

NOTICE OF MEETING OF THE MCLENNAN COUNTY COMMISSIONERS COURT

NOTICE IS HEREBY GIVEN that, in accordance with the Government Code, Chapter 551, (known as the Open Meetings Act), as amended, a special meeting of Commissioners' Court, the governing body of McLennan County, will be held on Tuesday, the 27th day of September, 2016 at 9:00 a.m. in the Commissioners' Courtroom, 1st Floor, West Wing, McLennan County Courthouse, 501 Washington, City of Waco, Texas, at which time, the subjects below will be considered and potentially acted upon.

AGENDA

A. Proof of Posting of Notice

B. Moment of Silence / Invocation and Pledge

C. Public Comments

D. Consent Agenda:

1. Financial Obligations of McLennan County:

- a. Authorization for County Treasurer to Pay County Checks / Wire / Electronic Transfers Issued Since the Last Authorization

2. Burn Ban Approval, Extension, or Termination

E. Budget, Budget Amendments/Transfers/Changes, Additional Revenue Certifications, Expenditure Requests:

1. Regarding the FY 16 Budget:

- a. Constable, Precinct 4

F. Contracts, Interlocal Agreements, and Memorandums of Understanding; Purchase, Lease, or Acquisition of Goods, Equipment or Services, including any Financing Thereof:

- 1. Regarding the McLennan County Group Health Plan: Authorization of Contract and related documents for Claims Administration for COBRA Services: WageWorks, Inc. / Conexis

G. Bids, RFP's RFQ's, Quotations for Goods and Services:

- 1. Recommendation regarding RFP 16-016: Meal Services for McLennan County Jail

H. Adjourn

Signed this the 22nd day of September, 2016

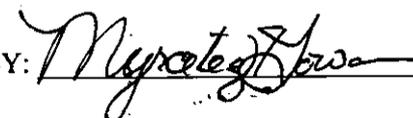

SCOTT M. FELTON, County Judge

STATE OF TEXAS *
COUNTY OF MCLENNAN *

I, J.A. "ANDY" HARWELL, County Clerk, and the Ex-Officio Clerk to the Commissioners Court, hereby certify that the above and foregoing is a true and correct copy of a NOTICE OF MEETING posted by me at the Courthouse door in Waco, McLennan County, Texas, where notices are customarily posted this 22nd day of September, 2016.

Witness my hand and seal of office at Waco, McLennan County, Texas the 22nd day of September, 2016 at 2:20 o'clock p.m.

(SEAL) J. A. "ANDY" HARWELL, County Clerk
McLennan County, Texas

BY:  (Deputy)

Notice: Persons with disabilities in need of auxiliary aide or services may contact the County Judge's Office, (254) 757-5049, prior to the meeting date

FILED: SEP 27 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetaz Gowan DEPUTY

AGENDA: SEPTEMBER 27, 2016

B. Moment of Silence / Invocation And Pledge

CD-408, 9:00

Judge Pro Tem Gibson stated that at this time we will have a moment of silence. Judge Pro Tem Gibson then stated that we will now have the Pledge of Allegiance.

AGENDA: SEPTEMBER 27, 2016

C. Public Comments

No One Spoke

CD-408, 9:01

Judge Pro Tem Gibson opened the floor to anyone present who wished to address the Court on County business matters. Not hearing anyone speak, Judge Pro Tem Gibson closed the hearing.

AGENDA: SEPTEMBER 27, 2016

D. CONSENT AGENDA:

1. Financial Obligations of McLennan County:

- a. Authorization for County Treasurer to Pay County Checks / Wire /
Electronic Transfers Issued Since the Last Authorization

Approved

2. Burn Ban Approval, Extension, or Termination

**Pulled—No
Action Taken**

CD-408, 9:01

ORDER APPROVING PAYMENT OF FINANCIAL OBLIGATIONS
AND AUTHORIZING THE COUNTY TREASURER TO PAY
COUNTY CHECKS SEPTEMBER 26, 2016

On this the 27 day of September, 2016, came on for consideration the matter of approving payment of Financial Obligations and authorizing the County Treasurer to pay County Checks for September 26, 2016. Commissioner Jones made a motion to approve and it was seconded by Commissioner Snell and duly passed by unanimous vote. It is ordered by the Court that said Authorization be, and the same is hereby, approved.

Order of the Commissioners' Court of McLennan County

In accordance with Local Government Code Section 113.041(a), the Commissioners Court of McLennan County hereby directs the County Treasurer to release the checks to liquidate the obligations of McLennan County, Texas represented by the claims supporting the following checks, drawn on the McLennan County Treasury.

Date Checks will be Printed	Number of Invoices	Total Amount of Invoices
09-26-16	316	\$382,810.30
09-27-16	122	\$132,365.95
E092616	32	21,622.50
GRAND TOTAL	470	\$536,798.75

Approved and ordered by the McLennan County Commissioners Court

on this the 27th day of SEPTEMBER, 2016


County Judge PRO TEM

FILED: **SEP 27 2016**

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetaz Gowan DEPUTY

PULLED AND NO ACTION TAKEN:

**AUTHORIZATION RE: BURN BAN IN THE
UNINCORPORATED AREAS OF MCLENNAN COUNTY**

On this the 27 day of September, 2016, came on for consideration the matter of Authorization re: Burn Ban in the Unincorporated Areas of McLennan County. Judge Pro Tem Gibson directed the Clerk to show item as pulled and no action taken. No Action Taken.

AGENDA: SEPTEMBER 27, 2016

E. Budget, Budget Amendments/ Transfers/Changes, Additional Revenue Certifications, Expenditure Requests:

1. Regarding the FY 16 Budget:

a. Constable, Precinct 4

Approved

CD-408, 9:03

ORDER APPROVING FY 2016 BUDGET AMENDMENT:

CONSTABLE, PRECINCT 4

On this the 27 day of September, 2016, came on for consideration the matter Regarding the FY 16 Budget: Constable, Precinct 4. After discussion, Commissioner Perry made a motion to approve E. 1. a. and it was seconded by Commissioner Snell. A vote being called for, voting in favor of said motion was Judge Pro Tem Gibson, Commissioner Snell, Commissioner Jones and Commissioner Perry. It is ordered by the Court that said FY 2016 Budget Amendment be, and the same is hereby, approved by unanimous vote.

BUDGET AMENDMENT REQUEST

McLennan County Commissioners Court
 McLennan County Courthouse
 Waco, Texas 76701

Re: Budget Amendment for: Fund 001 (General Fund)

Gentlemen:

I hereby request the following budget amendment for the fiscal year ending 09/30/16:

REQUESTED INCREASE(S)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct#)	Account Description	Current Budget	Requested Increase	Amended Budget
001	20	35	3140	Const 4	610101	Travel Reimbursement	28,500	2,500	31,000
001	20	35	3140	Const 4	502000	Furniture and Equipment	1	130	131
							-	-	-
							-	-	-
Total Increases								2,630	

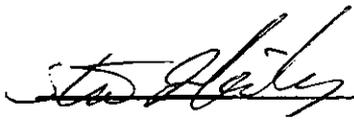
REQUESTED DECREASE(S)

Fund	Function	Sub-Func	Dept #	Dept Name	Object (Acct#)	Account Description	Current Budget	Requested Decrease	Amended Budget
001	10	05	0190	Co Wide	999999	Contingencies	496,763	2,500	494,263
001	20	35	3140	Const 4	501000	Supplies	2,500	130	2,370
							-	-	-
							-	-	-
Total Decreases								2,630	

BUDGET AMENDMENT JUSTIFICATION:

This budget amendment is requested to increase "travel reimbursement" and "furniture and equipment" for Constable Precinct 4 for remaining expenditures in the 2016 fiscal year.

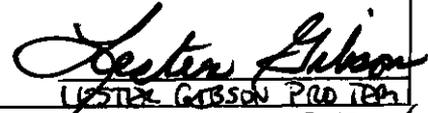
Respectfully Submitted
Requestor:



Approved as to form
County Auditor



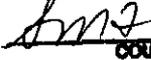
Approved by
Commissioners Court
County Judge



LYSTEE GIBSON P.O. 1001

9/27/16

DEFERRED BY COMMISSIONERS COURT
 THIS 20 DAY OF SEPT, 2016


 COUNTY JUDGE

FILED: SEP 27 2016

J.A. "ANDY" HARIWELL, County Clerk
 McLennan County, Texas
 By Myrcetez Gowan DEPUTY

AGENDA: SEPTEMBER 27, 2016

**F. Contracts, Interlocal Agreements, and Memorandums of Understanding;
Purchase, Lease, or Acquisition of Goods, Equipment or Services,
including any Financing Thereof:**

1. Regarding the McLennan County Group Health Plan: Authorization
of Contract and related documents for Claims Administration for
COBRA Services: WageWorks, Inc. / Conexis

Approved

CD-408, 9:04

ORDER APPROVING:

**AUTHORIZATION OF CONTRACT AND RELATED DOCUMENTS FOR CLAIMS
ADMINISTRATION FOR COBRA SERVICES: WAGeworks, INC. / CONEXIS**

RE: THE MCLENNAN COUNTY GROUP HEALTH PLAN

On this the 27 day of September, 2016, came on for consideration the matter Regarding the McLennan County Group Health Plan: Authorization of Contract and related documents for Claims Administration for COBRA Services: WageWorks, Inc. / Conexis. After discussion, Commissioner Snell made a motion to approve F. 1. and it was seconded by Commissioner Jones. A vote being called for, voting in favor of said motion was Judge Pro Tem Gibson, Commissioner Snell, Commissioner Jones and Commissioner Perry. It is ordered by the Court that said Authorization be, and the same is hereby, approved by unanimous vote.



ORDER FORM

Client:

McLennan County
HR Department
214 North 4th Street, Suite 200, Waco, TX 76701

Terms and Conditions of Service:

1. **Term:** 10/1/2016 - 9/30/2019
2. **General Terms and Conditions of Service:** You are purchasing the service(s) listed below and, in doing so, acknowledge and agree to WageWorks' General Terms and Conditions of Service that may be viewed at <https://www.wageworks.com/employers/terms-and-conditions.aspx>.
3. **Fees:** Client shall pay all Fees via ACH Debit. All payments are due net 30 days from the date of invoice.

CLIENT ACH Information if Client wishes WageWorks to issue ACH Debit:

Bank Name:	
Bank Address:	
ABA Routing No. (9 digits):	
Direct Deposit Account No:	
Finance Contact Email:	

4. **Funding:** If applicable, Client shall provide all required Funding.
5. **Service Charge:** A service charge of 2% per month shall be applied to any overdue amounts.



Service: Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

1. Monthly Service Fees:

- The COBRA monthly service fee is \$0.65 per eligible per month (PEPM) for the first plan year (or any portion thereof). The PEPM rate is fixed for the entire initial term as set forth in this Order Form, except as set forth below, and is subject to a 5% increase upon each subsequent renewal period. You shall provide a good faith estimate of the total number of eligibles during each plan year's open enrollment period and shall, prior to commencement of each plan year, submit a copy of the health insurance invoices (e.g., medical, dental, vision and/or EAP, if applicable) to substantiate the eligible count. If you do not substantiate the eligible count prior to the commencement of a plan year, the eligible count shall be increased by 20% over the prior plan year. If the eligible count changes by more than 20% during a plan year, you shall promptly notify WageWorks and provide documentation necessary to substantiate such change. WageWorks shall adjust the eligible count as of the first benefit month following receipt of substantiation of the change in eligible count for calculation of fees. A monthly service fee minimum of \$50.00 shall apply.

2. Implementation Fees: In connection with the initial set-up of the services purchased, there will be a one-time fee of \$250.00, which is due upon signing this contract.

3. 2% COBRA Surcharge: Retained by WageWorks

For Client

Signature: Lester Gibson

Name(Print): LESTER GIBSON

Title: COUNTY JUDGE PRO TEM

Date: 9/27/16

Paperwork Submission Instructions

To begin the implementation process, the following forms must be completed and returned to Sales Coordinator.

- New Client Application
- Carrier and Plan Information Form
 - A copy of the Carrier and Plan Information Form must be completed for each COBRA-eligible plan sponsored by the employer. Group health plans subject to COBRA include (but are not limited to):
 - Medical, dental, and vision plans
 - Prescription drug plans
 - Health flexible spending accounts (FSAs)
 - Health reimbursement arrangements (HRAs)
 - Executive reimbursement plans
 - Along with the plans listed above, the following plans may also be subject to COBRA, depending on the design of the plan:
 - Employee Assistance Programs (EAPs)
 - Cancer policies
 - Employer-sponsored drug and alcohol treatment programs and health clinics
 - Wellness programs
 - If you have any questions about which plans are subject to COBRA, please contact your WageWorks sales representative.
 - **If you have more than one COBRA eligible plan, please complete a new Carrier Plan form for each plan.**
- Division Contact Information (where applicable)

Please return all forms to Sales Coordinator
Email - sales.coordinator@wageworks.com
Fax - 844-478-7429.

Section A – Employer Information			
Company name		DBA (Doing business as)	Federal Tax ID number (FEIN)
Address			Requested effective date
City		State	ZIP code
Nature of business			

Section B – Contact Information					
<p>Please provide the information below for each individual at your organization who will work with CONEXIS. The executive contact is the individual who will sign the CONEXIS Administrative Services Agreement and can make binding decisions on behalf of your organization. The primary contact is the individual who manages day-to-day COBRA activities for your organization and will be the primary contact for CONEXIS. Space is provided for additional contacts as necessary.</p> <p>HIPAA Authorization: Only HIPAA authorized contacts may access the CONEXIS website. By granting website access to an individual listed below, you are confirming that the individual is authorized to provide and receive protected health information (PHI) as set forth in the Confidentiality Exhibit of the Administrative Services Agreement (Client may use additional pages if needed, provided they reference the Confidentiality Exhibit and the effective date). CONEXIS will assume this list is exhaustive and that any individual not included in this list cannot access the CONEXIS website or receive PHI from CONEXIS, unless subsequently named in writing by an existing HIPAA authorized contact of the client.</p> <p>All individuals requiring access to the CONEXIS website must be included on the list below or access to the CONEXIS website will not be granted.</p>					
Contact Type	Contact Name	Title	Phone	Website Access	Email Address
1. Executive				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	
2. Primary				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	
3. Other				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	
4. Other				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	
5. Other				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	
6. Other				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	
Which contact(s) should receive the invoice for CONEXIS services (<i>mark all that apply</i>)? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6					
Which contact should receive the participant premiums collected by CONEXIS (<i>issued by check on a monthly basis</i>)? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6					
IMPORTANT: Because of the information contained within the documentation sent with the invoice and premium check, the individuals indicated above must be HIPAA authorized contacts.					

Section C – Broker/Consultant Information			
Broker/Consultant name		Agency name	Agency FEIN
Address		City	State
ZIP code			
Phone number	Fax number	Email address	
Account Executive/Account Manager name		Phone number	Fax number
Email address		Who is the primary agency contact for this employer for CONEXIS purposes?	
		<input type="checkbox"/> Broker/Consultant <input type="checkbox"/> Account Executive/Account Manager	

PLEASE COMPLETE SECTIONS D, E, and F ON THE NEXT PAGE

Section D – General Information	
Number of employees eligible for benefits	Number of employees covered by benefits
Number of current COBRA continuants	Number of employees in 60-day election period
Do you offer a health flexible spending account (FSA)? (If eligible, a participant may continue a health FSA through COBRA.) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please sure be to complete a Carrier and Plan Information Form for this plan.)	Do you offer a health reimbursement arrangement (HRA)? (If eligible a participant may continue an HRA through COBRA.) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please sure be to complete a Carrier and Plan Information Form for this plan.)
Do you want to charge the allowable 150% for COBRA participants on the 11-month disability extension? <input type="checkbox"/> Yes <input type="checkbox"/> No COBRA allows an employer to charge 150% of the applicable premium for COBRA continuation coverage during the 11-month disability extension period that is available to individuals who meet certain requirements. To qualify for the additional 11 months of COBRA continuation coverage, the qualified beneficiary must: <ul style="list-style-type: none"> • Have a ruling from the Social Security Administration that he or she became disabled prior to or within the first 60 days of COBRA continuation coverage; and • Send the plan a copy of the Social Security ruling letter within 60 days of receipt or, if later, the date of the qualifying event or date of coverage loss following the qualifying event, but prior to expiration of the 18-month period of coverage. If these requirements are met, the entire family qualifies for an additional 11 months of COBRA continuation coverage.	

Section E – Eligibility Reporting			
Would you like CONEXIS to send eligibility reports to your carriers? If yes, please fill out the appropriate contact information on the Carrier and Plan Information Form for each plan. <input type="checkbox"/> Yes <input type="checkbox"/> No			
List employer contacts who should receive copies of the COBRA eligibility reports (you will be contacted to determine type and frequency). IMPORTANT: Because of the information contained within the eligibility reports, all individuals receiving eligibility reports must be HIPAA authorized contacts. CONEXIS will assume that all contacts listed in the table below are authorized by the employer to receive PHI from CONEXIS.			
Contact Name	Phone Number	Fax Number	Email Address

Section F – Employer Representative – Form completed by:		
Name	Title	Phone number

Instructions: Complete a copy of this form for each employer-sponsored group health plan (including health FSAs and HRAs) subject to COBRA. Use a separate form for each plan with a unique set of rates and/or group number. Have more than one plan? [Download our template.](#)

Section A – Plan Information			
IMPORTANT: All fields in this section are required. Missing or incomplete information will cause a delay in the implementation process and may cause a loss of the desired effective date.			
Company name		Carrier name	Group number
Plan name			
Is there a waiting period?	If yes, how long?	Following the waiting period, coverage is effective:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <input type="checkbox"/> Days <input type="checkbox"/> Months	<input type="checkbox"/> Immediately <input type="checkbox"/> Next day <input type="checkbox"/> First of the month <input type="checkbox"/> Other (specify) _____	
When does coverage cease?			Number of employees covered on plan
<input type="checkbox"/> Date of termination <input type="checkbox"/> Next day after termination <input type="checkbox"/> End of month <input type="checkbox"/> Other (specify) _____			
Dependent child age limit		Full-time student age limit	
What is the billing effective date for newly added dependents due to birth or adoption?			
<input type="checkbox"/> Date of birth/adoption ___ Days following the date of birth/adoption <input type="checkbox"/> First day of the current month <input type="checkbox"/> First day of the following month			
Coverage type (check only one)			
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Rx <input type="checkbox"/> Health FSA <input type="checkbox"/> HRA <input type="checkbox"/> Other (specify) _____			
Type of plan?	Plan effective dates	Open enrollment period dates	
<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Indemnity <input type="checkbox"/> Other (specify) _____	through	through	
Is this plan bundled (e.g., combined with) any other plans for COBRA purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>When plans are bundled for COBRA purposes, an individual electing COBRA coverage for a particular plan is, by default, also electing coverage under the other bundled plan(s). For example, if you require an employee to first elect medical coverage in order to elect dental coverage, those plans are bundled.</i>			
If yes, list the plans that are bundled with this plan:			

Section B – Carrier Eligibility Contact			
Complete this section only if you have chosen to have CONEXIS send eligibility reports to your carriers. If this information is not provided, eligibility reports will be sent to the employer. If you choose to have CONEXIS send eligibility reports to your carrier(s), CONEXIS will assume that the applicable contact is authorized by the employer to receive PHI from CONEXIS.			
Contact name or department title			Member services phone number
Address	City	State	ZIP code
Phone number	Fax number	Email address	

PLEASE COMPLETE SECTIONS C and D ON THE NEXT PAGE

Section C – Rate Information

For each COBRA eligible plan, please complete rate information below. If a plan is subject to member-level rating and you can provide the rating methods, provide a copy of the plan rates and answer the plan rating methods questions below. Please provide System for Electronic Rate and Form Filing (SERFF) tables (if available) or other rate documentation.

If you cannot provide the rating methods, you may choose to enter the appropriate rates for each individual when submitting qualifying event information to CONEXIS.

Member-level Rating Information

Is this plan a member-level-rated (MLR) plan? Yes No

How will you provide rates? Provide SERFF tables or other documentation Enter at time of qualifying event

How is your plan rated?

Tobacco use? Yes No

Area rating? Employer Area Yes No Employee Area Yes No

County? Yes No List county: (if more than one, provide a separate list)

ZIP code? Yes No List ZIP code: (if more than one, provide a separate list)

Please enter the monthly premium rate for each applicable category. Do not add the 2% COBRA administration fee. Do not complete the rate information tables below if this plan is member-level-rated or age-rated.

NOTE: Covered spouses and children – as qualified beneficiaries – are independently entitled to elect COBRA coverage (meaning they can elect coverage without the covered employee). It is therefore necessary to have applicable premium amounts for such coverage tiers as “Spouse Only” and “Child Only,” even if the plan does not allow similarly situated active employees to cover only the spouses and children.

Standard Structure

Employee Only	\$		Spouse Only	\$	
Employee + Spouse	\$		Spouse + Child	\$	
Employee + Child	\$		Spouse + Children	\$	
Employee + Children	\$		Child Only	\$	
Employee + Family	\$		Children Only	\$	

Three Tier Plans

Individual Only	\$		
Individual + 1	\$		
Individual + 2 or more	\$		

Section D – Employer Representative – Form completed by:

Name	Title	Phone number

Instructions: Complete this form only if your company has multiple divisions or classes that need to be listed separately in the CONEXIS system. For this purpose, "class" means a class of employees, such as part-time or union employees, while "division" refers to a separate location, division, or area. When completing this form, all fields are required. Please complete additional copies of this form ([download our template](#)) as necessary or you may submit a separate spreadsheet containing all of the data below for each division or class.

IMPORTANT: If you choose to grant website access to the contact listed, CONEXIS will assume that the contact is authorized by the employer to receive PHI from CONEXIS. Do not provide contact information for any individuals who are not authorized to receive PHI from CONEXIS.

Division/Class #1					
Is this a division or a class? <input type="checkbox"/> Division <input type="checkbox"/> Class		Division/Class name		FEIN	
Eligible employees	Covered employees	Address		City	State ZIP code
Contact name		Phone number	Fax number	Email address	
What level of website access should CONEXIS grant to this individual? <input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None			If granting website access, should that access be limited to this division/class only? <i>If you choose no, contact will be given access to all divisions/classes.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should this division/class receive its own separate reports (e.g., reports that contain information regarding employees from this division or class only)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Should this division/class receive a separate bill for CONEXIS services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should this division/class receive a separate check for premiums collected by CONEXIS? <i>If yes, please provide the contact information for the check recipient in contact line below. This individual must be a HIPAA authorized contact.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			Does this division/class have access to different plans (or a limited subset of plans) than the main corporate division? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name		Address		City	State ZIP code

Division/Class #2					
Is this a division or a class? <input type="checkbox"/> Division <input type="checkbox"/> Class		Division/Class name		FEIN	
Eligible employees	Covered employees	Address		City	State ZIP code
Contact name		Phone number	Fax number	Email address	
What level of website access should CONEXIS grant to this individual? <input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None			If granting website access, should that access be limited to this division/class only? <i>If you choose no, contact will be given access to all divisions/classes.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should this division/class receive its own separate reports (e.g., reports that contain information regarding employees from this division or class only)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Should this division/class receive a separate bill for CONEXIS services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should this division/class receive a separate check for premiums collected by CONEXIS? <i>If yes, please provide the contact information for the check recipient in contact line below. This individual must be a HIPAA authorized contact.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			Does this division/class have access to different plans (or a limited subset of plans) than the main corporate division? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name		Address		City	State ZIP code

FILED: SEP 27 2016

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

AGENDA: SEPTEMBER 27, 2016

G. Bids, RFP's, RFQ's Quotations for Goods and Services:

1. Recommendation regarding RFP 16-016: Meal Services
for McLennan County Jail

Approved

CD-408, 9:06

ORDER APPROVING:

**RECOMMENDATION RE: RFP 16-016: MEAL SERVICES FOR
MCLENNAN COUNTY JAIL**

On this the 27 day of September, 2016, came on for consideration the matter of Recommendation regarding **RFP 16-016: Meal Services for McLennan County Jail**. Purchasing Director Ken Bass explained the recommendation. After discussion, Commissioner Jones made a motion to approve the awarding of RFP 16-016 to ABL Management Incorporated and it was seconded by Commissioner Perry. A vote being called for, voting in favor of said motion was Judge Pro Tem Gibson, Commissioner Snell, Commissioner Jones and Commissioner Perry. It is ordered by the Court that said **RFP 16-016: Meal Services for McLennan County Jail** be, and the same is hereby, approved awarded per recommendation by unanimous vote.

Recommendation

Opening Date	Originating Department	Recommendation By	Reference Number
08/03/16	Hwy 6 Jail	Ken Bass Ricky Armstrong	RFP 16-016

Background:

- RFP 16-016, Meal Services for McLennan County Jail/Detention Center
- RFP First Advertised on July 8, 2016
- RFPs Due / Opening on August 3, 2016

Respondents:

ABL Management, Inc.
Baton Rouge, LA 70816

Aramark
Philadelphia, PA 19107

CBM Managed Services
Sioux Falls, SD 57104

CEC Corrections
Houston, TX 77079

Five Star Correctional Services
Dallas, TX 75223

Trinity Services Group, Inc.
Oldsmar, FL 34677

Recommendation:

We recommend that McLennan County grant the award for Meal Services at the McLennan County Jail to ABL Management Inc.

Why:

ABL Management Inc. submitted the **best evaluated proposals**. Note: ABL submitted the lowest priced proposals for the original proposal and the "Best & Final" proposal. The request for a "Best & Final" included a greater number of employees (a request for 11 employees). We had to re-evaluate our request and look back at the original proposals. Our estimated price totals for the request for the greater number of employees exceeded our budgeted amount.

Term of Contract:

Term of contract will be from **October 1, 2016 to September 30, 2017**, but may be renewed annually upon mutual consent of both parties.

Reviewed by:

Ken Bass

DEFERRED BY COMMISSIONERS COURT
THIS 20 DAY OF SEPT 2016
[Signature]
COUNTY JUDGE

RECOMMENDATION
APPROVED BY COMMISSIONERS COURT
THIS 27 DAY OF SEP 2016
[Signature]
COUNTY JUDGE *PRO TEM*

Company:	ABL		
	Criteria	Scale	Score
	Vendor's Qualifications	20%	20
	Vendor's Total Proposed Price	30%	30
	Proposed Service Meeting McLennan County's Needs and Requirements	25%	25
	Vendor's Proposed Menu	10%	10
	Past Experience with the Vendor	15%	15
	Total	100%	100
<p>Note: ABL submitted pricing approximately 5% lower than last year's proposal. Also lower than all the other proposals on the original request and the best and final with a request for additional personnel. We requested an additional proposal from ABL with 10 employees. This would give us three ABL employees at peak food service times in the Kitchen that should help the overall service provided. With this request they were still lower than the next lowest proposal. ABL supplied all the information requested in the RFP. We believe they have submitted the best evaluated proposal. <i>Note: Adding the estimated cost of meals for a year to the estimated cost of meals for LaSalle for a year, ABL submitted the lowest cost proposal.</i></p>			

Company:	Aramark		
	Criteria	Scale	Score
	Vendor's Qualifications	20%	18
	Vendor's Total Proposed Price	30%	28
	Proposed Service Meeting McLennan County's Needs and Requirements	25%	25
	Vendor's Proposed Menu	10%	10
	Past Experience with the Vendor	15%	15
	Total	100%	96
<p>Note: Aramark submitted a proposal that is approximately 6 % greater than the current year. Aramark submitted the Conflict of Interest Form but it was not signed.</p>			

Company:	CBM		
	Criteria	Scale	Score
	Vendor's Qualifications	20%	18
	Vendor's Total Proposed Price	30%	21
	Proposed Service Meeting McLennan County's Needs and Requirements	25%	25
	Vendor's Proposed Menu	10%	10
	Past Experience with the Vendor	15%	15
	Total	100%	89
<p>Note: CBM submitted a proposal that was approximately 30% higher than the current pricing. CBM submitted a conflict of Interest but it was not signed.</p>			

Company:	CEC		
	Criteria	Scale	Score
	Vendor's Qualifications	20%	18
	Vendor's Total Proposed Price	30%	25
	Proposed Service Meeting McLennan County's Needs and Requirements	25%	25
	Vendor's Proposed Menu	10%	10
	Past Experience with the Vendor	15%	15
	Total	100%	93
<p>Note: CEC submitted a proposal that was approximately 15% greater than our current pricing. Did not find the signed Non-Appropriation. Nor did we find information on Insurance or a transition plan.</p>			

Company:	Five Star		
	Criteria	Scale	Score
	Vendor's Qualifications	20%	18
	Vendor's Total Proposed Price	30%	27
	Proposed Service Meeting McLennan County's Needs and Requirements	25%	25
	Vendor's Proposed Menu	10%	10
	Past Experience with the Vendor	15%	15
	Total	100%	95
<p>Note: Five Star submitted a proposal that was approximately 9% greater than the current pricing. Five Star did not submit a signed Conflict of Interest. Nor did we find a transition plan. Five Star did include a OmniHealth letter that states their daily calorie count would be approximately 3100 calories.</p>			

Company:	Trinity		
	Criteria	Scale	Score
	Vendor's Qualifications	20%	18
	Vendor's Total Proposed Price	30%	25
	Proposed Service Meeting McLennan County's Needs and Requirements	25%	25
	Vendor's Proposed Menu	10%	10
	Past Experience with the Vendor	15%	15
	Total	100%	93
<p>Note: Trinity submitted a proposal that was approximately 14% greater than the current pricing. We did not see information on insurance or a transition plan. Note: Trinity is privately held so did not provide financial information.</p>			

Meal Count 3/26/16 to 6/24/16	County										
	Current ABL	ABL	Aermark	CEC	Proposal CBM	Five Star	Trinity	ABL	Aermark	CEC	Proposal CBM
Adult Innate Meals	227,384	0.71989	163,157.12	0.729	165,762.94	0.827	178,951.21	0.71754	0.999	188,046.57	0.8082
Trustee Meals Double (Meat) Portions	8,762	1.30989	10,956.71	1.280	11,215.36	0.896	10,050.01	1.25048	0.896	7,850.75	1.5050
Staff Member Meals	18,746	0.86989	15,845.81	1.000	18,746.00	0.990	18,746.00	0.84529	2.000	18,558.54	1.0000
Pup Sack Meals (double meat/protein portions, cheese, chips, fruit, cookies or cake)	12,632	0.77989	9,851.57	1.280	16,168.96	1.288	10,194.02	0.77865	1.260	16,270.02	0.9800
Specialty Meals (medical or religious meals)	0	0.71989	0	0.836	0.000	0.728	0.000	2.00000	0.869	0.000	0.8973
Medial Snacks (crackers)	0	0.59865	0	0.608	0.000	0.310	0.000	0.45000	0.600	0.000	0.6000
Regular Sack Meals for Booking (2 sandwiches with 1 meat, cheese, and mustard, cookies, fruit, etc. no chips)	0	0	0	0.729	0.000	0.874	0.000	0.77865	1.100	0.000	0.8577
Johnny Sack Meals (2 sandwiches 1 meat, cheese fruit, cake or cookies) (Regular Sack?)	0	0.54045	0.00000	0.000	0.000	0.000	0.000	0.54045	0.00000	0.000	0.000
Total for 13 weeks	267,524	201,327.25	199,795.53	211,893.26	260,371.59	230,725.88	217,941.25	230,725.88	230,725.88	217,941.25	228,083.92
Total for 52 weeks	1,070,096	805,309.01	799,182.14	847,573.02	1,041,486.38	922,903.50	871,764.98	922,903.50	922,903.50	871,764.98	912,335.68
Rank			1	2	6	5	3	5	5	3	4

Additional Full time person .03/meal for 2017
 Total with additional person
 Percentage Change
 * Exceptions Koster or Halal Meals = \$3.75
 ** Three Hot Meals, Milk
 *** Talked to ABL - have 10 full time employees

Meal Count 3/26/16 to 6/24/16	LaSalle										
	Current ABL	ABL	Aermark	CEC	Proposal CBM	Five Star	Trinity	ABL	Aermark	CEC	Proposal CBM
Adult Innate Meals	227,384	0.83989	190,977.55	0.999	227,156.62	0.827	197,824.08	0.84355	1.100	188,046.57	1.1030
Trustee Meals Double (Meat) Portions	8,762	1.30989	11,477.26	1.280	11,215.36	0.896	10,050.01	1.25048	1.069	7,850.75	1.6030
Staff Member Meals	18,746	0.86989	16,306.96	1.000	18,746.00	0.990	18,746.00	0.84529	2.000	18,558.54	1.0000
Pup Sack Meals (double meat/protein portions)	12,632	0.77989	9,851.57	1.280	16,168.96	1.288	10,194.02	0.77865	1.260	16,270.02	0.9800
Specialty Meals (medical or religious meals)	0	0.71989	0	0.836	0.000	0.728	0.000	2.00000	0.869	0.000	1.0415
Medial Snacks (crackers)	0	0.59865	0	0.608	0.000	0.310	0.000	0.45000	0.600	0.000	0.6000
Regular Sack Meals for Booking (2 sandwiches with 1 meat, cheese, and mustard, cookies, fruit, etc.)	0	0.77865	0.00000	0.999	0.000	0.874	0.000	0.77865	1.100	0.000	0.8580
Johnny Sack Meals	0	0.54045	0.00000	0.000	0.000	0.000	0.000	0.54045	0.00000	0.000	0.000
Total for 13 weeks	267,524	228,613.33	228,448.19	273,286.94	260,371.59	230,725.88	236,814.12	230,725.88	230,725.88	236,814.12	295,748.01
Total for 52 weeks	914,633.33	913,792.77	913,792.77	1,093,147.74	1,041,486.38	922,903.50	947,256.47	922,903.50	922,903.50	947,256.47	1,182,992.06
Rank			1	5	4	2	3	5	2	3	6

NOTE: Used Midleman Meal Count
 Percentage Change
 * Exceptions Koster or Halal Meals = \$3.75
 ** Three Hot Meals, Milk
 *** Scale tied to Innate population used 400-419
 **** Talked to ABL - Have 10 full time employees

Meal Count 3/26/16 to 6/24/16	McLennan Estimated with LaSalle Estimated										
	Current ABL	ABL	Aermark	CEC	Proposal CBM	Five Star	Trinity	ABL	Aermark	CEC	Proposal CBM
Adult Innate Meals	227,384	0.71989	163,157.12	0.729	165,762.94	0.827	178,951.21	0.71754	0.999	188,046.57	0.8082
Trustee Meals Double (Meat) Portions	8,762	1.30989	10,956.71	1.280	11,215.36	0.896	10,050.01	1.25048	0.896	7,850.75	1.5050
Staff Member Meals	18,746	0.86989	15,845.81	1.000	18,746.00	0.990	18,746.00	0.84529	2.000	18,558.54	1.0000
Pup Sack Meals (double meat/protein portions, cheese, chips, fruit, cookies or cake)	12,632	0.77989	9,851.57	1.280	16,168.96	1.288	10,194.02	0.77865	1.260	16,270.02	0.9800
Specialty Meals (medical or religious meals)	0	0.71989	0	0.836	0.000	0.728	0.000	2.00000	0.869	0.000	0.8973
Medial Snacks (crackers)	0	0.59865	0	0.608	0.000	0.310	0.000	0.45000	0.600	0.000	0.6000
Regular Sack Meals for Booking (2 sandwiches with 1 meat, cheese, and mustard, cookies, fruit, etc.)	0	0	0	0.729	0.000	0.874	0.000	0.77865	1.100	0.000	0.8577
Johnny Sack Meals (2 sandwiches 1 meat, cheese fruit, cake or cookies) (Regular Sack?)	0	0.54045	0.00000	0.000	0.000	0.000	0.000	0.54045	0.00000	0.000	0.000
Total for 13 weeks	267,524	201,327.25	199,795.53	211,893.26	260,371.59	230,725.88	217,941.25	230,725.88	230,725.88	217,941.25	228,083.92
Total for 52 weeks	1,070,096	805,309.01	799,182.14	847,573.02	1,041,486.38	922,903.50	871,764.98	922,903.50	922,903.50	871,764.98	912,335.68
Rank			1	2	6	5	3	5	5	3	4

ABL

Bid Bond Yes
Performance/Payment Bond Yes
Suspension & Debarment Yes
Pricing Yes
Non-Appropriation Yes
Conflict of Interest Yes
Insurance Yes
Financial Information Yes
References Yes
Transition Plan Yes
Acknowledge Calorie Count meets or exceeds 2950/day
Supplied Diet Manual

Dealing with Complaints:

Has a section listing President, VP and Director of Operations as contacts
Request that Food Service Director be invited to attend Management Meetings

Staffing

Food Service Director/Assistant FSD/

Cook Supervisors – 5 ea

The schedule indicates that basically 2 people are working with some overlap.

Two per shift not including FSD

Inmate Labor

Calls for 20 Inmates on 1st Shift and 20 Inmates on 2nd Shift

Have an inmate training program

No current litigation

Aramark

Bid Bond Yes
Performance/Payment Bond Yes
Suspension & Debarment Yes
Pricing Yes
Non-Appropriation Yes
Conflict of Interest Yes unfilled out copy
Insurance Yes
References Yes
Financial Information Yes
Transition Plan Yes
Acknowledge Calorie Count meets or exceeds 2950/day. Goes into menu design OPX
Beyond the Tray

Supplied Diet Manual

Dealing with Complaints:

Front-line manager and facility determine how complaints will be handled

Staffing

Food Service Director

Cook Supervisors – 1 ea

Food Service Workers - 9 ea

The schedule indicates that basically 3 people are working during cooking hours.

Three per shift not including FSD or Cook Supervisor (did not list FSD or Cook Supervisor hours)

Inmate Labor

Just indicates the hours to work does not indicate a number (will use minimal number

Have an inmate training program

Presented quite a few handbooks

No current litigation not mentioned

CBM

Bid Bond Yes

Performance/Payment Bond Yes

Suspension & Debarment Yes

Pricing Yes

Non-Appropriation Yes

Conflict of Interest Yes provided not signed

Insurance Yes

Financial Information Yes

References Yes

Transition Plan Yes

Acknowledge Calorie Count meets or exceeds 2950/day

Supplied Diet Manual

Dealing with Complaints:

Promptly and thoroughly investigate any complaints, then resolve; has a complaint form

Staffing

Management Staff – 2ea Food Service Director and Assistant FSD

Full-Time and Part-Time Hourly Staff – 9 es

Did not provide a schedule

Inmate Labor

Does not provide any information

Have an inmate training program

No current litigation – none in the last 5 years

CEC

Bid Bond Yes
Performance/Payment Bond Yes,
Suspension & Debarment Yes
Pricing Yes
Non-Appropriation No
Conflict of Interest Yes
Insurance No
Financial Information Yes
References Yes
Transition Plan No
Acknowledge Calorie Count meets or exceeds 2950/day
Supplied Diet Manual
Dealing with Complaints:
Nothing listed
Staffing
Food Service Director/Assistant FSD/ work 8 am to 5 pm
Food Service Supervisors – 6 ea
The schedule indicates that basically 2 people are working
Two per shift not including FSD or Asst
Inmate Labor
Does not list a number
Have an inmate training program
No current litigation – non reported

Five Star

Bid Bond Yes
Performance/Payment Bond Yes
Suspension & Debarment Yes
Pricing Yes
Non-Appropriation Yes
Conflict of Interest No
Insurance Yes
Financial Information Yes
References Yes
Transition Plan No
Acknowledge Calorie Count **OmniHealth letter states 3100 calories**

Supplied Diet Manual - No

Dealing with Complaints:

Not addressed

Staffing

Food Service Director/Assistant FSD/

FSD works 9am to 7pm

Asst FSD works 7am to 8pm

Shift Supervisors – 5 ea

The schedule indicates that basically 2 people are working during cooking hours.

Two per shift not including FSD or Asst

Inmate Labor

Not mentioned

Have an inmate training program

No current litigation

Litigation over the last ten years

There has never been any civil litigation that Five Star Correctional Services, Inc. has been a party to where the opposing party was a governmental entity or detention facility operator for which Five Star Correctional Services, Inc. was providing or had provided detention food services.

Sanctions over the last ten years

There have never been any criminal proceedings against Five Star Correctional Services, Inc. relating to the provision of detention food service.

Trinity

Bid Bond Yes

Performance/Payment Bond Yes

Suspension & Debarment Yes

Pricing Yes proposed Hot Breakfast (Option 1) or Cold Breakfast (Option 2)

Also on regular Inmate meals provided pricing based on population brackets

Non-Appropriation Yes

Conflict of Interest Yes

Insurance No

Financial Information No - private owned, not shared

References Yes

Transition Plan No - relate Trinity's experience with the County

Acknowledge Calorie Count meets or exceeds 2950/day

Supplied Diet Manual

Dealing with Complaints:

Has a robust vendor complaint process. Will take swift and appropriate action.

Staffing

Food Service Director/Assistant FSD/

Others – 5 ea

The schedule indicates that basically 2 people are working

Two per shift not including FSD or Asst

Inmate Labor

Calls for 20 Inmates on 1st Shift and 20 Inmates on 2nd Shift

Have an inmate training program

No current litigation

Not been a party to any civil litigation in the last five years where the opposing party was a governmental entity or detention facility operator for which Trinity provided detention food services

FILED: **SEP 27 2016**

J.A. "ANDY" HARWELL, County Clerk
McLennan County, Texas
By Myrcetez Gowan DEPUTY

ORDER ADJOURNING SPECIAL SESSION

On this the 27 day of September, 2016, at 9:11 o'clock a.m. Judge Pro Tem Lester Gibson announced that the meeting of September 27, 2016 is adjourned.

APPROVAL OF MINUTES

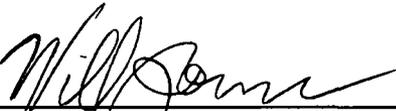
The above and foregoing minutes having been read in open Court and found to be correct, the same are hereby, approved this the 4 day of October, 2016.



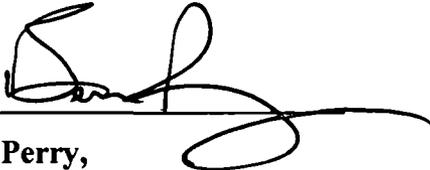
**Kelly Snell,
Commissioner Precinct 1**



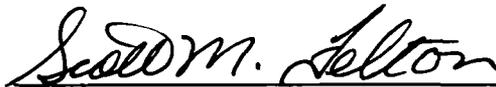
**Lester Gibson,
Commissioner Precinct 2**



**Will Jones,
Commissioner Precinct 3**

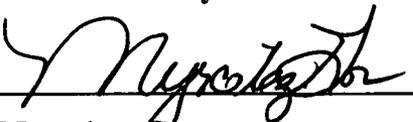


**Ben Perry,
Commissioner Precinct 4**



**Scott M. Felton,
County Judge**

**ATTEST: J. A. "Andy" Harwell,
McLennan County Clerk**

By  Deputy County Clerk
Myrce'tez Gowan