

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

## Board Agenda Wednesday January 17, 2024 Marshall Government Center Commissioners Room – 2<sup>nd</sup> Floor 9:00 a.m.

### **HUMAN SERVICES**

- A. Call to Order
- B. Pledge of Allegiance
- C. Election of Officers
  - 1. Elect Chairperson and Vice Chairperson for Human Services Board
  - 2. Appointment of Adult Mental Health Consortium members (2)
- D. Consent Agenda
  - 1. Amend/Approval of Agenda
  - 2. Identification of Conflict of Interest
  - 3. Approval of 12/20/2023 Board Minutes
- E. Introduce New Staff
  - Amy Johnson, Social Worker- Long Term Care, Pipestone
  - AnnaMarie Conte, Social Worker- Child Protection, Redwood Falls
  - Becky Peterson, Eligibility Worker, Redwood Falls
  - Elizabeth Pitzl, Office Support Specialist, Sr., Marshall
- F. Employee Recognition
  - Amy Mead, Office Support Specialist Sr.- Marshall
     Kassandra Stangeland, Case Aide- Pipestone
     Ashley Gustafson, Public Health Educator- Pipestone
     Janet Bush, Registered Dietitian-Pipestone
     1 Year
     5 Years
     10 Years
- G. Financial

### **HUMAN SERVICES (Cont.)**

### G. Caseload

<u>12/23</u>	<u>12/22</u>	<u>11/23</u>	<u>10/23</u>
3,810	3,744	3,841	3,805
407	396	389	390
162	173	159	153
13,703	14,582	14,219	14,231
2,694	2,789	2,686	2,694
\$690,518	\$727,805	\$711,023	\$729.179
\$59,079	\$295,029	\$112,170	\$272,913
	3,810 407 162 13,703 2,694 \$690,518	3,810     3,744       407     396       162     173       13,703     14,582       2,694     2,789       \$690,518     \$727,805	3,810     3,744     3,841       407     396     389       162     173     159       13,703     14,582     14,219       2,694     2,789     2,686       \$690,518     \$727,805     \$711,023

### H. Discussion/Information

### I. Decision Items

- 1. Social Services Policy 25 Behavioral Health Fund (BHF)- Rule 25- Comprehensive Assessments
- 2. Social Services Policy 13 Family Support Grant Program

## **COMMUNITY HEALTH**

### J. Call to Order

### K. Election of Officers

- 1. Election of Chairperson and Vice Chairperson for Community Health Board
- 2. Appoint SCHSAC Representative and Alternate
- 3. Appoint CHB Representative and Alternate

### L. Consent Agenda

- 1. Amend/Approval of Agenda
- 2. Identification of Conflict of Interest
- 3. Approval of 12/20/2023 Board Minutes

### M. Financials

### N. Caseloads

	<u>12/23</u>	<u>11/23</u>	<u>10/23</u>
WIC	N/A	2091	2097
Family Home Visiting	24	30	32
PCA Assessments	8	4	13
Managed Care	214	186	204
Dental Varnishing	0	0	0
Refugee Health	11	0	1
Latent TB Medication Distribution	5	4	4
Water Tests	95	97	163
FPL Inspections	37	43	44
Immunizations	52	103	96
Car Seats	33	18	1

### **COMMUNITY HEALTH (Cont.)**

- O. Discussion/Information
  - 1. SCHSAC Update
  - 2. Public Health Update
- P. Decision Items

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### **GOVERNING BOARD**

- Q. Call to Order
- R. Election of Officers
  - 1. Elect Chairperson and Vice Chairperson for Governing Board
  - 2. Appointment of Executive Committee members
  - 3. Appointment of Finance Committee members
  - 4. Appointment of Personnel Committee members
  - 5. Appointment of Insurance Committee members
  - 6. Appointment of Recording Secretary
- S. Consent Agenda
  - 1. Amend/Approval of Agenda
  - 2. Identification of Conflict of Interest
  - 3. Approval of 12/20/2023 Board Minutes
- T. Financial
- U. Human Resources Statistics

	12/23	12/22	<u>11/23</u>	10/23
Number of Employees	239	232	238	232
Separations	3	2	3	2
New Hires	4	2	2	10
Current Open Positions		8		

Public Health Nurses	4
Social Worker AMH	1
Lead Child Support Officer	1
Social Worker CPS	1
Eligibility Worker	1

### **GOVERNING BOARD (Cont.)**

### V. Discussion/Information

- 1. Human Resources year end report
- 2. MCIT Certificate of Excellence

#### W. Decision Items

- 1. Lacey Hubers, Office Support Specialist, Sr., probationary appointment (12 months), \$17.32 hourly, effective 1/8/2024- Pipestone Office
- 2. Kelli Buysse, Lead Eligibility Worker, probationary appointment (6 months), \$25.00 hourly, effective 1/8/2024- Marshall Office
- 3. Kevin Spivey, Information Technology Specialist, probationary appointment (12 months), \$32.00 hourly, effective 1/22/2024- Marshall Office
- 4. Christine Gieseke, Eligibility Worker, probationary appointment (12 months), \$20.07 hourly, effective 1/22/2024- Luverne office
- 5. Reschedule June 19th Board meeting
- 6. Request to Renew Microsoft Software Contract
- 7. Donations
  - Donation of many new blankets for foster children by BMO Harris Bank, Marshall.
  - Donation of new shoes, socks, hat and mittens to be used for anyone in need by Goodwill, Marshall.
  - Donation of 50 crocheted kitchen towels for anyone in need by Bonnie Preuss.
  - Donation of 66+ sets of pajamas and books for each child in foster care in our six counties by Living Word Church, Marshall.
  - Donation of 60+ books donated for foster children in our six counties by Courtney Brockberg.
  - Anonymous donation of (6) \$10.00 Wal-Mart gift cards to be used for foster children in need.
  - Donation of diapers, wipes, clothes, toys, crayons, and coloring books for anyone local in need by Tattle Tales Boutique, Tracy.
  - Anonymous donation of mittens to be used for anyone in need.
  - Donation of hand-made fleece blankets by St Anne's Catholic Church, 8<sup>th</sup> grade class, to be used for Children's services throughout SWHHS.
  - Donation of many children books from Dan Sprengeler to any child in need.
  - Donation of many boys clothes sizes 10-12 through 14 and size 1 boy shoes to any boy in need of clothing by Kristi St. Aubin.
  - Donation of Pizza and Wings for 2 circle sessions by KB's in Ghent.
- 8. Contracts

### X. Adjournment

### **Next Meeting Dates:**

Wednesday, February 21, 2024 – Marshall Wednesday, March 20, 2024 – Marshall Wednesday, April 17, 2024 – Marshall

#### **SOUTHWEST HEALTH & HUMAN SERVICES** Ivanhoe, Marshall, Slayton, Pipestone, Redwood and Luverne Offices SUMMARY OF FINANCIAL ACCOUNTS REPORT For the Month Ending: December 31, 2023 \* Income Maintenance \* Social Services \* Information Technology \* Health \* Running Balance Description Month \$2,855,030 **BEGINNING BALANCE** RECEIPTS **Monthly Receipts** 1,349,261 **County Contribution** 3,544,020 Interest on Savings 117,527 TOTAL MONTHLY RECEIPTS 5,010,808 **DISBURSEMENTS** Monthly Disbursements 4,343,652 TOTAL MONTHLY DISBURSEMENTS 4,343,652 **ENDING BALANCE** \$3,522,186 REVENUE Checking/Money Market \$3,522,186 \$3,000 SS Benefits Checking **Bremer Savings** \$505,740 \$75,922 First Interstate Bank Savings CD or Term Investment - Magic Fund \$0 Dec 2022 Ending Balance Investments - MAGIC Fund \$10,505,821 \$11,454,719 **ENDING BALANCE** \$14,612,669 DESIGNATED/RESTRICTED FUNDS \$541,415 Dec 2022 Ending Balance **Opioid Settlement Agency Health Insurance** \$1,271,164 \$623,423 \$175,720 **LCTS Lyon Murray Collaborative LCTS Rock Pipestone Collaborative** \$46,145 \$78,859 **LCTS Redwood Collaborative Local Advisory Council** \$598 Dec 2022 Ending Balance \$12,498,769 \$10,514,279 **AVAILABLE CASH BALANCE** REVENUE DESIGNATION 5 4 3 2 \$6,000,000 \$0 \$2,000,000 \$4,000,000 \$8,000,000 \$10,000,000 \$12,000,000 **1 2 3 4 5 6**

### **SWHHS TREND ANALYSIS**

Total Cash and Investment Balance by Month

#### **ALL FUNDS**

	January	February	March	April	May	June	July	August	September	October	November	December
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
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
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
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
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
2023	\$11,060,333.16	\$11,548,890.82	\$10,317,240.69	\$9,301,999.20	\$10,138,948.20	\$13,789,129.14	\$14,781,337.63	\$14,708,502.17	\$13,461,381.69	\$12,826,934.47	\$13,827,985.91	\$14,612,668.79

Average for Year \$4,481,140.24 \$5,431,754.93 \$6,260,975.41 \$8,013,684.18 \$9,890,005.07 \$12,531,279.32

#### **PUBLIC HEALTH**

	January	February	March	April	May	June	July	August	September	October	November	December
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
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
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
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
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
2023	\$4,092,369.86	\$4,485,621.04	\$4,522,574.88	\$4,317,365.64	\$4,392,590.53	\$4,413,234.48	\$4,329,419.65	\$4,465,577.48	\$4,276,687.45	\$4,346,328.21	\$4,280,939.44	\$3,969,889.82

Average for Year \$1,813,230.15 \$1,974,715.22 \$2,177,376.84 \$2,783,206.62 \$3,699,967.15 \$4,324,383.21

#### **HUMAN SERVICES**

	January	February	March	April	May	June	July	August	September	October	November	December
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
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
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
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
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
2023	\$6,052,424.45	\$6,081,720.18	\$4,666,308.71	\$3,354,346.73	\$4,090,366.08	\$7,797,583.18	\$8,821,277.15	\$8,602,178.45	\$7,457,835.03	\$6,724,760.36	\$7,810,473.46	\$8,528,878.75

Average for Year \$1,653,402.17 \$2,174,266.46 \$2,528,493.65 \$3,371,501.75 \$5,012,035.09 \$6,665,679.38

#### **HEALTH INSURANCE**

	January	February	March	April	May	June	July	August	September	October	November	December
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
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
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
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
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
2023	\$612,668.68	\$678,479.43	\$767,125.93	\$804,622.27	\$763,093.34	\$779,663.23	\$844,301.69	\$833,854.87	\$909,715.53	\$929,036.75	\$862,791.28	\$1,271,163.67

Average for Year \$727,502.48 \$1,049,203.01 \$1,203,691.07 \$1,062,945.54 \$857,244.01 \$838,043.06

## Southwest Health and Human Services

INTEGRATED FINANCIAL SYSTEMS

LMD 1/9/24

12:56PM

Treasurer's Cash Trial Balance

As of 12/2023

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<u>Fund</u>		Beginning <u>Balance</u>	<u>This</u> <u>Month</u>	YTD	Current <u>Balance</u>
1	Health Services Fund				
		3,816,222.87			
	Receipts		170,017.58	4,004,347.83	
	Disbursements		66,775.43-	900,497.53-	
	Payroll		354,341.77-	3,041,728.96-	
	Journal Entries		59,500.00-	91,545.61	
	Fund Total		310,599.62-	153,666.95	3,969,889.82
2	Opioid Settlement				
		142,102.00			
	Receipts	,	3,578.67	565,587.48	
	Disbursements		26.68-	12,370.46-	
	Payroll		538.93-	2,858.73-	
	Journal Entries		0.00	151,045.61-	
	Fund Total		3,013.06	399,312.68	541,414.68
5	Human Services Fund	410	General Administra	tion	
		561,625.96-			
	Receipts	·	62,320.43	743,358.91	
	Disbursements		62,514.65-	738,564.72-	
	Payroll		12,765.16-	118,795.64-	
	Journal Entries		290,500.00-	290,500.00-	
	Dept Total		303,459.38-	404,501.45-	966,127.41
5	Human Services Fund	420	Income Maintenanc	ee	
		3,483,235.92			
	Receipts		1,573,036.57	11,955,167.42	
	Disbursements		710,881.30-	5,217,578.47-	
	Payroll		515,395.49-	4,631,094.10-	
	Dept Total		346,759.78	2,106,494.85	5,589,730.77
5	Human Services Fund	431	Social Services		
		7,634,057.96			
	Receipts		2,999,059.34	19,946,483.40	
	Disbursements		148,331.62-	1,393,343.96-	
		Copyrigh	it 2010-2022 Integra	ated Financial Systems	}

## Southwest Health and Human Services

INTEGRATED FINANCIAL SYSTEMS

LMD 1/9/24 12:56PM

Treasurer's Cash Trial Balance

As of 12/2023

Page 3

Fund		Beginning Balance	<u>This</u> Month	YTD	Current Balance
rana	SSIS	<u> Dararroo</u>	956,309.31-	8,139,330.40-	<u>Bararroo</u>
	Payroll		1,147,844.40-	9,919,261.56-	
	Dept Total		746,574.01	494,547.48	8,128,605.44
5	Human Services Fund	461	Information System	ns	
		4,003,627.67-			
	Receipts		5,756.21	52,735.24	
	Disbursements		1,295.69-	6,459.65-	
	Payroll		31,265.64-	269,891.97-	
	Dept Total		26,805.12-	223,616.38-	4,227,244.05
5	Human Services Fund	471	LCTS Collaborative	e Agency	
		0.00			
	Receipts		0.00	262,743.00	
	Disbursements		45,114.00-	262,743.00-	
	Dept Total		45,114.00-	0.00	0.00
	Fund Total	6,552,040.25	717,955.29	1,972,924.50	8,524,964.75
61	Agency Health Insurance				
		623,422.50			
	Receipts	,	269,138.53	3,446,698.87	
	Disbursements		210,766.14-	3,148,957.70-	
	.burnal Entries		350,000.00	350,000.00	
	Fund Total		408,372.39	647,741.17	1,271,163.67
		471			
71	LCTS Lyon Murray Collaborative Fund		LCTS Collaborative	e Agency	
		194,668.51			
	Receipts		21,829.00	124,607.00	
	Disbursements		79,486.24-	143,555.30-	
	Dept Total		57,657.24-	18,948.30-	175,720.21
	Fund Total	194,668.51	57,657.24-	18,948.30-	175,720.21
73	LCTS Rock Pipestone Collaborative Fu	nd <b>471</b>	LCTS Collaborative	e Agency	

## Southwest Health and Human Services

INTEGRATED FINANCIAL SYSTEMS

LMD
1/9/24 12:56PM Treasurer's Cash Trial Balance As of 12/2023 Page 4

		Beginning	This	VTD	Current
<u>Fund</u>	<u> </u>	<u>Balance</u>	<u>Month</u>	YTD	<u>Balance</u>
		47,935.81			
	Receipts		7,100.00	41,241.00	
	Disbursements		0.00	43,032.00-	
	Dept Total		7,100.00	1,791.00-	46,144.81
	Fund Total	47,935.81	7,100.00	1,791.00-	46,144.81
75	Redwood LCTS Collaborative	471	LCTS Collaborative	Agency	
		73,734.51			
	Receipts		16,499.00	98,059.00	
	Disbursements		0.00	92,935.00-	
	Dept Total		16,499.00	5,124.00	78,858.51
	Fund Total	73,734.51	16,499.00	5,124.00	78,858.51
77	Local Advisory Council	477	Local Advisory Cou	uncil	
		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
78	Private Purpose Trust Fund	431	Social Services		
		3,914.00			
	Dept Total		0.00	0.00	3,914.00
	Fund Total	3,914.00	0.00	0.00	3,914.00
All Fun	ds	11,454,718.79			
	Receipts		5,128,335.33	41,241,029.15	
	Disbursements		1,325,191.75-	11,960,117.79-	
	SSIS		956,309.31-	8,139,330.40-	
	Payroll		2,062,151.39-	17,983,630.96-	
	Total		784,682.88	3,157,950.00	14,612,668.79

LMD

1/9/24

12:57PM

## Southwest Health and Human Services

INTEGRATED FINANCIAL SYSTEMS

RM-Stmt of Revenues & Expenditures

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As Of 12/2023

	CURRENT	YEAR	2023	% OF	% OF	
DESCRIPTION	<u>MONTH</u>	TO- DATE	BUDGET	BUDG	YEAR	
FUND 1 HEALTH SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	0.00	1,049,384.00-	1,049,384.00-	100	100	
INTERGOVERNMENTAL REVENUES	580.00-	162,002.04-	168,500.00-	96	100	
STATE REVENUES	34,366.27-	948,103.74-	1,076,231.00-	88	100	
FEDERAL REVENUES	77,463.73-	1,290,661.41-	1,279,428.00 -	101	100	
FEES	32,853.22-	439,740.69-	527,650.00 -	83	100	
EARNINGS ON INVESTMENTS	19,979.67-	64,884.94-	1,100.00-	5,899	100	
MISCELLANEOUS REVENUES	65.60-	186,394.11-	5,950.00-	3,133	100	
TOTAL REVENUES	165,308.49-	4,141,170.93-	4,108,243.00 -	101	100	1%
EXPENDITURES						over
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	100	
PAYROLL AND BENEFITS	354,341.77	3,032,730.25	3,281,440.00	92	100	
OTHER EXPENDITURES	121,566.34	954,773.73	826,803.00	115	100	
TOTAL EXPENDITURES	475,908.11	3,987,503.98	4,108,243.00	97	100	3%
						under

LMD

1/9/24

12:57PM

## Southwest Health and Human Services



RM-Stmt of Revenues & Expenditures

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As Of 12/2023

DESCRIPTION	CURRENT MONTH	YEAR TO- DATE	2023 BUDGET	% OF BUDG	% OF YEAR	
FUND 5 HUMAN SERVICES FUND		_				
REVENUES						
CONTRIBUTIONS FROM COUNTIES	3,544,019.68-	12,800,756.19-	12,552,080.00-	102	100	
INTERGOVERNMENTAL REVENUES	33,021.75-	506,408.25-	268,863.00 -	188	100	
STATE REVENUES	181,313.79-	6,329,878.17-	5,815,087.00-	109	100	
FEDERAL REVENUES	390,104.96-	8,134,688.90-	7,595,371.00-	107	100	
FEES	227,106.33-	2,188,692.72-	2,414,700.00-	91	100	
EARNINGS ON INVESTMENTS	103,547.78-	331,958.24-	4,600.00-	7,216	100	
MISCELLANEOUS REVENUES	87,332.13-	1,887,342.02-	1,440,400.00-	131	100	
TOTAL REVENUES	4,566,446.42	32,179,724.49-	30,091,101.00-	107	100	7%
EXPENDITURES						over
PROGRAM EXPENDITURES	1,283,965.35	12,056,243.79	12,079,777.00	100	100	
PAYROLL AND BENEFITS	1,707,216.83	14,936,486.60	15,281,056.00	98	100	
OTHER EXPENDITURES	857,060.87	3,215,725.00	2,730,268.00	118	100	
TOTAL EXPENDITURES	3,848,243.05	30,208,455.39	30,091,101.00	100	100	0%

## Southwest Health and Human Services



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## Revenues & Expend by Prog, Dept, Fund

<u>⊟ement</u> 1 FUND	<u>Description</u> Health Services Fund	Account Number		Current Month	Year-To-Date	<u>Budget</u>	<u>%of</u> <u>Bdgt</u>	<u>%of</u> <u>Year</u>
410 DEPT	General Administration							
0 PROGRAM			Revenue Expend. Net	65,549.22 65,549.22	105,827.41 105,827.41	0.00 0.00	0 0	100 100 100
910 PROGRAM	CHA/ CHIP		Revenue Expend. Net	0.00 7,323.94 7,323.94	192,069.70 - 219,774.72 27,705.02	60,000.00 - 84,834.00 24,834.00	320 259 112	100 100 100
915 PROGRAM	CDC Infrastructure Grant		Revenue Expend. Net	0.00 6,240.27 6,240.27	8,809.89 - 23,892.04 15,082.15	0.00 0.00 0.00	0 0 0	100 100 100
930 PROGRAM	Administration		Revenue Expend. Net	20,058.01- 94,927.68 74,869.67	1,324,778.22 - 763,712.59 561,065.63 -	1,056,434.00 - 704,150.00 352,284.00 -	125 108 159	100 100 100
410 DEPT	General Administration	Totals:	Revenue Expend. Net	20,058.01 - 174,041.11 153,983.10	1,525,657.81 - 1,113,206.76 412,451.05 -	1,116,434.00 - 788,984.00 327,450.00 -	137 141 126	100 100 100
481 DEPT	Nursing							
100 PROGRAM	Family Health		Revenue Expend. Net	400.00- 1,736.95 1,336.95	20,327.29 - 19,415.40 911.89 -	22,500.00 - 17,862.00 4,638.00 -	90 109 20	100 100 100
103 PROGRAM	Follow Along Program		Revenue Expend. Net	5,190.91 - 3,055.57 2,135.34 -	21,300.68 - 32,830.66 11,529.98	32,900.00 - 64,179.00 31,279.00	65 51 37	100 100 100
110 PROGRAM	TANF		Revenue Expend. Net	0.00 60.47 60.47	96,467.90 - 91,551.33 4,916.57 -	127,876.00 - 127,673.00 203.00 -	75 72 2,422	100 100 100
125 PROGRAM	Asthma Program		Revenue Expend. Net	2,156.60 2,156.60	2,156.60 2,156.60	0.00 0.00	0	100 100 100
130 PROGRAM	WC		Revenue Expend. Net	38,750.00- 63,726.55 24,976.55	532,452.50 - 613,705.83 81,253.33	525,000.00 - 562,507.00 37,507.00	101 109 217	100 100 100

## Southwest Health and Human Services



## Revenues & Expend by Prog, Dept, Fund

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<u>⊟ement</u> 140 PROGRAM	<u>Description</u> <u>Account Number</u> Peer Breastfeeding Support Program	Revenue	Current Month	Year-To-Date	<u>Budget</u>	<u>%of</u> <u>Bdgt</u>	%of Year 100
		Expend. Net	0.00 0.00	0.66 - 0.66 -	0.00 0.00	0 0	100 100
210 PROGRAM	CTC Outreach	Revenue Expend. Net	11,061.68- 16,211.97 5,150.29	168,046.09 - 154,210.07 13,836.02 -	179,961.00 - 184,017.00 4,056.00	93 84 341 -	100 100 100
265 PROGRAM	Strong Foundations FHV	Revenue Expend. Net	1,687.05 - 15,193.84 13,506.79	126,094.81 - 109,576.16 16,518.65 -	195,000.00 - 156,792.00 38,208.00 -	65 70 43	100 100 100
270 PROGRAM	Maternal Child Health - Title V	Revenue Expend. Net	28,292.08 - 15,464.76 12,827.32 -	133,456.65 - 143,971.50 10,514.85	232,037.00 - 285,070.00 53,033.00	58 51 20	100 100 100
280 PROGRAM	MCH Dental Health	Revenue Expend. Net	0.00 161.02 161.02	0.00 1,508.55 1,508.55	1,000.00 - 2,496.00 1,496.00	0 60 101	100 100 100
285 PROGRAM	MCH Blood Lead	Revenue Expend. Net	1,031.74 1,031.74	7,456.44 7,456.44	11,723.00 11,723.00	64 64	100 100 100
295 PROGRAM	MCH Car Seat Program	Revenue Expend. Net	1,034.68- 6,521.00 5,486.32	13,527.78 - 51,253.13 37,725.35	35,000.00 - 63,861.00 28,861.00	39 80 131	100 100 100
300 PROGRAM	Case Management	Revenue Expend. Net	26,546.77- 44,078.18 17,531.41	455,100.28 - 344,158.47 110,941.81 -	466,000.00 - 424,559.00 41,441.00 -	98 81 268	100 100 100
330 PROGRAM	MNChoices	Revenue Expend. Net	0.00 15,063.83 15,063.83	171,110.65 - 207,494.10 36,383.45	182,000.00 - 222,008.00 40,008.00	94 93 91	100 100 100
603 PROGRAM	Disease Prevention and Control	Revenue Expend. Net	1,063.20- 22,234.28 21,171.08	95,119.77 - 205,403.21 110,283.44	164,920.00 - 269,599.00 104,679.00	58 76 105	100 100 100
660 PROGRAM	MIIC	Revenue Expend. Net	50.33 50.33	1,404.15 1,404.15	2,237.00 2,237.00	63 63	100 100 100

## Southwest Health and Human Services



## Revenues & Expend by Prog, Dept, Fund

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Report Basis: Cash

<u>日ement</u> 481 DEPT	<u>Description</u> Nursing	Account Number Totals:	Revenue Expend. Net	Current Month 114,026.37- 206,747.09 92,720.72	<u>Year- To- Date</u> 1,833,004.40 - 1,986,094.94 153,090.54	<u>Budget</u> 2,164,194.00 - 2,394,583.00 230,389.00	% of Bdgt 85 83 66	% of Year 100 100
483 DEPT	Health Education			01,720171	100,000.01	200,000.00	00	100
500 PROGRAM	Direct Client Services		Revenue	0.00	3,789.41 -	950.00 -	399	100
300 PhOGRAM	Direct Chefft Services		Expend.	148.29	3,769.41 - 8,274.55	19,002.00	399 44	100 100
			Net	148.29	4,485.14	18,052.00	25	100
510 PROGRAM	SHIP		Revenue	28,364.11-	247,674.47	224,631.00 -		
310 PhOGRAM	SHIF		Expend.	27,359.08	228,289.12	224,631.00 -	110 102	100
			Net	1,005.03	19,385.35	1,012.00 -	1,916	100 100
FAO DDOODAM	Taward Zara Daatha (TZD)	Cofe Danda		ŕ	ŕ	ŕ	,	
540 PROGRAM	Toward Zero Deaths (TZD)	Sare Roads	Revenue Expend.	0.00 846.79	5,155.33 - 7,507.41	16,768.00 -	31 45	100
			Net	846.79 846.79	7,597.41 2,442.08	16,829.00 61.00	4,003	100 100
		6.4 5						
541 PROGRAM	Toward Zero Deaths (TZD)	Safe Hoads	Revenue	0.00	2,392.03-	16,768.00 -	14	100
			Expend. Net	758.89	5,321.20	16,829.00	32	100
				758.89	2,929.17	61.00	4,802	100
551 PROGRAM	Pipestone Drug Free Comm	nunities	Revenue	0.00	140,096.02 -	223,950.00 -	63	100
			Expend.	13,947.28	147,006.60	223,950.00	66	100
			Net	13,947.28	6,910.58	0.00	0	100
560 PROGRAM	Opioid Settlement		Revenue	0.00	0.04 -	0.00	0	100
			Expend.	0.00	780.87 -	0.00	0	100
			Net	0.00	780.91 -	0.00	0	100
570 PROGRAM	Regional Health Equity Net	work Grant	Revenue	0.00	8,155.06 -	0.00	0	100
			Expend.	719.48	12,039.00	0.00	0	100
			Net	719.48	3,883.94	0.00	0	100
900 PROGRAM	Emergency Preparedness		Revenue	0.00	82,847.86 -	94,148.00 -	88	100
			Expend.	10,168.11	85,302.52	97,493.00	87	100
			Net	10,168.11	2,454.66	3,345.00	73	100
901 PROGRAM	Med Reserve Corps		Revenue					100
			Expend.	0.00	6,707.31	0.00	0	100
			Net	0.00	6,707.31	0.00	0	100
903 PROGRAM	Response Sustainability- Ph	HEP	Revenue					100
	,		Expend.	269.85	269.85	0.00	0	100
			Net	269.85	269.85	0.00	0	100

## Southwest Health and Human Services



## Revenues & Expend by Prog, Dept, Fund

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<u>日ement</u> 905 PROGRAM	<u>Description</u> COVID-19 Pandemic	Account Number	Revenue Expend. Net	Current Month 0.00 892.65 892.65	Year-To-Date 51,221.48- 42,562.56 8,658.92-	<u>Budget</u> 0.00 0.00 0.00	% of Bdgt 0 0 0	% of Year 100 100
906 PROGRAM	COVID-19 Vaccination Plann	ning Grant	Revenue Expend. Net	0.00 0.00 0.00	1,059.24 - 480.60 578.64 -	0.00 0.00 0.00	0 0 0	100 100 100
907 PROGRAM	Crisis Response Workforce C	Grant (CO)	Revenue Expend. Net	0.00 881.57 881.57	10,622.50 - 6,909.03 3,713.47 -	0.00 0.00 0.00	0 0 0	100 100 100
483 DEPT	Health Education	Totals:	Revenue Expend. Net	28,364.11 - 55,991.99 27,627.88	553,013.44 - 549,978.88 3,034.56 -	577,215.00 - 597,722.00 20,507.00	96 92 15 -	100 100 100
485 DEPT	Environmental Health							
800 PROGRAM	Environmental		Revenue Expend. Net	580.00- 27,340.08 26,760.08	163,000.00- 249,039.66 86,039.66	217,900.00 - 240,944.00 23,044.00	75 103 373	100 100 100
809 PROGRAM	Environmental Water Lab		Revenue Expend. Net	2,280.00- 11,465.61 9,185.61	66,495.28 - 88,861.51 22,366.23	32,500.00 - 86,010.00 53,510.00	205 103 42	100 100 100
830 PROGRAM	FDA Standardization Grant		Revenue Expend. Net	322.23 322.23	322.23 322.23	0.00 0.00	0	100 100 100
485 DEPT	Environmental Health	Totals:	Revenue Expend. Net	2,860.00- 39,127.92 36,267.92	229,495.28 - 338,223.40 108,728.12	250,400.00 - 326,954.00 76,554.00	92 103 142	100 100 100
1 FUND	Health Services Fund	Totals:	Revenue Expend. Net	165,308.49 - 475,908.11 310,599.62	4,141,170.93 - 3,987,503.98 153,666.95 -	4,108,243.00 - 4,108,243.00 0.00	101 97 0	100 100 100

## Southwest Health and Human Services



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## Revenues & Expend by Prog, Dept, Fund

<u> Bement</u>	Description	Account Number		Current Month	Year- To- Date	<u>Budget</u>	<u>%of</u> <u>Bdgt</u>	<u>%of</u> <u>Year</u>
5 FUND	Human Services Fund							
410 DEPT	General Administration							
0 PROGRAM			Revenue					100
			Expend.	303,211.30	406,156.85	89,449.00	454	100
			Net	303,211.30	406,156.85	89,449.00	454	100
410 DEPT	General Administration	Totals:	Revenue					100
			Expend.	303,211.30	406,156.85	89,449.00	454	100
			Net	303,211.30	406,156.85	89,449.00	454	100
420 DEPT	Income Maintenance							
0 PROGRAM			Revenue					100
			Expend.	5.10	35.70	0.00	0	100
			Net	5.10	35.70	0.00	0	100
600 PROGRAM	Income Maint Administrative/ C	Overhea	Revenue	1,089,928.38-	4,696,932.48-	3,950,641.00 -	119	100
			Expend.	474,129.14	1,803,935.65	1,611,243.00	112	100
			Net	615,799.24-	2,892,996.83 -	2,339,398.00 -	124	100
601 PROGRAM	Income Maint/ Random Momen	t Payro	Revenue					100
			Expend.	315,371.15	2,765,316.08	2,841,938.00	97	100
			Net	315,371.15	2,765,316.08	2,841,938.00	97	100
602 PROGRAM	Income Maint FPI Investigator		Revenue	0.00	75,606.00 -	130,000.00 -	58	100
			Expend.	14,211.50	121,828.09	117,717.00	103	100
			Net	14,211.50	46,222.09	12,283.00 -	376 -	100
605 PROGRAM	MN Supplemental Aid (MSA)/ GF	RH	Revenue	3,043.04-	47,705.40 -	50,300.00 -	95	100
			Expend.	12,548.58	65,290.89	50,000.00	131	100
			Net	9,505.54	17,585.49	300.00 -	5,862 -	100
610 PROGRAM	TANF(AFDC/ MFIP/ DWP)		Revenue	225.00-	6,134.75-	8,400.00 -	73	100
			Expend.	469.26	1,209.66	5,040.00	24	100
			Net	244.26	4,925.09-	3,360.00 -	147	100
620 PROGRAM	General Asst (GA) / Burials		Revenue	0.00	38,020.72 -	36,500.00 -	104	100
			Expend.	34,020.25	318,370.73	351,000.00	91	100
			Net	34,020.25	280,350.01	314,500.00	89	100
630 PROGRAM	Food Support (FS)		Revenue	17,103.30-	710,950.19-	553,000.00 -	129	100
			Expend.	404.65	4,762.67	2,500.00	191	100
			Net	16,698.65-	706,187.52	550,500.00 -	128	100

## Southwest Health and Human Services



## Revenues & Expend by Prog, Dept, Fund

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<u>日ement</u> 640 PROGRAM	Description Child Support (IVD)	Account Number	Revenue Expend. Net	Current Month 193,718.34 - 112,921.64 80,796.70 -	<u>Year- To- Date</u> 1,605,589.53 - 1,094,231.63 511,357.90 -	Budget 1,555,233.00 - 1,271,035.00 284,198.00 -	%of Bdgt 103 86 180	% of Year 100 100 100
650 PROGRAM	Medical Assistance (MA)		Revenue Expend. Net	263,162.54 - 256,339.55 6,822.99 -	4,758,387.77 - 3,660,141.89 1,098,245.88 -	4,168,000.00 - 3,105,000.00 1,063,000.00 -	114 118 103	100 100 100
680 PROGRAM	Refugee Cash Assistance (RCA)		Revenue Expend. Net	0.00	2,291.00 - 2,291.00 -	0.00	0	100 100 100
420 DEPT	Income Maintenance	Totals:	Revenue Expend. Net	1,567,180.60 - 1,220,420.82 346,759.78 -	11,941,617.84 - 9,835,122.99 2,106,494.85 -	10,452,074.00 - 9,355,473.00 1,096,601.00 -	114 105 192	100 100 100
431 DEPT	Social Services							
0 PROGRAM			Revenue Expend. Net	14.00 14.00	112.00 112.00	0.00 0.00	0 0	100 100 100
700 PROGRAM	Social Service Administrative/ Over	erhea	Revenue Expend. Net	2,446,876.50- 308,217.20 2,138,659.30-	11,941,473.85 - 2,755,770.64 9,185,703.21 -	11,396,200.00 - 3,159,729.00 8,236,471.00 -	105 87 112	100 100 100
701 PROGRAM	Social Services/SSTS		Revenue Expend. Net	967,947.42 967,947.42	8,446,001.76 8,446,001.76	8,322,128.00 8,322,128.00	101 101	100 100 100
710 PROGRAM	Children's Social Services Progra	ms	Revenue Expend. Net	93,779.78- 351,219.18 257,439.40	2,170,837.74 - 4,081,751.54 1,910,913.80	2,189,242.00 - 4,313,127.00 2,123,885.00	99 95 90	100 100 100
711 PROGRAM	YIP Grant (Circle)- Dept of Public	Safet	Revenue Expend. Net	0.00 3,769.61 3,769.61	30,661.65 - 30,943.89 282.24	0.00 0.00 0.00	0 0 0	100 100 100
712 PROGRAM	CIRCLE Program		Revenue Expend. Net	9,836.25 - 4,066.05 5,770.20 -	15,036.25 - 23,649.13 8,612.88	5,000.00 - 23,379.00 18,379.00	301 101 47	100 100 100
713 PROGRAM	STAY Program Grant (formerly St	<del>l</del> F)	Revenue Expend. Net	0.00 3,293.99 3,293.99	37,397.00 - 23,232.82 14,164.18 -	51,500.00 - 51,500.00 0.00	73 45 0	100 100 100

## Southwest Health and Human Services



## Revenues & Expend by Prog, Dept, Fund

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日ement 714 PROGRAM	<u>Description</u> PrimeWest Reinvestment Grant  Account Number	Revenue	Current Month 0.00	<u>Year-To-Date</u> 360,447.00-	Budget 0.00	<u>%of</u> <u>Bdgt</u> <b>0</b>	<u>%of</u> <u>Year</u> 100
714 FIIOGIIAW	Timewest hemvestment draint	Expend.	1,986.48	3,570.48	0.00	0	100
		Net	1,986.48	356,876.52	0.00	0	100
715 PROGRAM	Children Waivers	Revenue	23,575.14	110,107.32 -	220,000.00 -	50	100
		Expend.	159.96	319.92	0.00	0	100
		Net	23,415.18-	109,787.40 -	220,000.00 -	50	100
716 PROGRAM	FGDM/ Family Group Decision Making	Revenue	0.00	128,590.10-	123,032.00 -	105	100
		Expend.	11,410.48	116,991.61	123,032.00	95	100
		Net	11,410.48	11,598.49 -	0.00	0	100
717 PROGRAM	Family Assmt Response Grant/Discr F	Revenue	9,626.50-	40,857.00 -	38,506.00 -	106	100
	·	Expend.	3,725.07	38,957.92	38,506.00	101	100
		Net	5,901.43-	1,899.08 -	0.00	0	100
718 PROGRAM	PSOP/ Parent Support Outreach Progra	Revenue	0.00	26,696.31 -	33,156.00 -	81	100
		Expend.	2,512.57	21,609.75	33,156.00	65	100
		Net	2,512.57	5,086.56-	0.00	0	100
720 PROGRAM	Child Care/ Child Protection	Revenue	650.00-	20,400.00 -	18,500.00 -	110	100
		Expend.	660.00	5,169.25	2,700.00	191	100
		Net	10.00	15,230.75	15,800.00 -	96	100
721 PROGRAM	CC Basic Side Fee/ Cty Match to DHS	Revenue	1,962.00-	23,652.04	40,020.00 -	59	100
721 Phognalii	CC Basic Side Fee/ City Match to DhS	Expend.	0.00	50,600.38	43,365.00	117	
		Net	1,962.00-	26,948.34	3,345.00	806	100 100
722 PROGRAM	Child Care/ MFIP	Revenue	0.00	9,407.80 -	0.00	0	100
		Expend.					100
		Net	0.00	9,407.80 -	0.00	0	100
726 PROGRAM	MFIP/ SW MN PIC	Revenue	957.00-	7,654.00-	10,000.00 -	77	100
		Expend.					100
		Net	957.00-	7,654.00 -	10,000.00 -	77	100
730 PROGRAM	Chemical Dependency	Revenue	10,405.67-	185,317.62 -	345,000.00 -	54	100
		Expend.	15,554.38	196,723.79	244,000.00	81	100
		Net	5,148.71	11,406.17	101,000.00 -	11 -	100
740 PROGRAM	Mental Health (Both Adults & Children	Revenue	0.00	56.80 -	0.00	0	100
	,	Expend.	2.00		•	· ·	100
		Net	0.00	56.80 -	0.00	0	100
			2.00	22.00	• • • • • • • • • • • • • • • • • • • •	·	

## Southwest Health and Human Services



## Revenues & Expend by Prog, Dept, Fund

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Report Basis: Ca	ash
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<u>日ement</u> 741 PROGRAM	<u>Description</u> Mental Health - Adults Only	Account Number	Revenue	Current Month 108,970.38-	<u>Year- To- Date</u> 1,165,768.90 -	<u>Budget</u> 1,320,836.00 -	<u>%of</u> <u>Bdgt</u> 88	%of Year 100
			Expend.	373,431.95	2,035,708.16	1,938,385.00	105	100
			Net	264,461.57	869,939.26	617,549.00	141	100
742 PROGRAM	Mental Health - Children Only		Revenue	64,669.61-	731,616.78-	899,838.00 -	81	100
			Expend.	136,939.42	1,021,538.37	1,388,975.00	74	100
			Net	72,269.81	289,921.59	489,137.00	59	100
750 PROGRAM	Developmental Disabilities		Revenue	57,693.73-	757,303.77 -	804,000.00 -	94	100
			Expend.	18,900.45	251,180.92	342,412.00	73	100
			Net	38,793.28-	506,122.85 -	461,588.00 -	110	100
760 PROGRAM	Adult Services		Revenue	110,663.54-	1,356,230.66-	1,268,197.00 -	107	100
			Expend.	11,480.49	90,000.40	81,700.00	110	100
			Net	99,183.05-	1,266,230.26 -	1,186,497.00 -	107	100
765 PROGRAM	Adult Waivers		Revenue	53,843.51-	803,115.82 -	844,000.00 -	95	100
			Expend.	31,646.90	234,248.20	199,500.00	117	100
			Net	22,196.61-	568,867.62 -	644,500.00 -	88	100
431 DEPT	Social Services	Totals:	Revenue	2,993,509.61-	19,922,628.41 -	19,607,027.00 -	102	100
			Expend.	2,246,935.60	19,428,080.93	20,305,594.00	96	100
			Net	746,574.01-	494,547.48 -	698,567.00	71 -	100
461 DEPT	Information Systems							
0 PROGRAM			Revenue	5,756.21-	52,735.24 -	32,000.00 -	165	100
			Expend.	32,561.33	276,351.62	340,585.00	81	100
			Net	26,805.12	223,616.38	308,585.00	72	100
461 DEPT	Information Systems	Totals:	Revenue	5,756.21-	52,735.24 -	32,000.00 -	165	100
			Expend.	32,561.33	276,351.62	340,585.00	81	100
			Net	26,805.12	223,616.38	308,585.00	72	100
471 DEPT	LCTS Collaborative Agency							
702 PROGRAM	LCTS		Revenue	0.00	262,743.00 -	0.00	0	100
			Expend.	45,114.00	262,743.00	0.00	0	100
			Net	45,114.00	0.00	0.00	0	100
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	0.00	262,743.00 -	0.00	0	100
			Expend.	45,114.00	262,743.00	0.00	0	100
			Net	45,114.00	0.00	0.00	0	100
5 FUND	Human Services Fund	Totals:	Revenue	4,566,446.42-	32,179,724.49 -	30,091,101.00 -	107	100
			Expend.	3,848,243.05	30,208,455.39	30,091,101.00	100	100
			Net	718,203.37	1,971,269.10	0.00	0	100

# Social Services Caseload:

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

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	2790	613	3403
Average	2820	575	3395

# Adult - Social Services Caseload

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

<sup>\*</sup>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)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
January	8	401	10	0	244	48	1036	17	222	448	310	2744
February	8	404	10	0	245	61	1044	15	222	445	310	2764
March	8	406	10	0	243	73	1049	16	202	446	311	2764
April	8	412	10	0	245	81	1065	15	220	450	311	2817
May	8	411	10	0	250	91	1074	16	233	448	300	2841
June	8	409	10	0	239	101	1080	16	263	451	306	2883
July	8	407	10	0	241	103	1080	18	281	451	305	2904
August	8	403	10	0	252	101	1073	19	275	448	304	2893
September	8	409	10	0	245	97	1078	17	182	445	303	2794
October	9	403	10	0	243	95	1085	18	200	450	302	2815
November	10	404	10	0	247	70	1066	19	244	458	302	2830
December	10	407	10	0	253	78	1055	21	188	463	305	2790
	8	406	10	0	246	83	1065	17	228	450	306	2757

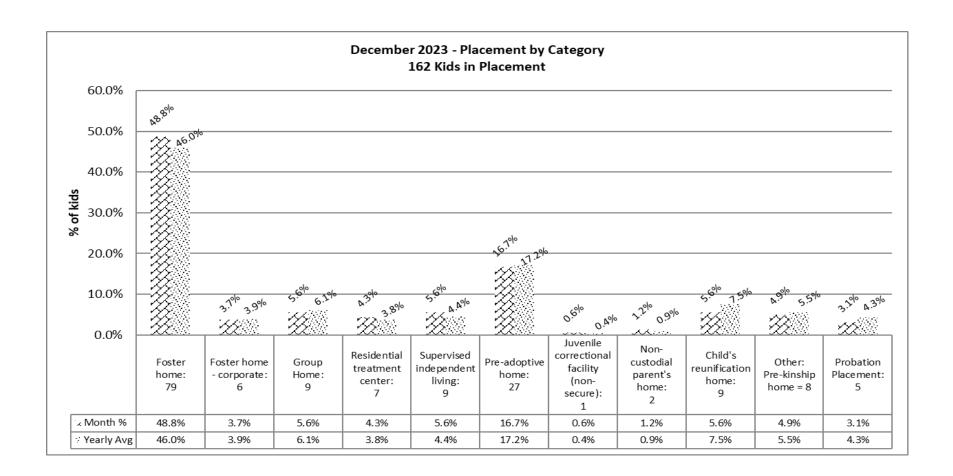
# Children's - Social Services Caseload

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

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)	Children's Mental Health (CMH)	Early Inter vention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
January	20	35	0	11	63	179	154	76	0	0	33	571
February	20	35	0	11	62	196	160	76	0	0	34	594
March	20	34	0	11	63	179	170	76	0	0	35	588
April	20	34	0	12	66	188	170	78	0	0	42	610
May	20	33	0	12	66	167	155	86	0	0	39	578
June	22	30	0	12	64	140	132	84	0	0	38	522
July	23	28	0	12	64	143	136	87	0	0	32	525
August	24	31	0	12	64	133	140	85	0	0	33	522
September	24	29	0	12	64	151	154	91	0	0	34	559
October	24	28	0	12	64	171	166	94	0	0	41	600
November	23	29	0	12	64	179	175	98	0	0	42	622
December	23	27	0	12	64	167	178	101	0	0	41	613
	22	31	0	12	64	166	158	86	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
					·			Đ						
Lincoln	3	4	5	5	5	5	5	5	5	5	5	5	5	5
Lyon	51	47	45	48	49	48	44	43	49	54	62	68	51	51
Murray	15	11	10	10	11	15	17	17	18	16	14	14	14	14
Pipestone	22	21	21	18	18	19	22	22	22	21	23	22	21	25
Redwood	70	67	65	59	59	51	46	46	44	46	44	42	53	70
Rock	11	12	13	12	9	9	8	8	9	11	11	11	10	9
Monthly Totals	172	162	159	152	151	147	142	141	147	153	159	162		



# **December 2023:** Total kids in placement = 162

## **Total of 15 Children entered placement**

9	Lyon	Foster Home
1	Lyon	Group Home
2	Murray	Foster Home
1	Pipestone	Foster Home
1	Pipestone	Juvenile Correctional Facility
1	Redwood	Foster Home

## <u>Total of 12 Children were discharged from placement</u> (discharges from previous month)

3	Lyon	ADOPTED
1	Lyon	Pre-Kinship Home
2	Murray	ADOPTED
2	Pipestone	Child's Reunification Home
1	Pipestone	Residential Treatment Center
2	Redwood	Child's Reunification Home
1	Redwood	Probation

## **NON IVD COLLECTIONS**

## December 2023

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5803	3,043
TANF (MFIP/DWP/AFDC)	05-420-610.5803	25
GA	05-420-620.5803	0
GA County Burial Recovery	05-420-620.5804	0
FS	05-420-630.5803	475
CS (PI Fee, App Fee, etc)	05-420-640.5501	348
MA Recoveries & Estate Collections	05-420-650.5803	29,805
(25% retained by agency)		
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	7,415
OOH/FC Recovery	05-431-710.5803	9,060
CHILDCARE		
Licensing	05-431-720.5502	(150)
Corp FC Licensing	05-431-720.5505	800
Over Payments	05-431-721&722.5803	0
CHEMICAL DEPENDENCY		
SUD Assessment Fee	05-431-730.5504	4,229
CD Assessments	05-431-730.5519	1,244
Detox Fees	05-431-730.5520	1,289
SUD Treatment	05-431-730.5523	1,496
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	
TOTAL NON-IVD COLLECTIONS		E0 070
TOTAL NON-IVD COLLECTIONS	<u> </u>	59,079

EFFECTIVE DATE: 03/16/11

REVISION DATE: 01/01/14; 08/19/2020; 04/21/2021; 01/17/2024

AUTHORITY: Southwest Health and Human Services – Human Services Board

MN Rule 9530.7000-9530.7030

MN Statute 393.12 Fee for Social Services MN Statute 256M.60 Duties of County Boards

MN Statute 169A.284 Chemical Dependency Assessment Charge

MN Statute 254B.04 Eligibility for Chemical Dependency Funded Services

MN Statute 256G Unitary Residence

MN Statute 254A.19 Chemical Use Assessments

#### Behavioral Health Fund (BHF)- RULE 25/Comprehensive Assessments

#### Section 1 - Purpose

a. It is the goal of Southwest Health and Human Services (SWHHS) to provide an accurate and timely Rule 25/Comprehensive Assessment and Fee Schedule according to MN Rules, Statutes, and Manuals governing this program area. Only Comprehensive Assessments will be provided after June 30, 2022.

### Section 2 - Procedure

- a. SWHHS will complete a substance use assessment upon request or referral for residents of counties served by SWHHS and for those in Jail settings within our catchment area when the consumers county of financial responsibility is unable to complete, per statute. SWHHS will notify all referrals of the Direct Access Process and their right to choose where to have their assessment completed. SSA#128-Choice Statement for Substance Use Assessments form is given to all asking for an assessment. Upon request, SWHHS will provide a list of in person and virtual Comprehensive Assessment providers. SWHHS must provide assessment services for consumers without regard to national origin, marital status, race, color religion, creed, disability, sex, or sexual orientation.
  - b. SWHHS will provide as an appointment date for an assessment interview either in person or virtual within 20 calendar days from the date the appointment was asked for or by the consumer. The interview for a client who misses an appointment, must be within 20 calendar days of the next date and appointment was asked for. If the consumer is in jail or prison, MN Statute 254A.19 Subdivision 1, Persons arrested outside of home county, the county where the person is detained shall perform the assessment. The county of financial responsibility is determined under chapter 256G.

- c. The assessment must be done in a language the consumer understands.
- d. the placing authority must do the assessment and placement authorization. If the placing authority does not assess the client, the county where the consumer is at must assess the client and begin dispute process.
- e. For Rule 25 Assessments, the instrument will be the Minnesota Department of Human-Services Rule 25 Assessment tool or a tool approved by the Department of Human-Services. Within 10 calendar days after the initial assessment interview, SWHHS will-complete the assessment, make determinations and approve services if the consumer is eligible. If 45 days have elapsed between the interview and beginning of services, SWHHS will update the Rule 25 assessment to determine if the risk description has changed and if it changes the planned services. This update does not need a face-to-face contact and may be based on information from the consumer, collateral or treatment provider. SWHHS will provide a new Rule 25 assessment if 6 months have passed since the most recent assessment or update. SWHHS may accept an assessment completed from any other placing authority in order to meet the needs of this part.
- d. For Comprehensive Assessment, the instrument will be \$\frac{\text{SSA#055 or}}{\text{or}}\$ a tool approved by the Department of Human Services and American Society of Addiction Medicine (ASAM). Within 3 calendar days after the initial assessment interview, \$\text{SWHHHS}\$ will complete the assessment, make and send determinations, complete Drug and Alcohol Abuse Normative Evaluation \$\text{System.(DAANES)}\$ form and authorize services, if when the consumer is eligible. When there are delays between the time of the interview and beginning of service, \$\text{SWHHS}\$ must may update the Comprehensive Assessment to decide if the risk description has changed that may change planned services. This update does not need a face to face meeting. It is based on information from the consumer, collateral or treatment provider. \$\text{SWHHS}\$ can use assessments completed by other placing authorities to meet the needs of this section.
- e. SWHHS will provide a chemical use assessment for each person seeking treatment or for whom treatment is sought for substance use disorder before the person is placed in a treatment program. SWHHS will determine eligibility for treatment using the dimensions, ASAM criteria, and information from the consumer and collateral contacts.
- f. For the consumer to have treatment paid by the Behavioral Health Fund (BHF), the consumer must meet three requirements:
  - They must meet the financial eligibility requirements;
  - They must meet the Diagnostic and Statistical Manual of Mental Disorders (DSM) and ASAM criteria for substance abuse or dependence Use Disorder;
  - AND they must have a need for treatment demonstrated by having a severity rating in the portal Dimension 4, 5, or 6 with a severity of 2 or more.

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- h. Clients will be given SS#040 and SS#041 to read and sign a notice of their right to a second assessment and right to appeal. In the matter of possible Conflict of Interest, the consumer may request another provider.
- i. The fee for all assessments is \$162.24 the current fee for service rate., or if SWHHS uses a contracted provider to complete the assessment, the fee will be the contracted amount. At the time of scheduling the appointment, the worker will determine Assessment Fee using SSA 127 form. Assessor will notify consumer of their fee eligibility and need to pay. When the consumer does not meet eligibility for Behavioral Health Fund or carries Commercial Insurance, the Assessment fee or insurance information will be collected from the client at the time of the Assessment. and based on the client's ability to pay. Payment can be made in Cash, Credit Card with 3% card handling charge, Money Order, or Personal Check.
- j. The fee shall be charged to the client, or if the client is a minor, the parent(s) will be charged. Payment is due the day of the assessment.
  1. Rule 25 Assessment, regardless of Court ordered assessment status, the fee will be waived for individuals receiving Minnesota Families Investment Program (MFIP), General Assistance (GA), Minnesota Supplemental Aid (MSA) or Medical Assistance (MA), and those consumers who meet income guielines for the Consolidated Treatment Fund. The assessment fee waiver consideration may be given to other hardship situations.
  - 2. Comprehensive Assessment, the fee will be sent to all managed care insurances. If the consumer carries commercial grade insurance, the consumer will be asked to pay the assessment fee up front as SWHHS is unable to contract with these insurance providers for payment of these services. The consumer will also be offered a list of other providers in the area that may be able to take the consumers commercial insurance. If payment does come through from insurance and a consumer has paid this fee up front, the consumer will be refunded the fee they paid. BHF may be used to payfor assessment and treatment if eligible for that fund. Client will be charged a fee if found not eligible and not insured.

Comprehensive Assessment, the fee will be sent to all managed care Minnesota Health Care Plan (MHCP) insurances. Clients that have a commercial insurance as primary and a Minnesota Health Care Plan (MHCP) insurance secondary will also have the fee submitted through commercial insurance then Minnesota Health Care Plan (MHCP) per contract. If the consumer carries commercial grade insurance only, the consumer will be asked to pay the assessment fee up front as SWHHS is unable to contract with these insurance providers for payment of these services. A receipt will be provide to the client for direct submission to their insurance. The consumer will also be offered a list of other providers in the area that may be able to take the consumers commercial insurance. If

payment does come through from insurance and a consumer has paid this fee up front, the consumer will be refunded the fee they paid. BHF may be used to pay for assessment and treatment if eligible for that fund. Client will be charged a fee if found not eligible and not insured.

- k. The assessor, with supervision from the social services supervisor, is able to waive any assessment fee. The assessment fee determination form, SS#127, will be signed by the client or responsible party before the assessment is done. The assessment fee for court ordered assessments will not be waived for those that do not meet fee waiver criteria.
- I. CHIPS court ordered Child Protection assessments, fees will be submitted to insurance.

  If no insurance then will be waived.
- m. Upon completion of Comprehensive Assessment, a case will be opened in SSIS for consumers who live in the counties served by SWHHS. All worker time entered into SSIS, for the assessment, shall be in a client specific workgroup.

### Agency Forms Regarding This Policy:

SSA#040 - Appeal Notification for CD Assessment (Rule 25)

SSA#041 - Client's Right To a Second Assessment

SSA#055 - Comprehensive Assessment form

SSA#127 - Assessment Fee Determination

SSA#128 - Choice Statement for Substance Use Assessments

SSA#174 - Rule 25 Collateral Contact

EFFECTIVE DATE: 08/17/11

REVISION DATE: 08/20/14; 01/17/24

AUTHORITY: Southwest Health and Human Services - Human Services Board

#### --- FAMILY SUPPORT GRANT PROGRAM ---

#### Section 1 - General Description of Program

#### a. <u>Background</u>

The Family Support Grant Program provides state cash grants to families of children with disabilities. The goal of the program is to prevent or delay the out-of-home placement of children and promote family health and social well being by enabling access to family-centered services and supports.

#### b. Who is eligible?

Persons eligible for the program are:

- under age\_25; and
- · diagnosed with a disability; and
- living in their biological or adoptive family home, or in an ICF/DD or other licensed residential service or facility, and would return to their family home if a grant were awarded); and
- have been certified disabled by one of the following methods: a county based DD screening, State Medical Review Team (SMRT), Social Security (SSA) or a Mental Health (SED) diagnosis under Rule 79.

c. Who is not eligible?

Families who are receiving Home and Community-Based Waivered <u>services</u> (<u>BI, CAC, CADI and DD), Consumer Support Grant</u> (<u>CSG</u>) or <u>Personal Care Assistance</u> (<u>PCA</u>) <u>Services</u> are not eligible for the Family Support Grant.

d. Families whose annual adjusted gross income is greater than the amount determined by the Department of Human Services and State Legislature. In cases where extreme financial hardship is demonstrated an exception may be made.

e. How do families receive the grant?

Case managers are responsible to inform families about the Family Support Grant.

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- f. The legal guardian of a person defined in the "Who is eligible" section above, makes and application to Southwest Health and Human Services for a Support Grant. Southwest Health and Human Services will review applications received as outlined in these policies and procedures.
- g. Support Grants are available as monthly, lump sum, or one-time installments. In addition, program benefits may be issued to families by Southwest Health and Human Services in the form of check or direct county payment to a vendor.
- h. How much can a family receive?

Southwest Health and Human Services shall determine the amount of each Support Grant. The maximum grant available to a family is determined and adjusted by DHS and state legislature as needed.

i. How can the Grant be used?

The grant must be spent on services and items that are directly related to caring for the child with a disability and that enable the family to delay or prevent the out-of-home placement of the child. Only expenses that are over and above the normal costs of caring for the child if the child did not have a disability may be covered. All other funding sources must be explored and utilized if possible (i.e., Medicaid, Subsidized Adoptions, 3<sup>rd</sup> Party Insurance).

- j. Allowable expense categories could include:
  - Day Care
  - Educational Services
  - Medical Services
  - Medications
  - Respite Care
  - Specialized Clothing
  - Specialized Dietary Needs
  - Specialized Equipment and Modifications
  - Transportation
- k. Expenses that are not allowable:
  - Purchase of items and services that can be purchased with other public or private funds available to the family; and
  - Fees assessed to parents of health or human services that are funded by federal, state, or county dollars.
  - Copays or deductibles
  - Items that are considered typical parental responsibilities, such as clothing, food, recreational activities, etc.

#### Section 2 - Application Process

- A MnChoices assess is not required for FSG applicants, but may be helpful in determining eligibility for additional program options. The need for a Family Support Grant will be determined on an individual basis by a screening team. The case manager will notify the family of all appropriate services and funding options, including Medical Assistance and the Home and Community-Based Services Waiver Program, and assist the family to make a choice of the program/s and services that best meet the needs of the child.
- When an eligible family chooses the Family Support Grant Program, the family and the case manager must complete the following documents. Southwest Health and Human Services will review and award grants based on the completed information;
  - The completed Family Support Grant Program application form (SS#251);
  - Parental Statement of Informed Consent (SS#248)
  - Family Support Grant Income Eligibility Form (SS#246) and supporting documentation
  - Certification that the child has a disability;
  - A summary of the family's situation, including the case manager's judgment on the potential for out-of-home placement and the impact of a grant on the family's capability to maintain their child in the family home;
  - Other information gathered by the case manager that may be helpful in determining the family's need for a grant, i.e., Community Support Plan, Individual Education Plan, assessment summaries or progress reports from related service professionals such as occupational or physical therapists, speech/language therapists, behavior analysts, and reports from physicians, psychiatrists, or psychologists.
- Completed applications will be reviewed and rated by the case manager and the social services supervisor.
- d. A waiting list will be maintained when all funds are used or encumbered.

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**Deleted:** Family Support Grant Program Application (SS#251)

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#### Section 3 - Grant Award Process

- a. The case manager is responsible for notifying an applicant by letter when a grant becomes available for that family. The agency will consider the following criteria when determining awards of the grant:
  - Degree of need in the home environment for additional support
  - Extent and areas of the functional limitations of the child with a disability
  - Potential effectiveness of grant to maintain and support the child in the family environment.
- b. If the family accepts the award:
  - The case manager will assist the family in completing a <u>budget using the DHS</u>
     <u>program guidelines</u>;
  - The case manager will review the budget with the social services supervisor's approval;
  - The case manager will inform the family of the agency's approval decision;
  - The case manager will notify the recipients of their rights and responsibilities.

#### c. Grant amounts

The amount of the grant award will be determined based on individual needs. Family Support Grants may not exceed <a href="the DHS">the DHS</a> determined maximum amount, Southwest Health and Human Services may exceed <a href="the DHS">the DHS</a> determined maximum amount per fiscal year for emergency circumstances in cases where exceptional resources of the family are required to meet the health and welfare and safety needs of an eligible child.

#### d. Grant award period

Grants are awarded on a calendar year. When an ongoing monthly Support Grant is awarded, the Grant award begins the month the budget is approved and continues to the end of the fiscal year, or December 31, of each year. Ongoing lump sum grant awards are granted in their entirety during the month in which the budget is approved.

### e. Reporting of Grant expenditures

Families must keep records and receipts of their expenditure for Grant funds. The "Documentation of Annual Expenditures" (SS#245) form must be filled out by the parent, signed, and submitted to the case manager at the end of the year (December 31). The case manager will review the form, sign, and maintain the form in the client record.

**Deleted:** "Budget of Subsidized Spending" using the "Guidelines for Developing the Budget of Subsidized Expenses" (Attachment A)

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#### f. Annual renewal of ongoing Grant awards

Annual renewals will be completed by <u>families with assistance by</u> Southwest Health and Human Services <u>staff</u>, Renewal is dependent upon Southwest Health and Human Services' judgment that potential for out-of-home placement still exists. Typically, ongoing grant awards continue from year to year as long as a child remains eligible and funds are available. One-time grants are not awarded to a family more than once.

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- g. To complete an annual renewal the <u>family and/or</u> case manager will:
  - Write a narrative describing the family's current situation regarding their capacity to maintain their child in the family home, and any changes in their need for a Grant;
     and
  - Assist the family in completing a "Budget of Subsidized Expenses" for the next
    calendar year based on previous year's expenditures and potential expenses
    identified by the family (with any supporting documentation necessary); and
  - Obtain a "Parent Statement of Informed Consent" (SS#248) signed by the parents and the case manager; and
  - Obtain the signatures of the parent on the "Income Eligibility Form" (SS#246);
  - Obtain a copy of the most recent certification of disability.
  - Obtain a copy of the most recent W-2, filed taxes and pay stubs.

#### h. <u>Temporary out-of-home placement</u>

Family Support Grants may not be "held" for families whose children enter temporary out-of-home placements of more than 30 days. The grant must be terminated during the period the child is not living in his/her family home. However, the grant may be reinstated upon the child's return to the home, provided that funds are available and the child remains eligible.

i. Transferring of Grants between counties

If the county of financial responsibility for the family changes, the case manager must transfer the monthly Grant award to the new county. The case manager in the new county will be responsible for setting up payments to the family.

j. <u>Termination of Grant</u>

When Southwest Health and Human Services terminates a grant to a family for any reason, the case manager must submit a "Notice of Grant Termination" form (SS#247) to the accounting department within 10 working days.

k. Southwest Health and Human Services then will reallocate the grant to the next family on the waiting list based on the county's rating policies and procedures.

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#### **Section 4 - Reimbursement of County Expenditures**

- a. When a grant is awarded, the case manager will notify the county's fiscal officer to set up payments. Payments may be issued to the families in the form of a check, voucher, or direct county payment to a vendor.
- b. DHS Financial Management Division will reimburse Southwest Health and Human Services based on legislated allocation structure.

#### Section 5 - Summary of Case Manager's Responsibilities

- Notify family of grant awarded by letter;
- Help family to prepare a budget;
- Notify the family of their rights and responsibilities under the Family Support Grant Program, Minnesota Statutes, section 252.32;
- Take appropriate action if there is change in grant status, i.e., family moving to another county, grant reduction, grant termination, or change in approved needs for funding;
- Assist families with the "Documentation of Annual Expenditures" forms (SS#245), review, sign, and maintain the form;
- Notify the county's fiscal officer within 2 weeks of a family's program termination;
- Meet with each family receiving an ongoing grant award prior to the end of the calendar
  year to prepare a request for grant renewal and complete required renewal materials
  for the next year;
- Transitional planning for each child receiving a grant award; and
- Provide case management services;
- Conduct a review of the Child's Service Plan annually.

### Section 6 - Summary of Family's Responsibilities

- Completing the applicable portions of the application form with the assistance of their case manager and working with the case manager to obtain necessary information to supplement the application;
- Spend their grant award within the categories agreed to in the Budget of Subsidized Expenses. If their need changes, the family is responsible to notify the case manager to revise the Budget of Subsidized Expenses prior to spending outside other agreed upon categories;
- c. Maintaining a record and keeping receipts of their expenditures of grant funds to be turned in <u>annually</u>, and completing the Documentation of Annual Expenditures form with the assistance of their case manager;

**Deleted:** by January 1 of each

**Deleted:** every 3 months

- d. Return any unspent funds remaining at the end of the year (December 15) and/or any funds spent for purchases not related to the child's needs;
- e. Notifying their case manager of changes in their circumstances (within 5 working days) which may affect a child's status on the waiting list or continued Grant eligibility.

#### **Section 7 - Waiting List Administration**

- a. Consideration of awarding the Grant will be based on:
  - The need for assistance in the home to prevent placement of the individual;
  - Discharge from placement back to the home;
  - Home modifications to assist the person return home or stay in the home;
  - Financial limitations of the family will be a consideration.

### Section 8 - Guidelines for Developing the Budget of Subsidized Expenses

- a. These guidelines are designed to assist county case managers and families who have been approved for Family Support Grants in the preparation of the Budget of Subsidized Expenses. Budgets should be submitted: 1) upon notification of the availability of a grant; 2) when changes in either the amount of the award or in the allocation of funds in the various categories are necessary due to changes in family needs.
- b. Following these guidelines will help ensure that the budget is an accurate reflection of the family's needs and that resources are used in the most effective manner. Using the guidelines may also avoid delays in processing budget approvals that result from incorrectly prepared budgets or from budgets that do not contain sufficient information.

#### Section 9 - Steps in Developing the Budget

- a. Determine the family's needs. Using the expense categories on the budget form as a guide, outline the family's needs based on the needs identified by the family and/or case manager (see "Definitions of Expense Categories"). Total the cost of these needs.
- b. Determine available resources. For each expense category on the budget form, determine what financial resources (other than Family Support funds) are available to cover the identified needs. Family Support funds cannot be applied to expenditures for items for which other available funds exist.
- c. Determine needs that can be funded by a Family Support Grant Program (FSGP) Grant. List needs identified in "a" for which no other funding is available and which meet the following criteria:
  - are over and above the costs normally associated with raising a similar aged recipient without a disability;
  - are related to the child's disability or result from the disability; and
  - will enable the family to continue maintaining the child's placement in the family home or assist them in returning the child to the family home from out-of-home placement.

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ATTACHMENT A¶

- d. Determine which grant type is most appropriate in meeting a family's needs
- e. Fill out and submit a Service Agreement to fiscal department.

#### Section 10 – Ongoing Support Grant

- a. Monthly for ongoing needs and expenses that occur on a regular basis.
  EXAMPLE: A family has several ongoing expenses for which no other funding source is available and which meet FSGP criteria. These expenses occur on an ongoing basis through the year. Therefore, a monthly grant allocation is most appropriate to address this ongoing need.
- Lump Sum only for specific high-cost items which can be purchased by the family directly following receipt of the lump sum.
   EXAMPLE: A family has few ongoing expenses that are not covered by Medical Assistance. However, they are in need of a stair lift to allow their child to be independently mobile within the family home. The total cost of the stair lift is just under \$3,000—or \$2,945. In this situation it would be most appropriate for the family to request a lump sum grant of \$2,945 and apply the total ongoing one-time grant award toward the cost of the stair lift.
- c. Combination of a) and b) above total must not exceed \$3,000.

  EXAMPLE: A family has several ongoing expenses for which no other funding source is available and which meet FSGP criteria. These expenses occur on a regular basis throughout the year. This same family also needs to make some minor modifications to their home in order to make it accessible for their child. No other funding is available to cover these modification costs. The total cost of the required modification is less than \$3,000. Under these circumstances, a combination of a monthly grant and a lump sum grant allocation may be most appropriate.

- d. Determine actual costs and amount requested from FSGP.
- e. **For monthly** grant budgets, calculate the full cost over the budget period of all items and services identified in step 3. Divide the total cost by the number of months covered by the budget and fill in these amounts on the lines under the column headed "Actual Costs per Month". The usual budget period for new monthly grant awards and revised monthly budgets is the number of months from the date of grant approval to the end of the calendar year. The usual budget period for renewals is 12 months. If desired, the cost of items in this column may be totaled. Under the column labeled "Amount Requested from FSGP" indicate the dollar amount of the Family Support Program Grant that will be applied to the actual costs the family expects to incur in each expense category for the fiscal year. Add the amounts for each of the categories in the column labeled "Amount Requested from FSGP". Enter this amount on the line labeled "Requested Monthly FSGP Grant".
- f. For lump sum grant budgets, identify the expense category of the specific high-cost or service needed. Under the column labeled "Actual Costs" indicate the total cost of the item or service. Then indicate the amount of the FSGP grant that will be applied to the actual cost the family expects to incur under the column labeled "Amount Requested from FSGP". The actual cost and the amount requested from FSGP should usually concur. The item must be explained briefly in the column labeled "Explanation of Specific Expenses" as well as referenced in a narrative which must accompany the budget request.
- g. Remember that the amount of the ongoing Support Grant (lump sum plus monthly grant) must not exceed \$3,000 per year.
- h. Based on the 1997 Laws of Minnesota, Chapter 203, Article 7, Section 10 14, counties are now responsible to develop policies and procedures on Family Support Grant awards.
- Questions regarding the program may be directed to: Melanie Fry, DSD, 444 Lafayette Road, St. Paul, Minnesota 55155-3857

ATTACHMENT B

#### Section 11 - Definitions of Expense Categories

#### a. Medical

Allowable medical expenses are those which are not reimbursable through private insurance, Medical Assistance, or other social service funds. Since the availability of Medical Assistance (MA) through TEFRA, very few medical expenses still qualify through Family Support Grant Program (FSGP). Exceptions are medical bills incurred prior to MA eligibility and/or expenses which are in excess of that covered by the family's private insurance when the recipient has been determined to be ineligible for MA. The Family Support Grant cannot be used to pay parental fees assessed to families using TEFRA.

#### b. Medication

Medication expenses include costs for prescription and non-prescription substances which are necessary due to the recipient's disability. Applicants are reminded that the costs of prescription drugs are reimbursable through MA.

#### c. <u>Educational</u>

This category includes the costs of educational programs and services that are not available through the recipient's local education agency, or are necessary in addition to those provided by other sources. Fees for consultation with professionals from private agencies, parent training programs, and costs for direct service professionals or paraprofessionals coming into the home for the purpose of addressing problems with excess behavior, adaptive skill deficits, and other need areas are examples of items which have been reimbursed in the past. Items which parents would either be expected to provide, or have the option of providing if their child did not have a disability, are not allowable.

d. The purchase of computers by individual families is no longer authorized under the Family Support Grant Program. The cost of specialized computer software, modifications, or other adaptive devices which are necessary to enable a child to use a computer may be covered under this category.

#### e. Day Care

Allowable expenses in this category include the surcharges sometimes assessed by day care providers for children with disabilities. (Note: This should no longer be happening, however, because of the Americans with Disabilities Act requirements.) After school or weekend child care expenses for recipients who, because of their disabilities, are not able to remain at home unsupervised as would similar-aged children without disabilities are also allowed.

#### f. Respite Services

Reimbursement is allowed for in-home and out-of-home respite care costs. \_

#### g. Special Clothing

This category includes the costs for extra clothing and bed linens required for a child with incontinence or for a child whose clothing wears out quickly due to abnormal movement patterns resulting from a disability. It also includes specially designed clothing for recipients with physical disabilities and medically prescribed articles for which other funding is not available (e.g., orthopedic shoes, helmets for head protection during seizures).

#### h. Special Diet

Unusually high food and supplement costs due to special diets prescribed by a physician in an amount beyond USDA recommendations for a recipient without disability of similar age are allowable. The need for dietary supplement must be directly related to the recipient's disability and must not be reimbursable through other funding sources such as MA, WIC, food stamps, etc.

#### i. <u>Transportation</u>

Expenses for transportation that are incurred as a result of the recipient's disability should be based on county reimbursement policy. Expenses must not be reimbursable through other funding sources (e.g., costs of transporting recipients to medical appointments and hospitals are typically reimbursable through MA and therefore would not be approved). Transportation costs to community environments and school-related activities which a parent would be expected to provide if the recipient did not have a disability are not reimbursable (e.g., transportation to and from shopping centers, recreation centers, day care providers, after school activities).

**Deleted:** Rates should typically not exceed the county rate for foster care.

#### j. Other

Occasionally, families need items which are not normally required for raising a similaraged child without a disability. Some items are required because of the child's disability and enable the family to keep the child in their home. Some of these items may not fall into any of the preceding categories. Examples of expenses in this category might include the cost of individual or family counseling when not covered by private insurance or available through the county, reimbursement for long distance calls regarding the recipient's disability, etc.

#### Agency Forms Regarding This Policy:

SS#245 - Documentation of Annual Expenditures

SS#246 - Income Eligibility Form

SS#247 - Notice of Grant Termination

SS#248 - Parent Statement of Informed Consent

SS#249 - Family Support Grant Application Rating Form

SS#250 - Family Support Grant Type Chart

SS#251 - Family Support Grant Program Alternative Application



## **2023 Public Health Statistics**

	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	lmm	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		33	11	175	-	4	2	133	41	57	16	-

	WIC	Family Home Visiting	MnChoices Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI/DOT Medication Distribution	Water Tests	FPL Inspections	lmm	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	2091	30	4	186	0	0	4	97	43	103	18
12/23		24	8	214	0	11	5	95	37	52	32



## **2024 Public Health Statistics**

	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	lmm	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		33	11	175	-	4	2	133	41	57	16	-

	WIC	Family Home Visiting	MnChoices Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI/DOT Medication Distribution	Water Tests	FPL Inspections	lmm	Car Seats
11/23	2091	30	4	186	0	0	4	97	43	103	18
12/23		24	8	214	0	11	5	95	37	52	32
1/24											
2/24											
3/24											
4/24											
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12/24											





# State Community Health Services Advisory Committee Meeting Take-Home Notes

Wednesday, December 6, 2023 | 12:00 p.m.- 4:00 p.m. Hybrid Meeting | In person location: Wilder Center, St. Paul, MN

## **Action items**

- Update your local Community Health Board on:
  - SCHSAC approved 2023 performance measures and 2024 performance-related accountability reporting requirement. These include:
    - Community health boards self-report on their ability to meet 24 national measures from the Public Health Accreditation Board. These will be reported in March 2024 as part of Local Public Health annual reporting, looking back on calendar year 2023.
    - Community health boards will demonstrate their ability to meet the following national measure from the Public Health Accreditation Board: Measure 1.3.3 Use data to recommend and inform public health actions. Community health boards will submit a narrative example in March 2025, looking back on calendar year 2024. The narrative example will be used to assess how well they meet the measure. They will be asked to discuss and report on internal and external factors impacting the ability to use data to recommend and inform public health actions.
  - SCHSAC approved Foundational Public Health Responsibility Funding Workgroup
     Recommendations. Among several recommendations is the recommend funding formula:
    - 59.6% to base funding for all CHB (\$115,000 per CHB)
    - 24.3% according to the social vulnerability of the CHB
    - 16.2% to CHB serving fewer than 100,000 people
  - Minnesota Public Health Infrastructure Funds will be available for another round of funding soon. Watch for details on the application process.
    - The purpose of these funds is to identify new ways for Minnesota's public health system to fulfill foundational public health responsibilities by supporting and learning from projects that test new delivery models and/or processes that have the potential to benefit multiple jurisdictions.
  - Disease Prevention & Control Common Activities Framework is being rewritten and there
    will be opportunities for input. SCHSAC will have the opportunity to review and approve the
    final version in 2024.
- Plan to attend upcoming Meetings:
  - Optional: Coffee, Conversation & Consideration: Housing and Public Health: January 18, 2024, at 8:00a.m. (tentative). Virtual.

The next SCHSAC meeting is Friday, March 8, 2024, from 10:00 a.m. to 2:30 p.m. This is a hybrid meeting with the in-person option held at the MDH offices in St. Paul.

## **Community health boards present**

Aitkin-Itasca-Koochiching, Anoka, Benton, City of Bloomington, Brown-Nicollet, Carlton-Cook-Lake-St. Louis, Carver, Cass, Chisago, Countryside, Dakota, Des Moines Valley, Dodge-Steele, City of Edina, Faribault and Martin, Fillmore-Houston, Freeborn, Goodhue, Hennepin, Horizon, Isanti, Kanabec, Kandiyohi-Renville, Le Sueur-Waseca, Meeker McLeod Sibley, Mille Lacs, City of Minneapolis, Morrison-Todd-Wadena, Mower, Nobles, North Country, Olmsted, Partnership4Health, Pine, Polk-Norman-Mahnomen, Quin, Rice, City of Richfield, Saint Paul Ramsey, Scott, Sherburne, Southwest, Stearns, Washington, Watonwan, Winona, Wright.

## Approval of consent agenda

Damon Chaplin (City of Minneapolis) moved approval of the consent agenda. Daniel Whitcomb (Mille Lacs) seconded. Motion carried.

#### **Consent Agenda:**

- Approval of December 6, 2023, meeting agenda
- Appointment of Terry Lovgren (Pine County) to Member Development Workgroup

## Legislative session outlook

Lisa Thimjon, Legislative Director, MDH

- MDH expects these to be some of the public health hot topics this legislative session:
  - Bonding and drinking water needs
  - Cannabis
  - Workforce challenges
- The MDH legislative agenda will focus on:
  - Protecting community
  - Protecting drinking water
  - Strengthening public health

## Commissioner's remarks

Dr. Brooke Cunningham, Commissioner, MDH

Commissioner Cunningham shared that there had been several changes in leadership positions at MDH. Maria Sarabia joined as Assistant Commissioner of the Health Improvement Bureau. Carol Backstrom is the new Assistant Commissioner of the Health Systems Bureau and Mel Grescyzk is the

Interim Assistant Commissioner for the Health Operations Bureau. Michelle Larson is serving as the Interim Deputy Commissioner.

The Commissioner reflected on the historic legislative session, particularly the passage of the child tax credit, and other important issues that we are facing in public health, including:

- Data modernization, using and sharing data
- Healthy aging, to support seniors live out their lives with dignity
- Mental health
- Rural health
- Health care systems and workforce shortage areas, especially hitting rural MN
- COVID and other illness
- Gun violence and firearm injury, accidental or violence (ex: suicide rates from gun rates are higher in rural than metro area). Needing to think about trusted local, partners (including law enforcement and public safety)

## Assistant Commissioner Dan Huff joined the Commissioner to give an update:

The Minnesota Center for Environmental Advocacy and 10 other environmental groups petitioned the U.S. Environmental Protection Agency (EPA) under federal Safe Drinking Water Act to address nitrate contamination in ground water, related to drinking water in Dodge, Fillmore, Goodhue, Houston and Mower counties, and Wabasha and Winona cities.

- The EPA sent notice to the State of Minnesota to respond to the petition. The state must:
  - Coordinate and communicate with residents who use private wells.
  - Immediately provide safe drinking water alternatives for those with impacted wells, prioritizing vulnerable communities.
  - Develop a testing plan for all wells.
  - Work to mitigate wells that are not in compliance.
  - Identify and reduce sources of nitrate.
- Three agencies are working on this: MDH, Department of Agriculture, and Pollution Control Agency
- The state must submit a plan to EPA Administrator by 1/15/2024
- The state has a partnership with Olmstead County to do outreach about drinking water wells. MDH will reach out to partners in those areas.

Assistant Commissioner Huff will be leaving MDH to take a position as the Executive Director at the Metropolitan Mosquito District.

## **SCHSAC** business agenda

## Approval of 2023 performance measures and 2024 accountability reporting requirements

Chera Sevcik (Faribault-Martin) and Ann March, MDH

The full workgroup report was shared in advance of the meeting. Important items include:

## **Recommendation for 2023 performance measures**

- Community health boards self-report on their ability to meet 24 national measures from the Public Health Accreditation Board.
- These will be reported in March 2024 as part of Local Public Health annual reporting, looking back on calendar year 2023.

## Recommendation for the 2024 performance-related accountability requirement

Community health boards will demonstrate their ability to meet the following national measure from the Public Health Accreditation Board:

#### Measure 1.3.3 Use data to recommend and inform public health actions.

Community health boards will submit a narrative example in March 2025, looking back on calendar year 2024. The narrative example will be used to assess how well they meet the measure. They will be asked to discuss and report on internal and external factors impacting the ability to use data to recommend and inform public health actions.

Motion to approve recommendations of the Workgroup made by Jacquelyn Och (Morrison, Todd, Wadena). Second by William Groskreutz (Faribault & Martin). Motion carried. Unanimous support.

## Approval of Foundational Public Health Responsibility (FPHR) Funding Workgroup recommendation

De Malterer (LeSueur-Waseca) and Nick Kelley (Bloomington), Workgroup Co-Chairs

The full workgroup report was shared in advance of the meeting. Essential pieces include:

SCHSAC charged this group with developing a formula for distributing these funds to help Minnesota fulfill foundational public health responsibilities, including a method to address equity and any other recommendations as needed.

### Workgroup's guiding principles:

- Every CHB should get enough to be able to make meaningful progress on FPHRs.
- The funding formula should take into account that not everyone has the same opportunity to be healthy across our state.
- The funding formula should help alleviate variation in capacity across our system.

#### **Recommendation for formula**

- 59.6% to base funding for all CHB (\$115,000 per CHB)
- 24.3% according to the social vulnerability of the CHB
- 16.2% to CHB serving fewer than 100,000 people

## **Recommendations for implementation**

- For the purposes of these funds, MDH should use definitions developed for the national <u>Framework for Foundational Public Health Services</u>
- Community health boards should not be allowed to use these funds for community health priorities until SCHSAC has adopted a set of minimum standards for FPHR implementation.
- SCHSAC create a workgroup to establish a set of minimum standards for FPHR implementation and inform the development of a process by which MDH can determine that foundational public health responsibilities are fully implemented in any given jurisdiction.

## **Recommendations for reporting**

- When developing reporting requirements for these funds, MDH should prioritize information that helps maintain legislative support for these funds, facilitates connections and ongoing learning across the state, and demonstrates compliance with statute, with as little reporting burden on community health boards as possible. See additional detailed recommendations in the final report.
- MDH should work with the SCHSAC's Performance Measure Workgroup to align Local Public Health Act annual reporting with the Foundational Public Health Responsibilities to monitor improvement in Minnesota's ability to implement foundational public health responsibilities.

Several additional recommendations were noted in the workgroup's full report.

Motion to approve recommendations of the workgroup made by DeAnne Malterer (LeSueur-Waseca). Second by Nick Kelley (Bloomington). Motion carried. 39 yes, 1 no.

## Update on MN Public Health Infrastructure Fund: Round 2

Tarryl Clark (Stearns) and Chelsie Huntley, MDH

 During the 2021 Legislative Session – \$6 million was awarded annually to build foundational public health capacity across the state and pilot new organizational models for providing public health.

- Priorities: These funds will support projects within any area or capability in the Foundational Public Health Responsibility Framework
- Length of grant period: for new projects it will be two years, with a two-year option to renew. A portion of the funding has been set aside to continue projects from the first round that align with the intended purpose.
- Applicants should: collaborate; demonstrate benefit to statewide public health system; demonstrate buy-in from others on how partner jurisdictions will benefit; describe how proposed projects will support the vision for a seamless, responsive, publicly supported public health system.
- Projects will be selected for funding by a balanced review team of 7-10 people that includes different types of system partners.
- Watch for more information coming out from MDH.

## Update on Disease Prevention & Control Common Activities Framework

Erica Keppers (Morrison-Todd-Wadena) Infectious Disease Continuous Improvement Board Co-Chair

- The Disease Prevention & Control Common Activities Framework (CAF) is being rewritten to accomplish three primary goals:
  - 1. More clearly document roles and expectations related to infectious disease work in Minnesota's governmental public health system
  - 2. Expand documentation to more fully reflect the infectious disease work being done in Minnesota's governmental public health system
  - 3. Align governmental public health's infectious disease work with FPHR
- Current draft is not final. There will be an opportunity for input and feedback soon.
- Expect a final version to be brought to SCHSAC for review and approval in 2024.

## System transformation outlook for 2024

Tarryl Clark (Stearns), De Malterer (LeSeuer-Waseca)

Shared a high-level overview of what to expect to see happening in system transformation in 2024.

- The guiding vision is to have a seamless, responsive, publicly supported public health system that works closely with the community to ensure health, safe, and vibrant communities.
- What's coming in 2024: how transformation happens
  - Resources: funding, staffing; and learning from assessment of current state (patchwork)
  - Power dynamics: shared leadership and decision-making across MDH, LPHA, SCHSAC
  - Policies and practices: learning about what helps and hinders work; policies, statutes, and laws; and systems and day-to-day activities
  - Relationships and ways we communicate: new and innovative ways to do/share work; and messages that "stick" about role and value of public health
- Tribal Public health infrastructure development is happening on a parallel track

### SCHSAC MEETING TAKE-HOME NOTES 12/6/23

## Three Simple Rules of the State-Local Public Health Partnership

- I. Seek First to Understand
- II. Make Expectations Explicit
- **III.** Think About the Part and the Whole

Minnesota Department of Health
State Community Health Services Advisory Committee (SCHSAC)
651-201-3880 \* health.schsac@state.mn.us \* www.health.state.mn.us/schsac

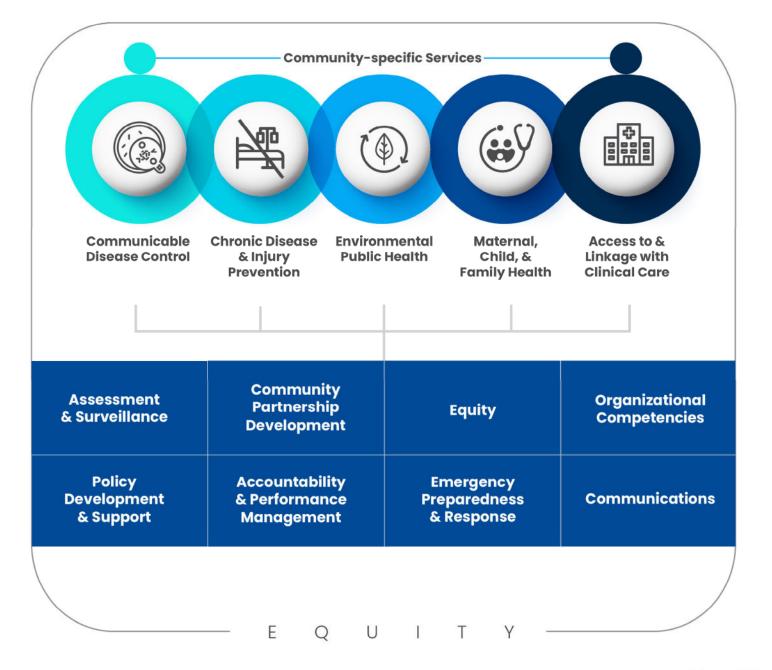
Updated December 13, 2023

To obtain this information in a different format, call: 651-201-3880.

## Foundational Public Health Services

Foundational Areas









### **HR Stats**

	Open Positions (point in time)		
1st quarter 2023	9		
2nd quarter 2023	11		
3rd quarter 2023	11		
4th quarter 2023	10		
2023 Average	10.25		
	Days to Fill		
1st quarter 2023	32		
2nd quarter 2023	24		
3rd quarter 2023	39		
4th quarter 2023	35		
2023 Average	32.5		
	Hires		
1st quarter 2023	13	3 internal hires	
2nd quarter 2023	11	4 internal hires	
3rd quarter 2023	17	6 internal hires	
4th quarter 2023	18	2 internal hires	
2023 Total	59	15 internal hires	25% internal hires
	Turnover (accumlative)		
1st quarter 2023	4	1.70%	
2nd quarter 2023	15	6.50%	
3rd quarter 2023	27	11.60%	
4th quarter 2023	35	15.50%	
2023 Total	35	15.50%	

Minnesota Counties Intergovernmental Trust Certificate of





Presented to

Southwest Health & Human Services

In recognition of an

## Outstanding Loss Ratio Under 50%



Property and Casualty Plan Years: 2018 – 2022



Ron Antony, Board Chair

PRESENTED: December 2, 2023

Gerd Clabaugh, Executive Director





1105 Canoga Park Drive Marshall, MN 56258 Phone (507) 532-7562 Fax (507) 532-2680 www.tcmi.com 1/2/2024

Quote # 622666



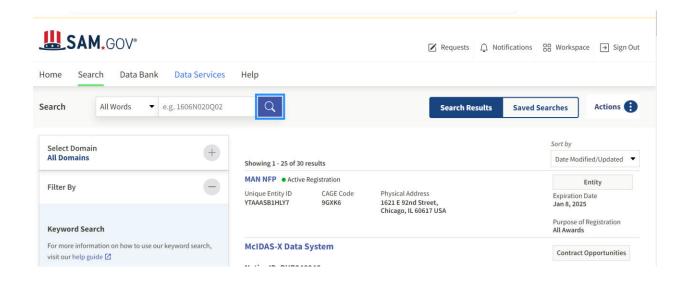




## Prepared For

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

			1		
	PO Nur	mber	Terms		Rep
			Net 10 Days		MWT
Description	Qty		Price	Ex	tended Price
Current Support Expires: 01/31/2024 Microsoft (OV) Server/SharePoint/SQL Agreement V5344485 Renewal - New 3 Year Contact - 3 Equal Payments of this quote 2024 Agreement Will Start New 3 Year Contract - All licenses will be SA only at that time Microsoft Windows Server Data Center 2 Core SA Only 1 Year Govt Microsoft Windows Server Standard 2 Core SA Only 1 Year Govt Microsoft Office SharePoint Standard User CAL SA Only 1 Year Govt Microsoft SharePoint Server SA Only 1 Year Govt Microsoft SharePoint Server SA Only 1 Year Govt Microsoft SQL Server Standard 2 Core SA Only 1 Year Govt	1	20 6 37 1 4	189.00 31.25 33.25 1,835.30 968.00		3,780.00 500.00 1,895.25 1,835.30 3,872.00
Thank you for your business.		Subtot	al		\$11,882.55
	;	Sales <sup>-</sup>	Tax (6.875%	<b>6</b> )	\$0.00
		Total			\$11,882.55



## **JANUARY 2024**

## GRANTS ~ AGREEMENTS ~ CONTRACTS for Board review and approval

