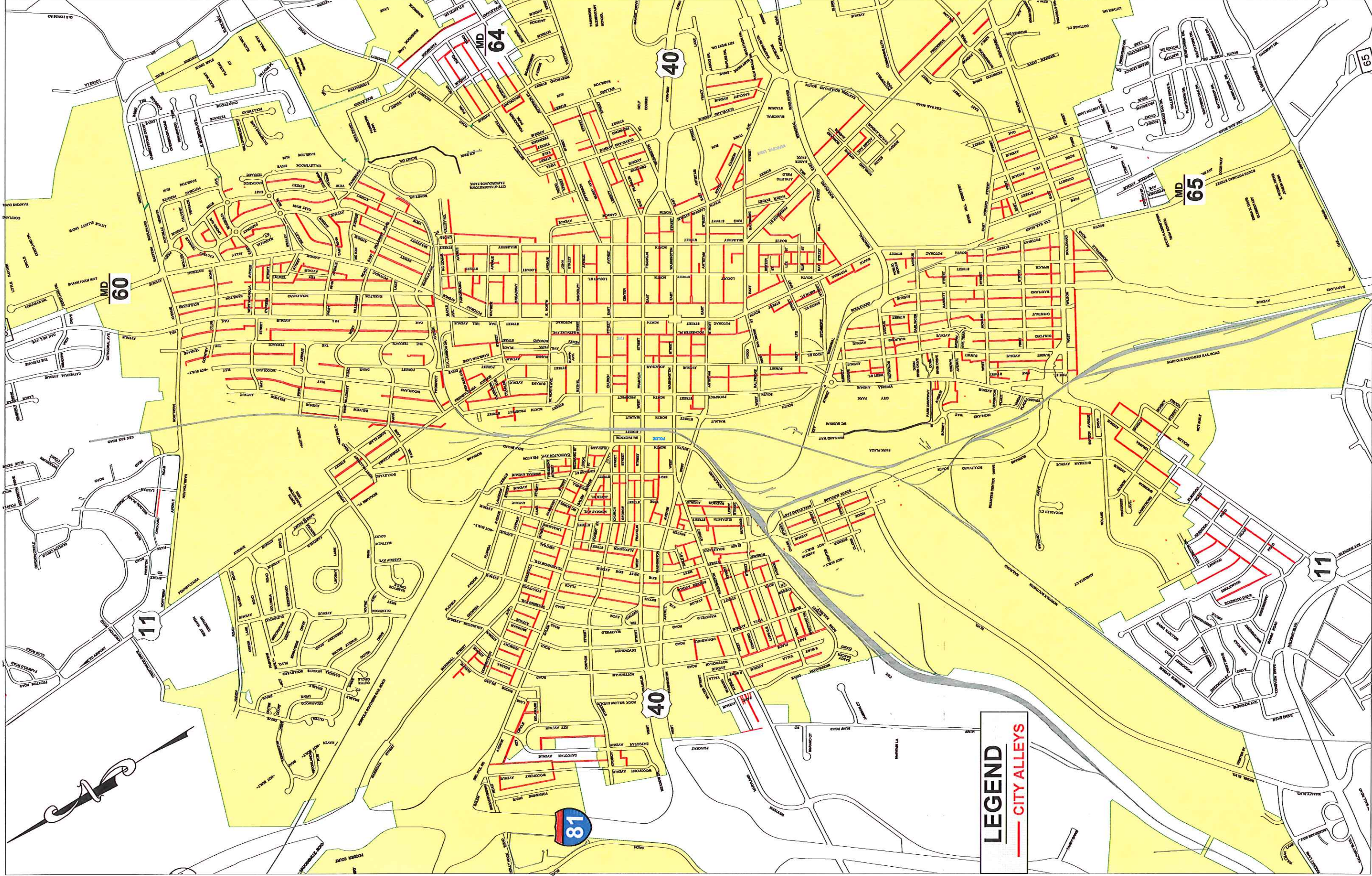
Note: Other streets that will receive crack filling treatment and isolated patching.

Last revised 11/25/15



SCALE: 1"= 1500'

FY 2016 PRIORITY ALLEYS



SCALE: 1"= 1500'

ALLEY LOCATION MAP

**REQUIRED MOTION
MAYOR AND CITY COUNCIL
HAGERSTOWN, MARYLAND**

Topic:

Bridge Program

Mayor and City Council Action Required:

Discussion:

Financial Impact:

Recommendation:

Motion:

Action Dates:

ATTACHMENTS:

File Name

bridge.2015.pdf

bridge.pt_2.pdf

Description

Bridge Program

Bridge Program



CITY OF HAGERSTOWN, MARYLAND

Department of Parks and Engineering

December 1, 2015

TO: Valerie Means, City Administrator
FROM: Rodney Tissue, City Engineer *Ron*
RE: **Bridge Program**

1. Introduction

Per your request, I have provided the following information to update everyone on our bridge maintenance program

2. Mayor and Council Action Requested

None at this time, this is provided for informational purposes. We will be including \$50,000 in the upcoming FY 16/17 CIP budget for minor bridge inspection and another request to repair the wall on South Prospect Street.

3. Discussion

In cooperation with Washington County Engineering staff, we actively monitor the condition of our bridge structures. The bridges are separated into two categories, described below:

- a. **Major Bridges (over 20' spans):** These twelve (12) structures are all in good condition. Most of these structures are inspected every two (2) years, although a couple are inspected annually due to weigh limit restrictions. The next round of inspections is due in 2016. Working with the County staff, we use Federal funds to complete the inspections.

Some current or upcoming CIP projects include:

- \$1.2 million rehabilitation to three bridges on Burhans Boulevard is underway and will strengthen the substructure by making repairs to deteriorated concrete in the supporting columns and other repairs. This project will be completed next summer.
- We recently bid the replacement of "seals" at the expansion joints of several bridges. These seals keep water from deteriorating the structure below. Unfortunately we didn't get any bids so we need to re-evaluate how to get this important work completed.
- There is a significant wall failure on South Prospect Street just north of the Dry Bridge that was exacerbated by a recent vehicle accident. This will be a significant project to replace this stone structure that is about 150-feet long and 6 feet high and supports Prospect Street.

The following is a list of our 12 structures with spans over 20 feet long:

<u>BRIDGE NO.</u>	<u>ROAD</u>	<u>CONVEYS</u>
WH-021	South Burhans Boulevard	NSRR
WH-022	South Burhans Boulevard	NSRR
WH-023	South Burhans Boulevard	NSRR
WH-024	Virginia Avenue	NSRR
WH-025	Wilson Boulevard	Pine Street
WH-031	Prospect Street	Antietam Street
WH-032	Mount Aetna Road	Antietam Creek
WH-033	Eastern Boulevard	Hamilton Run
WH-040	Jefferson Boulevard	Hamilton Run
WH-041	Security Road	Hamilton Run
WH-051	North Burhans Boulevard	NSRR
WH-052	Bartow Drive	Tributary of Conococheague Creek

- b. **Minor Bridges (6' to 20' spans):** These structures are all in good condition and none of them are in the five year CIP for replacement or major rehabilitation. We provide a list of minor deficiencies to Public Works for their staff to address as they have time. These structures are inspected every five (5) years and the next round is due in 2016. There are no Federal funds available for these inspections so we suggest 1) we again "piggyback" on a Washington County inspections contract to realize economies of scale and 2) we budget \$50,000 in CIP 444 so the funding will be available July 1, 2016.

The following is a list of our 17 structures with spans between 6 feet and 20 feet long:

<u>BRIDGE NO.</u>	<u>ROAD</u>	<u>CONVEYS</u>
HAG-01	The Terrace	Hamilton Run
HAG-02	Northern Avenue	Hamilton Run
HAG-03	Oak Hill Avenue	Hamilton Run
HAG-04	Pangborn Boulevard	Hamilton Run
HAG-06	Medway Road	Hamilton Run
HAG-07	Park Circle	Marsh Run
HAG-08	South Potomac Street	Marsh Run
HAG-10	Kenly Avenue	Tributary of Antietam Creek
HAG-11	Memorial Boulevard	Marsh Run
HAG-12	South Cannon Avenue	Town Run
HAG-13	East Antietam Street	Town Run
HAG-14	Frederick Street	Marsh Run
HAG-15	Frederick Street (near sewer plant)	Tributary of Antietam Creek
HAG-16	Hager Park Crossover	Tributary of Conococheague Creek
HAG-18	Tracy's Lane	Hamilton Run
HAG-19	Hagers Crossing Drive	Tributary of Conococheague Creek
HAG-20	Park Circle (culvert #2)	Marsh Run
HAG-21	Eastern Boulevard	Hamilton Run

c. **Storm Drains**

We do not systematically inspect the labyrinth of storm drains in the City. The last formal inspection of the larger tunnels was in 1996. We address issues as they arise.

I would be happy to address any questions on the program at the work session

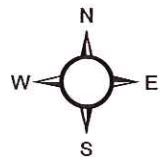
Attachments: * Map of Structures
 RAT:jj
 c: Jim Bender
 Eric Deike
 Michelle Hepburn

HAGERSTOWN MAJOR AND MINOR BRIDGE LOCATIONS

CORPORATE BOUNDARY

MAJOR BRIDGE

MINOR BRIDGE



**REQUIRED MOTION
MAYOR AND CITY COUNCIL
HAGERSTOWN, MARYLAND**

Topic:

FY15 Comprehensive Annual Financial Report (CAFR)

Mayor and City Council Action Required:

Discussion:

Financial Impact:

Recommendation:

Motion:

Action Dates:

ATTACHMENTS:

File Name

CAFR_Presentation_Memo_FY15_12-01-2015.pdf

Description

Memo FY15 CAFR Review



CITY OF HAGERSTOWN, MARYLAND

Michelle Hepburn
Director of Finance
301-739-8577 X160

To: Valerie Means, City Administrator

From: Michelle Hepburn *Michelle Hepburn*

Date: December 1, 2015

Subject: FY15 Comprehensive Annual Financial Report (CAFR)

The Finance Department will be joined by our independent auditing firm, SB & Company, LLC to present the City's audited financial statements for FY15. We will be presenting the FY15 Comprehensive Annual Financial Report (CAFR) to the Mayor and City Council on Tuesday, December 1, 2015. The presentation will provide an overview of the City's financial health at the end of FY15 including:

- Financial analysis
 - General Funds
 - Enterprise Funds
- Factors affecting financial condition and long-term planning
- Budgetary analysis
- SB & Company, LLC's comments and recommendations

The preparation of this report would not have been possible without the dedicated efforts of the entire Finance Department. Special recognition is extended to Rana Rose for the sense of commitment and dedication displayed during the FY15 audit and CAFR preparation.

If you have any questions, please let call me at extension 160.

**REQUIRED MOTION
MAYOR AND CITY COUNCIL
HAGERSTOWN, MARYLAND**

Topic:

FY17 Health Care Program

Mayor and City Council Action Required:

No formal action is requested at this time.

Discussion:

Financial Impact:

Recommendation:

Motion:

Action Dates:

ATTACHMENTS:

File Name

Health_Care_12.1.2015_Work_Session.pdf
CBIZ_Health_PPT_Discussion_12.1.2015.pdf


Description

Packet Memo
Presentation



CITY OF HAGERSTOWN, MARYLAND

TO: Valerie Means, City Administrator

FROM: Karen Paulson, Director of Human Resources 

DATE: November 23, 2015

RE: **FY17 Health Care Program**

Staff is seeking Mayor and Council's direction on the health care program for FY17 in preparation of next year's budget, union contract negotiations, and in staff's work with the Health Care Committee. Rebecca Royal, Senior Employee Benefits Consultant with CBIZ Benefits and Insurances Services will join Mayor, Council in the Work Session on Tuesday, December 1, 2015 to provide an overview of the City's health care plan and discuss upcoming considerations. There is no formal action required of Mayor and Council at this time.

THE ROLE OF CBIZ

CBIZ is the City's benefits consultant and has worked with the City since 2007. Becky meets regularly with the City's Healthcare Committee to review plan performance, identify trends, project future performance, monitor legal compliance, review recommendations, and discuss any pertinent issues involving the plans.

STRUCTURE OF THE CITY'S PLANS

The City's health insurance plans are self-insured, meaning the City pays claims as they are incurred. The very nature of a self-insured program means there can be significant year to year fluctuations in expenses. CBIZ works with City staff to develop expense projections for the current and upcoming year. Factors considered are claims history, national trends, and legislative impact such as the Affordable Care Act (ACA). The budgeted health plan costs for the year are placed in the Healthcare Fund. Claim expenses are paid from the Healthcare Fund weekly.

The City has two health insurance plan options for eligible employees and their dependents. Both plans were offered to employees beginning 7/1/09.

1. The "Plus Plan" is a high-deductible plan with an accompanying Health Savings Account that the City funds annually with \$500 for single coverage, \$750 for employee plus 1, or \$1,000 for family. The employee may elect to fund the account with pre-tax contributions.

2. The majority of employees elect the City's "Level Plan" which provides a very generous benefit, oftentimes providing in-network coverage at 100% after a small \$100 deductible or \$20 co-pay is satisfied. The Level Plan will be the focus of the discussion for the Work Session.

The City also offers 80/20 Plan coverage for retirees and their dependent(s) who are pre-Medicare eligible, and two coverage options for Medicare eligible retirees and their Spouse.

FINANCIAL CONSIDERATIONS & THE AFFORDABLE CARE ACT

The City has absorbed increases in the cost of the health care program and has maintained the structure of the Level Plan. Since inception of the current plans, there was one increase in employee-only premium in 2010. There have been no other increases in premiums since 2009. There is also a provision in all four union contracts that states any increase in premium cannot reduce an employee's net pay. This in effect requires the City to increase employee pay to subsequently increase employee premiums.

Several provisions of the Affordable Care Act, including the impending 2018 excise tax also known as the "Cadillac Tax", require employers to take action now. Waiting to see if a last minute appeal or change of the ACA occurs is not advised as we would already be in the measurement period for the more impactful provisions. As such, many employers with plans who are likely to be impacted by the excise tax are making changes to their medical plans in preparation of this impact.

ROLE OF THE HEALTHCARE COMMITTEE

The Healthcare Committee reviews the plan performance and discusses matters that could have an impact to the plan or the healthcare fund. Due to union contract language, the committee has to vote to recommend any changes to the plans to Mayor and Council. This union contract language limits Mayor and Council's authority to make changes to the health care plan. In all four union contracts, there is language that states the Health Care Committee must first approve through a vote of 3 of the 5 employee groups any change to Health Care before proposed changes are submitted for final approval by the Mayor and Council. The healthcare committee consists of the following members:

Karen Paulson, Director of Human Resources (non-voting member)
Michelle Hepburn, Director of Finance (non-voting member)
Susan Delauter, HR Administrator (non-voting member)
Boyd "Chip" Cook, AFSCME 1540 Representative
Michael Hanlon, AFSCME 1540 Representative
Deanna Pelton, IAFF 1605 Representative
Brian Henry, IAFF 1605 Representative
Tom Bartles, AFSCME 3373 Representative
Tom Kelley, AFSCME 3373 Representative
Tom Brown, IBEW Representative
Cindy Eichelberger, Non-Union Representative

Steve Ryan, Non-Union Representative
Bill Thompson and Bob Frick, Medicare Eligible Retiree Representatives
Ray Foltz, Under 65 Retiree Representative

No action is required of Mayor and Council at this time. Staff appreciates the opportunity to provide an update to our plans as we approach preparations for the FY17 budget.



Health Care Review

December 1, 2015



COH Employee Medical/Rx Premium History

Weekly Employee Medical Premiums

Level Medical	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2014-15 Employer	2015-16	2015-16 Employer
Employee	3.52	3.52	23.45	23.45	23.45	23.45	23.45	124.32	23.45	129.46
Employee + 1	65.49	65.49	65.49	65.49	65.49	65.49	65.49	238.45	65.49	249.03
Family	109.47	109.47	109.47	109.47	109.47	109.47	109.47	305.30	109.47	319.74

Plus Medical	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2014-15 Employer	2015-16	2015-16 Employer
Employee	2.62	2.62	2.62	2.62	2.62	2.62	2.62	113.13	2.62	117.16
Employee + 1	46.37	46.37	46.37	46.37	46.37	46.37	46.37	185.15	46.37	193.21
Family	74.50	74.50	74.50	74.50	74.50	74.50	74.50	231.45	74.50	242.10

Total Health Plan Costs – Three Years

Active Employees and Retirees

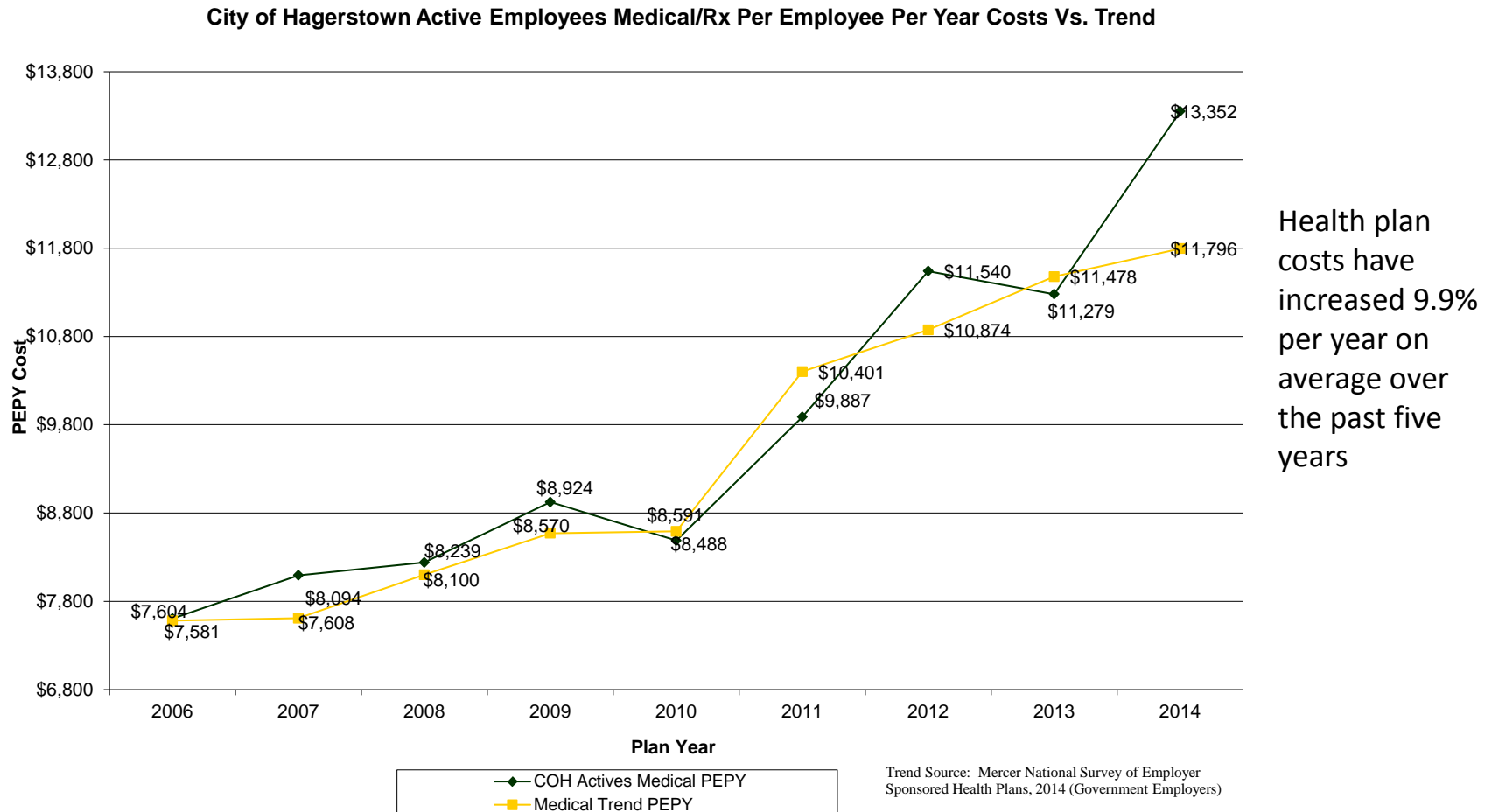
July 2014 - June 2015	Total PPO/Rx
Total Claims Paid (net of stop loss and other refunds)	\$5,751,816
Administrative Fees + Stop Loss Premium	\$551,513
Total Cost (Claims + Fixed Costs)	\$6,303,329
Fixed Costs as a % of Total Cost	8.7%
Average Enrollment	663
Total Cost Per Employee Per Year	\$9,507
Increase from Prior Year	12.6%

July 2013 - June 2014	Total PPO/Rx
Total Claims Paid (net of stop loss and other refunds)	\$5,015,124
Administrative Fees + Stop Loss Premium	\$566,091
Total Cost (Claims + Fixed Costs)	\$5,581,215
Fixed Costs as a % of Total Cost	10.1%
Average Enrollment	661
Total Cost Per Employee Per Year	\$8,444
Increase from Prior Year	-4.3%

July 2012 - June 2013	Total PPO/Rx
Total Claims Paid (net of stop loss and other refunds)	\$5,272,305
Administrative Fees + Stop Loss Premium	\$523,448
Total Cost (Claims + Fixed Costs)	\$5,795,753
Fixed Costs as a % of Total Cost	9.0%
Average Enrollment	657
Total Cost Per Employee Per Year	\$8,822
Increase from Prior Year	12.7%

Health Plan Costs – Active Employees

- ❑ The health plan cost per active employee increased significantly after a drop in costs in 2013



Long-Term Cost Projections

- If no plan design or employee/retiree contribution changes are made

	Jul14 - Jun 15	Jul15 - Jun16	Jul16 - Jun 17	Jul 17-Jun18	Jul18-Jun19	Jul19-Jun20	Jul20-Jun21
	Actual	Projected	Projected	Projected	Projected	Projected	Projected
Active Employees Health Plan Costs	\$4,995,056	\$5,423,524	\$5,919,557	\$6,393,121	\$6,904,571	\$7,456,937	\$8,053,492
Retiree Health Plan Costs	\$1,447,690	\$1,563,505	\$1,688,586	\$1,823,672	\$1,969,566	\$2,127,132	\$2,297,302
City's Contributions to Retiree HRAs	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000	\$288,000
Waiver Credits	\$72,800	\$72,800	\$72,800	\$72,800	\$72,800	\$72,800	\$72,800
Estimated Excise Tax	\$0	\$0	\$0	\$0	\$0	\$56,000	\$162,000
Total Costs	\$6,803,546	\$7,347,830	\$7,968,942	\$8,577,594	\$9,234,937	\$10,000,868	\$10,873,594
Less Employee Contributions	(\$1,120,026)	(\$1,120,026)	(\$1,120,026)	(\$1,120,026)	(\$1,120,026)	(\$1,120,026)	(\$1,120,026)
Less Retiree Contributions	(\$195,217)	(\$195,217)	(\$195,217)	(\$195,217)	(\$195,217)	(\$195,217)	(\$195,217)
Net Cost to City	\$5,488,303	\$6,032,587	\$6,653,699	\$7,262,351	\$7,919,694	\$8,685,625	\$9,558,351
Annual Increased Cost to City (\$)		\$544,284	\$621,113	\$608,651	\$657,344	\$765,931	\$872,725
Increased Cost to City (%)		9.9%	10.3%	9.1%	9.1%	9.7%	10.0%

Assumes no changes to employee/retiree contributions

Assumes that the excise tax on high cost health plans impacts the City in 2020

Potential Level Plan Changes

- Changes to the deductible, out-of-pocket maximum, coinsurance, and office visit copays can provide plan savings

	Current Benefits		Alternative 1		Alternative 2		Alternative 3	
	Level Plan		Level Plan		Level Plan		Level Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$100/\$250	\$250/\$750	\$250/\$625	\$500/\$1,500	\$500/\$1,250	\$750/\$2,250	\$1,000/\$2,500	\$1,500/\$4,500
Out-of-Pocket Maximum	\$1,250/\$2,500	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,500/\$5,000	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance	100%	70%	90%	70%	90%	70%	80%	60%
Office Visits	\$20 copay	70%	\$ 25 copay	70%	\$ 25 copay	70%	\$30 copay	60%
Rx	Retail 30 days -		Retail 30 days -		Retail 30 days -		Retail 30 days -	
	\$6/30/45		\$6/30/45		\$6/30/45		\$6/30/45	
	Retail 90 days -		Retail 90 days -		Retail 90 days -		Retail 90 days -	
	\$18/90/135		\$18/90/135		\$18/90/135		\$18/90/135	
	Mail 90 days -		Mail 90 days -		Mail 90 days -		Mail 90 days -	
	\$9/45/66		\$9/45/66		\$9/45/66		\$9/45/66	
Estimated Savings			(\$167,750)		(\$230,320)		(\$371,250)	
Eliminate Waiver Credit			(\$78,000)		(\$78,000)		(\$78,000)	
Total Possible Savings			(\$245,750)		(\$308,320)		(\$449,250)	

Itemization of Various Plan Changes

(and estimated savings)

Possible Plan Savings Options	Estimated Savings
<u>Increase Deductibles</u>	
Increase deductible from \$100/\$250 to \$150/\$375	(\$15,000)
Increase deductible from \$100/\$250 to \$250/\$625	(\$35,000)
Increase deductible from \$100/\$250 to \$500/\$1,250	(\$75,000)
Increase deductible from \$100/\$250 to \$1,000/\$2,500	(\$125,000)
<u>Reduce In-Network Coinsurance</u>	
Change in-network coinsurance from 100% to 90%	(\$75,000)
Change in-network coinsurance from 100% to 80%	(\$150,000)
<u>Increase Out-of-Pocket Maximum (in conjunction with a coinsurance change)</u>	
Increase out-of-pocket maximum to \$1,500/\$3,000	(\$37,000)
Increase out-of-pocket maximum to \$2,000/\$4,000	(\$64,750)
<u>Increase Office Visit Copays</u>	
Increase Office Visit Copay from \$20 to \$25	(\$15,750)
Increase Office Visit Copay from \$20 to \$30	(\$31,500)
Eliminate Level Plan and Only Offer Plus Plan	(\$360,000)
Eliminate Waiver Credit	(\$78,000)
Cut Waiver Credit in Half (\$10 / week)	(\$39,000)

Future Healthcare Considerations

- Projected annual increases range from 9 – 10%
- Need to consider modifying plan design in preparation for 2018 excise tax
- Employees/retirees pay 8.9% of claim costs through deductibles, copays, and coinsurance
- Increase focus on wellness/prevention to address chronic condition claim costs
- Eliminate waiver credit
 - No longer prevalent practice
 - May impact affordability requirement under the ACA

**REQUIRED MOTION
MAYOR AND CITY COUNCIL
HAGERSTOWN, MARYLAND**

Topic:

Community Action Council

Mayor and City Council Action Required:

Discussion:

Financial Impact:

Recommendation:

Motion:

Action Dates:

ATTACHMENTS:

File Name

CAC_Board.pdf

CAC_Board_Description.pdf

Description

Memo

Program Details



CITY OF HAGERSTOWN, MARYLAND

Donna K. Spickler
City Clerk

TO: Valerie Means, City Administrator
FROM: Donna Spickler, City Clerk *DS*
SUBJECT: Community Action Council
DATE: November 25, 2015

Geordie Newman, Community Action Council (CAC) Executive Director, will be present at the December 1, 2015 Work Session.

Mr. Newman will be providing information about the CAC's Permanent Supportive Housing program. A copy of the program highlights is attached.

Please let me know if you have any questions.

Thank you.

Washington Community Action Council, Inc. Program Highlight:

Permanent Supportive Housing

What is it?

- The US Department of Housing and Urban Development (HUD) provides Continuum of Care (CoC) grant funding to local communities to support efforts to quickly rehouse homeless individuals and families
 - **One type of program funded by HUD CoC dollars is Permanent Supportive Housing (PSH),** which provides long-term, affordable housing options combined with supportive case management services to disabled individuals or families exiting homelessness
 - PSH is a nationwide program

Who is in the PSH?

- All applicants for this program were previously homeless and have a disability
- Applicant must be single and at least 18 years of age
- Resident of Washington County:
 - If they have income they must be a resident for 30 days,
 - If no income 6 months
- Requirements:
 - Be able to pass criminal background check
 - Follow program regulations- violations will result in dismissal from PSH
- None of the participants have transportation, HUD requires the housing be located on a bus route

A program in transition

- Between 2003 and 2015, the Washington County Community Action Council, Inc. (CAC) received HUD CoC funding to support 48 individual units
 - These units provided basic accommodations for individuals with disabilities exiting homelessness
 - Clients in the program were housed in rooms at the Dagmar Hotel and provided case management services by CAC staff
- During the final quarter of 2015 and in 2016, there will be significant changes to this program
 - Starting November 24, 2015:
 - The program will decrease the number of units supported, dropping from 48 units to 33 units of housing
 - Potomac Case Management Services, Inc. (PCMS) will assume case management duties of the PSH clients
 - All PSH clients will be moved from the Dagmar Hotel to 101-105 East Washington Street
 - During 2016:
 - CAC will work with PCMS to transfer the federal CoC grant for the PSH program to PCMS, a process that can take several months
 - CAC will provide PCMS technical assistance in the administration of these federal grant dollars
 - Future (very near future) Goal of CAC:
 - Acquire appropriate building in a location that is conducive to the program.
 - PCM will offer case management service, CAC will function as the landlord

Shelter Recurrence

Basic Occurrence and Outcome Information

Date Range: 1/1/09 - 6/30/15

Outcomes	Occurrences
No shelter recurrence after entering or exiting	176
Shelter recurrence after entering or exiting	25
Total number of occurrences	201

Occurrence completion	Occurrences
Incomplete occurrence (has not yet exited program)	37
Completed occurrence (exited program)	164
Total number of occurrences	201

Information Summary
176 of 201 (87.56%) occurrences have no shelter recurrence after entering or exiting a program (are positive).
25 of 201 (12.44%) occurrences have shelter recurrence after entering or exiting a program (are negative).
37 of 201 (18.41%) occurrences have clients who have not yet exited the program.
164 of 201 (81.59%) occurrences have clients who have exited the program.

Whether or not a client has a(n) shelter service transaction post-entry is calculated and therefore no occurrences are missing due to indeterminacy.

SUPPORTIVE HOUSING PROGRAM

CRITERIA AND APPLICATION REQUIREMENTS

Effective June 1, 2012

1 ==> Applicant Must Be Single and At Least 18 Years of Age

With Income:

Proof of 30 Days of Wash.Co. Residency (excluding incarceration time)

such as: A valid official local I.D. covering the required period;
or Official Mail received at a local address covering the required period;
2 ==> AND See number 5 below for examples of proof of income.

Without Income:

Proof of Six (6) months of Wash.Co. Residency (excluding incarceration time)

such as: See examples of proof above.

Evidence of Qualifying Disability and Ongoing Treatment

Completed CAC Disability Certification Form;

3 ==> AND In the event of mental health diagnosis, a copy of psychological evaluation;

AND Documentation of ongoing, successful treatment of disability(ies) and full compliance with a routine appointment and medication regimen.

AND In the event of substance abuse history, documentation of appropriate treatment.

Evidence of Homelessness

4 ==> Eviction/Lockout Notice
or Homeless Shelter Letter

AND Housing Authority Application Number (if application was made for Sect. 8/Public Housing).

Income Information

5 ==> such as: Pay stubs for the last 30 days;
or A completed CAC Wage Verification Form;
or TDAP Award Letter or Social Security Award Letter;
or Evidence of application for TDAP and/or Social Security benefits.

Supportive Housing Program Application and Dagmar Entry Authorization

6 ==> Completed Supportive Housing Application

AND CAC will have Applicant sign a Dagmar Entry Authorization form and submit it to Dagmar to obtain its approval for Applicant entry if Applicant otherwise qualifies.

Passage of Criminal & Landlord Background Checks

7 ==> Criminal background and references from previous landlords will be considered.

8 ==> Valid Photo I.D. AND Social Security Card

Supportive Housing Program Application

Effective December 18, 2011

Your Name: _____ Phone: _____ Birthdate: _____
Closest Family Member: _____ Relation: _____
Their Address: _____ Their Phone: _____

Do you have a Social Security Card? ☐ yes ☐ no Social Security Number: _____
Do you have a Photo I.D.? ☐ yes ☐ no Issued by: _____ Date of Issue: _____
Your Address on the I.D.: _____
How long have you resided in Washington County? _____
List your income and source(s): _____
What is your marital status? _____
What is the highest year of school you attended? _____
Are you a veteran? _____
Do you receive food stamps? _____ If so, how much each month? _____
Do you have a food bank card? _____ If so, what is the expiration date? _____
Are you homeless? _____ If so, why did you become homeless? _____
If so, how many times have you been homeless in the last 3 years? _____
If so, give the zip code of your last address prior to becoming homeless: _____
Where did you spend last night? _____
Section 8 Wait List _____ Public Housing Wait List _____

List any disability(ies) you may have: _____

Describe any seizures you experience: _____

List provider(s) of any medical treatment you receive: _____

List any special needs accommodations: _____

If you require assistance with routine life activities, explain: _____

Do you have medical insurance? _____ If so, what kind? _____

If you have a mental health diagnosis, answer the following three questions:

1) Have you ever thought about or attempted suicide? _____ If so, most recent occurrence: _____

Describe: _____

2) If ever hospitalized for mental health reasons, when was most recent occurrence? _____

3) Where hospitalized? _____ Result: _____

If you are pregnant, what is the expected due date? _____

Do you now, or have you ever had, any substance abuse issues? _____

If so, describe: _____

When was the last time you used? _____

List any treatment programs: _____

Have you been convicted of any criminal activity in the past three years? ☐ Yes ☐ No

If so, explain: _____

Are you awaiting trial on any charges? ☐ Yes ☐ No If so, explain: _____

Have you ever lived at or visited anyone that lives at the Dagmar Hotel? ☐ Yes ☐ No

If so, when? _____

To your knowledge, are you on Dagmar's "barred list"? ☐ Yes ☐ No

Customer Signature: _____

Date: _____

APPLICANT QUESTIONNAIRE

Name: _____

1) Give your own definition of your disability: _____

2) Describe how you became homeless (and if more than once, list them): _____

3) List any doctors or therapists you are working with: _____

4) List any Agencies you are working with now: _____

5) List 3 immediate Goals that you have 2 future Goals:

1 (immediate) _____

2 (immediate) _____

3 (immediate) _____

4 (future) _____

5 (future) _____

6) List any Income you have and where you get it: _____

7) If you are seeking income, describe what it is and your efforts to get it: _____

8) If you have applied for Social Security Benefits, where are you in that process? _____

9) How would you spend your time if you are accepted into the Supportive Housing Program?

10) List any hobbies you had, have, or wish you could develop: _____

MEDICAL / DISABILITY CERTIFICATION

(To Be Completed By A Licensed Qualified Medical Professional)

Effective March 1, 2011

The Community Action Council, Inc. (CAC) requires certification of disability and ongoing treatment to accompany application for participation in its Supportive Housing Program, which provides single-occupancy housing at the Dagmar Hotel, Hagerstown, MD.

This form must be completed by a licensed, qualified medical professional certifying a disability. In addition, the applicant must provide official documentation of ongoing treatment at the time of application submission.

This Certification and accompanying ongoing treatment information will be used to determine medical qualification. They will be used, together with all other Program qualification factors, to determine the ability of the Program to meet the needs of the of the applicant, as well as, the applicant's suitability for residency in the Hotel environment.

CAC reserves the right to disqualify an individual that it determines is either inappropriate for the Program or whose needs may not be adequately met by the Program.

Guidance Note to Licensed Medical Professional

The Supportive Housing Program targets individuals with valid, qualifying disabilities. When certifying this individual, note that to qualify for consideration, the Applicant must be considered to have or meet one or more of the following conditions:

- 1) a physical, mental, or emotional impairment of long-term duration, impeding the ability to live independently;
- 2) a developmental disability;
- 3) AIDS or conditions arising from its etiological effects;
- 4) be considered disabled under Section 223 of the Social Security Act.

If the Applicant suffers from a mental or emotional illness, a copy of the most current psychological evaluation MUST be attached. Certain such diagnoses may require closer qualification scrutiny to determine whether or not the Program can adequately meet the needs of the Applicant.

Ongoing treatment of the disability(ies) is an eligibility requirement. If you are the treatment provider as well, please provide as much documentation as possible of that treatment, including any medication regimen. It is important that treatment be ongoing and the applicant be fully compliant.

Applicant's Name: _____

Birthdate: _____

Social Security #: _____

Telephone/Contact: _____

**Please Supply DSM Diagnosis Code, Description, & Duration of Disability(ies) Below
AND ATTACH PSYCH EVAL IF THERE IS ANY MENTAL HEALTH DIAGNOSIS**

<u>DSM DIAGNOSIS CODE</u>	<u>DESCRIPTION OF DISABILITY</u>	<u>DURATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is Applicant Receiving Ongoing Treatment for the Disability(ies)? _____

If so, what is the Treatment and Where is it being obtained? (see note below) _____

NOTE: If you are providing treatment of Applicant's disability, details/records of the treatment must be included with this application.

Date of First Treatment: _____ Date of Last Treatment: _____

How often does the Applicant receive Treatment? _____

Has Applicant been compliant with all Treatment requirements? _____

MEDICAL / DISABILITY CERTIFICATION (continued)

Applicant's Name: _____

Are you Applicant's Regular Physician/Therapist? _____

If not, Give Name, Address and Phone of Applicant's Regular Physician/Therapist:

Is the Applicant currently working with any Mental Health Providers? _____

If so, please indicate agency name(s): _____

Do you believe the applicant is capable of caring for him/herself? _____

If the Applicant is pregnant, please indicate expected due date: _____

If Applicant experiences seizures, indicate nature and if controlled by medication(s): _____

If Applicant has any history of substance abuse, describe here: _____

If history exists, circle whether Applicant is currently USING or IN RECOVERY

List any addiction rehab program(s) completed by the Applicant: _____

List any Prescribed Medications, Dosage, and Purpose Applicant is taking:

<u>Name of Medication</u>	<u>Dosage</u>	<u>Purpose of the Medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is Applicant compliant with all Prescribed Medications? _____

If Diagnosis is Mental Illness, is Applicant a danger to self or others? _____

Has the Applicant ever attempted suicide? If so, when? _____

Has the Applicant been hospitalized for Mental Health reasons? _____

If so, where and when? _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

Organization: _____ License: _____

Address: _____ Phone: _____

NOTE!

PROVIDE A RECENT
PSYCHOLOGICAL
EVALUATION

IF THERE IS ANY MENTAL HEALTH DIAGNOSIS

IF PREFERRED, THE MEDICAL/DISABILITY CERTIFICATION FORM AND THE
PSYCHOLOGICAL EVALUATION MAY BE FAXED TO KEITH GODWIN AT CAC
FAX # 301-791-9062

ADDICTION RECOVERY CERTIFICATION

(To Be Completed By A Licensed Qualified Counselling or Medical Professional)
Effective September 1, 2012

The Community Action Council, Inc. (CAC) requires certification of addictions recovery and treatment to accompany application for participation in its Supportive Housing Program, which provides single-occupancy housing at the Dagmar Hotel, Hagerstown, MD.

Applicant's Name: _____

Birthdate: _____

Social Security # _____

Telephone/Contact _____

Only if Applicant is currently or has been housed by your agency, complete the next line:

Name of housing agency _____ Dates of stay: _____

From what type(s) of addiction is the Applicant recovering? _____

When did the Applicant first contact you for treatment? _____

Has the Applicant been fully compliant with treatment? _____

How long has the Applicant abstained from substance abuse? _____

Provide (anticipated) treatment completion date: _____

Does the Applicant suffer from any associated physical or mental conditions? _____

If yes, please list: _____

Is the Applicant currently working with any Mental Health Providers? _____

If so, list: _____

Does the Applicant take medications for either the addiction recovery or any associated physical or mental condition? _____ If so, list them below: (use back if necessary)

<u>Name of Medication</u>	<u>Dosage</u>	<u>Purpose of the Medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is Applicant compliant with all Prescribed Medications? _____

Do you believe that the Applicant may be a danger to self or others? _____

Has the Applicant ever attempted suicide? If so, when? _____

Has the Applicant been hospitalized for reasons associated with addiction? _____

If so, where and when? _____

Print Name: _____

Date: _____

Signature: _____

Title: _____

Agency Name: _____

License: _____

Address: _____

Telephone: _____

City, State, Zip: _____

WASHINGTON COUNTY COMMUNITY ACTION COUNCIL, INC.

SUPPORTIVE HOUSING PROGRAM RULES

If you are accepted into the Program, you would be required to abide by all of the following Rules. You should review them and be prepared to discuss any questions you may have when you return the required documents.

If accepted, I would agree:

- To actively participate in case management, keep all appointments, and make progress in my life situation;
- To adhere to all requirements set forth in my Case Management Agreement and Action Plan;
- To follow up on any referrals for additional services made by my case manager;
- To pay my Rent and Maintenance Reserve by Money Order no later than the 5th of each month at Dagmar;
- To report any income or change in my income to my case manager as soon as it occurs;
- To report my absence from the Hotel to my case manager if it exceeds two (2) days;
- To inform the Front Desk and my case manager if I don't leave my room for two (2) or more days;
- To not have any visitors or visit any Hotel or College Hall rooms between 11:00 p.m. - 6:00 a.m.;
- To not be on any floors of the Hotel or College Hall other than my own between 11:00 p.m. - 6:00 a.m.;
- To not allow my guests to visit rooms other than mine unless they are signed into them properly;
- To accept full responsibility for my guests' behavior (if guest(s) misbehave(s), I am held responsible);
- To not permit my guests to use the bed or shower in my room;
- To not leave my guests in my room unattended at any time;
- To maintain good personal hygiene and routinely launder clothing, bedding, and towels;
- To maintain good housekeeping and not clutter my floor or room with excess belongings;
- To not damage any Hotel or CAC property;
- To immediately report minor problems or issues with my room to my Case Manager;
- To IMMEDIATELY report discovery of cockroaches or bedbugs, or any urgent maintenance items such as water leaks, electrical malfunctions, etc. to Hotel Front Desk then later to my Case Manager;
- To request permission at the Front Desk to bring appliances or additional furniture into my room;
- To not remove any Hotel/CAC furniture from my room or bring any furniture from another room into mine;
- To not use my room for any business purpose or otherwise carry on any undocumented for-profit business;
- To allow uninhibited access to my room for purposes of inspection, housekeeping, and/or maintenance;
- To not use any open-burner cooking devices, and to keep any other appliances clean and grease-free;
- To not use t.v. cable without first paying for it at the Front Desk;
- To keep t.v., radio, & gaming equipment volume low and not produce loud noise or disturb neighbors;
- To dispose of garbage each day in proper trash receptacles in the kitchen;
- To use only the kitchen on my floor and leave it in clean and orderly condition when done;
- To not have or store another person's personal property in my room;
- To not have any animals or pets in my room;
- To not disconnect the smoke detector in my room;
- To not loiter in the hotel lobby, at the front desk, or outside the building;
- To not engage in or promote illegal drug, fraudulent, or criminal activity of any kind - on or off Hotel premises;
- To not possess weapons, or items that can be construed as weapons, of any kind - on or off Hotel premises;
- To not engage in loaning, borrowing, or soliciting money, food, drink, or cigarettes with other hotel residents;
- To not consume alcohol if it is prohibited under the Case Management Action Plan that I signed; otherwise consumption must be limited to my room and not cause a nuisance;
- To not display threatening, violent, or disrespectful conduct towards residents or Hotel/CAC staff;
- To report any important incidents which occur inside or outside the Hotel to my case manager;
- To not remove any Hotel or CAC property from my room upon leaving the Program;
- To give written permission to my case manager for a specified individual to remove my property from my room within two weeks if I abandon my room due to incarceration or any other reason. Otherwise, my property is subject to disposal.

I understand all of the above Program Rules. Signed: _____

Potomac Case Management Systems, INC
Continuum of Care
Permanent Supported Housing Program
Participant Agreement

By choosing to participate in the Potomac Case Management Services, Inc. Permanent Supported Housing Program I agree to the following:

- Participate in supportive services and keep all scheduled appointments and make progress toward my Action Plan
- Meeting with Service Linked Housing Services Case Manager a minimum of 1x per month in my home
- Participate in developing and implementing my treatment plan.
- Pay my rent by the 5th of each month
- Report any changes in Income to my Case Manager within 2 days of the change
- Inform my case manager if I intend to be away from the residence for longer than 48 hours at one time
- Keep my unit clean and in good repair
- To participate in all scheduled house meetings unless obtaining prior approval from my case manager to be absent
- Agree to obtain approval for visitors including family members and fully accept responsibility for my approved guests behavior, visiting hours for approved guests will be 9a-9p daily, no overnight guests are permitted
- Agree not to leave guests unattended in unit at anytime
- To request permission from Potomac Case Management Services, Inc. before bringing any additional appliances or furniture into the unit

- Not to use the unit for business purpose or otherwise carry on any undocumentatble for profit business
- Agree to all access to my room for the purpose of inspection, housekeeping, and/or maintenance
- Agree to leave kitchen in an orderly manner when I am finished with it and to use only my food when cooking
- Agree not to have any pets
- Agree to abide by the rules and regulations of Synergy Management and the property owner
- Agree not to engage in any illegal activity in the unit
- Agree not to possess weapons of any kind
- Agree not to be threatening, violent, or disrespectful to other residents or staff, and acknowledge that this behavior could result in my termination from the program
- Agree to give a minimum of 30 days notice when planning to move out of the program
- Agree not to take any items out of the unit that belong to Potomac Case Management Services, Inc
- Agree to smoke/vape only on back porch in designated smoking/vaping areas
- Agreed not to congregate or socialize on the front stoop area

Client Signature/Date

Potomac Case Management Services, INC Housing Program Manager Signature/Date

Supportive Housing Program
101 Summit Ave., Hagerstown, MD 21740
Phone 301-797-4161 Fax: 301-791-9062

Case Management Agreement

Participant Name: _____ Program: Supportive Housing

The Washington County Community Action Council, Inc. agrees to provide intensive case management services through this program. Our purpose will be to help you stabilize your living situation and aid you in taking steps towards self-sufficiency.

As a participant, you agree to:

- _____ Meet with your Case Manager at scheduled times;
- _____ Take an active role in developing your Action Plan, i.e., steps you wish to take to reach your goals;
- _____ Actively work toward your goals as set forth in the Action Plan;
- _____ Work with persons from other support agencies when referred to them by your Case Manager.

Your Case Manager agrees to:

- _____ Meet with you at scheduled times;
- _____ Help you develop your Action Plan;
- _____ Help you track your progress on your goals for the future;
- _____ Connect you with other support agencies and services.

Remember that failure to cooperate with case management services, including working toward you goals, keeping appointments, and following through on referrals to obtain essential services will result in your case being closed.

Customer Name Customer Signature

R. Keith Godwin

Case Manager Name Case Manager Signature

November 16, 2015

Date

November 16, 2015

Date

Washington County Community Action Council, Inc.
Supportive Housing Program
101 Summit Ave., Hagerstown, MD 21740
Phone 301-797-4161 Fax: 301-791-9062

CASE MANAGEMENT
ACTION PLAN REQUIREMENTS

I understand that my eligibility for the Supportive Housing Program is, in part, based on my having the following disability(ies):

Physical Disability
Mental or Emotional Disability
Substance Abuse Addiction Recovery

As a condition for continued participation in the Program, I agree to include treatment goals and strategies in my case management plan that will address my disability(ies). Specifically, I agree:

- * To target ways of improving and maintaining my physical health.
- * To maintain an ongoing mental health treatment program, attend all counseling sessions, and take all medications, as prescribed.
- * To undertake rehab and/or maintain steady recovery from Addiction.

If my case manager determines the need for more intensive efforts and makes any referrals for such services, I will follow up on those referrals and maintain participation in recommended program(s).

I understand that failure to comply with this assurance may result in my termination from the Supportive Housing Program.

Customer Name	Customer Signature	November 16, 2015 Date
R. Keith Godwin Recorder Name	Recorder Signature	November 16, 2015 Date