



“Committed to strengthening individuals, families and communities by providing quality services in a respectful, caring and cost-effective manner.”

**Board Agenda
 Wednesday November 19, 2025
 Marshall Government Center
 Commissioners Room – 2nd Floor
 9:00 a.m.**

HUMAN SERVICES

A. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 10/15/2025 Board Minutes

B. Introduce New Staff

- Shereen Masters Frank, Social Worker - CAC/CADI/BI, Sherri Pickthorn
- Nicole Pauer, Eligibility Worker, Chantelle Fogelson

C. Employee Recognition

- Kerry Dykstra, Social Worker Commitment Specialist - Adult Mental Health, Pipestone, 1 year
- Stacy Fier, Social Worker Team Lead - Children’s Services, Marshall, 20 years
- Lynn Babcock, Child Support Team Lead, Marshall, 25 years
- Lisa Przymus, Eligibility Worker - Income Maintenance, Ivanhoe, 40 years

D. Financial- Starting on page 5

E. Caseload-Starting on page 23

	<u>10/25</u>	<u>10/24</u>	<u>09/25</u>	<u>08/25</u>
Social Services	3,563	3,648	3,603	3,603
Licensing	356	385	361	361
Out-of-Home Placements	145	168	148	152
Income Maintenance	13,094	13,283	13,089	12,998
Child Support Cases	2,528	2,673	2,545	2,552
Child Support Collections	\$685,389	\$661,701	\$685,596	\$704,579
Non IV-D Collections	\$23,868	\$183,522	\$166,086	\$244,018

HUMAN SERVICES (Cont.)

- F. Discussion/Information: Starting on page 30
 - 1. Supplemental Nutrition Assistance Program

- G. Decision Items Starting on page 32
 - 1. 2026-2027 Biennial Service Agreement
 - 2. 2026 Human Services Budget

COMMUNITY HEALTH

- H. Call to Order

- I. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 10/15/2025 Board Minutes

J. Financial- starting on page 65

K. Caseloads- Starting on page 69

	<u>10/25</u>	<u>09/25</u>	<u>08/25</u>
WIC	N/A	2062	2062
Family Home Visiting	30	24	28
PCA Assessments	17	17	25
Managed Care	262	249	251
Dental Varnishing	0	0	0
Refugee Health	1	1	0
Latent TB Medication Distribution	1	1	1
Water Tests	112	148	183
FPL Inspections	65	23	46
Immunizations	74	93	26
Car Seats	28	15	19

- L. Discussion/ Information
 - 1. Cedar Lane MHP update- Jason Kloss
 - 2. Collaborative Rural Public Health Innovation (CRPHI) – Carol Biren

M. Decision Items-

1. Lab fee increase- Jason Kloss- page 70
2. Public Health 2026 fee schedule – Carol Biren- page 72
3. 2026 Community Health Budget- Page 73

GOVERNING BOARD

N. Call to Order

O. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of the 10/15/2025 Board Minutes

P. Financial

Q. Human Resources Statistics

	<u>10/25</u>	<u>10/24</u>	<u>09/25</u>	<u>08/25</u>
Number of Employees	236	243	233	235
Separations	3	1	2	9
New Hires	2	2	4	3
Current Open Positions		10		
Public Health Nurse		3		
Social Worker FGDM		1		
Network Administrator		1		
Eligibility Worker		1		
Social Worker CMH		2		
Social Worker LTC		1		
Social Worker DD		1		

R. Discussion/Information

1. Strategic Plan Update

GOVERNING BOARD (Cont.)

S. Decision Items

1. Lynn Babcock, Lead Child Support Officer, probationary appointment (6 months), \$35.60 hourly, effective 10/20/2025 – Marshall Office
2. Laura Stahnke, Office Support Specialist, Sr., probationary appointment (12 months), \$17.82 hourly, effective 11/03/2025 – Redwood Falls Office
3. Kaylin Meyer, Case Aide, probationary appointment (12 months), \$20.03 hourly, effective 11/03/2025- Ivanhoe Office
4. Holly Johnson, Social Worker Team Lead, probationary appointment (6 months), \$32.75 hourly, effective 11/03/2025- Marshall Office
5. Austin Serreyn, County Agency Social Worker- Children’s Mental Health, probationary appointment (12 months), \$27.75 hourly, effective 11/10/2025 – Marshall Office
6. Emily Wajer, County Agency Social Worker - Adult Mental Health, probationary appointment (12 months), \$26.10 hourly, effective 11/10/2025 - Pipestone Office
7. Megan Cornwell, County Agency Social Worker- Long Term Care, probationary appointment (12 months), \$26.10 hourly, effective 11/17/2025 – Redwood Falls Office
8. Administrative Policy 1 – Data Practices Policy and Procedures- Page 76
9. Administrative Policy 2 – Procurement and GASB34 Compliance Related Policies- Page 84
10. Administrative Policy 14 - HIPAA- Page 105
11. Personnel Policy 6 – Reimbursement Lodging and Other Expenses- Page 146
12. 2026 SWHHS Agency Budget
13. 2026 Non-Union Compensation and Insurance- Page 144
14. Smart Deploy Deployment Software- Page 145
15. Adobe Software- Page 147
16. Donations
 - Danebode Quilters of Tyler and Sillerud church- Donation of quilts to be used for foster care and adoptions.
17. Contracts- Page 150

T. Adjournment

Next Meeting Dates:

Wednesday, December 17, 2025 – Marshall

Wednesday, January 21, 2025 – Marshall

Wednesday, February 18, 2026 – Marshall

SOUTHWEST HEALTH & HUMAN SERVICES

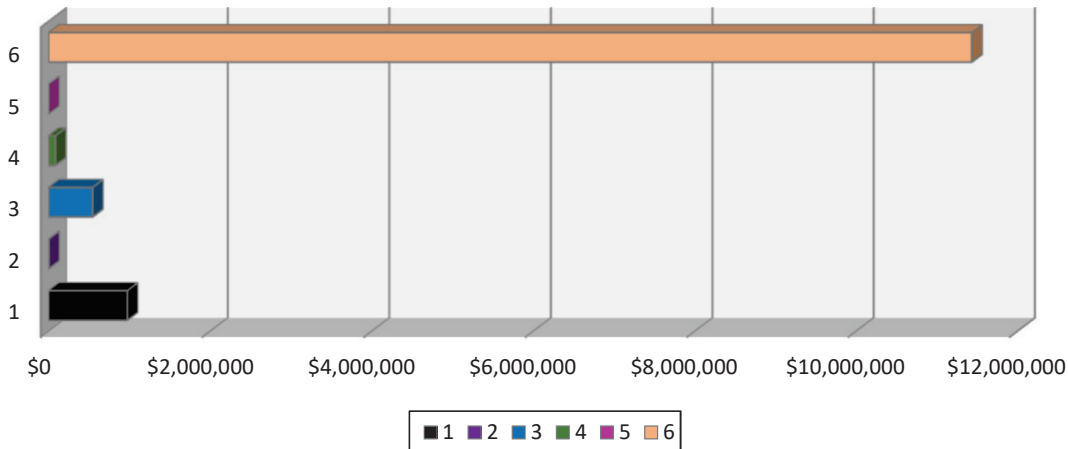
Ivanhoe, Marshall, Slayton, Pipestone, Redwood and Luverne

SUMMARY OF FINANCIAL ACCOUNTS REPORT For the Month Ending: **October 31, 2025**

* Income Maintenance * Social Services * Information Technology * Health *

Description	Month	Running Balance	
BEGINNING CHECKING BALANCE		\$1,974,944	
RECEIPTS			
Monthly Receipts	3,323,560		
County Contribution	229,687		
Interest on Savings	46,696		
TOTAL MONTHLY RECEIPTS		3,599,943	
DISBURSEMENTS			
Monthly Disbursements	4,600,547		
TOTAL MONTHLY DISBURSEMENTS		4,600,547	
ENDING CHECKING BALANCE		\$974,340	
REVENUE			
<i>Checking/Money Market</i>	<i>\$974,340</i>		
<i>SS Benefits Checking</i>	<i>\$3,000</i>		
<i>Bremer Savings</i>	<i>\$545,402</i>		
<i>First Interstate Bank Savings</i>	<i>\$84,186</i>		
<i>CD/Term Investment - Magic Fund</i>	<i>\$0</i>		
<i>Investments - MAGIC Fund</i>	<i>\$11,436,374</i>		
ENDING BALANCE		\$13,043,302	October 2024 Ending Balance \$12,943,923
DESIGNATED/RESTRICTED FUNDS			
Opioid Settlement		\$1,118,701	
Agency Health Insurance		\$1,454,757	\$1,327,744
Private Purpose Trust Fund		\$20,989	
LCTS Lyon Murray Collaborative		\$187,784	
LCTS Rock Pipestone Collaborative		\$46,979	
LCTS Redwood Collaborative		\$65,657	
Local Advisory Council		\$556	
AVAILABLE CASH BALANCE		\$10,147,877	\$10,307,851

REVENUE DESIGNATION



SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER

October 2025

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	BALANCE FORWARD				1,974,944.14
10/02/25	10772	Disb		124,967.59	1,849,976.55
10/03/25	11815-11833	Payroll		169,805.19	1,680,171.36
10/03/25	97984-98233	Payroll		603,109.40	1,077,061.96
10/03/25	139731-139753	Disb		2,524.19	1,074,537.77
10/03/25	29113-29123 ACH	Disb		1,221.96	1,073,315.81
10/03/25	139754-139786	Disb		102,954.08	970,361.73
10/03/25	29124-29152 ACH	Disb		32,517.36	937,844.37
10/03/25	10773	Disb		2,127.10	935,717.27
10/03/25	10774	Disb		1,258.25	934,459.02
10/03/25	61922-61947	Deposit	206,704.09		1,141,163.11
10/06/25	10775	Disb		16,411.96	1,124,751.15
10/06/25	10776	Disb		5,156.54	1,119,594.61
10/06/25	10777	Disb		3,404.90	1,116,189.71
10/06/25	VOID 117851	Disb		(148.50)	1,116,338.21
10/07/25	10778	Disb		301.00	1,116,037.21
10/07/25	10779	Disb		12.00	1,116,025.21
10/07/25	61948-61990	Deposit	150,126.14		1,266,151.35
10/08/25	10780	Disb		20.00	1,266,131.35
10/08/25	10781	Disb		20.00	1,266,111.35
10/09/25	10782	Disb		131,610.36	1,134,500.99
10/10/25	139787-139806	Disb		2,400.80	1,132,100.19
10/10/25	29153-29163 ACH	Disb		841.65	1,131,258.54
10/10/25	139807-139882	Disb		223,179.45	908,079.09
10/10/25	29164-29222 ACH	Disb		222,574.47	685,504.62
10/10/25	61991-62011	Deposit	164,738.07		850,242.69
10/14/25	62012-62040	Deposit	14,823.92		865,066.61
10/15/25	Transfer from Magic	Transfer	2,000,000.00		2,865,066.61
10/16/25	10783	Disb		34,564.00	2,830,502.61
10/17/25	11834-11851	Payroll		172,442.91	2,658,059.70
10/17/25	98234-98476	Payroll		597,379.14	2,060,680.56
10/17/25	139883-139901	Disb		2,597.78	2,058,082.78
10/17/25	29223-29230 ACH	Disb		556.21	2,057,526.57
10/17/25	139902-139962	Disb		287,154.49	1,770,372.08
10/17/25	29231-29275 ACH	Disb		159,289.00	1,611,083.08
10/17/25	139963-139999	Disb		6,843.80	1,604,239.28
10/17/25	29276-29325 ACH	Disb		9,724.30	1,594,514.98
10/17/25	140000-140049	Disb		33,597.15	1,560,917.83
10/17/25	29326-29439 ACH	Disb		61,807.76	1,499,110.07
10/17/25	10784	Disb		1,258.25	1,497,851.82
10/17/25	62041-62111	Deposit	269,235.34		1,767,087.16
10/20/25	10785	Disb		5,156.54	1,761,930.62
10/20/25	10786	Disb		16,411.46	1,745,519.16
10/20/25	10787	Disb		5,723.83	1,739,795.33
10/21/25	62112-62135	Deposit	101,853.62		1,841,648.95
10/23/25	10788	Disb		79,610.45	1,762,038.50
10/24/25	140050-140065	Disb		1,533.22	1,760,505.28
10/24/25	29440-29448 ACH	Disb		2,467.60	1,758,037.68
10/24/25	140066-140118	Disb		456,060.13	1,301,977.55
10/24/25	29449-29477 ACH	Disb		60,866.16	1,241,111.39
10/24/25	10789	Disb		683.25	1,240,428.14
10/24/25	62136-62180	Deposit	434,036.80		1,674,464.94
10/28/25	62181-62231	Deposit	209,758.79		1,884,223.73
10/29/25	VOID 117434	Disb		(349.12)	1,884,572.85
10/29/25	VOID 119430	Disb		(40.00)	1,884,612.85
10/29/25	VOID 120754	Disb		(51.24)	1,884,664.09
10/29/25	VOID 121072	Disb		(29.18)	1,884,693.27
10/29/25	Transfer from SS Account	Deposit	5,920.00		1,890,613.27
10/30/25	10790	Disb		40,307.12	1,850,306.15
10/31/25	11852-11852	Payroll		3,171.66	1,847,134.49
10/31/25	98477-98718	Payroll		633,482.70	1,213,651.79
10/31/25	140119-140149	Disb		2,602.66	1,211,049.13
10/31/25	29478-29492 ACH	Disb		1,090.85	1,209,958.28
10/31/25	140150-140179	Disb		191,924.99	1,018,033.29
10/31/25	29493-29512 ACH	Disb		86,568.79	931,464.50
10/31/25	VOID 29447	Disb		(129.16)	931,593.66
10/31/25	62232-62255	Deposit	42,745.96		974,339.62
		TOTALS	3,599,942.73	4,600,547.25	

Checking - SS Beneficiaries	3,000.00
Savings - Old National	545,401.95
Savings - First Interstate Bank	84,186.13
Investments - Magic Fund	11,436,374.08

TOTAL CASH BALANCE **13,043,301.78**

SWHHS TREND ANALYSIS

Total Cash and Investment Balance by Month

ALL FUNDS

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	Average for Year
2018	\$4,721,044.88	\$4,333,938.53	\$2,935,770.10	\$1,965,449.62	\$2,570,090.71	\$5,977,407.40	\$6,033,326.24	\$5,731,633.62	\$4,391,517.44	\$3,775,199.56	\$5,252,398.36	\$6,085,906.40	\$4,481,140.24
2019	\$5,468,300.08	\$5,390,753.05	\$3,560,027.40	\$2,614,293.54	\$4,269,080.30	\$7,062,814.89	\$7,420,076.79	\$6,778,561.83	\$5,219,902.01	\$4,511,324.16	\$5,788,830.92	\$7,097,094.23	\$5,431,754.93
2020	\$5,612,100.09	\$5,244,836.41	\$3,999,085.28	\$3,557,399.16	\$3,544,281.51	\$8,279,950.83	\$8,206,914.72	\$8,087,152.70	\$7,320,202.93	\$6,302,908.56	\$6,288,111.05	\$8,688,761.65	\$6,260,975.41
2021	\$8,213,250.83	\$7,755,540.60	\$6,331,255.58	\$4,926,907.49	\$5,077,191.48	\$10,354,544.54	\$9,823,063.10	\$9,696,380.41	\$8,596,377.19	\$7,380,331.30	\$7,918,904.38	\$10,090,463.28	\$8,013,684.18
2022	\$9,063,232.17	\$9,669,188.89	\$8,757,032.95	\$7,551,267.96	\$7,600,154.97	\$11,926,913.67	\$11,759,179.93	\$11,073,388.31	\$9,901,872.00	\$9,446,009.83	\$10,477,101.38	\$11,454,718.79	\$9,890,005.07
2023	\$11,060,333.16	\$11,548,890.82	\$10,317,240.69	\$9,301,999.20	\$10,138,948.20	\$13,789,129.14	\$14,781,337.63	\$14,708,502.17	\$13,461,381.69	\$12,826,934.47	\$13,827,985.91	\$14,612,668.79	\$12,531,279.32
2024	\$12,990,412.51	\$13,407,987.82	\$11,788,426.03	\$10,210,044.11	\$10,134,674.15	\$14,479,546.19	\$15,771,391.01	\$16,034,651.70	\$14,484,828.29	\$12,943,922.71	\$14,085,622.55	\$15,273,301.58	\$13,467,067.39
2025	\$14,741,422.60	\$14,465,390.41	\$13,240,688.41	\$11,685,899.48	\$10,451,369.98	\$16,726,259.24	\$16,885,469.66	\$17,359,062.14	\$15,994,401.25	\$13,043,301.78			

PUBLIC HEALTH

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	Average for Year
2018	\$1,962,214.72	\$1,943,637.75	\$1,780,622.98	\$2,023,315.56	\$1,870,382.57	\$1,633,344.06	\$1,816,127.45	\$1,643,850.72	\$1,584,218.99	\$1,914,793.23	\$1,842,417.33	\$1,743,836.48	\$1,813,230.15
2019	\$1,851,277.80	\$1,972,764.31	\$1,918,434.61	\$2,063,608.18	\$2,039,616.86	\$1,918,780.30	\$2,044,401.82	\$2,039,261.99	\$1,915,329.19	\$2,036,424.83	\$1,985,685.37	\$1,910,997.42	\$1,974,715.22
2020	\$1,967,807.21	\$2,029,158.92	\$2,191,628.66	\$2,443,036.94	\$2,039,616.86	\$1,918,780.30	\$2,044,401.82	\$2,039,261.99	\$2,236,196.53	\$2,383,533.05	\$2,377,097.32	\$2,458,002.48	\$2,177,376.84
2021	\$2,686,372.79	\$2,595,490.74	\$2,483,393.31	\$2,394,881.79	\$2,704,232.84	\$2,797,102.25	\$2,854,166.91	\$2,927,270.22	\$2,887,651.14	\$2,943,305.87	\$3,062,913.28	\$3,061,698.33	\$2,783,206.62
2022	\$3,188,143.70	\$3,522,705.99	\$3,489,931.37	\$3,750,709.18	\$3,760,049.78	\$3,637,055.84	\$3,801,847.69	\$3,792,898.70	\$3,701,291.30	\$3,780,582.03	\$4,015,468.97	\$3,958,921.27	\$3,699,967.15
2023	\$4,092,369.86	\$4,485,621.04	\$4,522,574.88	\$4,317,365.64	\$4,392,590.53	\$4,413,234.48	\$4,329,419.65	\$4,465,577.48	\$4,276,687.45	\$4,346,328.21	\$4,280,939.44	\$3,969,889.82	\$4,324,383.21
2024	\$4,038,252.01	\$4,221,609.24	\$4,063,656.33	\$4,222,559.23	\$4,145,900.32	\$4,122,413.31	\$4,351,861.01	\$4,363,581.38	\$4,131,454.41	\$4,130,140.57	\$4,006,178.88	\$3,909,410.51	\$4,142,251.43
2025	\$4,074,035.97	\$4,191,641.50	\$4,078,476.22	\$4,267,923.26	\$4,152,381.67	\$4,098,379.38	\$4,378,582.03	\$4,451,768.81	\$4,292,210.21	\$4,184,485.39			

HUMAN SERVICES

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	Average for Year
2018	\$2,027,812.89	\$1,484,259.33	\$191,366.90	-\$965,731.97	-\$501,975.29	\$2,490,788.49	\$3,357,738.65	\$3,035,839.30	\$1,833,134.33	\$948,482.40	\$2,542,047.76	\$3,397,063.22	\$1,653,402.17
2019	\$2,581,063.09	\$2,265,158.91	\$405,973.82	-\$661,408.85	\$934,705.49	\$3,904,218.27	\$4,115,284.54	\$3,342,408.83	\$1,895,296.62	\$1,080,003.92	\$2,347,069.20	\$3,881,423.66	\$2,174,266.46
2020	\$2,332,934.55	\$1,794,776.37	\$446,580.09	-\$301,075.40	-\$322,039.73	\$4,477,838.46	\$4,384,474.68	\$4,260,536.62	\$3,518,651.39	\$2,410,104.32	\$2,492,480.39	\$4,846,662.00	\$2,528,493.65
2021	\$4,187,134.17	\$3,427,813.26	\$2,563,120.41	\$1,286,019.28	\$934,705.49	\$3,904,218.27	\$4,115,284.54	\$3,342,408.83	\$4,305,643.19	\$3,134,667.60	\$3,557,047.37	\$5,699,958.61	\$3,371,501.75
2022	\$4,620,423.53	\$4,781,219.71	\$3,878,657.09	\$2,403,835.75	\$2,505,036.95	\$7,134,523.44	\$6,827,202.31	\$6,300,253.90	\$5,236,120.79	\$4,373,885.31	\$5,527,904.49	\$6,555,357.85	\$5,012,035.09
2023	\$6,052,424.45	\$6,081,720.18	\$4,666,308.71	\$3,354,346.73	\$4,090,366.08	\$7,797,583.18	\$8,821,277.15	\$8,602,178.45	\$7,457,835.03	\$6,724,760.36	\$7,810,473.46	\$8,528,878.75	\$6,665,679.38
2024	\$6,839,001.71	\$7,235,453.39	\$5,532,685.68	\$3,788,842.32	\$3,831,588.73	\$8,238,989.43	\$9,073,694.44	\$9,105,465.52	\$7,668,104.26	\$6,177,710.77	\$7,158,530.28	\$8,455,593.61	\$6,925,471.68
2025	\$7,745,871.12	\$7,303,235.76	\$6,248,994.18	\$4,503,163.26	\$3,353,298.27	\$9,769,751.09	\$9,791,009.80	\$9,981,437.74	\$8,709,635.34	\$5,963,392.07			

HEALTH INSURANCE

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	Average for Year
2018	\$547,461.08	\$661,779.26	\$734,590.83	\$705,226.64	\$998,994.04	\$688,218.46	\$693,431.75	\$820,833.21	\$742,653.73	\$690,065.54	\$709,870.88	\$736,904.37	\$727,502.48
2019	\$830,786.86	\$898,632.50	\$996,671.64	\$973,046.88	\$1,015,393.62	\$1,046,007.99	\$1,064,138.10	\$1,127,623.68	\$1,189,707.87	\$1,200,976.08	\$1,195,846.02	\$1,051,604.82	\$1,049,203.01
2020	\$1,070,978.00	\$1,108,164.79	\$1,071,726.42	\$1,126,237.51	\$1,216,443.58	\$1,252,789.13	\$1,289,386.59	\$1,328,430.70	\$1,343,792.01	\$1,297,527.65	\$1,206,581.80	\$1,132,234.63	\$1,203,691.07
2021	\$1,103,507.67	\$1,443,581.40	\$1,012,036.66	\$973,311.22	\$1,025,293.31	\$970,211.29	\$957,506.41	\$1,089,406.61	\$1,075,654.66	\$1,043,092.63	\$1,036,496.53	\$1,025,248.14	\$1,062,945.54
2022	\$954,094.74	\$996,914.99	\$1,020,096.29	\$1,046,274.83	\$933,827.04	\$843,343.19	\$833,162.73	\$700,529.94	\$684,754.43	\$988,223.72	\$662,283.75	\$623,422.50	\$857,244.01
2023	\$612,668.68	\$678,479.43	\$767,125.93	\$804,622.27	\$763,093.34	\$779,663.23	\$844,301.69	\$833,854.87	\$909,715.53	\$929,036.75	\$862,791.28	\$1,271,163.67	\$838,043.06
2024	\$1,275,154.66	\$1,119,962.06	\$1,263,826.05	\$1,277,248.67	\$1,198,181.49	\$1,246,485.98	\$1,323,462.62	\$1,412,742.21	\$1,455,894.60	\$1,327,744.15	\$1,485,520.34	\$1,510,590.02	\$1,324,734.40
2025	\$1,581,238.31	\$1,609,168.89	\$1,569,979.19	\$1,605,251.53	\$1,590,647.00	\$1,603,927.37	\$1,498,302.55	\$1,537,306.06	\$1,571,600.79	\$1,454,757.34			

Southwest Health and Human Services



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Treasurer's Cash Trial Balance

As of 10/2025

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1 Health Services Fund	3,909,410.51			
Receipts		403,317.87	4,115,448.51	
Disbursements		109,202.38-	788,496.42-	
Payroll		401,216.05-	3,036,110.53-	
Journal Entries		0.00	15,766.68-	
Fund Total		107,100.56-	275,074.88	4,184,485.39
2 Opioid Settlement	1,095,128.18			
Receipts		30,374.50	217,959.46	
Disbursements		10,682.17-	191,952.03-	
Payroll		199.26-	2,434.89-	
Fund Total		19,493.07	23,572.54	1,118,700.72
5 Human Services Fund 410 General Administration	1,024,725.12-			
Receipts		73,793.50	776,470.67	
Disbursements		66,192.02-	713,872.37-	
Payroll		13,061.91-	111,857.96-	
Journal Entries		0.00	15,888.26	
Dept Total		5,460.43-	33,371.40-	1,058,096.52-
5 Human Services Fund 420 Income Maintenance	7,446,669.00			
Receipts		217,828.96	8,716,956.00	
Disbursements		395,075.23-	3,750,595.28-	
Payroll		546,860.21-	4,162,978.64-	
Journal Entries		0.00	24,803.94-	
Dept Total		724,106.48-	778,578.14	8,225,247.14
5 Human Services Fund 431 Social Services	6,505,289.37			
Receipts		621,155.60	15,834,212.61	
Disbursements		286,784.96-	1,383,498.15-	

Southwest Health and Human Services



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Treasurer's Cash Trial Balance

As of 10/2025

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
SSIS		1,132,264.54-	8,135,643.84-	
Payroll		1,194,540.63-	9,531,808.43-	
Journal Entries		0.00	4,345.38	
Dept Total		1,992,434.53-	3,212,392.43-	3,292,896.94
5	432			
Human Services Fund		Restorative Justice		
	0.00			
Receipts		0.00	197,395.53	
Disbursements		1,353.15-	40,652.63-	
Payroll		23,512.94-	128,426.12-	
Journal Entries		0.00	55,640.63-	
Dept Total		24,866.09-	27,323.85-	27,323.85-
5	461			
Human Services Fund		Information Systems		
	4,471,639.64-			
Payroll		0.00	93,898.00-	
Journal Entries		0.00	93,898.00	
Dept Total		0.00	0.00	4,471,639.64-
5	471			
Human Services Fund		LCTS Collaborative Agency		
	0.00			
Receipts		0.00	211,763.00	
Disbursements		0.00	209,455.00-	
Dept Total		0.00	2,308.00	2,308.00
Fund Total	8,455,593.61	2,746,867.53-	2,492,201.54-	5,963,392.07
61				
Agency Health Insurance				
	1,510,590.02			
Receipts		296,388.35	3,081,184.06	
Disbursements		413,231.80-	3,137,016.74-	
Fund Total		116,843.45-	55,832.68-	1,454,757.34
71				
LCTS Lyon Murray Collaborative Fund		LCTS Collaborative Agency		
	152,996.21			
Receipts		0.00	104,804.00	
Disbursements		0.00	70,016.24-	

Southwest Health and Human Services



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Treasurer's Cash Trial Balance

As of 10/2025

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Dept Total		0.00	34,787.76	187,783.97
Fund Total	152,996.21	0.00	34,787.76	187,783.97
73 LCTS Rock Pipestone Collaborative Fund	471	LCTS Collaborative Agency		
	52,775.81			
Receipts		0.00	36,347.00	
Disbursements		0.00	42,143.40-	
Dept Total		0.00	5,796.40-	46,979.41
Fund Total	52,775.81	0.00	5,796.40-	46,979.41
75 Redwood LCTS Collaborative	471	LCTS Collaborative Agency		
	85,961.51			
Receipts		0.00	72,792.00	
Disbursements		0.00	93,096.36-	
Dept Total		0.00	20,304.36-	65,657.15
Fund Total	85,961.51	0.00	20,304.36-	65,657.15
77 Local Advisory Council	477	Local Advisory Council		
	556.34			
Dept Total		0.00	0.00	556.34
Fund Total	556.34	0.00	0.00	556.34
78 Private Purpose Trust Fund	431	Social Services		
	10,289.39			
Receipts		6,589.00	75,254.00	
Disbursements		6,370.00-	64,554.00-	
Dept Total		219.00	10,700.00	20,989.39
Fund Total	10,289.39	219.00	10,700.00	20,989.39
All Funds	15,273,301.58			

Southwest Health and Human Services



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Treasurer's Cash Trial Balance

As of 10/2025

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Receipts		1,649,447.78	33,440,586.84	
Disbursements		1,288,891.71-	10,485,348.62-	
SSIS		1,132,264.54-	8,135,643.84-	
Payroll		2,179,391.00-	17,067,514.57-	
Journal Entries		0.00	17,920.39	
Total		2,951,099.47-	2,229,999.80-	13,043,301.78

Southwest Health and Human Services



RM-Stmt of Revenues & Expenditures

As Of 10/2025

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2025 BUDGET	% OF BUDG	% OF YEAR	
FUND 1 HEALTH SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	223,324.75-	1,065,593.50-	1,123,025.00-	95	83	
INTERGOVERNMENTAL REVENUES	460.00-	173,590.50-	163,000.00-	106	83	
STATE REVENUES	69,564.50-	1,342,372.73-	1,651,230.00-	81	83	
FEDERAL REVENUES	66,810.92-	1,103,610.95-	1,326,404.00-	83	83	
FEES	33,104.82-	339,704.12-	479,700.00-	71	83	
EARNINGS ON INVESTMENTS	8,638.77-	79,575.43-	40,100.00-	198	83	
MISCELLANEOUS REVENUES	734.79-	5,764.41-	400.00-	1,441	83	
TOTAL REVENUES	402,638.55-	4,110,211.64-	4,783,859.00-	86	83	3% over
EXPENDITURES						
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	83	
PAYROLL AND BENEFITS	401,216.05	3,052,430.21	4,180,987.00	73	83	
OTHER EXPENDITURES	108,523.06	782,706.55	704,966.00	111	83	
TOTAL EXPENDITURES	509,739.11	3,835,136.76	4,885,953.00	78	83	5% under

Southwest Health and Human Services



RM-Stmt of Revenues & Expenditures

As Of 10/2025

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2025 BUDGET	% OF BUDG	% OF YEAR	
FUND 5 HUMAN SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	6,362.13-	8,399,265.14-	13,970,465.00-	60	83	
INTERGOVERNMENTAL REVENUES	0.00	83,172.34-	111,515.00-	75	83	
STATE REVENUES	173,260.96-	5,525,402.89-	6,876,001.00-	80	83	
FEDERAL REVENUES	300,823.07-	6,762,665.09-	8,156,116.00-	83	83	
FEES	290,186.80-	2,267,630.68-	2,492,152.00-	91	83	
EARNINGS ON INVESTMENTS	38,057.28-	351,043.29-	186,518.00-	188	83	
MISCELLANEOUS REVENUES	24,957.91-	1,480,248.96-	1,342,650.00-	110	83	
TOTAL REVENUES	833,648.15-	24,869,428.39-	33,135,417.00-	75	83	8% under
EXPENDITURES						
PROGRAM EXPENDITURES	1,413,169.86	11,010,831.43	12,902,531.00	85	83	
PAYROLL AND BENEFITS	1,898,145.38	14,066,227.66	17,310,190.00	81	83	
OTHER EXPENDITURES	269,200.44	2,288,897.31	2,922,696.00	78	83	
TOTAL EXPENDITURES	3,580,515.68	27,365,956.40	33,135,417.00	83	83	0% at budget

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
1 FUND	Health Services Fund							
410 DEPT	General Administration							
0 PROGRAM	...		Revenue					83
			Expend.	6,024.42	15,191.87	0.00	0	83
			Net	6,024.42	15,191.87	0.00	0	83
910 PROGRAM	CHA/CHIP		Revenue	0.00	0.00	4,170.00 -	0	83
			Expend.	2,891.48	20,359.38	66,146.00	31	83
			Net	2,891.48	20,359.38	61,976.00	33	83
915 PROGRAM	CDC Infrastructure Grant		Revenue	20,110.43-	104,278.26-	57,702.00 -	181	83
			Expend.	3,344.51	97,566.06	61,678.00	158	83
			Net	16,765.92-	6,712.20-	3,976.00	169-	83
919 PROGRAM	PH Foundational		Revenue	0.00	170,374.31-	216,045.00 -	79	83
			Expend.	23,005.28	152,729.88	202,385.00	75	83
			Net	23,005.28	17,644.43-	13,660.00 -	129	83
930 PROGRAM	Administration		Revenue	232,724.72-	1,403,891.49-	1,279,137.00 -	110	83
			Expend.	105,022.16	791,304.22	837,723.00	94	83
			Net	127,702.56-	612,587.27-	441,414.00 -	139	83
410 DEPT	General Administration	Totals:	Revenue	252,835.15-	1,678,544.06-	1,557,054.00 -	108	83
			Expend.	140,287.85	1,077,151.41	1,167,932.00	92	83
			Net	112,547.30-	601,392.65-	389,122.00 -	155	83
481 DEPT	Nursing							
100 PROGRAM	Family Health		Revenue	355.00-	23,674.14-	18,125.00 -	131	83
			Expend.	2,792.13	22,461.89	24,353.00	92	83
			Net	2,437.13	1,212.25-	6,228.00	19-	83
103 PROGRAM	Follow Along Program		Revenue	0.00	20,284.20-	33,717.00 -	60	83
			Expend.	1,599.29	23,791.76	34,850.00	68	83
			Net	1,599.29	3,507.56	1,133.00	310	83
110 PROGRAM	TANF		Revenue	21,399.79-	155,112.37-	130,240.00 -	119	83
			Expend.	19,150.01	110,984.53	130,368.00	85	83
			Net	2,249.78-	44,127.84-	128.00	34,475-	83
125 PROGRAM	Asthma Program		Revenue					83
			Expend.	0.00	1,254.81	13,522.00	9	83
			Net	0.00	1,254.81	13,522.00	9	83

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
130 PROGRAM	WIC		Revenue	0.00	417,692.00-	550,150.00 -	76	83
			Expend.	64,308.89	473,911.14	634,297.00	75	83
			Net	64,308.89	56,219.14	84,147.00	67	83
210 PROGRAM	CTC Outreach		Revenue	13,312.27-	96,019.03-	187,858.00 -	51	83
			Expend.	16,911.85	102,890.88	194,369.00	53	83
			Net	3,599.58	6,871.85	6,511.00	106	83
265 PROGRAM	Strong Foundations FHV		Revenue	25,251.86-	101,237.17-	189,265.00 -	53	83
			Expend.	9,522.47	79,102.92	175,983.00	45	83
			Net	15,729.39-	22,134.25-	13,282.00 -	167	83
270 PROGRAM	Maternal Child Health - Title V		Revenue	4,783.15-	93,215.94-	134,379.00 -	69	83
			Expend.	12,954.11	130,394.04	261,092.00	50	83
			Net	8,170.96	37,178.10	126,713.00	29	83
280 PROGRAM	MCH Dental Health		Revenue	0.00	0.00	2,000.00 -	0	83
			Expend.	188.36	2,145.68	40,650.00	5	83
			Net	188.36	2,145.68	38,650.00	6	83
285 PROGRAM	MCH Blood Lead		Revenue					83
			Expend.	2,048.31	18,071.57	7,186.00	251	83
			Net	2,048.31	18,071.57	7,186.00	251	83
295 PROGRAM	MCH Car Seat Program		Revenue	1,168.33-	14,859.93-	17,000.00 -	87	83
			Expend.	5,400.08	51,647.43	77,032.00	67	83
			Net	4,231.75	36,787.50	60,032.00	61	83
300 PROGRAM	Case Management		Revenue	25,881.34-	407,407.07-	405,212.00 -	101	83
			Expend.	44,886.14	361,036.49	406,385.00	89	83
			Net	19,004.80	46,370.58-	1,173.00	3,953-	83
330 PROGRAM	MNChoices		Revenue	0.00	176,140.52-	214,074.00 -	82	83
			Expend.	34,776.92	263,023.94	393,306.00	67	83
			Net	34,776.92	86,883.42	179,232.00	48	83
603 PROGRAM	Disease Prevention and Control		Revenue	2,136.00-	7,901.22-	202,739.00 -	4	83
			Expend.	19,952.53	121,745.71	237,233.00	51	83
			Net	17,816.53	113,844.49	34,494.00	330	83
660 PROGRAM	MIIC		Revenue					83
			Expend.	0.00	13,927.60	0.00	0	83
			Net	0.00	13,927.60	0.00	0	83

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
481 DEPT	Nursing	Totals:	Revenue	94,287.74-	1,513,543.59-	2,084,759.00 -	73	83
			Expend.	234,491.09	1,776,390.39	2,630,626.00	68	83
			Net	140,203.35	262,846.80	545,867.00	48	83
483 DEPT	Health Education							
500 PROGRAM	Direct Client Services		Revenue	0.00	3,143.17-	7,112.00 -	44	83
			Expend.	1,702.22	6,542.87	11,992.00	55	83
			Net	1,702.22	3,399.70	4,880.00	70	83
510 PROGRAM	SHIP		Revenue	0.00	173,056.46-	224,631.00 -	77	83
			Expend.	24,421.30	188,289.94	236,675.00	80	83
			Net	24,421.30	15,233.48	12,044.00	126	83
540 PROGRAM	Toward Zero Deaths (TZD) Safe Roads L		Revenue	2,128.26-	4,358.25-	20,576.00 -	21	83
			Expend.	756.69	5,017.57	23,257.00	22	83
			Net	1,371.57-	659.32	2,681.00	25	83
541 PROGRAM	Toward Zero Deaths (TZD) Safe Roads LP		Revenue	1,737.54-	4,376.20-	20,576.00 -	21	83
			Expend.	586.90	4,246.92	23,632.00	18	83
			Net	1,150.64-	129.28-	3,056.00	4-	83
551 PROGRAM	Pipestone Drug Free Communities		Revenue	0.00	136,802.44-	125,000.00 -	109	83
			Expend.	19,849.75	142,958.09	125,000.00	114	83
			Net	19,849.75	6,155.65	0.00	0	83
565 PROGRAM	Cannabis		Revenue	4,383.62-	72,682.03-	156,370.00 -	46	83
			Expend.	28,020.60	98,578.09	73,775.00	134	83
			Net	23,636.98	25,896.06	82,595.00 -	31-	83
900 PROGRAM	Emergency Preparedness		Revenue	8,915.31-	65,147.05-	97,152.00 -	67	83
			Expend.	5,557.99	47,171.75	95,803.00	49	83
			Net	3,357.32-	17,975.30-	1,349.00 -	1,332	83
903 PROGRAM	Response Sustainability-PHEP		Revenue	34,746.33-	186,959.16-	178,358.00 -	105	83
			Expend.	14,006.63	165,027.86	140,190.00	118	83
			Net	20,739.70-	21,931.30-	38,168.00 -	57	83
905 PROGRAM	COVID-19 Pandemic		Revenue	0.00	37,052.30-	0.00	0	83
			Expend.	0.00	26,240.53	0.00	0	83
			Net	0.00	10,811.77-	0.00	0	83
483 DEPT	Health Education	Totals:	Revenue	51,911.06-	683,577.06-	829,775.00 -	82	83
			Expend.	94,902.08	684,073.62	730,324.00	94	83
			Net	42,991.02	496.56	99,451.00 -	0-	83
485 DEPT	Environmental Health							

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
800 PROGRAM	Environmental		Revenue	460.00-	167,161.59-	222,771.00 -	75	83
			Expend.	28,372.08	220,882.39	258,960.00	85	83
			Net	27,912.08	53,720.80	36,189.00	148	83
809 PROGRAM	Environmental Water Lab		Revenue	3,144.60-	67,385.34-	89,500.00 -	75	83
			Expend.	11,686.01	76,638.95	98,111.00	78	83
			Net	8,541.41	9,253.61	8,611.00	107	83
485 DEPT	Environmental Health	Totals:	Revenue	3,604.60-	234,546.93-	312,271.00 -	75	83
			Expend.	40,058.09	297,521.34	357,071.00	83	83
			Net	36,453.49	62,974.41	44,800.00	141	83
1 FUND	Health Services Fund	Totals:	Revenue	402,638.55-	4,110,211.64-	4,783,859.00 -	86	83
			Expend.	509,739.11	3,835,136.76	4,885,953.00	78	83
			Net	107,100.56	275,074.88-	102,094.00	269-	83

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
5 FUND	Human Services Fund							
410 DEPT	General Administration							
0 PROGRAM	...							
			Revenue					83
			Expend.	5,460.43	37,697.87	34,482.00	109	83
			Net	5,460.43	37,697.87	34,482.00	109	83
410 DEPT	General Administration	Totals:	Revenue					83
			Expend.	5,460.43	37,697.87	34,482.00	109	83
			Net	5,460.43	37,697.87	34,482.00	109	83
420 DEPT	Income Maintenance							
0 PROGRAM	...		Revenue					83
			Expend.	1.66	1.66	0.00	0	83
			Net	1.66	1.66	0.00	0	83
600 PROGRAM	Income Maint Administrative/Overhead		Revenue	17,127.93-	3,082,856.64-	4,996,856.00 -	62	83
			Expend.	165,709.01	1,445,295.12	1,698,381.00	85	83
			Net	148,581.08	1,637,561.52-	3,298,475.00 -	50	83
601 PROGRAM	Income Maint/Random Moment Payroll		Revenue					83
			Expend.	326,141.95	2,504,451.07	3,140,555.00	80	83
			Net	326,141.95	2,504,451.07	3,140,555.00	80	83
602 PROGRAM	Income Maint FPI Investigator		Revenue	0.00	44,813.00-	210,256.00 -	21	83
			Expend.	10,071.31	54,474.57	210,256.00	26	83
			Net	10,071.31	9,661.57	0.00	0	83
605 PROGRAM	MN Supplemental Aid (MSA)/GRH		Revenue	1,524.43-	33,247.21-	50,500.00 -	66	83
			Expend.	0.00	35,121.02	50,000.00	70	83
			Net	1,524.43-	1,873.81	500.00 -	375-	83
610 PROGRAM	TANF(AFDC/MFIP/DWP)		Revenue	125.00-	7,457.25-	8,400.00 -	89	83
			Expend.	0.00	4,948.55	2,100.00	236	83
			Net	125.00-	2,508.70-	6,300.00 -	40	83
620 PROGRAM	General Asst(GA)/Final Disposition		Revenue	0.00	38,144.21-	37,000.00 -	103	83
			Expend.	7,477.00	119,928.67	251,000.00	48	83
			Net	7,477.00	81,784.46	214,000.00	38	83
630 PROGRAM	Food Support (FS)		Revenue	342.00-	523,008.86-	706,000.00 -	74	83
			Expend.	0.00	6,165.79	3,000.00	206	83
			Net	342.00-	516,843.07-	703,000.00 -	74	83

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
640 PROGRAM	Child Support (IVD)		Revenue	353.96-	809,972.37-	1,044,500.00 -	78	83
			Expend.	124,550.87	924,070.92	1,039,670.00	89	83
			Net	124,196.91	114,098.55	4,830.00 -	2,362-	83
650 PROGRAM	Medical Assistance (MA)		Revenue	196,642.97-	4,165,618.37-	4,805,000.00 -	87	83
			Expend.	306,270.97	2,836,133.40	3,455,000.00	82	83
			Net	109,628.00	1,329,484.97-	1,350,000.00 -	98	83
680 PROGRAM	Refugee Cash Assistance (RCA)		Revenue	0.00	4,051.00-	1,050.00 -	386	83
			Expend.					83
			Net	0.00	4,051.00-	1,050.00 -	386	83
420 DEPT	Income Maintenance	Totals:	Revenue	216,116.29-	8,709,168.91 -	11,859,562.00 -	73	83
			Expend.	940,222.77	7,930,590.77	9,849,962.00	81	83
			Net	724,106.48	778,578.14-	2,009,600.00 -	39	83
431 DEPT	Social Services							
0 PROGRAM	...		Revenue	0.00	242,422.83	0.00	0	83
			Expend.					83
			Net	0.00	242,422.83	0.00	0	83
700 PROGRAM	Social Service Administrative/Overhead		Revenue	79,563.42-	8,718,415.49 -	12,569,877.00 -	69	83
			Expend.	416,415.14	3,389,943.63	4,648,845.00	73	83
			Net	336,851.72	5,328,471.86-	7,921,032.00 -	67	83
701 PROGRAM	Social Services/SSTS		Revenue					83
			Expend.	929,030.93	7,238,656.78	8,672,538.00	83	83
			Net	929,030.93	7,238,656.78	8,672,538.00	83	83
710 PROGRAM	Children's Social Services Programs		Revenue	47,979.02-	1,752,264.75-	1,794,885.00 -	98	83
			Expend.	520,093.28	4,335,627.83	4,466,751.00	97	83
			Net	472,114.26	2,583,363.08	2,671,866.00	97	83
711 PROGRAM	YIP Grant (Circle)-Dept of Public Safety		Revenue	0.00	0.00	37,507.00 -	0	83
			Expend.	0.00	0.00	37,507.00	0	83
			Net	0.00	0.00	0.00	0	83
712 PROGRAM	CIRCLE Program		Revenue	0.00	0.00	5,000.00 -	0	83
			Expend.	2,309.54	7,758.39	12,000.00	65	83
			Net	2,309.54	7,758.39	7,000.00	111	83
713 PROGRAM	STAY Program Grant (formerly SELF)		Revenue	0.00	32,293.00-	40,500.00 -	80	83
			Expend.	1,625.91	11,026.57	40,500.00	27	83
			Net	1,625.91	21,266.43-	0.00	0	83

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
714 PROGRAM	PrimeWest Reinvestment Grant		Revenue	0.00	39,505.66	0.00	0	83
			Expend.	124,731.64	176,998.10	0.00	0	83
			Net	124,731.64	216,503.76	0.00	0	83
715 PROGRAM	Children Waivers		Revenue	5,973.31-	102,460.04-	94,000.00-	109	83
			Expend.	0.00	0.00	800.00	0	83
			Net	5,973.31-	102,460.04-	93,200.00-	110	83
716 PROGRAM	FGDM/Family Group Decision Making		Revenue	0.00	79,396.55-	123,032.00-	65	83
			Expend.	9,418.70	64,455.01	123,032.00	52	83
			Net	9,418.70	14,941.54-	0.00	0	83
717 PROGRAM	Family Assmt Response Grant/Discr Fund		Revenue	0.00	31,053.80-	43,163.00-	72	83
			Expend.	8,561.55	27,571.28	43,163.00	64	83
			Net	8,561.55	3,482.52-	0.00	0	83
718 PROGRAM	PSOP/Parent Support Outreach Program		Revenue	0.00	12,973.50-	28,587.00-	45	83
			Expend.	3,110.25	10,577.07	28,587.00	37	83
			Net	3,110.25	2,396.43-	0.00	0	83
719 PROGRAM	CCIP/Comm.Crime Intervention&Prevent		Revenue	0.00	0.00	75,015.00-	0	83
			Expend.	0.00	0.00	75,015.00	0	83
			Net	0.00	0.00	0.00	0	83
720 PROGRAM	Child Care/Child Protection		Revenue	6,050.00-	34,928.00-	20,000.00-	175	83
			Expend.	1,641.53	6,012.72	2,500.00	241	83
			Net	4,408.47-	28,915.28-	17,500.00-	165	83
721 PROGRAM	CC Basic Slide Fee/Cty Match to DHS		Revenue	2,018.00-	21,131.00-	19,500.00-	108	83
			Expend.	7,228.00	36,137.00	50,000.00	72	83
			Net	5,210.00	15,006.00	30,500.00	49	83
726 PROGRAM	MFIP/SW MN PIC		Revenue	475.00-	5,017.00-	10,000.00-	50	83
			Expend.					83
			Net	475.00-	5,017.00-	10,000.00-	50	83
730 PROGRAM	Chemical Dependency		Revenue	6,152.67-	191,991.93-	239,500.00-	80	83
			Expend.	49,528.28	179,683.23	165,500.00	109	83
			Net	43,375.61	12,308.70-	74,000.00-	17	83
741 PROGRAM	Mental Health - Adults Only		Revenue	89,154.82-	1,223,816.18-	1,587,535.00-	77	83
			Expend.	259,683.50	1,690,805.32	2,498,584.00	68	83
			Net	170,528.68	466,989.14	911,049.00	51	83

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
742 PROGRAM	Mental Health - Children Only		Revenue	74,681.61-	941,905.89-	1,300,841.00 -	72	83
			Expend.	137,486.99	1,212,606.50	1,485,674.00	82	83
			Net	62,805.38	270,700.61	184,833.00	146	83
750 PROGRAM	Developmental Disabilities		Revenue	61,321.45-	704,892.59-	807,219.00 -	87	83
			Expend.	14,683.54	173,904.68	252,140.00	69	83
			Net	46,637.91-	530,987.91-	555,079.00 -	96	83
760 PROGRAM	Adult Services		Revenue	167,355.27-	1,307,373.87-	1,609,694.00 -	81	83
			Expend.	99,329.52	183,067.93	77,200.00	237	83
			Net	68,025.75-	1,124,305.94-	1,532,494.00 -	73	83
765 PROGRAM	Adult Waivers		Revenue	76,807.29-	873,115.85-	785,000.00 -	111	83
			Expend.	25,088.09	218,661.34	215,000.00	102	83
			Net	51,719.20-	654,454.51-	570,000.00 -	115	83
431 DEPT	Social Services	Totals:	Revenue	617,531.86-	15,751,100.95-	21,190,855.00 -	74	83
			Expend.	2,609,966.39	18,963,493.38	22,895,336.00	83	83
			Net	1,992,434.53	3,212,392.43	1,704,481.00	188	83
432 DEPT	Restorative Justice		Revenue					
			Expend.					
			Net					
700 PROGRAM	Social Service Administrative/Overhead		Revenue					83
			Expend.	5,619.56	42,333.93	0.00	0	83
			Net	5,619.56	42,333.93	0.00	0	83
711 PROGRAM	YIP Grant (Circle)-Dept of Public Safety		Revenue	0.00	30,995.08-	0.00	0	83
			Expend.	2,333.97	33,725.23	0.00	0	83
			Net	2,333.97	2,730.15	0.00	0	83
712 PROGRAM	CIRCLE Program		Revenue	0.00	10,000.00-	0.00	0	83
			Expend.	0.00	31.00	0.00	0	83
			Net	0.00	9,969.00-	0.00	0	83
719 PROGRAM	CCIP/Comm.Crime Intervention&Prevent		Revenue	0.00	156,400.45-	0.00	0	83
			Expend.	16,912.56	148,629.22	0.00	0	83
			Net	16,912.56	7,771.23-	0.00	0	83
432 DEPT	Restorative Justice	Totals:	Revenue	0.00	197,395.53-	0.00	0	83
			Expend.	24,866.09	224,719.38	0.00	0	83
			Net	24,866.09	27,323.85	0.00	0	83
461 DEPT	Information Systems		Revenue					
			Expend.					
			Net					
0 PROGRAM	...		Revenue	0.00	0.00	85,000.00 -	0	83
			Expend.	0.00	0.00	355,637.00	0	83
			Net	0.00	0.00	270,637.00	0	83

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
461 DEPT	Information Systems	Totals:	Revenue	0.00	0.00	85,000.00 -	0	83
			Expend.	0.00	0.00	355,637.00	0	83
			Net	0.00	0.00	270,637.00	0	83
471 DEPT	LCTS Collaborative Agency							
702 PROGRAM	LCTS		Revenue	0.00	211,763.00-	0.00	0	83
			Expend.	0.00	209,455.00	0.00	0	83
			Net	0.00	2,308.00-	0.00	0	83
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	0.00	211,763.00-	0.00	0	83
			Expend.	0.00	209,455.00	0.00	0	83
			Net	0.00	2,308.00-	0.00	0	83
5 FUND	Human Services Fund	Totals:	Revenue	833,648.15-	24,869,428.39-	33,135,417.00 -	75	83
			Expend.	3,580,515.68	27,365,956.40	33,135,417.00	83	83
			Net	2,746,867.53	2,496,528.01	0.00	0	83
FINAL TOTALS	1,281 Accounts		Revenue	1,266,661.20-	29,197,599.49-	38,072,638.00-	77	83
			Expend.	4,101,136.22	31,395,480.08	38,174,732.00	82	83
			Net	2,834,475.02	2,197,880.59	102,094.00	2,153	83

Social Services Caseload:

Yearly Averages	Adult Services	Children's Services	Total Programs
2018	2683	617	3299
2019	2651	589	3241
2020	2623	572	3195
2021	2694	560	3254
2022	2729	567	3295
2023	2820	575	3395
2024	2727	579	3306
2025			

2025	Adult Services	Children's Services	Total Programs
January	2679	567	3246
February	2615	575	3190
March	2674	587	3261
April	2694	566	3260
May	2650	583	3233
June	2653	576	3229
July	2645	559	3204
August	2674	568	3242
September	2684	558	3242
October	2664	543	3207
November			0
December			0
Average	2663	568	3231

Adult - Social Services Caseload

Average	Adult Brain Injury (BI)	Adult Community Access for Disability Inclusion (CADI)	Adult Community Alternative Care (CAC)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
2018	11	299	14	0	282	43	880	18	353	451	331	2683
2019	9	319	13	0	261	58	887	17	295	542	339	2651
2020	10	328	12	0	270	61	869	15	287	453	319	2623
2021	9	362	13	0	272	50	926	14	299	446	303	2609
2022	8	387	12	0	260	72	996	16	230	448	303	2671
2023	8	406	10	0	246	83	1065	17	228	450	306	2757
2024	10	394	11	0	231	111	972	21	206	463	310	2773
2025												

*Note: CADI name change and there is a new category (Adult Essential Community Supports)

2025	Adult Brain Injury (BI)	Adult Community Access for Disability Inclusion (CADI)	Adult Community Alternative Care (CAC)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
January	9	388	11	0	246	132	948	18	189	442	296	2679
February	9	387	11	0	247	131	938	22	151	428	291	2615
March	9	389	11	0	253	140	950	20	186	427	289	2674
April	9	392	11	0	253	149	986	20	157	426	291	2694
May	9	385	11	0	254	161	992	19	108	418	293	2650
June	10	387	11	0	260	147	998	18	113	414	295	2653
July	10	384	10	0	259	150	985	17	116	415	299	2645
August	10	392	10	0	264	167	998	19	103	414	297	2674
September	10	395	10	0	263	181	992	20	106	412	295	2684
October	9	396	10	0	267	186	999	22	78	409	288	2664
November												0
December												0
	9	390	11	0	257	154	979	20	131	421	293	2656

Children's - Social Services Caseload

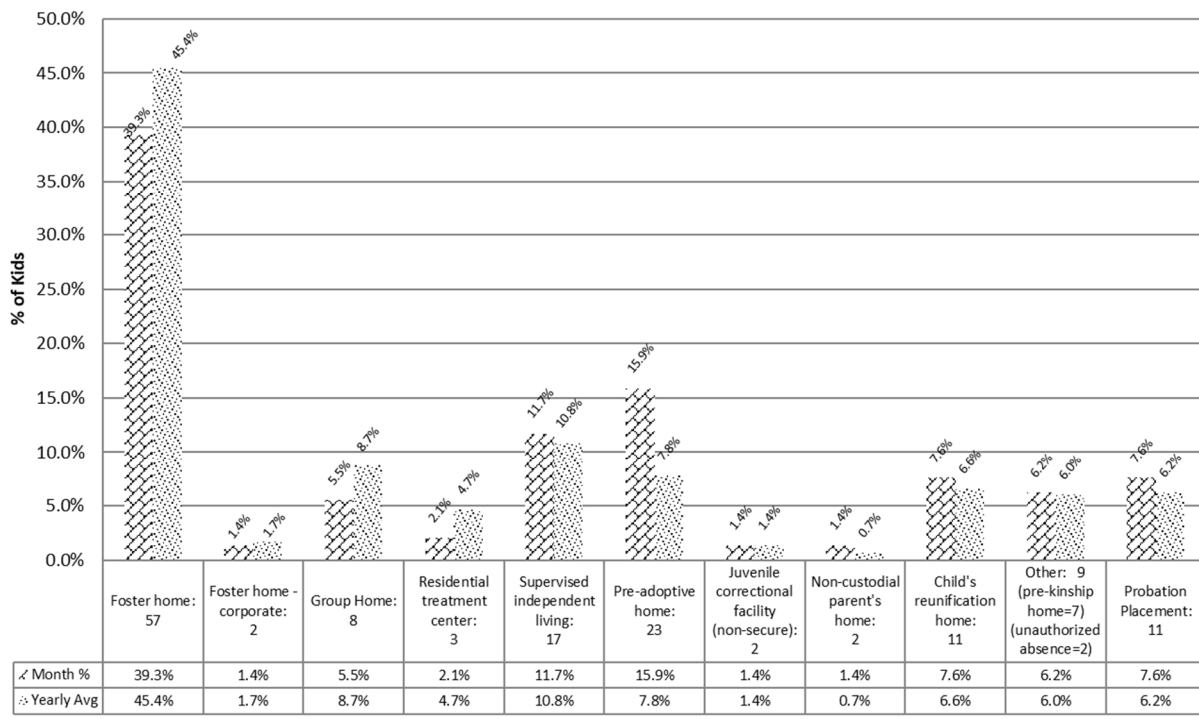
Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2018	46	23	0	11	40	180	182	110	0	0	25	604
2019	36	18	0	11	40	170	191	94	0	0	30	589
2020	30	29	0	12	48	163	178	82	0	0	32	572
2021	21	33	0	13	59	165	155	85	0	0	31	591
2022	23	30	0	13	64	176	145	78	0	0	38	592
2023	22	31	0	12	64	166	158	86	0	0	37	584
2024	21	19	0	11	64	162	168	105	0	0	30	642
2025												

2025	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
January	20	9	0	9	58	149	192	100	0	0	30	567
February	21	13	0	9	58	153	191	103	0	0	27	575
March	22	12	0	9	58	155	196	106	0	0	29	587
April	23	13	0	9	59	131	178	108	0	0	45	566
May	24	15	0	9	60	136	175	115	0	0	49	583
June	24	15	0	9	60	131	175	122	0	0	40	576
July	24	15	0	9	60	128	175	115	0	0	33	559
August	24	14	0	9	62	142	180	108	0	0	29	568
September	23	18	0	9	62	124	183	107	0	0	32	558
October	23	17	0	8	63	125	180	96	0	0	31	543
November												0
December												0
	23	14	0	9	60	137	183	108	0	0	35	576

2025 KIDS IN OUT OF HOME PLACEMENT - BY COUNTY

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	YTD Average	2024 Average
Lincoln	9	11	11	11	10	10	10	8	8	8			10	5
Lyon	65	65	64	60	57	67	67	69	69	67			65	70
Murray	15	14	13	13	14	14	13	13	13	13			14	17
Pipestone	7	11	13	14	13	16	18	20	20	19			15	19
Redwood	38	39	39	39	38	32	34	34	31	31			36	41
Rock	12	7	7	7	7	7	5	8	7	7			7	10
Monthly Totals	146	147	147	144	139	146	147	152	148	145	0	0		

October 2025 - Placement by Category
145 Kids in Placement



October 2025: Total kids in placement = 145

Total of 6 Children entered placement

1	Lyon	Foster Home
1	Pipestone	Foster Home
2	Redwood	Probation
1	Rock	Residential Treatment Center
1	Rock	Probation

Total of 9 Children were discharged from placement (discharges from previous month)

1	Lyon	ADOPTED
1	Lyon	Child's Reunification Home
2	Pipestone	Child's Reunification Home
1	Redwood	Child's Reunification Home
2	Redwood	Probation
2	Rock	Foster Home

NON IVD COLLECTIONS

October 2025

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5803	1,524
TANF (MFIP/DWP/AFDC)	05-420-610.5803	125
GA	05-420-620.5803	0
GA Final Disposition Recovery	05-420-620.5804	0
FS	05-420-630.5803	342
CS (PI Fee, App Fee, etc)	05-420-640.5501	315
MA Probate Fees	05-420-650-5501	0
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	1,960
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	1,424
OOH/FC Recovery	05-431-710.5803	7,865
CHILDCARE		
Licensing	05-431-720.5502	4,850
Corp FC Licensing	05-431-720.5505	1,200
Over Payments	05-431-721&722.5803	0
CHEMICAL DEPENDENCY		
SUD Assessment Fee	05-431-730.5504	1,637
CD Assessments	05-431-730.5519	811
Detox Fees	05-431-730.5520	719
SUD Treatment	05-431-730.5523	924
Over Payments	05-431-730.5803	0
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0
Over Payments	05-431-741 or 742.5803	0
DEVELOPMENTAL DISABILITIES		
Insurance Copay/Overpayments	05-431-750.5803	0
ADULT		
Court Visitor Fee	05-431-760.5515	0
Insurance Copay/Overpayments	05-431-760.5803	170
TOTAL NON-IVD COLLECTIONS		23,868



SWHHS Supplemental Nutrition Assistance Program (SNAP) Data

SWHHS

	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
SNAP Adults	167	1327	259	335	588	388
SNAP Children	54	924	153	245	422	309
SNAP Cases	137	1146	214	282	458	242
Average payment per person	\$137	\$144	\$132	\$144	\$141	\$140
Total Monthly Benefit Cost (federal costs-not county)	\$30,340	\$324,162	\$54,223	\$83,473	\$142,553	\$88,229

Federal Law H.R. 1, signed into law on 7/4/2025

Currently in effect:

- Expanded work requirement for 18-64.
- Limits parent exemption for children under 14.
- Remove exemptions for veterans, people experiencing homelessness, and youth leaving foster care
- Removes the ability to use energy assistance payments towards allowances or income.
- Removes ability to use internet expenses as shelter deductions.

Effective 10/1/2026, the federal reimbursement to states to administer SNAP will reduce from 50% to 25%. States or counties will need to cover 75% of the administration costs of SNAP.

Effective 10/1/2027, states or counties must pay 0-15% of SNAP benefit costs tied to the Payment Error Rate (PER).

Minnesota SNAP income limits by household size (2025)

Household Size	Maximum Gross Monthly Income
1 person	\$2,609
2 people	\$3,525
3 people	\$4,442
4 people	\$5,359
5 people	\$6,276 (approx.)

In Minnesota, the Supplemental Nutrition Assistance Program (SNAP) benefits are not a flat rate per person but are calculated based on household size, income, and certain expenses. The maximum monthly benefit for a one-person household is **\$298**, effective October 1, 2025. There are 440,000 Minnesotan’s that use SNAP monthly. Of those, 36% are children and 18% are seniors.

Test Language:

Before you click on "Next", download the PDF of responses to your questions for the 30-day window review process from September 15 - October 15, 2025. You can come back to submit your responses after the 30 day comment period is complete. You can access your saved survey responses by clicking on the link that was originally emailed to you.

DO: Review responses before clicking to download the PDF of responses for public comment period.

DO NOT: Click "Next" or you will be submitting your BSA responses before the 30-day public comment period.

Biennial Service Agreement 2026 - 2027 Survey

Welcome to the 2026 – 2027 Tribal Nation and County MFIP Biennial Service Agreement Survey! We are excited to be utilizing Qualtrics software to administer the BSA this year. This survey is required to receive consolidated funds for the Minnesota Family Investment Program (MFIP). This required survey will gather information from Tribal Nations, counties and consortia across the state about the services and strategies intended to meet program measures with the goal of increasing economic stability of low-income families on MFIP.

Your participation in the survey

- We anticipate this survey will take a significant amount of time to complete, please plan accordingly.
- Your responses to this survey will need to be posted and shared for 30 days prior to submission on October 15, 2025.
- Your participation in this survey is required for the MFIP program.
- You can see your progress via the progress bar at the top of the screen. Do not skip questions, and for questions without an answer, please indicate "N/A".

How survey information will be used

State staff from the MFIP program will use information collected to help gather information about the program strengths and service delivery gaps. This is a comprehensive assessment of current efforts will help provide insights into what type of assistance is needed. Results will help provide information that will help support the development of new strategies to better serve participants who are utilizing MFIP supports. Responses will also help to inform ongoing efforts to continually improve the MFIP program so that it works better for children, youth and families in Minnesota.

We know that as public service professionals and leaders, you are incredibly busy, and we are so grateful for your time in completing this survey. Thank you for all you do for Minnesota children, families, and communities.

To navigate this survey

- If you are using a mouse or touch screen, click the "Next page" and "Back" buttons at the bottom of your screen to advance or go back a page.
- If you are using keyboard shortcuts or assistive technology, use the tab key to navigate to an object, arrow keys to navigate within an object (or response options), and space bar to select an item.
- Preview Results: Once you approach the end of the survey, you can preview your results and download a PDF document. This document is what is shared during the 30-day public comment timeframe.
- After the 30 day public comment period is complete, you will then log back in through the link provided in the original email and at the end of the survey, please be sure to click or select the "Submit" button at the bottom of your screen to record your responses due by October 15, 2025.

Contact Information - Please fill in and complete each field for this section.

Tribal Nation Name / County / Consortium	Southwest Health and Human Services
Plan Year	2026-2027
Contact Person	Kathy Herding
Title	Eligibility Supervisor
Address	3001 Maple Road, Suite 100
City	Slayton
State	MN
Zip Code	56172
Phone Number	507-836-6144, Ext 2003
Email Address	Kathryn.herding@swhhsmn.gov
Confirm Email Address	Kathryn.herding@swhhsmn.gov

Please review [Bulletin # 25-11-02](#) for more details before you complete this survey.

You can also access the Bulletin through this link: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&Rendition=Primary&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=mr072357&noSaveAs=1&utm_medium=email&utm_source=govdelivery

Identify challenges in **financial assistance** that are prohibiting you from properly serving Minnesota Family Investment Program (MFIP) families in your community.

Frequent policy and procedure changes: Staying current with updates can be difficult, and the timing of changes sometimes leaves little opportunity to adjust processes or train staff effectively. Participant barriers: Many individuals face challenges that must be addressed before they can fully engage in training or employment. Common barriers include language access, mental health needs, substance use disorders, legal concerns, transportation limitations, poor work histories, and domestic violence. Resource gaps in rural communities: Families with multiple and complex barriers often have fewer local resources available, making it more difficult to connect them with appropriate supports. Staff turnover and onboarding: Turnover impacts continuity of services. It also creates delays as new staff require time and support to become fully trained and confident in program requirements. Limited training opportunities: Access to consistent, in-person or local training is limited, which can slow down staff development and reduce opportunities for collaborative learning across agencies. These challenges can affect our ability to serve MFIP families in the most efficient and supportive way possible.

Identify challenges in **employment services** that are prohibiting you from properly serving MFIP families in your community.

Participant barriers: Many individuals face challenges that must be addressed before they can fully engage in employment or training. These include language access, child protection involvement, mental health needs, needs related to disabilities, substance use disorders, legal concerns, transportation limitations, poor work histories, and domestic violence. Child care shortages: Child care openings, especially for infants, are extremely difficult to secure. Odd-hour, sick, and second- or third-shift child care options are virtually nonexistent. Families with multiple children often must rely on more than one provider, adding complexity and cost. In very small communities, local child care is often sparse or unavailable. Limited public transportation: Public transit options in Southwest Minnesota are very limited. Where available, they often operate only during daytime hours, leaving no coverage for evening or weekend employment. Transportation is also costly and often does not extend beyond small community boundaries, restricting participants' access to broader employment opportunities. Employer perceptions: In small communities, participants may face stigma or reputation challenges that affect their ability to secure employment. Some employers are reluctant to hire individuals with past issues or limited work histories. Culturally specific resources: There is a lack of culturally specific health and mental health resources, which can make it difficult for participants from diverse backgrounds to access the support they need to be successful in employment.

Identify resources in your community that benefit MFIP families.

Community Action Agencies: These agencies provide essential services including housing assistance, food programs, energy assistance, transportation options, childcare access, and other supports that help stabilize families. Adult Basic Education (ABE): Participants are often referred to ABE for support in earning a GED, building English language skills, and developing basic computer literacy—skills that are foundational for employment and career advancement. Career Pathway Programs and Training Opportunities: Entry-level training programs in high-demand occupations are available to MFIP participants. Examples include certified nursing assistant (CNA), welding, commercial driver’s license (CDL), and community interpreter training. These programs create clear pathways into the workforce. Refugee Employment Services: The Southwest Minnesota Private Industry Council is now a Refugee Employment Services provider, assisting eligible refugees with job search, job upgrades, and training opportunities. Participants can also be connected to collaborative supports within Refugee Network Services, including legal services, health resources, family supports, and community workshops. CareerForce Office: The Southwest Minnesota Private Industry Council is a partner in CareerForce, the state’s workforce resources. Participants benefit from in-person job search assistance, workplace readiness workshops, on-site employer interviews, and other employment-related services. Legal services: For legal matters, referrals are made to state legal aid services, which can assist with housing, employment, and other civil legal issues. In addition, families with immigration-related legal needs are connected to specialized immigration legal service providers.

Identify resources that are **not available in your community** that would benefit MFIP families.

Child care options: Affordable, accessible child care (including infant care, sick child care, and evening/overnight care) is limited or unavailable. This prevents parents from pursuing employment or training opportunities. Transportation services: Reliable, affordable public or shared transportation options are lacking, especially for evenings, weekends, and travel outside small communities. This restricts access to jobs, education, and other essential services. Culturally specific services: Limited access to culturally and linguistically appropriate health care, mental health supports, social services, and childcare makes it difficult for some families. Specialized mental health and substance use treatment: Rural areas often lack timely access to treatment providers, which delays stabilization for participants with these needs. Affordable housing options: Safe, affordable housing is often scarce, and waiting lists are often long. Families may be forced to remain in unstable housing situations.

MFIP Employment Services Supervisor Contact

Name

Phone

Email

DWP Supervisor Contact

Name	<input type="text" value="Kathryn Herding"/>
Phone	<input type="text" value="507-836-6144 ext 2003"/>
Email	<input type="text" value="Kathryn.herding@swhhsmn.gov"/>

Financial Assistance Services Supervisor Contact

Name	<input type="text" value="Kathryn Herding"/>
Phone	<input type="text" value="507-836-6144 ext 2003"/>
Email	<input type="text" value="Kathryn.herding@swhhsmn.gov"/>

Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP)

What strategies do you use for hard-to-engage participants? **Check all that apply.**

- Home visits
- Off-site meeting opportunities
- Virtual Appointments
- Workforce One Connect App
- Sanction outreach services
- Incentives, please specify:

- Other, please specify in the text box below

What type of job development do you do? **Check all that apply.**

- Sector job development**
- Individual job development**
- Other, please specify in the text box below.**

The Southwest Minnesota Private Industry Council supports the SW MN Workforce Development Board, which is primarily made up of members from the private sector. We also work closely with our job services partners.

Do you have an ongoing job development partnership or sector base with community employers to help participants with employment?

For example, some of these activities could include, but are not limited to: Interview opportunities, job skills training, job placement, job shadowing, on-site job training, work experience, helping to plan training programs, other.

- No
- Yes

Please check all activities community employers provide to help participants with employment.

- Interview opportunities**
- Job skills training**
- Job placement**
- Job shadowing**
- On-site job training**
- Work experience
- Helps plan training programs**
- Other, please specify in the text box below

Do you provide the following services to prepare participants for work?

For example, some of these services could include, but are not limited to: Transportation, soft skills training, financial planning, mentoring, other.

- No
 Yes

When it comes to the services provided to help prepare participants for work, please **check all activities that are provided.**

- Transportation**
 Soft Skills Training
 Financial Planning
 Mentoring
 Other, please specify in text box below

Financial planning is available through a community partner, such as University of MN Extension service.

Do you provide job retention services for employed participants?

For example, some of these services could include, but are not limited to: Assist with issues that develop on the job, transportation, financial planning, soft skill training, mentoring, personal contact with employee and how often, other.

- No
 Yes

When it comes to job retention services for employed participants, please **check all that apply**.

- Available to assist with issues that develop on the job
- Transportation
- Financial planning
- Soft skills training
- Mentoring
- Personal contact with the employee and how often:

As needed, but minimally monthly contact

- Other, please specify in the text box below

How long do you provide job retention services?

- Up to 3 months
- 6 months
- 12 months
- Other (please specify)

As long as the participant remains on MFIP/DWP

Do you provide job advancement services to employed participants?

For example, some of these services could include, but are not limited to: career laddering, coaching / mentoring, education / training, networking, ongoing job search, other

- No
- Yes

When it comes to job advancement services for employed participants, please **check all that apply**.

- Career laddering
- Coaching/mentoring
- Education/training
- Networking
- Ongoing job search
- Other

Options always depend on the participant's needs

Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

For example, some of these programs include, but are not limited to: Pathways to Prosperity, Work Keys, National Career Readiness Certificate

- No
- Yes

When it comes to the programs that you utilize for career pathway, skills assessment, or credentialing, please **check all that apply**.

- Pathways to Prosperity (P2P)
- Work Keys
- National Career Readiness Certificate (NCRC)
- Other

CareerScope, CASAS, Drive for Five, and ABE credentialed training

Family Stabilization Services (FSS)

Do you have qualified professionals available to assist with FSS cases in your service area who meet the licensure and accreditation requirements?

For example, qualified professionals could include, but are not limited to: licensed physician, physician assistant, advanced practice registered nurse, physical therapist, occupational therapist, licensed social worker, licensed psychologist, certified school psychologist, mental health professional, certified psychometrist, other)?

- No
 Yes

When it comes to having qualified professionals available to assist with FSS cases in your area who meet the licensure and accreditation requirements, please **check all that apply**.

- Licensed physician
- Advanced practice registered nurse
- Occupational therapist
- Licensed psychologist
- Mental health professional
- Physician assistant
- Physical therapist
- Licensed social worker
- Certified school psychologist
- Certified psychometrist
- Other

Do you make referrals for children of FSS participants?

For example, some referrals for children of FSS participants could include, but are not limited to:

Children's Mental Health Services, Child Wellness Check-ups, Follow Along Program, Public Nurse home visiting services, Women, Infants, and Children program (WIC), other?

- No
 Yes

When it comes to making referrals for children of FSS participants, please **check all that apply**.

- Children's Mental Health Services
- Child Wellness Check-ups
- Follow Along Program
- Public Health Nurse home visiting services
- Women, Infants and Children Program (WIC)
- Other

Southwest Minnesota Private Industry is a grant recipient for the federal Employment Transitions Model grant given to DEED that supports youth with disabilities

Are any of these services for children offered to non-FSS families?

- No
- Yes

Services for families under 200% of Federal Poverty Guideline (FPG)

Do you provide services to families who have exited MFIP/DWP or families at risk of receiving MFIP or the Diversionary Work Program (DWP), but are under 200% of the Federal Poverty Guideline (FPG)?

For example, this could include, but is not limited to: child care, GED, job posting, support services, job retention services, Adult Basic Education (ABE) / English Language Learning (ELL) classes, computer lab access, transportation / vehicle repair, other.

- No
- Yes

For families who you serve that are under 200% of Federal Poverty Guidelines, that have either exited MFIP/DWP or at risk of receiving MFIP or DWP, please **check all services that apply** for these families.

- Child care
- GED
- Job postings
- Support services
- Job retention services
- ABE/ELL classes
- Computer lab classes
- Transportation/vehicle repair
- Other

We also refer to other employment services programs within the Southwest Minnesota Private Industry Council, as appropriate

How long do you provide these services?

- Up to 3 months
- 6 months
- 12 months
- Other (please specify)

Do you provide services to Non-Custodial Parents (NCPs) that are under 200% of the Federal Poverty Guideline (FPG)?

For example, this could include, but is not limited to: child care, GED, job posting, support services, job retention services, ABE / ELL classes, computer lab access, transportation / vehicle repair, other.

- No
- Yes

Please check all services that apply.

- Child care
- GED
- Job postings
- Support services
- Job retention services
- ABE/ELL classes
- Computer lab access
- Transportation/vehicle repair
- Other

We also refer to other employment services programs within the Southwest Minnesota Private Industry Council, as appropriate

How long do you provide these services?

- Up to 3 months
- 6 months**
- 12 months
- Other (please specify)

How many NCPs are you are currently serving?

Unknown

Describe the process you have in place to verify income below 200% FPG for families that are not on MFIP or DWP.

Paystubs, tax returns, and self-attestations. We can also utilize Maxis for participants that are open and receiving any benefits.

Minnesota Family Investment Program (MFIP) Services for Teen Parents

Are there specialized workers who work primarily with teen parents?

- No
- Yes

Please indicate the specialized workers for each age group, **check all that apply** for each age group.

	Minors (Under age 18)	Age 18 / 19	Not Applicable (N/A)
Financial Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Services Worker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Protection Worker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other job role (please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

When it comes to **Teen parents who are considered minors (participants who are under age 18)**, please indicate if there a single point of contact for teen parents, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services?

Responses are for staff positions whose primary responsibility is for working with Teen Parents who are **considered minors (under age 18)**, if yes, check the one position / position(s) that serves this function for this specific age group of MFIP Teen Parents.

	YES, for Minors (under age 18)	NO, not for Minors (under age 18)	Not Applicable (N/A)
Financial worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Services Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Social Worker (Social Services)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Protection Worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other job role <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

When it comes to **Teen Parents who are age 18 - 19**, please indicate if there a single point of contact for teen parents, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services?

Responses are for staff positions whose primary responsibility is for working with Teen Parents who are **age 18 - 19**, if yes, check the one position / position(s) that serves this function for this specific age group of MFIP Teen Parents.

	YES, for ages 18 - 19	NO, not for ages 18 - 19	Not Applicable (N/A)
Financial worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Services Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Social Worker (Social Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Protection Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other job role <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Does your Tribal Nation / County have an active partnership with local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? Please **select one option for each age group**.

	Yes, mandatory	Yes, voluntary	No
Minors (under age 18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 18 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Describe how you are ensuring your services are ***inclusive*** for all.

Leadership commitment: Our leadership team and board prioritize equity and inclusion in program design, decision-making, and staff development. Participant-centered approach: All program participants are treated with respect and valued for their unique strengths, experiences, and perspectives. Programming is designed to empower individuals and families, building on their existing skills and abilities. Cultural responsiveness: Staff are from different cultural backgrounds and are bilingual. Staff also receive ongoing training in cultural competence, equity, and trauma-informed care to ensure that services are delivered in a way that is respectful of participants' diverse backgrounds and experiences. Community engagement: We collaborate with culturally specific organizations and community leaders to inform program design and enhance services for participants from diverse communities. Welcoming environment: Our goal is to create an environment where participants feel safe, respected, and fully included in all aspects of program participation.

Describe how you are ensuring your services are ***accessible*** for all.

Language and communication access: Interpretation and translation services, bilingual staff, and plain-language materials ensure participants can understand and engage with program information. Assistance with paperwork and processes: Staff support participants in completing forms and navigating systems, reducing barriers for those with literacy, digital skills, language, or cognitive challenges. Flexible scheduling and service delivery: Services are offered at various times and, where possible, through multiple modalities (in-person, phone, and online) to accommodate participants' schedules and needs. Transportation support: We connect participants to transportation resources or provide guidance on options to reduce travel barriers. Physical accessibility: Program locations are designed to be accessible to participants with mobility limitations. Collaboration with community partners: We coordinate with other local agencies to ensure participants can access additional supports, including health, legal, and social services.

How are you working to *advance equity in service delivery* in your Tribal Nation / County?

Our service provider, the Southwest Minnesota Private Industry Council, is committed to advancing equity in service delivery by providing inclusive and culturally responsive programming for all participants. One example is our Community Interpreter training program, which increases the number of qualified interpreters in the region. By expanding language access, this initiative creates more employment opportunities for limited-English speakers and fosters more inclusive and welcoming workplaces. These efforts help ensure that participants from diverse linguistic and cultural backgrounds can fully access services, engage in employment opportunities, and benefit from equitable treatment in the workforce.

Do you provide trainings to prepare your staff to work effectively with people from various backgrounds and perspectives?

Yes, mandatory. If yes, provide the title of the training and how often it is provided.

Data privacy training, Bridges Out of Poverty. Training is developed for each individual staff and can include Motivational Interviewing, trauma-informed care, cultural-specific training such as Karen and Somali cultures. We also offer micro-aggressions training on unconscious bias.

Yes, voluntary. If yes, provide the title of the training and how often it is offered.

No. If no, please explain:

Do you have culturally specific employment services for different racial / ethnic groups?

No

Yes, please describe.

We implement culturally competent services as noted in answers outlined earlier.

Workforce One Connect App

Does your Tribal Nation / County have the Workforce One Connect app available to participants?

No, please explain

Yes

Since you indicated "yes" in making Workforce One Connect app available to participants, please indicate which of the following groups are utilizing the app features in Workforce One:

- Employment Services
- Financial Workers
- Childcare Workers
- Other (please specify)

MAXIS

Do you limit the number of employment services staff that have MAXIS access?

Note: MN Department of Children, Youth, and Families does not limit the number of employment services staff that can have MAXIS access.

- No
- Yes, please explain

Describe the process your service area uses to identify and resolve discrepancies between MAXIS and Workforce One data in areas such as Family Stabilization Services coding, employment / hours, sanction status, etc.

Our service area uses a coordinated approach to identify and resolve discrepancies between MAXIS and Workforce One (WF1) data, including areas such as Family Stabilization Services coding, employment hours, and sanction status: Regular coordination meetings: Employment services staff and county staff meet at least monthly to review current cases and ensure that the information in MAXIS and WF1 aligns. Use of reports: Employment services staff receive monthly reports from the counties, which are reviewed during these meetings to confirm all cases are accounted for and that data is accurate. WF1 reports are also utilized to support this review process. Resolution of discrepancies: When discrepancies are identified, both county and employment services staff make the necessary corrections in the appropriate database (MAXIS or WF1) to ensure consistency and accuracy. Ongoing communication: Status update forms are regularly exchanged between county and employment services staff to share changes in status or other relevant information as quickly as possible. Encrypted emails referencing MAXIS numbers are also used to protect participant privacy while facilitating timely communication.

Child Care Assistance Program

What strategies does your agency use that involve MFIP and / or Employment Services staff to support timely and consistent receipt of child care assistance through the Child Care Assistance Program? **Select all that apply.**

- Shared electronic document management system**
- Regular case consultation meetings**
- Workers with dual MFIP and CCAP role
- Workers with dual Employment Services and CCAP role
- Specific CCAP workers process MFIP child care cases**
- MFIP and / or Employment Service workers receive training related to CCAP
- Communications with CCAP worker via phone, email or fax**
- Use of agency-developed forms or documents
- MFIP and / or Employment Services workers assist families with completing CCAP paperwork (for example: the CCAP application)
- MFIP and / or Employment Services workers have MEC2 Inquiry access**
- Other, please specify

What barriers prevent timeliness?

Staff retention and turnover: When turnover happens, new staff require significant time and support to become fully trained and confident in navigating policies and program requirements. Frequent policy and system changes: Rapid changes to policies and systems require ongoing updates and training, which can slow staff ability to process applications and maintain timeliness.

Does your Tribal Nation / County provide emergency shelter or crisis services from your Consolidated Fund?

- No
- Yes

Submit a copy of your Emergency Assistance policy as an attachment if any changes have been made since the last BSA. Also, please describe any major changes you have made to this policy down below.

Drop files or click here to upload

Please review [Bulletin # 25-11-02](#) for more details before you complete this section. You can also access the Bulletin from this link: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&Rendition=Primary&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=mr072357&noSaveAs=1&utm_medium=email&utm_source=govdelivery.

If your service area is receiving a bonus, please share successful strategies of engagement:

N/A

What strategies and action steps for each of the groups below the disparities reference line do you plan to implement for the coming biennium to reduce these disparities.

The disparity report for counties within Southwest Health and Human Services indicates that African American (55.7%), American Indian (54.1%), Hmong (55.65%), and participants identified as multiple race or with missing data fall below the disparity reference line, while Hispanic participants are exactly at the line. All other groups—including Non-Hmong Asians, Non-Somali Black immigrants, Somali participants, and White participants—are above the disparity line. These results highlight specific areas where targeted strategies may be needed to support equitable outcomes across all groups. For the coming biennium, both county staff and employment services providers plan to implement the following strategies to reduce disparities. These strategies will help ensure equitable service delivery for all participants: Inclusive and welcoming environment: Staff will ensure participants feel safe, respected, and welcomed in an environment that fosters community, inclusion, and embraces diversity. Workforce development: Both agencies will focus on hiring, training, and retaining employees from the disparity groups identified in the plan, strengthening cultural representation and understanding within our teams. Community engagement: We will continue to collaborate with local leaders and community organizations to inform program design and service delivery, ensuring programs are responsive to participant needs. Language access: Interpreters will be utilized as needed to remove language barriers and ensure all participants can fully access services. Regular coordination meetings: Employment services staff and county staff meet at least monthly to review current cases. Expand wraparound supports: We will continue to provide supportive services to address barriers outside of employment, such as transportation, childcare, housing stability, and access to mental health resources, ensuring participants have the tools and stability they need to achieve their goals.

What procedures are in place to ensure that program funds are being used appropriately as directed by law? **Check all that apply.**

- Budget control procedures for approving expenditures
- Cash management procedures for ensuring program income is used for permitted activities
- Internal policies around use of funds (i.e., participant support services)
- Other, please specify in the text box below

What procedures are in place to ensure program policies are followed and applied accurately? **Check all that apply.**

- Case consultation
- Sample case review by supervisors
- Sample case review by lead worker / mentor
- Sample case reviews by peers
- Others, please specify in the text box below

If your Tribal Nation / County is interested in applying for the waiver for the upcoming biennium, please complete the following questions.

Describe the activity(s) you will provide.

Explain the reasons for the increased administrative cost.

Describe the target population and number of people expected to be served.

N/A

Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

N/A

If your County/Tribal Nation is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please click on eDocs to fill out the IPP form. Email the completed form to: Jonathan.Hausman@state.mn.us

The following section will be collecting information on your current employment service providers. Please select one the following options and answer the following questions.

- We have multiple Employment Service Providers we work with.
- We have a Workforce Center that is our only Employment Service Provider.**

If a Workforce Center is the only employment service provider, please upload a document that lists the multiple employment and training services among which participants can choose. The list will be used to verify current providers available in Workforce One.

E%26T services flyers.pdf

0.5 MB

application/pdf

Current Employment Service Providers

In this section, you will have an opportunity to list all of your current employment services provider(s). As you enter their information, you will receive a follow-up question that will ask which populations this provider serves. Please indicate which respective population is served with each employment services provider. These questions will repeat for multiple entries if you have multiple employment service providers to include.

The list will be used to verify current providers available in Workforce One.

Helpful Tip: It may be easier to complete this section by compiling the list of information needed for this section *before* you enter the information into this BSA survey. We will need the ES provider name, address, contact person, phone number and email for *each* ES provider. In addition, a follow-up question will ask about which populations the provider serves (for example: MFIP ES, DWP ES, FSS, Teen Parents, 200% FPG, *Other).

ES Provider Name	<input type="text" value="Southwest Minnesota Private Industry Council"/>
Address	<input type="text" value="607 W Main Street, Marshall, MN 56258"/>
Contact Person	<input type="text" value="Carrie Bendix"/>
Phone Number	<input type="text" value="507-476-4067"/>
Email	<input type="text" value="cbendix@swmnpic.org"/>

Please check the respective box to indicate which population is served by Southwest Minnesota Private Industry Council

- MFIP ES
- DWP ES
- FSS
- Teen Parents
- 200% FPG
- Other

Please check the respective box to indicate if you have additional providers to add.

- I have entered all of the current Employment Service providers we work with.
- I have additional Employment Service providers to I need add.

Does your Tribal Nation / County (select one):

- Have at least two employment and training service providers.
- Have a CareerForce center that provides multiple employment and training services, offers multiple services options under a collaborative effort, and can document that participants have choice among employment and training services designed to meet specialized needs.
- Intend to submit a financial hardship request. See following question.

Budget

In the budget table below, indicate the amount and percentage for each item listed for the budget line items for calendar years 2026 – 2027.

Also note:

- Refer to the 2026-27 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines Bulletin section, "Allowable Services under MFIP Consolidated Fund."
- Total percent must equal 100.
- Income maintenance administration is reasonable in comparison to the whole budget.
- Ensure the Emergency Assistance/Crisis Services plan is included if funds are allocated.
- All services must be an allowable expenditure under the MFIP Consolidated Fund
- Allocation amounts must be spent by the end of calendar year, remaining amounts does not roll over into the following year
- Medical expenditures are NOT allowable.

Helpful Tip: Write down the total budgeted amounts for 2026 and 2027, this information will be asked for in a later section in the BSA. You will want to have the total budget amounts for 2026 and 2027 when you get to that section.

2026 Budget Line Items: Please ensure that the percent total does NOT exceed 100%

	Budgeted Amount	Percent
Employment Services (DWP)	23321	3.24
Employment Services (MFIP)	44310	61.5
Emergency Services/Crisis Fund	80000	11.11
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	54026	7.5
Income Maintenance Administration	11989	16.64
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)	0	0
Under 200% Services	0	0
Capital Expenditures	0	0
Other	0	0
Total	720,3	99.99

	Budgeted Amount	Percent
Employment Services (DWP)	0	0
Employment Services (MFIP)	46642	64.75
Emergency Services/Crisis Fund	80000	11.11
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	54026	7.5
Income Maintenance Administration	11989	16.64
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)	0	0
Under 200% Services	0	0
Capital Expenditures	0	0
Other	0	0
Total	720,3	100

Public Input

Prior to submission, did the Tribal Nation / County solicit public input for at least 30 days on the contents of the agreement?

- Yes, public input was gathered for at least 30 days regarding the contents of this agreement.
- No, public input was *not* gathered for at least 30 days regarding the contents of this agreement.

Was public input received?

- Yes, public input was received and used.
- Yes, public input was received but *not* used.
- No public input was received.

Assurances

It is understood and agreed by the 2026-2027 board that funds granted pursuant to this service agreement will be expended for the purposes outlined in [Minnesota Statutes, section 142G](#); that the commissioner of the Minnesota Department of Children, Youth, and Families (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of compliance will be available for audit; that the Tribal Nation/County make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the Tribal Nation/County agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Tribal Nations and Counties may use the funds for any allowable expenditures under [Minnesota Statute, 142G.76.2](#), including case management outlined in [Minnesota Statutes, section 142G](#).

This allocation is funded with 8% state funds and 92% federal TANF funds and paid quarterly.

Federal funds. Payments are to be made from federal funds. If at any time such funds become unavailable, this CONTRACT shall be terminated immediately upon written notice of such fact by STATE to Tribal Nation/County. In the event of such termination, Tribal Nation/County shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed. An amendment must be executed any time any of the data elements listed in 2 CFR 200.332 and this clause, including the Assistance Listing number, are changed, such as additional funds from the same federal award or additional funds from a different federal award. STATE has determined that Tribal Nation/County is a "contractor" and not a "subrecipient" pursuant to 2 C.F.R section 200.331.

Pass-through requirements. Tribal Nation/County acknowledges that, if it is a subrecipient of federal funds under this CONTRACT, Tribal Nation/County may be subject to certain compliance obligations. Tribal Nation/County can view a table of these obligations in the [Health and Human Services Grants Policy Statement, \[1\]](#) Exhibit 3 on page II-3, in addition to specific public policy requirements related to the federal funds here. To the degree federal funds are used in this contract, STATE and Tribal Nation/County agree to comply with all pass-through requirements, including each Party's auditing requirements as stated in 2 C.F.R. § 200.332 (Requirements for pass-through entities) and [2 C.F.R. §§ 200.501-521 \(Subpart F – Audit Requirements\).](#)[2]

Tribal Nation / County Name (Must match the name associated with the Unique Entity Identifier)

Southwest Health and Human Services

Tribal Nation / County Unique Entity Identifier (UEI): Effective April 4, 2022, the Unique Entity Identifier is the 12 character alphanumeric identifier established and assigned at [SAM.gov](https://sam.gov) to uniquely identify business entities and must match Tribal Nation / County name.

41SWH351

Federal Award Identification Number (FAIN): 2601MNTANF and 2701MNTANF

Federal Award Date: October 1, 2025 (projected) (The date of the award to the MN Dept. of Children, Youth, and Families.)

Period of Performance (please use words and numbers, for example: May 23, 2025)

Start Date

January 1, 2026

End Date

December 31, 2027

Budget period start and end date: January 1, 2026 – December 31, 2027

Amount of federal funds:

A. Total Amount Awarded to DCYF for this project: \$103,290,000 (projected)

B. Total Amount Awarded by DCYF for this project to Tribal Nation / County named above:

\$720,349

Federal Award Project description: Temporary Assistance for Needy Families (TANF)

Name

Federal Awarding Agency: Administration for Children and Families

MN Dept. of Children, Youth, and Families (DCYF)

Contact information of DHS's awarding official: Jovon Perry, Jovon.perry@state.mn.us.

Assistance Listings Number & Name (formerly known as CFDA No.): Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No.:

Number

Title

Total amount made available at time of disbursement

Is this federal award related to research and development?

- No
- Yes

Indirect Cost Rate for this federal award is: up to 15% (including if the *de minimis* rate is charged)

SERVICE AGREEMENT CERTIFICATION

Checking this box certifies that this 2026 - 2027 MFIP Biennial Service Agreement has been prepared as required and approved by the Tribal Nation / County board(s) under the provisions of Minnesota Statutes, section 142G.

State the name of the chair of the Tribal Nation / County board of commissioners or authorized designee, their mailing address and the name of the Tribal Nation / County.

Name (chair or designee)

Mailing Address

Tribal Nation / County

If your Tribal Nation / County agency is unable to complete your BSA by October 15th, 2025, you will need to request an extension by emailing Jonathan.Hausman@state.mn.us. Please provide additional information about why you were not able to compete this form.

DATE OF CERTIFICATION (please use words and numbers, for example: September 23, 2025)

This content will change closer to the date

You are about to see a summary of your responses on the next page when you click "Next." This is a spot to review your answers to your questions and to help prepare a PDF summary of your answers for the 30-day Public Comment Period.

Once you click "Next" and are taken to the following page, please do **NOT** click "next" or "submit" on the next page at this stage in the process. Your responses to the PDF summary need to be posted for 30 days prior to your submission of your answers and responses. Once you have had 30 days for public review and comment on BSA responses entered here, then you can log back in on the link that was provided in your original email and access the survey to submit for completion of the 2026-2027 BSA.

Powered by Qualtrics 

Southwest Health and Human Services BUDGET	Approved		Approved		Approved		Approved	Approved	
HUMAN SERVICES	2022	2022	2023	2023	2024	2024	2025	2026	
Category	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Budget	
EXPENDITURES									
420 Income Maintenance / Child Support									
6100 - Personnel	\$4,620,373	\$4,454,668	\$4,923,623	\$4,631,093	\$5,002,905	\$4,885,525	\$5,118,388	\$5,307,257	
6200 - Services & Charges	\$434,715	\$360,510	\$380,350	\$336,953	\$356,200	\$355,730	\$361,100	\$370,360	
6300-6800 - Administrative Overhead	\$776,853	\$739,087	\$788,460	\$1,169,833	\$903,510	\$913,060	\$924,374	\$928,220	
6000 - Payment for/behalf clients	\$3,104,625	\$3,463,515	\$3,263,040	\$3,697,266	\$3,383,040	\$3,395,028	\$3,446,100	\$3,225,000	
Reserves									
Subtotal	\$8,936,566	\$9,017,780	\$9,355,473	\$9,835,145	\$9,645,655	\$9,549,343	\$9,849,962	\$9,830,837	
431-432 Social Services									
702-719 - Children's Services	\$4,075,616	\$4,426,657	\$4,580,700	\$4,216,966	\$4,661,252	\$5,165,681	\$4,714,833	\$5,516,019	
720-727 - Child Care/MFIP Admin./PIC.	\$47,965	\$45,731	\$46,065	\$55,769	\$45,865	\$61,550	\$52,500	\$52,033	
730 - Chemical Dependency	\$397,100	\$248,420	\$243,000	\$190,823	\$232,500	\$115,128	\$164,500	\$186,000	
740-742 - Mental Health	\$3,957,318	\$2,200,138	\$3,323,360	\$3,057,246	\$2,928,014	\$3,307,729	\$3,980,258	\$4,092,929	
750 - Developmental Dis.	\$330,428	\$258,180	\$342,412	\$251,181	\$257,169	\$238,899	\$252,140	\$238,959	
760-765 - Adult Services	\$254,500	\$335,231	\$281,200	\$324,249	\$283,700	\$353,021	\$292,200	\$399,700	
Subtotal	\$9,062,927	\$7,514,357	\$8,816,737	\$8,096,234	\$8,408,500	\$9,242,008	\$9,456,431	\$10,485,640	
6100 - Personnel	\$9,450,640	\$9,437,797	\$9,933,999	\$9,919,844	\$11,050,666	\$11,086,166	\$11,810,133	\$12,096,907	
6200 - Services and Charges	\$515,047	\$487,572	\$531,400	\$490,647	\$533,170	\$582,289	\$541,250	\$599,435	
6300-6800 - Administrative Overhead	\$980,900	\$892,844	\$1,023,458	\$921,429	\$996,972	\$964,910	\$1,087,522	\$1,080,537	
Reserves									
Subtotal	\$10,946,587	\$10,818,213	\$11,488,857	\$11,331,920	\$12,580,808	\$12,633,365	\$13,438,905	\$13,776,879	
410 General Administration									
6100 - Personel	\$105,344	\$107,267	\$89,449	\$115,658	\$33,605	\$58,596	\$34,482	\$26,209	
6604-6890 - Administrative Overhead	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Subtotal	\$105,344	\$107,267	\$89,449	\$115,658	\$33,605	\$58,596	\$34,482	\$26,209	
461 Information Systems									
6100 - Personnel	\$314,385	\$318,919	\$333,985	\$269,893	\$425,433	\$313,018	\$347,187	\$0	
6200 - Services and Charges	\$1,200	\$0	\$1,200	\$1,200	\$1,200	\$1,300	\$1,200	\$0	
6300-6400 - Administrative Overhead	\$7,400	\$8,087	\$5,400	\$5,259	\$6,700	\$4,077	\$7,250	\$0	
Subtotal	\$322,985	\$327,006	\$340,585	\$276,352	\$433,333	\$318,395	\$355,637	\$0	
Combined Expenditures									
6100 - Personnel	\$14,490,742	\$14,318,651	\$15,281,056	\$14,936,488	\$16,512,609	\$16,343,305	\$17,310,190	\$17,430,373	51.1%
6200 - Services & Charges	\$950,962	\$848,082	\$912,950	\$828,800	\$890,570	\$939,319	\$903,550	\$969,795	2.8%
6300-6800 - Administrative Overhead	\$1,765,153	\$1,640,018	\$1,817,318	\$2,096,521	\$1,907,182	\$1,882,047	\$2,019,146	\$2,008,757	5.9%
6000 - Payments for/behalf clients	\$12,167,552	\$10,977,872	\$12,079,777	\$11,793,500	\$11,791,540	\$12,637,036	\$12,902,531	\$13,710,640	40.2%
Interfund Transfer to Insurance				\$290,500					
Reserves									
Total Expenditures	\$29,374,409	\$27,784,623	\$30,091,101	\$29,945,809	\$31,101,901	\$31,801,707	\$33,135,417	\$34,119,565	

Southwest Health and Human Services Budget	Approved		Approved		Approved		Approved	Approved	
HUMAN SERVICES	2022	2022	2023	2023	2024	2024	2025	2026	
Category	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Budget	
REVENUE									
420 Income Maintenance / Child Support									
5400 - Federal	\$3,732,000	\$3,752,828	\$3,656,243	\$4,085,315	\$3,872,500	\$4,151,374	\$4,290,500	\$3,725,500	
5200-5300 - State	\$1,198,509	\$1,281,694	\$1,375,924	\$1,972,011	\$1,599,765	\$1,190,769	\$1,635,161	\$1,186,034	
5500-5900 - Other	\$1,180,410	\$1,141,455	\$1,152,200	\$1,532,036	\$1,372,200	\$1,527,174	\$1,183,943	\$1,895,515	
Reserve spending									
5000 - County Taxes	\$4,064,483	\$3,941,876	\$4,267,707	\$4,352,258	\$4,523,769	\$4,536,991	\$4,749,958	\$5,129,953	
Subtotal	\$10,175,402	\$10,117,853	\$10,452,074	\$11,941,620	\$11,368,234	\$11,406,308	\$11,859,562	\$11,937,002	
431-432 Social Services									
5400 - Federal	\$4,057,285	\$3,785,347	\$3,939,128	\$3,786,629	\$3,825,464	\$3,838,222	\$3,865,616	\$4,130,289	
5200-5300 - State	\$4,434,442	\$4,499,285	\$4,708,026	\$4,864,275	\$4,497,103	\$4,496,866	\$5,352,355	\$5,207,110	
5500-5900 - Other	\$2,786,651	\$2,545,081	\$2,675,500	\$2,823,221	\$2,588,664	\$3,109,023	\$2,752,377	\$2,887,015	
Reserve spending									
5000 - County Taxes	\$7,889,879	\$7,651,877	\$8,284,373	\$8,448,499	\$8,781,436	\$8,807,102	\$9,220,507	\$9,958,149	
Subtotal	\$19,168,257	\$18,481,590	\$19,607,027	\$19,922,624	\$19,692,667	\$20,251,213	\$21,190,855	\$22,182,563	
461 Information Systems									
5500-5900 - Participating Entities	\$30,750	\$40,441	\$32,000	\$52,735	\$41,000	\$74,000	\$85,000	\$0	
Subtotal	\$30,750	\$40,441	\$32,000	\$52,735	\$41,000	\$74,000	\$85,000	\$0	
Combined Revenues									
5400 - Federal	\$7,789,285	\$7,538,175	\$7,595,371	\$7,871,944	\$7,697,964	\$7,989,596	\$8,156,116	\$7,855,789	23.0%
5300 - State	\$5,632,951	\$5,780,979	\$6,083,950	\$6,836,286	\$6,096,868	\$5,687,635	\$6,987,516	\$6,393,144	18.7%
5500-5800 - Other	\$3,997,811	\$3,726,977	\$3,859,700	\$4,407,992	\$4,001,864	\$4,710,197	\$4,021,320	\$4,782,530	14.0%
Reserve spending									
5000 - County Taxes	\$11,954,362	\$11,593,753	\$12,552,080	\$12,800,757	\$13,305,205	\$13,344,093	\$13,970,465	\$15,088,102	44.2%
Total Revenues	\$29,374,409	\$28,639,884	\$30,091,101	\$31,916,979	\$31,101,901	\$31,731,521	\$33,135,417	\$34,119,565	
SUMMARY									
Revenue	\$29,374,409	\$28,639,884	\$30,091,101	\$31,916,979	\$31,101,901	\$31,731,521	\$33,135,417	\$34,119,565	
Expenditures	\$29,374,409	\$27,784,623	\$30,091,101	\$29,945,809	\$31,101,901	\$31,801,707	\$33,135,417	\$34,119,565	
Difference	\$0	\$855,261	\$0	\$1,971,170	\$0	-\$70,186	\$0	\$0	
Designated			MA renewal \$	\$509,698					
			Primewest \$	\$360,447					
			Difference	\$1,101,025					

2026 Human Services Levy Funding

County	Net			% Used			
	Tax Capacity	%	Population	%	SEAGRs	%	for Funding
Lyon	\$ 59,634,641	22.54%	25,269	34.31%	\$ 9,266,168	37.32%	31.39%
Murray	\$ 45,366,059	17.14%	8,179	11.11%	\$ 1,997,716	8.05%	12.10%
Redwood	\$ 60,967,527	23.04%	15,425	20.95%	\$ 6,180,477	24.89%	22.96%
Lincoln	\$ 24,797,648	9.37%	5,640	7.66%	\$ 957,003	3.85%	6.96%
Rock	\$ 43,130,409	16.30%	9,704	13.18%	\$ 2,341,527	9.43%	12.97%
Pipestone	\$ 30,707,562	11.61%	9,424	12.80%	\$ 4,085,857	16.46%	13.62%
Total	\$ 264,603,846	100.00%	73,641	100.00%	\$ 24,828,748	100.00%	100.00%

LAST THREE YEARS OF SEAGR DATA

County	2022		2023		2024		Totals
Lyon	\$ 2,625,918	\$ 2,749,392	\$ 3,890,858	\$ 9,266,168			
Murray	\$ 535,620	\$ 666,399	\$ 795,697	\$ 1,997,716			
Redwood	\$ 2,215,456	\$ 1,901,515	\$ 2,063,506	\$ 6,180,477			
Lincoln	\$ 305,517	\$ 304,698	\$ 346,788	\$ 957,003			
Rock	\$ 634,326	\$ 928,654	\$ 778,547	\$ 2,341,527			
Pipestone	\$ 1,178,520	\$ 1,531,347	\$ 1,375,990	\$ 4,085,857			

County	2025 Levy	%	2026 Proposed			2026 Levy Payable	8% Levy	2026 Levy with Increase	
			Levy	Difference	over 10 years		Increase		
Lyon	\$ 4,199,942	30.06%	\$ 4,385,395	\$ 185,453	\$ 18,545	\$ 4,218,487	\$ 337,479	\$ 4,555,966	0.302
Murray	\$ 1,644,062	11.77%	\$ 1,690,308	\$ 46,246	\$ 4,625	\$ 1,648,687	\$ 131,895	\$ 1,780,582	0.118
Redwood	\$ 3,381,816	24.21%	\$ 3,207,604	\$ (174,212)	\$ (17,421)	\$ 3,364,395	\$ 269,152	\$ 3,633,546	0.241
Lincoln	\$ 1,153,465	8.26%	\$ 972,568	\$ (180,897)	\$ (18,090)	\$ 1,135,375	\$ 90,830	\$ 1,226,205	0.081
Rock	\$ 1,817,625	13.01%	\$ 1,811,883	\$ (5,742)	\$ (574)	\$ 1,817,051	\$ 145,364	\$ 1,962,415	0.130
Pipestone	\$ 1,773,555	12.70%	\$ 1,902,707	\$ 129,152	\$ 12,915	\$ 1,786,470	\$ 142,918	\$ 1,929,388	0.128
Total	\$ 13,970,465	100.00%	\$ 13,970,465	\$ (0.00)	\$ (0.00)	\$ 13,970,465	\$ 1,117,637	\$ 15,088,102	1.000

	IM - 600 - 34%	SS - 700 - 66%	Total
Lyon	\$1,549,029	\$3,006,938	\$4,555,966
Murray	\$605,398	\$1,175,184	\$1,780,582
Redwood	\$1,235,406	\$2,398,141	\$3,633,546
Lincoln	\$416,910	\$809,296	\$1,226,205
Rock	\$667,221	\$1,295,194	\$1,962,415
Pipestone	\$655,992	\$1,273,396	\$1,929,388
Total	\$5,129,955	\$9,958,147	\$15,088,102

INFORMATIONAL		
1%	\$139,705	\$14,110,170
5%	\$698,523	\$14,668,988
6%	\$838,228	\$14,808,693
7%	\$977,933	\$14,948,398
8%	\$1,117,637	\$15,088,102
9%	\$1,257,342	\$15,227,807
10%	\$1,397,047	\$15,367,512

2026 Human Services Levy Funding



2025 Public Health Statistics

	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	Imm	Car Seats	COVID Vaccine Admin
'12 Avg	1857	48	15	187	81							
'13 Avg	2302	37	21	211	90							
'14 Avg	2228	60	25	225	112	6	30					
'15 Avg	2259	86	23	238	112	12	36					
'16 Avg	2313	52	22	265	97	12	27					
'17 Avg	2217	47	22	290	56	9	25					
'18 Avg	2151	50	22	324	23	4	18	128	48	57	19	
'19 Avg	2018	31	10	246	18	4	10	131	47	63	20	
'20 Avg	2008	27	8	224	-	-	6	129	34	21	7	
'21 Avg	1921	19	8	195	-	1	4	132	41	24	9	633
'22 Avg	1984	35	9	189	-	1	17	171	47	41	12	4
'23 Avg	2096	33	11	175	-	4	2	133	41	57	16	-
'24 Avg	2059	30	12	234	-	7	4	118	40	55	19	-

	WIC	Family Home Visiting	MnChoices Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI/DOT Medication Distribution	Water Tests	FPL Inspections	Imm	Car Seats
11/24	2010	24	10	184	0	6	1	109	37	175	16
12/24	2005	12	7	183	0	1	1	96	32	50	17
1/25	2018	14	12	231	0	2	1	113	30	65	24
2/25	2023	27	7	232	0	0	1	80	36	60	10
3/25	2023	23	16	219	0	0	2	108	32	96	25
4/25	2026	19	15	248	0	0	1	152	28	25	14
5/25	2006	32	8	223	0	0	1	144	35	31	14
6/25	2017	23	20	244	0	0	0	134	66	24	13
7/25	2037	13	13	265	0	0	1	169	72	28	25
8/25	2062	28	25	251	0	0	1	183	46	26	19
9/25	2062	24	17	249	0	1	1	148	23	93	15
10/25		30	17	262	0	0	1	112	65	74	28
11/25											
12/25											



**Environmental Health Department
2026 Fees**

Fees for Restaurants, Alcoholic Beverage Establishments, Boarding Establishments, Hotels/Motels, Resorts and Lodging Establishments and Public Swimming Pools:

Base Fee (all establishments)	\$165.00
Limited Food Menu	\$ 60.00
Small Establishment	\$ 115.00
Medium Establishment	\$265.00
Large Establishment	\$415.00
School (no base fee)	\$300.00
Alcohol Bar Service	\$160.00
Beer or Wine Table Service	\$ 45.00
Additional Alcohol Bar Service	\$ 50.00
Licensed Facility Individual Water	\$ 60.00
County/City RCA Individual Water	\$ 0.00
Licensed Facility Individual Sewer	\$ 60.00
County/City RCA Individual Sewer	\$ 0.00
Lodging - No. of unit X	\$ 9.00 (Max \$900)
RCA Camping Cabin	\$ 9.00
County/City RCA Cabin	\$ 0.00
Seasonal Food Stand	\$ 85.00
Pool	\$240.00
Each Additional Pool	\$155.00
Spa/Whirlpool/Wading Pool	\$165.00
Each Additional Spa/Whirlpool/Wading Pool	\$ 95.00
Re-inspection Fee	\$300.00
Late Penalty Fee (1-7 days after Jan 31)	\$ 75.00
Late Penalty Fee (more than 7 days after Jan 31)	\$150.00

Youth Camp

Youth Camp Fee	\$150.00
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Fees for MHP/RCA

MHP/RCA Base Fee	\$ 65.00
County/City RCA Base	\$ 0.00
MHP/RCA Site fee	\$ 4.00
County/City RCA Site fee	\$ 0.00

Special Event Food Stand:

One Day License	\$ 10.00
Two Day License	\$ 20.00
Three or More Day License	\$ 30.00

All license fees are due before January 31st in any calendar year. A late penalty fee is due for any establishment, which has not made application and paid the required license fee prior to January 31st.

Fees for Plan Review:

A plan review is required for all new construction and remodeling for above licensed establishments except special event stands.

FBL Plan Fee:

Plan Review—New Establishment	\$325.00
Plan Review—Season Food Stand/Existing Est.—greater than \$20,000	\$175.00
Plan Review—Existing Establishment—less than \$20,000	\$ 0.00

MHP/RCA Plan Fee:

Base Fee	\$ 65.00
Per site fee	\$ 4.00
County/City RCA	\$ 0.00

Radon

Radon Kits-Short Term	\$6.00/kit (fee includes tax)
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Water Testing Fees:

Water Sample Kit	\$5.00	
Total Coliform Bacteria/E.Coli	\$25.00	increase to \$30.00
Nitrate-nitrogen	\$25.00	
Nitrite-nitrogen	\$20.00	
Sulfate	\$17.00	
Fluoride	\$18.00	
Total Hardness	\$14.00	
Total Dissolved Solids (TDS)	\$14.00	
Total Iron	\$15.00	
Sodium	\$18.00	
Chloride	\$14.00	
All 10 Tests	\$150.00	
Membrane Filter	\$25.00	increase to \$30.00
Total Plate Count	\$25.00	increase to \$30.00



**Southwest Health and Human Services
Public Health Fees
Effective January 1, 2026**

*Dental Varnish	\$40/Visit
Refugee Health/Green Card	\$20
*Immunizations	\$20/immunization administration
Sharps Containers	2 gal \$12, 1 gal \$9, 1 qt \$7 - includes disposal fee
*Public Health Nursing Clinic and Family Home Visits	
Home	\$200.00 <u>\$240.00</u>
Office Visit	\$120/visit
New Day Care Inspections	\$200
Education/Wellness/Car Seat Presentations	\$75/hour/staff with minimum of one-hour charge
Radon Kits-Short Term	\$6.00/kit (fee includes tax)
*Depression Screening	\$30
*ASQ or ASQ-SE (staff administered)	\$25
*Car Seat Install and Educations	\$125
Urine Analysis (Drug Screening)	\$50
Fit Testing	\$30/test plus mileage at federal rate \$20/test plus mileage at federal rate if 10 or more
Adult First Aid, AED and CPR	Group Rate (1 Instructor)/Group Rate (2 Instructors): \$65/\$60
Pediatric First Aid, AED and CPR	Group Rate (1 Instructor)/Group Rate (2 Instructors): \$50/\$45
Adult and Pediatric First Aid, AED and CPR	Group Rate(1 Instructor)/Group Rate(2 Instructors): \$105/\$95

****Service will not be denied to anyone who is unable to pay.
Client unable to pay the set rate will be asked for a donation.***

Southwest Health & Human Services BUDGET	Approved		Approved		Approved		Approved	Approved	Fund 01 & 02
HEALTH SERVICES	2022	2022	2023	2023	2024	2024	2025	2026	
Category	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Budget	
EXPENDITURES									
481 Nursing									
6100 - Personnel	\$1,945,043	\$1,528,441	\$2,017,161	\$1,663,714	\$2,057,140	\$1,763,180	\$2,293,671	\$2,199,925	
6200 - Services & Charges	\$130,403	\$156,522	\$184,756	\$150,378	\$134,805	\$128,981	\$167,470	\$162,733	
6300-6400 - Administrative Overhead Costs	\$158,300	\$161,695	\$192,666	\$172,663	\$166,016	\$164,913	\$169,485	\$158,929	
Subtotal	\$2,233,746	\$1,846,658	\$2,394,583	\$1,986,755	\$2,357,961	\$2,057,074	\$2,630,626	\$2,521,587	
483 Health Education									
6100 - Personnel	\$383,331	\$408,248	\$389,237	\$383,525	\$632,360	\$471,142	\$617,566	\$552,801	
6200 - Services & Charges	\$42,085	\$51,050	\$42,415	\$51,311	\$41,927	\$111,323	\$40,590	\$20,248	
6300-6400 - Administrative Overhead Costs	\$76,064	\$139,572	\$166,070	\$114,950	\$225,809	\$234,428	\$225,530	\$288,781	
Subtotal	\$501,480	\$598,870	\$597,722	\$549,786	\$900,096	\$816,893	\$883,686	\$861,830	
485 Environmental Health									
6100 - Personnel	\$257,250	\$264,485	\$273,354	\$283,886	\$300,973	\$300,265	\$309,970	\$316,367	
6200 - Services & Charges	\$4,500	\$7,679	\$9,000	\$5,813	\$6,776	\$7,660	\$7,586	\$4,275	
6300-6400 - Administrative Overhead Costs	\$39,450	\$48,889	\$44,600	\$48,643	\$40,590	\$46,643	\$39,515	\$42,432	
Subtotal	\$301,200	\$321,053	\$326,954	\$338,342	\$348,339	\$354,568	\$357,071	\$363,074	
410 Administration									
6100 - Personnel	\$502,600	\$577,401	\$601,688	\$701,609	\$1,022,422	\$930,292	\$959,888	\$1,119,172	
6200 - Services & Charges	\$147,348	\$54,262	\$55,880	\$249,304	\$53,280	\$81,897	\$55,332	\$76,825	
6300-6800 - Administrative Overhead Costs	\$107,872	\$108,287	\$131,416	\$102,117	\$136,355	\$152,186	\$152,712	\$138,608	
Reserves	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Subtotal	\$757,820	\$739,950	\$788,984	\$1,053,030	\$1,212,057	\$1,164,375	\$1,167,932	\$1,334,605	
Combined Expenditures									
6100 - Personnel	\$3,088,224	\$2,778,575	\$3,281,440	\$3,032,734	\$4,012,895	\$3,464,879	\$4,181,095	\$4,188,265	83.0%
6200 - Services & Charges	\$324,336	\$269,513	\$292,051	\$456,806	\$236,788	\$329,861	\$270,978	\$264,081	5.4%
6300-6800 - Administrative Overhead	\$381,686	\$458,443	\$534,752	\$438,373	\$568,770	\$598,170	\$587,242	\$628,750	11.7%
Interfund Transfer to Insurance				\$59,500					
Reserves	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total Expenditures	\$3,794,246	\$3,506,531	\$4,108,243	\$3,987,413	\$4,818,453	\$4,392,910	\$5,039,315	\$5,081,096	

Southwest Health and Human Services Budget	Approved		Approved		Approved		Approved	Approved	Fund 01 & 02
HEALTH SERVICES	2022	2022	2023	2023	2024	2024	2025	2026	
Category	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Budget	
REVENUE									
481 Nursing									
5400 - Federal	\$878,947	\$993,185	\$927,794	\$902,301	\$1,090,394	\$998,594	\$1,005,398	\$1,004,147	
5200-5300 - State	\$604,636	\$519,520	\$741,600	\$528,296	\$463,039	\$471,713	\$639,261	\$555,813	
5500-5800 - Other	\$453,280	\$465,942	\$494,800	\$402,407	\$420,843	\$449,169	\$440,100	\$377,870	
Reserve spending	\$0	\$0	\$0	\$0	\$383,685	\$0	\$0	\$0	
Subtotal	\$1,936,863	\$1,978,647	\$2,164,194	\$1,833,004	\$2,357,961	\$1,919,476	\$2,084,759	\$1,937,830	
483 Health Education									
5400 - Federal	\$240,667	\$375,305	\$351,634	\$303,160	\$251,817	\$333,169	\$263,304	\$116,062	
5200-5300 - State	\$224,631	\$431,437	\$224,631	\$249,113	\$611,906	\$984,660	\$717,833	\$738,161	
5500-5800 - Other	\$950	\$5,948	\$950	\$740	\$0	\$787	\$2,000	\$2,000	
Reserve spending	\$0	\$0	\$0	\$0	\$36,373	\$0	\$0	\$0	
Subtotal	\$466,248	\$812,690	\$577,215	\$553,013	\$900,096	\$1,318,616	\$983,137	\$856,223	
485 Environmental Health									
5400 - Federal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
5200-5300 - State	\$50,000	\$111,676	\$50,000	\$31,228	\$111,676	\$114,085	\$111,671	\$37,323	
5100 & 5500-5800 - Other	\$193,400	\$193,961	\$200,400	\$198,267	\$205,262	\$198,370	\$200,600	\$200,100	
Reserve spending	\$0	\$0	\$0	\$0	\$31,401	\$0	\$0	\$0	
Subtotal	\$243,400	\$305,637	\$250,400	\$229,495	\$348,339	\$312,455	\$312,271	\$237,423	
410 Administration									
5400 - Federal	\$0	\$0	\$0	\$8,810	\$57,702	\$39,583	\$57,702	\$57,702	
5200-5300 - State	\$60,000	\$206,432	\$60,000	\$215,857	\$292,582	\$311,345	\$335,827	\$472,319	
5500-5800 - Other	\$7,300	\$19,322	\$7,050	\$251,607	\$37,400	\$100,877	\$40,500	\$56,795	
Reserve spending	\$0	\$0	\$0	\$0	\$87,963	\$0	\$0	\$0	
5000 - County Taxes	\$1,080,435	\$896,600	\$1,049,384	\$1,049,384	\$883,692	\$883,692	\$1,123,025	\$1,123,025	
Subtotal	\$1,147,735	\$1,122,354	\$1,116,434	\$1,525,658	\$1,359,339	\$1,335,497	\$1,557,054	\$1,709,841	
Combined Revenues									
5400 - Federal	\$1,119,614	\$1,368,490	\$1,279,428	\$1,214,271	\$1,399,913	\$1,371,346	\$1,326,404	\$1,177,911	26.3%
5200-5300 - State	\$939,267	\$1,269,065	\$1,076,231	\$1,024,494	\$1,479,203	\$1,881,803	\$1,804,592	\$1,803,616	35.8%
5500-5800 - Other	\$654,930	\$685,173	\$703,200	\$853,021	\$663,505	\$749,203	\$683,200	\$636,765	13.6%
Reserve spending	\$0	\$0	\$0	\$0	\$392,140	\$0	\$102,094	\$339,779	2.0%
5000 - County Taxes	\$1,080,435	\$896,600	\$1,049,384	\$1,049,384	\$883,692	\$883,692	\$1,123,025	\$1,123,025	22.3%
Total Revenues	\$3,794,246	\$4,219,328	\$4,108,243	\$4,141,170	\$4,818,453	\$4,886,044	\$5,039,315	\$5,081,096	
SUMMARY									
Revenue	\$3,794,246	\$4,219,328	\$4,108,243	\$4,141,170	\$4,818,453	\$4,886,044	\$5,039,315	\$5,081,096	
Expenditures	\$3,794,246	\$3,506,531	\$4,108,243	\$3,987,413	\$4,818,453	\$4,392,910	\$5,039,315	\$5,081,096	
Difference	\$0	\$712,797	\$0	\$153,757	\$0	\$493,134	\$0	\$0	

2026 Public Health Levy Funding

County	Population	2025 Per Capita	2025 Tax Levy	2026 Per Capita	Amount Change	Difference	% Change	2026 Tax Levy
Lyon	25,269	\$15.25	\$385,352	\$15.25	\$0.00	\$0	0.0%	\$385,352
Murray	8,179	\$15.25	\$124,730	\$15.25	\$0.00	\$0	0.0%	\$124,730
Redwood	15,425	\$15.25	\$235,231	\$15.25	\$0.00	\$0	0.0%	\$235,231
Lincoln	5,640	\$15.25	\$86,010	\$15.25	\$0.00	\$0	0.0%	\$86,010
Rock	9,704	\$15.25	\$147,986	\$15.25	\$0.00	\$0	0.0%	\$147,986
Pipestone	9,424	\$15.25	\$143,716	\$15.25	\$0.00	\$0	0.0%	\$143,716
Total	73,641		\$1,123,025			\$0	0.0%	\$1,123,025

<u>YEAR</u>	<u>PER CAPITA</u>	<u>LEVY AMOUNT</u>	<u>CHANGE</u>
2026	\$15.25	\$1,123,025	
2025	\$15.25	\$1,123,025	
2024	\$12.00	\$883,692	
2023	\$14.25	\$1,049,384	population adjustment
2022	\$14.25	\$1,080,435	
2021	\$14.25	\$1,080,435	
2020	\$13.75	\$1,042,525	
2019	\$12.75	\$966,705	
2018	\$12.25	\$928,795	

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 1**

EFFECTIVE DATE: 01/01/11

REVISION DATE: 12/17/14, 08/17/16; 05/16/18; 05/15/19; 11/19/25

AUTHORITY: Southwest Health and Human Services Joint Governing Board
MN Statutes, Chapter 13
MN Rules Governing Data Privacy, Chapter 1205

--- DATA PRIVACY POLICY AND PROCEDURES ---

Section 1 - Introduction

- a. The purpose of this policy is to assist the staff of Southwest Health and Human Services in complying with the data privacy statutes to: 1) safeguard information about individuals that the agency collects, stores, and creates; and 2) to facilitate access to information that the agency has collected or created according to existing state and federal statutes and rules.
- b. Data privacy is a form of an implied contract between an individual supplying information and the agency needing information to provide services. Implied in this agreement is the intention of supplying information for a specific program purpose. If the information is to be used for another purpose by another program, other individuals or agencies different from public health or human services, the individual must consent to such use. Individuals have the right to know why the information is requested, how it will be used, who will have access to the information. They also have the right to contest accuracy.
- c. The public also has the right to certain information of the agency in order to monitor and evaluate governmental activities. None of these rights are absolute. A privacy policy attempts to maintain a balance between the rights of the individual and the public.

Section 2 – General Principles

- a. Individual Ownership of Data

The MN Government Data Practices Act maintains individual ownership of the individual data collected. Southwest Health and Human Services will own the paper, forms, and files, whereas the individual owns the data that is on these forms. The agency is the caretaker of the individual's data. The individual in a very real sense controls the use of the data. When questions arise, the individual's consent is the most legal and ethical approach to be used in the release of information.

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 1**

b. Program Information

The MN Government Data Practices Act requires that agencies collect only data which is necessary for the administration of authorized programs. Data which is collected from an individual under the authority of federal or state law must only be used by the program for which it was collected. An exchange of data with personnel outside of the program area must have the individual's signed permission, unless there is a statute that authorizes such release. At the time of collection an individual must be made aware that the data they are providing will be shared with other health and human service employees directly involved in providing program services. Staff has a responsibility to maintain data necessary for program purposes and have records and files that are accurate, current, and complete.

c. Notice of Privacy

The government must give individuals notice when collecting private or confidential information from them. The Notice of Privacy will be given to individuals as per program and their respective requirements. The Notice of Privacy is also posted on SWHHS's website.

d. Release of Information

The MN Government Data Practices Act does not distinguish between an individual's benefit to release information and a detriment to the individual's release of information. Whatever category the data falls into, it is categorized for all purposes. Example: The individual's address can no more be disclosed without the individual's consent for purposes of settling estate than it can be for the purpose of locating an accused criminal. Any letters from attorneys, subpoenas, dispositions, interrogatories, court orders, and request of clients to see their file should be channeled through their supervisor. In addition, one of the privacy officers or designee shall also be notified.

**Section 3 - The MN Government Data Practices Act and the Department of
Administration Rules Establish the Rules Under Which Data and Information is
Compiled, Classified, Maintained, and Distributed**

a. Classification of Data: Data is classified into two main categories and each category is divided into three defined groups.

- **Data on Individuals:** Data on individuals is defined as all data in which an individual can be identified as the subject of that data.
- **Public Data on Individuals:** Data on individuals is public if the statute or rule does not classify the data as private or confidential and is accessible by the public.
- **Private Data on Individuals:** Private data on individuals is data which is not accessible to the public, but is accessible only to the individual

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 1**

subject of that data and can be released only by the subject of the data's consent.

- **Confidential Data on Individuals:** Confidential data is data on individuals that is classified as confidential by state or federal law, is not accessible by the public, and is not accessible to the individual subject of that data. Client cannot sign to release this information. At a minimum, confidential data includes:
 - medical or psychological information stamped confidential
 - names of reporters
 - adoption records
 - chemical dependency records (per MN Statute Chapter 254A; section 09.)
 - all information related to IRS – IEVS (Income Eligibility Verification Systems), e.g., UNVI or BEER matches.
- **Data Not on Individuals:** Data not on individuals is all data which is not on individuals and does not allow identification of individuals.
 - Public data is data which is accessible by the public.
 - Non-public data is not accessible by the public.
 - Protected non-public data is data not accessible by the public or the subject of that data.

- b. Summary data means statistical records and reports derived from data on individuals, but in which the individuals are not in any way identifiable. Data or summary data has all data elements that could link the data to a specified individual have been removed and lists of numbers or other data which would uniquely identify an individual is separated from the summary data; it is not available to persons who gain access to or possess summary data. Unless classified elsewhere, summary data is public and may be requested by and made available to any individual or person. Summary data may be requested by a governmental unit if needed for administration and management.

Section 4 - Access to Data

- a. Responsible Authority

Each agency, according to the MN Government Data Practices Act is required to appoint a responsible authority. The responsible authority designates the person in charge of the records and policies concerning data privacy.

The Southwest Health and Human Services Joint Governing Board Bylaws list the Director of the agency as the responsible authority and is authorized to assure that the agency acts in accordance with MN Statutes and administrative rules governing data practices.

The responsible authority will designate those individuals who are in charge of

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 1**

individual files and systems containing governmental data.

b. Privacy and Security Officers

~~Beth Wilms~~ Stacey Timm, Director, and Carol Biren, Public Health Director, are the designated HIPAA/Data Privacy Officers. They are responsible for the development and implementation of the data privacy policies and procedures. ~~Chris Cauwels, Network Systems Administrator~~ Evan Hacker, IT Director, is the designated Security Officer for SWHHS.

c. Request for Government Data

1. Individual Data

When a request is made to view a client's file, this request will be referred to the supervisor in charge of the unit providing service. The supervisor will ensure proper release of information and Request for Disclosure of Information (AG#115) have been obtained. In addition, one of the HIPAA/Data Privacy Officers or designee shall also be notified.

2. Summary Data

Summary data is public data which does not identify individuals. Preparation of summary data may be requested by any person or individual. The request will be made in writing to the Director or designee. The Agency will inform the requester of any necessary costs involved in summarizing the data.

3.

Public access to records is limited to normal office hours, excluding holidays. Normal office hours of Southwest Health and Human Services are from 8:00 a.m. to 4:30 p.m. Requests for access shall be submitted in writing on form AG#115 and will receive a response immediately or within 10 working days. The public has the right to look at (inspect), free of charge, all public data that the Agency keeps. The public also has the right to get copies of public data. The MN Government Data Practices Act allows us to charge for copies and SWHHS will charge no more than allowed according to statute

d. Access to private data is limited to:

- the subject of the data,
- entities or individuals given access by expressed written direction of the subject of the data,
- staff members with the Agency whose work assignments require access, and
- persons designated by the courts.

The intended purpose for which the subject provided the data shall be used as the guiding factor in determining which staff has access to the records. All requests shall be made in writing.

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**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 1**

If access to records is denied, the person requesting access must be informed in writing of the reason why access is being denied.

Release of information of private data to a third party can only be done when written consent of the subject of the data has been obtained. The consent form must identify the individual to whom the information can be released and must contain the following information:

- Identify the individual to whom the information can be released.
- The consent form states the general purpose for which the requested information would be used.
- The consent form designates the specific data, appropriate dates, and type of information which is authorized to be released.
- The consent form will be dated and signed.
- The consent form will only be honored if received within 1 year after the date of the signature and can only release information obtained prior to and including the date of the signature.
- The consent form states that such consent may be revoked by the individual at any time.

Parents have the right to look at and get copies of public and private data about their minor children (under the age of 18). Legally appointed guardians have the right to look at and get copies of public and private data about an individual for whom they are appointed guardian.

Minors have the right to ask the Agency not to give data about them to their parent or guardian. The Agency informs the minor that they have this right. We may ask the minor to put their request in writing and to include the reasons why we should deny their parents access to the data. We will make the final decision about the request based on the minor's best interests. The decision will be made with the staff person's supervisor. Information will be documented in the case notes.

e. Verifying Identity

The following constitute proof of identity:

- An adult individual must provide a valid photo ID, such as;
 - a state driver's license
 - a military ID
 - a passport
 - a Minnesota ID
 - a Minnesota tribal ID
- A minor individual must provide a valid photo ID, such as;
 - a state driver's license
 - a military ID

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**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 1**

- a passport
- a Minnesota ID
- a Minnesota Tribal ID
- a Minnesota school ID
- The parent or guardian of a minor must provide a valid photo ID and either;
 - a certified copy of the minor's birth certificate or
 - a certified copy of documents that establish the parent or guardian's relationship to the child, such as;
 - a court order relating to divorce, separation, custody, foster care
 - a foster care contract
 - an affidavit of parentage
- The legal guardian for an individual must provide a valid photo ID and a certified copy of appropriate documentation of formal or informal appointment as guardian, such as;
 - court order(s)
 - valid power of attorney

f. **Appropriate Administrative, Technical and Physical Safeguards**

The Agency will reasonably safeguard private data from any intentional or unintentional use or disclosure that is in violation of the MN Governmental Data Practices Act. Records stored in the Agency will be kept secure at all times. Employees who are handling private data during the course of the day will protect the privacy of the material. In the unfortunate event that we determine a security breach has occurred and an unauthorized person has gained access to your data, we will notify the individual(s) as required by law.

— **Section 5 – Security of Individual Files**

- a. Staff members must also recognize that any information that is gained through work concerning clients is not to be talked about with any other person who does not have the need to know this information. It is also the policy of the agency that cases shall not be discussed in the break room, halls, texting, social media, other communication methods or any place where other people may gain access to that information.
- b. Employee Sanctions: If there is a report of non-compliance or if employees fail to comply with the Agency's privacy and security policies or procedures, the Agency will apply appropriate disciplinary sanctions.

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Section 6 – Individual's Right to Contest Data and/or Request to Amend Private Data

- a. An individual, parent of a minor or legal guardian has a right to contest the public or private data collected by the Agency.

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 1**

- b. The individual, parent of a minor or legal guardian shall notify the agency in writing describing the nature of his contention, disagreement with any specific data contained in the file. A staff person will assist the individual wishing to contest such data. The written notice shall become part of the individual file. If corrections in data need to be made, these will be done by the appropriate staff person. An individual, parent of a minor or legal guardian will be notified in writing about the corrections. If no corrections are necessary, the client, parent of the minor or legal guardian shall be notified of that decision. If files of other individuals have the same inaccuracy, the staff will be instructed to make necessary corrections and send letters of notification to the individuals. If there is any disagreement between the agency and the client, parent of a minor or legal guardian that a satisfactory conclusion has not been reached, the client, parent of the minor or legal guardian has the right to appeal this to the Department of Administration.

Section 7 - Simplified Classification Lists

- a. Data collected during a criminal investigation is classified as confidential by Minnesota Statutes 13.39, Subdivision 2.
- b. Adoption records are classified as confidential by Minnesota Statutes 259.27, Subdivision 3.
- c. Child protection records are classified as private and/or confidential by Minnesota Statutes 626.556, Subdivision 11.
- d. Chemical dependency records are classified as private by 42 CRF 2.1 1976.
- e. Licensing records are classified as public, except personal and personal financial information about family day care and foster care records. All information on the actual license for family day care or foster care is public except social security number and reference. (Licensing information being used in an investigation is protected non-public.)
- f. Data pertaining to medical providers who provide medical services to individuals under the State MA program, including their names and information pertaining to their financial reimbursement for providing such services, is public.
- g. Vendors of services are not classified as individuals under the data privacy law.
- h. Personnel records of all public agencies, including the Merit System, are classified as public except for that information classified as private under Minnesota Statutes. The following data about public employees is public information: name, actual gross salary, salary range, contract fees, pension, value and nature of employee's fringe benefits, and

**SOUTHWEST HEALTH AND HUMAN SERVICES
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the basis for and the amount of any added remuneration including expense reimbursement. In addition to salary; job title, job description, education, training and background, previous work experience, date of first and last employment, the status of any complaints or charges against the employee (whether or not the complainer charged resulted in disciplinary action), the final disposition of any disciplinary action, work location, work telephone number, payroll time sheets that are used to account for employees' work time (except to the extent that the release of time data would reveal the employee's reason for the use of sick or other medical leave or other non-public data), the city and county of residence. This is all contained in Minnesota Statutes Section 13.43, Subdivision 2.

- i. WIC data is considered private.

Section 8 – Breach Investigation and Notification

a. The HIPAA/Data Privacy and/or Security Officer(s) shall serve as the investigators of the breach process. The investigators shall be responsible for the management of the breach investigation process and coordinating with others in the Agency as appropriate (e.g., administration, human resources, HIPAA, Data Privacy and Security Team, legal counsel, etc.). The investigators or designee shall be the key facilitators for all breach notification processes to the appropriate individuals and/or entities as required by law.

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**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 2**

EFFECTIVE DATE: 02/16/11

REVISION DATE: 12/18/13; 12/21/16; 10/17/18; 11/19/25

AUTHORITY: Southwest Health and Human Services Joint Governing Board

Minnesota Statute 375.21, 375.72 through 375.76

Code of Federal Regulations sections 2 CFR 200

---- PROCUREMENT AND GASB34 COMPLIANCY-RELATED POLICIES----

Section 1 - Purpose of Policies

The Southwest Health and Human Services Board is delegated as the authority to regulate procurement of goods and services and to adopt procurement policies under Minnesota Statute [M.S. 375.75](#) through [375.76](#). Various departments at Southwest Health and Human Services are involved in the procurement of numerous goods and services on a continual basis. The purpose of this Procurement and Contract Administration Policy is to:

- Assure the lowest price for goods and services, through a competitive bidding process,
- Provide uniform guidelines and procedures for all county departments, and
- Assure compliance with all applicable laws pertaining to the purchase of goods and services for governmental units.

This policy supersedes any previous procurement and contracting policies and procedures adopted by the Southwest Health and Human Services Board.

Section 2 - Responsibility

Within the scope of Minnesota Statutes [M.S. 375.72](#), [M.S. 375.73](#) and [375.74](#), the Southwest Health and Human Services Board hereby designates the Executive Team to be responsible for the implementation of this Procurement Policy. The Director of Business Management has the responsibility to oversee and coordinate the purchase of goods and services and contract administration.

The procurement and contract administration policies and procedures outlined in this document are applicable to all department within Southwest Health and Human Services. All Agency Employees have the responsibility to comply with these policies and procedures while purchasing or contracting for any supplies, material, equipment, or contractual service, or the sale of surplus, obsolete or unusable supplies, materials, or equipment on behalf of the agency.

Section 3 – Conflict of Interest and Ethical Practices

No Southwest Health and Human Services Board Member or Agency employee shall have a financial interest, in the procurement of goods and services for the Agency. No Board Member or Agency employee, should accept or receive from a vendor any promise, obligation, or contract for future reward or compensation. Any violation of this provision may be a gross misdemeanor ([M.S. 471.87](#)).

If a Board Member or Agency employee, purchases or contracts for goods and services contrary to Agency policy, the purchase may be void in accordance with [M.S. 375.76](#). Misappropriation of Agency funds by any Board Member or Agency employee, is a criminal offense. Any individual who participates in a violation may be held individually responsible for restitution and personally subject to legal action.

Section 4 – Cost Thresholds and Bid Process

All purchases under \$10,000 will require Division Director approval. All purchases \$10,000 and over are required to follow Agency procurement guidelines listed in this policy. The Southwest Health and Human Services Board may, at its option, direct that the bid process be used for any contract, no matter the dollar amount. Per [M.S. 375.21](#), in the event of an emergency, a bid process may be waived.

Section 5 – Procurement/Contracting Procedures

Purchase or rental of services, supplies, materials, equipment or personal property; or construction, alteration, repair, maintenance of real or personal property:

Over \$100,000 - Use Bid Process:

- Prepare specifications/plans for bid proposals and complete Agency Procurement Checklist. In drafting specifications, ensure fair and impartial requirements. Bid specifications must be drawn to include as many potential bidders as possible and still meet the needs of Southwest Health and Human Services.
- Prepare bid advertisement. [M.S. 375.21](#) requires that bid advertising for the purchase of property or for work and labor must be published in the official County newspaper for two weeks. Bid advertisements for construction or repair of buildings must be published in the local newspaper for three

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 2**

weeks. This represents the minimum requirement. The County Board may elect to advertise for bids in several newspapers, or for a longer period. If significant changes are made in specifications prior to the conclusion of the bidding process, the bids must be re-advertised according to this paragraph.

- If the contract is for work or labor or for the construction or repair of buildings, a performance bond is required in an amount sufficient to insure faithful performance of the job.
- Bids are received by the Agency Director, date and time stamped, and held until the end of the bid period. The Board then conducts an "official bid opening". The bids are tabulated and evaluated against the bid specifications and checked for bid bonds or other appropriate documents.
- The "lowest responsible" bidder is determined by the Board through objective measures (not necessarily the lowest bidder dollar wise).
- The recommendation for the award of the contract to the lowest responsible bidder is submitted to the Board. If the Board approves a contract with someone other than the lowest bidder dollar wise, the Board Minutes must also record an explanation for this.
- After award of bid, the Agency Director sends the contract to the vendor for signature, attachment of certificate of insurance, and performance bond.
- If proof of insurance is required of Southwest Health and Human Services, the Agency Director will notify the Director of Business Management. MCIT Insurance Group will then be notified to provide a certificate of insurance.
- After the vendor has signed and returned the contract, the performance bond (if applicable) and the certificate of insurance are reviewed by the Accounting Department for compliance with contract requirements.
- The contract is forwarded to the Accounting Department for signatures of the Board Chair and Agency Director (or Agency Attorney if requested).
- The contract is saved in the centralized file.

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Items between \$10,000 and \$100,000:

- Prepare specifications for quotations and complete Agency Procurement Checklist.
- Obtain a minimum of two written quotations. All quotations obtained shall be kept in the centralized file.
- Submit recommendation to the Agency Board for the award to low bid or quote. If the contract is awarded to a vendor representing other than the lowest bid or quote, the Agency Board minutes must also record an explanation for this.
- The contract is sent to vendor for signature, with the request for a certificate of insurance.
- When contract is returned, the certificate of insurance is reviewed by the contract manager for compliance with contract requirements.
- The contract is signed by the Board Chairmen and Agency Director (or Agency Attorney if requested).
- The contract is forwarded to the Accounting Department and saved in the centralized file.

Contracts Under \$10,000:

- Prepare specifications and complete Agency Procurement Checklist, if necessary.
- For Contracts under \$10,000 – quotations are not required. Any quotations must be documented and kept in the centralized file.
- Approval must be received from Agency Division Director.
- Prepare and/or receive contract from vendor.
- When the contract is returned by vendor, the contract is then signed by Board Chairman and/ Agency Director, if required.
- The signed contract is placed in the centralized file.

Section 6 – Documentation and Inventory Control

All Agency supervisors are responsible for the procurement of goods and services and the Accounting Department will ensure that each procurement transaction is properly documented. A complete audit trail and proof of purchase (i.e., purchase order, payment voucher, invoice, etc.) must be maintained with the appropriate authorized signatures.

The IT Department is responsible for placing all software and hardware purchases on behalf of Southwest Health and Human Services regardless of cost, funding source, or program. All software and hardware related purchases will need to have full approval and authorization by the IT Director or appointed IT staff prior to procurement procedures. Hardware and software cannot be purchased without approval by IT and cannot be purchased outside of the IT Department.

The Accounting Department is responsible for maintaining the up to date inventory of Capital Assets (including Equipment and Furnishings) for all Agency Departments. The IT Department is responsible for maintaining the up to date inventory of all IT related equipment and software. Agency Supervisors are responsible for the storage and safekeeping of supplies and goods procured by their respective departments. A physical inventory will be completed annually by comparing the capital assets to the capital asset listing.

All Agency employees making decisions for the procurement of goods and services must be able to provide proof of compliance with the procurement policy and with applicable State law by using the Agency's procurement checklist.

Section 7 – Centralized File

Agency Supervisors are responsible for completing all required documentation. The Accounting Department is responsible for maintaining the filing system for all their contracts. These files will serve as a reference for the Agency and the State Auditor. The Centralized File will be located on SharePoint. Documentation kept in the centralized file includes the following, as applicable:

- Procurement Checklist
- All bids or Quotations
- Certificate of Insurance, if applicable
- SAM request results/MN Workforce Certificate
- Final Contract

Section 8 – Cooperative Purchasing Contracts

In accordance with [M.S. 471.345](#) Subd. 15, Southwest Health and Human Services may contract for the purchase of supplies, materials, equipment, etc., without regard to the competitive bidding requirements if the purchase is through a national municipal association's purchasing alliance or cooperative created by a joint powers agreement that purchases items from more than one source based on competitive bids or competitive quotations.

Section 9 – A Single Source Provider

A competitive bidding process might not be feasible if a supplier is the only acceptable vendor who is able to furnish a certain item or service ([M.S.471.36](#)). The Department Supervisor is responsible for making single source contract determinations based on the consideration of the following factors:

- Is there a lack of responsible competition?
- Does the vendor possess exclusive and/or predominant capabilities?
- Is the product or service unique and easily established as one of a kind?
- Can program requirements be modified so that competitive products or service may be used?

Section 9 – Professional, Technical and Personal Services Contracts

Contracts for the procurement of professional, technical, and personal services are excluded from the bidding requirements of [M.S. 375.21](#) as per Minnesota Attorney General Opinion (707-a-7 dated July 22, 1985). In procurement of these services, several factors, in addition to cost, need to be considered, including qualifications, experience, and competency. The process consists of:

- Request for Proposals (RFP)
- Review of proposals submitted and selection of preferred proposals
- Negotiation of price and contract terms

- For purposes of this policy, professional, technical, and personal services include at least the following:
 - Architectural and Engineering services
 - Legal services
 - Financial services and Financial Audits

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- Insurance consultation
- Personnel consultation
- Technology consultation
- Planning and special studies
- Publication of official proceedings

Section 10 – Procurement and Distribution of Promotional Items

In accordance with the provisions of [M.S. 375.83](#) and direction provided by the Office of the State Auditor (letter dated 4/22/03) the Agency may purchase promotional items (e.g., refrigerator magnets, pencils, pens, balloons, hats) for distribution at public events (such as the County Fair, Community Events) to the extent that the distribution of these items serves a public purpose by either: 1) promoting the economic and agricultural resources of the Agency; or 2) inform the citizens of the services provided by the Agency.

ATTACHMENT A –Depreciation, Capital Asset, and Capitalization Threshold Guidelines

Section 1 – Depreciation and Capital Assets

Depreciation is an allocation of costs over the expected useful life of an asset. It is rare that an asset's actual life will match the estimated useful life. Therefore, it is important to remember that depreciation is an estimate of the annual expense and actual results can differ from those estimates. Also, important to consider is that estimates can change over time due to changes in condition and experience. The broad ranges provided here are meant for general guidance. Southwest Health and Human Services uses the Straight Line Method for Depreciation starting the first day of the month of purchase.

Capital Asset Type Useful Life

Data Processing Equipment – Could include servers, computers, software, printers, or other data processing equipment	3- 5 years
Furniture and Equipment – Could include small office equipment, copiers, office furniture	5-10 years
Automobiles - Passenger - All transportation vehicles.	3-10 years

Capitalization Threshold Guidelines

	Tracking & Inventory	Capitalize & Depreciate
Building Improvements	\$300	\$1,000
Equipment	\$300	\$5,000
Vehicle	\$1,000	\$5,000

Capital asset improvement costs should be capitalized if:

1. The costs exceed the capitalization thresholds, and
2. One of the following criteria is met:
 - The estimated life of the asset is extended by more than 25%, or
 - The efficiency of the asset is increased by more than 10%.

Otherwise, the cost should be recorded as a repair and maintenance expense within the appropriate expense function. It is likely that any of the above parameters could be adjusted based on the professional judgment of a qualified individual making the decision of whether to capitalize or expense a given cost. The criteria are meant as a matter of policy and to be applied as guidance, not absolutes.

Section 2 - Asset Grouping

Assets that are below the capitalization of \$5,000, that are purchased as a group and have significant costs are subject to capitalization per GASB Implementation Guide 2021-1 Section 5.1.

Capitalization of assets acquired together whose individual acquisition costs are less than the threshold for an individual asset if those assets in the aggregate are significant. Computers and furniture are examples of assets that may not meet the capitalization policy on an individual basis yet could be significant collectively. The capitalization threshold for asset grouping is \$50,000.

Section 3 - Leases

GASB Statement No. 87, Leases, defines a lease as a contract that conveys control of the right to use another entity's non-financial asset, as specified in the contract for a period of time greater than a year in an exchange or exchange like transaction. Non-financial assets include buildings, vehicles, and equipment. Lease assets are reported within capital assets.

1. Buildings Lease
 - A contract that conveys control of the right to use another entity's non-financial asset, as specified in the contract for a period of time greater than a year in an exchange or exchange like transaction. A lease asset should be recognized at the commencement of the lease term. Any contract that meets this definition should be accounted for under the lease's guidance, unless specifically excluded in GASB statement No. 87.
 - The capitalization threshold for right to use buildings is \$50,000.
2. Vehicle and Equipment Lease
 - A contract that conveys control of the right to use another entity's non-financial asset, as specified in the contract for a period of time greater than a year in an exchange or exchange like transaction. A lease asset should be recognized at the commencement of the lease term. Any contract that meets this definition should be accounted for under the lease's guidance, unless specifically excluded in GASB statement No. 87.
 - The capitalization threshold for right to use vehicle and equipment is \$5,000
3. Subscription-Based Information Technology Arrangements
 - GASB State No. 96, Subscription-Based Information Technology Arrangements (SBITA), defines SBITA as a contract that conveys control of the right to use another party's information technology (IT) software, alone or in combination with tangible capital assets, as specified in the contract for a period of time greater than a year in an exchange or exchange like transaction. SBITA's are reported within capital assets.
 - The capitalization threshold for subscription based technology is \$5,000.

ATTACHMENT B – Governmental Accounting Standards Board (GASB) 34 Accounting Policies

Section 1 - Policy to Determine the Current Share of Compensated Absences

Vacation leave and other compensated absences with similar characteristics, are calculated and reported as per GASB 101, Compensated Absences, which was effective to the 2024 audits. Per this guidance:

- In the notes, the time earned/used can now be presented as a “net” amount;
- the calculation for payout of sick time must include both the expectation for what employees will use during the year AND what’s expected to be paid out at termination; and
- the vesting method is now an optional method for determining if a compensated absence is more likely than not to be used (previously it was a required method).

Section 2 – Policy for Annual Budget

The Agency budget is adopted annually by the Southwest Health and Human Services Joint Governing Board and provides the authorization for program expenditures. In addition, program budgets will be approved by the Public Health Board and the Human Services Board. Once the budgets have been adopted by the appropriate board any changes and adjustments are made through a revised budget, leaving the adopted budget in its original approved form. The budget for Southwest Health and Human Services is prepared and reported on the modified accrual basis of accounting. All budgets are prepared in conformity with generally accepted accounting principles. Budget control is designated at the department level. The uses of budget dollars across line items within the agency are at the discretion of the Director, as long as federal, state, or other funding source use reporting requirements are met.

Section 3 – Policy for Order of Applying Resources

When both restricted and unrestricted resources are available for use, it is the government's policy to use restricted resources first, and then unrestricted resources, as they are needed.

Section 4 – Policy for Allocation of Indirect Expenses

All expenses (including depreciation) that support a function (activity/department/program) are directly charged and reported against that function (activity/department/program). Any indirect expenses experienced by Southwest Health and Human Services are reported within the General Admin function. No attempt is made to allocate these indirect expenses to the other functions of the Agency.

Section 5 – Policy for Identifying and Reporting Extraordinary or Special Items

Extraordinary items are both 1) unusual in nature (possessing a high degree of abnormality and clearly unrelated to, or only incidentally related, the ordinary and typical activities of the entity); and 2) infrequent in occurrence (not reasonably expected to recur in the foreseeable future, taking into account the environment in which the entity operates). The primary factor in applying both criteria is the environment within which an entity operates.

Special items are significant items, subject to management's control, that meet one, but not both, of the criteria used for identifying extraordinary items.

Section 6 – Policy for Revenue Recognition in Governmental Fund Statements

Governmental Fund Statements are presented using modified accrual accounting. In order for a receivable to be recognized as revenue with these statements, it must be considered available. The Agency considers revenue available if it is collectable within 60 days of the date of the financial statements.

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ADMINISTRATIVE POLICY NUMBER 2**

EFFECTIVE DATE: 02/16/11

REVISION DATE: 12/18/13; 12/21/16; 10/17/18

AUTHORITY: Southwest Health and Human Services Joint Governing Board

Minnesota Statute 375.21 and 471.345

Code of Federal Regulations sections 2 CFR 200.317 to 200.326

----GASB34 COMPLIANCY-RELATED AND PROCUREMENT POLICIES----

Section 1 - Purpose of Policies

- a. The following policies are presented and adopted in response to the accounting and reporting of the Governmental Accounting Standards Board (GASB), Governmental Wide Reporting requirements of GASB34, and future requirements. These policies provide the foundation for the collection and reporting of Agency financial information in accordance with these requirements.

“Government Wide Statements” refers to the Statement of Net Assets, Statement of Activities, and the reconciliation required under GASB34 reporting standards.

- b. Southwest Health and Human Services will procure the goods and services required to meet its needs and fulfill its mission. Southwest Health and Human Services will procure goods and services as economically as feasible, in a manner that is efficient, straightforward, and equitable and which complies with all federal, state, and local laws and regulations and all other agency policies.

Section 2 - Capital Assets Policy

- a. Capital assets are part of the governmental activities column on the Statement of Net Assets in the Government Wide Statements. Depreciation is required to be recorded as an expense at the government-wide level in the Statement of Activities.
- **Threshold** — The lower value threshold for the collection and reporting of Capital Assets for Government Wide reporting purposes will be \$5,000 dollars. Assets acquired of lesser value \$300 to \$4,999 dollars will be recorded and inventoried for control purposes, but will not be included in financial statement reporting.
 - **Category of Asset** — The two categories of Capital Assets the Agency will be reporting under will be office furniture/equipment and automobiles.
 - **Depreciation** — Will begin the first day of the month of purchase and will be calculated using the Straight Line Method, which allocates the cost evenly over the life of the asset. Any depreciation expense not recognized prior to disposal of the asset will be recognized at disposal. The appropriate amount gain is also recognized on disposal.

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- **Estimated Useful Life** — An accounting estimate of the time period (number of months or years) that an asset will be able to be used for the purpose for which it was purchased. The useful life time periods the Agency will be using for office furniture/equipment and automobiles will be from 3 to 10 years.
- b. A physical inventory will be completed annually by comparing the capital assets to the capital assets listing.

Section 3 - Budget Policy

- a. The Agency budget is adopted annually by the Southwest Health and Human Services Joint Governing Board and provides the authorization for program expenditures. In addition, program budgets will be approved by the Public Health Board and the Human Services Board. Once the budgets have been adopted by the appropriate board any changes and adjustments are made through a revised budget, leaving the adopted budget in its original approved form. The budget for Southwest Health and Human Services is prepared and reported on the modified accrual basis of accounting. All budgets are prepared in conformity with generally accepted accounting principles. Budget control is designated at the department level. The uses of budget dollars across line items within the agency are at the discretion of the Director, as long as federal, state, or other funding source use reporting requirements are met.

Section 4 - Policy to Determine the Current Share of Compensated Absences

- a. **Accumulative Leaves** - Vacation leave and other compensated absences with similar characteristics, are calculated and reported as due within one year using a 5 year trend analysis. The balance remaining is booked and reported as due within more than one year.

Section 5 - Use of Restricted Assets Policy

- a. Unassigned resources will only be used to pay restricted liabilities after appropriate restricted resources have been depleted, or the Southwest Health and Human Services Joint Governing Board takes specific action to appropriate those unassigned resources.

Section 6 - Direct and Indirect Expenses

- a. All expenses that support a specific function are directly charged and reported against that function. Depreciation expenses will be charged at functional reporting levels.

Section 7 - Identifying Special or Extraordinary Items

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- a. These items are transactions that are both unusual in nature and infrequent in occurrence and are the result of events that may be beyond the control of Agency management.

Section 8 - Revenue Recognition in Governmental Fund Statements

- a. Governmental Fund Statements are presented using modified accrual accounting. In order for a receivable to be recognized as revenue with these statements, it must be considered available. The Agency considers revenue available if it is collectable within 60 days of the date of the financial statement.

Section 9 – Procurement Policy

The intent of this policy is to ensure that the procurement process complies with all applicable legal requirements and federal and state regulations; is fair to all participants; is as efficient as possible without eliminating needed controls; is understandable to all users; is administratively consistent with other agency policies and procedures; and maximizes the use of disadvantaged business whenever possible. Southwest Health and Human Services will maintain oversight of contractors to ensure there is compliance with terms, conditions, and specification of contract and purchases. This will be done through multiple activities including but not limited to supervisory, executive, and accounting review, audit of contracts, and Governing Board oversight/approval. Prior to purchase, Southwest Health and Human Service will conduct an informal inventory to prevent unnecessary duplication of purchases and use of any excess prior to purchasing new. Consideration will be given to consolidating or breaking out procurements to obtain a more economical purchase. Where appropriate, an analysis will be made of lease versus purchase alternatives, and any other appropriate analysis to determine the most economical approach. The non-Federal entity is encouraged to use Federal excess and surplus property in lieu of purchasing new equipment and property whenever such use is feasible and reduces project costs. Debarment and Suspension (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. When you enter into a covered transaction with another person at the next lower tier, you must verify that the person with whom you intend to do business is not excluded or disqualified. You do this by:

- (a) Checking SAM Exclusions; or
- (b) Collecting a certification from that person; or
- (c) Adding a clause or condition to the covered transaction with that person

It is the intent that Southwest Health and Human Services will adhere to these process for all purchases regardless of pay source. The Agency will not be involved in any construction

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activities. Any requirements related to construction contracts are not applicable to the Agency, and will not be addressed in this policy.

a. Methods of Procurement

The agency will use the following Methods of Procurement.

1. Micro Purchases

Procurements valued at less than \$3,000 will be considered Micro Purchases, and can be made without obtaining competitive quotations or proposals. These purchases are to be approved by the Director or Director's Designee. Agency staff will ensure that the price is fair and reasonable. Procurements will not be split to avoid competition. To the extent practicable, the non-Federal entity must distribute micro-purchases equitably among qualified suppliers.

2. Small Purchases

Procurements valued between \$3,000 and \$100,000 will be considered Small Purchases, and will be made after obtaining an adequate number of quotations, bids, or proposals from qualified sources, in accordance with agency policy. All small purchases will require Southwest Health and Human Services Governing Board approval, the minutes shall show which bid was accepted and for how much, the names of the bidders, whether the low bid was accepted, or if not, why it was not accepted. (See Minnesota Statute 375.21 and 471.345 for compliance).

3. Major Purchases

Procurements valued at greater than \$100,000 will be considered Major Purchases, and will be made by publicly soliciting bids or proposals in accordance with Agency procurement procedures and as required by Minnesota Statutes. All major purchases require Southwest Health and Human Services Governing Board approval, the minutes shall show which seal bid was accepted and for how much, the names of the bidders, whether the low bid was accepted, or if not, why it was not accepted. (See Minnesota Statute 375.21 and 471.345 for compliance). Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)—Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

a. In order for the sealed bidding to be feasible, the following conditions should be present:

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- A complete, adequate, and realistic specification or purchase description is available.
 - Two or more responsible bidders are willing and able to compete effectively for the business.
 - The procurement lends itself to a firm fixed price contract and the selection of the successful bidder can be made principally on the basis of price.
- b. If sealed bids are used, the following requirements apply:
- Bids must be solicited from an adequate number of known suppliers, providing them sufficient response time prior to the date set for opening the bids, for local, and tribal governments, the invitation for bids must be publically advertised.
 - The invitation for bids, which will include any specifications and pertinent attachments, must define the items or services in order for the bidder to properly respond;
 - All bids will be opened at the time and place prescribed in the invitation for bids, and for local and tribal governments, the bids must be opened publicly;
 - A firm fixed price contract award will be made in writing to the lowest responsive and responsible bidder. Where specified in bidding documents, factors such as discounts, transportation cost, and life cycle costs must be considered in determining which bid is lowest. Payment discounts will only be used to determine the low bid when prior experience indicates that such discounts are usually taken advantage of; and
 - Any or all bids may be rejected if there is a sound documented reason.
- c. Procurement by Competitive Proposals:
- Requests for proposals must be publicized and identify all evaluation factors and their relative importance. Any response to publicized requests for proposals must be considered to the maximum extent practical;
 - Proposals must be solicited from an adequate number of qualified sources.
 - SWHHS must have a written method for conducting technical evaluations of the proposals received and for selecting recipients
 - Contracts must be awarded to the responsible firm whose proposal is most advantageous to the program, with price and other factors considered; and
- d. Procurement by noncompetitive proposals. Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source and may be used only when one or more of the following circumstances apply:
- The item is available only from a single source
 - The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;

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- The federal awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from SWHHS; or
- After solicitation of a number of sources, competition is determined inadequate.

4. Master Contracts and Service Contracts

All contracts will be negotiated by the Director or Director's Designee and approved by Southwest Health and Human Services Governing Board. Master contracts and service contracts will be created with vendors to allow the agency to make repetitive purchases of similar types of goods or services on an as-needed basis in an efficient and economical manner. Procurements made through master contracts will satisfy the Agency's competitive procurement requirements. Contracts will only be awarded to contractors possessing the ability to perform successfully under the terms and conditions of the propose procurement. Consideration will be given to such matters as contactor integrity, compliance with public policy, past performance, and financial and technical resources. All master contracts and service contracts will address termination for cause and convenience by the agency including the manner by which it will be affected and basis for settlement.

- a. Southwest Health and Human Services may use time and material contracts only after a determination that no other contract is suitable. This may include language that includes a ceiling price and if the contactor exceeds it is at their own risk.

5. Joint Purchasing Agreements

The agency has the authority to enter into Joint Purchasing Agreements with other governmental units as provided for in Minnesota Statutes. Procurements made through Joint Purchasing Agreements will satisfy the agency's competitive procurement requirements.

6. Contract Amendments

Contract amendments valued at greater than 10% of the original value of the contract will be considered separate procurements and will be supported by the appropriate competitive process.

7. Noncompetitive Purchases

Noncompetitive Purchases can be made under the following circumstances:

- For Micro Purchases, where the total value of the purchase is less than \$3,000 Where the Governing Board has declared an emergency, in accordance with Agency Policies and Procedures
- Where a sole source justification has been approved, in accordance with Agency Policies and Procedures

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- Where the procurement is for goods or services not available competitively, such as utilities, subscriptions, professional dues and memberships, insurance, conference and seminar registration, permits and licenses, advertisements in publications, taxes, required federal, state, and local fees and charges, etc.

8. Disadvantaged Businesses

The agency will utilize businesses owned and controlled by socially and economically disadvantaged individuals in the procurement of goods and services, and the award of contracts. The agency will, in accordance with authority granted by federal regulations, state statute, and local laws and ordinances, act affirmatively to create a "level playing field" for women-owned, minority-owned and disadvantaged business enterprises to achieve the goal of equal opportunity.

9. Deviations

Approval to deviate from this policy must be documented and authorized by the Director, or by other agency staff as delegated by the Director in accordance with agency policies and procedures.

10. Prohibited Interests in Contracts

The agency shall not enter into any contract or purchase order for goods or services in which an agency board member or agency employee, or their immediate family members, has an indirect or direct personal financial interest or will personally benefit financially from the contract or purchase order. The officers, employees, and agents of the non-Federal entity may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, non-Federal entities may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct apply and any violation of such standard by an employees could be cause for discipline. In exceptional cases and if permitted by applicable law or regulation, this policy may be waived by the Governing Board Chairperson or Director for good cause after consulting with agency legal counsel.

11. Settlement of Contract Issues

The non- federal entity alone must be responsible, in accordance with good administrative practice and sound business judgement, for the settlement of all contractual and administrative issues arising out of procurements. These issues include, but are not limited to, source evaluation, protests, disputes and claims. These standards do not relieve SWHHS of any contractual responsibilities under its contracts. The federal awarding agency will not substitute its judgement for that of SWHHS unless the matter is primarily a federal concern. Violations of law will be referred to the local, state, or federal authority having proper jurisdiction.

12. Competition

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All Procurement transactions must be conducted in a manner providing full and open competition consistent with the standards of this section. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, and invitations for bids or requests for proposals must be excluded from competing for such procurements. Some of the situations considered to be restrictive of competition include but are not limited to:

- Placing unreasonable requirements on firms in order for them to qualify to do business
- Requiring unnecessary experience and excessive bonding
- Noncompetitive pricing practices between firms or between affiliated companies
- Noncompetitive contracts to consultants that are on retainer contracts

13. Prohibition of Unreasonable Requirements

Solicitation requirements that contain features that unduly restrict competition are prohibited. Some situations considered to be restrictive of competition include, but are not limited to: excessive qualifications; unnecessary experience; improper prequalification; retainer contracts; excessive bonding; brand name only; in-state or local geographic restrictions; organizational conflicts of interest; restraint of trade; and arbitrary action.

The following standards apply to solicitations:

- A clear and accurate description of the technical requirements for the material, product, or service to be procured is required.
- A description may include a statement of the qualitative nature of the material, product, or service to be procured and when necessary, describe minimum essential characteristics and standards to which the property or services must conform if it is to satisfy its intended use.
- Detailed product specifications should be avoided if at all possible. Technical requirements should be described in terms of functions to be performed or performance required, including the range of acceptable characteristics or minimum acceptable standards.

14. Prohibition of Arbitrary Action

Arbitrary action in selecting vendors is prohibited. Consistency in the procurement process is the best method of prohibiting arbitrary action. In addition, concerns regarding arbitrary action can be eliminated with proper file documentation, such bid opening records, bid comparison sheets, award decision documentation, and negotiation memoranda. With the exceptions of Micro Purchases, Sole Source Purchases, purchases defined as non-competitive and purchases made to

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rectify a declared emergency, the agency's procurement transaction will be conducted in a manner providing full and open competition.

15. Prohibition of Geographic Preferences

The agency will not impose in-State or local geographical preferences in the evaluation of bids or proposals, except in those cases where applicable Federal statutes expressly mandate or encourage geographic preference.

16. Cost or Price Analysis

SWHHS must perform a cost or price analysis in connection with every procurement action in excess of the Simplified Acquisition Threshold currently set at \$150,000 including contract modifications. This is the inflation adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908. The method and degree of analysis is dependent on the facts surrounding the particular procurement situation, but as a starting point, SWHHS must make independent estimates before receiving bids or proposals.

The agency shall not use the "cost plus a percentage of cost" and "percentage of construction cost" methods of contracting. The agency permits the use of time and materials contracts only after determining that no other contract type is suitable and only if the contract specifies a ceiling price that the contractor may not exceed except at its own risk.

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EFFECTIVE DATE: 02/15/12

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AUTHORITY: Southwest Health and Human Services
(SWHHS) Joint Governing Board

---HEALTH CARE INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)---

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Section 1 – Definitions

Access: Means the ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource.

Agent: An agent of the Agency is determined in accordance with federal common law of agency. The Agency is liable for the acts of its agents. An agency relationship exists if the Agency has the right or authority of the Agency to control the agent’s conduct in the course of performing a service on behalf of the Agency (i.e. give interim instructions, direct the performance of the service).

Agency: For the purposes of this policy, the term “Agency” shall mean SWHHS to which the policy and breach notification apply.

Audit: Internal process of reviewing information system access and activity (e.g., log-ins, file accesses, and security incidents). An audit may be done as a periodic event, as a result of a patient complaint, or suspicion of employee wrongdoing. Audit activities shall also take into consideration SWHHS’ information system Risk Assessment results.

Audit Controls: Technical mechanisms that track and record computer/system activities.

Audit Logs: Records of activity maintained by the system which provide: 1) date and time of significant activity; 2) origin of significant activity; 3) identification of user performing significant activity; and 4) description of attempted or completed significant activity.

Audit Trail: Means to monitor information operations to determine if a security violation occurred by providing a chronological series of logged computer events (audit logs) that relate to an operating system, an application, or user activities. Audit trails provide:

- Individual accountability for activities such as an unauthorized access of ePHI;
- Reconstruction of an unusual occurrence of events such as an intrusion into the system to alter information; and
- Problem analysis such as an investigation into a slowdown in a system’s performance.

An audit trail identifies who (login) did what (create, read, modify, delete, add, etc.) to what (data) and when (date, time).

Breach: Means the acquisition, access, use, or disclosure of protected health information (PHI) in a manner not permitted under the Privacy Rule which compromises the security or privacy of the PHI and is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors:

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- The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person who used the PHI or to the disclosure was made;
- Whether the PHI was actually acquired or viewed; and
- The extent to which the risk to the PHI has been mitigated.

Breach excludes:

- Any unintentional acquisition, access or use of PHI by an employee or person acting under the authority of a Covered Entity (CE) or Business Associate (BA) if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the Privacy Rule.
- Any inadvertent disclosure by a person who is authorized to access PHI at a CE or BA to another person authorized to access PHI at the same CE or BA, or organized health care arrangement in which the CE participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the Privacy Rule.
- A disclosure of PHI where a CE or BA has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

Business Associate (BA): Under the HIPAA Privacy and Security Rules, a person (or entity) who is not a member of the covered entity's workforce and who performs any function or activity involving the use or disclosure of individually identifiable health information or who provides services to a covered entity that involves the disclosure of individually identifiable health information, such as legal, accounting, consulting, data aggregation, management, accreditation, etc.

Business Associate Agreement (BAA): Under the HIPAA Privacy and Security Rules, a legally binding agreement entered into by a covered entity and business associate that establishes permitted and required uses and disclosures of protected health information (PHI), provides obligations for the business associate to safeguard the information and to report any uses or disclosures not provided for in the agreement, and requires the termination of the agreement if there is a material violation.

Covered Entity (CE): A health plan, health care clearinghouse, or a healthcare provider who transmits any health information in electronic form.

Designated Record Set (DRS): For the Agency's purposes, the following is defined as a designated record set. A group of records maintained by the Agency that is;

- The medical records and billing records about individuals,
- The enrollment, payment, claims adjudication, and case management record systems

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maintained by the agency,

- Used, in whole or in part, by or for the Agency to make decisions about individuals.

Disclosure: Disclosure means the release, transfer, provision of, access to, or divulging in any manner of information outside the entity holding the information.

Electronic Protected Health Information (ePHI): Any individually identifiable health information protected by HIPAA that is transmitted by or stored in electronic media.

Health Care Operations: Health care operations mean the legitimate business activities of our practice. These activities may include quality assessment and improvement activities; fraud & abuse compliance; business planning & development; and business management & general administrative activities. These can also include agency telephoning an individual to remind an individual of appointments, or using a translation service if there is a need to communicate with an individual in person, or on the telephone, in a language other than English.

Health Information: Health information is any information created or received by a health care provider or health plan that relates to: the past, present, or future physical or mental health condition of an individual; the provision of health care to an individual; or payment for the provision of health care to an individual. Health Information includes information pertaining to examinations, medical history, diagnosis, findings or treatment, including such information as: laboratory examinations, X-rays, microscopic slides, photographs, and prescriptions.

HIPAA, Data Privacy and Security Team: Individuals who are knowledgeable about the Agency's HIPAA Privacy and Security policies, procedures, training, computer system set up, and technical security controls, and who are responsible for the Risk Management process and procedures outlined in this policy. This team is comprised of the Security Officer, HIPAA/Data Privacy Officers, Director, Deputy Director, Social Services Division Director, Public Health Director and other team members as needed.

Individually Identifiable Health Information: That information that is a subset of health information, including demographic information collected from an individual, and is created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and identifies the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Law Enforcement Official: Any officer or employee of an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to investigate or conduct an official inquiry into a potential violation of law;

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or prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.

Need to Know: Employees will only be given information that the employee needs to have in order to accomplish a given function and only for proper administration of an appropriate health-related program and HIPAA.

Payment: Payment means our activities to obtain reimbursement for the medical services provided to an individual, including billing, claims management, and collection activities. Payment also may include an individual's insurance carrier's efforts in determining eligibility, claims processing, assessing medical necessity, and utilization review. Payment may also include activities carried out on our behalf by one or more of our collection agencies or agents in order to secure payment on delinquent bills.

Protected Health Information (PHI): Individually identifiable health information that is created by or received by the Agency, including demographic information that identifies an individual, or provides a reasonable basis to believe the information can be used to identify an individual, and relates to:

- Past, present or future physical or mental health or condition of an individual.
- The provision of health care to an individual.
- The past, present, or future payment for the provision of health care to an individual.

Privacy Regulation: Policies and procedures required by HIPAA Standards for Privacy of PHI.

Record: Means any item, collection, or grouping of information that includes PHI data and is maintained, collected, used or disseminated by the Agency.

Risk: The likelihood that a threat will exploit a vulnerability, and the impact of that event on the confidentiality, availability, and integrity of ePHI, other confidential or proprietary electronic information, and other system assets.

Risk Assessment: (Referred to as *Risk Analysis* in the HIPAA Security Rule); the process:

- Identifies the risks to information system security and determines the probability of occurrence and the resulting impact for each threat/vulnerability pair identified given the security controls in place. The Risk Assessment includes administrative, physical, technical and organizational safeguards that enable and govern ePHI that is received, created, maintained or transmitted;
- Prioritizes risks; and
- Results in recommended possible actions/controls that could reduce or offset the determined risk.

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Risk Management: Within this policy, it refers to two major process components: Risk Assessment and Risk Mitigation. This differs from the HIPAA Security Rule, which defines it as a risk mitigation process only.

Risk Mitigation: Referred to as *Risk Management* in the HIPAA Security Rule, and is a process that prioritizes, evaluates, and implements security controls that will reduce or offset the risks determined in the Risk Assessment process to satisfactory levels within the Agency given its mission and available resources.

Tennessee Warning: The government must give individuals notice when collecting private or confidential information from them. This is referred to as a "Tennessee warning notice." Government may also call it a "privacy notice," a "notice of collection of private/confidential data," or something similar. The purpose of the notice is to enable people to make informed decisions about whether to give information about themselves to the government.

Threat: the potential for a particular threat-source to successfully exercise a particular vulnerability. Threats are commonly categorized as:

- Environmental – external fires, HVAC failure/temperature inadequacy, water pipe burst, power failure/fluctuation, etc.
- Human – hackers, data entry, workforce/ex-employees, impersonation, insertion of malicious code, theft, viruses, SPAM, vandalism, etc.
- Natural – fires, floods, electrical storms, tornados, etc.
- Technological – server failure, software failure, ancillary equipment failure, etc. and environmental threats, such as power outages, hazardous material spills.
- Other – explosions, medical emergencies, misuse or resources, etc.

Threat Action: The method by which an attack might be carried out (e.g., hacking, system intrusion, etc.).

Threat Source: Any circumstance or event with the potential to cause harm (intentional or unintentional) to an IT system. Common threat sources can be natural, human or environmental which can impact the Agency's ability to protect ePHI.

Treatment: Treatment means the provision, coordination, or management of an individual's health care and related services by health care providers involved in an individual's care. Students may be a member of the health care team. It includes the coordination or management of health care by a provider with a third-party insurance carrier, communication with lab or imaging providers for test results, consultation between agency clinical staff and other health care providers relating to an individual's care, or agency referral of an individual to a specialist physician or facility. Agency treatment includes collaboration with other community agencies to address an individual's health needs, including schools, community

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action agencies, food shelves, transportation providers who are not typically considered “health care” providers.

Trigger Event: Activities that may be indicative of a security breach that require further investigation.

Unsecured Protected Health Information: Protected health information (PHI) that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Pub. L.111-5 on the HHS website.

- Electronic PHI has been encrypted as specified in the HIPAA Security rule by the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without the use of a confidential process or key and such confidential process or key that might enable decryption has not been breached. To avoid a breach of the confidential process or key, these decryption tools should be stored on a device or at a location separate from the data they are used to encrypt or decrypt. The following encryption processes meet this standard.
 - Valid encryption processes for data at rest (i.e. data that resides in databases, file systems and other structured storage systems) Valid encryption processes for data in motion (i.e. data that is moving through a network, including wireless transmission).
- The media on which the PHI is stored or recorded has been destroyed in the following ways:
 - Paper, film, or other hard copy media have been shredded or destroyed such that the PHI cannot be read or otherwise cannot be reconstructed. Redaction is specifically excluded as a means of data destruction.

Vulnerability: A weakness or flaw in an information system that can be accidentally triggered or intentionally exploited by a threat and lead to a compromise in the integrity of that system, i.e., resulting in a security breach or violation of policy.

Workforce: Workforce means employees, Board members, volunteers, trainees, students and other persons whose conduct, in the performance of work for a covered entity or business associate, is under the direct control of such entity, whether or not they are paid by the covered entity or business associate.

Section 2 – Purpose

- a. The Federal Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996. HIPAA responds to concerns from citizens, the health care industry and government agencies for enhanced security and privacy of individual health information. In passing HIPAA, Congress intended to:

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- Improve the portability and continuity of health insurance coverage for consumers;
- Combat waste, fraud, and abuse in health insurance and health care delivery;
- Standardize electronic data interchanges between health care organizations;
- Protect the security, privacy, and availability of individual health information.

Section 3 – HIPAA/Data Privacy Officers and Security Officer

a. ~~Beth Wilms~~ Stacey Timm, Director and Carol Biren, Public Health Director are the designated HIPAA/Data Privacy Officers and ~~Chris Cauwels, Network System Administrator~~ Evan Hacker, IT Director is the Security Officer for HIPAA/Data Privacy purposes. These people are responsible for the development and implementation of the policies and procedures required by HIPAA Standards for Privacy of Individuals Identifiable Health Information (IIHI) or Electronic Individuals Identifiable Health Information (eIIHI), hereafter referred to as Protected Health Information (PHI) and the privacy regulation. The HIPAA/Data Privacy Officers also serve as the people to receive complaints and who should provide further information about matters covered by the privacy notice. The HIPAA/Data Privacy Officers need to be familiar with the privacy regulation. Delegation of some of these duties may be given to other employees of the agency. Responsibilities of the HIPAA/Data Privacy Officers and Security Officer will include:

- Building a strategic and comprehensive privacy program that defines, develops, maintains and implements policies and procedures that enable consistent, effective privacy and security practices which minimize risk and ensure the confidentiality of PHI, paper and/or electronic, across all media types. Ensures privacy forms, policies, standards, and procedures are up-to-date.
- Serves in a leadership role for privacy compliance.
- HIPAA/Data Privacy Officers collaborate with the Security Officer to ensure alignment between security and privacy compliance programs including policies, practices, investigations, and acts as a liaison to the IT department.
- HIPAA/Data Privacy Officers establishes, with the Security Officer, an ongoing process to track, investigate and report inappropriate access and disclosure of PHI. Monitor patterns of inappropriate access and/or disclosure of PHI.
- Performs or oversees initial and periodic HIPAA Privacy and Security Risk Assessment and Risk Mitigation Plans.
- Facilitates audits to validate Security compliance efforts throughout the Agency.
- Takes a lead role, to ensure the Agency has and maintains appropriate privacy and confidentiality consents, authorization forms and information notices and materials reflecting current Agency and legal practices and requirements.
- Oversees, develops and delivers initial and ongoing privacy and security training to the workforce.

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- Participates in the development, implementation, and ongoing compliance monitoring of all business associates and business associate agreements, to ensure all privacy concerns, requirements, and responsibilities are addressed.
- Works cooperatively with Public Health and other applicable Agency units in overseeing individual rights to inspect, amend, and restrict access to PHI when appropriate.
- Manages all required breach determination and notification processes under HIPAA and applicable State breach rules and requirements.
- Establishes and administers a process for investigating and acting on privacy and security complaints.
- Performs required breach investigations, documentation, and mitigation. Works with Human Resources to ensure consistent application of sanctions for privacy and security violations.
- Initiates, facilitates and promotes activities to foster information privacy and security awareness within the Agency and related entities.
- Maintains current knowledge of applicable federal and state privacy laws and accreditation standards.
- Works with Agency administration, legal counsel, and other related parties to represent the Agency's information privacy interests with external parties (state or local government bodies) who undertake to adopt or amend privacy legislation, regulation, or standard.
- Cooperates with the U.S. Department of Health and Human Service's Office for Civil Rights, State regulators and/or other legal entities in any compliance reviews or investigations.
- Serves as information privacy resource to the Agency regarding release of information and to all departments for all privacy related issues.

Section 4 - Use and Disclosure

- a. **Notice of Privacy** – The Notice of Privacy will be given to individuals as per program and their respective requirements. The Notice of Privacy is also posted on SWHHS's website.
- b. **Uses and Disclosures** - For appropriate uses, the Agency is permitted to use and disclose PHI as follows:
- To the individual who is the subject of the data.
 - Those persons or entities that are authorized by the individual to receive their PHI.
 - Those entities that are required or allowed by the privacy regulations and state law.
 - Those employees on a need to know basis. Employees will only be given information that the employee needs to have in order to accomplish a given function.

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c. Disclosure of Information

- Requests for copies of PHI in the DRS shall be managed by the HIPAA/Data Privacy Officers or designee.
- Employees will not release PHI without approval of HIPAA/Data Privacy Officers or designee.
- Please refer to the Request for PHI (section 5) for specific practice.
- All individuals will be asked to sign the Authorization for Release of Information or the Tennessee Warning at the time of the initial visit and annually thereafter. The Release or the Tennessee includes the statement for disclosure of PHI for the purposes of treatment, payment, and healthcare operations.

d. Confirmation of a Valid Authorization

- A valid authorization consists of a written request that includes:
 - Name of individual
 - Who is disclosing the information
 - Who is receiving the information
 - Description of information being disclosed
 - Purpose of disclosure
 - Signature and date
 - Effective / Expiration date
 - Statement of right to revoke
 - Statement of condition of treatment, payment, and healthcare operations
 - Potential for redisclosure
- If any pieces of the authorization above are missing, the requestor will be contacted and requested to properly complete a disclosure for PHI.
- If the individual is a minor, the parent and/or guardian is responsible for the signature on the authorization. SWHHS will provide verification that the individual is the responsible party for the individual.

e. Routine and Non-Routine Disclosures will be individually evaluated and processed per request. The Agency will ensure that only the minimum amount of information is disclosed to satisfy the request.

f. Limit Use Disclosures to Those Authorized by the Individual

PHI will be provided to the individual and to the Office of Civil Rights. Disclosure of PHI will be allowed under the following circumstances:

- If the individual has authorized a use or disclosure;
- If the disclosure is for health care operations, payment or treatment and the individual has signed a consent form for the Agency, or a consent form is not required;

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- If the individual has agreed to the disclosure for a facility directory or to an individual necessary for the care of the individual; or
- If the disclosure is one of the social responsibility disclosures and all conditions for such disclosure are met. Social responsibility disclosures include:
 - Uses and disclosures required by law;
 - Use and disclosures for public health activities;
 - Disclosures about victims of abuse, neglect or domestic violence;
 - Uses and disclosures for health oversight activities;
 - Disclosures for judicial and administrative hearings;
 - Disclosures for law enforcement purposes;
 - Uses and disclosures about decedents;
 - Uses and disclosures to avert a serious threat to health or safety;
 - Uses and disclosures for specialized government functions; and
 - Disclosures for workers' compensation.

g. Limit Request to Minimum Necessary

The Agency will limit its requests for disclosure of PHI to the amount necessary to accomplish the purpose for which the request is made. Only individuals with a legitimate need to know may use or disclose PHI. Each individual may only use or disclose the minimum information necessary to perform their designated role regardless of the extent of access provided to them.

h. Ability to Rely on Request for Minimum Necessary

The Agency may rely on a reasonable request as the minimum necessary for the stated purpose(s) when:

- The disclosure is to a public official as allowed in the social responsibility reporting.
- The information is requested by another covered entity.
- The information is requested by an employee or business associate of the agency.

i. Verification Policies

Before disclosing PHI, the Agency will verify the identity of the person requesting the PHI and the authority of that person to have access. The Agency may rely on written statements, if such reliance is reasonable. For public officials, the Agency may rely on an identification badge or a letter written on government letterhead.

The Agency will treat a personal representative as the individual for purposes of the privacy regulations:

- A personal representative is someone who has, under applicable law, the authority to act on behalf of an individual in making decisions related to health care.
- The Agency will abide by special provisions for un-emancipated minors,

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deceased individuals, and abuse-neglect and endangerment situations.

Verifying Identity

The following constitute proof of identity:

- An adult individual must provide a valid photo ID, such as;
 - a state driver's license
 - a military ID
 - a passport
 - a Minnesota ID
 - a Minnesota tribal ID
- A minor individual must provide a valid photo ID, such as;
 - a state driver's license
 - a military ID
 - a passport
 - a Minnesota ID
 - a Minnesota Tribal ID
 - a Minnesota school ID
- The parent or guardian of a minor must provide a valid photo ID and either;
 - a certified copy of the minor's birth certificate or
 - a certified copy of documents that establish the parent or guardian's relationship to the child, such as;
 - a court order relating to divorce, separation, custody, foster care
 - a foster care contract
 - an affidavit of parentage
- The legal guardian for an individual must provide a valid photo ID and a certified copy of appropriate documentation of formal or informal appointment as guardian, such as;
 - court order(s)
 - valid power of attorney

i. **Uses and Disclosures of PHI Permitted or Required by Law**

In some circumstances, SWHHS may be legally bound to use or disclose an individual's PHI without an individual's consent or authorization. State and federal privacy law permits or requires such use or disclosures regardless of an individual's consent or authorization in certain situations, including, but not limited to:

- **Emergencies:** If an individual is incapacitated and requires emergency medical treatment, the Agency will use and disclose PHI to ensure the necessary medical services are received. The Agency will attempt to obtain consent as soon as practical following treatment.
- **Others involved in an individual's Healthcare:** Upon an individual's verbal authorization, the Agency may disclose, to a family member, close friend or

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other person an individual designates, only that PHI that directly relates to that individual's involvement in an individual's healthcare and treatment. The Agency may also need to use PHI to notify a family member, personal representative or someone else responsible for an individual's care of an individual's location and general condition.

- **Communication barriers:** If the Agency tries but cannot obtain an individual's consent to use or disclose an individual's PHI because of substantial communication barriers and an individual's physician, using his or her professional judgment, infers that an individual consents to the use or disclosure, or the physician determines that a limited disclosure is in the individual's best interests, the Agency may permit the use or disclosure.
- **Required by Law:** The Agency may disclose PHI to the extent that its use or disclosure is required by law. This disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **Regulatory Activities:** The Agency may disclose PHI to an authorized public health authority to prevent or control disease, injury, or disability or to comply with state child or adult abuse or neglect law. The Agency is obligated to report suspicion of abuse and neglect to the appropriate regulatory agency.
- **Food and Drug Administration:** The Agency may disclose PHI to a person or company as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations as well as to track product usage, enable product recalls, make repairs or replacements or to conduct post-marketing surveillance.
- **Health oversight activities:** The Agency may disclose an individual's PHI to a health oversight agency for audits, investigations, inspections, and other activities necessary for the appropriate oversight of the health care system and government benefit programs such as Medicare and Medicaid.
- **Judicial and administrative proceedings:** The Agency may only disclose an individual's PHI in the course of any judicial or administrative proceeding in response to a court order expressly directing disclosure, or in accordance with specific statutory obligation compelling us to do so, or with individual's permission.
- **Law enforcement activities:** The Agency may not disclose an individual's PHI to a law enforcement officer for law enforcement purposes without court order, statutory obligation or patient authorization.
- **Coroners, medical examiners, funeral directors and organ donation organizations:** The Agency may disclose an individual's PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other lawful duties. The Agency also may disclose an individual's PHI to enable a funeral director to carry out his or her lawful duties. PHI may also be disclosed to organ banks for cadaveric organ, eye, bone, tissue and other donation purposes.

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- **Serious threats to health or safety:** The Agency may disclose an individual's PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Military activity & national security:** The Agency may disclose the PHI of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. The Agency also may disclose an individual's PHI to certain federal officials for lawful intelligence and other national security activities.
- **Worker's Compensation:** The Agency may disclose an individual's PHI as authorized to comply with worker's compensation law.
- **U.S. Department of Health and Human Services:** The Agency must disclose an individual's PHI to that individual upon request and to the Secretary of the United States Department of Health & Human Services to investigate or determine the Agency's compliance with the privacy laws.
- **Disaster Relief Activities:** The Agency may disclose an individual's PHI to local, state or federal agencies engaged in disaster relief and to private disaster relief assistance organizations (such as the Red Cross if authorized to assist in disaster relief efforts).
- **Student Immunizations to Schools:** The Agency may disclose immunization record(s) to schools when mandated by state law with an oral authorization rather than written. The release of immunization records will be documented on the Master Records Request Log.
- **Decedent:** Information may be disclosed regarding a decedent to the family members and others involved in care or payment for care, unless it was an expressed wish prior to death and it is allowed by state law. The release of records released will be documented on the Master Records Request Log.

Section 5 - HIPAA Patient Rights

a. **Individual Rights**

Individuals have a right to access any PHI that is used to make decisions about the individual subject of the data, including information used to make health care decisions or information used to determine whether a claim will be paid. The individual has a right to access their designated record set. The right of access also applies to health care clearinghouses; health care providers that create or receive PHI other than as a business associate of the Agency.

b. **Request for PHI**

An individual may request that the Agency release PHI. The Agency will require that the request be in writing and clearly identify the information requested. It will be the responsibility of the HIPAA/Data Privacy Officers or designee to review the request, determine its legitimacy, review and approve the data requested prior to release, advise

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the requester if the data cannot be released and why, and ensure the request is logged appropriately. All requests for PHI data should be sent to the HIPAA/Data Privacy Officers or designee, SWHHS, 607 West Main Street, Marshall, Minnesota 56258.

c. **Request for PHI Approved**

If the Agency approves the request for release of PHI, the Agency will:

- Make copies of the requested PHI;
- Inform the individual of the approval for release and determine a method for delivering the information to the individual;
- Document the release of PHI

d. **Request for PHI Denied**

The Agency will permit any individual to request access to inspect or copy the designated record set for as long as it is maintained by the Agency with the following exceptions:

- Information compiled in reasonable anticipation of a civil, criminal or administrative action or proceeding.
- Any data determined by Minnesota State Law to be determined to be “confidential,” or “private” i.e.,
 - medical or psychological information stamped confidential
 - names of reporters
 - adoption records
 - chemical dependency records (per MN Statute Chapter 254A; section 09.)

e. **Accounting of Disclosures**

The Agency will obtain from the Master Records Release Log and provide, upon request, a 6-year accounting of disclosures made of the individual’s PHI , except for disclosures:

- To carry out treatment, payment or health care operations.
- To the individual data subject (i.e., requests the individual made about his/her own information).
- To facility directories or to person’s involved in the individual’s care or other notification purposes.
- For national security or intelligence purposes.
- To corrections officials or law enforcement personnel when the individual is in custody.
- Which were made before the compliance date.
- To a record locator service, unless the individual has elected to be excluded from the service.

In certain circumstances involving health oversight agencies or law enforcement agencies, the Agency may temporarily suspend the individual’s right to receive an accounting of disclosures.

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Information that must be maintained (tracked) and included in an accounting:

- Date of disclosure.
- Name of individual or entity who received the information and their address, if known.
- Brief description of the protected health information disclosed.
- Brief statement of the purpose of the disclosure or a copy of the individual's written request for disclosure.

f. **Amendment Requests**

- The Agency will permit an individual to request that the Agency amend PHI. The Agency will require that the request be in writing, clearly identify the information to be amended, and that a reason be stated for the amendment. The Agency will so inform any individual of this expectation. All requests to amend PHI data should be sent to the HIPAA/Data Privacy Officers, SWHHS, 607 West Main Street, Marshall, Minnesota 56258.
- The Agency will have up to 60 days to act on the request. One 30 day extension is allowed. The subject of the data's written request will become a part of any case file maintained on the subject. The document will be retained for 6 years.

g. **Accepting an Amendment**

If the Agency decides to accept an amendment, the Agency will:

- Make the appropriate amendment to the PHI or record that is the subject of the request for amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment. Inform the individual in a timely manner that the amendment has been accepted. The Agency will obtain agreement from the individual to allow the Agency to share the amendment with individuals or entities identified by the individual and the Agency.
- Make reasonable efforts to inform and provide the amendment within a reasonable time to:
 - persons identified by the individual as having received PHI about the individual and needing the amendment; and
 - persons, including business associates, that the Agency knows have the PHI that is the subject of the amendment and that may have relied, or could foreseeable rely, on such information to the detriment of the individual.

h. **Denying an Amendment**

Requests for amendment may be denied if the information to be amended:

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- If the Agency was not the originator of the information, unless the originator is no longer available to amend the request.
- Is not part of the designated record set.
- Is not accessible to the individual because federal or state law does not permit it.
- Is accurate and complete as determined by the Agency upon review.

If the Agency denies all or a part of the requested amendment, the Agency will:

- Provide the individual with a timely, written denial. The denial will use plain language and contain:
 - the basis for the denial;
 - the individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement;
 - a statement that, if the individual does not submit a statement of disagreement, the individual may request that the Agency provide the individual's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and
 - a description of how the individual may complain to the Agency or make appeal pursuant to Administrative Procedures Act (Minn. Stats. Chapter 14).
- Permit the individual to submit a written statement disagreeing with the denial of all or part of a requested amendment.
- Prepare a written rebuttal to the individual's statement of disagreement.
- Identify the record or PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link the individual's request for an amendment, the Agency's denial of the request, the individual's statement of disagreement, if any, and the Agency's rebuttal, if any, to the designated record set.
- If the individual has submitted a statement of disagreement, the Agency must include the material appended, or an accurate summary of any such information, with any subsequent disclosure of the PHI to which the disagreement relates.
- If the individual has not submitted a written statement of disagreement, the Agency will include the individual's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of PHI only if the individual has requested such action.

i. Actions on Notice of an Amendment

If the Agency is informed by another covered entity of an amendment to an individual's PHI, the Agency will amend the PHI in designated record sets. Amendments will be made in a reasonable time period, as expeditiously as possible.

j. Documentation

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All requests to amend PHI data should be sent to the HIPAA/Data Privacy Officers, Southwest Health and Human Services, 607 West Main Street, Marshall, Minnesota 56258. All requests to amend documentation will be retained for 6 years.

k. **Alternative Means of Communication Request**

The Agency will accommodate all reasonable requests from individuals to receive communication of PHI by alternative means or at an alternative location.

The agency will require that the request be in writing and clearly identify the information requested. It will be the responsibility of the HIPAA/Data Privacy Officers to review the request, determine its legitimacy, review and approve the request prior to release, advise the requester if the data cannot be released or communicated by an alternate means and why, and ensure the request is logged. The outcome of the request will be communicated to the individual upon final determination. All requests should be sent to the HIPAA/Data Privacy Officers, SWHHS, 607 West Main Street, Marshall, Minnesota 56258. The Agency will have up to 60 days to act on the request. One 30 day extension is allowed. The subject of the data's written request will become a part of any case file maintained on the subject. The document will be retained for 6 years.

l. **Accepting the Request for Alternative Means of Communication**

If the Agency approves the request, the Agency will:

- Provide the PHI via an alternated means of communication;
- Inform the individual of the approval for the alternate means of communication and determine a method for delivering the information to the individual;
- Document the release of PHI.

m. **Denying the Request for Alternative Means of Communication**

If the Agency denies the request, the Agency will:

- Provide the individual with a timely, written denial. The denial will use plain language and contain the basis for the denial.

n. **Restricted Use Request**

The Agency will allow an individual to request that the Agency restricts its use and disclosure of PHI for treatment, payment or health care operations. The Agency will require that the request be in writing and clearly identify the information requested. It will be the responsibility of the HIPAA/Data Privacy Officers to review the request, determine its legitimacy, review and approve the request prior to use and disclosure, advise the requester if the data cannot be restricted and why, and ensure the request is logged.

o. **Restriction to a Health Plan Procedure**

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- The individual will complete the Request for Restriction of Health Information, and indicate it is a restriction to a health plan.
- The individual must provide payment, in full, to SWHHS prior to the services being conducted.
- The PHI for that specific date of service will be deemed self-pay.
- SWHHS will ensure that the information from that specific date of service is not released to the insurance company.
- If approved, SWHHS will document the restriction within the patient’s medical record. When releasing records, the staff will always review the list of restrictions to ensure they are abiding by the approved individual request for that specific date of service.
- The restriction to health information to the health plan specified is only for the specific date of service.
- If denied, SWHHS will inform the individual in writing, including the reason for the denial of the request for restriction of health information.
- All documentation regarding restrictions will be stored in the patient’s medical record.

Section 6 – Miscellaneous

a. **Complaints Policy**

The Agency will provide a process for individuals to make complaints to the Agency concerning its HIPAA privacy regulations policies and procedures, its compliance with those policies or procedures or its compliance with the privacy regulations itself. The notice provided to individuals will include a brief description of how individuals may file a complaint, including the title, phone number and address to contact for further information on the policies for filing a complaint. Complaints will be logged appropriately and directed to the HIPAA/Data Privacy Officers. The Agency will document all complaints received and their disposition.

b. **Anti-Retaliation Policy**

The Agency will not retaliate against any person for exercising a right under the HIPAA privacy regulations, or for filing a complaint, participating in an investigation, or opposing any lawful act in relation to the privacy regulations.

Section 7 – Breach Investigation and Notification

a. **Purpose**

To provide guidance for breach notification by covered entities when impermissible or unauthorized access, acquisition, use and/or disclosure of the Agency’s individual PHI occurs. Breach notification will be carried out in compliance with the American Recovery and Reinvestment Act (ARRA)/Health Information Technology for Economic

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and Clinical Health Act (HITECH), Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act (Omnibus Rule), as well as any other federal or state notification law.

b. Discovery of Breach

- A breach of PHI shall be treated as discovered as of the first day on which an incident that may have resulted in a breach is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency (includes breaches by the Agency's business associates). The Agency shall be deemed to have knowledge of a breach if such breach is known or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent (e.g. a business associate acting as an agent of the Agency) of the Agency.

c. Breach Investigation

- The HIPAA/Data Privacy and/or Security Officer(s) shall serve as the investigators of the breach process. The investigators shall be responsible for the management of the breach investigation process and coordinating with others in the Agency as appropriate (e.g., administration, human resources, HIPAA, Data Privacy and Security Team, legal counsel, etc.) The investigators shall be the key facilitators for all breach notification processes to the appropriate entities (e.g., HHS, media, law enforcement officials, etc.). All documentation related to the breach investigation shall be retained for a minimum of six years.
- The following information will be documented for each breach investigation:
 - The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - The unauthorized person who used the protected health information or to the disclosure was made;
 - Whether the protected health information was actually acquired or viewed; and
 - The extent to which the risk to the protected health information has been mitigated.

d. Documentation

The Agency shall document the information as part of the investigation in the breach investigation form noting the outcome of the process. The Agency has the burden of proof for demonstrating that all notifications were made as required or that the use or disclosure did not constitute a breach. Based on the outcome of the investigation the Agency will determine the need to move forward with breach notification.

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e. **Timeliness of Notification**

- Upon determination that breach notification is required, the notice shall be made without unreasonable delay and in no case later than 60 days after the discovery of the breach by the Agency involved or the business associate involved that is acting as the Agency's agent. It is the responsibility of the Agency to demonstrate that all notifications were made as required, including evidence demonstrating the necessity of delay.

f. **Delay of Notification Authorized for Law Enforcement Purposes**

- If a law enforcement official states to the Agency that a notification, notice, or posting would impede a criminal investigation or cause damage to national security, the Agency shall:
 - If the statement is in writing and specifies the time for which a delay is required, delay such notification, notice, or posting of the time period specified by the official; or
 - If the statement is made orally, document the statement, including the identity of the official making the statement, and delay the notification, notice, or posting temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described above is submitted during that time.

g. **Content of the Notice**

- The notice shall be written in plain language and must contain the following information:
 - A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
 - A description of the types of unsecured PHI that were involved in the breach (such as whether full name, Social Security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved).
 - Any steps the individual should take to protect themselves from potential harm resulting from the breach.
 - A brief description of what the Agency is doing to investigate the breach, to mitigate harm to individuals, and to protect against further breaches.
 - Contact procedures for individuals to ask questions or learn additional information, which includes a toll-free telephone number, an e-mail address, Web site, or postal address.

h. **Methods of Notification**

- The method of notification will depend on the individuals/entities to be notified. The following methods must be utilized accordingly:

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○ **Notice to Individual(s)**

Notice shall be provided promptly and in the following form:

- Written notification by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail. The notification shall be provided in one or more mailings as information is available. If the Agency knows that the individual is deceased and has the address of the next of kin or personal representative of the individual, written notification by first-class mail to the next of kin or personal representative shall be carried out. Limited examples:

The Agency may send one breach notice addressed to both an individual and the individual's spouse or other dependents who are affected by a breach, if they all reside at a single address and all individuals to which the notice applies are clearly identified on the notice. When an individual (and/or spouse) is not the personal representative of a dependent, however, address a breach notice to the dependent himself or herself in the limited circumstance that an individual affirmatively chooses not to receive communications from the Agency at any written addresses or email addresses *and* has agreed only to receive communications orally or by telephone, the Agency may telephone the individual to request and have the individual pick up their written breach notice from the Agency directly. In cases in which the individual does not agree or wish to travel to the Agency to pick up the written breach notice, the Agency should provide all of the information in the breach notice over the phone to the individual and document that it has been done.

- Substitute Notice: In the case where there is insufficient or out-of-date contact information (including a phone number, email address, etc.) that precludes direct written or electronic notification, a substitute form of notice reasonably calculated to reach the individual shall be provided. A substitute notice need not be provided in the case in which there is insufficient or out-of-date contact information that precludes written notification to the next of kin or personal representative.
- In a case in which there is insufficient or out-of-date contact information for fewer than 10 individuals, then the substitute notice may be provided by an alternative form

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of written notice, telephone, or other means. In the case in which there is insufficient or out-of-date contact information for 10 or more individuals, then the substitute notice shall be in the form of either a conspicuous posting for a period of 90 days on the home page of the Agency's website, or a conspicuous notice in a major print or broadcast media in the Agency's geographic areas where the individuals affected by the breach likely reside. The notice shall include a toll-free number that remains active for at least 90 days where an individual can learn whether his or her PHI may be included in the breach.

- If the Agency determines that notification requires urgency because of possible imminent misuse of unsecured PHI, notification may be provided by telephone or other means, as appropriate in addition to the methods noted above.

○ **Notice to Media**

- Notice shall be provided to prominent media outlets serving the state and regional area (of the breached individuals) when the breach of unsecured PHI affects 500 or more of the Agency's individuals of a State or jurisdiction.
- The Notice shall be provided in the form of a press release.
- What constitutes a prominent media outlet differs depending upon the State or jurisdiction where the Agency's affected individuals reside. For a breach affecting more than 500 individuals across a particular state, a prominent media outlet may be a major, general interest newspaper with a daily circulation throughout the entire state. In contrast, a newspaper serving only one town and distributed on a monthly basis, or a daily newspaper of specialized interest (such as sports or politics) would not be viewed as a prominent media outlet. Where a breach affects more than 500 individuals in a limited jurisdiction, such as a city, then a prominent media outlet may be a major, general-interest newspaper with daily circulation throughout the city, even though the newspaper does not serve the whole State.

○ **Notice to Secretary of HHS**

- Notice shall be provided to the Secretary of HHS as follows below. The Secretary shall make available to the public on the HHS Internet website a list identifying covered entities involved in all

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breaches in which the unsecured PHI of more than 500 individuals is accessed, acquired, used, or disclosed.

- For breaches involving 500 or more individuals, the Agency shall notify the Secretary of HHS as instructed at www.hhs.gov at the same time notice is made to the individuals.
- For breaches involving less than 500 individuals, the Agency will maintain a log of the breaches. The breaches may be reported during the calendar year or no later than 60 days after the end of that calendar year in which the breaches were discovered (e.g., 2012 breaches must be submitted by 3/1/2013 – 60 days). Instructions for submitting the logged breaches are provided at www.hhs.gov.

○ Maintenance of Breach Information/Log

- As described above and in addition to the reports created for each incident, the Agency shall maintain a process to record or log all breaches of unsecured PHI regardless of the number of individuals affected. The following information should be collected/logged for each breach:
 - A description of what happened, including the date of the breach, the date of the discovery of the breach, and the number of individuals affected, if known.
 - A description of the types of unsecured PHI that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, etc.).
 - A description of the action taken with regard to notification of individuals, the media, and the Secretary regarding the breach.
 - The results of the breach investigation will be logged appropriately.
 - Resolution steps taken to mitigate the breach and prevent future occurrences.

○ Business Associate Responsibilities

The business associate (BA) of the Agency that accesses, creates, maintains, retains, modifies, records, stores, transmits, destroys, or otherwise holds, uses, or discloses unsecured PHI shall, without unreasonable delay and in no case later than 60 days after discovery of a breach, notify the Agency of such breach (when the business associate is an agent of the Agency, this notification must be provided within a shorter timeframe as specified in the

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Business Associate Agreement policy). Such notice shall include the identification of each individual whose unsecured PHI has been, or is reasonably believed by the BA to have been, accessed, acquired, or disclosed during such breach. The BA shall provide the Agency with any other available information that the Agency is required to include in notification to the individual at the time of the notification or promptly thereafter as information becomes available. Upon notification by the BA of discovery of a breach, the Agency will be responsible for notifying affected individuals, unless otherwise agreed upon by the BA to notify the affected individuals (note: it is the responsibility of the Covered Entity to document this notification).

Section 8 – Auditing Information System Activity

- a. SWHHS shall audit access and activity of electronic protected health information (ePHI) applications, systems, and networks and address standards.
- b. Violation of this policy and its procedures by employees may result in corrective disciplinary action, up to and including termination of employment. Violation of this policy and procedures by others, including providers, providers' offices, business associates and partners may result in termination of the relationship and/or associated privileges. Violation may also result in civil and criminal penalties as determined by federal and state laws and regulations.
- c. **Purpose**
It is the policy of SWHHS to safeguard the confidentiality, integrity, and availability of individual health information applications, systems, and networks. To ensure that appropriate safeguards are in place and effective. This policy applies to organizational information applications, systems, networks, and any computing devices, regardless of ownership [e.g., owned, leased, contracted, and/or stand-alone].
- d. **Scope**
This policy has been developed to address the Agency-wide approach to information system auditing processes. Departments and business units shall work with the Security Officer and/or IT to develop specific procedures based on applications and systems for auditing processes.
- e. **Procedures**
 - Responsibility for auditing information system access and activity is assigned to SWHHS Security Officer or other designee as determined by SWHHS' administration. The responsible individual shall:

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- Assign the task of generating reports for audit activities to the individual responsible for the application, system, or network.
- Assign the task of reviewing the audit reports to the individual responsible for the application, system, or network, the HIPAA/Data Privacy Officer, or any other individual determined to be appropriate for the task.

SWHHS' auditing processes shall address access and activity at the following levels listed below. Auditing processes may address date and time of each log-on attempt, date and time of each log-off attempt, devices used, functions performed, etc.

- SWHHS shall determine the systems or activities that will be tracked or audited by:
 - Focusing efforts on areas of greatest risk and vulnerability as identified in the Risk Assessment and ongoing Risk Mitigation Plan.
 - Maintaining confidentiality, integrity, and availability of ePHI applications and systems.
- SWHHS shall identify trigger events or criteria that raise awareness of questionable conditions of viewing of confidential information. The events may be applied to the entire Agency or may be specific to a department, unit, or application. At a minimum, SWHHS shall provide immediate auditing in response to:
 - Individual complaint
 - Employee complaint
 - Suspected breach of individual confidentiality
 - High risk or problem prone event (e.g., VIP admission)
 - Any action that causes suspicion or poses a concern
- SWHHS shall determine auditing frequency by reviewing past experience, current and projected future needs, and industry trends and events. SWHHS will determine its ability to generate, review, and respond to audit reports using internal resources. SWHHS may determine that external resources are also appropriate.
- SWHHS' IT Department, Security Officer or designee is authorized to select and use auditing tools that are designed to detect network vulnerabilities and intrusions. Audit documentation/reporting tools may address the following data elements:
 - Application Audited
 - Date
- The process for review of audit logs, trails, and reports shall include:
 - Description of the activity as well as rationale for performing audit.
 - Identification of which employees or department/unit will be responsible for review (employees shall not review audit logs which pertain to their own system activity).

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- Frequency of the auditing process.
- Determination of significant events requiring further review and follow-up.
- Identification of appropriate reporting channels for audit results and required follow-up.
- Vulnerability testing software may be used to probe the network to identify what is running (e.g., operating system or product versions in place), if publicly-known vulnerabilities have been corrected, and evaluate whether the system can withstand attacks aimed at circumventing security controls.

f. Evaluation and Reporting of Audit Findings

- Audit information that is routinely gathered must be reviewed in a timely manner by the individual/department responsible for the activity/process. The reporting process shall allow for meaningful communication of the audit findings to those departments/units sponsoring the activity.
 - Significant findings shall be reported immediately in a written format. SWHHS' breach form may be utilized to report a single event.
- Reports of audit results shall be limited to internal use on a minimum necessary/need-to-know basis. Audit results shall not be disclosed externally without administrative and/or legal counsel approval.
- Security audits constitute an internal, confidential monitoring practice that may be included in SWHHS' performance improvement activities and reporting. Care shall be taken to ensure that the results of the audits are disclosed to administrative level oversight structures only and that information which may further expose organizational risk is shared with extreme caution. Generic security audit information may be included in organizational reports (individually-identifiable patient PHI shall not be included in the reports).
- Whenever indicated through evaluation and reporting, appropriate corrective actions must be undertaken. These actions shall be documented and shared with the responsible and sponsoring departments/units.

g. Auditing Business Associate and/or Vendor Access and Activity

- We work directly with BA on audits as deemed necessary.

h. Audit Log Security Controls and Backup

- Audit logs shall be protected from unauthorized access or modification, so the information they contain will be available if needed to evaluate a security incident. Generally, system administrators shall not have access to the audit trails or logs created on their systems.
- Audit logs maintained within an application shall be backed-up as part of the application's regular backup procedure.

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- SWHHS shall audit internal back-up, storage and data recovery processes to ensure that the information is readily available in the manner required. Auditing of data back-up processes shall be carried out:
 - On a periodic basis for established practices and procedures.
 - More often for newly developed practices and procedures (e.g., weekly, monthly, or until satisfactory assurance of reliability and integrity has been established).

i. Retention of Audit Information

- Audit logs and trail report information shall be maintained based on organizational needs. Retention of this information shall be based on:
 - Organizational history and experience.
 - Available storage space.
- Logs summarizing audit activities shall be retained for a period of six years.

Section 9 – HIPAA Security Oversights

- a. SWHHS Human Resources, HIPAA/Data Privacy Officers, Security Officer or designee is responsible for facilitating the training and supervision of all employees, investigation and sanctioning of any employee that is in non-compliance with the HIPAA privacy and security regulations.
- b. **Employee Training**
- The Agency will train all members of its workforce in the policies and procedures adopted by the Agency necessary to comply with the HIPAA privacy and security regulations. Agency staff will receive training annually. Training will be provided to each new member of the Agency’s workforce at the time of hire as part of new employee orientation.
 - Training can be done in a variety of ways, including, but not limited to: speaker, on-line, department meetings, or other.
 - Training is mandatory for all employees.
 - Human Resources maintains documentation of the training session materials and attendees for a minimum of six years.
 - Employees will be trained on the employee responsibility information listed below.
- c. **Employee Responsibilities**
- SWHHS will monitor access and activities of employees and will address any discrepancies.
 - Workstations may only be used to perform assigned job responsibilities.
 - Employees may not download software onto SWHHS’ workstations and/or systems without prior approval from the Security Officer or designee.

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- Employees are required to report malicious software to the Security Officer or designee immediately.
- Employees are required to report unauthorized attempts, uses of, and theft of SWHHS' systems and/or workstations.
- Employees are required to report unauthorized access to facilities.
- No employee may alter ePHI maintained in any system, even if they have the technical ability to do so without specific authorization.
- Employees will understand that they are responsible for the security of any portable devices that they use. The level of encryption and security must correspond to the most sensitive information stored on the device. Loss or theft must be reported immediately.
- Employees are required to understand their role in SWHHS' contingency plan.
- Employees may not share their user names nor passwords with anyone.
- When a request is made for disclosure of information, employee must determine if PHI is in information to be released and notify the HIPAA/Data Privacy Officers and receive approval before authorizing the release of information.
- The Security Officer facilitates the timely communication of security updates and reminders to all employees to which it pertains. Examples of security updates and reminders include, but are not limited to:
 - Latest malicious software or virus alerts
 - SWHHS' requirement to report unauthorized attempts to access ePHI
 - Changes in creating or changing passwords
 - Changes in regulatory standards
- Additional training is provided to employees in the information services department. Employees will receive training based on the scope of their job.

d. Supervisor Responsibilities

- Although the Security Officer is responsible for implementing and overseeing activities related to compliance to the Security rule, it is the responsibility of all leaders (i.e. Executive Team, Supervisors, Lead Workers) to supervise employees, third party vendors, contractors or other users of SWHHS' systems, applications, servers, workstations, etc. that contain ePHI.
- Leaders monitor workstations and applications for unauthorized use, tampering, and theft and report non-compliance. Leaders assist the Security Officer to ensure appropriate role-based access is provided to all employees.
- Leaders take reasonable steps to hire, retain, and promote employees and provide access to employees who comply with the Security regulation and SWHHS' security policies and procedures.
- Human Resources gets input from Supervisors who identify appropriate systems access for all new staff. HR provides the information to IT for access.

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- When an employee is terminated or transfers to another unit/program from SWHHS, the Supervisor completes the appropriate form with last date of employment or transfer date and routes to IT for terminating access.
- Supervisors are required to report a change in an employee's title, role, department, and/or location.
 - Refer to Admin Policy #9 for Physical and Technical Safeguards.

e. **Non-compliance of SWHHS' policies and procedures**

- All employees and any others with system access report non-compliance of SWHHS' policies and procedures to the Security or HIPAA/Data Privacy Officer(s) or Human Resource. Individuals that report violations in good faith may not be subjected to intimidation, threats, coercion, discrimination against, or any other retaliatory action as a consequence.
- Investigation/Employee Sanctions: If there is a report of non-compliance or if employees fail to comply with the Agency's privacy and security policies or procedures, the Agency will apply appropriate disciplinary sanctions.
- The HIPAA/Data Privacy or Security Officer(s) or Human Resources promptly facilitates a thorough investigation of all reported violations of SWHHS' privacy and security policies and procedures. The HIPAA/Data Privacy or Security Officer(s) or Human Resources may request the assistance from others such as the employee's supervisor, other employees, and/or other vendor/contractors as needed.
 - The Security Officer completes an audit trail/log to identify and verify the violation and sequence of events.
 - Human Resources interviews any individual that may be aware of or involved in the incident.
 - All individuals are required to cooperate with the investigation process and provide factual information to those conducting the investigation.
 - HR provides individuals suspected of non-compliance of the security rule and/or SWHHS' policies and procedures the opportunity to explain their actions to determine whether it was an unintentional or malicious deviation from established policies and procedures.
 - HR thoroughly documents the investigation in a timely manner.
 - The Security Officer facilitates taking appropriate steps to prevent recurrence of the violation (when possible and feasible).
- Violation of any security policy or procedure by employees may result in corrective disciplinary action, up to and including termination of employment. Violation of this policy and procedures by others, including providers, providers' offices, business associates and partners may result in termination of the

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 14**

relationship and/or associated privileges. Violation may also result in civil and criminal penalties as determined by federal and state laws and regulations.

- HR maintains all documentation of the investigation, sanctions provided, and actions taken to prevent reoccurrence for a minimum of six years after the conclusion of the investigation.

f. **Dissemination of HIPAA Policies and Procedures**

The Agency will place a copy of its HIPAA Policies and Procedures for the workforce consumption on SharePoint.

Section 10 – Risk Assessment and Risk Mitigation Plan

a. **Purpose**

This policy establishes the scope, objectives, and procedures of SWHHS' HIPAA, Data Privacy and Security Risk Assessment and HIPAA, Data Privacy and Security Risk Mitigation Plan process. The Risk Assessment and Risk Mitigation Plan is intended to support and protect the Agency and its ability to fulfill its mission.

b. **Policy**

It is the policy of SWHHS to conduct HIPAA, Data Privacy and Security Risk Assessments on a regular basis or upon major changes in the technical infrastructure, implementation of a new application with ePHI or upon changes in regulations.

- During the Risk Assessment process, a system identification and characterization will be conducted to determine what systems create, store, maintain, or transmit protected health information.
- All threats and vulnerabilities to the system will be evaluated through reviews of systems.
- Based on threat and vulnerability evaluation as well as evaluation of current controls, SWHHS will evaluate;
 - The likelihood of a threat and/or vulnerability occurring
 - The impact of a threat and/or vulnerability occurring.
- Upon understanding the threat and vulnerabilities of a threat or vulnerability being exploited, a level of risk will be assigned.
- A Risk Assessment Report will be generated at the completion of the Risk Assessment that will define the;
 - Scope of the Risk Assessment
 - Systems evaluated during the Risk Assessment
 - Findings and Risks from the Risk Assessment
 - Recommended mitigations to address/mitigate risks.
- The risks will be evaluated, addressed, and mitigated following the Risk Assessment process using the HIPAA Privacy and Security Risk Mitigation Plan.

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- c. Maintain documentation of all Risk Assessments, Risk Assessment Reports and Risk Mitigation Plans for a minimum of six years.

Section 11 – Business Associates

- a. To establish guidelines for SWHHS to identify those vendor/business relationships which meet the HIPAA definition of a Business Associate (BA) and provide direction in establishing formalized Business Associate Agreements (BAA). SWHHS shall implement the required procedures and ensure documentation to establish satisfactory assurance of compliance.

b. **Procedures**

The Agency shall determine responsible oversight for the management of business associate relationships and agreements.

Responsibility may be delegated to HIPAA/Data Privacy Officer or other designated employee.

- The Agency’s department units are responsible for facilitating the assessment of both existing and future vendor/business relationships to determine whether the relationship meets the criteria for a BAA. The following criteria define a BA under HIPAA:
 - The vendor/business’ staff members are not members of the Agency’s workforce.
 - The vendor/business’ is doing something on behalf of the Agency;
 - That “something” involves the use and/or disclosure of PHI.
 - Note that there are certain disclosures to vendors/businesses that do not require establishment of a BAA. These disclosures include:
 - Disclosures to disclosures by a covered entity to a health care provider concerning the treatment of the individual;
 - Disclosures by a group health plan or a health insurance issuer or HMO with respect to a group health plan to the plan sponsor, to the extent that the requirements of § 164.504(f) apply and are met; or
 - Uses or disclosures by a health plan that is a government program providing public benefits, if eligibility for, or enrollment in, the health plan is determined by an agency other than the agency administering the health plan, or if the protected health information used to determine enrollment or eligibility in the health plan is collected by an agency other than the agency administering the health plan, and such activity is authorized by law, with respect to the collection and sharing of individually identifiable health information for the performance of such

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functions by the health plan and the agency other than the agency administering the health plan.

- The Agency may determine the need for BAA's through:
 - Reviewing contract management documents/software and identifying where PHI is disclosed to external entities.
 - Assessing new vendor/business arrangements to determine if PHI will be used and/or disclosed.
- When it has been determined that a BA arrangement exists, a designee shall contact the responsible individual to initiate a BAA. The designee shall provide the following information to customize the BAA:
 - The name and contact information of the BA.
 - A general description of the type of service being provided by the BA.
 - Date of establishment of the BA relationship and BAA.
- If a vendor/business relationship requiring a BA agreement/addendum is in the process of contract negotiation and development, the provisions of the BAA may be incorporated into the contract as an option (a separate BAA would not be required).
- Obligations and activities which must be addressed in the BAA document include:
 - **Privacy Rule Provisions:**
 - Stated Purposes for Which BA May Use or Disclose PHI: BA is permitted to use and disclose PHI it creates or receives for or from the Agency for the purposes as described in the addendum. BA may also use Protected Health Information it creates or receives for or from the Agency as minimally necessary for BA's proper management and administration or to carry out BA's legal responsibilities.
Limitations on Use and Disclosure of PHI: BA agrees it shall not use or disclose, and shall ensure that its directors, officers, employees, contractors and agents do not use or disclose PHI for any purpose other than as expressly permitted by the BAA, or required by law, or in any manner that would constitute a violation of the Privacy Standards if used by the BA.
 - The BAA may permit the BA to use and disclose PHI for the proper management and administration of the BA; and
 - The BAA may permit the BA to provide data aggregation services relating to the health care operations of the covered entity.
 - Disclosure by Others: To the extent BA is authorized by the BAA to disclose PHI to a third party, BA must obtain, prior to making any such disclosure, reasonable assurances from the third party that the PHI will be held confidential as provided pursuant to the

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BAA and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and an agreement from the third party to immediately notify BA of any breaches of confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

- **Minimum Necessary:** BA shall disclose to its subcontractors, agents or other third parties, and request from them, only the minimum PHI necessary to performing or fulfilling a specific required or permitted function.
- **Safeguards Against Misuse of Information:** BA will establish and maintain all appropriate safeguards to prevent any use or disclosure of PHI other than pursuant to the terms and conditions of the BAA.
- **Reporting of Disclosures of PHI:** BA shall, within 60 days of discovery of any use or disclosure of PHI in violation of the BBA, report any such use or disclosure to the Agency.
- **Agreements by Third Parties:** BA shall enter into an agreement with any agent or subcontractor that will have access to PHI that is received from, or created or received by BA on behalf of, the BA pursuant to which such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to BA pursuant to the BAA with respect to PHI.
- **Access to Information:** Within 7 days of a request by the Agency for access to PHI about an individual contained in a Designated Record Set, BA shall make available to the Agency the PHI it requests for so long as that information is maintained in the Designated Record Set. If any individual requests access to PHI about the individual directly from BA, BA shall make available and provide a right of access to the PHI to the individual, at the times and in the manner required by the Privacy Standards. After receiving the request, BA shall notify the Agency within 7 days of such request.
- **Availability of PHI for Amendment:** BA agrees to make PHI available for amendment and to incorporate any such amendments in the PHI, at the times and in the manner required by the Privacy Standards.
- **Accounting of Disclosures:** Within 7 days of notice by the Agency to BA that it has received a request for an accounting of disclosures of PHI regarding an individual during the six years prior to the date on which the accounting was requested, BA shall make available to the Agency such information as is in BA's possession and is required for the Agency to make the accounting

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required by the Privacy Standards. At a minimum, BA shall provide the Agency with the following information: the date of the disclosure; the name of the entity or person who received the PHI, and, if known, the address of such entity or person; a brief description of the PHI disclosed; and a brief statement of the purpose of the disclosure which includes an explanation of the basis for the disclosure. If the request for an accounting is delivered directly to BA, BA shall within 7 days forward the request to the Agency. The Agency is responsible for preparing and delivering the accounting requested. BA agrees to implement an appropriate record keeping process to enable it to comply with the requirements of this Section.

- **Availability of Books and Records:** BA agrees to make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by BA on behalf of, the Agency available to the Secretary for purposes of determining the Agency's and BA's compliance with the Privacy Standards.
- **Security Rule Provisions:**
 - **Implementation of Safeguards:** BA agrees to implementation of administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that it creates, receives, maintains, and transmits on behalf of the Agency.
 - **Agents and Subcontractors:** BA agrees that any agent, including a subcontractor, to which the BA provides ePHI, agrees to implement reasonable and appropriate safeguards to protect the ePHI.
 - **Security Incidents:** BA agrees to report to the Agency any security incident of which it becomes aware.
- **Other Provisions:**
 - The Agency may want to seek legal counsel guidance prior to entering into a BAA that includes language addressing:
 - Insurance responsibilities
 - Indemnification requirements
 - If the Agency chooses to terminate the arrangement with the BA or the BA chooses to terminate the arrangement with the Agency, the agreement must be terminated as outlined in the provisions of the BA agreement/addendum or contract.
 - Upon termination or expiration of the business arrangement between the BA and the Agency, the BA shall either return or destroy all PHI received from the Agency or created or received by BA on behalf of the Agency that the BA still maintains in any

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form as outlined in the provisions of the BAA/addendum or contract.

- c. The Agency does not have a statutory obligation to monitor the activities of its BAs. The Agency, however, must respond to reported privacy breaches and security incident events should they occur. The Agency realizes it will be found to be non-compliant unless the Agency took reasonable steps to mitigate the breach or end the violation, as applicable, and, if such steps were unsuccessful:
 - Terminated the contract or arrangement, if feasible; or
 - If termination is not feasible, reported the problem to the Department of Human Services.

- d. The Agency may serve as a BA to another covered entity and may be asked to review and sign that covered entity's external BA agreement/addendum or contract. As a BA, the Agency should:
 - Forward the external information to the HIPAA/Data Privacy Officer or designee to review the submitted BAA to ensure that the provisions outlined are consistent with those set forth in this policy.
 - If the BAA is not consistent with this policy or contains additional provisions or provisions that are inconsistent with the privacy regulation, the HIPAA/Data Privacy Officer or designee may recommend the following alternatives.
 - Agree to the additional provisions and sign the agreement.
 - Refer the agreement to legal counsel to determine appropriateness before signing.
 - Refuse to agree to the provisions and notify the covered entity to establish a resolution.

- e. To meet the documentation requirements of the Security Rule, the responsible individual shall maintain a file of BAAs/addendums/contracts.

- f. All BAA documentation shall be maintained for a period of six years beyond the date of when the BAA relationship is terminated.

- g. The BAA shall be effective for the length of the relationship between the BA and the Agency, unless otherwise terminated under the provisions outlined in the BAA.

Section 12 - Sales and Marketing

- a. SWHHS's current practices or procedures do not include any of the following: Fundraising and PHI, Sale of PHI, Marketing and PHI, Research and PHI, De-identification and Limited Data Sets.

Supporting Documents and Resources:

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ADMINISTRATIVE POLICY NUMBER 14**

- Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act (Omnibus Rule)
- ARRA Title XIII Section 13402 – Notification in the Case of Breach
- FTC Breach Notification Rules - 16 CFR Part 318
- 45 CFR Parts 160 and 164 – HIPAA Privacy and Security Rules
- 45 CFR 164.510 (b) - notification purposes
- 45 CFR 164.512 (k) (5) - individual in custody
- 45 CFR 164.528(a)(2) - accounting of disclosures
- 45 CFR § 164.308(a)(1)(ii)(D) – Information System Activity Review
- 45 CFR § 164.308(a)(5)(ii)(B) & (C) – Protection from Malicious Software & Log-in Monitoring
- 45 CFR § 164.308(a)(2) – HIPAA Security Rule Periodic Evaluation and Assigned Security Responsibility
- 45 CFR § 164.312(b) –Audit Controls
- 45 CFR § 164.312(c)(2) – Mechanism to Authenticate ePHI
- 45 CFR § 164.312(e)(2)(i) – Integrity Controls
- 45 CFR §164.308(a)(1)(ii)(c) HIPAA Security Rule Sanction Policy
- 45 CFR §164.308(a)(3)(ii)(A) HIPAA Security Rule Authorization and/or Supervision
- 45 CFR §164.308(a)(5)(ii)(A) HIPAA Security Rule Security Reminders
- 45 CFR §164.316(a-b) HIPAA Security Rule Documentation
- 45 CFR 164.308(a)(1)(ii)(A) – HIPAA Security Rule Risk Analysis
- 45 CFR 164.308(a)(1)(ii)(B) – HIPAA Security Rule Risk Management
- 45 CFR 164.308(a)(8) – HIPAA Security Rule Evaluation
- 45 CFR § 164.504(e)(2) - Privacy Rule Provisions
- 45 CFR § 164.314 - Security Rule Provisions/ Organizational Requirements BAs Contracts or Other Arrangements
- 45 CFR 164.512 – social responsibility reporting/Uses and disclosures for Research purposes as contained in the final HIPAA Privacy Rules.
- 45 CFR § 164.308(b)(1) – HIPAA Security Rule Administrative Safeguards BAs Contracts and Other Arrangements
- 45 CFR § 164.502(e)(1) – HIPAA Privacy Rule Uses and Disclosures of PHI: General Rules – Disclosures to BAs
- 45 CFR §164.504 – HIPAA Privacy Rule Uses and Disclosures: Organizational Requirements

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 6**

EFFECTIVE DATE: 01/01/11

REVISION DATE: 04/18/12; 04/18/2018; 08/21/2019; 6/15/2022; 03/01/2024; 10/16/2024; 12/1/2025

AUTHORITY: Southwest Health and Human Services Joint Governing Board

--- REIMBURSEMENT, LODGING, AND OTHER EXPENSES---

Section 1 – Meals

- a. Meal expenditures are eligible for reimbursement when the situation meets public purpose criteria. Employees are encouraged to consider whether the same result can be obtained without the expenditure. Employees are not eligible to claim meals for agency business or training within member Counties.
- b. ~~The maximum flat rate reimbursement for meals will be actual expense of meals up to \$ 50.00 per day.~~ Reimbursement for meals will be the following: \$11.00 for breakfast, \$15.00 for lunch and \$24.00 for dinner. -Tips up to 15% of the subtotal (before tax) may be included if within the flat- meal amount~~maximum rate~~. Any credit card surcharges may be included within the flat meal amount~~maximum rate~~. Meal reimbursement is not available for meals included in the registration fee for conference and seminars. Expenses for alcoholic beverages are not reimbursable.
- c. IRS regulations require that meal reimbursement without overnight lodging be included as income and is subject to income tax withholding and FICA deduction. If meals are included as part of a conference or registration fee and are not separately identified, they are not treated as taxable income.
- d. When claiming reimbursement for meals, claim form AG#100 must be completed for meals that are not connected with an overnight or conference. Claim form AG#101 must be completed for meals that are connected with an overnight. Include lodging costs, travel, etc., on this claim form. It is the employee's and supervisor's responsibility to identify and separate the two types of meals for reimbursement. Itemized receipts must be submitted along with the appropriate form. Receipts showing method of payment (such as credit card proof of payment) are not adequate.
- e. Reimbursement to staff will be at rate specified in this policy.

Section 2 - Lodging

- a. Requests for overnight lodging will be reviewed and approved in advance on a case by case basis based on public purpose criteria. Reimbursement will be the normal single rate with an itemized, original receipt. If the room is direct billed, attach a copy of the

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 6**

bill to your claim form.

Section 3 - Other Expenses

- a. All expenses written on claim forms must have itemized, original receipts attached to the claim form except for mileage. No items other than the room charge, tax, and parking will be allowed on a direct billing to the agency from the motel. Any phone calls or meals that you may have charged to your room must be paid by you when you check out. Reimbursements for agency provided services, transportation and refreshments may include tips up to 15% of the subtotal (before tax) and any credit card surcharges.
- b. Note: Credit card receipts document only the method of payment. A scanned PDF of the original itemized receipt is required in order to detail each expenditure.
- c. If an itemized or original receipt is lost or is unattainable, AG#002 Declaration of Expenses Paid Form must be completed.
- d. All claim forms must be signed and indicate expense date, purpose, location, number of miles, and dollar amount claimed.
- e. Claim form must be submitted and signed by your supervisor for approval.
- f. Requests for reimbursement must be submitted within the calendar year that they are incurred. There will be a grace period of 60 days into the next calendar year otherwise the reimbursement will be denied.

Agency Forms Regarding This Policy:

AG#100 - Employee Reimbursement for Non-Overnight Meals and On Call

AG#101 - Employee Reimbursement for Overnight Meals, Mileage, and Misc. Costs
Declaration Form

AG#002 Declaration of Expenses Paid Form

2026 Compensation and Insurance for Non-Union Employees

- 5.5% increase.
- Minimums increased by 2% and maximums increased by 2% of the salary ranges
- CPS supervisors and Public Health Nursing Supervisors receive the \$3.00 wage adjustment.
- The 9% increase to medical insurance will be split 50/50 between the employee and employer.
- Vacation accrual banks will increase to 350 hours. However, upon voluntary separation of employment, any employee who has six (6) months of satisfactory service will be paid for any accrued vacation leave that has not been used and those dollars will be deposited into a Health Care Savings Plan (HCSP) administered by the Minnesota State Retirement System upon separation of employment.
- No “topping off” using paid time if the employee is on MN Paid Family Medical Leave.
- The premium for MN Paid Family Medical Leave will be shared 50/50.
- SWHHS medical vacation donation program will be dismantled. Existing hours in the bank will be disbursed equally to all staff.



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EVAN HACKER,

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For all other customers, click below to convert your quote to an order.

Convert Quote to Order

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PQPN361	10/20/2025	PDQ	11383670	\$6,555.00

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
PDQ SMARTDEPLOY PRO 1Y	250	8283869	\$26.22	\$6,555.00
Mfg. Part#: SM-DEP-PRO				
Electronic distribution - NO MEDIA				
Contract: MARKET				

SUBTOTAL	\$6,555.00
SHIPPING	\$0.00
SALES TAX	\$0.00
GRAND TOTAL	\$6,555.00

PURCHASER BILLING INFO	DELIVER TO
Billing Address: SOUTHWEST HEALTH AND HUMAN SERVICES ACCTS PAYABLE 607 W MAIN ST STE 200 MARSHALL, MN 56258-3171 Phone: (507) 537-7280 Payment Terms: Net 30-Expired	Shipping Address: SOUTHWEST HEALTH AND HUMAN SERVICES EVAN HACKER 607 W MAIN ST STE 200 MARSHALL, MN 56258-3171 Phone: (507) 537-7280 Shipping Method: ELECTRONIC DISTRIBUTION
	Please remit payments to: CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515



Sales Contact Info

Jack O'Connell | (877) 693-4690 | jack.oconnell@cdw.com



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End Date: 11/3/2026

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2200 South Main Street
Suite 200 South Salt Lake, Utah 84115
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801-657-4657
sales@pdq.com

Quote For

Account Name Southwest Health and Human Services

Ship To

Shipping Address 607 W Main St
Marshall MN, 56258
US

Billing Address 607 W Main St
Marshall MN, 56258
US

PRODUCT	QUANTITY	UNIT PRICE	TOTAL
SmartDeploy Pro	250.00	USD 21.2400	USD 5,310.00

Tax: USD 0.00
Total: USD 5,310.00

Please note that taxes applicable may change based on billing date and address at time of invoicing. For questions please email sales@pdq.com. Please include Quote number if remitting payment. Remittance advice can be sent to ar@pdq.com.



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PDQ.COM CORP Active Registration

Unique Entity ID: ULKXVE4KBJ13
 CAGE Code: 571B6
 Physical Address: 2200 S MAIN ST STE 200, SOUTH SALT LAKE, UT 84115 USA

Entity
 Expiration Date: Jan 28, 2026
 Purpose of Registration: All Awards

PDQ.COM CORP

Subcontract ID: **P25000869**

[Subcontract Report](#)

Subcontractor

PDQ.COM CORP
 Unique Entity ID: ULKXVE4KBJ13

Prime Contract

Contract ID(PIID): 89303321DEM000065
 Total Contract Value: \$125,812,151.76
 Referenced IDV(PIID): Not Applicable
 Contracting Subtier: 8900 - ENERGY, DEPARTMENT OF

Date
 Subcontract Date: Jun 23, 2025
 Date Submitted: Sep 24, 2025

Prime Contractor

NORTH WIND DYNAMICS, LLC
 Unique Entity ID: UJ19EK1M3DC3

Contracting Office:
 893033 - EM-ENVIRONMENTAL MGMT CON BUS CTR

PDQ.COM CORP

Subcontract ID: **P24070048**

[Subcontract Report](#)

Subcontractor

PDQ.COM CORP
 Unique Entity ID: ULKXVE4KBJ13

Prime Contract

Contract ID(PIID): 89303321DEM000065
 Total Contract Value: \$100,968,749.51
 Referenced IDV(PIID): Not Applicable
 Contracting Subtier: 8900 - ENERGY, DEPARTMENT OF

Date
 Subcontract Date: Jul 29, 2024
 Date Submitted: Feb 10, 2025

Prime Contractor

NORTH WIND DYNAMICS, LLC
 Unique Entity ID: UJ19EK1M3DC3

Contracting Office:
 893031 - EM-PORTSMOUTH/PADUCAH PROJECT OFC

PDQ.COM CORP

Subcontract ID: **P000048731**

[Subcontract Report](#)

Subcontractor

PDQ.COM CORP
 Unique Entity ID: ULKXVE4KBJ13

Prime Contract

Contract ID(PIID): 75FCMC23F0010
 Total Contract Value: \$589,255,357.89
 Referenced IDV(PIID): [47QTCK18D0041](#)
 Contracting Subtier: 7530 - CENTERS FOR MEDICARE AND MEDICAID SERVICES

Date
 Subcontract Date: Mar 14, 2024
 Date Submitted: Aug 27, 2025

Prime Contractor

SERCO INC.
 Unique Entity ID: DKJ1R5ABCN48

Contracting Office:
 75FCMC - OFC OF ACQUISITION AND GRANTS MGMT



Notice:
 As allowed by our bylaws and approved at the Executive Board Meeting of 10/09/2003, 1% interest will be applied to any invoices that are over 60 days effective 01/01/2004.

Minnesota Counties Computer Cooperative
 100 Empire Drive
 Suite 201
 St. Paul, MN 55103-1846
 651-401-4202

2511058 Invoice Number
 11/5/25 Invoice Date
 21,813.60 Amount

Bill to:

South West Health/Human Services
 607 W Main Street
 Marshall, MN 56258

Adobe Acrobat Pro DC-license - (11/11/25 - 11/10/26)	244.00	89.40	21,813.60
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Invoice Total 21,813.60

South West Health/Human Services
 607 W Main Street
 Marshall, MN 56258

2511058 Invoice Number
 11/5/25 Invoice Date
 21,813.60 Amount

Remit To:
 MNCCC LOCKBOX
 P.O. Box 860687
 Minneapolis, MN 55486-0687

Dec 5, 2025 Due Date



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ADOBE SYSTEMS FEDERAL LLC

Active Registration

Unique Entity ID: V6QLDTQZ7ZF7
CAGE Code: 530J9
Physical Address: 7930 JONES BRANCH DR, STE 500, MC LEAN, VA 22102 USA

Entity
Expiration Date: Feb 12, 2026
Purpose of Registration: All Awards

ADOBE SYSTEMS INCORPORATED

Subcontract ID: **700-0007-0005**

[Subcontract Report](#)

Subcontractor

ADOBE SYSTEMS INCORPORATED
Unique Entity ID: **SGQ3ZSBJ4P77**

Prime Contract

Contract ID(PIID): **0007**
Total Contract Value: **\$7,250,526.00**
Referenced IDV(PIID): [FA875013D0013](#)
Contracting Subtier: **5700 - DEPT OF THE AIR FORCE**

Date
Subcontract Date: **Apr 29, 2015**
Date Submitted: **May 28, 2015**

Prime Contractor

INTELLIGENT SOFTWARE SOLUTIONS, INC.
Unique Entity ID: **EJGKYVW1NLL5**

Contracting Office: **FA8750 - FA8750 AFRL RIK**

EMERGENT, LLC

Subcontract ID: **2015 Emergent**

[Subcontract Report](#)

Subcontractor

EMERGENT, LLC
Unique Entity ID: **NUNVJJM2UYU1**

Prime Contract

Contract ID(PIID): **0353**
Total Contract Value: **\$66,857.71**
Referenced IDV(PIID): [W9124D11D0036](#)
Contracting Subtier: **2100 - DEPT OF THE ARMY**

Date
Subcontract Date: **Oct 2, 2014**
Date Submitted: **Jan 27, 2015**

Prime Contractor

MCCANN WORLD GROUP INC
Unique Entity ID: **N63ASLLUMKL6**

Contracting Office: **W9124D - W6QM MICC-FT KNOX**

Adobe Systems Incorporated

Subcontract ID: **2014 Adobe**

[Subcontract Report](#)

Subcontractor

Adobe Systems Incorporated
Unique Entity ID: **JST2NT7N8D19**

Prime Contract

Contract ID(PIID): **0315**
Total Contract Value: **\$62,241.66**
Referenced IDV(PIID): [W9124D11D0036](#)
Contracting Subtier: **2100 - DEPT OF THE ARMY**

Date
Subcontract Date: **Apr 22, 2014**
Date Submitted: **Feb 3, 2015**

Prime Contractor

MCCANN WORLD GROUP INC
Unique Entity ID: **N63ASLLUMKL6**

Contracting Office: **W9124D - W6QM MICC-FT KNOX**

ADOBE SYSTEMS INCORPORATED

Subcontract ID: **3397-0001-SA-13**

[Subcontract Report](#)

Subcontractor

ADOBE SYSTEMS INCORPORATED
Unique Entity ID: **SGQ3ZSBJ4P77**

Prime Contract

Contract ID(PIID): **HQ042313F0045**
Total Contract Value: **\$487,897.31**
Referenced IDV(PIID):
Contracting Subtier:


Date
Subcontract Date: **Nov 4, 2013**
1 4 9


NOVEMBER 2025


GRANTS ~ AGREEMENTS ~ CONTRACTS

Board Review and Approval

- DHS Adult Mental Health Grant (CSP)** – 01/01/25 to 12/31/26; Amendment to change budgeted line item amounts for the agreement for allocating monies for the community support program, \$650,902 (no change).
Fiscal Grant Award: 2023-2024 \$650,902; 2021-22 \$650,902; 2019-20 \$650,902
- DHS Child & Teen Check Up** – 01/01/24 to 12/31/26; Second Amendment to the original grant agreement that provides C&TC administrative services to children birth through age 20 that are MA eligible, \$26.50/child reimbursement; Amendment 2 \$171,110 for CY2026 (renewal).
Fiscal Note: CY2024 \$174,767, CY2025 \$187,858
- Hildi Inc (Minneapolis, MN)** - 01/01/26 – 12/31/27; Consulting agreement to provide Actuarial services related to GASB 75 reporting standards, approximately \$3,800 for 2026 and approximately 900-1100 for 2027 (renewal).
Fiscal Note: 2024 \$4,790; 2022 \$4,195; 2020 \$3,860
- Linder Digital (Marshall, MN)** – 01/01/26 to 12/31/26; twelve-month targeted display campaign for child teen checkup, \$17,700/annual (renewal – no increase).
Fiscal Note: 2025 \$17,700
- Lutheran Social Services of MN (St Paul, MN)** – 01/01/26 to 12/31/26; Client guardianship services, \$65/hour (4% increase) (renewal).
Fiscal Note: 2025 \$12,784; 2024 \$11,576; 2023 \$5,746; 2022 \$3,130; 2021 \$4,623
- Morris Electronics Inc. (Morris, MN)** – 01/01/26 – 12/31/26; Contract to provide computer and technical support on as needed basis, \$100/hour (no increase) (renewal).
Fiscal Note: 2025 \$32,070; 2024 \$41,119; 2023 \$20,060; 2022 \$39,061.74; 2021 \$45,308.19
- Prairie Support Services (Walnut Grove, MN)** – 01/01/26 to 12/31/26; client guardianship services, \$50/hour plus mileage (25% increase) (renewal).
Fiscal Note: 2025 \$68,700; 2024 \$59,169; 2023 \$46,110; 2022 \$29,482; 2021 \$19,159;
- Rock County Opportunities, Inc. (Luverne, MN)** – 01/01/26 to 12/31/26; day training and habilitation services, \$142.58/full day rate, \$106.93/service unity rate, \$37.64/transportation rate (renewal).
- SWMN Private Industry Council (Montevideo, MN)** – 01/01/26 to 12/31/27; MFIP Regional Plan, regionalization of employment and training services, host county is Chippewa, \$720,350 (renewal).
Fiscal Note: 2025 \$736,686; 2024 \$720,244
- Tech Tronix Inc (Fergus Falls, MN)** – 11/19/25 to ongoing; Agreement for an End User License for EH Manager, a software program to record and manage environmental health data for inspections, licensing, and plan review (ie: Food, Beverage & Lodging, Food Stands, Swimming Pools, etc); \$1000/user software fee (renewal).

 **Toulouse, William with Quarnstrom & Doering PA (Marshall, MN) - 01/01/26 – 12/31/26;** Legal services for agency, \$3,400/month or \$40,800 annually (2% increase) (renewal).
Fiscal Note: 2025 \$40,000; 2024 \$32,000; 2023 \$36,000; 2022 \$29,184; 2021 \$34,397

 **United Community Action Partnership (Marshall, MN) – 01/01/26 to 12/31/26;** Client transportation services that now services all agency counties, volunteer driver rate of \$ 1.10/mile (IRS rate + .40 administrative fee) with local support at \$2,500/county or \$15,000/year). Admin rate went up .02, no increase to local support (renewal).

 **Woodland Centers (various locations) – 01/01/26 to 12/31/26;** Crisis stabilization services, adult per diem at \$650 (34% increase), youth per diem at \$1800 (167% increase), and \$3,000 annual administrative fee (no change) (renewal).
Fiscal Note: 2025 \$23,830; 2024 \$40,005; 2023 \$46,037; 2022 \$45,575; 2021 \$33,767

 **Signatures None**
 **Signatures Partial**
 **Signatures Completed**