



SOUTHWEST
HEALTH & HUMAN
SERVICES

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

Board Agenda
Wednesday December 20, 2023
Marshall Government Center
Commissioners Room – 2nd Floor
9:00 a.m.

HUMAN SERVICES

A. Call to Order

B. Pledge of Allegiance

C. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 11/15/2023 Board Minutes

D. Introduce New Staff

- Christine Harmon, Registered Nurse, Redwood Falls
- Holly Baatz, Parenting Time Specialist, (PT/Temp), Pipestone

E. Employee Recognition

- Emilie Staeffler, Social Worker (LTC)- Luverne 1 Year

F. Financial

G. Caseload

	<u>11/23</u>	<u>11/22</u>	<u>10/23</u>	<u>9/23</u>
Social Services	3,841	3,771	3,805	3,742
Licensing	389	397	390	389
Out-of-Home Placements	159	176	153	147
Income Maintenance	14,219	14,538	14,231	14,397
Child Support Cases	2,686	2,805	2,694	2,702
Child Support Collections	\$711,023	\$674,652	\$729,179	\$723,178
Non IV-D Collections	\$112,170	\$93,682	\$272,913	\$206,812

HUMAN SERVICES (Cont.)

H. Discussion/Information

1. Local Advisory Council- Elaine Herrick and Jada Griffin
2. Southwest Adult Mental Health Consortium—Kimberly Holm and Stacy Jorgensen

I. Decision Items

COMMUNITY HEALTH

J. Call to Order

K. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 11/15/2023 Board Minutes

L. Financial

M. Caseload

	<u>11/23</u>	<u>10/23</u>	<u>9/23</u>
WIC	N/A	2097	2,119
Family Home Visiting	30	32	38
PCA Assessments	4	13	8
Managed Care	186	204	170
Dental Varnishing	0	0	0
Refugee Health	0	1	9
Latent TB Medication Distribution	4	4	3
Water Tests	97	163	169
FPL Inspections	43	44	39
Immunizations	103	96	50
Car Seats	18	19	11

N. Discussion/ Information

O. Decision Items

GOVERNING BOARD

P. Call to Order

Q. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 11/15/2023 Board Minutes

R. Financial

S. Human Resources Statistics

	<u>11/23</u>	<u>11/22</u>	<u>10/23</u>	<u>9/23</u>
Number of Employees	238	233	232	232
Separations	3	4	2	5
New Hires	2	3	10	5
 Current Open Positions		9		
Public Health Nurses		4		
Office Support Specialist, Sr.		1		
Social Worker AMH		1		
Social Worker Mn Choices		1		
Information Technology Specialist		1		
Eligibility Worker		1		

T. Discussion/Information

1. 2023 MCIT Dividend
2. 2024 Board Member Per Diem and Mileage Reimbursement

U. Decision Items

1. AnnaMarie Conte, County Agency Social Worker- Child Protection, probationary appointment (12 months), \$24.60 hourly, effective 12/18/2023- Redwood Falls Office
2. Becky Peterson, Eligibility Worker, probationary appointment (12 months), \$19.07 hourly, effective 12/18/2023 – Redwood Falls Office
3. Amy Johnson, County Agency Social Worker- Long Term Care, probationary appointment (12 months), \$27.75 hourly, effective 12/18/2023- Pipestone Office
4. Elizabeth Pitzl, Office Support Specialist, Sr., probationary appointment (12 months), \$16.32 hourly, effective 12/18/2023- Marshall Office
5. Brenda Rothmeier, County Agency Social Worker- MnCHOICES, no probationary appointment and no change to rate of pay, effective 2/5/2024- Redwood Falls Office
6. Jennifer Beek, County Agency Social Worker- AMH, probationary appointment (6 months), \$28.25 hourly, effective 1/22/2024- Marshall Office

GOVERNING BOARD (Cont.)

7. Personnel Policy 2 – Conditions of Employment
8. Personnel Policy 3 – Leaves and Holidays
9. Personnel Policy 12- On-Call for Adult and Children's Services
10. Personnel Policy 25 – Employee Referral Program
11. Resolution for Human Resources to Refill Replacement Positions in 2024
12. 2024 Accounting Policies and Procedure Handbook
13. 2024 Resolution of Signature Authority
14. 2024 Resolution of Designate Depositories
15. Request to Renew Server Software
16. Modified Request for Moving Open Cases to CaseWorks
17. Request for MnCCC Dues
18. Request for IT Remote Support Software
19. Revised Firewall Quote
20. Donations
 - Anonymous donation of 2 suitcases and a duffle bag for anyone in need.
 - Anonymous donation of a backpack for foster care or adoption.
 - Donation of a suitcase and duffel bag by Valerie Buysse for the foster care program.
 - Donation of many quilts and blankets from Jason Schueller to be used for anyone in need.
 - Donation of a check for \$6,000 from Jeff and Jeanne Knott to be used for extra items for foster children.
 - Donation of 28 First Aid Kits from the Murray County ambulance to foster families or any families in need.
21. Contracts
22. Closed Session – Director's Performance Evaluation

V. Adjournment

Next Meeting Dates:

Wednesday, January 17, 2024 – Marshall

Wednesday, February 21, 2024 – Marshall

Wednesday, March 20, 2024 – Marshall

SOUTHWEST HEALTH & HUMAN SERVICES

Ivanhoe, Marshall, Slayton, Pipestone, Redwood and Luverne Offices

SUMMARY OF FINANCIAL ACCOUNTS REPORT

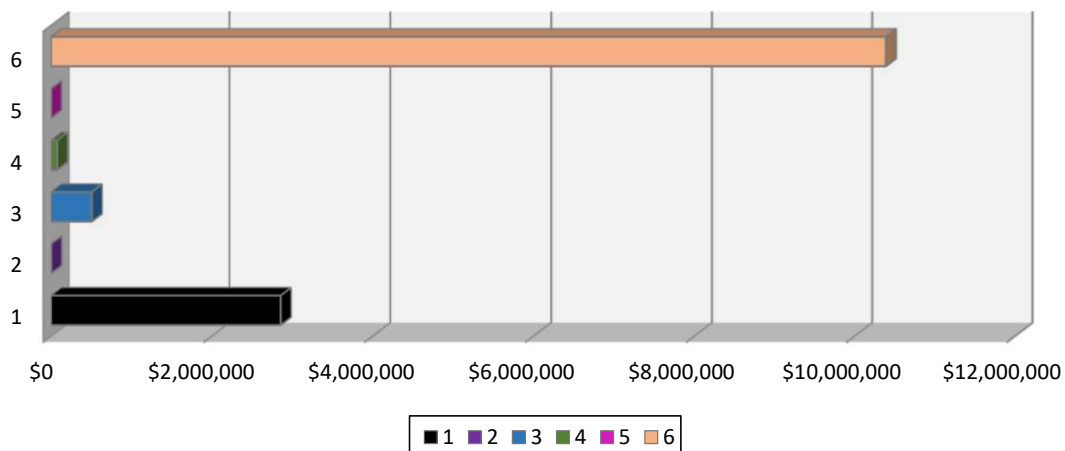
For the Month Ending:

November 30, 2023

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

Description	Month	Running Balance	
BEGINNING BALANCE		\$1,888,915	
RECEIPTS			
Monthly Receipts	2,403,300		
County Contribution	1,534,223		
Interest on Savings	34,936		
TOTAL MONTHLY RECEIPTS		3,972,459	
DISBURSEMENTS			
Monthly Disbursements	3,006,344		
TOTAL MONTHLY DISBURSEMENTS		3,006,344	
ENDING BALANCE		\$2,855,030	
REVENUE			
<i>Checking/Money Market</i>	<i>\$2,855,030</i>		
<i>SS Benefits Checking</i>	<i>\$3,000</i>		
<i>Bremer Savings</i>	<i>\$505,180</i>		
<i>First Interstate Bank Savings</i>	<i>\$75,846</i>		
<i>CD or Term Investment - Magic Fund</i>	<i>\$0</i>		
<i>Investments - MAGIC Fund</i>	<i>\$10,388,930</i>		
ENDING BALANCE		\$13,827,986	Nov 2022 Ending Balance \$10,477,101
DESIGNATED/RESTRICTED FUNDS			
Opioid Settlement		\$538,402	Nov 2022 Ending Balance
Agency Health Insurance		\$862,791	\$662,284
LCTS Lyon Murray Collaborative		\$233,377	
LCTS Rock Pipestone Collaborative		\$39,045	
LCTS Redwood Collaborative		\$62,360	
Local Advisory Council		\$598	Nov 2022 Ending Balance
AVAILABLE CASH BALANCE		\$12,091,413	\$9,543,373

REVENUE DESIGNATION



SWHHS TREND ANALYSIS

Total Cash and Investment Balance by Month

ALL FUNDS

	January	February	March	April	May	June	July	August	September	October	November	December	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		\$12,342,062.10

PUBLIC HEALTH

	January	February	March	April	May	June	July	August	September	October	November	December	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		\$4,356,609.88

HUMAN SERVICES

	January	February	March	April	May	June	July	August	September	October	November	December	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		\$6,496,297.62

HEALTH INSURANCE

	January	February	March	April	May	June	July	August	September	October	November	December	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		\$798,668.45

Southwest Health and Human Services



LMD

12/8/23

5:09PM

Treasurer's Cash Trial Balance

As of 11/2023

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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				
	3,958,324.87			
Receipts		208,640.73	3,834,330.25	
Disbursements		38,602.81 -	833,272.10 -	
Payroll		240,230.72 -	2,687,387.19 -	
Journal Entries		480,000.00	8,943.61	
Fund Total		409,807.20	322,614.57	4,280,939.44
2 Opioid Settlement				
	0.00			
Receipts		16,566.70	562,008.81	
Disbursements		911.99 -	12,343.78 -	
Payroll		248.13 -	2,319.80 -	
Journal Entries		0.00	8,943.61 -	
Fund Total		15,406.58	538,401.62	538,401.62
5 Human Services Fund	410	General Administration		
	561,625.96 -			
Receipts		60,454.60	681,038.48	
Disbursements		60,238.21 -	676,050.07 -	
Payroll		8,752.01 -	106,030.48 -	
Dept Total		8,535.62 -	101,042.07 -	662,668.03 -
5 Human Services Fund	420	Income Maintenance		
	3,483,235.92			
Receipts		1,164,699.65	10,382,130.85	
Disbursements		416,467.71 -	4,506,854.67 -	
Payroll		355,707.69 -	4,115,698.61 -	
Journal Entries		870,000.00	0.00	
Dept Total		1,262,524.25	1,759,577.57	5,242,813.49
5 Human Services Fund	431	Social Services		
	7,637,971.96			
Receipts		2,199,011.13	16,947,424.06	
Disbursements		100,739.30 -	1,245,304.84 -	

Southwest Health and Human Services



LMD

12/8/23

5:09PM

Treasurer's Cash Trial Balance

As of 11/2023

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
SSIS		548,617.44-	7,183,021.09-	
Payroll		799,729.05-	8,771,417.16-	
Jurnal Entries		1,650,000.00	0.00	
Dept Total		2,399,925.34	252,319.03-	7,385,652.93
5 Human Services Fund	461	Information Systems		
	4,003,627.67-			
Receipts		4,163.21	46,979.03	
Disbursements		177.02-	5,163.96-	
Payroll		21,712.03-	238,626.33-	
Dept Total		17,725.84-	196,811.26-	4,200,438.93-
5 Human Services Fund	471	LCTS Collaborative Agency		
	0.00			
Receipts		45,114.00	262,743.00	
Disbursements		71,366.00-	217,629.00-	
Dept Total		26,252.00-	45,114.00	45,114.00
Fund Total	6,555,954.25	3,609,936.13	1,254,519.21	7,810,473.46
61 Agency Health Insurance				
	623,422.50			
Receipts		237,179.48	3,177,560.34	
Disbursements		303,424.95-	2,938,191.56-	
Fund Total		66,245.47-	239,368.78	862,791.28
71 LCTS Lyon Murray Collaborative Fund	471	LCTS Collaborative Agency		
	194,668.51			
Receipts		37,717.00	102,778.00	
Disbursements		0.00	64,069.06-	
Dept Total		37,717.00	38,708.94	233,377.45
Fund Total	194,668.51	37,717.00	38,708.94	233,377.45
73 LCTS Rock Pipestone Collaborative Fund	471	LCTS Collaborative Agency		
	47,935.81			

Southwest Health and Human Services



LMD

12/8/23

5:09PM

Treasurer's Cash Trial Balance

As of 11/2023

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Receipts		11,620.00	34,141.00	
Disbursements		40,000.00-	43,032.00-	
Dept Total		28,380.00-	8,891.00-	39,044.81
Fund Total	47,935.81	28,380.00-	8,891.00-	39,044.81
75 Redwood LCTS Collaborative	471	LCTS Collaborative Agency		
	73,734.51			
Receipts		22,229.00	81,560.00	
Disbursements		0.00	92,935.00-	
Dept Total		22,229.00	11,375.00-	62,359.51
Fund Total	73,734.51	22,229.00	11,375.00-	62,359.51
77 Local Advisory Council	477	Local Advisory Council		
	678.34			
Disbursements		0.00	80.00-	
Dept Total		0.00	80.00-	598.34
Fund Total	678.34	0.00	80.00-	598.34
All Funds	11,454,718.79			
Receipts		4,007,395.50	36,112,693.82	
Disbursements		1,031,927.99-	10,634,926.04-	
SSIS		548,617.44-	7,183,021.09-	
Payroll		1,426,379.63-	15,921,479.57-	
Jurnal Entries		3,000,000.00	0.00	
Total		4,000,470.44	2,373,267.12	13,827,985.91

Southwest Health and Human Services



RM- Stmt of Revenues & Expenditures

As Of 11/2023

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO- DATE	2023 BUDGET	% OF BUDG	% OF YEAR	
FUND 1 HEALTH SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	34,570.50 -	1,049,384.00 -	1,049,384.00 -	100	92	
INTERGOVERNMENTAL REVENUES	860.00 -	19,320.04 -	168,500.00 -	11	92	
STATE REVENUES	36,981.81 -	913,737.47 -	1,076,231.00 -	85	92	
FEDERAL REVENUES	97,929.04 -	1,213,197.68 -	1,279,428.00 -	95	92	
FEES	30,260.35 -	406,887.47 -	527,650.00 -	77	92	
EARNINGS ON INVESTMENTS	5,939.19 -	44,905.27 -	1,100.00 -	4,082	92	
MISCELLANEOUS REVENUES	2,099.84 -	186,328.51 -	5,950.00 -	3,132	92	
TOTAL REVENUES	208,640.73 -	3,833,760.44 -	4,108,243.00 -	93	92	1% over
EXPENDITURES						
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	92	
PAYROLL AND BENEFITS	240,230.72	2,678,388.48	3,281,440.00	82	92	
OTHER EXPENDITURES	38,602.81	832,757.39	826,803.00	101	92	
TOTAL EXPENDITURES	278,833.53	3,511,145.87	4,108,243.00	85	92	7% under

Southwest Health and Human Services



RM- Stmt of Revenues & Expenditures

As Of 11/2023

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO- DATE	2023 BUDGET	% OF BUDG	% OF YEAR	
FUND 5 HUMAN SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	1,499,652.32 -	9,256,736.51 -	12,552,080.00 -	74	92	
INTERGOVERNMENTAL REVENUES	0.00	473,386.50 -	268,863.00 -	176	92	
STATE REVENUES	504,995.70 -	6,148,564.38 -	5,815,087.00 -	106	92	
FEDERAL REVENUES	1,146,795.19 -	7,744,583.94 -	7,595,371.00 -	102	92	
FEES	113,577.78 -	1,961,586.39 -	2,414,700.00 -	81	92	
EARNINGS ON INVESTMENTS	28,997.26 -	228,410.46 -	4,600.00 -	4,965	92	
MISCELLANEOUS REVENUES	118,071.32 -	1,800,009.89 -	1,440,400.00 -	125	92	
TOTAL REVENUES	3,412,089.57 -	27,613,278.07 -	30,091,101.00 -	92	92	0%
EXPENDITURES						
PROGRAM EXPENDITURES	943,773.27	10,772,278.44	12,079,777.00	89	92	
PAYROLL AND BENEFITS	1,185,686.17	13,229,269.77	15,281,056.00	87	92	
OTHER EXPENDITURES	192,695.78	2,359,114.13	2,730,268.00	86	92	
TOTAL EXPENDITURES	2,322,155.22	26,360,662.34	30,091,101.00	88	92	4% under

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					92
			Expend.	1,683.69	40,278.19	0.00	0	92
			Net	1,683.69	40,278.19	0.00	0	92
910 PROGRAM	CHA/ CHIP		Revenue	0.00	192,069.70 -	60,000.00 -	320	92
			Expend.	711.93	212,450.78	84,834.00	250	92
			Net	711.93	20,381.08	24,834.00	82	92
915 PROGRAM	CDC Infrastructure Grant		Revenue	0.00	8,809.89 -	0.00	0	92
			Expend.	5,161.29	17,651.77	0.00	0	92
			Net	5,161.29	8,841.88	0.00	0	92
930 PROGRAM	Administration		Revenue	42,631.55 -	1,304,720.21 -	1,056,434.00 -	124	92
			Expend.	61,483.61	668,334.91	704,150.00	95	92
			Net	18,852.06	636,385.30 -	352,284.00 -	181	92
410 DEPT	General Administration	Totals:	Revenue	42,631.55 -	1,505,599.80 -	1,116,434.00 -	135	92
			Expend.	69,040.52	938,715.65	788,984.00	119	92
			Net	26,408.97	566,884.15 -	327,450.00 -	173	92
481 DEPT	Nursing							
100 PROGRAM	Family Health		Revenue	1,970.00 -	19,927.29 -	22,500.00 -	89	92
			Expend.	790.86	17,678.45	17,862.00	99	92
			Net	1,179.14 -	2,248.84 -	4,638.00 -	48	92
103 PROGRAM	Follow Along Program		Revenue	0.00	16,109.77 -	32,900.00 -	49	92
			Expend.	2,632.10	29,775.09	64,179.00	46	92
			Net	2,632.10	13,665.32	31,279.00	44	92
110 PROGRAM	TANF		Revenue	0.00	96,467.90 -	127,876.00 -	75	92
			Expend.	584.68	91,490.86	127,673.00	72	92
			Net	584.68	4,977.04 -	203.00 -	2,452	92
130 PROGRAM	WIC		Revenue	49,917.00 -	493,702.50 -	525,000.00 -	94	92
			Expend.	42,137.79	549,979.28	562,507.00	98	92
			Net	7,779.21 -	56,276.78	37,507.00	150	92
140 PROGRAM	Peer Breastfeeding Support Program		Revenue					92
			Expend.	0.00	0.66 -	0.00	0	92
			Net	0.00	0.66 -	0.00	0	92

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>
210 PROGRAM	CTC Outreach		Revenue	14,778.93 -	156,984.41 -	179,961.00 -	87	92
			Expend.	11,099.51	137,998.10	184,017.00	75	92
			Net	3,679.42 -	18,986.31 -	4,056.00	468 -	92
265 PROGRAM	Strong Foundations FHV		Revenue	2,126.68 -	124,407.76 -	195,000.00 -	64	92
			Expend.	9,646.11	94,382.32	156,792.00	60	92
			Net	7,519.43	30,025.44 -	38,208.00 -	79	92
270 PROGRAM	Maternal Child Health - Title V		Revenue	1,296.43 -	105,164.57 -	232,037.00 -	45	92
			Expend.	11,028.78	128,506.74	285,070.00	45	92
			Net	9,732.35	23,342.17	53,033.00	44	92
280 PROGRAM	MCH Dental Health		Revenue	0.00	0.00	1,000.00 -	0	92
			Expend.	0.00	1,347.53	2,496.00	54	92
			Net	0.00	1,347.53	1,496.00	90	92
285 PROGRAM	MCH Blood Lead		Revenue					92
			Expend.	540.53	6,424.70	11,723.00	55	92
			Net	540.53	6,424.70	11,723.00	55	92
295 PROGRAM	MCH Car Seat Program		Revenue	1,704.42 -	12,493.10 -	35,000.00 -	36	92
			Expend.	3,952.89	44,732.13	63,861.00	70	92
			Net	2,248.47	32,239.03	28,861.00	112	92
300 PROGRAM	Case Management		Revenue	23,397.14 -	428,553.51 -	466,000.00 -	92	92
			Expend.	25,443.29	300,080.29	424,559.00	71	92
			Net	2,046.15	128,473.22 -	41,441.00 -	310	92
330 PROGRAM	MNChoices		Revenue	24,516.00 -	171,110.65 -	182,000.00 -	94	92
			Expend.	12,726.63	192,430.27	222,008.00	87	92
			Net	11,789.37 -	21,319.62	40,008.00	53	92
603 PROGRAM	Disease Prevention and Control		Revenue	3,065.51 -	94,056.57 -	164,920.00 -	57	92
			Expend.	19,848.36	183,168.93	269,599.00	68	92
			Net	16,782.85	89,112.36	104,679.00	85	92
660 PROGRAM	MIIC		Revenue					92
			Expend.	340.20	1,353.82	2,237.00	61	92
			Net	340.20	1,353.82	2,237.00	61	92
481 DEPT	Nursing	Totals:	Revenue	122,772.11 -	1,718,978.03 -	2,164,194.00 -	79	92
			Expend.	140,771.73	1,779,347.85	2,394,583.00	74	92
			Net	17,999.62	60,369.82	230,389.00	26	92
483 DEPT	Health Education							

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</u> <u>Bdgt</u>	<u>%of</u> <u>Year</u>
500 PROGRAM	Direct Client Services		Revenue	0.00	3,789.41 -	950.00 -	399	92
			Expend.	532.54	8,126.26	19,002.00	43	92
			Net	532.54	4,336.85	18,052.00	24	92
510 PROGRAM	SHIP		Revenue	18,976.91 -	219,310.36 -	224,631.00 -	98	92
			Expend.	13,979.87	200,930.04	223,619.00	90	92
			Net	4,997.04 -	18,380.32 -	1,012.00 -	1,816	92
540 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	1,691.77 -	5,155.33 -	16,768.00 -	31	92
			Expend.	590.80	6,750.62	16,829.00	40	92
			Net	1,100.97 -	1,595.29	61.00	2,615	92
541 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	674.33 -	2,392.03 -	16,768.00 -	14	92
			Expend.	347.80	4,562.31	16,829.00	27	92
			Net	326.53 -	2,170.28	61.00	3,558	92
551 PROGRAM	Pipestone Drug Free Communities		Revenue	0.00	140,096.02 -	223,950.00 -	63	92
			Expend.	12,823.80	133,059.32	223,950.00	59	92
			Net	12,823.80	7,036.70 -	0.00	0	92
560 PROGRAM	Opioid Settlement		Revenue	0.00	142,101.96	0.00	0	92
			Expend.	0.00	780.87 -	0.00	0	92
			Net	0.00	141,321.09	0.00	0	92
570 PROGRAM	Regional Health Equity Network Grant		Revenue	0.00	8,155.06 -	0.00	0	92
			Expend.	550.21	11,319.52	0.00	0	92
			Net	550.21	3,164.46	0.00	0	92
900 PROGRAM	Emergency Preparedness		Revenue	18,624.06 -	82,847.86 -	94,148.00 -	88	92
			Expend.	6,554.96	75,134.41	97,493.00	77	92
			Net	12,069.10 -	7,713.45 -	3,345.00	231 -	92
901 PROGRAM	Med Reserve Corps		Revenue					92
			Expend.	0.00	6,707.31	0.00	0	92
			Net	0.00	6,707.31	0.00	0	92
905 PROGRAM	COVID- 19 Pandemic		Revenue	0.00	51,221.48 -	0.00	0	92
			Expend.	3,198.31	41,669.91	0.00	0	92
			Net	3,198.31	9,551.57 -	0.00	0	92
906 PROGRAM	COVID- 19 Vaccination Planning Grant		Revenue	0.00	1,059.24 -	0.00	0	92
			Expend.	0.00	480.60	0.00	0	92
			Net	0.00	578.64 -	0.00	0	92

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year- To- Date	Budget	%of Bdgt	%of Year
907 PROGRAM	Crisis Response Workforce Grant (CO)		Revenue	0.00	10,622.50 -	0.00	0	92
			Expend.	3,563.46	6,027.46	0.00	0	92
			Net	3,563.46	4,595.04 -	0.00	0	92
483 DEPT	Health Education	Totals:	Revenue	39,967.07 -	382,547.33 -	577,215.00 -	66	92
			Expend.	42,141.75	493,986.89	597,722.00	83	92
			Net	2,174.68	111,439.56	20,507.00	543	92
485 DEPT	Environmental Health		Revenue	890.00 -	162,420.00 -	217,900.00 -	75	92
			Expend.	21,322.70	221,699.58	240,944.00	92	92
			Net	20,432.70	59,279.58	23,044.00	257	92
800 PROGRAM	Environmental		Revenue	890.00 -	162,420.00 -	217,900.00 -	75	92
			Expend.	21,322.70	221,699.58	240,944.00	92	92
			Net	20,432.70	59,279.58	23,044.00	257	92
809 PROGRAM	Environmental Water Lab		Revenue	2,380.00 -	64,215.28 -	32,500.00 -	198	92
			Expend.	5,556.83	77,395.90	86,010.00	90	92
			Net	3,176.83	13,180.62	53,510.00	25	92
485 DEPT	Environmental Health	Totals:	Revenue	3,270.00 -	226,635.28 -	250,400.00 -	91	92
			Expend.	26,879.53	299,095.48	326,954.00	91	92
			Net	23,609.53	72,460.20	76,554.00	95	92
1 FUND	Health Services Fund	Totals:	Revenue	208,640.73 -	3,833,760.44 -	4,108,243.00 -	93	92
			Expend.	278,833.53	3,511,145.87	4,108,243.00	85	92
			Net	70,192.80	322,614.57 -	0.00	0	92

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

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5 FUND	Human Services Fund							
410 DEPT	General Administration							
0 PROGRAM	...		Revenue					92
			Expend.	8,537.40	102,945.55	89,449.00	115	92
			Net	8,537.40	102,945.55	89,449.00	115	92
410 DEPT	General Administration	Totals:	Revenue					92
			Expend.	8,537.40	102,945.55	89,449.00	115	92
			Net	8,537.40	102,945.55	89,449.00	115	92
420 DEPT	Income Maintenance							
0 PROGRAM	...		Revenue					92
			Expend.	5.10	30.60	0.00	0	92
			Net	5.10	30.60	0.00	0	92
600 PROGRAM	Income Maint Administrative/ Overhea		Revenue	484,536.57 -	3,607,004.10 -	3,950,641.00 -	91	92
			Expend.	103,547.19	1,329,919.01	1,611,243.00	83	92
			Net	380,989.38 -	2,277,085.09 -	2,339,398.00 -	97	92
601 PROGRAM	Income Maint/ Random Moment Payro		Revenue					92
			Expend.	215,824.22	2,449,944.93	2,841,938.00	86	92
			Net	215,824.22	2,449,944.93	2,841,938.00	86	92
602 PROGRAM	Income Maint FPI Investigator		Revenue	24,587.00 -	75,606.00 -	130,000.00 -	58	92
			Expend.	9,196.94	107,616.59	117,717.00	91	92
			Net	15,390.06 -	32,010.59	12,283.00 -	261 -	92
605 PROGRAM	MN Supplemental Aid (MSA)/ GRH		Revenue	8,953.12 -	44,662.36 -	50,300.00 -	89	92
			Expend.	15,218.29	52,742.31	50,000.00	105	92
			Net	6,265.17	8,079.95	300.00 -	2,693 -	92
610 PROGRAM	TANF(AFDC/ MFIP/ DWP)		Revenue	680.00 -	5,909.75 -	8,400.00 -	70	92
			Expend.	136.90	740.40	5,040.00	15	92
			Net	543.10 -	5,169.35 -	3,360.00 -	154	92
620 PROGRAM	General Asst (GA) / Burials		Revenue	5,210.02 -	38,020.72 -	36,500.00 -	104	92
			Expend.	28,209.59	284,350.48	351,000.00	81	92
			Net	22,999.57	246,329.76	314,500.00	78	92
630 PROGRAM	Food Support (FS)		Revenue	118,206.00 -	693,846.89 -	553,000.00 -	125	92
			Expend.	2,522.99	4,358.02	2,500.00	174	92
			Net	115,683.01 -	689,488.87 -	550,500.00 -	125	92

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	%of Bdgt	%of Year
640 PROGRAM	Child Support (IVD)		Revenue	225,623.16 -	1,411,871.19 -	1,555,233.00 -	91	92
			Expend.	87,906.07	981,354.99	1,271,035.00	77	92
			Net	137,717.09 -	430,516.20 -	284,198.00 -	151	92
650 PROGRAM	Medical Assistance (MA)		Revenue	295,901.76 -	4,495,225.23 -	4,168,000.00 -	108	92
			Expend.	309,520.09	3,403,802.34	3,105,000.00	110	92
			Net	13,618.33	1,091,422.89 -	1,063,000.00 -	103	92
680 PROGRAM	Refugee Cash Assistance (RCA)		Revenue	914.00 -	2,291.00 -	0.00	0	92
			Expend.					92
			Net	914.00 -	2,291.00 -	0.00	0	92
420 DEPT	Income Maintenance	Totals:	Revenue	1,164,611.63 -	10,374,437.24 -	10,452,074.00 -	99	92
			Expend.	772,087.38	8,614,859.67	9,355,473.00	92	92
			Net	392,524.25 -	1,759,577.57 -	1,096,601.00 -	160	92
431 DEPT	Social Services							
0 PROGRAM	...		Revenue					92
			Expend.	14.00	98.00	0.00	0	92
			Net	14.00	98.00	0.00	0	92
700 PROGRAM	Social Service Administrative/ Overhea		Revenue	1,444,740.73 -	9,494,597.35 -	11,396,200.00 -	83	92
			Expend.	214,295.27	2,447,845.94	3,159,729.00	77	92
			Net	1,230,445.46 -	7,046,751.41 -	8,236,471.00 -	86	92
701 PROGRAM	Social Services/ SSTs		Revenue					92
			Expend.	678,867.20	7,478,054.34	8,322,128.00	90	92
			Net	678,867.20	7,478,054.34	8,322,128.00	90	92
710 PROGRAM	Children's Social Services Programs		Revenue	203,535.51 -	2,077,057.96 -	2,189,242.00 -	95	92
			Expend.	288,501.54	3,729,738.39	4,313,127.00	86	92
			Net	84,966.03	1,652,680.43	2,123,885.00	78	92
711 PROGRAM	YIP Grant (Circle)- Dept of Public Safet		Revenue	5,747.36 -	30,661.65 -	0.00	0	92
			Expend.	2,149.36	27,174.28	0.00	0	92
			Net	3,598.00 -	3,487.37 -	0.00	0	92
712 PROGRAM	CIRCLE Program		Revenue	0.00	5,200.00 -	5,000.00 -	104	92
			Expend.	2,964.16	19,583.08	23,379.00	84	92
			Net	2,964.16	14,383.08	18,379.00	78	92
713 PROGRAM	STAY Program Grant (formerly SELF)		Revenue	0.00	37,397.00 -	51,500.00 -	73	92
			Expend.	1,458.16	19,938.83	51,500.00	39	92
			Net	1,458.16	17,458.17 -	0.00	0	92

Southwest Health and Human Services



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714 PROGRAM	PrimeWest Reinvestment Grant		Revenue	0.00	360,447.00 -	0.00	0	92
			Expend.	0.00	1,584.00	0.00	0	92
			Net	0.00	358,863.00 -	0.00	0	92
715 PROGRAM	Children Waivers		Revenue	8,843.06 -	86,532.18 -	220,000.00 -	39	92
			Expend.	159.96	159.96	0.00	0	92
			Net	8,683.10 -	86,372.22 -	220,000.00 -	39	92
716 PROGRAM	FGDM/ Family Group Decision Making		Revenue	30,411.67 -	128,590.10 -	123,032.00 -	105	92
			Expend.	5,861.51	105,581.13	123,032.00	86	92
			Net	24,550.16 -	23,008.97 -	0.00	0	92
717 PROGRAM	Family Assmt Response Grant/ Discr F		Revenue	0.00	31,230.50 -	38,506.00 -	81	92
			Expend.	1,151.85	36,026.82	38,506.00	94	92
			Net	1,151.85	4,796.32	0.00	0	92
718 PROGRAM	PSOP/ Parent Support Outreach Progra		Revenue	0.00	26,696.31 -	33,156.00 -	81	92
			Expend.	4,040.19	19,097.18	33,156.00	58	92
			Net	4,040.19	7,599.13 -	0.00	0	92
720 PROGRAM	Child Care/ Child Protection		Revenue	1,650.00 -	19,750.00 -	18,500.00 -	107	92
			Expend.	637.50	4,509.25	2,700.00	167	92
			Net	1,012.50 -	15,240.75 -	15,800.00 -	96	92
721 PROGRAM	CC Basic Slide Fee/ Cty Match to DHS		Revenue	1,377.00 -	21,690.04 -	40,020.00 -	54	92
			Expend.	3,614.00	50,600.38	43,365.00	117	92
			Net	2,237.00	28,910.34	3,345.00	864	92
722 PROGRAM	Child Care/ MFIP		Revenue	0.00	9,407.80 -	0.00	0	92
			Expend.					92
			Net	0.00	9,407.80 -	0.00	0	92
726 PROGRAM	MFIP/ SW MN PIC		Revenue	635.00 -	6,697.00 -	10,000.00 -	67	92
			Expend.					92
			Net	635.00 -	6,697.00 -	10,000.00 -	67	92
730 PROGRAM	Chemical Dependency		Revenue	10,063.19 -	174,911.95 -	345,000.00 -	51	92
			Expend.	26,463.27	181,169.41	244,000.00	74	92
			Net	16,400.08	6,257.46	101,000.00 -	6 -	92
740 PROGRAM	Mental Health (Both Adults & Children		Revenue	0.00	56.80 -	0.00	0	92
			Expend.					92
			Net	0.00	56.80 -	0.00	0	92

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year- To- Date	Budget	%of Bdgt	%of Year
741 PROGRAM	Mental Health - Adults Only		Revenue	197,760.95 -	1,056,798.52 -	1,320,836.00 -	80	92
			Expend.	72,549.59	1,662,276.21	1,938,385.00	86	92
			Net	125,211.36 -	605,477.69	617,549.00	98	92
742 PROGRAM	Mental Health - Children Only		Revenue	82,647.65 -	666,947.17 -	899,838.00 -	74	92
			Expend.	91,356.37	884,598.95	1,388,975.00	64	92
			Net	8,708.72	217,651.78	489,137.00	44	92
750 PROGRAM	Developmental Disabilities		Revenue	89,568.92 -	699,610.04 -	804,000.00 -	87	92
			Expend.	17,234.32	232,280.47	342,412.00	68	92
			Net	72,334.60 -	467,329.57 -	461,588.00 -	101	92
760 PROGRAM	Adult Services		Revenue	60,939.30 -	1,245,567.12 -	1,268,197.00 -	98	92
			Expend.	8,227.00	78,519.91	81,700.00	96	92
			Net	52,712.30 -	1,167,047.21 -	1,186,497.00 -	98	92
765 PROGRAM	Adult Waivers		Revenue	60,280.39 -	749,272.31 -	844,000.00 -	89	92
			Expend.	28,730.14	202,601.30	199,500.00	102	92
			Net	31,550.25 -	546,671.01 -	644,500.00 -	85	92
431 DEPT	Social Services	Totals:	Revenue	2,198,200.73 -	16,929,118.80 -	19,607,027.00 -	86	92
			Expend.	1,448,275.39	17,181,437.83	20,305,594.00	85	92
			Net	749,925.34 -	252,319.03	698,567.00	36	92
461 DEPT 0 PROGRAM	Information Systems ...		Revenue	4,163.21 -	46,979.03 -	32,000.00 -	147	92
			Expend.	21,889.05	243,790.29	340,585.00	72	92
			Net	17,725.84	196,811.26	308,585.00	64	92
461 DEPT	Information Systems	Totals:	Revenue	4,163.21 -	46,979.03 -	32,000.00 -	147	92
			Expend.	21,889.05	243,790.29	340,585.00	72	92
			Net	17,725.84	196,811.26	308,585.00	64	92
471 DEPT 702 PROGRAM	LCTS Collaborative Agency LCTS		Revenue	45,114.00 -	262,743.00 -	0.00	0	92
			Expend.	71,366.00	217,629.00	0.00	0	92
			Net	26,252.00	45,114.00 -	0.00	0	92
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	45,114.00 -	262,743.00 -	0.00	0	92
			Expend.	71,366.00	217,629.00	0.00	0	92
			Net	26,252.00	45,114.00 -	0.00	0	92
5 FUND	Human Services Fund	Totals:	Revenue	3,412,089.57 -	27,613,278.07 -	30,091,101.00 -	92	92
			Expend.	2,322,155.22	26,360,662.34	30,091,101.00	88	92
			Net	1,089,934.35 -	1,252,615.73 -	0.00	0	92

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			

2023	Adult Services	Children's Services	Total Programs
January	2744	571	3315
February	2764	594	3358
March	2764	588	3352
April	2817	610	3427
May	2841	578	3419
June	2883	522	3405
July	2904	525	3429
August	2893	522	3415
September	2794	559	3353
October	2815	600	3415
November	2830	622	3452
December			0
Average	2823	572	3395

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)
2018	11	299	14	0	282	43	880
2019	9	319	13	0	261	58	887
2020	10	328	12	0	270	61	869
2021	9	362	13	0	272	50	926
2022	8	387	12	0	260	72	996
2023							

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

2023	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)
January	8	401	10	0	244	48	1036
February	8	404	10	0	245	61	1044
March	8	406	10	0	243	73	1049
April	8	412	10	0	245	81	1065
May	8	411	10	0	250	91	1074
June	8	409	10	0	239	101	1080
July	8	407	10	0	241	103	1080
August	8	403	10	0	252	101	1073
September	8	409	10	0	245	97	1078
October	9	403	10	0	243	95	1085
November	10	404	10	0	247	70	1066
December							
	8	406	10	0	245	84	1066

Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
18	353	451	331	2683
17	295	542	339	2651
15	287	453	319	2623
14	299	446	303	2609
16	230	448	303	2671

Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
17	222	448	310	2744
15	222	445	310	2764
16	202	446	311	2764
15	220	450	311	2817
16	233	448	300	2841
16	263	451	306	2883
18	281	451	305	2904
19	275	448	304	2893
17	182	445	303	2794
18	200	450	302	2815
19	244	458	302	2830
				0
17	231	449	306	2757

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)
2018	46	23	0	11	40	180	182
2019	36	18	0	11	40	170	191
2020	30	29	0	12	48	163	178
2021	21	33	0	13	59	165	155
2022	23	30	0	13	64	176	145
2023							

2023	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)
January	20	35	0	11	63	179	154
February	20	35	0	11	62	196	160
March	20	34	0	11	63	179	170
April	20	34	0	12	66	188	170
May	20	33	0	12	66	167	155
June	22	30	0	12	64	140	132
July	23	28	0	12	64	143	136
August	24	31	0	12	64	133	140
September	24	29	0	12	64	151	154
October	24	28	0	12	64	171	166
November	23	29	0	12	64	179	175
December							
	22	31	0	12	64	166	156

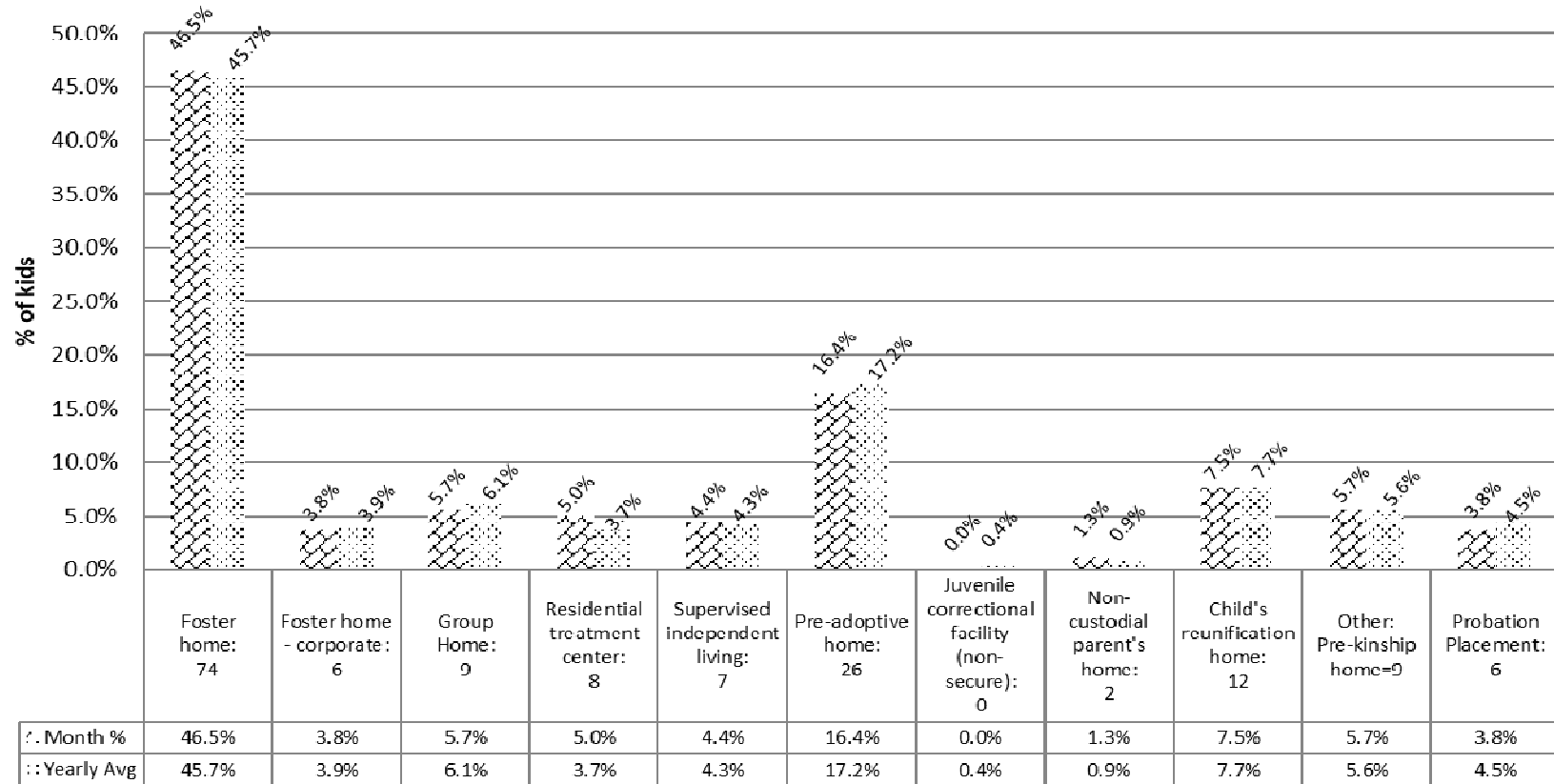
Children's Mental Health (CMH)	Early Inter vention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
110	0	0	25	604
94	0	0	30	589
82	0	0	32	572
85	0	0	31	591
78	0	0	38	592

Children's Mental Health (CMH)	Early Inter vention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
76	0	0	33	571
76	0	0	34	594
76	0	0	35	588
78	0	0	42	610
86	0	0	39	578
84	0	0	38	522
87	0	0	32	525
85	0	0	33	522
91	0	0	34	559
94	0	0	41	600
98	0	0	42	622
				0
85	0	0	37	584

2023 KIDS IN OUT OF HOME PLACEMENT - BY COUNTY

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD Average	2022 Average
Lincoln	3	4	5	5	5	5	5	5	5	5	5		5	5
Lyon	51	47	45	48	49	48	44	43	49	54	62		49	51
Murray	15	11	10	10	11	15	17	17	18	16	14		14	14
Pipestone	22	21	21	18	18	19	22	22	22	21	23		21	25
Redwood	70	67	65	59	59	51	46	46	44	46	44		54	70
Rock	11	12	13	12	9	9	8	8	9	11	11		10	9
Monthly Totals	172	162	159	152	151	147	142	141	147	153	159	0		

November 2023 - Placement by Category
159 Kids in Placement



November 2023: Total kids in placement = 159

Total of 16 Children entered placement

11	Lyon	Foster Home
1	Murray	Foster Home
2	Pipestone	Foster Home
2	Redwood	Probation

Total of 10 Children were discharged from placement (discharges from previous month)

2	Lyon	ADOPTED
1	Lyon	Supervised Independent Living
2	Murray	Foster Home
1	Murray	Group Home
1	Redwood	Probation
1	Redwood	Child's Reunification Home
1	Redwood	Pre-Kinship Home
1	Redwood	Supervised Independent Living

NON IVD COLLECTIONS

November 2023

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5803	8,953
TANF (MFIP/DWP/AFDC)	05-420-610.5803	680
GA	05-420-620.5803	0
GA County Burial Recovery	05-420-620.5804	5,210
FS	05-420-630.5803	354
CS (PI Fee, App Fee, etc)	05-420-640.5501	458
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	77,138
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	3,058
OOH/FC Recovery	05-431-710.5803	5,595
CHILDCARE		
Licensing	05-431-720.5502	650
Corp FC Licensing	05-431-720.5505	1,000
Over Payments	05-431-721&722.5803	0
CHEMICAL DEPENDENCY		
SUD Assessment Fee	05-431-730.5504	127
CD Assessments	05-431-730.5519	5,150
Detox Fees	05-431-730.5520	220
SUD Treatment	05-431-730.5523	3,269
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	308
TOTAL NON-IVD COLLECTIONS		112,170

2023 SWMN-LAC ANNUAL REPORT

The SWMN-LAC (Local Advisory Council), serving, Lincoln, Lyon, Pipestone, Murray, Redwood, Rock, and Yellow Medicine Counties, is pleased to report on its activities during 2023.

PURPOSE

The purpose of the SWMN-LAC is to use knowledge from a broad range of people who use or provide mental health services to find ways to improve local mental health services. LAC believes in promoting independence and safety of people with mental illness.

MEETING DATE / LOCATION

During 2023, LAC meetings were held via zoom, on the 2nd Monday of January, March, May, July, September, and November. 2024 meetings will be held in the same fashion: Zoom link: <https://swmhhs.zoom.us/j/89624409874>

PARTICIPANTS

The LAC is comprised of members who have mental health diagnosis, community partners, as well as representatives from SWHHS children and adult social service programs. During 2023, 25 member's community partners and individuals or loved ones with lived experience attended our meetings. LAC and members continue to share information about the LAC meetings, stipend, etc. in hopes of attracting new members.

PRESENTERS

We continue to have presenters at our meetings to share about their programs and raise awareness. These speakers are crucial as the availability and the presence of providers is ever changing. We strive to have our LAC be an informational outlet for both our consumers and providers. Our presenters this year included Adult Mental Health Case Management, Atlas for Life, Children's Mental Health Case Management, Community Response to Mental Health Crisis: Travis Law, and Southwest Center for Independent Living.

GAPS IDENTIFIED

- Transportation: Lack of available bus routes in communities that have public transportation. Lack of volunteer drivers. Volunteer drivers are not reimbursed for unloaded (where the person is not in the vehicle) miles. Volunteer drivers are unable to assist with car seats and/or seatbelts.
- Housing: Lack of available housing, low-income, and income based housing. Difficulty find affordable housing. Lack of livable and safe housing.
- Staffing issues: Difficult accessing services that they qualify for due to staffing shortages. Staffing issues are affecting adult foster care homes, personal care attendants, ARMHS services, mental health services, etc. Facilities are unable to find individuals willing to work overnights. Longer wait times for needed services.
- State Operated Services has a lack of bed and long-wait lists for inpatient bed placements.
- Difficulties in changes of insurance due to income guidelines changing post Covid-19 emergency.

LAC CONTACT INFORMATION

Elaine Herrick at Elaine.Herrick@SWMHHS.com or Jada Griffin at Jada.Griffin@SWMHHS.com

2023 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												

	WIC	Family Home Visiting	MnChoices Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI/DOT Medication Distribution	Water Tests	FPL Inspections	Imm	Car Seats
11/22	2030	41	6	169	0	0	4	159	36	49	16
12/22	2042	38	9	190	0	1	2	108	41	102	4
1/23	2080	35	10	196	0	0	5	93	26	51	16
2/23	2074	20	12	131	0	6	2	94	19	49	8
3/23	2083	45	16	157	0	4	1	97	27	90	11
4/23	2058	36	9	166	0	0	1	90	52	56	13
5/23	2097	39	9	213	0	8	0	152	39	33	11
6/23	2100	36	11	179	0	2	0	166	70	27	12
7/23	2112	27	9	125	0	1	0	163	36	30	13
8/23	2136	32	18	160	0	6	2	221	62	41	25
9/23	2119	38	8	170	0	9	3	169	39	50	10
10/23	2097	32	13	204	0	1	4	163	44	96	19
11/23		30	4	186	0	0	4	97	43	103	18
12/23											



MCIT

Minnesota Counties Intergovernmental Trust

100 Empire Drive, Suite 100, St. Paul, MN 55103-1885 • 651.209.6400 • 1.866.547.6516 • MCIT.org



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Jack Swanson
Roseau County
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Todd Patzer
Lac qui Parle County
Commissioner

Brett Skyles
Itasca County
Administrator

November 17, 2023

Nancy Walker
Deputy Director
Southwest Health & Human Services
607 W Main St Ste 100
Marshall, MN 56258

RE: MCIT 2023 DIVIDEND PAYMENT

Dear Nancy Walker,

The Minnesota Counties Intergovernmental Trust Board of Directors is pleased to advise that your 2023 dividend in the amount of \$12187 will be deposited into your entity's bank account by ACH later this week. This year your dividend is attributed solely to your workers' compensation coverage.

In July of 2023, the MCIT Board of Directors declared a \$4 million dividend. This marks the 33rd consecutive year MCIT has returned a dividend to members and brings the total dividends paid to approximately \$378 million.

The Board of Directors is pleased to provide this dividend but reminds members that past dividends are no guarantee of future distributions. The decision to return fund balance and award a dividend is evaluated annually and considers several factors that have the potential of impacting the financial strength of the Trust including historical and projected return on investments, actuarial studies and financial analysis, changes in reserves due to loss trends, and significant increases in the cost of reinsurance.

The Board is committed to conservative fiscal management of MCIT as a means to ensure the program remains fully funded. Your efforts to manage risk and support the work of MCIT contribute to the fiscal health of the program.

MCIT's success is attributable to the long-term commitment of its membership. Members have been steadfast in their dedication to this venture often using dividend monies to invest in and enhance their own risk management and loss control efforts.

Thank you for your membership in MCIT.

Sincerely,

Ron Antony, Yellow Medicine County Commissioner
MCIT Board Chair

MINNESOTA COUNTIES INTERGOVERN	Vendor	Vendor ID	Date	EFT Number
	SOUTHWEST HEALTH & HUMAN SERVICES	SWH001	11/20/2023	EFT000000013754

Invoice/Claim #	Description	Paid Amount
2023 DIVIDEND		\$12,187.00

TOTALS:	<hr/> \$12,187.00
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**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 2**

EFFECTIVE DATE: 01/01/11

REVISION DATE: 10/21/15; 11/16/16; 04/18/18; 01/01/2020; 03/18/2020;03/17/2021;
7/20/2022; 01/01/2024

AUTHORITY: Southwest Health and Human Services Joint Governing Board

- - -CONDITIONS OF EMPLOYMENT- - -

Electronic copies of the Personnel Policies are available for employees through SharePoint.. Employees will be responsible for reviewing and following the terms of the Personnel Policies.

Section 1 - Workweek

- a. The standard workweek for full time employees will be 8:00 a.m. to 4:30 p.m. daily, 37.5 hours per workweek. The Agency's workweek will be a seven consecutive day period starting on Monday and ending on Sunday.

Section 2 - Working Hours

- a. Standard working hours will be seven and one-half (7.5) hours daily, five (5) days a week. Immediate supervisors may require employees to work other schedules based on the nature of their work.
- b. Employees who work a standard seven and one-half (7.5) hour day are entitled to one (1) fifteen (15) minute break before noon and one (1) fifteen (15) minute break in the afternoon which will be paid.
- c. One (1) hour unpaid lunch breaks are to be taken between 11:00 a.m. and 2:00 p.m. The office will remain open during the noon hour with staggered lunch breaks by the employees.
- d. Neither coffee breaks nor lunch breaks can be saved up to earn comp time if they are not taken by the employee Lunch breaks may be reduced to 30 minutes is during flex time, with supervisor approval, or when an employee is allowed to make up work time that was lost due to inclement weather.

Section 3 – Employee Definitions

- a. Probationary Period – All newly hired or rehired employees will serve an initial one-year probationary period. During the initial probationary period, an employee who is promoted or reassigned to another job classification will serve the secondary probation concurrently with the initial probation. During the first year of employment with the agency the employee will receive orientation and new employee training. For employees promoted to a new position, the probationary period will be six (6) months.

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

For employees promoted to a supervisory position, the probationary period will be twelve (12) months.

- b. During the probationary period, the employee will receive increased supervision and frequent performance evaluations. Completion of probation will not change the at-will nature of employment.
- c. Regular Employment - An employee who has completed their probationary employment and is a regular or regular part-time employee. Regular employees are not temporary or intermittent employees.
- d. Temporary/Intermittent - A temporary employee is a person hired for a specific period of time or on an intermittent basis with specific duties not to exceed six months. A temporary employee is paid only for hours worked and does not receive benefits, vacation/medical leave, or paid holidays.

Section 4 – Exempt and Non-Exempt Employees

- a. Employees are classified by the Federal Fair Labor Standards Act as either exempt or non-exempt.
- b. Human Resources will determine which classifications are exempt or non-exempt.

Exempt Employees

- 1. All exempt employees must complete an electronic timesheet for the purposes of public accountability. The timesheet must reflect actual hours worked and leave time taken each week. The timesheet must be submitted by the employee to their supervisor for review and approval at the end of each payroll period.
- 2. All comp time earned and taken must have prior authorization by their supervisor.
- 3. Exempt employees will not be paid for overtime, however, exempt staff may be paid straight administrative time if prior authorized by Southwest Health and Human Services Governing Board for unusual, infrequent situations.

Non-Exempt Employees

- 1. All non-exempt employees must complete an electronic timesheet. The timesheet must reflect actual hours worked and leave time taken each week. The timesheet must be submitted by the employee to their supervisor for review and approval at the end of each payroll period.

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

2. Employees will not work unauthorized hours over 40 hours per week. The maximum number of hours that should be worked in any week is 37.5 hours.
3. If a non-exempt employee is requested to work more than 40 hours in a week, overtime will be paid at 1 1/2 times the regular hourly rate of pay. All overtime must have prior authorization by the supervisor. See Section 6.

Section 5 – Compensatory (Comp) Time

- a. The agency will keep records of any authorized accrued comp time.
- b. Comp time earned must have prior supervisory approval. If the circumstances do not allow for prior approval staff must immediately follow up to get supervisory approval. Comp time taken must be approved in advance by the employee's immediate supervisor. Hourly staff who have earned comp time may be asked to work adjust down to 37.5 hours depending on their schedule and the work assigned.
- c. The accrual of comp time, eligibility for comp time, and other applicable overtime payment requirements will be governed by the Fair Labor Standards Act, as amended, the collective bargaining agreement or applicable Agency policies.
- d. Comp time will be earned and taken in 30 minute increments. Once earned, employees will not be required to use comp time until they have reached 17.5 hours at which time they may be asked to work adjust to insure they do not exceed 22.5 hours. In the event an employee may go into overtime status for the week they may also be asked to work adjust.

The balance of comp time at the end of the payroll period will never be more than 22.5 hours. Time in excess of 22.5 hours at the end of a payroll period will be lost to exempt employees. For non-exempt employees, the time in excess of 22.5 hours at the end of a payroll period will be paid out to the employee at the employee's regular rate of pay. Comp time carried forward from a previous payroll period will not be lost.

Section 6 – Overtime

- a. All overtime must have prior written authorization by the supervisor.
- b. Only actual hours worked will be counted towards overtime. Vacation, medical, leave without pay, holiday, and comp taken will not be included when calculating overtime hours.

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

- c. Failure to follow this Personnel Policy can result in disciplinary action.

Section 7 - Flex Time

- a. There are circumstances when deviation from regular service hours (aka flextime) will be considered for an employee. The below CRITERIA must be met BEFORE any deviation from the regular work schedule may be considered or approved. Said criteria are as follows:
 - 1. Client service and the operation of the unit/division and department must continue to be efficient and effective.
 - 2. There must be no negative impact on co-workers or interference with inter-divisional activities or operations.
- b. If employees wish to work a flex schedule, they must follow the process determined by the unit supervisor. All schedules are subject to supervisory approval. It may be necessary for the supervisor to make some adjustments in the requests to ensure adequate coverage.
- c. During the hours between 8:00 a.m. and 4:30 p.m. whenever an employee is absent from the office due to their flex schedule or other leave time, it should be shown as “flex” or “personal leave” on their Outlook calendar.
- d. It is anticipated that with good effort at scheduling, the need for comp time should be reduced. The scheduled work week cannot be more than 37.5 hours.
- e. The longest day that will be scheduled is 9.5 hours, except when a work event dictates a longer day such as but not limited to trainings, client appointments, or travel. The number of hours of vacation or medical leave taken will be the number of hours scheduled to work on that specific day. Coffee breaks are to be 15 minutes in length with one in the morning and one in the afternoon. The shortest lunch break will be one-half hour.
- f. The supervisor may require a person on a flex time schedule to return to standard work hours at the supervisor’s discretion.
- g. Staff may not schedule a four-day flex time schedule during a holiday week. Employees will work 7.5 hours per day during these holiday weeks, except when a work event dictates a longer day such as but not limited to trainings, client appointments, or travel.
- h. It is not permissible to flex a Friday and the following Monday.

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

- i. Upon notice of resignation, that employee will not work a flex schedule for the last 2 weeks of the employee's employment with the agency.

Section 8 - Inclement Weather/Public Emergency

- a. If adverse weather conditions cause the closing of any or all of the Southwest Health and Human Services offices, the Director or designee will start the Dial My Calls program. Staff will keep the agency up to date with their current contact information so that they can receive notifications through Dial My Calls.
- b. If any or all of the Southwest Health and Human Services offices are closed because of weather conditions, employees based in the office(s) that are closed may use medical leave/ Emergency Sick and Safe Time (ESST) while that office is closed.
- c. If Southwest Health and Human Services offices remain open and the employee is not present for work due to the closure of the employee's family member's school or daycare facility due to weather or a public emergency, the employee may use medical leave/ESST time. The employee must contact their supervisor and the front desk of their base office.
- d. If Southwest Health and Human Services offices remain open and the employee is not present for work the employee must contact their supervisor and the front desk of their base office. The employee must either make up the time that same week or take vacation or comp time. If the employee does not have available vacation or comp time and fails to make up the time then missed time will be leave without pay. It is at the employee's discretion whether to report for work on days when adverse weather conditions would jeopardize their safety and well-being.
- e. Employees requesting to make up time must immediately upon return to work make those arrangements with their supervisor. Supervisors will consider computer system availability and workload when approving these types of requests.

Section 9 - Paychecks

- a. Salaries will be paid on a bi-weekly basis (every other Friday). If a pay date falls on a holiday, payment will be made the day prior.
- b. All Southwest Health and Human Services employee payroll checks will be by direct deposit unless a written objection from the employee is received.

Section 10 - Fringe Benefits

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

- a. Pursuant to annual policy and budgetary action by the Southwest Health and Human Services Governing Board, such fringe benefits as the Southwest Health and Human Services Governing Board may determine appropriate, including insurance, vacation time, and medical leave, may be offered to employees. Fringe benefits may be increased, decreased, or eliminated at any time by action of the Southwest Health and Human Services Governing Board, and such action will apply to all current and future employees unless the Governing Board specifically adopts a policy stating otherwise.
- b. Agency fringe benefits are:
- Health/Dental Insurance
 - Long Term Disability Insurance
 - Life Insurance
 - Flexible Spending Account
 - Vacation Leave
 - Medical Leave
 - PERA
 - Short Term Disability
 - Identity Theft Protection/Legal Shield
 - Critical Illness, Accident and Hospitalization
- c. All insurances for eligible employees commence on the first day of the month following thirty (30) days of employment.
- d. Agency insurance benefits are available only for probationary and regular employees who work an average of 30 or more hours per week.
- When a current SWHHS employee is eligible to be a dependent on another current SWHHS employee's insurance, the provision requiring coverage will be waived. If this is exercised, only the SWHHS employee who is primary for health insurance will receive the employer contribution.
- e. The agency pays all administrative fees related to flexible spending accounts, flexible spending debit cards, and VEBA/Health Savings accounts. The agency will also pay the cost for the basic life premium and the long term disability insurance premium.
- f. Pay Status Employees are those employees who are absent and are using earned vacation, medical, or bereavement leave. This also includes any employee who is absent who has not used more than 37.5 hours of approved leave without pay in a calendar year.
- g. Non-Pay Status Employees are those employees who have used more than 37.5 hours of leave without pay. (Examples: educational leave, medical leave without pay in excess of FMLA leave entitlement).

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

- h. Holiday pay, medical leave, and vacation leave will be earned by all part-time and full-time employees in non-pay status (as per the definition in section g) on a prorated basis with the exception when leave without pay is due to an FMLA (Family Medical Leave Act) event then employees will receive the full holiday. The amount of leave earned is based upon the number of hours worked during the pay period. Vacation and medical leave will be rounded to the nearest half-hour.
- i. Temporary Employees do not receive fringe benefits other than medical leave/ESST pursuant to Minn. Stat. 181.9447.
- j. Probationary Employees are eligible for holiday, vacation, and medical leave.
- k. VEBA/Health Savings Account Contributions
 - 1. Employees who opt for a health insurance policy with a VEBA or Health Savings account, contributions to the VEBA/Health Savings account will be semi-monthly.
- l. Retiring employees who:
 - 1. Were employed by Lincoln, Lyon, and Murray Human Services (LLMHS) and were employed by that agency prior to August 22, 2005 and worked continuously for LLMHS through December 31, 2010 with no break in service; and
 - 2. Were hired by the EMPLOYER effective January 1, 2011 with no break in service and are employed on a full-time basis with the EMPLOYER; and
 - 3. Are receiving a disability benefit or PERA annuity, or have met age and service requirements necessary to receive a PERA annuity;
 - Shall be entitled to receive 4% per year of service toward the employee's (dependents are excluded) health and dental single insurance premium, including their years of service at LLMHS.
 - This amount shall not exceed 100% nor shall the total amount exceed the amount paid by Southwest Health and Human Services on behalf of their employees. Payment of this amount will be discontinued if the employee's share of the premium(s) is not paid within the deadline set by the EMPLOYER. Payment shall also be discontinued when the employee becomes eligible for Medicare or if the employee obtains employment where single health insurance is available at no cost to the employee.

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- Employees hired after August 22, 2005 by Lincoln, Lyon, and Murray Human Services are not eligible for retirement health insurance benefits. No employees hired by the EMPLOYER who were not employed by LLMHS are entitled to retirement health insurance benefits.

Section 11 - Licensure as a Condition of Employment

- a. Employees who require statutory licensure, or state operator's licensure in order to legally fulfill the requirements of their employment, must maintain such licensure in order to remain in the employ of the Agency.
- b. The Employer will pay 100% of any professional licensing fees when the license is required for the job. The Employer will also pay 100% of any professional licensing fees for supervisors that provide supervision to other Southwest Health and Human Staff. This does not include application or late fees.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

EFFECTIVE DATE: 01/01/11

REVISION DATE: 10/21/15; 02/17/16; 01/18/17; 04/18/18; 11/28/18; 02/28/19; 10/16/19;
01/01/2020; 03/18/2020; 01/01/2021;10/19/22; 06/21/23; 01/01/24

AUTHORITY: Southwest Health and Human Services Joint Governing Board

- - -LEAVES AND HOLIDAYS- - -

Section 1 – Vacation Leave

- a. Each permanent , trainee, parttime or probationary employee shall earn vacation on the last working day of each payroll period, but this vacation cannot be used until the first working day of the following payroll period.
- At initial hire, staff will earn 3.7 hours of vacation bi-weekly.
 - At 3 years of service, staff will earn 4.33 hours of vacation bi-weekly.
 - At 5 years of service, staff will earn 5.55 hours of vacation bi-weekly.
 - At 10 years of service, staff will earn 6.45 hours of vacation bi-weekly.
 - At 15 years of service, staff will earn 7.35 hours of vacation bi-weekly.
 - At 20 years of service, staff will earn 8.25 hours of vacation bi-weekly.
- b. Vacation leave will be prorated for part-time employees. Part-time employees, or employees whose status has changed from part-time to full-time (or vice-versa), are not eligible for automatic increases based upon years of service. Any increase in vacation leave is based upon total months of service.
- c. Vacation leave can accumulate to a maximum of 244 hours except for Executive and Supervisory staff who can accumulate to a maximum of 350 hours . No time is accumulated after reaching the maximum. In lieu of earning biweekly vacation, new employees will be fronted six (6) biweekly vacation accruals at the time of hire (a total of 22.2 hours) which employees will have access to upon hire. New staff will then start earning biweekly vacation as per policy at the end of the seventh (7th) biweekly pay period and thereafter. When taking vacation leave, the minimum increment that can be used is one-half hour. Vacation leave cannot be used until it is earned.
- d. Requests for vacation leave must be made to the employee's supervisor in writing and must be authorized in advance by the supervisor in writing. In the absence of the employee's supervisor, the request may be made to another supervisor in the agency.
- e. 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. Executive and Supervisory staff will have any of their accrued vacation leave deposited into a Health Care Savings Plan (HCSP) administered by the Minnesota State Retirement System upon separation of employment.

**SOUTHWEST HEALTH AND HUMAN SERVICES
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Employees may not use more than three (3) days during the last two weeks of employment.

Employees terminated for misconduct shall not be entitled to be paid accrued unused vacation leave. This shall not apply to employees terminated for poor work performance.

- f. Employees who were previously employed by Lincoln, Lyon, and Murray Human Services and Lincoln, Lyon, Murray, and Pipestone Public Health or a County that becomes a member of Southwest Health and Human Services, shall maintain their seniority dates from their initial employment, so long as there was no interruption in continuous employment from their prior employer and Southwest Health and Human Services.

Section 2 – Medical Leave/Emergency Sick and Safe Time (ESST)

- a. Each permanent, trainee, parttime or probationary employee shall earn medical leave at the end of the payroll period. Each employee will earn medical leave at the rate of 1.85 hours per 37.5 hours worked. Medical leave will be prorated for part-time employees. Medical leave can accumulate to a maximum of 450 hours. No time is accumulated after reaching this maximum. Medical leave may not be used in the payroll period it is earned.
- b. When taking medical leave, the minimum increment that can be used is one-half hour. In addition, the agency may designate any qualifying leave for employee or family medical purposes, paid or unpaid, as counting toward an employee's FMLA entitlement (FMLA § 825.208).
- c. Paid medical leave may be used for mental or physical illness, injury or other health condition, or the treatment, diagnosis, care or preventative care, of the employee or family member as defined in Minn. Stat. § 181.9447. Medical leave may also be used due to the domestic abuse, sexual assault or stalking of the employee or family member. Employees may use medical leave due to communicable disease, closure of their workplace or family member's school or care facility due to weather or a public emergency as set forth by statute.
- d. When an employee cannot report to work due to an illness the employee shall notify their supervisor and the front desk so the employee's calendar can be updated.
- e. When illness occurs within a period of vacation leave, the period of illness may be charged as medical leave and the charge against vacation leave reduced accordingly.

**SOUTHWEST HEALTH AND HUMAN SERVICES
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- f. No employee will be paid for accrued medical leave at the time of separation, except those employees in the Public Health Collective Bargaining Unit. Payment of unused medical leave will be paid out to the Public Health Collective Bargaining Unit as per the Collective Bargaining Agreement. This benefit is extended to non union staff who were prior members of the Public Health Collective Bargaining and hired prior to July 1, 2011.
- g. The employer may require medical documentation when three days of leave are used within a thirty (30) day period. Such documentation may consist of verification of doctor's or dental appointments without disclosure of diagnosis. The employer reserves the right to request additional information, including medical information, in the event that there is a pattern indicating the possible abuse of sick leave.
- h. A seven day notice is required in advance when the need to use medical leave/ESST is foreseeable. If the need is unforeseeable, the employer requires notice as soon as practicable.
- i. If any employee receives a compensable injury and has benefits accrued under sick leave, the employee may at his/her option, request and receive sick leave to supplement the difference between his/her regular pay and Worker's Compensation. The total amount paid to the employee will not exceed his/her regular earnings.
- j. Each employee may annually designate one additional individual for use of medical leave /ESST. This designation will happen with annual open enrollment.

Section 3 – FMLA Leave

- a. An "eligible employee" is an employee of a covered employer who:
 - 1. Has been employed by the employer for at least 12 months, and
 - 2. Has been employed for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave,
- b. Eligible employees may take leave for:
 - 1. The birth of a child;
 - 2. The placement of a child for adoption or foster care;
 - 3. To care for the employee's spouse, son, daughter or parent with a serious health condition;
 - 4. A serious health condition that renders the employee unable to perform the functions of his/her job;

**SOUTHWEST HEALTH AND HUMAN SERVICES
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5. To care for the employee's spouse, son, daughter, parent, or next of kin with a serious injury or illness incurred during active duty military service;
6. For the purposes of FMLA leave, "child" is defined as a biological, adopted or foster son or daughter, stepchild, legal ward, or a child of a person standing in loco parentis who is: (a) under the age of 18 years; or (b) 18 years of age or older and incapable of self-care because of mental or physical disability.

c. Requesting Leave

Eligible employees seeking to use FMLA leave shall be required to provide written notice to the Human Resources, except in emergency circumstances, when oral notice may be given:

1. 30-day advance notice the need to take FMLA leave when the need is foreseeable;
2. notice "as soon as practicable" when the need to take FMLA leave is not foreseeable ("as soon as practicable" generally means at least verbal notice to the employer within one or two business days of learning of the need to take FMLA leave);
3. sufficient information for the employer to understand that the employee needs leave for FMLA-qualifying reasons (the employee need not mention FMLA when requesting leave to meet this requirement, but may only explain why the leave is needed); and
4. where the employer was not made aware that an employee was absent for FMLA reasons and the employee wants the leave counted as FMLA leave, timely notice (generally within two business days of returning to work) that leave was taken for an FMLA-qualifying reason.

d. Designation

1. The agency may designate an employee's absence from work FMLA leave if the circumstances giving rise to the leave is FMLA qualifying. The Agency will notify the employee that the leave is being designated FMLA leave. The Human Resources shall complete the appropriate FMLA designation forms in a timely manner (within five days of the leave commencing whenever possible) and forward them to the employee. The Supervisor is responsible for notifying the Human Resource of leaves of three days or more or intermittent leaves which may be FMLA qualifying.
2. The Human Resources is responsible for completing the "Employer Response to Employee Request for FMLA Leave" form and related forms in all circumstances in which an employee qualifies for leave under the FMLA, whether or not the

**SOUTHWEST HEALTH AND HUMAN SERVICES
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employee specifically requests such a FMLA leave. (e.g. when an employee is on medical leave which also qualifies under FMLA, when an employee is unable to request a leave due to a medical condition, etc.). The original shall be provided to the employee and a copy retained by the Human Resources in a “confidential medical file” for the employee, which shall be separate from the employee’s personnel file. All medical certifications shall also be retained in that file.

- e. Child leave shall begin at a time requested by the employee, but may begin not more than twelve months after the birth or adoption, except in the case where the child must remain in the hospital longer than the mother, the leave may not begin more than six weeks after the child leaves the hospital.
- f. During FMLA leave, the employee will be required to use any available earned, accumulated leave. However, staff may hold up to 37.5 hours of medical and/or vacation leave to be available upon return from leave. Employees will provide written notification to their supervisor and Human Resources of their intent to bank medical and/or vacation leave prior to FMLA leave. When the reason for the FMLA leave qualifies under the “Medical Leave” section of this policy for either the employee or an eligible family member, then earned, accumulated medical leave must be used. If the reason for FMLA leave does not qualify for use of medical leave, then any accumulated vacation leave must be used before leave without pay will be authorized. An employee shall continue to be eligible for paid holidays while on approved FMLA.
- g. For as long as an employee is on FMLA leave the agency will make its cafeteria contribution towards health insurance.
- h. The agency will require that an employee's FMLA leave be supported by appropriate documentation.
 - 1. For the employee’s serious health conditions, the leave must be supported by a certification issued by the health care provider of the employee. The agency will notify the employee, in writing, that such certification is required. The certification shall contain all of the information permitted by law. Failure of the employee to submit complete Certification of Health Care Provider forms, with all information, may result in a denial of FMLA leave.
 - 2. The employee must provide the medical certification within fifteen (15) days of a request for certification.
 - 3. The agency will also require medical certification from the eligible family member’s health care provider to support a leave request for a leave to care for an eligible family member. In cases where the employee’s use of FMLA leave to care for an immediate family member is of an intermittent nature, a medical

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certification will be required verifying this fact during each 12-month period in which the employee uses FMLA leave for this purpose.

4. Other appropriate documentation, including military records, verification of adoption and similar records, may be required by the employer.
- i. Second Opinion
1. In General - In any case in which the employer has reason to doubt the validity of the certification provided by the health care provider, the employer may require, at the expense of the employer, that the eligible employee obtain the opinion of a second health care provider designated or approved by the employer concerning any information certified by the employee's health care provider.
 2. Limitation - Health care provider designated or approved under paragraph (1) shall not be employed on a regular basis by the employer.
 3. Resolution of Conflicting Opinions
 - In General – In any case in which the second opinion differs from the opinion in the original certification provided, the employer may require, at the expense of the employer, that the employee obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee concerning the information certified.
 - Finality – The opinion of the third health care provider concerning the information certified shall be considered to be final and shall be binding on the employer and the employee.
 4. Subsequent Recertification - The employer may require that the eligible employee obtain subsequent re-certifications on a reasonable basis.
 5. In cases where the employee's use of FMLA leave is of an intermittent nature, a medical certification will be required verifying this fact during each 12-month period in which the employee uses FMLA leave.
- j. As a condition of restoring an employee whose FMLA leave was occasioned by the employee's own serious health condition that made the employee unable to perform the employee's job, Southwest Health and Human Services will require all employees who are certified for FMLA leave obtain and present certification from the employee's health care provider that the employee is able to resume work.
- k. For additional information refer to "Family and Medical Leave Act" (FMLA) U.S. Department of Labor website.

Section 4 Parenting Leave

**SOUTHWEST HEALTH AND HUMAN SERVICES
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- a. A parental leave of up to 12 weeks shall be granted to a natural parent or adoptive parent, who requests such leave in conjunction with the birth or adoption of a child. To be eligible, the employee must have been employed for at least 1 year at half time. The 12 weeks of leave shall include any period of paid leave already provided. The employee shall be required to use all eligible paid leave during the parental leave period. This policy is provided for those employees who do not meet eligibility requirements under the Family Medical Leave Act and shall not be construed as being in addition to FMLA rights.
 - The leave must begin no later than 6 weeks following the birth or adoption.
 - The employee may continue all group insurance during the leave at the employee's expense.

Section 5 – Statutory Leaves

- a. Employees are entitled to certain statutory leaves under state and federal law. In order to request such leaves, the employee must make a written request to their immediate supervisor and the Deputy Director/Human Resources Director. Leaves may be granted or denied based upon whether the employee qualifies for the statutory leave(s); the employee has made the request for leave in a timely manner and provided the appropriate documentation.
- b. Such statutory leaves include such leaves as military leaves, voting leave, bone marrow donation leave and school conference leave.

Section 6 – Educational Leave

- a. An employee may request an educational leave without pay or benefits, not to exceed 2 years, by presenting the following written documents to their supervisor who will submit it to the Board for approval:
 - Letter of request
 - Any other material felt necessary to support the request
- b. The Southwest Health and Human Services Governing Board has the sole discretion to approve or deny such leave as it sees fit.

Section 7 – Jury or Witness Duty

- a. After notice to his/her supervisor, any employee shall be granted leave with pay for service upon a jury or appearance before a court, legislative committee, or other judicial or quas-judicial body as a witness in an action involving the federal government, State of Minnesota, or a political subdivision thereof, in response to a subpoena or other direction by proper authority.

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- b. The employee will be required to turn over to the agency any per diem payment received as a result of serving on a jury or as a witness. Monies received as expenses shall be kept by the employee.

Section 8 – Bereavement Leave

- a. Each employee shall have up to 22.5 hours non-cumulative annual bereavement leave. Each employee shall have an additional 5 days (37.5 hours) noncumulative bereavement leave for immediate family (parent/child/spouse). Such days shall be with pay and shall not be deducted from medical leave or vacation balances. Such leave must be taken in a minimum of 1/2 hour (.5) hour increments.
- b. Upon exhaustion of the non-cumulative bereavement leave and approval of their supervisor, an employee may use up to three (3) days of medical leave for bereavement of parents, children, spouse, siblings, legal wards, grandparents, grandchildren, aunts, uncles nieces, nephews, cousins, spouse's parents and in-law relatives.
- c. Reasonable agency time without loss of pay will be allowed to attend a funeral of current staff members or former staff members who left the agency within the last two years.
- d. In the event of a death in the family the employee shall inform the supervisor in the same manner as for medical leave.

Section 9 – Holidays

- a. An employee must be in pay status the day preceding and the day following a holiday to earn holiday pay. Holiday pay for part-time employees or employees who are in leave without pay status will be prorated.

If a holiday falls on a Saturday the holiday will be observed on Friday, if a holiday falls on a Sunday the holiday will be observed on Monday.

- b. New Year's Day
Martin Luther King Day
President's Day
Memorial Day
Juneteenth
Independence Day
Labor Day
Veteran's Day

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Thanksgiving Day
Day after Thanksgiving
Christmas Eve Day if December 24th falls on a Monday, Tuesday, Wednesday, or
Thursday
Christmas Day

Section 10 – Leave Without Pay

- a. Up to 37.5 hours of leave without pay per calendar year can be approved by the employee's direct supervisor. The supervisor in his/her discretion has the authority and responsibility to deny a leave request when such a request could have negative effect on the service delivery of the agency.
- b. The employer health insurance contribution will not be affected unless the employee takes leave without pay in excess of 37.5 hours per calendar year. See Personnel Policy #2 Section 10 Fringe Benefits letter h.
- c. Leave without pay of more than 37.5 hours per calendar year will be reviewed and approved/denied by Personnel Committee of the Board, Director, Deputy Director/HR, employee's immediate supervisor, and Division Director except when the leave is FMLA qualifying. An employee must make written application to Human Resources setting forth the request for the leave, the requested duration of the leave and the circumstances necessitating the leave. The request must be received prior to the commencement of the leave. Southwest Health and Human Services has the sole discretion to approve or deny such leave as it sees fit. The employer health insurance contribution will be affected unless the leave is FMLA qualifying.
- d. Leave without pay will only be considered if all eligible accrued leave has been exhausted.
- e. Any unauthorized absence from work shall be considered absence without leave and be subject to disciplinary action and time without pay. Three days of absence without authorization may be deemed as a resignation, but such leave may be covered by subsequent approval of leave if conditions warrant.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 12**

EFFECTIVE DATE: 11/16/11

REVISION DATE: 10/01/19;01/01/24

AUTHORITY: Southwest Health and Human Services Joint Governing Board

--- ON-CALL FOR ADULT AND CHILDREN'S SERVICES ---

Section 1 - Purpose

- a. To assist the agency in providing 24-hour, seven days per week adult and children's services for crisis assistance as needed by law enforcement, providers and consumers.

Section 2 - Procedures

- a. The sign up for on-call will be determined by each department.
- b. On-call responsibilities will typically be from 4:30 p.m. Tuesday until 8:00 a.m. the following Tuesday.
- c. On-call worker will bill the agency at \$ 30 per day or \$ 60 per day on designated holidays as listed in the Collective Bargaining Agreement (CBA).
- d. On-call worker will be responsible to make sure there is coverage once the schedule is set (trading is allowed). If you are on-call and will be out of the area (workshop, travel, etc.), please be prepared to cover calls or arrange with another worker to cover for you. If an on-call worker takes a call or is called out to work, compensatory time is to be earned at time and a half (1.5).
- e. Calls received during on call weeks for adult services must be entered into SSIS and any case managers serving the individual should be updated. New intakes for children's services will be entered into the SSIS log. General information to be shared with current case managers should be shared through agency email or by agency phone.
- f. On-call Social Services Supervisor or designee will bill the agency at \$20 per day or \$40 per day on designated holidays as listed in the CBA. If an on-call Social Services Supervisor or designee takes a call or is called out to work, compensatory time is to be earned at straight time. The supervisor or designee is responsible for monitoring the intake mailbox.
- g. This role of the Social Services Supervisor or designee is considered a back up to

**SOUTHWEST HEALTH AND HUMAN SERVICES
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the primary on-call worker.

Section 3 - Responsibilities

- a. On-call worker will be responsible to pass on the on-call bag in good condition (i.e., phone charged, information updated, past work/information removed, etc.).
- b. On-call workers will be responsible to keep the cell phone on at all times during non-office hours. All workers will be responsible to have access with their agency laptop with SSIS to receive and review MAARC reports or screen child protection new intakes. It is expected that the on-call worker will answer the on-call phone immediately. If unable to answer immediately, calls will be returned within fifteen (15) minutes. At the beginning of assigned week, call the on-call phone to assure it is in working order. It is the worker's responsibility to notify law enforcement of alternative ways to reach them if cell reception at their home is unreliable.
- c. On-call workers are responsible to provide emergency services for all adult and children services concerns. It is anticipated that the vast majority of the concerns can be handled over the telephone.
 1. Adult Services
 - All reports of Maltreatment of a Vulnerable Adult should be directed to call the State of Minnesota Common Entry Point/Minnesota Adult Abuse Reporting Center or MAARC at 1-844-880-1574.
 - SSIS/MAARC email notification will arrive on the Adult Services on call cell phones. The on call worker is responsible to monitor their cell phone throughout on call hours and monitor for possible EPS reports. On call workers will reply to the email notification of their actions and response to the report received.
 2. Children Services
 - Reports of child maltreatment must be screened with a Child Protection supervisor or designee immediately. It is anticipated that the on-call worker will assist foster parents or other facility staff to resolve crisis regarding children from our agency. It is anticipated that each child's agency worker will support the decision the on-call worker might make regarding their particular client. It is also expected that all children services workers will make a good faith effort to anticipate crisis in existing caseloads and resolve such during the work week. Enter a crisis plan or

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notify the on-call worker on each case where off hour problems are anticipated.

Agency Forms Regarding This Policy:

AG#100 – For Non-Overnight Meals and On-Call

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 25**

EFFECTIVE DATE: 04/20/16

REVISION DATE: 02/17/21;01/01/2024

AUTHORITY: Southwest Health and Human Services Joint Governing Board

--- EMPLOYEE REFERRAL PROGRAM ---

Section 1 - Policy Statement

- a. Southwest Health and Human Services (SWHHS) is looking for quality job applicants through a variety of sources including personal referrals. Research has shown that new hires who come into a company through employee referrals are excellent contributors, stay with the company longer and are a more cost effective recruit.

Section 2 – Guidelines

- a. Once a referred candidate is hired and completes 90 calendar days of service, the employee designated as the nominee will receive \$250.00. After the referral completes 180 calendar days, the employee will receive an additional \$250.00. After the referral completes 365 calendar days, the employee will receive an additional \$500.00. These payments are considered supplemental wages and are taxable as defined by the Internal Revenue Service (IRS). The amount will be paid at the next payroll following the meeting of the benchmarks listed above. The payment is a lump sum and not an addition to base.
- b. Directors, supervisors, and human resources are excluded from receiving referral incentives.
- c. In the event that the same candidate is referred by more than one employee, the date of the earliest referral will govern.
- d. The hiring of a referred employee must occur within 180 days (six months) of the initial referral date. The referral must be received before interviews are scheduled.
- e. Only candidates who meet the essential qualifications for the position will be considered. All candidates will be evaluated for employment consistent with SWHHS policies and procedures. All information about the hiring decision will remain strictly confidential.
- f. The employee designated as the nominee must still be employed by SWHHS during the referral's benchmarks to receive payment.
- g. Any disputes or interpretations of the program will be handled through Human Resources.

Section 3 – Process

- a. To make a referral please use AG #042 Candidate Referral to Human Resources.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 25**

- b. Human Resources will tell the employee designated as the nominee of their eligibility for a referral incentive if their referral has accepted an employment offer in writing.

Section 4 – Disclaimer

- a. The Employee Referral Program is not considered a general term or condition of employment. Nor is it subject to collective bargaining. This policy does not set past practice, cannot be grieved and can be withdrawn from policy at any time. Any referrals approved prior will be honored.

Member _____ introduced the following Resolution and moved its adoption:

AUTHORIZATION FOR HUMAN RESOURCES TO FILL REPLACEMENT POSITIONS

WHEREAS, throughout the year there will be positions vacated at Southwest Health and Human Services,

and

WHEREAS, the Executive Team thoroughly vets each vacancy prior to recommending replacement.

NOW, THEREFORE, BE IT RESOLVED, the Southwest Health and Human Services Joint Governing Board appoints the authority to the Executive Team to refill replacement positions when a vacancy occurs in 2024 without additional approval from the Southwest Health and Human Services Joint Governing Board providing that the position is vetted by the Executive Team, is in the current year's budget and is not a new position.

BE IT FURTHER RESOLVED, this is an annual appointment to come before the Southwest Health and Human Services Joint Governing Board.

The motion for the adoption of the foregoing Resolution was duly seconded by _____ and upon a vote being taken thereon, the following voted in favor thereof:

and the following voted against the same:

Whereupon said Resolution was declared duly passed and adopted on _____.

Southwest Health and Human Services

Accounting Policies and Procedures Handbook

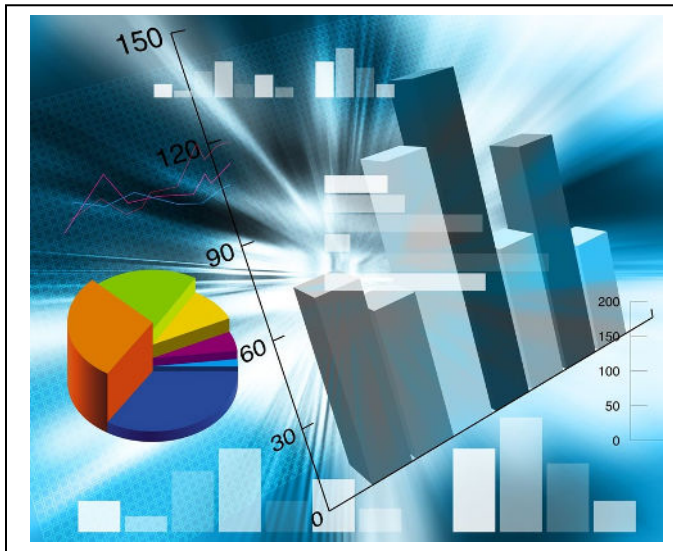


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Adopted November 16, 2011	
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Revised December 19, 2012	
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Revised December 18, 2013	
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Revised December 17, 2014	
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Revised December 16, 2015	
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Revised December 21, 2016	
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Revised December 20, 2017	
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Revised December 19, 2018	
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Revised December 18, 2019.....

Revised February 19, 2020.....

Revised December 16, 2020

Revised December 22, 2021

Revised December 21, 2022

Revised December 20, 2023

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The County's financial statements are prepared in accordance with Generally Accepted Accounting Principles (GAAP). The Governmental Accounting Standards Board (GASB) is responsible for establishing GAAP for state and local governments through its pronouncements (statements and interpretations). Governments are also required to follow the pronouncements of the Financial Accounting Standards Board (FASB), (when applicable) that do not conflict with or contradict GASB pronouncements.

Financial Reporting Entity

Southwest Health and Human Services was formed pursuant to Minn. Stat. § 393.01, subd. 7, (joint powers agreement), by Lincoln, Lyon, Murray, and Pipestone Counties. Southwest Health and Human Services began official operation on January 1, 2011, and performs Board, Welfare, and Public Health functions. Rock County joined Southwest Health and Human Services 1/1/12. Pipestone County Human Services and Redwood County Human Services and Public Health joined Southwest Health and Human Services on 1/1/13. Local financing is provided by the six member counties for Public Health and Human Services. The county contribution for financing is based on a per capita cost for public health. The county contribution for financing is based on a formula considering population, tax capacity, and three year average of SEAGR expenditures. The joint powers are governed by a Human Services Board, a Community Health Board, and a Governing Board. (See JPA for specifics).

Southwest Health and Human Services is governed by a twelve-member Board. In addition, there are two program boards, Human Services and Community Health. Each Board is organized with a chair, vice chair, and secretary elected at the January meeting of each year.

Basic Financial Statements

Basic financial statements include information on the Human Services' non-fiduciary activities, Nursing Services, Agency Insurance, and information on the Special Fund of Public Health and General Fund of Human Services. These statements report general activities of the General Fund and reconcile it to "Governmental Activities". Governmental activities are reported on the full accrual, economic resources basis, which recognizes all long-term assets and receivables, as well as long term-debt and obligations. Southwest Health and Human Services net position is reported in two: (1) invested in capital assets and (2) unrestricted.

The Statement of Activities demonstrates the degree to which the direct expenses of each function of the County's governmental activities are offset by program revenues.

The Balance Sheet and Statement of Revenue, Expenditures, and Changes in Fund Balance for the General Fund are presented on the modified accrual basis and report current financial resources.

Assets, Liabilities, and Net Position

Deposits and Investments

Under the direction of the Investment Committee and the Board, most cash transactions are administered by the Lyon County Auditor/Treasurer.

Receivables and Payables

The financial statements for Southwest Health and Human Services contain allowances for uncollectible accounts. The allowances are estimated based on historical collection information. Uncollectible amounts due for receivables are recognized as bad debts at the time information becomes available that indicates the collectability of a particular receivable.

Prepaid Items

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items in both government-wide and fund financial statements.

Capital Assets

Capital assets are reported in the governmental activities column in the government-wide financial statements. Depreciation is required to be recorded as an expense at the government-wide level in the Statement of Activities. Capital assets are defined by the government as assets with an initial, individual cost of \$5,000 or more and an estimated useful life in excess of two years. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at estimated fair market value at the date of donation.

See Capital Assets section of Administrative Policy 2.

Compensated Absences

The liability for compensated absences reported in financial statements consists of unpaid, accumulated annual vacation and sick leave balances. The liability has been calculated using the vesting method, in which leave amounts for both employees who currently are eligible to receive termination payments and other employees who are expected to become eligible in the future to receive such payments upon termination are included. Compensated absences are accrued when incurred in the government-wide financial statements. A liability for these amounts is reported in the governmental funds only if they have matured, for example, as a result of employee resignations and retirements.

See Compensated Absences section of Administrative Policy 2.

Deferred Revenue

All County funds and the government-wide financial statements defer revenue for resources that have been received, but not yet earned. Governmental funds also report deferred revenue in connection with receivables for revenues not considered to be available to liquidate liabilities of the current period.

Long-Term Obligations

Long term liabilities are not reported in the fund. The General Fund reports only the liabilities expected to be financed with available, spendable financial resources. The statement of Net Position reports long term liabilities of the governmental activities.

Fund Equity

In the fund financial statements, governmental funds report reservations of fund balance for amounts that are not available for appropriation or are legally restricted by outside parties for use for a specific purpose. Designations of fund balance represent tentative management plans that are subject to change.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

FINANCIAL REPORTING

Monthly Working Trial Balance

Each month the “Treasurer’s Cash Trial Balance” is printed from the IFSpi system. This report is presented to the governing Boards each month to show the financial status of the agency on a cash basis. The report properly breaks out each fund and department within the fund.

See Monthly Working Trial Balance Narrative for detailed procedures.

Chart of Accounts

The County follows COFARS (County Financial Accounting and Reporting Standards) with their chart of accounts. The chart of accounts are utilized to track revenue and expense in the appropriate fund, department and program. The accounts are also mapped to the proper line item in the working trial balance.

See Chart of Accounts Narrative for detailed procedures.

PUBLIC PURPOSE DOCTRINE

Public Funds

According to the interpretation and understanding of state law described as the “public purpose doctrine”, public funds may be spent only if the purpose is a public one for which tax money (and all funds) may be used, there is authority to make sure the expenditure, and the use is genuine.

There is not a precise definition of what constitutes a “public purpose”. However, the courts have interpreted it to mean “such an activity as will serve as a benefit to the community as a body and, at the same time, is directly related to the functions of government.”

A declaration must be signed by vendors or other claimants, and employees and elected officials for reimbursable expenses, as included on the claim forms or on the check endorsement, which states:

On claim form:

I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

(Signature of Claimant)

Check Endorsement:

The undersigned payee, in endorsing this warrant check declares that the same is received in payment of a just and correct claim against Southwest Health and Human Services.

County Expenditures

Commentary by State Auditor Patricia Anderson

County officers and employees often ask the State Auditor’s Office whether certain expenditures are allowed by law. In order to assist you in addressing such questions, this article will present some of the basic standards to consider when you are faced with an expenditure request.

First, consider the nature of a county’s authority to expend funds. As a public entity, a county must have statutory or charter authority to make an expenditure. Such authority may be either expressly enumerated in a statute or in the county’s charter, or “implied as necessary in aid of those powers which have been expressly conferred.” *Mangold Midwest Co. v. Village of Richfield*, 143 N.W.2d 813, 820 (Minn. 1966). This is a county’s main limitation in spending money. Counties can always ask for more authority from the legislature.

Second, make sure each expenditure is for a public purpose. The public purpose requirement originates in the Minnesota Constitution, which states that “taxes.....shall be levied and collected for public purposes.” The Minnesota Supreme Court has explained that “public purpose” generally means “such an activity as will serve as a benefit to the community as a body and which, at the same time, is directly related to the functions of government” *Visina v. Freeman*, 89 N.W.2d 635

(1958). It has also stated that public funds may be used by a public entity if the purpose is a public one for which tax money may be used, there is authority to make the expenditure, and the use is genuine. *Tousley v. Leach*, 180 Minn. 293, 230 N.W. 788 (1930). Generally, the main point is that a county's expenditure must ultimately benefit the county's citizens as a whole, although various citizens may benefit more or less directly.

Many of the specific questions we receive involve requests for donations by individuals, non-profit entities, charities, etc. Such donations are not permitted unless they are based on express statutory authority. The assumption is that a gift of public funds to an individual or private entity necessarily serves a private, rather than a public purpose. Attorney General opinions have stated that public entities have no authority to donate funds, even to groups like 4-H clubs, the Red Cross and the Boy Scouts. If a group is going to perform a function that the county has authority to perform, the county should set out the arrangement in a properly executed contract.

Counties, unlike private employers, must remember that public funds cannot be given away to public employees or officials as gifts. Public funds should not be used to purchase plants, flowers, birthday cakes, etc. for officers, employees or others. Likewise, unless express authority provides otherwise, employee social functions may not be paid for with public funds. Of course employees can informally pool their own money to purchase such things for each other. The Attorney General has stated that municipal corporations may not imply authority to appropriate public revenue for celebrations, entertainments, etc., or fund a Christmas party for employees. However, counties are expressly authorized to establish and expend funds for preventive health and employee recognition services. M.S. § 15.46 (2002).

The State Auditor's Office hopes that the information in this article helps you as you make decisions regarding county expenditures. If you have questions, feel free to contact the State Auditor's Legal Division at (651) 296-2551.

PAYMENT OF CLAIMS AND OTHER OBLIGATIONS

County Disbursement

Claims for payment are entered into the IFSpi System with the assigned budget line item code. The accounting staff enter the dollar amount, description, vendor account number, and invoice number in IFS based on invoices and information from supervisors if they are not sure of something on the claim. The warrant register is reviewed and signed off by the Director, Deputy Director, Social Services Division Director, or Public Health Division Director. Warrants are processed weekly and are approved at the board meetings. The Board reviews monthly, all transactions issued from the previous Board meeting through the current Board meeting. There will not be any warrants paid that are under \$1.00, as it is not cost effective for the agency to do so.

See Check Processing Narratives for detailed procedures.

Accounts Payable

Payables are only recorded at year end. Invoices paid in January and February are reviewed and coded with an accrual code of AP (Accounts Payable) or DTG (Due to other Governments) in SSIS and IFSpi indicating the transaction as a payable.

See Accrual Codes Narratives for detailed procedures.

Retention Policy

Original claims with invoices, receipts, and other attachments are kept according to the General Record Retention Schedule (See current DHS Bulletin for Record Retention Schedule). SWHHS keeps current year plus 6 audited years in storage and/or imaging system.

W-9 Forms Required

A W-9 form is required to be completed by each new vendor whose payment qualifies for a 1099, where the Tax ID number or Social Security Number is required. See example of W-9 form located on the IRS website.

See Vendors Narratives for detailed procedures.

Replacement of Lost, Stolen or Destroyed Checks

If a request is received for replacement of lost, stolen or destroyed check, the payee or vendor will be provided Form Ac#019 Affidavit for Replacement Check. The form can be mailed, emailed, faxed or picked up in person, and then returned using any of these options. Before the replacement check is printed, 10 calendar days must have passed from the original check date and has not cleared our bank which is verified by one of the officers. The replacement check may be mailed or given directly to the vendor or assignee. In the case of a destroyed check that is returned to the Agency, waiting the 10 days is not necessary. A scan of the affidavit will be attached to the print voucher for the original check with void stamped on the print voucher.

Unclaimed Warrants / Funds

Routinely, the Lyon County Auditor/Treasurer's office will advise SWHHS of the outstanding checks that have not been cashed within a minimum of 6 months from the date of issuance. The "Lost/Stolen Warrant Affidavit" form is sent out to all vendors. Minnesota Statute 345.31 is followed for the unclaimed funds procedures. The Lyon County Auditor/Treasurer cancels the warrant(s) through Board action. Funds are then transferred to the MN Dept. of Commerce, Unclaimed Property Program each October.

GASB 34 Compliance Related and Procurement Policies

The following policies are presented and adopted in response to the accounting and reporting requirements of the Governmental Accounting Standards Board (GASB) Pronouncement 34 and later pronouncements. These policies provide the foundation for the collection and reporting of County financial information in accordance with these pronouncements.

“Fund Statements” refers to the individual fund year-end financial statements. These are essentially the same as previously published statements.

“Government Wide Statements” refers to the new Statement of Net Position, Statement of Activities, and the reconciliation required under GASB 34 reporting standards.

Budget

The SWHHS Budget is adopted annually by the SWHHS Joint Governing Board. The contribution by counties is determined at the August Board meeting and the final budget is approved at the November or December Board meeting.

Budget Level for Legal Control

Budget control is designated at the department level and administrative level. The use of budget dollars across line items within a department are at the discretion of the department management/administration, as long as federal, state, or other funding source use and reporting requirements are met.

See Budget Policy section of Administrative Policy 2.

See Budget Process Narrative for detailed procedures.

Use of Restricted Assets

Unassigned resources will only be used to pay restricted liabilities after appropriate restricted resources have been depleted, or the SWHHS Joint Governing Board takes specific action to appropriate those unassigned resources.

Identifying Special or Extraordinary Items

Items reported as Extraordinary 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 SWHHS management.

Special Items are either unusual in nature or infrequent in occurrence and are under the control of SWHHS management.

Revenue Recognition in Governmental Fund Statements

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

Procurement

Southwest Health and Human Services will procure the goods and services requested to meet its needs and fulfill its mission. The agency 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.

Anything purchased over \$3,000 requires approval from the Board, anything purchased under \$3,000 can be approved by the Director or Director Designee.

See Procurement Policy section 9 of Administrative Policy 2.

GASB 68

In June 2012, the Governmental Accounting Standards Board (GASB) issued new pension accounting and financial reporting requirements. GASB Statement No. 68 is effective for financial statements for fiscal periods beginning after June 15, 2014. The GASB is the authoritative standard-setting body for governmental accounting principles. The new requirements fundamentally change the way state and local governments and school districts account for public pension liabilities and expenses.

Governments will now report their proportionate share of PERA's unfunded pension liability, referred to as the net pension liability or NPL, on their government-wide financial statements. The NPL is the difference between the present value of future pensions benefit payments to employees and the amount of plan assets currently available to pay the future pension benefits. PERA will allocate the NPL to participating employers. PERA will calculate each employer's proportionate share of the NPL based on the employer's contributions to the pension plan as a percentage of the total of all employer's contributions to the plan.

Pension expenses will be equal to the change in the NPL from the prior year to the current year (with some adjustments for deferred amounts). Pension expense will be calculate by PERA's actuary, and similar to the allocation of the NPL, PERA will allocate pension expense and deferred amounts to participating employers each year.

Employers will include fairly extensive pension footnote disclosures and pension-related schedules as Required Supplementary Information. The GASB believes the additional pension information will better inform financial statement users how the pension liability changes over time and what economic events and assumptions impacted the changes in the liability.

It is important to note the NPL will not impact the fund balance of governmental operating funds. The new accounting standards require that the NPL only be reported on the government-wide financial statements, which are prepared on the accrual basis.

Governments will continue to pay off the unfunded pension liabilities in the same way that they always have. The timing of when pension plans will be funded does not change as a result of the new accounting and financial reporting requirements. They will not be solely responsible for

paying off those liabilities. Employers, employees, and retirees all share the responsibility to pay off unfunded pension liabilities. Investment earnings on contributions fund the majority of pension benefits in Minnesota.

Investment Policy

It is the intent of this policy to define and standardize procedures to be used in the investment of Southwest Health and Human Services funds. This policy shall apply to all financial assets of the agency. Any new funds created by the Southwest Health and Human Services Joint Governing Board shall be bound by this policy unless specifically exempted by the Southwest Health and Human Services Joint Governing Board through resolution. These funds are accounted for in the agency's annual financial report and include General Revenue Funds.

All investments by SWHHS will take into consideration investment objectives, ethics and conflict of interest, standards of prudence, delegation of authority and internal controls, reporting, authorized investment institutions and dealers, competitive selection of investment instruments and authorized investments and portfolio composition.

See Administrative Policy 7.

ELECTRONIC FUNDS TRANSFER POLICY

Minnesota Statute 385.071 states "...the county board shall establish policies and procedures for investment and expenditure transactions via electronic funds transfer."

To ensure the safety of county funds through controlling the electronic flow of these funds. The SWHHS Board of Commissioners delegates the authority to make electronic fund transfers to the Lyon County Auditor/Treasurer as SWHHS's fiscal agent.

Minnesota Statute 471.38 states "A local government may make an electronic funds transfer..."

In order for employee reimbursements to be paid via EFT the employees are to complete the AG #026 form and submit it to accounting along with a copy of a voided check.

Other vendors are also encouraged, but not required to complete and submit to accounting a direct deposit authorization form along with a voided check.

All EFT's are signed off on by the authorized signors which are designated annually. EFT's are authorized along with the warrants weekly and can be identified on the reports provided to the board at the monthly meetings. See check processing narrative.

REVENUES

According to M.S. §385.05 Receipt and Payment of Money, “The county treasurer shall receive all money directed by law to be paid to the treasurer and pay them out only on the order of the proper authority.”

The Lyon County Auditor/Treasurer is the custodian of all receipts and revenue. SWHHS prepares all receipts. Actual income should be credited to budgeted revenue line items. Accounts and budget line items are setup according to COFARS (State Auditor “County Financial Accounting and Reporting Standards”) requirements and GASB34 Reporting. See the COFARS manual for a more detailed explanation.

Reimbursements for current year expenses should be credited to an expenditure line item in a budget. If the reimbursement is received in a new fiscal year, it will be credited to an income line item. There may be exceptions according to State rules and regulations.

See General Receipting and Recording Narrative for detailed procedures.

Classification of Program Revenues

Program revenues are revenues that apply directly to a program from revenue sources, not including tax collections. Program revenues include charges for services applicable to the program, specific grants, allocations and contributions to the program, and earnings of endowments or investments specifically restricted to that program. Those revenues not designated by rule, statute, or policy to a program, are considered General Revenues to SWHHS.

Other Acquisitions

Donations of property and goods to SWHHS must first be approved by the SWHHS Joint Governing Board as per the MN Statue 465.03. “Any city, county, school district or town may accept a grant or devise of real or personal property and maintain such property for the benefit of its citizens in accordance with the terms prescribed by the donor. Nothing herein shall authorize such acceptance or use for religious or sectarian purposes. Every such acceptance shall be by resolution of the governing body adopted by a two-thirds majority of its members, expressing such terms in full.”

Accounts Receivable

Billing customers for services provided is performed by the accounting or collections department depending on the service. Second notices or reminders are sent if payments are not received within a reasonable period.

During January and February, any payments received for those outstanding invoices must be marked as Accounts Receivable.

Receivables are set up for year-end accrual entries. Receivables are set up just like regular cash receipts, but with an added step.

Receipts received in January and February for any prior year are coded in IFSpi with an accrual code of AR (Accounts Receivable) or DFG (Due from other Governments) in IFSpi indicating the transaction as a receivable. It is the Accounting Technicians' responsibility to flag receivables. The Director of Business Management and Fiscal Officer reviews all receivables.

See Accrual Codes Narrative for detailed procedures.

Grants Accounting

All grant applications must be approved by the SWHHS Governing Board. Accounts are setup using COFARS for the correct Local, State or Federal grant category for income and expenses. The necessary information needed for financial reporting is included.

NSF Checks

The banks automatically return NSF checks to SWHHS after 2 attempts. The Lyon County Auditor/Treasurer is advised by SWHHS when documentation is received from the bank and has been verified via the online banking system. Once notified, SWHHS will contact the payer directly when possible, to make the check good.

Uniform Grant Reporting

According to M.S. §200.331 Requirements for pass-through entities, all pass-through entities of federal funds must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward. Required information includes:

1. Federal Award Identification.
2. All requirements imposed by the pass-through entity on the subrecipient so that federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award.
3. Any additional requirements that the pass-through entity imposes on the subrecipient in order for the pass-through entity to meet its own responsibility to the Federal awarding agency including identification of any required financial and performance reports.
4. An approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate as defined in §200.414 Indirect (F&A) costs, paragraph (f).
5. A requirement that the subrecipient permit the pass-through entity and auditors to have access to the subrecipient's records and financial statements as necessary for the pass-through entity to meet the requirements of this part.

6. Appropriate terms and conditions concerning closeout of the subaward.

Evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring.

Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in §200.207 Specific conditions.

Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved.

Verify that every subrecipient is audited as required when it is expected that the subrecipient's Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in §200.501 Audit requirements.

Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.

Consider taking enforcement action against noncompliant subrecipients as described in §200.338 Remedies for noncompliance of this part and in program regulations.

TRAVEL AND MEAL POLICY

MILEAGE AND PER DIEM EXPENSE

This policy shall be for employees incurring work related expenses.

Travel: When there are no agency vehicles available for use, the agency will pay the current IRS rate which is determined annually. The rate of reimbursement, when an agency vehicle is available, when using your personal vehicle, will be the agency rate of \$0.23 per mile.

See Personnel Policy 5.

Meals: 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 counties covered by SWHHS.

See Personnel Policy 6.

If reimbursement is made after 60 days of original receipts, all reimbursable expenses become taxable, per IRS Regulations.

FRAUD POLICY

In broad terms, fraud refers generally to any intentional act committed to secure an unfair or unlawful gain. For the purposes of Southwest Health and Human Services' Fraud Policy, it is defined as an intentional act to deprive Southwest Health and Human Services, or any individual or entity related to Southwest Health and Human Services' business, of something of value, or to gain an unfair advantage through the use of deception, false suggestions, suppression of the truth, or some other unfair means, which are believed and relied upon.

All employees of Southwest Health and Human Services who have a reasonable basis for believing fraud or other wrongful acts have occurred have a responsibility to report such incidents to their immediate supervisor. If notifying the supervisor is not possible because of absence or because you believe your supervisor may be involved, you should notify the Director. All supervisory personnel informed of suspected fraud or other wrongful acts must immediately notify the Director. All information will be treated confidentially.

Minnesota Statute 609.456 Subd. 1, requires any employee or official, upon discovery of evidence of theft, embezzlement or unlawful use of public funds, to report it to law enforcement and in writing to the State Auditor a detailed description of the alleged incident or incidents.

See Administrative Policy 3.

MONTH END ACCOUNTING AND REPORTING

After all receipts and checks have been processed in the IFSpi System, the Treasurer's Cash Trial Balance is prepared and Funds are balanced. Monthly department budget reports are then emailed to Department Supervisor. This work is completed no later than the tenth day of each month, however, there may be extenuating circumstances which may cause a delay.

Southwest Health and Human Services has adopted Integrated Financial System pi (IFS) as our general ledger package.

CONFLICT OF INTEREST

Board members and administration/supervision have an obligation to act in the best interests of SWHHS. Outside financial interests and/or legal commitments should not be permitted to create conflicts of interest that interfere with the performance of such duties. A conflict of interest exists when a Board member or administration/supervision has an external financial interest or other legal obligation that reasonably could be seen as creating an incentive for the individual to modify the conduct of his or her duties or to influence the conduct of others.

Conflicts of interest can arise from stock ownership, board memberships, consulting relationships, and any activity from which an individual derives legal obligations or expects to receive remuneration from an entity outside of SWHHS. Conflicts can arise from many ordinary and appropriate activities; the existence of a conflict does not imply wrong doing on anyone's part.

When a conflict arises the individual must recognize and disclose it. Some relations may create an appearance of conflict; which shall also be disclosed so public confidence is maintained.

A Conflict of Interest Disclosure Questionnaire will be filed annually, by each Board member, Administrator, and Supervisor of SWHHS.

See Administrative Policy 12.

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APPENDIX

General Agency Information

The agency is separated into the following units/programs: Social Services; Income Maintenance; Child Support/Fraud; Accounting/Collections; Office Support; Information Technology; Nursing; Health Education; and Environmental Health. The agency keeps staff well informed and has a system in place to communicate all information. The Director, Deputy Director, Public Health Division Director, Social Services Division Director, and Director of Business Management meet bi-weekly to discuss overall agency business and future topics for the supervisors meeting. The Director, the Deputy Director, Public Health Division Director, and Social Services Division Director meet monthly with the supervisors. Each unit supervisor holds meetings with their staff, but the frequency of those meetings are set by the unit supervisor and are determined by need. Staff meetings are held in each location following each monthly Board meeting and are recorded.

The Minnesota Department of Human Services (DHS) sends bulletins and other publications to the SWHHS. Most of these are sent electronically and are available through the Department of Human Service's website. Supervisors forward bulletins to staff and they are also discussed at individual unit meetings. Also, there are state-wide conferences that staff members have the opportunity to attend.

Monthly Working Trial Balance Process

On a rotating basis each month, the Fiscal Officers prints a "Treasurer's Cash Trial Balance" from the IFSpi system. This report is compared to the check registers to ensure receipts and disbursements balance for the month. If there are any differences, they are investigated and corrections are made.

The Governing Board is given a copy of the "Treasurer's Cash Trial Balance" and check register monthly. Director of Business Management balances this amount with the Lyon County Auditor/Treasurer's office. If there is a discrepancy, both offices work together to balance. In addition, the Governing Board is given the IFSpi report "statement of Revenues and Expenditures". This way the Governing Board is seeing figures directly from IFSpi and is directly approving the financial report.

General Fund Balance (Cash Basis)

The general fund balance fluctuates throughout the year based on the timing of the receipt of revenues. SWHHS receives more revenues in the third and fourth quarter, compared to the first and second quarter. This is directly reflected on the timing of payments from the six counties for tax levy monies. The general fund balance (cash basis) is monitored monthly and reported at each Board meeting. If the balance is below two million dollars the amount of expenses is closely monitored by the Director of Business Management. If at any time the Director of Business Management feels that the balance will become \$500,000 or less, bills are held until the next check run. Before this happens, a couple of other things happen prior.

All Accounting Technicians report an approximate amount of bills owing in their possession. The payroll date and amount is taken into consideration. The check register balance is reviewed. Then the Director of Business Management discusses the issue with the Director and Deputy Director and they make a joint decision.

If bills are held, only bills that will not become past due or create fees or interest are held. All bills that are due within that check run time will be paid. This procedure will continue as long as the general fund in cash basis is low.

Chart of Accounts

Occasionally during the year, a new chart of account will need to be added to the IFSpi system. When an account is added, the Director of Business Management or a Fiscal Officer will check the COFARS manual to determine what the code should be and then will check the chart of accounts to make sure that number is available. The Director of Business Management or Fiscal Officer will add accounts to IFSpi and SSIS where appropriate. The Accounting Technicians use form AC#004 to request the element and chart of accounts title when they feel the need for an additional account or change to an existing account. Any Agency Supervisor may request a change or addition to the chart of accounts. The Director of Business Management will either approve or disapprove all requests. The account will then be added by the Director of Business Management or Fiscal Officer.

After the accounts are entered, they have to be mapped to the proper line item in the working trial balance. The Director of Business Management and Fiscal Officer work together to ensure correct mapping for all accounts are completed. All accounts are reviewed through printing of the GASB 34 audit list from IFSpi on an annual basis or more frequently as needed.

Office Supplies/Administrative Expenses

When regular office supplies are needed the employees will notify the Office Support Supervisor. All purchases are made by the Office Support Supervisor. Major purchases (\$200.00 or over) go through the Office Support Supervisor and the Director of Business Management. Supplies are ordered when needed.

The items are received from the vendor, along with an invoice. The invoice and the items received are compared to each other to verify that the department received all items. The supplies are then either placed in the supply cabinet, or they are distributed to the requesting party. The Office Support Supervisor approves all of these invoices and sends them to accounting for payment with the purchase order attached.

The supervisors, Director, Public Health Division Director, Social Services Division Director and the Deputy Director can also sign off approving the invoices for payment.

Administrative claims are received and examined for correctness by the Executive Committee, Director of Business Management, Office Support Supervisor, or Fiscal Officers, dated and signed off on and sent to accounting for payment. If there is a carry forward balance on a bill, the issue is investigated by Accounting Technician, Director of Business Management or Fiscal Officer who

verifies possible previous payments. Travel requests are signed when approved. They are not attached to the bills but are consulted when the bills come through. Agency cars are available for use and Microsoft Outlook is used to track the applicable information. For only the use of the Wright Express cards located in the agency vehicles, an itemized receipt is not needed. This information is available and retrievable via the website for the vendor, WEX. The appropriate Supervisor and Accounting Technician verifies information on the employee's requests for reimbursements with the information in Outlook. Fiscal Officers may sign off on routine bills at their respective office locations, such as monthly copier maintenance (bills that are consistent in amounts and do not vary). All other claims must be approved by a supervisor (indicated by initials, employee number and date.)

The Accounting Technician ensures mathematical accuracy of all claims. Any changes to the employee reimbursement forms are sent back to the appropriate supervisor to be discussed with the employee. Approved claims are coded by an Accounting Technician or Fiscal Officer and then entered by another Accounting Technician into IFSpi. Batch tape totals of the bills are compared to IFSpi totals for data entry accuracy.

It is the practice at year end to not prepay payables. If a bill comes in at year end for the next year it is held, and paid in the first check run for the next year.

The signature needed on any bill may be executed through the process of e-signature. This is equivalent to an original document. See Administrative Policy 21 – Electronic Signature Policy.

Social Services Expenses

For the Social Services program payments, a need is first determined by a social worker; a service arrangement is prepared for most Social Service costs and entered into Social Service Information System (SSIS) A service arrangement is created in SSIS by the social worker or case aide, approved by a Social Services Supervisor, and forwarded to the Accounting Department to be approved for payment. For the time frame of services on the service arrangement, pre-coded vouchers/invoices are printed and mailed to the vendor

When the vendor is requesting payment, they complete the SSIS voucher/invoice, sign & date it and return it to the accounting department. Some vendors also include a detailed bill from their own billing system. The accounting technician reviews it for accuracy and contacts the social worker or social service supervisor if the bill does not match the service arrangement or if the service arrangement does not have enough units to pay the entire bill. The service arrangement would either be corrected or amended. The supervisor can sign the voucher if it is decided to not use the service arrangement as the source of authorization or if the vendor filled in the blue form incorrectly. When a voucher/bill has service dates of more than the most recent month of services, SSIS payment history is checked for potential duplication. There also is an edit report in SSIS that is done before submitting a batch to IFSpi. That report also shows potential duplicate payments for the same dates of service, same vendor, and/or same client. If there actually is a duplicated payment, then the current voucher/bill is pulled from the batch and not paid, and totals are adjusted accordingly.

In the case of social service bills from businesses that do not have a service arrangement authorizing payment, a supervisor can review, sign & date it, and list the proper chart of accounts

number. If it is more than \$3000, a SSIS service arrangement must be created & the voucher/invoice must be signed by the vendor in addition to providing their detailed bill. In the case of receiving receipts from individuals requesting reimbursement, a SS 009 form is available to use for documentation. Both the individual & supervisor need to sign it, unless the individual signed each receipt. Some payments do not have SSIS service arrangements because they are for state "mandated services". Examples of these are for chemical dependent detoxification services, state-operated facilities or medical hospitals for mental health hold orders or Poor Relief services for inpatient clients, and various bills paid on behalf of clients. These bills are signed & dated by a Social Services Supervisor for payment approval, along with listing a chart of accounts number.

After entry of vouchers/bills, an Accounting Technician reviews the keyed-in vouchers and balances the computer control total to the total of the vouchers/bills. The payments are approved by the Accounting Technician, the batch is submitted and will wait for the SSIS process of interfacing with IFSpI. In IFSpI, the SSIS batches are merged with other administrative batches and will be a part of the check registers and the checks will be printed.

MA Transportation/Insurance Payments

The Accounting Technician receives the MA reimbursement requests from the Transportation Coordinator. They review the reimbursement form for proper approvals, and calculate the payment, recording corrections as is needed. The Accounting Technicians prepare payments for Medicare and Cost Effective Insurance reimbursements. Transportation is paid every Friday with the regular weekly check run and the monthly insurance premium reimbursements are paid the Friday following SWHHS's Board meeting. Claiming is billed per line and submitted through MN-IT's for claim reimbursement. This is done for each client for MA transportation and related expenses that are claimable. All claims are tracked to ensure SWHHS receives all funds due.

Credit Card

The agency has credit cards held by certain employees of SWHHS, per policy. These credit cards are utilized to make approved purchases. An itemized receipt is collected and given to accounting. Each month when the bill is received, the receipts are matched up to the bill and paid from the appropriate chart of account.

See Administrative Policy 5.

Check Processing

Accounting Technician do the steps to create the checks and ACH file. The check stock is kept in the Marshall office, separate from the printer (the office is always locked when no one is present.) For each check run, the warrant register needs two signatures done in either order as described below. The checks and warrant register are reviewed by another Accounting Technician or Director of Business Management to ensure that the correct warrant and ACH numbers were chosen according to the check register and that all checks have printed clearly. The reviewing individual puts the date and their name on the bottom of the first page of the warrant register using their

electronic signature. The warrant register is emailed to the director who offered to authorize payments namely the Agency Director, Deputy Director, Social Services Division Director, or Public Health Division Director. That director uses their electronic signature and emails the register back to the accounting technician. The warrant register is scanned into imaging after the two signatures.

The abbreviated register is emailed to the Lyon County Auditor/Treasurer's office. The checks are dropped off to obtain the signature on each check of the Lyon County Auditor/Treasurer.

The checks are mailed to the vendors via USPS by the Accounting Technician. If a check/warrant is to be held a proper form is required (AC#003 Request to Pull Check/Warrant). The person scheduled for PP (positive pay) that week is required to submit the ACH through the Bremer Bank Online Banking. The transfer is completed, the confirmation page is printed and scanned to the back of the signed warrant register. An email is then sent to the accounting department stating that the check run is complete. The print vouchers are scanned in through the imaging program by check date. The Accounting Technician marks "reviewed by" on the appropriate print voucher after verifying all necessary documents have been scanned in through the imaging program.

The Audit List for Board is given to the Office Support Supervisor to provide to the Governing Board. The Governing Board reviews the report and if there is a concern, the claims are available for review in the accounting department. The listings are not signed by anyone.

Positive Pay

Positive pay is operated through the agency banking system (Bremer). The Positive Pay system allows users to create a file to upload to their bank for use with the bank's Positive Pay programs. Every check run is uploaded into the SWHHS Bremer account.

This is a Fraud Management service. With Positive Pay Management, SWHHS provides Bremer a list of checks issued. As checks are presented for payment, the dollar amount and check number fields are compared to our list of issued checks and an exception report is produced for any unmatched items. The following business day, we are able to view any exceptions or Paid Not Issued items and make "Pay" or "Return" decisions through the Positive Pay Management System.

This process is monitored via e-mails received from Bremer bank by the Director of Business Management, Fiscal Officers and the Lyon County Auditor/Treasurer.

Vendors

An Accounting Technician requests a new/change vendor be added/changed to IFSpI vendor file as needed, using form AC#002. All requests will be entered immediately by the assigned Fiscal Officer or a designated Accounting Technician. If the assigned Fiscal Officer or designated Accounting Technician is unavailable the Accounting Technician will then direct their request to another Fiscal Officer or the Director of Business Management. The vendor request form is sent via e-mail. All vendor forms are signed and dated when vendors are entered/changed. The

vendor information is then transferred into the vendor request log and saved in the accounting folder

When appropriate the Accounting Technician will send the new vendor a W-9 Request for Taxpayer Identification and Certification form to be completed and returned. A cover letter and stamped, self-addressed envelope is included. When the W-9 is received, it is scanned in and Form AC#002 is completed by the Accounting Technician to have that vendor information updated in IFSpi by the Fiscal Officer, designated Accounting Technician or Director of Business Management.

The Director of Business Management will complete periodic monthly reviews of the vendor added/changed listing. The Deputy Director runs the "Vendor Added/Change Report" from IFSpi quarterly. It is reviewed and any questions or concerns are addressed with the Accounting Technician and Fiscal Officer or Director of Business Management who added the vendor. When completely reviewed it is initialed and dated in the upper right hand corner.

Vendor Rebate or Reward Tracking

In the rare occurrence that a vendor offers a rebate or reward in response to a particular purchase or purchases, an employee must not gain personally from it. If the application to receive the award does not prohibit businesses from participating, forward the application and information to the Director of Business Management or Fiscal Officers for completion, along with any required proofs of purchase. The paperwork will be forwarded to the accounting department.

If the rebate is in the form of a check, it will be made payable to SWHHS. It will be receipted into the account that the expense was paid. If the rebate is in the form of a debit card, the bearer of the card will be determined by the Division Director of that program. The card must be used only for allowed business expenses and the receipts saved, which will be filed in the accounting department along with the application paperwork. In the case of a hotel which may offer a free night's stay or a restaurant which may offer a free meal, that reward must be used for an approved trip or meal during the course of business, not for personal gain.

Capital Assets

Additions to capital assets are normally initiated by the department heads involved and authorized by the Director to present for Board approval. For equipment valued over \$50,000, sealed bids are solicited per Minnesota Statute. It is the primary responsibility of the Director of Business Management to document depreciation of capital assets.

Additions are supported with the vendor invoice, purchase order, and payment in IFSpi. The Director of Business Management keeps a spreadsheet updated with additions and removals of capital assets \$5,000 or greater. Funds are listed separately for Human Services and Health Services. This is updated normally when the change happens and at the end of the year.

A Capital Asset expense report is run from the IFSpi system, all appropriate warrant vouchers and supporting documentation is copied and then added to the Capital Asset report by the Director of

Business Management. The Director of Business Management Works with the IT Department to determine depreciation for equipment purchases. A physical inventory will be completed annually by comparing the capital assets to the asset listing.

Budget Process

The budget process for the year begins with submission from department heads to the Director usually by the end of May. IFSpi budget sheets with figures for the last 2 years, plus current based on revenue and expenditure accounts and the Allocation Bulletin are used to determine amounts for the proposed budget. Beginning in January and until the August Board meeting, the Director, Deputy Director, Public Health Division Director, Social Services Division Director, and the Supervisors analyze and prepare the proposed budget. During the August board meeting, the Board is presented with a proposed budget. The Board will normally approve the preliminary levy amounts in the budget at the August board meeting. In turn, this information is passed on to the respective County Boards for approval by mid-September. The process is completed within this timeframe to ensure the tax levy will be on the tax rolls for the proper year. The final budget is approved at the November or December Board. Once approved by the Board, the Director of Business Management approves the budget in IFSpi on the first working day in January, activating it to the working budget for the year.

Expenditure budgets are based on actual projected costs of operations. Inflating projected expenditures to provide a cushion for expenditures that may occur is strongly discouraged. Southwest Health and Human Services continually works to reduce expenditures and increase revenues during the year.

There have not been budget amendments in the past. Any overages in budget have been absorbed through the use of reserves.

The Director of Business Management enters the proposed and approved budget into SWHHS's system, Integrated Financial System (IFSpi). The department supervisors, Deputy Director, Public Health Division Director, Social Services Division Director and the Director review the information entered. Only the Director of Business Management or Fiscal Officer has security to update the budgetary information. The Director and Deputy Director have inquiry access to the budgetary information.

The Director, Deputy Director, Public Health Division Director, Social Services Division Director and Director of Business Management regularly compare budget to expense and revenue throughout the year. In addition, all Department Supervisors review their related program expenditures on a monthly basis. Any discrepancies are reported to the accounting department and any necessary adjustments/corrections are completed. The Governing Board is given monthly updates at the regularly scheduled Board meetings.

General Receipting and Recording

SWHHS receives money at all six locations (Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock) through various sources such as over the counter, US postal mail, and EFT.

All money received has a written receipt including whom the money was received from, the amount, a description, whether cash or check, and the GL account number it should be recorded to if known by an Office Support Specialist. A receipt copy is given to the client if received over the counter or attached to the money if received via USPS. An EFT report is pulled from the on-line banking system on a daily basis and given to the Accounting Technicians. The receipt amounts on the manual receipts are verified with what was received and are recorded directly into our cash register receipting program by an Accounting Technician or Fiscal Officer individually. A miscellaneous receipt is printed and signed by the Accounting Technician or Fiscal Officer as an indication of review.

Money received in Lincoln, Murray, Pipestone, Rock and Redwood County is transported to Lyon County for receipting into cash register. The money is prepared for transportation to Lyon County using form Ac#022.

When transporting money to Lyon County all money must be accounted for. Form Ac#022 is completed by the Office Support Specialist, Accounting Technician, or Fiscal Officer in that location. The staff that transports the money, verifies the amount on the form AC#022, then signs for it. The money is transported to Lyon County in an interoffice envelope. The money is then counted by the Office Support Specialist or Office Support Supervisor in Lyon County and again signed for. The money goes directly into a zipper envelope where it is locked up and the Accounting Technician will pick it up on a daily basis. The original Form Ac#022 is directed to the Accounting Department and scanned into the imaging system.

On Tuesday, Friday, and the last working day of the month, all batches with money in Lyon County are closed out and deposited into the SWHHS's bank account. The Accounting Technician prints a Bank Deposit/Cash reconciliation report from the cash register and verifies that amount with the actual money being deposited. The money/EFT and the report are taken to the Lyon County Auditor/Treasurer's office for them to receipt and transport to the bank for deposit. The Bank Deposit/Cash reconciliation report is given back to the Accounting Technician by the Lyon County Auditor/Treasurer's office with a receipt showing the dollars deposited. The amount is verified with the amount SWHHS's records show as being deposited. The amount is recorded in SWHHS's manual, electronic check register. All receipts, the receipt registers, and the report are uploaded or scanned into the imaging system.

Reimbursement for Services Monitoring

After monthly and quarterly reports have been submitted to DHS for reimbursement purposes, the EFT's are monitored to make sure reimbursements are received for all submissions processed.

Identifying State and Federal Dollars

All dollars received from DHS via EFT are receipted in based on the invoice code provided. All dollars that come into SWHHS from DHS are coded per the DHS Bulletin, "DHS Publishes Standard Invoice Field Codes for Calendar Year 20__". This bulletin is updated annually. It indicates all intergovernmental, state, and federal dollars associated with Human Services.

All dollars that come into SWHHS from MDH are receipted into the appropriate grant. There is no document from MDH or coding on check to indicate monies as intergovernmental, state, or federal dollars. SWHHS accounting department reaches out to the PH Program Specialist to determine what program and account these dollars are receipted into. If necessary MDH is contacted directly to find the answers..

MA Recoveries

When a payment is determined to be a MA recovery, it is receipted into the cash register and is deposited into the bank account. The Collections Officer will forward a copy of the form to the Fiscal Officer or Accounting Technician to process the MA recovery in MMIS, who will then upload completed form to scanning.

The Accounting Technician logs onto the "Medicaid Management Information System" (MMIS) using the assigned sign on and secure password. The appropriate county's sign on needs to be used according to the county of financial responsibility of the recovery. The Fiscal Officer reports receipt of funds 30 days from receiving the funds to allow for payment of all approved final expenses. The Fiscal Officer will also enter the payment portion of the form CL#033 into the MMIS System against MA Recovery monies as a negative amount.

The Director of Business Management or the Fiscal Officers monitor monthly the Health Care Invoice to ensure we are being billed regularly for the state's share of the recoveries. This is also monitored monthly through the budget spreadsheets.

Claiming Process:

Accounting Technicians process and claim for the following state programs; Waivers/AC and TCM/case management (TCM programs include MH-Adult, MH-Child, child welfare, relocation, VA/DD), Rule 5 and care coordination mainly for reimbursement of purchased items and direct time of case managers. Claims are processed through SSIS (clients on MA); Availity; Nightingale Notes and MN-IT's. The following programs are submitted by the following: MA Access Transportation (MN-IT's) TCM – CW, MH, VA/DD, DD-Screenings (SSIS); Care Coordination (Nightingale Notes) & TCM (Nightingale Notes & SSIS); and CD Assessments (Nightingale Notes).

Nightingale Notes claims are submitted to Accounting by case workers and pulled from SSIS, Social Services Supervisors, and Health Services for billing purposes. Claims submitted through Nightingale Notes have remittance advances from the Managed Care Organizations, available through Availity. These advices are saved showing reimbursements and denials.

Those claims submitted through SSIS and MN-IT's, have remittance advices from DHS. RA's (rejects/denials) are reviewed in SSIS. Supervisors and/or Social Workers are contacted to make appropriate adjustments in MMIS, so claim can be re-submitted to DHS for reimbursement. Resubmission is done in SSIS or through MN-IT's. For claims that are denied through MN-IT's and Availity, they are reviewed and corrected appropriately for resubmission for payment.

The Accounting Technician processes Public Health claims produced through Nightingale Notes. Claims are then submitted through DHS MN-IT's and Availity and some statements are mailed to payers. Once payments are received, they are posted in Nightingale Notes to the appropriate client's account for the corresponding date(s) of service. For claims that are denied, they are reviewed and corrected for resubmission to the appropriate payer or written off when uncollectable.

For waived service claims that are denied due to the patient not meeting their waiver obligation requirements at the time their insurance company received our claim, the information is sent to the Collections Officer so that the client is billed. Infrequent waiver obligations of \$20 or less may be written off with the approval of the Director of Business Management. Unpaid bills will not be turned over to Collections.

Revenue regenerated through this reporting, is receipted into each program where appropriate.

Manual Journal Entries:

A manual journal entry is only used when an alternative method through IFSpi is not possible such as "manual warrant/void/correction". Manual journal entries are tracked through an electronic tracking form and are entered and posted by the Director of Business Management or Fiscal Officer.

All manual journal entries completed by the Director of Business Management are reviewed and signed off on by a Fiscal Officer. All manual journal entries completed by the Fiscal Officer are reviewed and signed off on by the Director of Business Management. The originals are scanned into the imaging system to be indexed appropriately.

When a check needs to be voided, an email is sent to the designated Fiscal Officer with a copy of the check, if available, and the reason for the action. The proper entry is completed and an email goes out to the accounting unit. If the check was created in SSIS, someone needs to do the proper cancellation in SSIS. The IFS register is attached to the print voucher in scanning with VOID typed on the print voucher itself. The check does not need to be receipted in, but if it is, the receipt should be voided. The Fiscal Officer sends the Lyon County Auditor's office an email explaining the void.

Receipt/Disbursement Adjustments

After balancing for the month is completed, the Fiscal Officer(s) and Public Health Program Specialist review the Accounting Activity Report for that month and notes any corrections that need to be made. The Fiscal Officer(s) or Public Health Program Specialist signs off on the changes and sends the corrections to be made to the Accounting Technician or Fiscal Officer on an Account Activity Report with the changes highlighted and the account information showing account numbers. The Accounting Technician or Fiscal Officer enters the corrections into IFSpi using the "Receipt Batches" or M/V/C Batches". The J/E Data Entry Listing report is printed. The completed corrections and documentation are scanned into imaging to be indexed appropriately.

On occasion there are changes needed per the request of a supervisor. The supervisor requesting the change or moving of receipts or expenses puts the request in writing, indicating what and the amount that is to be moved. This will also indicate where those funds are to be moved to. The supervisor signs off on the documentation and the Accounting Technician or Fiscal Officer makes the needed change to funds. Once completed, the documents are scanned into imaging to be indexed appropriately.

Accrual Codes

SSIS interfaces with IFSpi, accrual codes are added to social services payments in the IFSpi system. Accounting Technicians are responsible for the accrual codes. Accrual codes will be used January and February of each year.

When a payment is made that has a service date from the previous year the payment is marked with one of the following accrual codes:

AP = Accounts payable
DTG = Due to other governments

When receipt money into the IFSpi system that is from the previous year the receipt is marked with one of the following accrual codes:

AR = Accounts receivable
DFG = Due from other governments

The Director of Business Management or Fiscal Officers will review all transactions (receipts/disbursements) to ensure they are properly coded. The IFSpi report "Account Activity with service dates" will be used. This report is signed and dated by the Director of Business Management or Fiscal Officer once completely reviewed and appropriate changes made as needed. All changes will be completed by the Director of Business Management or a Fiscal Officer.

Contracts with Providers

Our in-house contracts with providers are open ended with standard opt out language. Changes to the contracts are made through addendums or amendments. As of January 2014, model contracts for Home Community Based Services or waived services (CAC, CADI, MRRC, BI) will be administered and maintained at the State level. EW and AC programs utilize our in-house contract that is renewed yearly. Rates for all the above programs are set by the State.

All contracts include HIPPA, EEOC, Fair hearing/grievance, and safeguard of data language. Liability limits for general and professional liability insurance policy are set as per Minn. Stat. 466.04.

Payroll

The SWHHS Joint Governing Board approves all starting rates of pay for all new employees.

Southwest Health and Human Services payroll processing is performed at different levels. Upon board approval, for each new employee, the HR Specialist enters all employee information into the HR System and then interfaces that into the Payroll System. The Accounting Technician or Fiscal Officer proofs the information provided by the employee and employee's supervisor which determines the taxes to be withheld, his/her position, work comp code, PERA eligibility, and appropriate department based on the information on the Payroll Enrollment Form and Benefit Enrollment Form. The Accounting Technician or Fiscal Officer provides the IFSpi formula distribution when applicable for new staff (health services employees formula distribution is determined through an interface process), under the direction of the Deputy Director or Human Resource Specialist. This formula is used to interface the payroll PayLib system to the IFSpi System when the payroll is processed at the end of each pay period. The HR Specialist prepares a report containing any payroll changes and it is reviewed and entered into the payroll system by the Accounting Technician. Any payroll changes must be into payroll by Monday noon the week of payroll.

Payroll deductions for insurances are entered directly from a copy of the employee's Benefit Enrollment Form completed before the beginning of each year or as new employees become eligible. These forms are generated from a web-based human resource program with employee personnel insurance information listed on it.

Before a payroll is run, the Deputy Director or Human Resource Specialist and the Accounting Technician review and make necessary adjustments to the billings from the providers of insurance for health care, dental, life and disability. Note adjustments for medical/dental insurance cannot be made on the bill. They normally occur after the fact as an adjustment on a later bill. Real time adjustments can be made on the life insurance bill. Other deductions (such as garnishments and child support) are processed by the Accounting Technician or Fiscal Officer from official orders. The Deputy Director and Director of Business Management are the agency representatives served those orders normally via US postal mail.

All employees are paid bi-weekly. The Southwest Health and Human Services Governing Board members are paid bi-weekly following the receipt of their voucher. The Governing Board Per Diem pay is paid through payroll. All Governing Board mileage and other costs are paid through the administrative bill process.

At the end of each pay period, web based timesheets are created by each human services employee, by signing into the web based timesheet program created by Counties Providing Technology (CPT). The web based timesheets for all health services employees are created by an interface program pulling the data from Nightingale Notes Dailies into the web based timesheets. The interfacing program was created by CPT. The web based timesheet is accessed by the employee signing in by using their unique ID and password. This web based timesheet is approved by the employee and also by the employee's supervisor. Payroll Disclaimers appear on the screen when being approved. Any errors that are found are relayed back to the employee by the supervisor. The Human Resource Specialist audits all Vacation, Sick, and Comp Time Balances. The Balances are shown on the Employee's pay stub.

Any overtime pay is prior authorized and requires supervisory and Director approval. Any concerns regarding payroll are referred to the HR Specialist, Deputy Director and/or Director.

At the end of the year, a report is generated that lists year-end balances in vacation, sick, and comp time banks and year-end rates of pay, which are used in calculating Compensated Absences Liability. The Payroll/HR Technician maintains a spreadsheet that calculates the compensated time absence liability based on the total accrued time to date and what has been paid out over the past few years.

A transaction edit is run on the computer in batches, which is then compared to the time sheets prepared by each employee. If incorrect, the errors are located and reconciled. The HR Specialist performs these tasks.

After the transaction edit has been deemed correct, the Accounting Technician or Fiscal Officer runs the payroll journal and then another Accounting Technician checks it for errors and signs off approval. (This register does not have any warrant numbers yet.) It also includes taxes, cafeteria contributions and recurring deductions, which are reconciled.

If no errors are located on the payroll journal, the HR/Payroll technician runs the check process which produces the files that print employee direct deposit stubs and vendor checks using direct deposit or electronic funds transfer (EFT). An EFT edit is printed and checked against the payroll journal and also against any new participant's authorization forms. If correct, the file is transferred to Bremer Bank via internet file transfer.

An HR/payroll technician prints the checks, direct deposit stubs, and the final payroll journal and all necessary reports. The final journal prints the check number and direct deposit number by each employee's net pay. The check stock is stored in a locked room. All Payroll reports are then uploaded to the Payroll imaging system for storage.

SWHHS uses a service from CPT, the office that provides support for the Payroll Paylib system, for accessing Payroll Pay stubs (web based timesheets) instead of printing individual pay stubs and sending them directly to the employee. The Accounting Technician or Fiscal Officer still prints out vendor checks and commissioner's checks when necessary. For any employees who are on extended leaves, their direct deposit stub is printed and mailed to each employee via US Postal mail at their home address. The Lyon County Auditor/Treasurer receives a check register listing all check and direct deposits. The Lyon County Auditor/Treasurer stamps the checks with the Auditor/Treasurer's signature. The Lyon County Auditor/Treasurer is the only authorized signatory and maintains custody of the signature plates. The Auditor/Treasurer's Office then emails the Marshall Office Accounting Technicians to come to pick up the signed checks. These checks are either mailed via USPS with proper itemized check remittances or receipted into the IFSpi system and reissued when vendor invoice is received.

With each payroll, the Accounting Technician or Fiscal Officer runs certain reports. These include a Check Register, Payroll Journal, a summary total by employee, a PERA summary, deductions report by vendor, EFT listing showing trace numbers for the Employee Direct Deposit and various reports that are sent in with vendor checks. Some vendors also require other forms to be completed.

A comprehensive checklist is used to assure that all vendors have been paid and all reports run in a timely manner. One of the reports, the PERA salary deduction report, requires routine maintenance and the production of a file transmitted electronically via the intranet into their computer system.

Federal and State withholding figures as shown on the grand total page of the payroll journal are transferred to the IRS and MN Dept. of Revenue, respectively. The State and Federal tax payment is transferred using an ACH debit, which becomes part of the file that includes the employees' pay, Nationwide Retirement Deferred Comp, Valic Deferred Comp, Investors Choice Deferred Comp and PERA. The file also includes the required addendums for the vendors.

A payroll distribution summary report is generated during the next step called "updating the master files". This process distributes wages and benefits for many employees to different funds and/or departments. All the figures are automatically posted to IFSpi as printed on the Payroll Distribution Account Summary. Using this report, the Accounting Technician or Fiscal Officer posts total payroll costs to the manual warrant register.

Authorizations for deductions are filed by the vendor for which the deduction is paid. The Deputy Director or Human Resource Specialist maintains files with all insurance changes and Flexible Benefits. Payroll advances are prohibited. The Accounting Technician or Fiscal Officer reports all Quarterly Federal, State and Unemployment insurance withholding and wage reports. The Accounting Technician or Fiscal Officer is also responsible for all year end payroll reporting and to process the end of the year W-2 forms. The 1099's are processed by a different Accounting Technician.

Due to unforeseen problems that may arise, it is always the goal to reach the step in the payroll process that prints the checks and direct deposits stubs and transmits the direct deposit information to Bremer Bank, one or two days before the payroll date. However, the payroll process must be completed by 5:00 pm Thursday of the payroll week to ensure that the EFT processes correctly and the employees receive their pay in a timely manner.

The Director of Business Management or Fiscal Officers transmits the check batch file to the Bremer Bank positive pay file on the day the payroll checks are mailed. A payroll process is completed quarterly by an Accounting Technician as a back up to the HR/payroll technician.

Agency Self-Insurance

January 1, 2014, Southwest Health and Human Services began offering employee health insurance through a self-funded account. All premiums are collected by SWHHS and claims are paid to the insurance company upon billing. This fund is monitored by the Deputy Director and reported on to the Governing Board on a monthly basis. A brief overview is provided to the Governing Board each month at the regularly scheduled meetings. A Health Insurance Benefits committee has been formed to review and make recommendations to the Governing Board annually in regards to the plans, benefits, and premiums. Any reserves in the fund are addressed on an annual basis.

See Administrative Policy 22.

Child Care Payments

Child Care payments are entered in the MEC2 State Centralized Payment System by an Accounting Technician. The paper vouchers are entered by the Accounting Technician. The electronic payments are approved daily by the Accounting Technician. All manual payment requests are sent by an Eligibility Worker to the Accounting Technician to approve the payment. The State approves payments nightly. If the provider added notes as to why they added more hours than authorized the Accounting Technician will forward that information to the Eligibility Worker and wait for an answer before approving the voucher. A Child Care Eligibility Worker approves eligibility, and then enters service authorizations into the State System for all clients, which authorizes payment. Billing forms are generated by the State System and mailed out to the provider. The provider completes the billing form and mails the form to SWHHS for entry in the State System or the provider will enter their information into MECpro and submit electronically for payment. All applications and verifications are filed in the case file in the case worker's office. Once the billing forms are entered in the State System, the System compares the billing form to the service authorization and then at this point it can accept or reject the payment request. Rejected billing forms are put on hold for review by caseworker. The State then makes the payment directly to the provider and the Income Maintenance Supervisor and CCAP workers can access this information. Once the paper voucher payments or any manual payments have been made the Accounting Technician will scan the forms into the imaging system.

County Collections Billing

The Collections Officer enters corrections and new accounts on monthly credit and debit spreadsheets. The Accounting Technician will enter these spreadsheets along with the recurring spreadsheet into the County Collection System (CCS). These services include daycare center visits, cobra or retiree insurance premiums, out of home placement fees, detoxification fees, SUD assessment fees and courtesy services for other counties.

Statements are prepared, printed and mailed once a month by the sixth of each month. Two Accounting Technicians work on preparing these statements. When statements are printed all statements for an entity, that have a credit balance, zero balance or have an administrative charge are reviewed by the Director of Business Management and/or Collections Officer. After the statements are mailed the Accounting Technicians prepare trial balances or activity reports that are given to the Collections Officer to review.

Nightingale Notes Billing

Public Health Claiming– The accounts receivable/claiming system for Public Health is one part of a larger time tracking system known as Nightingale Notes. Everyone in the Public Health Department is required to fill out an electronic service form. This form tracks all of their hours (worked, sick, vacation, etc.) along with what they worked on and/or what patients they saw that day. Nightingale Notes is used for billing nursing services to the appropriate insurance companies.

Once all the services are entered for the previous month and communicated to various employees, the Accounting Technician generates the billing cycle in Nightingale Notes. The Accounting Technician then reviews the claims for inconsistencies or errors. Some pay sources are reviewed for data entry error by generating a report built in Nightingale Note report system i.e. "BluePlus Services that should be Bridgeview". Any questions are emailed to the staff person who entered the activity. Once reviewed and corrected, the Accounting Technician generates the claim file, handles those error messages and submits the batch through Availity for most pay sources and through MN-ITS for the Medical Assistance pay source. Availity will then send back three to four edit reports per batch submitted. MN-ITS posts a report which shows acceptance or rejection. The claim file is stored on the shared drive for record retention.

The first edit report is the acknowledgement report which shows if the entire file was accepted or rejected. Accounting staff assigned to that task depending on insurance company and/or type of claim researches the reason for rejection to see if something can be corrected at our end. If it is more complicated, the insurance company and/or Nightingale Notes Support is contacted to troubleshoot the issue. Once corrected the batch file is generated again and submitted through Availity.

The Accounting Technician must also view other edit reports found in Availity that are posted within 24 hours of the upload. These reports are the Immediate Batch Text Response (IBT), Electronic Batch Report (EBT), and the Delayed Payer Report (DPR). These reports will list some detail for each claim in the batch and state if it was accepted or if it was rejected, along with the reason for the rejection.

Rejected claims shown in these edits are reviewed by the Accounting Technician who uploaded the claim file. The Accounting Technician determines the corrective action, makes the correction and resubmits the claim promptly. If Availity rejects a claim or batch, the insurance company has not received it from Availity. At this point, the Accounting Technician must not mark the claims as paid, remove the pay source or write it off.

Staff need to be aware of deadlines for submitting claims, which vary between insurance companies. A timely filing chart is available for reference and is updated as needed.

Once a claim has been processed by the insurance company, an Electronic Remittance Advice (ERA) or Explanation of Payment (EOP) is sent to the clearinghouse (MN-ITS, MN E Connect, or Availity). Some insurance companies mail these reports. These reports show the details of the payments made, partial payments or denial of the claim. The ERAs and EOPs are uploaded onto the share drive as they are only available on Availity for 30 days. These reports are saved for reference and proof. Once the payment has been coded for the person doing the receipts the ERA is uploaded to Nightingale Notes, so the detail of the payment or non-payment is linked to the corresponding claim. Each payment is posted in Nightingale Notes to show the claim was paid or the next subscriber should be billed if necessary. Claims that were not paid are researched to determine if they can be corrected and rebilled. The NN system allows payments to be applied over claim line so that if only one line was paid and another was rejected, the rejected line can be resubmitted rather than adjusting it off. The Accounting Technician may call the insurance company for assistance and explanations.

Radon & Water Testing Kits Procedures

When the general public purchases either a short-term or long-term radon testing kit or a water testing kit at the front counter, they pay a nominal fee for any type of kit to the Office Support staff. The fee is charged to discourage misuse by customers, to recover part of the cost of offering the kits, and to encourage customers to actually use the kits. Office Support staff receipts the payment into the receipt book & gives the customer the yellow copy. The white copy goes with the cash or check and is given to the accounting unit.

Water testing bottles are supplied to regular customers, such as city and rural water systems and construction companies, at no charge.

The charge for the water test itself is based on which test or tests are performed with the prices listed on the test request form. The general public makes their payment when dropping off their request form and sample. When the water testing is performed for a regular customer as described previously, a bill will be sent to them by the sanitarian on a monthly basis. The sanitarian monitors the receipt of payments by referencing a list provided by the Director of Business Management on a monthly basis.

Store Card Procedure

Case managers will complete a Store Card Distribution form to request Supervisor approval for the purchase of a store card. Case Managers or their designee will purchase the store card. A tracking form is completed when multiples of the same card are purchased. The client will need to sign for the card agreeing to return the receipt if applicable. An accounting technician will complete an audit of the store cards on a monthly basis. The Director of Business Management or a Fiscal Officer will complete a random audit on an annual basis.

QUICK REFERENCES GUIDE

Policies

- Administrative Policy 2
- Administrative Policy 3
- Administrative Policy 4
- Administrative Policy 5
- Administrative Policy 7
- Administrative Policy 12
- Administrative Policy 21
- Administrative Policy 22
- Personnel Policy 5
- Personnel Policy 6

Forms

- Ac#002
- Ac#003
- Ac#022
- Ac#043
- Ag#100
- Ag#101
- Cl#033

DHS Bulletins (available on DHS website)

<http://mn.gov/dhs/>

COFARS Manual

SOUTHWEST HEALTH AND HUMAN SERVICES

Resolution of Signature Authority

The Governing Board, the Human Services Board and the Community Health Board (by virtue of its authority under Minnesota Statutes, Chapter 145A) of Southwest Health and Human Services authorizes the following people to sign all necessary contracts and forms needed to carry on the business of the agency.

Name	Beth Wilms	Name	Nancy Walker	Name	Carol Biren	Name	Cindy Nelson
Title	Director	Title	Deputy Director	Title	PH Division Director	Title	SS Division Director
Address	607 W Main Street, Suite 100 Marshall, MN 56258	Address	2 Roundwind Road Luverne, MN 56156	Address	607 W Main Street, Suite 200 Marshall, MN 56258	Address	607 W Main Street, Suite 100 Marshall, MN 56258
Phone	507.532.1248 – W 507.706.2198 – C	Phone	507.532.1256 – W 507.706.2200 - C	Phone	507.532.4136 – W 507.706.2202 - C	Phone	507.532.1260 – W 507.706.2201 - C

Resolution Adopted on December 20th, 2023

Southwest Health and Human Services – Governing Board

Signature: _____

Title: Chairperson

Date: _____

Southwest Health and Human Services – Human Services Board

Signature: _____

Title: Chairperson

Date: _____

Southwest Health and Human Services – Community Health Board

Signature: _____

Title: Chairperson

Date: _____

**RESOLUTION TO DESIGNATE DEPOSITORIES AND AUTHORIZE LYON COUNTY
AUDITOR/TREASURER TO MAKE INVESTMENTS**

WHEREAS, Minnesota Statute § 118A.02, subdivision 1 (a) states “The governing body of each government entity shall designate, as a depository of its funds, one or more financial institutions”;

WHEREAS, Minn. Stat. § 118A.02, subdivision. 1. (b) (2) allows the governing body to authorize the treasurer or chief financial officer to make investments of funds under Minn. Stat. § 118A.01 to 118A.06 or other applicable law;

THEREFORE, BE IT RESOLVED, that the Southwest Health and Human Services Governing Board designates as depositories the following financial institutions and designates the following as brokers and authorized investment holders:

- Bank of the West
- BNP Paribas
- Bremer Bank
- Bremer Investment Management and Trust
- First Interstate Bank
- MAGIC Fund, management by PFM Asset Management
- Multi-Bank Securities
- State Farm Bank
- Wells Fargo
- Wells Fargo Advisors

BE IT FURTHER RESOLVED, that the Governing Board authorizes the Lyon County Auditor/Treasurer to make investments of funds under Minn. Stat. § 118A.01 to 118A.06 or other applicable law at any one or more of the above based on direction provided by the Executive Committee;

BE IT FURTHER RESOLVED, the Lyon County Auditor/Treasurer is hereby authorized to act and serve as agent on any Southwest Health and Human Services accounts set up or active at any of the above financial institutions, brokers, or investment holders; and

BE IT FURTHER RESOLVED, the above designations and authority conferred shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered to and received by the financial institution, broker, or investment holder at each location where an account is maintained and the financial institution, broker, or investment holder shall be indemnified and held harmless from any loss suffered or any liability incurred by it in continuing to act in accordance with this resolution.

Passed and adopted by the Southwest Health and Human Services Governing Board
this 20th day of December, 2023.

Chairperson – Governing Board
Southwest Health and Human Services

Director
Southwest Health and Human Services

The
Computer Man, Inc.



1105 Canoga Park Drive
Marshall, MN 56258
Phone (507) 532-7562
Fax (507) 532-2680
www.tcmi.com

10/6/2023

Quote # 622461

Quote

business partner



Microsoft Partner

Silver Midmarket Solution Provider



Prepared For

Southwest Health & Human Services
607 West Main Street Suite 100
Marshall, MN 56258

		PO Number	Terms	Rep
			Net 10 Days	MWT
Description	Qty	Price		Extended Price
VMWare RENEWAL PRODUCTION SNS FOR VSPHERE ESSENTIALS PLUS KIT Contract 153103743 - Renewal Period 01/28/2024-01/27/2027	1	3,474.00		3,474.00
Thank you for your business.		Subtotal		\$3,474.00
		Sales Tax (6.875%)		\$0.00
		Total		\$3,474.00

Search All Words e.g. 1606N020Q02

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Keyword Search

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Simple Search

Search Editor

☐ Any Words

☒ All Words

☐ Exact Phrase

e.g. 1606N020Q02

"Computer Man"

X

Showing 1 - 25 of 31 results

Sort by

Date Modified/Updated

Market Analysis for Feasibility of Consolidation of Small Business General Topographic Surveying, Mapping and Geospatial Services with The Small Business General Design A-E IDIQ

Notice ID: W912WJ24X0016

The U.S. Army Corps of Engineers, New England District (CENAE) is conducting Market Research to determine potential impacts of the consolidation of ...

Department/Ind.Agency	Subtier	Office
DEPT OF DEFENSE	DEPT OF THE ARMY	WZSD ENDIST NEW ENGLAND

Contract Opportunities

Current Response Date
January 31, 2024 at 01:00 PM CST

Notice Type
Updated Sources Sought

Updated Date
Dec 7, 2023 (4)

Published Date
Dec 7, 2023

Sustainment Engineering Integrated Product Support

Notice ID: 23-MDA-11648

1. DESCRIPTION:

This Request for Information (RFI) notice is to support acquisition strategy development and identify capa ...

Contract Opportunities

Current Response Date
December 20, 2023 at 04:00 PM CST

Notice Type
Updated Sources Sought

Updated Date
Dec 6, 2023 (1)



Date: November 29, 2023

Page 1 of 2

To: Chris Cauwels, Southwest Health & Human Services Social Services

From: Wayne Altenbernd

Subject: ApplicationXtender Document Export Project

Southwest Health & Human Services Social Services has requested assistance exporting documents from the ApplicationXtender system.

Description of Document Export Service

- Documents to be Exported.

ApplicationXtender Applications	Number of Documents to be Exported	Number of Pages to be Exported
Table 1 on Page 2	170,488	971,042

- Exported File Format and Naming Convention to be Used.

File Format	Description	Example for Two Page Document with a DOCID value of 1
Multiple Page PDF	<ul style="list-style-type: none">File name being the ApplicationXtender DOCID value.Each file contains all pages of the document except for those document pages consisting of Foreign File types.	1.PDF

Note 1: If Southwest Health & Human Services Social Services has page file formats in the ApplicationXtender application for the documents to be exported that do not support converting to a multiple page PDF format such as foreign files as defined by ApplicationXtender, the document page file will be exported in its native format.

Note 2: Examples of, but not limited to, ApplicationXtender Foreign File Types are Microsoft Word files, Microsoft Excel files, Outlook Email MSG files, Digitized Audio and Video files, XFA formatted PDF files, and PDF files with security enabled.

- Description of Document Export Process

ISC personnel will perform the ApplicationXtender document export process by doing the following.

- ApplicationXtender system access by Southwest Health & Human Services Social Services users will be limited to Read Only so no changes can be made to existing document or no new documents created.**
- Remote access to servers APPXTENDER and XTENDER using the provided RDP connection.
- Log in to the ApplicationXtender system using Document Manager installation on servers APPXTENDER and XTENDER.
- Use the ISC AppXtender Document Export program to export documents to server APPXTENDER placing the exported files in a minimum 1 TB partition provided by Southwest Health & Human Services.**
 - Folders will be created with each folder named using the ApplicationXtender application name.
 - Additional subfolders will be created under the application name folder with each folder containing.
 - Approximately 10,000 documents each.
 - Subfolders numerically named based upon the DOCID.
- Each ApplicationXtender application exported will have a comma separated value text file containing.
 - Document index metadata – see page 2 for example from HS-FINANCIAL_ASSISTANCE application.
 - Reference to associated multiple page PDF file.
- Documents containing pages that fail to export successfully will be logged and a report provided to Southwest Health & Human Services Social Services for review.

- Estimated Time to Complete Project:** 30 to 60 days from date of start.

Cost for providing the Document Export Service: \$14,565.00



Date: November 29, 2023

Page 2 of 2

Table 1 – List of ApplicationXtender Applications to be Exported as of November 29, 2023

Exporting Selected Documents from the Applications Listed Below

Application Name	Documents to be Exported	Number of Documents	Number of Pages	Cost to Export
HS-CHILD_SUPPORT	All documents where CASE FILE NUMBER index field value is matches list of PRISM case numbers provided by SWHHS	76,465	451,291	\$6,769.00
HS-FINANCIAL_ASSISTANCE	All documents where STATUS index field value is NOT EQUAL to CLOSED and the DOCUMENT DATE field value is GREATER THAN January 1, 2023	85,125	456,676	\$6,850.00
HS-FISCAL-FRAUD	ALL	8,898	63,075	\$946.00
Total		170,488	971,042	\$14,565.00

Example of Comma Separated Value Text File from HS-FINANCIAL_ASSISTANCE Application

"CASE NUMBER","CASE COMMENTS","LAST NAME","FIRST NAME","MIDDLE INITIAL","PMI NUMBER","SSN","DOB","PRIMARY WORKER","SECOND WORKER","THIRD WORKER","STATUS","DOCUMENT TYPE","DOCUMENT DESCRIPTION","DOCUMENT COMMENTS","DOCUMENT DATE","WORKFLOW","SCAN DATE","Pages","Document ID","File Name"
 "123","ISC TEST DOC PLEASE IGNORE","ISCTESTCASE123","ISCTEST","A","123","123-45-6789","03-20-1966","X142SAM","X141504","X142588","OPEN","CORRESPONDENCE","OTHER","CHANGED THE DOC IN WORKFLOW EXAMPLE","06-30-2021","COMPLETED","08-17-2020","21","877732","D:\ISC Data\Export Project\877732.pdf"
 "123","ISC TEST DOC PLEASE IGNORE","ISCTESTCASE123","ISCTEST","A","123","123-45-6789","03-20-1966","X142SAM","X141504","X142588","OPEN","ACCESS SERVICES","ACCESS SERVICE DENIALS","","01-18-2023","NO","01-18-2023","1","1105487","D:\ISC Data\Export Project\1105487.pdf"

Search

All Words

e.g. 1606N020Q02



Search Results

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Keyword Search

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Simple Search

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☐ Exact Phrase [i](#)

e.g. 1606N020Q02

"Information Systems Corporation"



isc



Federal Organizations



No matches found

Your search did not return any results for active records.

Would you like to include inactive records in your search results?

Yes

Go back



Notice:
As allowed by our bylaws and approved at the Executive Board Meeting on 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

2401179 Invoice Number

1/2/24 Invoice Date

11,071.19 Amount

Bill to:

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

2024 Information Services Support Group - Enhancement Fund contribution	1.00	300.00	300.00
2024 IFS General Support (CMHS)	1.00	6,121.19	6,121.19
2024 JIC - IFS Enh Fund (\$900/office)	1.00	900.00	900.00
2024 MnCCC Information Services Support Group (ISSG) Annual Dues	1.00	2,500.00	2,500.00
2024 MnCCC Dues for JIC (Joint Integrated Committee) \$1250/ea office	1.00	1,250.00	1,250.00

11,071.19

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

2401179 Invoice Number

1/2/24 Invoice Date

11,071.19 Amount

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

Feb 1, 2024 Due Date

Search All Words ▼ e.g. 1606N020Q02 Q

Search Results S

Select Domain
All Domains +

Filter By —

Keyword Search

For more information on how to use our keyword search, visit our [help guide](#)

Simple Search

Search Editor

- ☐ Any Words i
- ☒ All Words i
- ☐ Exact Phrase i

e.g. 1606N020Q02

"Minnesota Counties" x

mnccc x

mccc x



No matches found

Your search did not return any results for active records.

Would you like to include inactive records in your search results?

Yes

Go back



From: Shawn Larsen
Phone: 320-208-1528
Cell: 320-287-0922
Fax: 320-589-3595
E-mail: shawn.larsen@morriselectronics.net

3:18 pm, Dec 13, 2023

Qty	Part #	Description	per unit \$	extended \$
2	5562628	Cisco FirePOWER 1120 Next-Generation Firewall - Firewall - 1U - rack-mountable	\$ 2,357.18	\$ 4,714.36
2	7281544	Cisco SmartNet - SNTC-8X5XNBD	\$ 406.52	\$ 813.04
2	5590259	Cisco FPR1120 Threat Defense Threat, Malware and URL 1Y Subs	\$ 1,757.20	\$ 3,514.40
75	11354798	Cisco AnyConnect Plus License, 1YR, 25-99 Users	\$ 3.95	\$ 296.25
			Sub Total	\$ 9,338.05
			Sales Tax	EXEMPT
			Total	\$ 9,338.05



From: Shawn Larsen
Phone: 320-208-1528
Cell: 320-287-0922
Fax: 320-589-3595
E-mail: shawn.larsen@morriselectronics.net

Option #2

Page 1 of 1
All prices and descriptions are subject to change without notice.



[← Continue Shopping](#)

Shopping Cart









Save to Cart

Email Cart

ADD ITEM TO CART

Enter CDW# or MFG#

Add

ITEM	AVAILABILITY	PRICE	QUANTITY	ITEM TOTAL	
 Cisco FirePOWER 1120 Next-Generation Firewall - firewall MFG Part: FPR1120-NGFW-K9 CDW Part: 5617296 UNSPSC:	6-8+ Days Expected in-stock date for this item is between 6-8 days. Item will ship once it is in stock.	\$2,401.97 \$2,185.79	2	\$4,371.58	
 Cisco Smart Net Total Care - extended service agreement MFG Part: CON-SNT-FRP11209 CDW Part: 5773563 UNSPSC:	In Stock	\$502.78 \$465.02	2	\$930.04	
 Cisco FirePOWER Threat Defense, Malware and URL - subscription license (1 y) MFG Part: L-FPR1120T-TMC-1Y CDW Part: 5674008 UNSPSC:	In Stock	\$1,665.82 \$1,578.36	2	\$3,156.72	
 Cisco AnyConnect Plus - Subscription License (1 Year) + Software App MFG Part: L-AC-PLS-1Y-S1 CDW Part: 4085128 UNSPSC:	In Stock	\$4.98 \$4.71	75	\$353.25	

Order Summary

Subtotal: **\$8,811.59**

Tax and Shipping calculated at checkout.

Lease Option Pricing ⓘ
\$247.52 / Month

Checkout

Quote



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Showing 1 - 9 of 9 results

Sort by Date Modified/Updated

AGGRESSIVE POWER PRODUCTS INC. Active Registration			Entity
Unique Entity ID	CAGE Code	Physical Address	Expiration Date
MAEMA6FLS8L9	3F2Q9	6301 FIFTH ST, GREEN LANE, PA 18054 USA	Oct 17, 2024
			Purpose of Registration
			All Awards
6910--ARES Emergency Care Training Manikin			Contract Opportunities
Notice ID: 36C24624Q0058			Current Date Offers Due
This solicitation is issued as a Request For Quote (RFQ). The solicitation document and incorporated provisions and clauses are those in effect throu...			October 26, 2023 at 10:00 AM CDT
Department/Ind.Agency	Subtier	Office	Notice Type
VETERANS AFFAIRS, DEPARTMENT OF	VETERANS AFFAIRS, DEPARTMENT OF	246-NETWORK CONTRACTING OFFICE 6 (36C246)	Original Solicitation
			Updated Date
			Oct 18, 2023
			Published Date
			Oct 18, 2023

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Federal Organizations
Enter Code or Name

Status

☒ Active

Showing 1 - 4 of 4 results

Sort by Date Modified/Updated

Microsoft SCCM License for 402 CMXG DNC Enclave 74244			Contract Opportunities
Notice ID: FA857124Q0018			Current Date Offers Due
The Contractor shall provide all the labor, supplies and materials necessary to supply Microsoft System Center Configuration Manager (SCCM) License ...			November 13, 2023 at 11:00 AM CST
Department/Ind.Agency	Subtier	Office	Notice Type
DEPT OF DEFENSE	DEPT OF THE AIR FORCE	FA8571 MAINT CONTRACTING AFSC PZIM	Updated Combined Synopsis/Solicitation
			Updated Date
			Nov 9, 2023 (1)
			Published Date
			Nov 9, 2023
CDW Government LLC Active Registration			Entity
Unique Entity ID	CAGE Code	Physical Address	Expiration Date
PHZDZ8SJSCM1	1KH72	230 N Milwaukee Ave, Vernon Hills, IL 60061 USA	Mar 28, 2024
			Purpose of Registration
			All Awards
CDW CONSULTANTS INC Active Registration			Entity
Unique Entity ID	CAGE Code	Physical Address	Expiration Date
F9PHM3UMT798	1N9D0	4 CALIFORNIA AVE, STE 301, FRAMINGHAM, MA 01701 USA	Dec 5, 2023
			Purpose of Registration
			All Awards
CDW GOVERNMENT LLC ID Assigned			Entity
Unique Entity ID	Physical Address	Assigned Date	
Z75ZJGGHAGD6	13461 Sunrise Valley Dr Ste 350, Herndon, VA 20171 USA	May 2, 2020	

DECEMBER 2023

GRANTS ~ AGREEMENTS ~ CONTRACTS

for Board review and approval

- ☐ **Avera Marshall d/b/a Avera Marshall Regional Medical Center (Marshall, MN)** – 01/01/24 to 12/31/24; Mental Health Hold Orders and Civil Commitment Beds and Services, not to exceed \$1,495/day for hospital services (15% increase)(renewal).
Fiscal Note: 2023: \$5,525; 2022 \$5,470.75; 2021 \$28,254; 2020 \$28,198; 2019 \$47,239

- ☐ **Brown County Evaluation Center Inc. (New Ulm, MN)** – 01/01/24 to 12/31/24; Detoxification and evaluation services, \$471/day (2.5% increase) or according to client's insurance plan plus a 12% service fee of total per diem cost for insurance processing (renewal).
Fiscal Note: 2023 \$53,062; 2022 \$58,922.61; 2021 \$115,149; 2020 \$100,588; 2019 \$58,406

- ☐ **Callens, Jean (Taunton, MN)** – 01/01/24 to 12/31/24; Client guardianship services, \$20/hour plus expenses (no increase) (renewal).
Fiscal Note: 2023 \$3,066; 2022 \$2,126; 2021 \$2,990; 2020 \$1,335; 2019 \$2,747

- ☐ **Dr. Joshua Friese & Community Health Board (Marshall, MN)** - 01/01/24 – 12/31/24; medical consultant contract, \$2,500 annually at \$625/qtr and \$150/hr during a public health emergency when deemed necessary by agency director (25% increase) (renewal).
Fiscal Note: 2023 \$2,000; 2022 \$2,000; 2021 \$2,000; 2020 \$2,000; 2019 \$2,000

- ☐ **Ivonne Hart (Marshall, MN)** – 01/01/24 to 12/31/24; contract to provide interpreting services at \$40/hour for face-to-face during office hours and \$50/printed page for written document translation (no increase)(renewal).
Fiscal Note: 2023 \$15,866.40; 2022 \$4880; 2021 \$390; 2020 \$50











- ☐ **Hunter's Place (Marshall, MN)** – 01/01/23 to 12/31/23; Contract to provide residential children's mental health treatment and care at facility in Marshall; \$298/day plus any transportation costs (19% increase) (renewal).
Fiscal Note: 2023 \$63,675; 2022 \$148,550; 2021 \$129,485

- ☐ **Kinner & Company LTD (Tracy, MN)** – 01/01/24 to 12/31/24; Accounting services for child support cases, \$200/hour plus expenses with a cap of \$4,000 for the year (no increase) (renewal).
Fiscal Note: 2023 \$0

- ☐ **Koch, Paulette (Walnut Grove, MN)** – 01/01/24 to 12/31/24; Client guardianship services, \$110/mo (29% increase) (renewal).
Fiscal Note: 2023 \$6,817; 2022 \$6,586; 2021 \$6,076; 2020 \$7,095; 2019 \$8,224

- ☐ **Lac qui Parle County Family Services** – 01/01/24 to 12/31/24; providing various human resource services, \$85/hour plus mileage (renewal).
Fiscal Note: contract revenue

- ☐ **Lutheran Social Services of MN (St Paul, MN)** – 01/01/24 to 12/31/24; Client guardianship services, \$61/hour (10% increase) (renewal).
Fiscal Note: 2023 \$5,746; 2022 \$3,130; 2021 \$4,623; 2020 \$5,640; 2019 \$5,908

-  **Midwest Monitoring and Surveillance Inc (Burnsville, MN)** – 12/01/23 to 11/30/26; contract for a GPS monitoring system and Random Breath Testing (scheduled or random) for at-risk clients; equipment costs: \$14/day (renewal).
Fiscal Note: 2023 \$84; 2022 \$1,080; 2021 \$142
-  **Murray County DAC (Slayton, MN)** - 01/01/24 – 12/31/24; Paper shredding services, \$8.85/hour (minimum wage increase) (renewal).
Fiscal Note: 2023 \$222; 2022 \$249; 2021 \$126; 2020 \$54
-  **New Horizons Crisis Center (Marshall, Slayton, Redwood locations)** – 01/01/24 to 12/31/24; Block grant payment for supervised parenting time services, \$120,000 (no increase) (renewal).
Fiscal Note: 2023 \$85,263; 2022 \$101,954; 2021 \$73,525; 2020 \$91,330; 2019 \$101,802
-  **PH – Dept. of Health** - 12/01/23 – 06/30/27; contract to support a robust response to emergencies through planning, training, exercises and responses at a local level; \$173,110.41 (NEW).
-  **PH - Ellison Center (St Cloud, MN)** - 01/01/24 – 12/31/24; contract to provide reflective consultation for home visits related to the MDH Strong Foundations FHV grant; \$22,950 (no change) (renewal).
Fiscal Note: 2023 \$17,020; 2022 \$14,195
-  **PH - MDH COVID-19 Vaccine Administration Grant** – 04/01/21 to 03/31/26; An amendment for an extension of expiration date to 3/31/2026 and additional funding to the pandemic response (COVID-19) and vaccination implementation which includes measures related to prevention as well as administrative costs, supplies, etc.; \$1,799,926, originally \$942,095.(renewal).
-  **Hutchinson Leader (Savage, MN)** – 01/01/24 – 12/31/24; A contract for digital advertising and marketing for the Child and Teen Check Up (CTC) program; Social Media and Native Advertising \$857/month (11% increase) (renewal).
Fiscal Note: 2023 \$9,260.16; 2022 \$7,739.96; 2021 \$7,740; 2020 \$8,000
-  **Pipestone Counseling Center** – 01/01/24 to 12/31/24; Contract that will provide children’s mental health clients with home based therapy to minimize family disruptions; \$200/hour (no increase) (renewal).
Fiscal Note: 2023 \$9,850
-  **Pipestone County (Pipestone, MN)** - 01/01/24 – 12/31/24; Office space lease, \$58,000.00 annually at \$14,500/qtr (no increase) (renewal).
Fiscal Note: 2023 \$58,000; 2022 \$58,000; 2021 \$58,000; 2020 \$68,379.60; 2019 \$68,379.60
-  **Progress Inc. (Pipestone, MN)** - 01/01/24 to 12/31/24; Paper shredding and recycling services, \$.85/pound shredding (6% increase) and \$10.85/hr recycling pickup (increased to minimum wage) (renewal).
Fiscal Note: 2023 \$1,621; 2022 \$3,653; 2021 \$1,460.38; 2020 \$1,301; 2019 \$1,831

- ☐ **Rock County Opportunities, Inc. (Luverne, MN)** – 01/01/24 to 12/31/24; day training and habilitation services, \$134.40/full day rate, \$100.80/service unity rate, \$35.48/transportation rate (renewal).

- ☐ **Southwest Crisis Center (Luverne, MN)** – 01/01/24 to 12/31/24; Community Education and Prevention Services to bring awareness and acceptance of mental illness, chemical dependency, or other social problems as well identify availability of resources and services, \$5,000 block grant (no increase) (renewal).
Fiscal Note: 2023 \$5,000; 2022 \$5,000; 2021 \$5,000; 2020 \$5,000; 2019 \$5,000

- ☐ **Southwest Regional Development Commission (Slayton, MN)** – 01/01/24 to 12/31/24; contract to develop a five-year strategic plan for public health, \$100/hour plus printing and mileage costs, total contract not to exceed \$15,000 (NEW).
Fiscal Note:

- ☐ **Southwestern Mental Health Center (Rock)** – 01/01/2024 to 12/31/2024; administrative reimbursement for Adult Rehabilitative Mental Health Services and Adult Community Support Services; \$25,750 (3% increase) (renewal).
Fiscal Note: 2023 \$25,000

- ☐ **Southwestern Mental Health Center (Pipestone/Rock)** – 01/01/2024 to 12/31/2024; administrative reimbursement for Community Living Infrastructure and housing stabilization for Pipestone and Rock counties; \$17,304 (3% increase) (renewal).
Fiscal Note: 2023 \$16,800

- ☐ **Southwestern Mental Health Center (Pipestone/Rock)** – 01/01/2024 to 12/31/2024; administrative reimbursement for Assertive Community Treatment for Pipestone and Rock counties; \$17,304 (3% increase) (renewal).
Fiscal Note: 2023 \$16,800

- ☐ **Southwestern Mental Health Center Inc. (Rock County)** – 01/01/24 to 12/31/24; Mental health services (block grant) to provide adult and children’s outpatient treatment, crisis treatment, and medication management for Rock county only, \$206,000 (3% increase) (renewal).
Fiscal Note: 2023 \$200,000

- ☐ **Toulouse, William with Quarnstrom & Doering PA (Marshall, MN)** - 01/01/24 – 12/31/24; Legal services for agency, \$3,200/month or \$38,400 annually (6.6% increase) (renewal).
Fiscal Note: 2023 \$36,000; 2022 \$29,184; 2021 \$34,397; 2020 \$37,837; 2019 \$36,684

- ☐ **United Community Action Partnership (Marshall, MN)** – 01/01/24 to 12/31/24; Client transportation services that now services all agency counties, volunteer driver rate of \$ 1.035/mile (IRS rate + .38 administrative fee) with local support at \$2,500/county or \$15,000/year (no increase)(renewal).

☐ Signatures None
☐ Signatures Partial
☐ Signatures Completed