



Southwest Health and Human Services  
Board Agenda

Wednesday, February 19, 2014  
Government Center, 2<sup>nd</sup> Floor  
Marshall  
9:00 a.m.

**HUMAN SERVICES**

- A. Call to order
- B. Pledge of Allegiance
- C. Consent Agenda
  - 1. Amend/Approval of Agenda
  - 2. Identification of Conflict of Interest
  - 3. Approval of 01/15/14 board minutes

D. Financial

E. Caseload

	01/14	12/13	11/13
Social Service	3,708	3,294	3,367
Licensing	482	475	483
Out-of-Home Placements	118	112	119
Income Maintenance	12,365	10,329	11,065
Child Support Cases	3,720	3,710	3,737
Child Support Collections	\$839,672	\$912,617	\$882,277

F. Decision Items

- 1.
- 2.

G. Discussion/Information

- 1. Success story – Shandra Bavier, Social Worker and Mandy Holzapfel, Social Services Supervisor
- 2. Transportation request
- 3.

**COMMUNITY HEALTH**

- H. Call to order
- I. Consent Agenda
  - 1. Amend/Approval of Agenda
  - 2. Identification of Conflict of Interest
  - 3. Approval of 01/15/14 board minutes
- J. Financial
- K. Caseload

	01/14	12/13	11/13
WIC		2,263	2,300
Family Home Visiting	25	30	40
PCA Assessments	32	24	21
Managed Care	246	196	204
Dental Varnishing	105	137	98
Refugee Health	2	6	
Latent TB Medication Distribution	28	23	
- L. Decision Items
  - 1.
  - 2.
- M. Discussion/Information
  - 1. Dr. Meister – 9:30 a.m.
  - 2. Success story – Amy Lueck and Jessica Bosma, Public Health Nurses
  - 3. Quality Improvement Plan/Report

**GOVERNING BOARD**

- N. Call to order
- O. Consent Agenda
  - 1. Amend/Approval of Agenda
  - 2. Identification of Conflict of Interest
  - 3. Approval of 01/15/14 board minutes
- P. Financial

**GOVERNING BOARD (cont.)**

Q. Employee Recognition

- Jenifer Klein – 25 years
- Gail Bielen – 15 years
- Sharon Fried – 15 years
- Pat Baumann – 10 years
- Kayla Hall – 1 year
- Lori McGee – 1 year
- Renae VanGelderren – 1 year

R. Decision Items

1. Kayla Hall, Social Worker (CPS), completion of 12 month probationary period, no salary increase, effective 02/21/14
2. Christine Forry-Tauer, Public Health Nurse, completion of 12 month probationary period, no salary increase, effective 03/11/14
3. Monica Christianson, promotional appointment – Office Support Specialist to Child Support Officer, 6 month probationary period, \$17.39 per hour, effective 03/03/14
4. Amy Otterson, Eligibility Worker, resignation, effective 02/14/14
5. Connie Clausen, Eligibility Worker, resignation, effective 02/20/14
6. Bonnie Dreckman, Office Support Specialist, retirement, effective 03/31/14
7. Sara Brandt, Accounting Technician, leave without pay request
8. Request for Eligibility Workers
9. Request for Office Support Specialists (2 positions)
10. Request for Social Services Supervisor
11. Personnel Policy Number 21 – Tobacco-Free and Electronic Delivery Device Policy
12. Contracts
13. Donations
14. Update to designated depositories (Resolution)
15. 2014 Quality Improvement Plan & 2013 Report
16. 2014 AFSCME Public Health contract

S. Discussion/Information

1. Fraud control
2. Rental agreements
- 3.

T. Closed session – mediation

U. Adjournment

**Next Meeting Dates:**

- **Wednesday, March 19, 2014 – Marshall**
- **Wednesday, April 16, 2014 – Pipestone**
- **Wednesday, May 21, 2014 - Ivanhoe**

*Amended*

# SOUTHWEST HEALTH & HUMAN SERVICES

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

## SUMMARY OF FINANCIAL ACCOUNTS REPORT

For the Month Ending: **December 31, 2013**

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

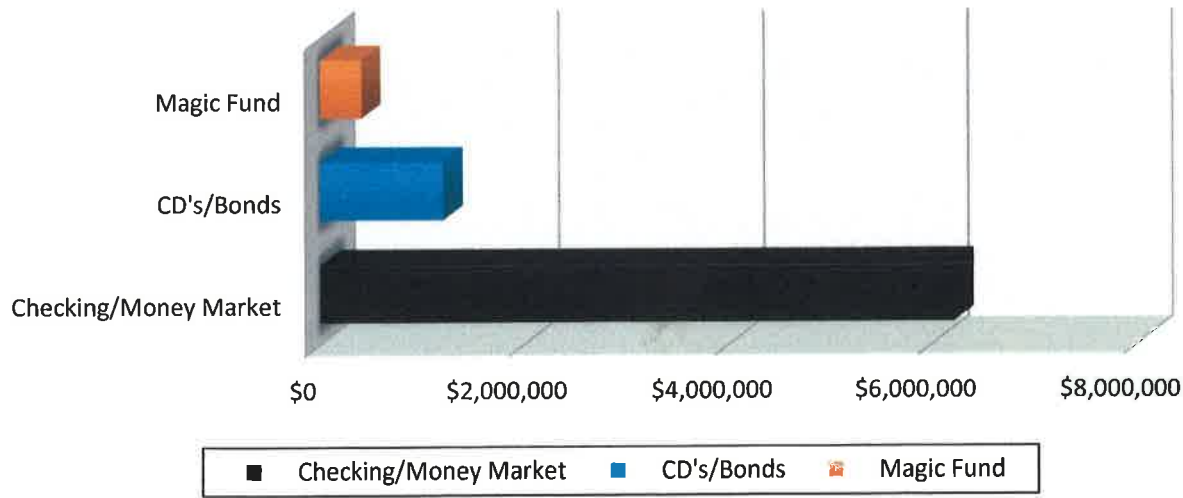
Description	Month	Running Balance
<b>BEGINNING BALANCE</b>		<b>\$3,563,136</b>
<b>RECEIPTS</b>		
Monthly Receipts	1,271,808	
County Contribution	3,851,311	
Interest on Investments	2,666	
<b>TOTAL MONTHLY RECEIPTS</b>		<b>5,125,785</b>
<b>DISBURSEMENTS</b>		
Monthly Disbursements	2,088,389	
<b>TOTAL MONTHLY DISBURSEMENTS</b>		<b>2,088,389</b>
<b>ENDING BALANCE</b>		<b>\$6,600,532</b>

## REVENUE

Checking/Money Market	<b>\$6,195,918</b>
CD's/Bonds	<b>\$1,200,000</b>
Magic Fund	<b>\$404,614</b>
(December 2013 - yield .04%)	
<b>ENDING BALANCE</b>	<b>\$7,800,532</b>

**Average Balance last two years \$6,917,981**

## REVENUE DESIGNATION



# Southwest Health And Human Services



NJW  
1/27/14 10:53AM

## TREASURER'S CASH TRIAL BALANCE

As of 12/2013

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1 Health Services Fund	1,118,213.24			
Receipts		323,015.68	3,803,214.29	
Disbursements		52,289.48-	1,165,150.20-	
Payroll		170,249.48-	2,122,200.65-	
Journal Entries		0.00	101,243.30-	
Fund Total . . . . .		100,476.72	414,620.14	1,532,833.38
5 Human Services Fund				
Receipts				
Disbursements				
Payroll				
Dept Total . . . . .				
410 General Administration	306,970.30	51,649.02	2,512,679.15	
Income Maintenance		21,352.97-	2,626,706.71-	
Social Services		7,316.05-	45,029.72-	
Dept Total . . . . .		22,980.00	159,057.28-	147,913.02
5 Human Services Fund				
Receipts				
Disbursements				
Payroll				
Journal Entries				
Dept Total . . . . .				
420 Income Maintenance	1,478,708.43-	1,054,658.51	7,206,839.17	
Social Services		319,514.25-	3,203,696.69-	
Dept Total . . . . .		316,542.22-	4,015,418.17-	
Income Maintenance		0.00	322,228.94-	
Dept Total . . . . .		418,602.04	334,504.63-	1,813,213.06-
5 Human Services Fund				
Receipts				
Disbursements				
Payroll				
Journal Entries				
Dept Total . . . . .				
430 Social Services	24,236,915.12-	2,565.03	127,748.09	
Purchased Services, SSIS		80,673.16-	1,399,385.25-	
Dept Total . . . . .		468,405.90-	5,837,156.94-	
Social Services		0.00	480,008.20-	
Dept Total . . . . .		546,514.03-	7,588,802.30-	31,825,717.42-
5 Human Services Fund				
Receipts				
Disbursements				
SSIS				
Dept Total . . . . .				
431 Purchased Services, SSIS	31,296,082.32	3,512,568.53	16,203,263.43	
Dept Total . . . . .		21,817.71-	352,072.78-	
Purchased Services, SSIS		595,881.15-	7,375,847.64-	

# Southwest Health And Human Services



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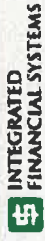
TREASURER'S CASH TRIAL BALANCE

As of 12/2013

Page 3

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Journal Entries		0.00	0.02	
Dept Total .....		2,894,869.67	8,475,343.03	39,771,425.35
5 Human Services Fund	1,408,795.11-	Information Systems		
Receipts		6,875.20	83,945.12	
Disbursements		767.98-	26,493.35-	
Payroll		20,944.04-	241,726.75-	
Dept Total .....		14,836.82-	184,274.98-	1,593,070.09-
5 Human Services Fund	0.00	LCTS Collaborative Agency		
Receipts		0.00	80,044.00	
Journal Entries		0.00	80,044.00-	
Dept Total .....		0.00	0.00	0.00
Fund Total .....	4,478,633.96	2,775,100.86	208,703.84	4,687,337.80
61 Agency Health Insurance	0.00			
Receipts		168,821.48	168,821.48	
Disbursements		0.00	45,000.00-	
Fund Total .....		168,821.48	123,821.48	123,821.48
71 LCTS Lyon Murray Collaborative Fund	73,752.45	LCTS Collaborative Agency		
Receipts		0.00	69,856.22	
Disbursements		0.00	53,314.03-	
Journal Entries		0.00	25,538.33	
Dept Total .....		0.00	42,080.52	115,832.97
Fund Total .....	73,752.45	0.00	42,080.52	115,832.97
73 LCTS Rock Pipestone Collaborative Fund	64,830.53	LCTS Collaborative Agency		
Receipts		0.00	38,713.19	

# Southwest Health And Human Services



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As of 12/2013

## TREASURER'S CASH TRIAL BALANCE

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Disbursements		6,034.74-	77,791.47-	
Journal Entries		0.00	12,624.67	
<b>Dept Total . . . . .</b>		<b>6,034.74-</b>	<b>26,453.61-</b>	<b>38,376.92</b>
<b>Fund Total . . . . .</b>	<b>64,830.53</b>	<b>6,034.74-</b>	<b>26,453.61-</b>	<b>38,376.92</b>
<b>75 Redwood ICTS Collaborative</b>				
		LCTS Collaborative Agency		
	0.00			
Receipts		5,631.00	256,224.85	
Disbursements		6,600.00-	195,776.23-	
Journal Entries		0.00	41,881.00	
<b>Dept Total . . . . .</b>		<b>969.00-</b>	<b>102,329.62</b>	<b>102,329.62</b>
<b>Fund Total . . . . .</b>	<b>0.00</b>	<b>969.00-</b>	<b>102,329.62</b>	<b>102,329.62</b>
<b>All Funds . . . . .</b>	<b>5,735,430.18</b>			
Receipts		5,125,784.45	30,551,348.99	
Disbursements		509,050.29-	9,145,386.71-	
SSIS		595,881.15-	7,375,847.64-	
Payroll		983,457.69-	12,261,532.23-	
Journal Entries		0.00	903,480.42-	
<b>Total . . . . .</b>		<b>3,037,395.32</b>	<b>865,101.99</b>	<b>6,600,532.17</b>

# Southwest Health And Human Services

## STATEMENT OF REVENUES AND EXPENDITURES

As Of 12/2013

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2013 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND REVENUES					
CONTRIBUTIONS FROM COUNTIES	0.00	778,597.00-	776,722.00-	100	100
INTERGOVERNMENTAL REVENUES	80,669.14-	235,101.06-	369,500.00-	64	100
STATE REVENUES	30,395.25-	804,121.75-	540,634.00-	149	100
FEDERAL REVENUES	169,243.86-	1,091,122.71-	890,960.00-	122	100
FEES	41,410.52-	456,938.46-	463,780.00-	99	100
EARNINGS ON INVESTMENTS	408.15-	2,115.27-	0.00	0	100
MISCELLANEOUS REVENUES	69.11-	417,472.79-	8,000.00-	5,218	100
<b>TOTAL REVENUES</b>	<b>322,196.03-</b>	<b>3,785,469.04-</b>	<b>3,049,596.00-</b>	<b>124</b>	<b>100</b>
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	554.10	0.00	0	100
PAYROLL AND BENEFITS	170,022.92	2,131,408.98	2,245,694.00	95	100
OTHER EXPENDITURES	51,696.39	1,138,885.82	803,902.00	142	100
<b>TOTAL EXPENDITURES</b>	<b>221,719.31</b>	<b>3,270,848.90</b>	<b>3,049,596.00</b>	<b>107</b>	<b>100</b>



# Southwest Health And Human Services



NJW

1/31/14 10:16AM

As Of 12/2013

Report Basis: Cash

## STATEMENT OF REVENUES AND EXPENDITURES

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2013 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND REVENUES					
CONTRIBUTIONS FROM COUNTIES	3,851,310.80-	9,217,637.03-	9,088,387.00-	101	100
INTERGOVERNMENTAL REVENUES	15,708.24	7,253.42	25,058.00-	29-	100
STATE REVENUES	111,995.82-	3,455,131.49-	3,892,352.00-	89	100
FEDERAL REVENUES	410,616.41-	6,413,113.30-	6,181,865.00-	104	100
FEES	111,460.77-	1,387,192.83-	1,265,250.00-	110	100
EARNINGS ON INVESTMENTS	2,257.66-	7,121.23-	1,300.00-	548	100
MISCELLANEOUS REVENUES	56,885.26-	2,941,461.12-	1,606,067.00-	183	100
<b>TOTAL REVENUES</b>	<b>4,528,818.48-</b>	<b>23,414,403.58-</b>	<b>22,060,279.00-</b>	<b>106</b>	<b>100</b>
EXPENDITURES					
PROGRAM EXPENDITURES	719,642.47	9,261,846.16	9,722,653.00	95	100
PAYROLL AND BENEFITS	779,965.54	10,087,887.31	10,202,186.00	99	100
OTHER EXPENDITURES	254,109.53	2,845,089.35	2,135,440.00	133	100
<b>TOTAL EXPENDITURES</b>	<b>1,753,717.54</b>	<b>22,194,822.82</b>	<b>22,060,279.00</b>	<b>101</b>	<b>100</b>

# Southwest Health And Human Services

REVENUES & EXPENDITURES BY PROG, DEPT, AND FUND AS OF 12/2013

NJW  
1/31/14 10:28AM



Report Basis: Cash

Element 483 DEPT	Description Health Education	Account Number Totals:	Revenue	Expend.	Net	Current Month 57,305.23-	Year-To-Date 623,930.31-	Budget 485,961.00-	% of Bdgt 128	% of Year 100
485 DEPT	Environmental Health					21,706.34-	12,390.58-	613,050.00	100	100
800 PROGRAM	Environmental					44,860.64-	143,207.86-	143,292.00-	100	100
			Revenue	Expend.	Net	11,737.60	158,095.35	147,744.00	107	100
			Revenue	Expend.	Net	33,123.04-	14,887.49	4,452.00	334	100
820 PROGRAM	Healthy Homes Grant		Revenue	Expend.	Net	0.00	4.86	0.00	0	100
			Revenue	Expend.	Net	0.00	4.86	0.00	0	100
485 DEPT	Environmental Health	Totals:	Revenue	Expend.	Net	44,860.64-	143,207.86-	143,292.00-	100	100
			Revenue	Expend.	Net	11,737.60	158,100.21	147,744.00	107	100
			Revenue	Expend.	Net	33,123.04-	14,892.35	4,452.00	335	100
1 FUND	Health Services Fund	Totals:	Revenue	Expend.	Net	322,196.03-	3,785,469.04-	3,049,596.00-	124	100
			Revenue	Expend.	Net	221,719.31	3,270,848.90	3,049,596.00	107	100
			Revenue	Expend.	Net	100,476.72-	514,620.14-	0.00	0	100

# Southwest Health And Human Services

REVENUES & EXPENDITURES BY PROG, DEPT, AND FUND AS OF 12/2013

NJW  
1/31/14 10:28AM



Report Basis: Cash

Element	Description	Account Number	Revenue	Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
702 PROGRAM	LCTS			0.00	80,044.00-	0.00	0	100
			Expend.	0.00	80,044.00	0.00	0	100
			Net	0.00	0.00	0.00	0	100
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	0.00	80,044.00-	0.00	0	100
			Expend.	0.00	80,044.00	0.00	0	100
			Net	0.00	0.00	0.00	0	100
5 FUND	Human Services Fund	Totals:	Revenue	4,528,818.48-	23,414,403.58-	21,660,279.00-	108	100
			Expend.	1,753,717.54	22,194,822.82	21,660,279.00	102	100
			Net	2,775,100.94-	1,219,580.76-	0.00	0	100
FINAL TOTALS	966 Accounts		Revenue	4,851,014.51-	27,199,872.62-	24,709,875.00-	110	100
			Expend.	1,975,436.85	25,465,671.72	24,709,875.00	103	100
			Net	2,875,577.66-	1,734,200.90-	0.00	0	100

**SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER****DECEMBER 2013**

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	<b>BALANCE FORWARD</b>				3,563,136.85
12/2/13	6039-41	Dep	1,527,594.46		5,090,731.31
12/3/13	38285-38309	Disb		6,733.56	5,083,997.75
12/3/13	38310-38388	Disb		52,630.69	5,031,367.06
12/3/13	101-107 ACH	Disb		940.06	5,030,427.00
12/3/13	6016-38,6042-66,6072-82	Dep	1,239,530.56		6,269,957.56
12/6/13	38389	Disb		88.19	6,269,869.37
12/6/13	6084-6103,6105,6113, 6115-37,6150-62	Dep	170,146.54		6,440,015.91
12/9/13	38390-38423	Disb		7,811.75	6,432,204.16
12/9/13	ACH 108-121	Disb		2,032.07	6,430,172.09
12/9/13	38424-38549	Disb		250,737.91	6,179,434.18
12/10/13	6067-71,6083,6104,6106- 12,6114,6138-49,6163-6200	Dep	746,410.80		6,925,844.98
12/13/13	6179-6194	PAYROLL		115,468.33	6,810,376.65
12/13/13	22799-23013 ACH	PAYROLL		375,654.73	6,434,721.92
12/13/13	6201-6266	Dep	156,935.90		6,591,657.82
12/16/13	38550-38617	Disb		12,628.11	6,579,029.71
12/16/13	122 ACH	Disb		57.60	6,578,972.11
12/16/13	38618-38778	Disb		310,422.28	6,268,549.83
12/16/13	123-133 ACH	Disb		1,408.61	6,267,141.22
12/17/13	6267-6315	Dep	107,039.94		6,374,181.16
12/20/13	134 ACH	Disb		228.25	6,373,952.91
12/20/13	38779-39061	Disb		77,608.97	6,296,343.94
12/23/13	39062-39184	Disb		116,758.09	6,179,585.85
12/23/13	135-143 ACH	Disb		1,263.38	6,178,322.47
12/23/13	39185-39234	Disb		8,849.62	6,169,472.85
12/20/13	6316-6393	Dep	239,000.89		6,408,473.74
12/27/13	6195 - 6217	PAYROLL		115,138.40	6,293,335.34
12/27/13	23014 - 23237 ACH	PAYROLL		377,196.23	5,916,139.11



# SOUTHWEST HEALTH & HUMAN SERVICES

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

## SUMMARY OF FINANCIAL ACCOUNTS REPORT

For the Month Ending: **January 31, 2014**

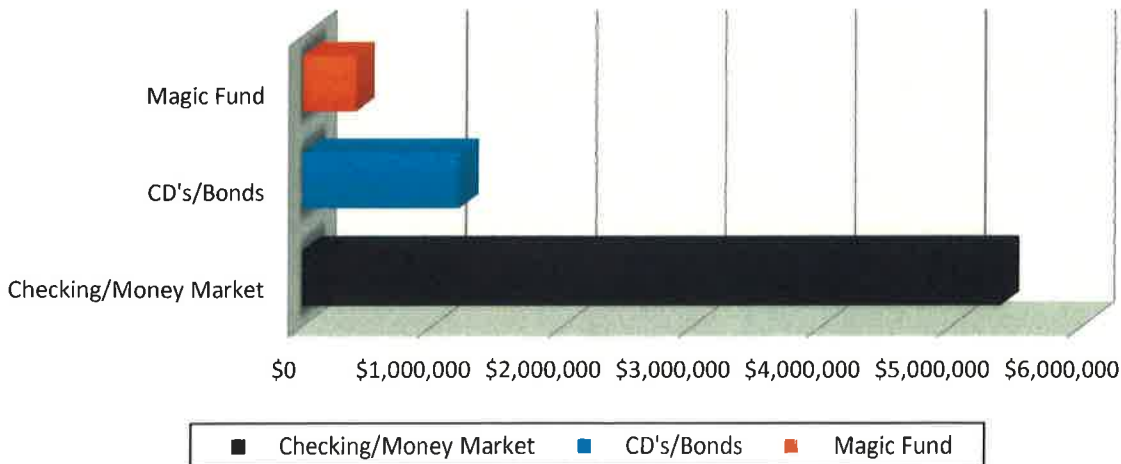
**\* Income Maintenance \* Social Services \* Information Technology \* Health \***

Description	Month	Running Balance
<b>BEGINNING BALANCE</b>		<b>\$6,600,532</b>
<b>RECEIPTS</b>		
Monthly Receipts	1,105,019	
County Contribution	195,405	
Interest on Investments	477	
<b>TOTAL MONTHLY RECEIPTS</b>		<b>1,300,901</b>
<b>DISBURSEMENTS</b>		
Monthly Disbursements	2,120,208	
<b>TOTAL MONTHLY DISBURSEMENTS</b>		<b>2,120,208</b>
<b>ENDING BALANCE</b>		<b>\$5,781,225</b>

## REVENUE

<i>Checking/Money Market</i>	<b>\$5,376,595</b>	Average Balance last two years <b>\$6,200,942</b>
<i>CD's/Bonds</i>	<b>\$1,200,000</b>	
<i>Magic Fund</i>	<b>\$404,630</b>	
<i>(January 2014 - yield .05%)</i>		
<b>ENDING BALANCE</b>	<b>\$6,981,225</b>	

## REVENUE DESIGNATION



# Southwest Health and Human Services



NJW  
2/12/14 8:05AM

TREASURER'S CASH TRIAL BALANCE As of 01/2014

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
<b>1</b> Health Services Fund	1,532,833.38			
Receipts		283,368.66	283,368.66	
Disbursements		88,781.71-	88,781.71-	
Payroll		175,071.87-	175,071.87-	
<b>Fund Total . . . . .</b>		19,515.08	19,515.08	1,552,348.46
<b>5</b> Human Services Fund				
General Administration	147,913.02			
Receipts		51,204.86	51,204.86	
Disbursements		71,639.31-	71,639.31-	
Payroll		6,762.06-	6,762.06-	
<b>Dept Total . . . . .</b>		27,196.51-	27,196.51-	120,716.51
<b>5</b> Human Services Fund				
Income Maintenance	1,813,213.06-			
Receipts		356,768.63	356,768.63	
Disbursements		288,096.42-	288,096.42-	
Payroll		319,345.51-	319,345.51-	
<b>Dept Total . . . . .</b>		250,673.30-	250,673.30-	2,063,886.36-
<b>5</b> Human Services Fund				
Social Services	31,825,717.42-			
Receipts		1,598.30	1,598.30	
Disbursements		166,389.34-	166,389.34-	
Payroll		466,755.54-	466,755.54-	
<b>Dept Total . . . . .</b>		631,546.58-	631,546.58-	32,457,264.00-
<b>5</b> Human Services Fund				
Purchased Services,SSIS	39,771,425.35			
Receipts		427,561.30	427,561.30	
Disbursements		73.11-	73.11-	
SSIS		464,039.25-	464,039.25-	
<b>Dept Total . . . . .</b>		36,551.06-	36,551.06-	39,734,874.29
<b>5</b> Human Services Fund				
Information Systems				

# Southwest Health and Human Services



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2/12/14 8:05AM

TREASURER'S CASH TRIAL BALANCE As of 01/2014

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
	1,593,070.09-			
		5,581.45	5,581.45	
		309.55-	309.55-	
		22,529.77-	22,529.77-	
		17,257.87-	17,257.87-	1,610,327.96-
5		LCTS Collaborative Agency		
	0.00			
		0.00	0.00	0.00
	4,687,337.80	963,225.32-	963,225.32-	3,724,112.48
<b>61</b>				<b>285,358.82</b>
	123,821.48		174,818.42	
		13,281.08-	13,281.08-	
		161,537.34	161,537.34	
71		LCTS Collaborative Agency		
	115,832.97			
		20,493.00-	20,493.00-	
		20,493.00-	20,493.00-	95,339.97
		20,493.00-	20,493.00-	95,339.97
73		LCTS Collaborative Agency		
	38,376.92			
		4,989.00-	4,989.00-	
		4,989.00-	4,989.00-	33,387.92
		4,989.00-	4,989.00-	33,387.92
75		LCTS Collaborative Agency		
	102,329.62			
		11,652.00-	11,652.00-	



# Southwest Health and Human Services



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2/12/14 8:05AM

As of 01/2014

## TREASURER'S CASH TRIAL BALANCE

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
<b>Dept Total</b> .....		11,652.00-	11,652.00-	90,677.62
<b>Fund Total</b> .....	102,329.62	11,652.00-	11,652.00-	90,677.62
All Funds .....	6,600,532.17			
Receipts		1,300,901.62	1,300,901.62	
Disbursements		665,704.52-	665,704.52-	
SSIS		464,039.25-	464,039.25-	
Payroll		990,464.75-	990,464.75-	
<b>Total</b> .....		819,306.90-	819,306.90-	5,781,225.27

# Southwest Health and Human Services



NJW

2/12/14 8:05AM

1 Health Services Fund

## TRIAL BALANCE REPORT

As of 01/2014

Report Basis: Cash

Page 2

<u>Account</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>Actual Year- To- Date</u>	<u>Current Balance</u>
1001 Cash	1,532,833.38	19,515.08	19,515.08	1,552,348.46
1090 Investments	400,000.00	0.00	0.00	400,000.00
<b>Total Assets</b>	1,932,833.38	19,515.08	19,515.08	1,952,348.46
----- Assets -----				
---- Liabilities and Balance ----				
Liabilities				
2020 Accounts Payable	0.00	1,844.05-	1,844.05-	1,844.05-
<b>Total Liabilities</b>	0.00	1,844.05-	1,844.05-	1,844.05-
Fund Balance				
2881 Unassigned Fund Balance	1,932,833.38-	0.00	0.00	1,932,833.38-
2885 Revenue Control	0.00	283,357.93-	283,357.93-	283,357.93-
2887 Expenditure Control	0.00	265,686.90	265,686.90	265,686.90
<b>Total Fund Balance</b>	1,932,833.38-	17,671.03-	17,671.03-	1,950,504.41-
<b>Total Liabilities and Balance</b>	1,932,833.38-	19,515.08-	19,515.08-	1,952,348.46-
410 General Administration				
----- Assets -----				
<b>Total Assets</b>	0.00	0.00	0.00	0.00
---- Liabilities and Balance ----				
Liabilities				
<b>Total Liabilities</b>	0.00	0.00	0.00	0.00
<b>Total Liabilities and Balance</b>	0.00	0.00	0.00	0.00
1 Health Services Fund	0.00	0.00	0.00	0.00

# Southwest Health and Human Services



NJW  
2/12/14 8:05AM

5 Human Services Fund

## TRIAL BALANCE REPORT

As of 01/2014

Report Basis: Cash

<u>Account</u>	<u>Beginning Balance</u>	<u>Actual This- Month</u>	<u>Actual Year- To- Date</u>	<u>Current Balance</u>
410 General Administration				
1001 Cash In Bank - Checking	147,913.02	27,196.51-	27,196.51-	120,716.51
1090 Investments	800,000.00	0.00	0.00	800,000.00
<b>Total Assets</b>	947,913.02	27,196.51-	27,196.51-	920,716.51
--- Liabilities and Balance-----				
Liabilities				
2020 Accounts Payable	0.00	13,192.44-	13,192.44-	13,192.44-
2080 Medical Insurance Payable	40,941.81-	0.00	0.00	40,941.81-
2090 Due To Flexible Plan Employees	1,920.70	0.00	0.00	1,920.70
<b>Total Liabilities</b>	39,021.11-	13,192.44-	13,192.44-	52,213.55-
<b>Fund Balance</b>				
2881 Unassigned Fund Balance	908,891.91-	0.00	0.00	908,891.91-
2887 Expenditure Control	0.00	40,388.95	40,388.95	40,388.95
<b>Total Fund Balance</b>	908,891.91-	40,388.95	40,388.95	868,502.96-
<b>Total Liabilities and Balance</b>	947,913.02-	27,196.51	27,196.51	920,716.51-
420 Income Maintenance				
1001 Cash In Bank - Checking	1,813,213.06-	250,673.30-	250,673.30-	2,063,886.36-
<b>Total Assets</b>	1,813,213.06-	250,673.30-	250,673.30-	2,063,886.36-
--- Liabilities and Balance-----				
Liabilities				
2020 Accounts Payable	0.00	7,281.21-	7,281.21-	7,281.21-
<b>Total Liabilities</b>	0.00	7,281.21-	7,281.21-	7,281.21-
<b>Fund Balance</b>				
2881 Unassigned Fund Balance	1,813,213.06	0.00	0.00	1,813,213.06
2885 Revenue Control	0.00	355,293.99-	355,293.99-	355,293.99-
2887 Expenditure Control	0.00	613,248.50	613,248.50	613,248.50
<b>Total Fund Balance</b>	1,813,213.06	257,954.51	257,954.51	2,071,167.57
<b>Total Liabilities and Balance</b>	1,813,213.06	250,673.30	250,673.30	2,063,886.36

# Southwest Health and Human Services

## STATEMENT OF REVENUES AND EXPENDITURES

As Of 01/2014

Report Basis: Cash



DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2014 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND REVENUES					
CONTRIBUTIONS FROM COUNTIES	97,012.00-	97,012.00-	744,604.00-	13	8
INTERGOVERNMENTAL REVENUES	23,603.09-	23,603.09-	231,500.00-	10	8
STATE REVENUES	11,300.72-	11,300.72-	742,202.00-	2	8
FEDERAL REVENUES	93,447.97-	93,447.97-	979,798.00-	10	8
FEES	32,464.68-	32,464.68-	436,160.00-	7	8
EARNINGS ON INVESTMENTS	71.64-	71.64-	0.00	0	8
MISCELLANEOUS REVENUES	25,457.83-	25,457.83-	13,550.00-	188	8
<b>TOTAL REVENUES</b>	283,357.93-	283,357.93-	3,147,814.00-	9	8
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	8
PAYROLL AND BENEFITS	178,088.87	178,088.87	2,441,523.00	7	8
OTHER EXPENDITURES	87,598.03	87,598.03	706,291.00	12	8
<b>TOTAL EXPENDITURES</b>	265,686.90	265,686.90	3,147,814.00	8	8

# Southwest Health and Human Services

## STATEMENT OF REVENUES AND EXPENDITURES

As Of 01/2014

Report Basis: Cash



DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2014 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND REVENUES					
CONTRIBUTIONS FROM COUNTIES	98,393.06-	98,393.06-	9,088,388.00-	1	8
INTERGOVERNMENTAL REVENUES	331.11-	331.11-	37,804.00-	1	8
STATE REVENUES	174,354.93-	174,354.93-	3,779,362.00-	5	8
FEDERAL REVENUES	359,407.80-	359,407.80-	6,570,948.00-	5	8
FEES	86,214.84-	86,214.84-	1,258,000.00-	7	8
EARNINGS ON INVESTMENTS	405.94-	405.94-	8,500.00-	5	8
MISCELLANEOUS REVENUES	63,304.45-	63,304.45-	1,530,137.00-	4	8
<b>TOTAL REVENUES</b>	<b>782,412.13-</b>	<b>782,412.13-</b>	<b>22,273,139.00-</b>	<b>4</b>	<b>8</b>
EXPENDITURES					
PROGRAM EXPENDITURES	611,378.10	611,378.10	8,942,678.00	7	8
PAYROLL AND BENEFITS	849,119.20	849,119.20	11,086,897.00	8	8
OTHER EXPENDITURES	318,276.07	318,276.07	2,243,564.00	14	8
<b>TOTAL EXPENDITURES</b>	<b>1,778,773.37</b>	<b>1,778,773.37</b>	<b>22,273,139.00</b>	<b>8</b>	<b>8</b>

# Southwest Health and Human Services

## REVENUES & EXPENDITURES BY PROG, DEPT, AND FUND AS OF 01/2014

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Report Basis: Cash

Element	Description	Account Number	Revenue	Current Month	Year-To-Date	Budget	% of Bdg	% of Year
800 PROGRAM	Environmental			25,016.09	25,016.09	138,500.00	18	8
			Expend.	13,744.69	13,744.69	162,422.00	8	8
			Net	11,271.40	11,271.40	23,922.00	47	8
485 DEPT	Environmental Health	Totals:	Revenue	25,016.09	25,016.09	138,500.00	18	8
			Expend.	13,744.69	13,744.69	162,422.00	8	8
			Net	11,271.40	11,271.40	23,922.00	47	8
1 FUND	Health Services Fund	Totals:	Revenue	283,357.93	283,357.93	3,147,814.00	9	8
			Expend.	265,686.90	265,686.90	3,147,814.00	8	8
			Net	17,671.03	17,671.03	0.00	0	8

# Southwest Health and Human Services

REVENUES & EXPENDITURES BY PROG, DEPT, AND FUND AS OF 01/2014

NJW  
2/12/14 8:04AM

Report Basis: Cash

Element	Description	Account Number	Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
<b>747 PROGRAM</b>	Mental Health Center Cty Contract-Gr						
			0.00	0.00	594,085.00	0	8
			0.00	0.00	594,085.00	0	8
<b>750 PROGRAM</b>	Developmental Disabilities						
			40,847.40	40,847.40	616,907.00	7	8
			44,598.00	44,598.00	455,633.00	10	8
			3,750.60	3,750.60	161,274.00	2	8
<b>760 PROGRAM</b>	Adult Services						
			96,708.96	96,708.96	1,339,000.00	7	8
			15,878.25	15,878.25	243,300.00	7	8
			80,830.71	80,830.71	1,095,700.00	7	8
<b>431 DEPT</b>	Purchased Services,SSIS	<b>Totals:</b>	420,011.42	420,011.42	15,505,131.00	3	8
			465,754.94	465,754.94	7,500,678.00	6	8
			45,743.52	45,743.52	8,004,453.00	1	8
<b>461 DEPT</b>	Information Systems						
			5,581.45	5,581.45	58,000.00	10	8
			22,839.32	22,839.32	281,797.00	8	8
			17,257.87	17,257.87	223,797.00	8	8
<b>461 DEPT</b>	Information Systems	<b>Totals:</b>	5,581.45	5,581.45	58,000.00	10	8
			22,839.32	22,839.32	281,797.00	8	8
			17,257.87	17,257.87	223,797.00	8	8
<b>5 FUND</b>	Human Services Fund	<b>Totals:</b>	782,412.13	782,412.13	22,273,139.00	4	8
			1,778,773.37	1,778,773.37	22,273,139.00	8	8
			996,361.24	996,361.24	0.00	0	8
<b>FINAL TOTALS</b>	<b>757 Accounts</b>		1,065,770.06	1,065,770.06	25,420,953.00	4	8
			2,044,460.27	2,044,460.27	25,420,953.00	8	8
			978,690.21	978,690.21	0.00	0	8

**SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER  
JANUARY 2014**

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	<b>BALANCE FORWARD</b>				6,600,532.17
1/6/14	39383-38392	Disb		668.67	6,599,863.50
1/6/14	39393-39474	Disb		136,622.48	6,463,241.02
1/6/14	148-153 ACH	Disb		920.74	6,462,320.28
1/3/14	6566-6615	Dep	88,461.36		6,550,781.64
1/7/14	6623-6636,6638-6659(includes int R11723)	Dep	134,120.08		6,684,901.72
1/8/14	6591,6594-96,6598-99				
	12/31 MMIS EFT	Neg Dep	-66,098.66		6,618,803.06
1/10/14	6218-6232	PAYROLL		115,987.60	6,502,815.46
1/10/14	23238-23453 ACH	PAYROLL		375,368.76	6,127,446.70
1/13/14	39475 - 39528	Disb		9,053.67	6,118,393.03
1/13/14	154 ACH	Disb		72.00	6,118,321.03
1/13/14	39529 - 39691	Disb		421,182.50	5,697,138.53
1/13/14	155 - 171 ACH	Disb		2,246.11	5,694,892.42
1/10/14	6616-22,6637,6660-6736	Dep	248,447.62		5,943,340.04
1/13/14	MNCare Tax EFT-9112	EFT DISB		248.66	5,943,091.38
1/14/14	6737-65, 6767,6769-71	Dep	52,815.75		5,995,907.13
1/17/14	39692-39954	Disb		60,344.44	5,935,562.69
1/21/14	39955-40082	Disb		261,636.01	5,673,926.68
1/21/14	172-175 ACH	Disb		157.30	5,673,769.38
1/21/14	40083-40119	Disb		4,816.48	5,668,952.90
1/17/14	6766,6768,6772-89,6796,6798-6839	Dep	278,925.26		5,947,878.16
	deleted duplicate information - DLT from 1-17-14 - entry 21				5,947,878.16
1/17/14	9113	Disb		81.00	5,947,797.16
1/21/14	6840-6848	Dep	25,635.33		5,973,432.49
1/24/14	6233-6254	PAYROLL		116,406.89	5,857,025.60
1/24/14	23454-23679 ACH	PAYROLL		382,701.50	5,474,324.10
1/24/14	6790-95,6797,6849-71,6873,6877-6925	Dep	166,154.18		5,640,478.28
1/27/14	40120-40157	Disb		7,550.32	5,632,927.96
1/27/14	40158-40232	Disb		100,407.69	5,532,520.27
1/27/14	176-177 ACH	Disb		140.91	5,532,379.36
1/28/14	6926-6951, 6955-6968	Dep	159,849.22		5,692,228.58
1/31/14	40233 - 40246	Disb		1,789.95	5,690,438.63
1/31/14	40247 - 40290	Disb		104,551.26	5,585,887.37
1/31/14	ACH 178-182	Disb		832.62	5,585,054.75
1/31/14	6872,6874-76,6952-54,6969-7031	Dep	212,113.90		5,797,168.65
1/6/14	11723	Int	302.47		5,797,471.12
1/24/14	11955	Int	15.45		5,797,486.57
1/24/14	11956	Int	21.85		5,797,508.42
1/24/14	11957	Int	137.81		5,797,646.23
1/22/14	9113	Fees		3,139.88	5,794,506.35
1/21/14	9114	Disb		433.04	5,794,073.31
1/23/14	9115	Disb		11,536.57	5,782,536.74
1/27/14	9116	Disb		1,311.47	5,781,225.27
	Balanced by LMD 02/03/14	<b>TOTALS</b>	<b>1,300,901.62</b>	<b>2,120,208.52</b>	



# Adult - Social Services Caseload

Average	Adult Brain Injury (BI)	Adult Community Alternative Care (CAC)	Adult Community Alternatives for Disabled Individuals (CADI)	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
2014											
2015											
2016											
2017											

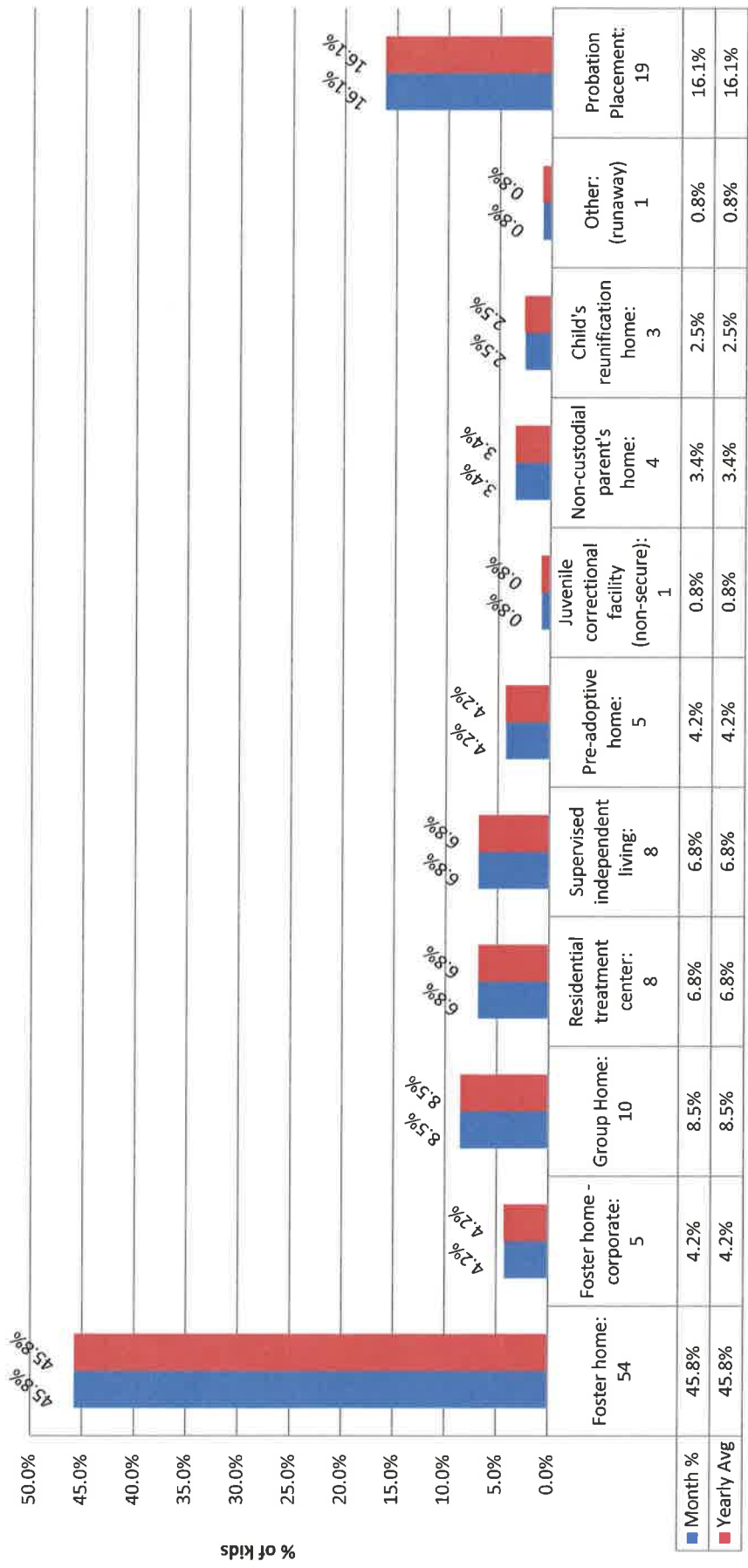
2014	Adult Brain Injury (BI)	Adult Community Alternative Care (CAC)	Adult Community Alternatives for Disabled Individuals (CADI)	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
January	14	14	259	327	31	903	24	442	464	312	2790
February											
March											
April											
May											
June											
July											
August											
September											
October											
November											
December											
	14	14	259	327	31	903	24	442	464	312	2790

# Children's - Social Services Caseload

Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2014											
2015											
2016											
2017											

2014	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)	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
January	39	18	0	5	33	120	105	99	1	16	436
February											
March											
April											
May											
June											
July											
August											
September											
October											
November											
December											
	39	18	0	5	33	120	105	99	1	16	436

**January 2014 - Placement by Category  
118 Kids in Placement**



2014 KIDS IN OUT OF HOME PLACEMENT

January		
	January	
	# of placements	Probation placements
Lincoln	4	1
Rock	14	1
Lyon	26	9
Pipestone	10	3
Redwood	37	5
Murray	8	0
<b>Totals</b>	<b>99</b>	<b>19</b>
<b>Total # of kids</b>	<b>118</b>	

## **January 2014:**

### **Total of 14 Children entered placement**

Siblings (2)	Redwood	Foster Care
Siblings (3)	Redwood	Foster Care
Siblings (3)	Redwood	Foster Care
Siblings (3)	Lyon	Foster Care
1	Lyon	Group Home
1	Redwood	Shelter Care
1	Lyon	Shelter Care

### **Total of 5 Children were discharged from placement**

1	Pipestone	Correctional - probation
1	Pipestone	Group Home - probation
1	Lyon	Correctional – probation
2	Murray	Trial home visit ended

**There were no adoptions this month.**

January 2014

# The Future of Transportation Coordination through SWHHS

Centralized Coordination  
Model for Improved  
Efficiency and Customer  
Service

Quality Improvement Transportation Team

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## **Executive Summary**

In August 2013, a Quality Improvement Project Team was created to focus on the transportation referral and accounting processes for Southwest Health and Human Services (SWHHS). Currently, the six-county joint-powers Human Services and Public Health agency makes arrangements for an estimated 800 Medical Assistance (MA) rides and 200-300 social services rides per month through six main transportation agencies. The transportation coordination process involves the client calling the agency; the agency assisting the client and verifying their eligibility; and forwarding to the appropriate transportation vendor. This task fulfills the required mandate of the Department of Human Services Health Care Access Plan to administer access transportation services. Due to a large number of inconsistencies between each county, the project team focused on and created uniform transportation processes, procedures, and supporting documents which will ultimately aid in a streamlined model to improve efficiency, customer service, and financial resources for the agency.

## **SWHHS Transportation Coordination- An Overview**

In August 2013, a proposal was brought forth to the Quality Council of Southwest Health and Human Services. The aim of this proposal was to develop a team of staff to focus on the transportation referral and accounting process for the agency. Due to the addition of three (3) counties to the agency over a two-year period, the organization has gone through a period of transition and merging of programs. The transition and merging period has produced inconsistencies between each county, providing an opportunity for staff to share best practices and create a new referral model for the agency. Over a six (6) month period, the Quality Improvement Transportation Team surveyed staff, shared best practices, developed new supporting documents, and developed a new model of transportation referral for Southwest Health and Human Services. This model solves multiple challenges the agency is currently facing with transportation coordination.

## **Internal Data Collection**

The first goal of the team was to identify the current referral processes (by county). This was achieved by surveying Southwest Health and Human Services staff and sharing of information through the workgroup members. 31 staff participated in the survey.

Themes from the data:

- Each county and department within each county does their coordination differently.
- Some people/departments like coordinating transportation since it keeps them in-tuned with their clients' needs.
- Many people are jumping through multiple steps to coordinate a ride.
- The current forms created for transportation referral does not meet the needs of transportation providers or the accounting department of SWHHS.
- Multiple counties do not use the internal form AG#016 for transportation referral. They use a form specific from each transportation agency.

- Transportation referral forms are not stored in a centralized location.
- Transportation referrals are not being coded to the correct pots of money.
- Some counties have individuals coordinating transportation rides that are unable to bill for the activity of setting up these services.

### ***Transportation Referrals and Time Study***

#### **Medical Assistance (MA) Rides**

The next step of the workgroup was to identify the number of transportation referrals coordinated between our agency and our partnering transportation organizations. Our six (6) main transportation providers shared the number of MA rides coordinated between January 1, 2013 and September 30, 2013. This information is broken down in the following table:

<b>Provider</b>	<b>Trips</b>	<b>Average/Month</b>
<b>Pipestone County Transit</b>	2172	241.33
<b>Heartland Express</b>	851	94.55
<b>Lincoln County</b>	434	48.22
<b>Murray County</b>	793	88.11
<b>WESCAP</b>	3038*	337.6*
<b>Kandiyohi Area Transit</b>	10	1
<b>Total</b>	7298	810.88

\*WESCAP sent information for 10 months (3,376) so the # of trips for 9 months is an estimate.

Another piece of the Health Care Access Plan is reimbursement to clients for mileage and travel-related expenses. The following data shows the number of claims processed through SWHHS from January-September 2013. The average time a staff person spends on a voucher ranges from five minutes to an hour.

<b>Month</b>	<b>Number of Vouchers</b>
<b>January</b>	207
<b>February</b>	222
<b>March</b>	267
<b>April</b>	376
<b>May</b>	435
<b>June</b>	324
<b>July</b>	384
<b>August</b>	370
<b>September</b>	335
<b>Total</b>	2,920 <i>(324 average/month)</i>



Next, we asked staff for an estimate on the amount of time they spent on transportation coordination (setting up rides/going over claim forms). This data varied from county to county depending on the current referral processes in place.

County	Average Hours/Month
<b>Rock County</b>	9
<b>Lincoln, Lyon, and Murray</b>	61
<b>Pipestone</b>	43
<b>Redwood</b>	56
<b>Total</b>	169

Finally, we looked at the estimated distribution of new MA enrollees due to ACA changes. An April 2013 report estimated that our agency could enroll 1,939 new MA clients due to the affordable healthcare act. Based on current agency data, we estimate that 10% of those new clients would utilize transportation services.

County	Enrollees
<b>Lincoln</b>	116
<b>Lyon</b>	747
<b>Murray</b>	179
<b>Pipestone</b>	298
<b>Redwood</b>	397
<b>Rock</b>	202
<b>Total</b>	1,939

### **Social Services (SS) Rides**

Our largest transportation provider, WESCAP, shared the number of SS rides coordinated between January 1, 2013 and September 30, 2013.

Provider	Trips	Average/Month
<b>WESCAP</b>	1359	151

A quick time study showed SWHHS social workers spend 29.25 hours each month coordinating transportation services for their clients.

### **Workgroup Work**

Once baseline data was collected and analyzed, the project team began to work on creating a new referral model for the agency. In addition, smaller workgroups formed to address data capture/storage; review of external forms MA #027: Summary of Information/Assisting with Getting to Medical Appointments & AG#040: A Medical Expense Reimbursement Claim and internal form AG#016: Transportation Prior Authorization Form; utilization of one form with all transportation agencies; and accounting and transportation processes.

### Data Capture/Storage

Feedback from staff indicated it was hard to find the current transportation folder and the appropriate agency forms. The workgroup sat down with IT and a new "T" drive has been created for transportation coordination. All staff will have access on their computer to the drive and it will hold all transportation supporting documents (forms, processes, codes) in addition to a place to save the AG#016 by year, county, and month. This will help streamline billing/accounting processes.

### External Forms MA#027 and AG#040

The workgroup combined MA#027 and AG#040 into a single (two-sided) form. Starting December 1, 2013, the form is labeled MA#027 and is titled MA Transportation Form. The form has been approved by DHS and is being printed in yellow for the client packets.

### Internal Form AG#016

Through input from our area transportation agencies and project team, a new AG#016 form has been created for all six counties to use for transportation coordination. The form includes drop-down boxes and space for all the necessary information needed to accurately transport our MA and SS clients. A corner spot has been developed for "internal use" which will provide information to the accounting department.

### Transportation Agency "Buy-In"

An integral component of this process has been gathering feedback from the area transportation agencies. The transportation providers have been in communication with the workgroup since September and have helped guide the formation of AG#016 and provided feedback on the proposed model.

### Accounting and Transportation Processes

A workgroup was formed to identify the processes for accounting and transportation coordination. These were created to help streamline the coordination process for the agency, increase accuracy in coding, and help staff understand their role in the new model. These processes will be located in the new "T" drive with the other supporting documents.

## **Project Team Solution: Centralized Transportation Coordination Model**

The largest task of the Quality Improvement Team was to create a model that would meet the needs of the MA clients, the transportation providers, and the ongoing need for efficiency internal to Southwest Health and Human Services. Based on six months of survey, analysis and discussion, the Quality Improvement Team recommends the implementation of a centralized transportation coordination model.

The centralized transportation coordination model supports the agency's vision of having specialized staff who will spend their work time fulfilling the transportation needs of our agency. These specialists

would coordinate transportation requests and vouchers, review billing, and communicate with clients in regards to health care access reimbursements. These individuals would be the “go-to” in the agency for transportation and would alleviate inconsistencies currently taking place between departments and counties. The transportation coordinators would also take on responsibilities as eligibility workers, which would fill 25% of their workload. Some of those duties would include: reimbursement authorizations for cost-effective insurance; monitoring and assignment of cases in the SWHHS Service Queue; phone intake; and a caseload. The caseload would depend on the location of the worker based on county need.

### ***Benefits of the Proposed Model***

This model solves multiple challenges the agency is currently facing with transportation referral:

#1. The model provides a streamlined process for both the client and the transportation agencies across the six counties.

Through the centralized process, only two to three people would be involved in the coordination process. Clients would be directed to the transportation coordinators when a referral is needed; the transportation coordinators would forward the client information directly to the providers; providers would arrange the rides. Other agency staff would be eliminated from the responsibilities of coordinating rides.

#2. The model reduces or eliminates coordination error.

A common complaint from our transportation providers was a large number of blank or inaccurate information when forms are sent to their staff. A significant amount of time is spent filling the blanks. This model narrows the number of people gathering the information and communicating with the providers- ultimately reducing error and improving customer service.

#3. The model creates consistency

This model creates consistency of interpretation of policies. For example, what constitutes emergency, reasons to allow reimbursement for travel to pick up prescriptions, reasons to allow full payment for mileage past the 30/60 mile policy, and use of verifications other than signatures on the yellow claim form. It also creates consistency for office support staff and substitutes to forward all transportation calls to the same person instead of having to look up worker name first.

#4. The model reduces the number of people coding the funding source, which increases accuracy.

Our transportation coordinators will be knowledgeable of process and procedures that are associated with transportation billing and coding. This model allows these specialized workers to take time to audit reimbursement forms and transportation bills to allow for the most accurate coding, which will ultimately lead to an increase in MA and SS reimbursement and a decrease in county spending.

#5. The model places eligibility workers as transportation coordinators, who can receive pay for transportation coordination (time study).

In order for SWHHS to receive pay for transportation coordination, a staff person must be an eligibility worker. This model places two **eligibility workers** in the transportation coordinator role to increase the likeliness that the agency could get paid for those hits through the time study. The transportation coordinators would spend 75% of their time on transportation-specific work and 25% on eligibility-type duties and could be located in any county.

#6. The model significantly reduces the amount of time other staff are spending on transportation coordination, which allows for increased productivity in their other work.

Currently, our staff (agency-wide) is spending an estimated 198 hours per month setting up rides and going over yellow claims forms. This does not include time spent on verifying bills from our transportation vendors. This model moves the responsibility from many staff to two specialized staff, which will free up time for staff to focus further on their programmatic work and create consistency between the six counties.

#7. The model offers back-up for transportation coordinators.

This model includes two transportation coordinators for the agency. With an increased number of people transitioning to MA due to increased income standards and the increased numbers on MCRE due to MNSure, the number of people eligible for transportation services will also increase. Two coordinators will ensure we have coverage for the large number of transportation referrals and claims form work for the agency. Two coordinators also ensure back-up in the case when one of the coordinators is out of the office.

## **Cost and Savings to the Agency**

### Cost

The cost of implementing this model in Southwest Health and Human Services includes the salary and benefits packages of two eligibility workers. The current federal reimbursement rate for eligibility workers is 50%.

### Benefit/Savings

- An increased attention to coding and auditing will increase MA reimbursement (WAIVER Programs).
- By having two eligibility workers coordinate transportation, it increases the likeliness of payable hits through the time study.
- Moving transportation coordination responsibilities from eligibility workers, social workers, office support staff, and accounting staff to the two positions will increase productivity in their respected areas of work. For eligibility workers, this may decrease the need for an FTE in near future.

- Implementing this model will translate into less training time with staff on transportation accounting and coordination processes.
- Have two coordinators in the transportation role will increased efficiency in coordination of challenging cases and handling claim forms.
- Implementing this model will significantly improve customer service for staff, clients, and our partnering transportation agencies!!

## **Summary**

Based on six months of research, the Quality Improvement Transportation Team recommends the implementation of a centralized transportation coordination model for Southwest Health and Human Services. This model allows the agency to streamline the communication between the clients, the Transportation Coordinator (internally), and the transportation agency. This limits the number of coordination errors, increases consistency in administering the Health Care Access Plan throughout the six counties, increases accuracy in billing/coding appropriate funds, and improves customer service to our clients and our partnering transportation providers.



3001 Maple Road  
Slayton, MN 56172

507/694-1452 800/657-3781  
FAX: 507/694-1859

**TRANSPORTATION PRIOR AUTHORIZATION FORM**

Please Rush

Ag#016 01 14

TRANSPORTATION AGENCY: Other

PHONE: Other FAX: FAX#507-836-8875 EMAIL: volunteer@katbus.org

CLIENT: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME(S) OF OTHERS RIDING WITH CLIENT: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_

PICK-UP TIME: \_\_\_\_\_ am pm PICK-UP LOCATION(Name): \_\_\_\_\_  
Address \_\_\_\_\_

TIME OF APP'T: \_\_\_\_\_ am pm DESTINATION: (Name): \_\_\_\_\_ PHONE: \_\_\_\_\_  
Address \_\_\_\_\_

END OF APP'T TIME: \_\_\_\_\_ am pm RETURN DESTINATION (Name): \_\_\_\_\_  
RETURN TIME \_\_\_\_\_ am pm Address \_\_\_\_\_

RETURN TRIP NEEDED:  YES  NO

SPECIAL REQUESTS/COMMENTS: Does the rider have mobility problems; is there a need for a certain sex drivers; if children are riding, does rider have car seats; etc.?

PAYMENT TYPE: MA/MNCARE PMI# \_\_\_\_\_

APPROVAL AUTHORIZED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE AUTHORIZED: \_\_\_\_\_

\* Please include copy of MMIS Service Agreement (if there is not a SA set up in SSIS)

**\* PLEASE SAVE COPY TO "T DRIVE" AND SEND/FORWARD TO TRANSPORTION AGENCY \***

**TRANSPORTATION WILL NOT BE ARRANGED UNLESS FORM IS COMPLETED!!! (NO VERBAL TRANSPORTATION REQUESTS WILL BE HONORED).**

ARRANGEMENTS MADE BY NAME:  PHONE  FAX  EMAIL DATE: \_\_\_\_\_

Comments/Notes:	SWHHS Use Only: _____ SSIS# _____
	PAYMENT TYPE: <u>OTHER</u>
	Alternative Response TRIP MEETS 30/60 MILE RESTRICTION <input type="checkbox"/> YES (MA Requirement)

**SOUTHWEST  
HEALTH & HUMAN  
SERVICES**

PO Box 44  
Ivanhoe, MN 56142  
(507) 694-1452

607 W Main St, Suite 100  
Marshall, MN 56258  
(507) 537-6747

3001 Maple Rd, Suite 100  
Slayton, MN 56172  
(507) 836-6144

1091 N Hiawatha Ave  
Pipestone, MN 56164  
(507) 825-6720

PO Box 510  
Redwood Falls, MN 56283  
(507) 637-4050

2 Roundwind Rd  
Luverne, MN 56156  
(507) 283-5070

**ASSISTANCE WITH GETTING TO MEDICAL APPOINTMENTS  
SUMMARY OF INFORMATION**

Effective 12/01/2013  
MA#027 12 13

**The SWHHS Health Care Access plan will pay for the least costly form of transportation to enable you to get to your medical appointments.**

**CLAIMS MUST BE RECEIVED IN OUR OFFICE WITHIN 60 DAYS OF THE DATE OF SERVICE.**

**If you have your own vehicle and can drive, you must use it whenever possible.**

**If you are unable to drive or find someone to drive your vehicle, then you may call to request a ride to your medical appointment.**

If you are enrolled in Blue Plus, call Blue Ride at (866) 340-8648. They require 48 hour notice.

If you are enrolled in UCare, call Health Ride at (800) 203-7225. They require 48 hour notice.

If you have MA but do not have Blue Plus or UCare, call your county agency to ask for medical transportation.

If you have MinnesotaCare, only children under 21 or pregnant women can receive rides or be reimbursed for transportation costs.

If you are unable to drive your vehicle, you must try to find someone who can drive your vehicle or who would drive you in their vehicle. If you drive your vehicle or have someone drive your vehicle for you, you will be reimbursed 20¢ per mile for the miles when the patient is in the vehicle. Mileage is reimbursed per trip, not per the number of people in the vehicle or the number of people who have appointments at the same location. Bus or cab fares will be reimbursed at the rate charged but you must provide original receipts. No reimbursement will be made if the mode of transportation or related travel expense is furnished at no cost to the recipient.

**If you choose to get medical services (including emergency services) outside of a 30/60 mile radius from your home, you may have to pay for your own transportation costs. Prior authorization is required from SWHHS if you request reimbursement for overnight expenses including lodging or meals, unless it is an emergency. If you have an emergency, contact SWHHS right away after the emergency to make arrangements for reimbursement of allowable expenses.**

For services received on or after 07/01/2013, if your doctor says that you must have primary medical care that you cannot get within 30 miles from your home or specialty medical care that you cannot get within 60 miles from your home, reimbursement must be authorized by SWHHS. SWHHS will require a statement from a provider verifying why it is medically necessary to travel beyond a 30/60 mile radius. If the request is approved, you may get reimbursed for mileage, meals, lodging, and parking.

Lodging is limited to \$50 per night unless SWHHS has given prior authorization for a higher amount. If someone must go with you in order for you to get necessary medical care, that person could also be reimbursed for meals and lodging. A medical provider must verify that you need to have another person at the appointment.

You may also be eligible for reimbursement of transportation related expenses during the months you were found to be eligible before the date you applied (retroactive coverage). If you appeal an action on your Medical Assistance/MinnesotaCare case, you are eligible for transportation related expenses and, if necessary, child care costs while you are attending the appeal hearing. Prior authorization is not required for transportation related expenses for emergencies, retroactive eligibility, or appeal hearings.

**PRESCRIPTIONS: Costs to pick up prescriptions will not be reimbursed if the prescriptions could have been delivered or mailed to you at no additional cost.**

**MEALS: You must need to travel more than 35 miles in the most direct route from your home to the medical appointment to get reimbursed for meals.**

Breakfast: reasonable costs up to \$5.50 maximum. Must be in transit to/from or at a medical appointment before 6 a.m.

Lunch: reasonable costs up to \$6.50 maximum. Must be in transit to/from or at a medical appointment between 11 a.m. and 1 p.m.

Dinner: reasonable costs up to \$8.00 maximum. Must be in transit to/from or at a medical appointment after 7 p.m. or overnight due to the appointment time.

If you need a list of dentists who accept Medical Assistance, call your county office. If you need help finding a dentist who accepts UCARE, call (800) 235-0564.

# MEDICAL EXPENSE REIMBURSEMENT CLAIM

Submit this form to your local county office

I declare under the penalties of the law that the information on this claim is just and correct and no part has been paid. I authorize the medical provider(s) to release attendance information about all appointments listed on this claim. I agree and understand that my information may be shared for fraud investigation.

- CLAIMS MUST BE RECEIVED IN OUR OFFICE WITHIN 60 DAYS OF THE DATE OF SERVICE. Correctly completed claims will be paid within 30 days from the date we receive your form. Incomplete forms will be returned to you and this will delay reimbursement.
- The medical provider(s) must stamp or sign this form or another statement from the clinic or hospital verifying each appointment. An appointment reminder card is not acceptable verification.

- Turn in one form per patient per month. The original form is required. No copies or faxes will be accepted. Turn in your original itemized receipts (for meals, lodging parking, bus cab fares, etc.). Meal receipts must show what food item was purchased.
- If you have traveled outside of a 30 mile radius from your home for primary medical care or a 60 mile radius from your home for specialty medical care, we require a statement from a medical provider verifying why it is medically necessary to travel beyond a 30/60 mile radius from your home.

**Driver Information:**

- I drove myself or someone drove my vehicle. (20¢/mile)
- I am the parent or guardian. (20¢/mile)
- I am a friend, relative, neighbor, personal care assistant, or corporate foster care staff. (20¢/mile)
- I am a licensed foster care provider. (current IRS rate)
- Other \_\_\_\_\_

Was someone else required to be with the patient at a medical appointment?

- No
- Yes

Name: \_\_\_\_\_  
Reason: \_\_\_\_\_

You must provide a statement from the doctor verifying the need for another person at the appointment, unless the patient is a minor child.

Date of Service one month per form	Appt. Time	Name of Doctor	Specialist Y/N	Clinic / Hospital Name & Location	Provider Signature or Stamp	A0090/recip A0080/vol/fp	A0170	A0180	A0190	Meals (see detailed information on reverse)				
										Total Miles with Patient in Car	Name of person who ate meal	Breakfast Max \$5.50	Lunch Max \$6.50	Dinner Max \$8.00

**AGENCY USE ONLY**

Total Mileage @ 20¢/mile	#	05-420-650-2260-6027	\$	Vendor #:
Total Mileage/IRS or Other Rate	#	05-420-650-2260-6028	\$	County of Service #:
Total Meals	#	05-420-650-0000-6027	\$	Approved By:
Total Parking	#	05-420-650-0000-6027	\$	Date Approved:
Total Lodging	#	05-420-650-0000-6027	\$	MA Spenddown: \$
Employee #:				Total To Be Paid: \$



**SOUTHWEST HEALTH AND HUMAN SERVICES  
PERSONNEL POLICY NUMBER 21**

EFFECTIVE DATE: 02/19/14

REVISION DATE:

AUTHORITY: Southwest Health and Human Services Joint Governing Board

**--- TOBACCO-FREE AND ELECTRONIC DELIVERY DEVICE POLICY ---**

**Section 1 - Purpose**

- a. Smoking and tobacco use has been well documented as the number one preventable cause of death and disease in Minnesota and across the nation. In addition, there is no evidence that using electronic delivery devices or inhaling the secondhand vapor they emit is safe. Studies have shown the presence of heavy metals and carcinogens in e-cigarette vapor. Electronic delivery devices are not currently regulated by the Food and Drug Administration (FDA) and are not a FDA-approved tobacco cessation tool.
- b. Southwest Health and Human Services (SWHHS) is committed to promoting healthy behaviors and improving the health and quality of life of the people in the communities we serve. To provide a safe and healthy environment for employees and the public, it is important to create and maintain a tobacco-free and smoke-free environment on all properties owned, operated or leased by SWHHS including buildings, grounds, parking lots, and company vehicles. This policy communicates SWHHS's position on smoking, the use of tobacco and electronic delivery devices and our expectations for all clients, visitors and employees.

**Section 2 - Definitions**

- a. "Tobacco or Tobacco Products" shall mean cigarettes and any products containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part, or accessory of a tobacco product. Tobacco or tobacco products excludes any tobacco product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.
- b. "Smoking" shall mean inhaling, exhaling, or breathing smoke from any lighted or heated cigar, cigarette, pipe, or any other lighted or heated tobacco, plant, or similar product, or inhaling or exhaling vapor from any electronic delivery device. Smoking shall include carrying a lighted or heated cigar, cigarette, pipe, or any other lighted or heated tobacco, plant, or similar product and other substances intended for inhalation.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
PERSONNEL POLICY NUMBER 21**

- c. "Electronic Delivery Device" shall mean any product containing or delivering nicotine, lobelia, or any other substance intended for human consumption that can be used by a person to simulate smoking in the delivery of nicotine or any other substance through inhalation of vapor from the product (often referred to as e-cigarettes or hookah pens).

**Section 3 - Policy**

- a. The sale or use of tobacco products and electronic delivery devices is prohibited in or on all SWHHS owned or leased buildings, grounds, parking lots, and vehicles. At facilities where SWHHS rents space with other tenants, SWHHS employees are prohibited from using tobacco products within such buildings, on the grounds, in parking lots, or in their vehicles on such grounds.
- b. This policy applies to all individuals (clients, visitors, vendors, volunteers, contractors and employees) while on the campuses of SWHHS property or designated agency office space.
- c. The use of tobacco and electronic delivery devices is prohibited in all vehicles owned, leased or rented by SWHHS.
- d. Employees will not loiter on or near neighboring property or discard litter in a way that will negatively impact SWHHS's image.

**Section 4 - Procedure**

- a. It is the responsibility of all SWHHS staff to follow and enforce the Tobacco-Free and Electronic Delivery Device Policy. All employees are authorized to communicate this policy with courtesy and diplomacy to clients, visitors, volunteers and other employees.
- b. The policy will be reviewed at new employee orientation. Department supervisors are expected to educate employees about this policy and to ensure that the policy is implemented and enforced.
- c. Employees violating the Tobacco-Free and Electronic Delivery Device policy will be subject to the disciplinary policy of the agency.
- d. If employees or their clothing smell of smoke or vapor odor, they are to change clothes, or be sent home, without pay, to change their clothing before returning to the work place. If a telecommuting employee returns a file to the work place that smells of smoke or vapor, the employee will be subject to the disciplinary policy of the agency.

**SOUTHWEST HEALTH AND HUMAN SERVICES  
PERSONNEL POLICY NUMBER 21**

- e. SWHHS is committed to assisting staff with tobacco and smoking cessation resources as requested. Tobacco and smoking cessation services are available to all SWHHS employees, clients, and all who live and work in Minnesota through QUITPLAN Services. Employees are encouraged to contact the agency Tobacco Control Coordinator for additional information and assistance.

**FEBRUARY 2014**  
**BOARD APPROVAL ON THE FOLLOWING:**

- IV-D Cooperative Agreement (DHS) – 01/01/14 to 12/31/14;** Agreement with all 6 counties and DHS; County Attorney fee at \$120/hour and County Sheriff Process Service fees at \$40 Lyon, \$75 Murray, \$75 Pipestone, \$50 Redwood, \$40 Rock, no contract with Lincoln County (renewal).
- Marlene Verdoes CPA, Representative of Hoffman & Brobst (Marshall, MN) – 01/01/14 to 12/31/14;** Accounting services for child support cases, \$120/hour plus expenses with a cap of \$2,500 for the year (renewal).
- Southern Prairie Community Care (Marshall, MN) - 01/01/14 – 12/31/14 –** Information Technology Services, \$55/hour (new).
- William Toulouse, Quarnstrom & Doering PA (Marshall, MN) - 01/01/14 – 12/31/14;** Legal services, \$2,000/month or \$24,000 annually (no increase) (renewal).
- PrimeWest Health (Alexandria, MN) – 10/01/13 to open (annual auto-renewal);** Complex Case Management Delegation agreement, case management services to provide health plan members assistance in navigating the health care system to facilitate appropriate delivery of care and services, Rate of 25% above DHS fee schedule (new).
- SWMN Private Industry Council (Montevideo, MN) – 01/01/14 to 12/31/14;** MFIP/DWP Regional Plan, regionalization of employment and training services, host county is Chippewa, allocation of \$686,540 (\$7,973 decrease) (renewal).
- SWMN Private Industry Council (Montevideo, MN) – 01/01/14 to 12/31/14;** SELF program; \$1500 for youth wages and \$1500 for direct support services for a budget of \$3000 (\$6525 decrease) (renewal).
- PrimeWest Health (Alexandria, MN) – 01/01/14 to 12/31/14;** Behavioral Health Participation Agreement, amended to add for Information Technology Support to cover and support case management services, \$3960 stipend for laptops and hot-spots (new).

## **BOARD MEETING – 02/19/14**

### **DONATIONS**

- **Sillerud Lutheran Church in Balaton donated quilts**
- **Our Savior's Lutheran Church of Canby donated Easter baskets for families and consumers**

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

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

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

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

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

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

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

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

Passed and adopted by the Southwest Health and Human Services Governing Board this 19<sup>th</sup> day of February, 2014.

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Bob Moline, Chair  
Southwest Health and Human Services

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Chris Sorensen  
Director

**Health Services Locations**

Ivanhoe, MN 507-694-1452

Marshall, MN 507-537-6713

Slayton, MN 507-836-6144

Pipestone, MN 507-825-5024

Luverne, MN 507-283-5070

Redwood Falls, MN 507-637-4041

**Human Services Locations**

Ivanhoe, MN 507-694-1452

Marshall, MN 507-537-6747

Slayton, MN 507-836-6144

Pipestone, MN 507-825-6720

Luverne, MN 507-283-5070

Redwood Falls, MN 507-637-4050

**QI Plan**

**SOUTHWEST  
HEALTH AND  
HUMAN SERVICES**



**2014  
QUALITY IMPROVEMENT  
PLAN**

I. Purpose and Scope

- A. *Quality Improvement (QI) is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization.* Through this plan the Quality Council will lead the agency in creating, implementing, maintaining, and evaluating the quality improvement efforts at Southwest Health and Human Services (SWHHS) designed to improve performance of the organization and its employees and encourage a culture of quality.
- B. *Our vision for quality improvement is to improve the quality of services provided to customers of Southwest Health and Human Services through a structured quality improvement process.*
- C. Quality Improvement activities at Southwest Health and Human Services will include:
1. Core Competencies: Those activities that require ongoing review include:
    - Reviewing health and human services orientation materials for staff training and competencies for key staff
    - Reviewing policies and procedures in assuring an agency-wide process and implementation are conducted and documented
    - Reviewing employee job descriptions
    - Reviewing supervisor and staff trainings
    - Reviewing performance review process
    - Reviewing after-action reports for outbreak investigations and emergency preparedness events and exercises
  2. Local Public Health Assessment and Planning Process
    - Reviewing data from the organizational self-assessments and community health assessments per the Local Public Health Assessment and Planning Process.
    - Reviewing and selecting ten areas of greatest community health need and the three standards most in need of improvement.
    - Reviewing the Community Health Improvement Plan, the QI plan and the Strategic Plan annually.
    - Reviewing National Accreditation Standards in assuring compliance with public health standards.
  3. Those activities that require action in this plan year include:
    - Reviewing cultural competencies in policies, procedures, written and oral materials, and staff knowledge and practice.
    - Reviewing core competencies for each position title.

II. Glossary of Terms

- A. Quality Improvement: an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization



- B. Core Competency: the collective learning in organizations, and involve how to coordinate diverse production skills and integrate multiple streams of technologies. It is communication, an involvement and a deep commitment to working across organizational boundaries.
- C. Cross Sectional Representation of SWHHS includes representatives from both management and staff, all office locations, experienced and inexperienced staff, long term and short term employees, public health and human services departments, and all program areas.
- D. Executive Team: group including the director, the division directors, and the planner
- E. Focus Team: group including the director, division directors, supervisors, planner and executive assistant
- F. Local Public Health Assessment and Planning Process: Process developed by the Minnesota Department of Health Office of Performance Improvement to assess, plan, and communicate the work of local public health. The following are all part of this five-year process.
  - 1. Community Health Assessment: An assessment of the communities' health status within the jurisdiction of SWHHS using current data or new data
  - 2. Community Health Improvement Plan: An agency work plan focusing on the top priorities identified in the Community Health Assessment
  - 3. Organizational Self-assessment: An organizational assessment comparing agency practice against the National Accreditation Standards
  - 4. Strategic Plan: A carefully devised plan of action to achieve goals identified in assessments and/or brainstorming sessions.
- G. National Accreditation Standards: Standards that health departments can put in place to ensure that they are continuously improving services to keep their communities healthy.

### III. Organizational Structure

- A. The Southwest Health and Human Services Boards of Directors
  - The Governing Board consists of elected officials from the counties represented in the agency and is charged with making operational decisions. Their authority is driven from the Joint Powers Act in state statute.
  - The SWHHS Community Health Board is responsible for programmatic decisions facing public health as per state statute.
  - The SWHHS Human Services Board is responsible for programmatic decisions facing human services as per state statute.
    - The Governing Board is responsible for the overall quality of services in the organization, allocation of resources for QI processes and activities, and approval of the QI plan annually.
    - QI activities and resource allocation are delegated from the Governing Board to the Agency Director and the Quality Council.
    - The annual agency budget will reflect financial resources dedicated to Quality Improvement Activities and will be approved by the governing board.

The agency will seek additional financial resources via local, state or federal grants, local funding streams, etc. to fund QI projects.

- The Governing Board receives a report annually on the health data with recommended actions for health policy decisions, progress toward program goals, recommendations based on after-action reviews and other QI efforts.
- All boards will receive periodic reports from the Quality Council and/or Agency Director related to QI activities or QI projects as the report fits the board's level of authority.
- Board members are asked to participate in QI projects and/or meetings as appropriate.

**B. Agency Director**

- The Agency Director serves as an ex-officio member of the Quality Council.
- The Agency Director gives direction to the Quality Council as determined by the Boards of Directors and is the liaison between the boards and the Quality Council.

**C. QI Council**

- The Quality Council consists of cross-sectional representation from SWHHS.
- Members are appointed by the Quality Council and serve a term of two years. Less than half of the Quality Council members can rotate off each year.
- The Quality Council is charged with carrying out the purpose and scope of quality improvement efforts at SWHHS.
- A Quality Council Charter is developed and reviewed annually.

**D. Executive Team**

- The Executive Team will be notified of the Quality Council's activities periodically and will hear recommendations for revision of the QI plan annually.
- Through the Strategic Plan Review and other agency assessment processes, the executive team will forward recommended QI initiatives to the Quality Council to incorporate into the QI plan.

**E. Program Supervisors**

- Program Supervisors are responsible for:
  - Orienting all staff to Quality Council processes, plans and resources.
  - Developing a work plan for each department.
  - Reviewing the data from the work plans on an annual basis with staff.
  - Initiating problem solving processes and /or QI improvement projects.
  - Identifying staff QI training needs, providing access to training, and tracking attendance.
  - Reporting to the Quality Council from their work plan review, QI projects, state standard gaps, and needed QI trainings.
  - Revising work plans based on findings from annual review and QI projects.
  - Identifying and selecting up to two areas needing improvement to bring to the Quality Council as priorities annually.
  - Assuring implementation of QI projects.

F. SWHHS employees

- SWHHS employees are responsible for:
  - Working with supervisors on work plan development and reviews for their departments.
  - Compiling program data for measures.
  - Working with supervisors to identify areas for improvement and suggesting improvement projects to address these areas, including meeting the state standards.
  - Conducting quality improvement projects in conjunction with supervisors and other appropriate staff.
  - Reporting QI training needs to supervisors.

IV. Quality Improvement Activities

A. Orientation:

An orientation plan will be developed to assist new and existing employees with getting to know the different functionalities of the agency and the people he/she can access for specific information and support.

B. Policies and Procedures

An agency wide template for policies and procedures will be utilized for all policies and procedures. The policies and procedures will be available on line to all employees.

C. Job Descriptions

An agency wide template for job descriptions and performance reviews will be utilized. The SWHHS Deputy Director will lead all job description revisions and will report to the Quality Council on workforce development recommendations.

D. Performance Appraisals

An agency wide template for job descriptions and performance reviews will be utilized. A policy and process will be developed for performance appraisals and will include Quality Improvement knowledge and involvement.

E. Supervisor and Staff Trainings

A plan will be developed annually for supervisor and staff training needs. A process will be developed to share information learned at external training sessions for all supervisor staff or to bring training sessions to the agency employees.

F. After action reports/Outbreak investigations/Emergency Preparedness events and exercises

For significant outbreak investigations and emergency preparedness events and exercises, after action reports or internal debrief reports are produced to record recommendations for improvement. The Emergency Preparedness Coordinator and/or appropriate supervisor will provide summaries of those reports to the Quality Council for review. Quality Council members are briefed for projects or processes that involve multiple areas or multiple community partners.

G. Community Health Assessment and top priority areas

A Community Health Assessment will be completed in the second year of the five year Community Health Assessment and Planning cycle and three top priority areas will be identified for improvement. A Community Health Improvement Plan will be developed

to improve service in those top priority areas. The Community Health Improvement Plan will be reviewed annually.

H. National Accreditation Standards

The Quality Council will complete an organizational self-assessment annually using the National Accreditation Standards and select three standards in most need of improvement. A plan will be developed to improve compliance with the standards.

I. Strategic Plan

A strategic plan will be developed in the third year of the five year Community Health Assessment and Planning cycle to guide the agency's strategic priorities. The Strategic Plan will be reviewed annually.

J. Cultural Competency

Cultural Competency will be assessed annually and incorporated into the Community Health Improvement Plan, the Strategic Plan, the Quality Improvement Plan, and the agency training plans.

K. Core Competencies

Core Competencies will be assessed and incorporated into the training plans for the agency to enable the agency to strengthen its service delivery.

L. Specific QI projects

Any SWHHS employee can propose a QI project utilizing the QI Project Proposal form. The project should monitor activities that are high-risk, high-volume, or problem-prone. A proposal should include a description of the project, purpose or potential outcome for change, proposed team members and potential resources needed. Each project is prioritized based on alignment with the Strategic Plan, the CHIP, and the agency mission and vision, and the extent the project addresses activities that are high-risk, high volume or problem prone. The Quality Council will review and approve all QI projects and team members or resources needed. A follow-up written and oral report to the Quality Council will be required.

M. Special Project Grants: SWHHS has many special projects that are funded by grants and require specific grant duties and reports. The project leader will be responsible for reporting to the Quality Council at the beginning of the grant cycle and periodically during the grant cycle.

V. Training Plan

A. Quality Improvement trainings will be held periodically in an effort to building a quality-focused culture at SWHHS.

B. Quality Council members and supervisors will receive QI training annually either with a speaker brought to the agency or a training opportunity outside the agency.

C. New employees will receive information regarding QI improvement processes from their supervisors as part of the orientation process.

D. SWHHS staff will receive QI training on an on-going basis at staff meetings or agency meetings. This training may be done by Quality Council members or a speaker and will be held at least annually.

E. QI project team members will receive just-in-time training from Quality Council members when their team is formed and will be specific to the position and the project.

- F. Selected SWHHS staff will complete the QI culture survey annually. Baseline data is available with survey completed by focus group and data will be tracked longitudinally.
- G. A summary of training offered and participation will be included in the Annual Report.

VI. Communication Plan

Quality Improvement Activities will be reported to the Executive Committee, the Boards of Directors, and focus team on a regular basis. Quality Improvement updates will be communicated to all employees through periodic email updates and staff meetings. Supervisors will be responsible for ongoing communication to staff about the QI plan and process established within the agency. QI Project teams will display their projects through story boards displayed in the agency offices.

VII. Approval of QI Plan and Annual Evaluation

- A. The Quality Council will annually review and make suggested revisions to this QI Plan
- B. The Quality Council will ensure that the plan aligns with the State (MDH) Quality Improvement Plan, the national accreditation standards, the Minnesota Local Public Health Assessment and Planning Process, and other state and national QI efforts.
- C. The Quality Council will develop an annual report that includes progress towards targets and goals for program outcomes; accomplishments of QI projects and initiatives; extent of alignment with the strategic plan, the agency's mission and vision, the CHIP, and other agency-wide plans; trainings completed; and evaluations from QI project teams, leadership and board members.
- D. An annual report is submitted to the Executive Committee by January 31 of each year and to the Governing Board in February.
- E. A revised plan is provided to the Governing Board at the February meeting each year for approval.

QUALITY COUNCIL ANNUAL REPORT - 2013

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
<i>Ongoing Activities</i>							
Orientation Plans	Office Support Manager/ Supervisors	Orientation Plans will be standardized across all departments	50% of departments have updated format of orientation plans	NA	NA	December, 2013	Orientation draft plan created
Policies and Procedures	Deputy Director/ Office Support Manager/ Executive Assistant	Policy and Procedures will be reviewed as determined by statute, grants and contracts.	All required policies have gone to board	NA	On-going	December, 2013	Policies go to board as determined by statute, grants, contracts.
Job Descriptions	Office Support Manager/ Executive Assistant	Job Descriptions will be reviewed annually	75% of job descriptions reviewed and signed off annually	NA	On-going	December, 2013	In progress
Performance Reviews	Deputy Director	Performance Reviews will be done annually	75% of performance reviews will be done annually	NA	NA	December, 2013	In progress
Training Plans	Focus Team	Supervisor and Staff Trainings plans will be developed	100% of departments will submit training plans for budget process	NA	NA	July, 2013	Completed several department specific trainings (U of M – birth to 5, SHIP/WIC cultural speakers, refugee health) and Jody Gladis work place violence training for all staff

QUALITY COUNCIL ANNUAL REPORT - 2013

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
<b>2013 Activities</b>							
<b>After Action Reports (AAR)</b>	<b>Health Educator (Emerg. Prep)/ Env. Health Manager/ PHN (Inf. Disease)</b>	<b>AAR for outbreak investigations, emergency preparedness events and exercises will be completed and shared as appropriate</b>					
Develop format and criteria for AAR		Format is developed	50% of format development is completed by January 2013	Quarterly starting January 2013	June, 2013	June, 2013	Format complete (use MDH format)
Develop process for using/sharing information to improve process		Process is developed by September, 2013	75% of process is developed by June, 2013	Quarterly starting January 2013	September 2013	September, 2013	Process included in QI Plan
Implement process		AAR process is used for all situations requiring AAR ongoing	75% of situations requiring AAR follows process by September, 2013	Quarterly starting January 2013	December, 2013	September, 2013	AAR shared with QC, Focus Team and Board (examples include fire in RW and ice storm in Murray and Rock Counties)

QUALITY COUNCIL ANNUAL REPORT - 2013

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
<b>Community Health Assessment</b>	<b>PH Director/ HHS Planner/PH Fiscal Officer</b>	<b>Community Health Assessment (CHA) is completed and three top priority areas are identified</b>					
Set-up process for assessment and community partners		Process is developed and team is organized	Team prepared to begin assessment process	Quarterly starting September 2012	June, 2013	December, 2013	Team met on a regular basis through Oct. 2013; reconvening in February 2014
Complete assessment		Assessment is completed	75% of assessment data is selected by December, 2013	Quarterly starting September 2012	December, 2013	December, 2013	Data books are being created; data been selected but not analyzed
Analyze data		Data is analyzed by March, 2014	50% of assessment data is analyzed by December, 2013	Quarterly starting September 2012	March, 2014	December, 2013	Data analysis will begin in February 2014
Develop Community Health Improvement Plan (CHIP)		CHIP is developed by July, 2014	50% of CHIP is developed by December, 2013	July, 2013	June, 2014	December, 2013	CHIP will be developed in 2014
Review plan annually		Plan is reviewed annually by November of each year	NA	NA	NA	November, 2013	Plan will be reviewed in 2014



QUALITY COUNCIL ANNUAL REPORT - 2013

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
<b>National Accreditation Standards</b>	<b>PH Director/ HHS Planner</b>	<b>National Accreditation Standards will be used to identify priorities to improve quality</b>					
Organize a team		Team is organized by December, 2013					<b>Marie Meyers, Carol Biren, Kristin Deacon, Krista Kopperud met with MDH PH Nurse Consultant Quarterly in 2013 to work on SP/CHA and Accred.</b>
Assess standards according to PPMRS		Team will review selected standards by January 2014	100% of selected standards are reviewed and reported in PPMRS				
Review standards annually with self-assessment forms		Review schedule is developed and standards are reviewed per schedule by February, 2014					
Select top priority areas		Top three priority areas are selected by December, 2013					

QUALITY COUNCIL ANNUAL REPORT - 2013

Develop work plan for improvement		Work Plans are completed by December, 2014					Started monthly conference calls with MDH on Accreditation process (Oct 2013)
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QUALITY COUNCIL ANNUAL REPORT - 2013

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
<b>Cultural Competency</b>	<b>QI Council/ Chairperson</b>	<b>Cultural Competency will be assessed and incorporated into agency work plans and training plans</b>					
Assess cultural competence using standardized tool		Tool will be approved and plan developed for assessing	60% of staff complete survey by November, 2013				The team has not yet identified the appropriate tool for the agency.
Analyze data		Data will be analyzed when assessment completed	100% of data will be analyzed and presented by January 1, 2014.				The council will analyze data once a tool has been identified.
Select priorities		Priorities will be selected after data is analyzed	Top three priorities will be selected by February, 2014.				The council began identifying cultural competency speaker/trainings that could be given to agency staff in 2014. Cultural competency is major focus of QI in 2014.

QUALITY COUNCIL ANNUAL REPORT - 2013

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
<b>Strategic Plan</b>	<b>Executive Team</b>	<b>A Strategic Plan will be developed to guide the agency's strategic priorities</b>					
Select team	Executive Team	Team is organized by September 2012	80% of team participates in facilitated training in October, 2012	Quarterly, starting in November, 2012	December, 2012	Annually in December	99.5% attended
Review CHA, CHIP, accreditation standards, Cultural Competency results	Team	CHA, CHIP, standards and cultural competency results are reviewed when completed and ongoing	50% of materials are compiled and reviewed by February, 2013	Quarterly, starting in November, 2012	December, 2013	Annually in December	100% of materials available
Select community partners for input	Team	Community Partners will be selected and invited to provide input	75% of community partners identified will provide input by February, 2013	Quarterly, starting in November, 2012	December, 2013	Annually in December	64% of partners provided input
Develop plan	Team	Strategic Plan is developed	75% of plan will be developed by December 2013	Quarterly, starting in November, 2012	June, 2014	Annually in December	
<b>Select Teams for Strategy Implementation</b>	<b>Team</b>	<b>Teams are organized by Sept. 1, 2013</b>	<b>3 of the 9 teams will be organized</b>	<b>July – Aug, 2013</b>	<b>September 1, 2013</b>	<b>Dec. 2013</b>	<b>Complete fall 2013</b>
<b>Action Plans for Strategies</b>	<b>Team</b>	<b>Action Plans created by December 31, 2013</b>	<b>3 of the 9 strategy action plans completed</b>	<b>Sept - November, 2013</b>	<b>December 31, 2013</b>	<b>Dec. 2013</b>	<b>Action Plans created for Solid Financial Foundation, Customer Service, Employee Wellness</b>

QUALITY COUNCIL ANNUAL REPORT - 2013

ACTIVITY	STAFF RESPONSIBLE	GOALS	OBJECTIVES	PROGRESS REPORTS DUE	COMPLETION DATE	QC REVIEW DATE	OUTCOMES
Specific QI projects Transportation Team	Stacy Jorgensen and Krista Kopperud	The goal of the group was to focus on the transportation referral and accounting processes for the agency	Create consistencies between the six county offices.	December 2013	December 2013; ongoing		Group created new model for transportation coordination/group created new forms based on feedback from staff and transportation agencies
Forms – SWHHS Redesign	Diane Holmberg Facilitators: Carol Biren and Ardis Henriksen	The goal is to make accessing of forms easier and more efficient for all users	50% of users will report improved access to forms	December, 2012	December, 2012	December, 2012	Forms have been moved, staff trained, will do post-survey summer, 2013/forms were relabeled fall 2013, survey postponed to spring 2014
staff notice of office location related emergency or non-emergency	Nancy Walker and Cindy Nelson	To effectively notify staff from other office locations and other program areas when an emergency or community related issue arises.	Create communication plan for staff Create agency-wide calling tree for notification	December 2013	December 2013; ongoing		Group created communication 's plan for the agency; developed agency-wide calling tree for emergency purposes

**LABOR AGREEMENT**

**Between**

**SOUTHWEST HEALTH AND HUMAN SERVICES**

**And**

**AMERICAN FEDERATION OF STATE,  
COUNTY AND MUNICIPAL EMPLOYEES**

**PUBLIC HEALTH**

**JANUARY 1, 201~~4~~<sub>3</sub> TO DECEMBER 31, 201~~4~~<sub>3</sub>**

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**ARTICLE 1I – PURPOSE OF AGREEMENT**

This Agreement is entered into between the Southwest Health and Human Services, hereinafter called the Employer, and the American Federation of State, County and Municipal Employees, hereinafter called the Union.

The intent and purpose of this Agreement is to:

- 1.1 Establish certain wages and other conditions of employment;
- 1.2 Establish procedures for the resolution of disputes concerning this Agreement's interpretation and/or application;
- 1.3 Specify the full and complete understanding of the parties; and
- 1.4 Place in written form the parties' agreement upon the terms and conditions of employment for the duration of this Agreement.

**ARTICLE 2II – RECOGNITION**

The Employer recognizes the Union as the exclusive representative for employees of the Southwest Health and Human Services, Minnesota, who perform work in Public Health who are public employees within the meaning of M.S. 179A.03, Subd. 14, excluding supervisory and clerical employees.

**ARTICLE 3III – DEFINITIONS**

- 3.1 **UNION:**          Council 65, American Federation of State, County and Municipal Employees.



- 3.2 **Employer:**—Southwest Health and Human Services.
- 3.3 **Union Member:**—A member of the American Federation of State, County and Municipal Employees.
- 3.4 **Employee:**—A member of the exclusively recognized bargaining unit.
- 3.5 **Base Pay Rate:** -The employee’s annual or hourly pay rate exclusive of longevity or any other special allowance.
- 3.6 **Seniority**

- A. **Employer Seniority:** Length of continuous service with the Employer, subject to Section C.
- B. **Job Classification Seniority:** Length of service in a job classification covered by this Agreement, subject to Section C.
- C. **Seniority Credit from Prior Employers:**

(i) Employees who were previously employed by Lincoln, Lyon, Pipestone Public Health (LLMPPH) or a County that becomes a member of Southwest Health and Human Services (Employer), shall maintain their seniority dates from their initial employment and job classification from those prior employers, and shall be placed on the seniority list accordingly with other employees of the bargaining unit, so long as there was no interruption in continuous employment from their prior employer and the Employer. Such employees shall not be viewed as new employees and shall not serve probationary period unless such employees transfer to a new position outside their job classification pursuant to 11.2 after their employment with the Employer begins.

(ii) For the purpose of job classification seniority, employees of member counties joining the Employer shall be placed in the job classification that most closely matches the job duties that the employee performed at the member county as determined by the Employer.

(iii) For seniority credit to apply, the employee of a county that is signatory to the Southwest Health and Human Services Joint Powers Agreement for Public Health and must have been employed in the Public Health Department of that member county immediately prior to becoming employed by the Employer.

(iv) “Immediately prior” means there shall be no break in service between the employment with any of the member county or LLMPPH ending and employment with the Employer beginning. In the event that the individual is later employed by the Employer, the individual shall not subsequently be entitled to service credit for past employment with a member county or LLMPPH.

- 3.7 **Overtime:** Work performed at the express authorization of the Employer in excess of forty (40) hours within a seven (7) day period.
- 3.8 **Layoff:** Reduction in an employee's scheduled hours of work or elimination of the employee's position.
- 3.9 **Trial Period:** The first ninety (90) calendar days after a bargaining unit member is promoted, transferred, or accepts a position outside the bargaining unit, after having completed their initial probationary period within the bargaining unit.

#### **ARTICLE 4W – UNION SECURITY**

- 4.1 The Employer shall deduct union dues from the earnings of those employees who authorize such deductions in writing. The Union shall submit such authorizations in writing to the Employer at least seven (7) days prior to the end of the pay period for which the deductions are to be effective, verifying the employees for whom full and fair share amounts shall be deducted. Such deductions shall continue in effect until canceled.
- 4.2 The Employer shall deduct each pay period an amount as directed by the Union.
  - a. Withheld dues shall be forwarded to AFSCME Council 65 Administrative Office (118 Central Avenue, Nashwauk MN 55769) within ten (10) days after the deductions are made, together with a record of the amount and a list of the names of the employees from whose wages deductions were made.
  - b. Deduction of dues or fees shall be made each pay period using a formula (or schedule if applicable) provided by the Union to the Employer to calculate the actual dues deduction. The union will provide a spreadsheet or formula that can be used to calculate the actual dues in an electronic Excel format or via US Mail. Dues deductions shall be continued and terminated in accordance with said authorization card.
- 4.3 The Union shall provide employees with Union authorization cards for membership and Union dues. The Employer shall not be responsible for providing such cards to employees. Cards and information regarding Union dues may be obtained through AFSCME Council 65 Administrative Office (118 Central Avenue, Nashwauk MN 55769).

4.4 The Union may designate employees from the bargaining unit to act as stewards and shall inform the Employer in writing of such choice. The Employer agrees to allow the officers and representatives of the bargaining unit reasonable time off for meetings with the employer. Leaves of absence, with prior approval and without pay, for the purpose of conducting Union business when such time will not unduly interfere with the operations of the department may be requested.

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4.5 The Union agrees to indemnify and hold the Employer harmless against any and all claims, suits, orders or judgments brought or issued against the Employer as a result of any action taken or not taken by the Employer under the provisions of this Article.

4.6 Deduct fair share fees in accordance with the provisions of M.S. 179.65, Subd. 2.

4.7 The Employer agrees to allow the Union to use designated bulletin boards and e-bulletin boards for the purpose of posting notices of Union meetings, election, election returns, appointments to office, and any other items specifically approved by the Employer. The Union agrees to limit the posting of such notices to designated locations.

#### **ARTICLE 5V – EMPLOYER AUTHORITY**

5.1 The Employer retains the full and unrestricted right to operate and direct the affairs of the Employer in all its various aspects including, but not limited to the right to direct the work force, select and manage all personnel, assign overtime, lay off employees due to lack of work and other legitimate reasons, make and enforce rules and regulations; determine the utilization of technology; change or eliminate existing methods, equipment or facilities; establish functions, policies and programs; set and amend budgets; establish and modify the organizational structure; and to perform any inherent managerial function not specifically limited by this Agreement.

5.2 Any term and condition of employment not specifically established or modified by this Agreement shall remain solely within the discretion of the Employer to modify, establish or eliminated.

5.3 In the event that the Employer proposes to make changes to its policies which affect a mandatory subject of bargaining, the Union shall be notified in advance. The union shall promptly notify the Employer if it is interested in negotiating regarding such subject(s). If negotiation is requested, such policies shall not be implemented for bargaining unit employees until the negotiation process is complete.

**ARTICLE 6VI – EMPLOYEE RIGHTS – GRIEVANCE PROCEDURE**

- 6.1 Definition of a Grievance.** A grievance is defined as a dispute or disagreement as to the interpretation or application of the specific terms and conditions of this Agreement.
- 6.2 Union Representatives.** The Employer will recognize representatives designated by the Union as the grievance representatives of the bargaining unit having the duties and responsibilities established by this Article. The Union shall notify the Employer in writing of the names of such Union representatives and of their successors when so designated.
- 6.3 Processing of a Grievance.** It is recognized and accepted by the Union and the Employer that the processing of grievances as hereinafter provided is limited by the job duties and responsibilities of the employees and shall therefore be accomplished during normal working hours only when consistent with such employee duties and responsibilities. The aggrieved employee and the Union Representative shall be allowed a reasonable amount of time without loss in pay when a grievance is presented to the Employer during normal working hours provided the employee and the Union Representative have notified and received the approval of the designated supervisor who has determined that such absence is reasonable and would not be detrimental to the work programs of the Employer.
- 6.4 Procedure.** Employees are encouraged to attempt to resolve their grievances, as defined by Section 5.1, on an informal basis with their immediate supervisor at the earliest opportunity. If the matter cannot be resolved to the employee's satisfaction by informal discussion, it shall be then processed in accordance with the following procedure:

**Step 1.** An employee claiming a violation concerning the interpretation or application of this Agreement shall, within twenty-one (21) calendar days after such alleged violation has occurred, present the grievance to the employee's designated representative in writing, setting forth the facts and the specific provision of the Agreement allegedly violated and the particular relief sought. The Employer-designated representative will discuss and give an answer to such Step 1 grievance within ten (10) calendar days after receipt.

**Step 2.** A grievance not resolved in Step 1 may be appealed to Step 2 in writing within ten (10) calendar days after the Employer-designated representative's final answer in Step 1, and shall set forth the nature of the grievance, the facts on which it is based, the provision or provisions of the Agreement allegedly violated, and the remedy requested. Any grievance not appealed in writing to Step 2 by the Union within ten (1) calendar days shall be considered waived.

If appealed, the grievance shall be presented by the Union and discussed with the Employer-designated Step 2 representative. The Employer-designated representative shall give the Union the Employer's Step 2 answer in writing within ten (10) calendar days after receipt of such Step 2 grievance.

Step 3. A grievance not resolved in Step 2 may be appealed to Step 3 within ten (10) calendar days following the Employer-designated representative's final Step 2 answer. Any grievance not appealed in writing to Step 3 by the Union within ten (10) calendar days shall be considered waived.

If appealed, the written grievance may, by mutual written agreement, be submitted to mediation through the Minnesota Bureau of Mediation Services.

Step 4. A grievance unresolved in Step 2 which the parties do not mediate or which is unresolved at Step 3 may be appealed to Step 4 and submitted to arbitration.

The Employer and the Union representative may endeavor to select a mutually acceptable arbitrator to hear and decide the grievance or may select an arbitrator in accordance with the Rules Established by the Bureau of Mediation Services. Absent any factors beyond the control of the Union or the Employer, the Union and the Employer shall select an arbitrator within ninety (90) calendar days from the date the union appeals the grievance to Step 4 of the grievance procedure. If no selection is made within this ninety (90) day timeframe, the grievance shall be considered waived. However, no such waiver shall occur due to the failure of the Employer to engage in the selection process.

#### **6.5 Arbitrator's Authority.**

A. The arbitrator shall have no right to amend, modify, nullify, ignore, add to or subtract from the terms and conditions of this Agreement. The arbitrator shall consider and decide only the specific issue(s) submitted in writing by the Employer and the Union and shall have no authority to make a decision on any other issue not so submitted.

B. The arbitrator shall be without power to make decisions contrary to, or inconsistent with, or modifying or varying in any way the application of laws, rules or regulations having the force and effect of law. The arbitrator's decision shall be submitted in writing within thirty (30) days following the close of the hearing or the submission of briefs by the parties, whichever be later, unless the parties agree to an extension. The decision shall be binding on both the Employer and the Union and shall be based solely upon the arbitrator's interpretation or application of the express terms of this Agreement and to the facts of the grievance presented.

C. The fees and expenses for the arbitrator's services and proceedings shall be borne equally by the Employer and the Union, provided that each party shall be responsible for compensating its own representatives and witnesses. If either party desires a verbatim record of the proceedings, it may cause such a record to be made, providing it pays for the record. If both parties desire a verbatim record of the proceedings, the cost shall be shared equally.

6.6 Waiver.

If a grievance is not presented within the time limits set forth above, it shall be considered "waived". If a grievance is not appealed to the next step within the specified time limit or any agreed extension thereof, it shall be considered settled on the basis of the Employer's last answer. If the Employer does not answer a grievance or an appeal thereof within the specified time limits, the Union may elect to treat the grievance as denied at that step and immediately appeal the grievance to the next step. The time limit in each step may be extended by mutual written agreement of the Employer and the Union.

6.7 Choice of Remedy.

A grievance unresolved at Step 3 that involves a suspension, demotion or discharge of an employee who has completed the required probationary period may be appealed either to Step 4 of Article VI or a procedure such as Veterans Preference or other statutory proceeding. If appealed to any procedure other than Step 4, the grievance is not subject to the arbitration procedure as provided in Step 4. The aggrieved employee shall elect in writing which procedure is to be utilized – Step 4 or another appeal procedure – and shall sign a statement to the effect that the choice of any other hearing precludes the aggrieved employee from making a subsequent appeal through Step 4.

ARTICLE 7VII – SAVINGS CLAUSE

In the event any provision of this Agreement shall be held to be contrary to law by a court of competent jurisdiction from those final judgment or decree no appeal has been taken within the time provided, such provision shall be voided. All other provisions of the Agreement shall continue in full force and effect. The voided provision may be renegotiated at the request of either party.

ARTICLE 8VIII – WORK SCHEDULES

- 8.1 The sole authority to establish or modify work schedules is with the Employer.
- 8.2 The Employer will give seven (7) calendar days advance notice to employees affected by the establishment of permanent change in schedule.

**8.3** ~~Any employee directed to work outside of their assigned office shall begin their work day at the beginning of their travel to their unassigned office.~~

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#### **ARTICLE 9X – OVERTIME PAY AND COMPENSATORY TIME**

- 9.1 All overtime must be approved in advance by the employee's supervisor. Hours worked by non-exempt employees in excess of forty (40) hours within a seven (7) day period (as determined by the Employer) will be compensated at one and one-half (1-1/2) times the employee's regular base pay.
- 9.2 The maximum number of hours that a non-exempt employee should work in any week is 37.5 hours. With supervisory approval, non-exempt employees may work up to two and a half (2.5) hours over the regular 37.5 hours which will be earned as compensatory time.
- 9.3 For the purpose of computing overtime compensation, overtime hours worked shall not be pyramided, compounded or paid twice for the same hours worked.
- 9.4 Non-exempt employees shall make arrangement through the agency's flex schedule policy for after hours appointments whenever possible. In the event of a public health emergency or a call back to the jail following the completion of a scheduled work day with supervisory approval, compensatory time shall be earned at time and a half (1.5).
- 9.5 Compensatory time taken must be approved in advance by the employee's immediate supervisor.
- 9.6 Compensatory time will be earned and taken in 30 minute increments at a minimum. The balance of compensatory time at the end of the payroll period shall never be more than 15 hours. Time in excess of 15 hours at the end of a payroll period shall be paid out to the employee at the employee's regular rate of pay. However, in the event a public health emergency is declared, the director may authorize employees to carry over compensatory time in excess of 15 hours for up to two (2) additional pay periods before the excess time is paid out.

#### **ARTICLE 10X – DISCIPLINE**

The Employer will discipline employees only for just cause. Discipline will be in one or more of the following forms, as appropriate to the circumstances: oral reprimand with written documentation, written reprimand, suspension, demotion or discharge.

#### **ARTICLE 11X – PROBATIONARY PERIODS**

- 11.1 All newly hired or rehired employees will serve an initial one-year probationary period.
- 11.2 At any time during the initial probationary period, a newly hired or rehired employee may be terminated at the sole discretion of the Employer. Such terminations shall not be subject to the grievance procedure.
- 11.3 All employees will serve a six (6) months probationary period in any job classification within the bargaining unit in which the employee has not served a probationary period. During the initial ninety (90) calendar day trial period, the employee may return to their prior position at their request and shall retain the job classification seniority upon reinstatement to the position previously held.
- 11.4 At any time during the six month bargaining unit probationary period, an employee promoted or reassigned may be demoted or reassigned to the employee's previous position at the sole discretion of the Employer. If an employee is returned to his or her prior position by the Employer during their bargaining unit probationary period, that employee shall retain job classification seniority upon reinstatement to the position previously held.
- 11.5 An employee who accepts a position outside of the bargaining unit shall retain his/her job classification seniority within the unit for a total period of ninety (90) calendar days during which either the employee or the Employer may return the employee to the employee's previous job classification. At the conclusion of the trial period, the employee's seniority rights under this Agreement shall terminate. Nothing in this provision shall be construed as modifying or impacting any probationary or trial period that is or may be required in the position outside of the bargaining unit.
- 11.6 Newly hired probationary employees may use accrued sick leave as it is earned. They may use accrued vacation leave after three (3) months of employment. Employees serving probationary periods in new job classifications shall be entitled to use all accrued paid leave time consistent with the terms of Article XV.

#### ARTICLE 12XII – SENIORITY

- 12.1 In the event of layoff, employees will be laid off on the basis of job classification seniority. The Employer will endeavor to provide employees with as much notice of temporary layoff as reasonably practicable based upon the circumstances. Notification of permanent layoff will be three weeks.

The employee laid off shall then have the opportunity to bump the least senior employee in the job classification the employee most recently previously held, provided the employee has more seniority than the employee he/she intends to bump.



12.2 Recall from layoff will be on the basis of job classification seniority. Recall rights will continue for twelve (12) months after layoff. Recalled employees shall have ten (10) working days after notification of recall by registered mail at the employee's last known address to report to work or forfeit all recall rights.

No new employee shall be hired to work in classifications in which layoffs have occurred until all employees in those classifications on layoff status who wish to return have been recalled.

12.3 Seniority Lists. The Employer shall establish seniority lists by Employer and job classification seniority and will provide such lists to the Union upon request. The Union shall be notified of new hires within the bargaining unit, including job classification and rate of pay.

12.4 Seniority: Newly hired employees shall be placed on the seniority lists upon completion of probationary periods.

12.5 Employer seniority shall be used for the purpose of determining benefits.

#### ARTICLE 13XIII – JOB VACANCIES

13.1 Job vacancies within the agency will be posted within the agency for five (5) work days prior to being advertised publicly. Interested employees may submit application for a position after the Board approves the position to be filled, prior to the posting date. The Employer shall have the discretion to determine whether or not to seek outside applicants.

13.2 Employees selected to fill a position in a higher job classification shall be subject to the conditions of Article XI, Probationary Period.

13.3 The Employer has the right of final decision in the selection from all applicants (internal and external) to fill jobs based on qualifications, abilities and experience and to set initial salary. In the event that an initial salary is higher than the lowest paid employee in the job classification, the Union shall be notified in advance of the recommendation to the Board. The Employer shall meet and confer with the Union upon request and provide information regarding the experience and qualifications of the successful applicant and the reason for the wages/salary.

#### ARTICLE 14XIV – HEALTH, DENTAL, LTD (Long Term Disability) AND LIFE INSURANCE PLANS hereinafter called the Cafeteria Plan

The Employer will contribute up to a maximum of five hundred ~~ninety one~~**fifty** (\$~~591~~**50**.00) per month per employee for the cafeteria plan for employees taking single coverage. The Employer will contribute up to a maximum of nine hundred

forty dollars (~~\$94100.00~~) per month per employee to the cafeteria plan for employees taking dependent coverage. Employees are required to carry single or dependent health care coverage, LTD (long term disability) coverage, and life insurance using the maximum employer contributions stated above.

~~Effective with the signing of the 2013 agreement, \$41.00 cafeteria contribution increase monthly.~~

#### ARTICLE 15XV – LEAVES

15.1 **Vacation Leave.** Full-time employees shall be granted paid time off as follows: Each permanent or probationary full-time employee shall earn, on the last working day of each payroll period:

3.7 hours of vacation leave for 1-5 years of service

5.55 hours of vacation leave for 6-9 years of service

6.45 hours of vacation leave for 10-14 years of service

7.35 hours of vacation leave for 15+ years of service

Vacation leave can accumulate to 224 hours. No time is accumulated after reaching the maximum. Vacation leave cannot be used during the first three months of full-time equivalency service. When taking vacation leave, the minimum increment that can be used is one-half hours. Vacation leave cannot be used until it is earned.

No vacation leave will accrue after the employee reaches 225 hours.

Requests for vacation leave must be made to the employee's supervisor in writing and must be authorized in advance by the supervisor in writing. In the absence of the employee's supervisor, the request may be made to another supervisor in Public Health, the Director of Business Management, or the Administrator.

Upon voluntary separation of employment, any employee who has six (6) months of satisfactory service will be paid for any accrued vacation leave that has not been used. Employees may not use more than three days during the last two weeks of employment. Employees terminated for misconduct shall not be entitled to be paid for accrued unused vacation leave. This shall not apply to employees terminated for poor work performance.

15.2 **Medical Leave.**

a. Employees shall earn paid medical leave at the end of the payroll period at the rate of 3.7 hours.

- b. Paid medical leave will be prorated for part-time employees.
- c. Paid medical leave can be accumulated to a maximum of 450 working hours. No time is accumulated after reaching this maximum.
- d. Paid medical leave may not be used in the payroll period it is earned.
- e. When taking paid medical leave, the minimum increment that can be used is one-half hour.
- f. Employees shall use paid medical leave for FMLA leave purposes.
- g. Paid medical leave may be used for illness (self and immediate family), injury, medical and dental appointments. (Immediate family shall be spouse, children, parents, grandparents and legal wards) as prescribed by MN Statute 181.9413.
- h. The Employer may require medical documentation when three days of leave is used within a thirty (30) day period. Such documentation may consist of verification of doctor's or dental appointments without disclosure of diagnosis. The Employer reserves the right to require additional information, including medical information, in the event that there is a pattern indicating the possible abuse of sick leave.
- i. If any employee receives a compensable injury and has benefits accrued under sick leave, the employee may, at his/her option, request and receive sick leave to supplement the difference between his/her regular pay and Worker's Compensation. The total amount paid to the employee will not exceed his/her regular earnings.

When an employee cannot report to work due to an illness, the employee shall notify the receptionist so the employee's calendar can be updated. The receptionist should then notify the supervisor so that unit coverage is ensured. Medical leave due to preplanned medical appointments must be approved by the employee's supervisor in the same manner as vacation.

Employees may not use medical leave during the last two weeks of employment after submitting their resignation, except in the case of accident, injury or documented illness of the employee.

### 15.3 PAID MEDICAL LEAVE DURING VACATION LEAVE

When illness occurs within a period of vacation leave, the period of illness may be charged as paid medical leave and the charge against vacation leave reduced accordingly except when the employee has submitted their resignation.

15.4 FAMILY MEDICAL LEAVE ACT (FMLA) leave will be provided as required by law.

A “rolling forward” period of time for FMLA leave shall be used. Employees must use accumulated paid leave during FMLA leave. **Employees may hold up to 37.5 hours of sick leave to be available upon return from leave. Employees will provide written notification to their supervisor of their intent to bank sick leave prior to FMLA leave.**

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15.5 STATUTORY LEAVES – Military leave, bone marrow donation, jury duty, and other statutory leaves will be provided by as required by law, and may be enhanced but not diminished by SWHHS policy.

#### 15.6 BEREAVEMENT LEAVE

Each employee shall have up to 30 hours noncumulative annual bereavement leave in the event of the death of the employee’s parents, children, spouse, siblings, legal wards, grandparents, grandchildren, **nieces, nephews,** and spouse’s parents. Such days shall be with pay and shall not be deducted from sick leave or vacation balances. Such leave must be taken in a minimum of ½ hour (.5) increments.

Upon exhaustion of the noncumulative bereavement leave and approval of their supervisor, an employee may use up to three (3) days of medical leave for bereavement of a parent, children, spouse, sibling, legal ward, grandparent, grandchildren, **nieces, nephews,** and spouse’s parents.

Reasonable leave time without loss of pay will be allowed to attend a funeral of current staff members or former staff members who have left the agency within the last two years.

In the event of a death in the family, the employee shall inform the supervisor in the same manner as for sick leave.

#### 15.7 MEDICAL LEAVE SEVERANCE (Pre-7/1/2011 Employees)

Upon severance of employment under this CBA (SWHHS Public Health) with five (5) to ten (10) years of service, the employee shall be compensated at his/her current rate of pay an amount equal to 25% of the unused accrued sick leave available to the employee’s credit to the date of separation. For eleven (11) to twenty (20) years of service, the employee will receive 35%, and for over twenty-one (21) years of service, the employee will receive 45%. In cases of death while still employed, the severance pay shall be paid to the employee’s estate.

Employees hired after July 1, 2011 by Southwest Health and Human Services (Public Health) are not eligible for medical leave severance.

#### 15.8 UNION LEAVE

Union Leave – Upon written request by the Union, unpaid leave shall be granted for up to a maximum of three (3) employees selected by the union to do Union business for up to a maximum of five (5) days per year.

**ARTICLE 16XVI – HOLIDAYS**

16.1 Employees shall receive the following ten and one-half\* (10.5\*) holidays:

- |                        |   |
|------------------------|---|
| New Year's Day         | Veterans Day  |
| Martin Luther King Day | Thanksgiving Day  |
| President's Day        | Day after Thanksgiving                                  |
| Memorial Day           | Christmas Eve Day at noon if Dec 24 <sup>th</sup> falls |
| Independence Day       | on <del>Monday</del> , Tuesday, Wednesday or            |
| Thursday               |   |
| Labor Day              | Christmas Day   |

**\*When Christmas Eve falls on a Monday, 7.5 hours of Holiday will be observed.**

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- 16.2 Non-exempt employees required to work on holidays shall be paid one and one-half (1-1/2) times the employee's base pay rate for hours worked. This is in addition to the employee's base pay. In all cases where a non-exempt employee is required to work on a holiday and such hours are in excess of forty (40) hours per week, Article 9 shall apply.
- 16.3 In the event that a holiday falls on a Sunday, the following Monday shall be a paid holiday, and if any of these falls on a Saturday, the preceding Friday shall be a paid holiday.
- 16.4 Employees shall be required to work their last regularly scheduled work day prior to the holiday and their next regularly scheduled work day after the holiday to qualify for holiday pay, unless the employee is absent due to illness, accident, is on vacation, or due to the death in the employee's immediate family.

**ARTICLE 17XVII – LEAVES OF ABSENCE**

Leaves of absence will be provided as per law or Southwest Health and Human Services Policy.

In the event that the Employer makes changes to its policies which affect a mandatory subject of bargaining, the Union shall promptly notify the Employer if it is interested in negotiating regarding such subject (s).

**ARTICLE 18XVIII – PART-TIME EMPLOYEES**

Part-time employees shall be eligible for prorated holidays, medical leave, and vacation benefits under this Agreement.

#### **ARTICLE 19XIX – COMPENSATION**

19.1 Professional Licensure: The Employer will pay for one-half of any professional licensing fees when the license is required for the job. This does not include application or late fees.

19.2 Employees shall be paid in accordance with Attachment A.

19.3 Notwithstanding any provision for the continuation of the Agreement following the expiration of the term pursuant to PELRA, steps on any wage schedule shall not be automatic. The Employer reserves the right to deny or withhold steps following the expiration of the term of this Agreement.

#### **ARTICLE 20XX – SAFETY**

The Employer and the Union agree to jointly promote safe and healthful working conditions, to cooperate in safety matters, and to encourage employees to work in a safe manner.

A copy of the Safety Policy shall be available online to all employees.

Employees shall report unsafe conditions to one of the Safety Committee Chairpersons and/or the Administrator.

#### **ARTICLE 21XXI – GENERAL PROVISION**

SWHHS policies regarding the general terms and conditions of employment shall be applied, including but not limited to such matters as, expense reimbursement, flex schedule, telecommuting, inclement weather, community service participation, and use of agency vehicles.

In the event that the Employer makes changes to its policies which affect a mandatory subject of bargaining, the Union shall promptly notify the Employer if it is interested in negotiating regarding such subject(s).

#### **ARTICLE 22XXII – WAIVER**

22.1 Any and all prior agreements, resolutions, practices, policies, rules and regulations regarding terms and conditions of employment, to the extent inconsistent with the provisions of this Agreement, are hereby superseded.

22.2 The parties mutually acknowledge that during the negotiations which resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any terms or conditions of employment not removed by law from bargaining. All agreements and understandings arrived at by the parties are set forth in writing in this Agreement for the stipulated duration of this Agreement.

**ARTICLE 23XXXIII – DURATION**

This Agreement shall be effective as of January 1, 2014~~3~~ and shall remain in full force and effect until the 31<sup>st</sup> day of December, 201~~4~~3. It shall be automatically renewed from year to year thereafter, unless either party shall notify the other party in writing prior to date of expiration that it desires to modify this agreement. This Contract shall remain in full force and effect during the period of such negotiations.

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FOR SOUTHWEST HEALTH AND HUMAN SERVICES

FOR AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES

\_\_\_\_\_  
Christopher Sorensen, Director  
President

\_\_\_\_\_  
~~Kara Wichmaneri-Weedrich~~, Union

Dated \_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
~~Bob Moline~~~~Steve Ritter~~, Board Chairperson  
~~Schwarz~~, AFSCME Representative

\_\_\_\_\_  
~~Serena Vergin~~~~Paul~~

Dated \_\_\_\_\_

Dated \_\_\_\_\_

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## APPENDIX A

### 2013 Compensation

~~For 2013, non-exempt employees, 2.5% shall be added to their 2012 hourly wage. For exempt employees, 2.5% shall be added to their 2012 annual salary.~~2014 Compensation

For 2014, non-exempt employees shall be granted up to a 4.5% increase to their 2013 hourly wage. Exempt employees shall be granted up to a 4.5% increase to their 2013 annual salary.

2014 increases shall be based upon the performance evaluation tool. Evaluations will be subject to the grievance process through Step 2.

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## APPENDIX B

### Leave Time Transfers for New County Partners to the Southwest Health and Human Services Joint Powers Organization

The Union and the Employer agree that the Employer may enter into agreements to allow the transfer of up to the maximum medical leave and vacation leave balances set forth in this Agreement for employees of new JPA members as long as the joining partner county compensates SWHHS fully for the transferred time. Nothing in this Agreement shall allow employees of new member counties to file grievances related to the amount of leave transferred pursuant to any agreement between the Employer and their member county/prior employer.