



Southwest Health and Human Services
 Board Agenda
 Wednesday, November 19, 2014
 Government Center, 2nd 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 10/15/14 board minutes

D. Financial

E. Caseload

	10/14	09/14	08/14
Social Service	3697	3735	3710
Licensing	493	498	501
Out-of-Home Placements	131	127	141
Income Maintenance	12,394	12,962	12,102
Child Support Cases	3,587	3,573	3,632
Child Support Collections	\$882,606	\$890,262	\$843,074
Non IV-D Collections	\$156,518	\$51,385	\$66,514

F. Decision Items

- 1. Income Maintenance Policy Number 2 – Emergency Assistance (EA), Emergency General Assistance (EGA), and MSA Special Needs Guidelines
- 2. Social Service Policy Number 26 – Fees: 24-Hour Out-of-Home Care, Collection and Waive or Reduce Fees

G. Discussion/Information

- 1. DHS Performance Management System

COMMUNITY HEALTH

- H. Call to order
- I. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 10/15/14 board minutes

J. Financial

K. Caseload

	10/14	09/14	09/14
WIC		2273	2245
Family Home Visiting	86	54	65
PCA Assessments	21	34	25
Managed Care	255	203	210
Dental Varnishing	96	92	143
Refugee Health	2	0	4
Latent TB Medication Distribution	30	31	33

L. Decision Items

- 1.
- 2.

M. Discussion/Information

- 1. Award Letters – Title V and TANF
- 2. Ebola – Marie Meyers

GOVERNING BOARD

N. Call to order

O. Consent Agenda

- 1. Amend/Approval of Agenda
- 2. Identification of Conflict of Interest
- 3. Approval of 10/15/14 board minutes

P. Financial

GOVERNING BOARD (cont.)

Q. Employee Recognition

- Hilary Kesteloot, 1 year, Social Worker, Marshall
- Lori Stai, 1 year, Social Worker, Marshall
- Theresa Klingbile, 1 year, Eligibility Worker, Luverne
- John O'Neal, 5 years, Eligibility Worker, Marshall
- Mary Ellison, 10 years, Public Health Nurse, Redwood Falls
- Diane Holmberg, 10 years, Lead Eligibility Worker, Luverne
- Jennifer Vander Schaaf, 10 years, Social Worker, Luverne
- Cindy Johnson, 25 years, Child Support Officer, Redwood Falls
- Sarah Vanderstoep, 25 years, Public Health Nurse, Pipestone

R. Decision Items

1. Kathy Staniszewski, Lead Eligibility Worker, completion of 6 month probationary period, no salary increase, effective 12/02/14
2. Tara Vander Steen, Lead Eligibility Worker, completion of 6 month probationary period, no salary increase, effective 12/02/14
3. Sarah Kirchner, Collections Officer, probationary appointment (12 months), \$20.00 per hour, effective 11/03/14
4. Rachel Vierra, Public Health Educator, probationary appointment (12 months), \$49,000.00 annual, effective 11/12/14
5. Dawn Popowski, Social Worker, probationary appointment (12 months), \$45,000.00 annual, effective 11/24/14
6. Melanie Brand, Social Worker (CPS), probationary appointment (12 months), \$36,588.00 annual, effective 11/24/14
7. Kristin Lamote, Social Worker (CPS), probationary appointment (12 months), \$36,588.00 annual, effective 12/01/14
8. Cody Arnold, Social Worker, resignation, effective 10/17/14
9. Carla Swenhaugen, Social Worker (CPS), resignation, effective 10/29/14
10. Request for temporary Office Support Specialist
11. Non-union salaries
12. Contracts
13. Personnel Policy Number 19 – Medical Leave for Fitness
14. Share Point software
- 15.
- 16.

S. Discussion/Information

- 1.

T. Adjournment

Next Meeting Dates:

- **Wednesday, December 17, 2014 – Marshall**
- **Wednesday, January 21, 2015 – Marshall**
- **Wednesday, February 18, 2015 - Marshall**

SOUTHWEST HEALTH & HUMAN SERVICES

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

SUMMARY OF FINANCIAL ACCOUNTS REPORT

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

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

Description	Month	Running Balance
BEGINNING BALANCE		\$4,729,576
RECEIPTS		
Monthly Receipts	1,285,415	
County Contribution	218,936	
Interest on Investments	3,883	
TOTAL MONTHLY RECEIPTS		1,508,234
DISBURSEMENTS		
Monthly Disbursements	2,811,922	
TOTAL MONTHLY DISBURSEMENTS		2,811,922
ENDING BALANCE		\$3,425,888

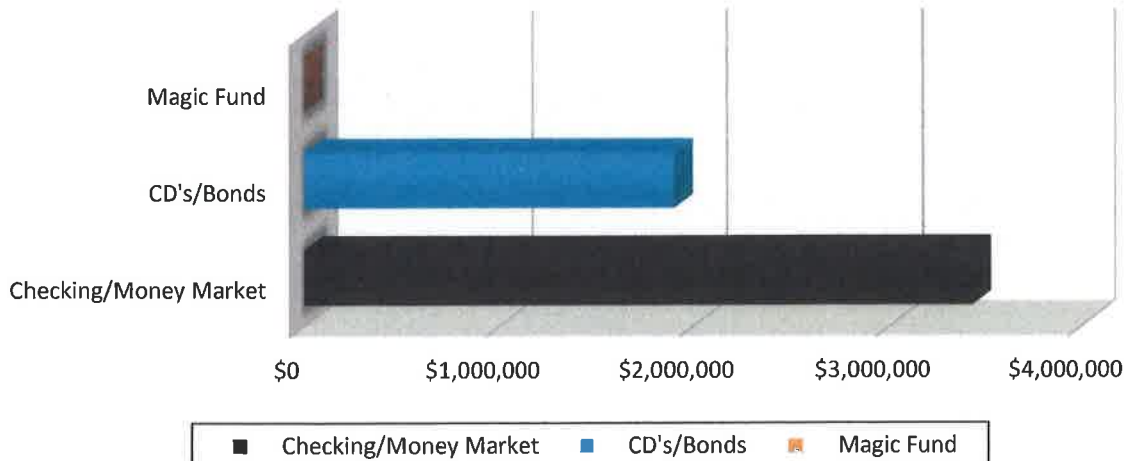
REVENUE

<i>Checking/Money Market</i>	\$3,425,888
<i>CD's/Bonds</i>	\$1,899,750
<i>Magic Fund</i>	\$0

**Average Balance
last two years
\$5,244,677**

ENDING BALANCE **\$5,325,638**

REVENUE DESIGNATION



Southwest Health and Human Services



NJW
11/10/14 9:00AM

TREASURER'S CASH TRIAL BALANCE

As of 10/2014

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1 Health Services Fund	1,532,833.38			
Receipts		329,573.84	2,766,509.44	
Disbursements		55,010.15-	764,959.60-	
Payroll		255,045.73-	1,983,668.25-	
Journal Entries		0.00	68,719.17	
Fund Total		19,517.96	86,600.76	1,619,434.14
5 Human Services Fund				
General Administration	947,913.02			
Receipts		52,353.41	518,844.68	
Disbursements		62,272.85-	555,930.27-	
Payroll		12,302.20-	91,982.74-	
Journal Entries		0.00	3,681.67-	
Dept Total		22,221.64-	132,750.00-	815,163.02
5 Human Services Fund				
Income Maintenance	2,133,213.06-			
Receipts		407,368.23	5,360,930.42	
Disbursements		330,071.75-	2,832,720.65-	
Payroll		439,908.31-	3,380,003.00-	
Journal Entries		0.00	305,915.00-	
Dept Total		362,611.83-	1,157,708.23-	3,290,921.29-
5 Human Services Fund				
Social Services	32,305,717.42-			
Receipts		5,954.37	32,885.22	
Disbursements		129,293.79-	1,201,608.50-	
Payroll		699,929.60-	5,214,103.61-	
Journal Entries		0.00	458,872.50-	
Dept Total		823,269.02-	6,841,699.39-	39,147,416.81-
5 Human Services Fund				
Purchased Services,SSIS	39,771,425.35			
Receipts		529,409.95	10,973,466.56	
Disbursements		3,293.81-	75,889.01-	

Southwest Health and Human Services

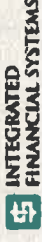
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As of 10/2014

TREASURER'S CASH TRIAL BALANCE

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
5	1,593,070.09-	Information Systems		
		SSIS	6,087,607.44-	44,581,395.46
		Dept Total	4,809,970.11	
		Human Services Fund		
		Receipts	55,059.77	
		Disbursements	7,123.24-	
		Payroll	237,098.39-	
		Dept Total	189,161.86-	1,782,231.95-
5		LCTS Collaborative Agency		
	0.00			
		Receipts	227,518.00	
		Disbursements	166,264.00-	
		SSIS	61,254.00-	
		Dept Total	0.00	0.00
		Fund Total	3,511,349.37-	1,175,988.43
61		Agency Health Insurance		
	123,821.48			
		Receipts	1,776,739.06	
		Disbursements	1,593,025.56-	
		Fund Total	183,713.50	307,534.96
71		LCTS Lyon Murray Collaborative Fund		
	115,832.97	LCTS Collaborative Agency		
		Receipts	89,867.07	
		Disbursements	44,812.11-	
		Dept Total	45,054.96	160,887.93
		Fund Total	45,054.96	160,887.93
73		LCTS Rock Pipestone Collaborative Fund		
	38,376.92	LCTS Collaborative Agency		
		Receipts	42,614.43	

Southwest Health and Human Services



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1 Health Services Fund

TRIAL BALANCE REPORT

Report Basis: Cash

As of 10/2014

<u>Account</u>	<u>Beginning Balance</u>	<u>Actual This- Month</u>	<u>Actual Year- To- Date</u>	<u>Current Balance</u>
1001 Cash in Bank - Checking	1,532,833.38	19,517.96	86,600.76	1,619,434.14
1090 Investments	400,000.00	0.00	65,037.50	334,962.50
Total Assets	1,932,833.38	19,517.96	21,563.26	1,954,396.64
--- Liabilities and Balance ---				
2020 Accounts Payable	0.00	244.79	244.79	244.79
Total Liabilities	0.00	244.79	244.79	244.79
Fund Balance				
2881 Unassigned Fund Balance	1,932,833.38	0.00	0.00	1,932,833.38
2885 Revenue Control	0.00	329,141.57	2,763,389.02	2,763,389.02
2887 Expenditure Control	0.00	309,868.40	2,742,070.55	2,742,070.55
Total Fund Balance	1,932,833.38	19,273.17	21,318.47	1,954,151.85
Total Liabilities and Balance	1,932,833.38	19,517.96	21,563.26	1,954,396.64
410 General Administration				
----- Assets -----				
Total Assets	0.00	0.00	0.00	0.00
--- Liabilities and Balance ---				
Total Liabilities	0.00	0.00	0.00	0.00
Total Liabilities and Balance	0.00	0.00	0.00	0.00
1 Health Services Fund				

Southwest Health and Human Services

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TRIAL BALANCE REPORT

As of 10/2014

Report Basis: Cash

5 Human Services Fund

<u>Account</u>	<u>Beginning Balance</u>	<u>This- Month</u>	<u>Actual Year- To- Date</u>	<u>Current Balance</u>
410 General Administration				
1001 Cash In Bank - Checking	947,913.02	22,221.64-	132,750.00-	815,163.02
Total Assets	947,913.02	22,221.64-	132,750.00-	815,163.02
--- Liabilities and Balance-----				
2080 Medical Insurance Payable	40,941.81-	0.00	0.00	40,941.81-
2090 Due To Flexible Plan Employees	1,920.70	150.10	107.32	2,028.02
Total Liabilities	39,021.11-	150.10	107.32	38,913.79-
Fund Balance	908,891.91-	0.00	0.00	908,891.91-
2881 Unassigned Fund Balance	0.00	22,071.54	132,642.68	132,642.68
2887 Expenditure Control	908,891.91-	22,071.54	132,642.68	776,249.23-
Total Fund Balance	947,913.02-	22,221.64	132,750.00	815,163.02-
Total Liabilities and Balance				
420 Income Maintenance				
1001 Cash In Bank - Checking	2,133,213.06-	362,611.83-	1,157,708.23-	3,290,921.29-
1090 Investments	320,000.00	0.00	305,915.00	625,915.00
Total Assets	1,813,213.06-	362,611.83-	851,793.23-	2,665,006.29-
--- Liabilities and Balance-----				
2020 Accounts Payable	0.00	6,640.39-	6,640.39-	6,640.39-
Total Liabilities	0.00	6,640.39-	6,640.39-	6,640.39-
Fund Balance	1,813,213.06	0.00	0.00	1,813,213.06
2881 Unassigned Fund Balance	0.00	407,161.42-	5,347,653.64-	5,347,653.64-
2885 Revenue Control	0.00	776,413.64	6,206,087.26	6,206,087.26
2887 Expenditure Control	1,813,213.06	369,252.22	858,433.62	2,671,646.68
Total Fund Balance	1,813,213.06	362,611.83	851,793.23	2,665,006.29
Total Liabilities and Balance				
430 Social Services				

Southwest Health and Human Services

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TRIAL BALANCE REPORT

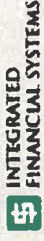
As of 10/2014

Report Basis: Cash

5 Human Services Fund

<u>Account</u>	<u>Beginning Balance</u>	<u>This- Month</u>	<u>Actual Year- To- Date</u>	<u>Current Balance</u>
1001 Cash In Bank - Checking	32,305,717.42-	823,269.02-	6,841,699.39-	39,147,416.81-
1090 Investments	480,000.00	0.00	458,872.50	938,872.50
Total Assets	31,825,717.42-	823,269.02-	6,382,826.89-	38,208,544.31-
--- Liabilities and Balance---				
Liabilities	0.00	2,225.83-	2,225.83-	2,225.83-
Total Liabilities	0.00	2,225.83-	2,225.83-	2,225.83-
Fund Balance	31,825,717.42	0.00	0.00	31,825,717.42
2881 Unassigned Fund Balance	0.00	5,656.85-	21,753.11-	21,753.11-
2885 Revenue Control	0.00	831,151.70	6,406,805.83	6,406,805.83
2887 Expenditure Control	31,825,717.42	825,494.85	6,385,052.72	38,210,770.14
Total Fund Balance	31,825,717.42	823,269.02	6,382,826.89	38,208,544.31
Total Liabilities and Balance				
431 Purchased Services,SSIS				
Assets-----				
1001 Cash In Bank - Checking	39,771,425.35	43,245.86-	4,809,970.11	44,581,395.46
1205 County Advances - MFP (Chippewa Cty)	80,749.47	0.00	0.00	80,749.47
Total Assets	39,852,174.82	43,245.86-	4,809,970.11	44,662,144.93
Liabilities and Balance-----				
Liabilities	0.00	18,727.50-	18,727.50-	18,727.50-
Total Liabilities	0.00	18,727.50-	18,727.50-	18,727.50-
Fund Balance	39,852,174.82-	0.00	0.00	39,852,174.82-
2881 Unassigned Fund Balance	0.00	513,341.64-	10,795,315.29-	10,795,315.29-
2885 Revenue Control	0.00	575,315.00	6,004,072.68	6,004,072.68
2887 Expenditure Control	39,852,174.82-	61,973.36	4,791,242.61-	44,643,417.43-
Total Fund Balance	39,852,174.82-	43,245.86	4,809,970.11-	44,662,144.93-
Total Liabilities and Balance				
461 Information Systems				
Assets-----				
1001 Cash In Bank - Checking	1,593,070.09-	32,672.58-	189,161.86-	1,782,231.95-

Southwest Health and Human Services



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STATEMENT OF REVENUES AND EXPENDITURES

As Of 10/2014 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2014 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	105,856.00-	664,309.00-	744,604.00-	89	83
INTERGOVERNMENTAL REVENUES	13,741.50-	146,354.05-	231,500.00-	63	83
STATE REVENUES	115,311.21-	702,282.01-	742,202.00-	95	83
FEDERAL REVENUES	52,640.43-	868,945.82-	979,798.00-	89	83
FEES	40,619.84-	341,405.45-	436,160.00-	78	83
EARNINGS ON INVESTMENTS	582.49-	2,530.61-	0.00	0	83
MISCELLANEOUS REVENUES	390.10-	37,562.08-	13,550.00-	277	83
TOTAL REVENUES	329,141.57-	2,763,389.02-	3,147,814.00-	88	83
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	83
PAYROLL AND BENEFITS	259,280.27	1,994,633.53	2,441,523.00	82	83
OTHER EXPENDITURES	50,588.13	747,437.02	706,291.00	106	83
TOTAL EXPENDITURES	309,868.40	2,742,070.55	3,147,814.00	87	83

Southwest Health and Human Services

STATEMENT OF REVENUES AND EXPENDITURES

NJW
11/10/14 9:01AM

As Of 10/2014 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO- DATE	2014 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	113,080.70-	4,973,403.08-	9,088,388.00-	55	83
INTERGOVERNMENTAL REVENUES	7,051.37-	20,981.84-	37,804.00-	56	83
STATE REVENUES	165,724.31-	3,470,192.17-	3,779,362.00-	92	83
FEDERAL REVENUES	326,962.36-	5,543,401.09-	6,570,948.00-	84	83
FEES	158,997.53-	1,301,349.88-	1,258,000.00-	103	83
EARNINGS ON INVESTMENTS	3,300.79-	14,340.15-	8,500.00-	169	83
MISCELLANEOUS REVENUES	154,431.10-	1,123,538.33-	1,530,137.00-	73	83
TOTAL REVENUES	929,548.16-	16,447,206.54-	22,273,139.00-	74	83
EXPENDITURES					
PROGRAM EXPENDITURES	785,957.16	7,833,159.80	8,942,678.00	88	83
PAYROLL AND BENEFITS	1,203,371.90	8,969,408.86	11,086,897.00	81	83
OTHER EXPENDITURES	251,683.65	2,418,686.15	2,243,564.00	108	83
TOTAL EXPENDITURES	2,241,012.71	19,221,254.81	22,273,139.00	86	83

Southwest Health and Human Services

NJW
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REVENUES & EXPENDITURES BY PROG, DEPT, AND FUND AS OF 10/2014

Report Basis: Cash

Element	Description	Account Number	Revenue	Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
900 PROGRAM	Emergency Preparedness		Revenue	28,731.34-	97,283.21-	114,000.00-	85	83
			Expend.	12,318.11	95,299.50	118,000.00	81	83
			Net	16,413.23-	1,983.71-	4,000.00	50-	83
901 PROGRAM	Med Reserve Corps		Revenue	0.00	3,500.00-	4,000.00-	88	83
			Expend.	25.84	647.34	0.00	0	83
			Net	25.84	2,852.66-	4,000.00-	71	83
483 DEPT	Health Education	Totals:	Revenue	90,815.50-	442,787.83-	532,150.00-	83	83
			Expend.	46,997.66	470,705.09	517,930.00	91	83
			Net	43,817.84-	27,917.26	14,220.00-	196-	83
485 DEPT	Environmental Health		Revenue	7,909.69-	102,998.00-	138,500.00-	74	83
800 PROGRAM	Environmental		Expend.	14,384.22	123,528.74	162,422.00	76	83
			Net	6,474.53	20,530.74	23,922.00	86	83
830 PROGRAM	FDA- Research(Standardization for Ins		Revenue	1,214.36	6,697.82	0.00	0	83
			Expend.	1,214.36	6,697.82	0.00	0	83
			Net	7,909.69-	102,998.00-	138,500.00-	74	83
485 DEPT	Environmental Health	Totals:	Revenue	15,598.58	130,226.56	162,422.00	80	83
			Expend.	7,688.89	27,228.56	23,922.00	114	83
1 FUND	Health Services Fund	Totals:	Revenue	329,141.57-	2,763,389.02-	3,147,814.00-	88	83
			Expend.	309,868.40	2,742,070.55	3,147,814.00	87	83
			Net	19,273.17-	21,318.47-	0.00	0	83

Southwest Health and Human Services

REVENUES & EXPENDITURES BY PROG, DEPT, AND FUND AS OF 10/2014



NJW
11/10/14 9:01AM

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>	<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
5 FUND	Human Services Fund	Totals:	929,548.16- 2,241,012.71 1,311,464.55	16,447,206.54- 19,221,254.81 2,774,048.27	22,273,139.00- 22,273,139.00 0.00	74 86 0	83 83 83
FINAL TOTALS	917 Accounts		1,258,689.73- 2,550,881.11 1,292,191.38	19,210,595.56- 21,963,325.36 2,752,729.80	25,420,953.00- 25,420,953.00 0.00	76 86 0	83 83 83

SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER

OCTOBER 2014

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	BALANCE FORWARD				4,729,576.28
10/3/14	6542-6560	PAYROLL		114,496.92	4,615,079.36
10/3/14	27422-27653 ACH	PAYROLL		388,632.59	4,226,446.77
10/6/14	48723 - 48773	Disb		4,795.74	4,221,651.03
10/6/14	538 - 544 ACH	Disb		1,677.00	4,219,974.03
10/6/14	48774 - 48874	Disb		109,722.12	4,110,251.91
10/3/14	10244-50, 10253-319	Dep	316,038.68		4,426,290.59
10/6/14	9200	Disb		5,541.86	4,420,748.73
10/6/14	9201	Disb		49,579.55	4,371,169.18
10/7/14	10320-10365	Dep	24,936.82		4,396,106.00
10/13/14	48875 - 48897	Disb		6,514.04	4,389,591.96
10/13/14	48898-49064	Disb		410,687.11	3,978,904.85
10/13/14	545-560 ACH	Disb		2,390.69	3,976,514.16
10/10/14	10366-91, 10398-412	Dep	260,076.90		4,236,591.06
10/13/14	9202	Disb		357.05	4,236,234.01
10/13/14	9203	Disb		905.00	4,235,329.01
10/14/14	10413-10432	Dep	79,860.49		4,315,189.50
10/14/14	9204	Disb		1,704.57	4,313,484.93
10/14/14	9205	Disb		20,562.25	4,292,922.68
10/9/14	9206	Disb		53,526.83	4,239,395.85
10/17/14	49065-49321 CEI	Disb		87,692.88	4,151,702.97
10/17/14	561 ACH CEI	Disb		82.24	4,151,620.73
10/13/14	15596	Interest	133.28		4,151,754.01
10/3/14	9199	Cancel ck	380.17		4,152,134.18
10/17/14	6561-6574	PAYROLL		115,735.22	4,036,398.96
10/17/14	27654-27875 ACH	PAYROLL		391,118.35	3,645,280.61
10/20/14	49322-49399	Disb		8,971.14	3,636,309.47
10/20/14	562 ACH	Disb		74.00	3,636,235.47
10/20/14	49400-49508	Disb		150,570.00	3,485,665.47
10/20/14	563-564 ACH	Disb		75.60	3,485,589.87
10/17/14/	10392-97, 10433-10479	Dep	276,640.85		3,762,230.72
10/20/14	9207			10,296.79	3,751,933.93
10/20/14	9208			24,926.08	3,727,007.85
10/21/14	10480-508, 10511	Dep	44,422.21		3,771,430.06
10/20/14	9209 cancel cks	Dep	1,409.34		3,772,839.40
10/24/14	10509-10, 10512-63	Dep	326,394.53		4,099,233.93
10/27/14	49509-49572	Disb		22,237.68	4,076,996.25
10/27/14	49573-49674	Disb		197,989.44	3,879,006.81
10/27/14	565-569 ACH	Disb		774.58	3,878,232.23
10/27/14	9210	Disb		3,171.53	3,875,060.70
10/27/14	9211	Disb		41,317.20	3,833,743.50
10/28/14	10564-10597	Dep	60,762.81		3,894,506.31
10/31/14	6575-6584	PAYROLL		6,737.45	3,887,768.86
10/31/14	27876-28104 ACH	PAYROLL		425,277.81	3,462,491.05
10/31/14	49675-49713	Disb		12,682.10	3,449,808.95
10/31/14	49714-49765	Disb		139,922.95	3,309,886.00
10/31/14	570-578 ACH	Disb		1,175.37	3,308,710.63
10/31/14	10598-641	Dep	113,428.22		3,422,138.85
10/31/14	15902	Bond Int	3,750.00		3,425,888.85
					3,425,888.85
	balanced 11/3/14 inv				
		TOTAL S	1 508 234.30	2.811.921.73	

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	14	14	245	330	39	842	28	485	464	332	2793
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	14	14	254	324	31	887	24	451	461	312	2772
March	14	14	253	320	30	885	24	487	460	311	2798
April	14	14	247	326	46	823	31	531	462	336	2830
May	14	14	246	323	52	834	32	505	463	334	2817
June	14	14	247	321	47	829	35	496	466	341	2810
July	14	14	239	326	41	834	32	483	466	338	2787
August	14	14	239	334	40	819	29	494	465	339	2787
September	13	14	234	352	42	796	27	497	468	347	2790
October	13	13	229	347	29	814	26	465	466	348	2750
November											
December											
	14	14	245	330	39	842	28	485	464	332	2793

Children's - Social Services Caseload

Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2014	42	19	0	4	32	124	102	107	0	1	14	444
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)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
January	39	18	0	5	33	120	105	99	0	1	16	436
February	44	18	0	5	34	128	99	105	1	1	10	445
March	44	18	0	4	32	143	102	108	1	1	10	463
April	44	17	0	4	33	131	104	108	1	1	11	454
May	44	17	0	4	33	128	103	110	1	1	17	458
June	44	18	0	4	33	110	101	107	0	1	15	433
July	44	19	0	4	31	109	99	108	0	1	13	428
August	39	20	0	3	28	116	97	107	0	1	11	422
September	40	20	0	3	29	121	108	107	0	1	18	447
October	39	20	0	2	30	131	105	106	0	1	20	454
November												
December												
	42	19	0	4	32	124	102	107	0	1	14	444

2014 KIDS IN OUT OF HOME PLACEMENT

	October	
	# of placements	Probation placements
Lincoln	4	1
Rock	15	0
Lyon	32	3
Pipestone	25	0
Redwood	42	3
Murray	6	0
Totals	124	7
Total # of kids	131	

**October 2014 - Placement by Category
131 Kids in Placement**



October 2014:

Total of 14 Children entered placement

3	Redwood	Group Home
3	Redwood	Foster Family Home
1	Redwood	Residential Treatment Center
3	Lyon	Foster Family Home
2	Lyon	Non-Custodial Parent's Home
1	Lyon	Probation
1	Pipestone	Residential Treatment Center

Total of 11 Children were discharged from placement

1	Redwood	Probation
1	Redwood	Group Home
1	Redwood	Pre-adoptive Home
1	Lyon	Foster Family Home
3	Pipestone	Foster Family Home
1	Rock	Residential Treatment Center
1	Rock	Child's Reunification Home
2	Murray	Juvenile Correctional Facility

There was 1 adoption this month

NON IVD COLLECTIONS
OCTOBER 2014

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5802	195.00
TANF (MFIP/DWP/AFDC)	05-420-610.5803	474.50
GA	05-420-620.5803	231.60
FS	05-420-630.5803	1,355.00
CS (PI Fee, App Fee, etc)	05-420-640.5501	895.04
MA	05-420-650.5803, 5513	130,986.67
REFUGEE	05-420-680.5803	0.00
CHILDRENS		
Parental Fees, Holds	05-431-710.5501	420.00
Corp FC Licensing	05-431-710.5505	1,000.00
OOH/FC Recovery	05-431-710.5803	13,237.63
CHILDCARE		
Licensing	05-431-720.5502	2,050.00
Over Payments	05-431-721&722.5803	0.00
CHEMICAL DEPENDENCY		
CD Assessments	05-431-730.5519	4,974.33
Detox Fees	05-431-730.5520	698.45
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0.00
Over Payments	05-431-741 or 742.5803	0.00
DEVELOPMENTAL DISABILITIES		
Insurance Copay	05-431-750.5803	0.00
ADULT		
Insurance Copay	05-431-760.5803	0.00
TOTAL NON-IVD COLLECTIONS		156,518

**SOUTHWEST HEALTH AND HUMAN SERVICES
INCOME MAINTENANCE POLICY NUMBER 2**

Effective: 02/16/11

Revision Date: ~~06/19/13~~ 11/19/14

Authority: Southwest Health and Human Services – Human Services Board
Special Session CM0004
MN Admin Rules 9500.1261

~~--CONSOLIDATED FUNDEMERGENCY ASSISTANCE (EA), AND EMERGENCY GENERAL
ASSISTANCE (EGA), AND MSA SPECIAL NEEDS GUIDELINES--~~

Section 1 – Policy Statement

- a. Resolution of the emergency must be assessed and approved in a cost effective manner. If the emergency cannot be resolved cost effectively, the agency can deny the request.
- b. Based on available funding the Agency Director and Eligibility Supervisor may adjust eligibility and payment factors.
- c. SWHHS will work cooperatively with WESCAP, SMOC, Heat Share, and other resources as to availability and eligibility for funding necessary to resolve the emergency.

Section 2 – Definitions

- a. **EA** – Emergency Assistance Consolidated Fund (EA) meets the emergency needs of eligible households that include a child who meets the MFIP definition of minor child and/or a pregnant woman.
- b. **EGA** - Emergency General Assistance (EGA) meets the emergency needs of eligible individuals, married couples, or families who are in an emergency. Families must not be eligible for MFIP/DWP or emergency aid from other programs such as EA Consolidated Fund.
- ~~c. **Emergency/Crisis** – Verification of eviction from a landlord/management or homelessness as a result of domestic abuse. The latter would require a determination of need by social services. Verification of utility shutoff and refusal of service for fuel required. Utility is defined as electricity, water, sewer, fuel oil, natural gas or propane. Shelter is defined as rent and/or deposit. Mortgage payments are not considered unless in a foreclosure situation or from an employment crisis.
 - The emergency must require immediate financial assistance.
 - The financial assistance required by the emergency must be temporary and must not exceed two months before the month of application.~~

**SOUTHWEST HEALTH AND HUMAN SERVICES
INCOME MAINTENANCE POLICY NUMBER 2**

- ~~• All eviction notices, mortgage foreclosures and utilities bills submitted for determination of emergency assistance must be in the name of the person applying for emergency assistance or a current eligible household member.~~
- ~~d. **Employment Crisis** – This is for non-MFIP families who have experienced an unexpected occurrence which puts them at risk of losing their employment without EA/EGA. Employment related expenses could be car payments, car repairs, insurance, or mortgage/rent payments if the household will be able to maintain their mortgage/rent payments after their current crisis is resolved. These expenses are all dependent on the applicant's work history.~~
- e.c. **Work Expenses** – Car payments, car registration, car insurance, upkeep and repairs; phone if required by employer; gas to get to work.
- f.d. **Basic Needs** – Shelter, utilities, food, ~~clothing~~, work expense costs required for current employment, or other items which pose a direct threat to the physical health or safety of the assistance unit as determined by the county agency. Basic needs do not include TV, water softeners or phone.
- e. **Personal Needs Allowance** – For EA it is \$70 per member of the assistance unit. For EGA it is \$95 per member of the assistance unit.
- f. **Work History** – Client must show they have been employed for 6 out of the previous 12 months and CURRENTLY employed to have established a work history regarding the employment crisis criteria.

Section 3 – What Emergency Assistance Can Be Used For

- a. **Emergency/Crisis** – Verification of eviction from a landlord/management (cannot come from a family member, if a family member runs the risk of losing their residence because client moved in; they must provide a statement from their landlord/manager), or homelessness as a result of domestic abuse or discharge from a facility. The latter would require a determination of need by social services. Verification of utility shutoff and refusal of service for fuel required (if landlord requires utilities to remain in the landlord's name, client must provide a statement from the landlord stating this along with a copy of the shut-off notice). Utility is defined as electricity, water, sewer, fuel oil, natural gas or propane. Shelter is defined as rent and/or deposit. Mortgage payments are not considered unless in a foreclosure situation or from an employment crisis.

**SOUTHWEST HEALTH AND HUMAN SERVICES
INCOME MAINTENANCE POLICY NUMBER 2**

- The emergency must require immediate financial assistance.
- The financial assistance required by the emergency must be temporary, ~~and must not exceed two months before the month of application.~~
- Must not exceed two months before the month of application.
- **All eviction notices, mortgage foreclosures and utilities bills submitted for determination of emergency assistance must be in the name of the person applying for emergency assistance or a current eligible household member.**

b. Employment Crisis – This is for non-MFIP families eligible for EA who have experienced an unexpected occurrence which puts them at risk of losing their employment without EA/EGA assistance. Employment related expenses could be car payments, car repairs, insurance, or mortgage/rent payments if the household will be able to maintain their mortgage/rent payments after their current crisis is resolved. These expenses are all dependent on the applicant's work history.

~~e. Work Expenses – Car payments, car registration, car insurance, upkeep and repairs; gas to get to work.~~

~~f. Basic Needs – Shelter, utilities, food, clothing, work expense costs required for current employment, or other items which pose a direct threat to the physical health or safety of the assistance unit as determined by the county agency. Basic needs do not include TV, water softeners or phone.~~

Section 3-4 – Eligibility Criteria

- a. A family member must meet the 30 day state and/or county residency requirement. No exceptions. For EGA at least one person must have lived in Minnesota for at least 30 days.
- b. Refusing employment or training for employment within 60 days of the application (does not apply if HH already has new employment) without good cause for employment in Minnesota must not have caused the crisis.
- c. A unit member cannot be in a sanction for any reason or be disqualified from the Cash or SNAP programs.
- d. Assistance unit is limited to EA/EGA once within 12 month period of time. Anyone in the unit receiving EGA makes the entire unit ineligible for EGA for the 12 month period.

**SOUTHWEST HEALTH AND HUMAN SERVICES
INCOME MAINTENANCE POLICY NUMBER 2**

e. For EGA, at least one person in the EGA unit must meet GA/GRH citizenship or immigration status listed under 0011.03 of the Combined Manual.

f. For EGA, the unit must not currently be eligible for or receiving MFIP.

e.g. Income Limits

- EA – Gross income must be under 200% FPG in effect at the time of the application. Income to be considered is for the current month of application and the past two months. (This includes ALL household members' income.)
- ~~EGA – Net annual income must be under 200% FPG. in effective from the previous calendar year. Income to be considered is for the current month of application and the past two months.~~

f.h. The assistance unit must be unable to resolve its crisis by combining:

- Liquid assets and assets they can liquidate in time to help (minus the household's personal needs allowance).
- Income they will receive in time to help (minus the household's personal needs allowance).
- Other funds for which they are eligible including applying for cash assistance and cooperating with the program requirements.

g.i. The assistance unit must not have used more than 50% of its income and liquid assets for purposes other than basic needs during the two months immediately ~~preceeding~~ before the month of application.

h.j. Assistance for moving expenses:

- Units must meet emergency eligibility criteria prior to approval.
- Moving will resolve the emergency.
- Expenses are prior authorized.
- New housing is cost effective.
- ~~Cover costs of 1st month's rent, and damage deposit, and utility hook up.~~
- Will provide moving costs if necessary.
- Will NOT pay last month's rent unless it is a requirement of moving in.

i.k. Home Repairs:

- Units must meet the emergency eligibility criteria period to approval.
- Unit member must own and live in the home.
- Prior authorization is required for all repair expenses.
- Must provide two estimates for repair costs and loan denial.
- Must be denied by WESCAP/SMOC.
- Vendor paid only on completion of repair and with proof of actual costs.

SOUTHWEST HEALTH AND HUMAN SERVICES INCOME MAINTENANCE POLICY NUMBER 2

Section ~~4~~5 – Application Process

- a. Offer information, application and interview the same day as inquiry.
- b. Complete referral to social services as needed.
- c. Follow application process timelines as used for applications for cash assistance.

Section ~~5~~6 – Mandatory Verifications

- a. Applicant's identity.
- b. Caregiver/child relationship.
- c. Immigration status if necessary.
- d. Emergency situation and actual cost to alleviate the emergency.
- e. Income for all unit members for the application month and two prior months.
- f. Liquid assets for all unit members.
- g. Work expenses for each employed unit member.

Section ~~6~~7 – Determining Need

- a. Determine the minimum amount needed to resolve the assistant unit's emergency.
- b. Determine the amount of income and liquid assets the unit has or will have that can be applied toward the emergency. Count all income for all unit members. There are no exclusions.
 - Use gross income of all unit members minus actual expenses. Actual expenses depend on the type of income and include items such as; self-employment expenses, work transportation costs, taxes, dependent care, ~~tuition, student fees~~ and child support paid.
 - Count assets the unit can convert to cash in time to resolve the emergency. Do not count assets if converting them to cash creates an undue hardship for the unit.

**SOUTHWEST HEALTH AND HUMAN SERVICES
INCOME MAINTENANCE POLICY NUMBER 2**

- Do not count assets and income the unit has or will have that they need to cover their current basic needs. The remainder is the amount the unit can apply towards the emergency.
- If household is over 200% in any month prior to the application month, those months they are not eligible for payments to be made and any portion of the emergency related to those months MUST be paid prior to approval of emergency assistance.
- If household is over 200% in the month of application and/or the two months prior to the application month, the household is NOT eligible.

Section 7-8 – Amount of Payments

a. EA

- The maximum amount of EA for shelter and utilities for MFIP/DWP assistance unit will be the amount needed to resolve the crisis for bills incurred during application month and 2 months prior.
- The maximum amount of EA for an employed non-MFIP assistance unit must not exceed 2 times the amount of the MFIP transitional standard for a family of that size for bills incurred during the application month and 2 months prior.
- EA may be used if immediate action is needed to protect the life or health of a child and non-payment could result in out-of-home placement of child.

b. EGA

- The maximum amount of EGA is limited to 4 times the assistance unit monthly assistance standard.
 - Standards
 - Single Adult - \$203
 - Married couple without children - \$260
 - Units with Minor Children
 - ❖ First adult, \$187
 - ❖ Second adult, \$73
 - ❖ First Child, \$250
 - ❖ Second Child, \$95
 - ❖ Third child, \$89
 - ❖ Fourth child, \$76
 - ❖ Fifth child, \$76
 - ❖ Sixth child, \$76
 - ❖ Seventh child, \$66
 - ❖ Eighth child, \$64
 - ❖ Ninth child, \$55
 - ❖ Tenth child, \$54

**SOUTHWEST HEALTH AND HUMAN SERVICES
INCOME MAINTENANCE POLICY NUMBER 2**

❖ Each additional child, \$53

c. MSA Special Needs Payments

- Clients may have a special needs payment for certain items added to their assistance standard. See CM0020.21 (MSA Assistance Standards), CM0023.12 (Special Diets), CM0023.15 (Guardian or Conservator Fees), CM0023.18 (Restaurant Meals), CM0023.21 (Representative Payee Services), CM0023.24 (MSA Housing Assistance), TEMP Manual TE02.08.035 (How to Issue Special Needs Payments).
- Clients may be eligible for a separate special need payment for home repairs, or for furniture and appliances. See 0023.06 (Home Repair), 0023.09 (Household Furnishings and Appliances). Usually, the county agency must approve these payments before the client incurs the cost. A client incurring an expense outside of working hours because of an emergency may contact the agency on the next working day to request help. County agencies must have written procedures for making special need payments. They must keep a record of requests for assistance and the disposition of each request. Clients must request special need payments in writing. County agencies may require clients to verify the need for an item. If a client is on vendor or protective payee status, pay the vendor directly. See 0024.09 (Protective and Vendor Payments). In other cases, issue the payment directly to the client or as a vendor payment.

Section 8-9 – Appeal Rights

- a. Clients must appeal within 30 days of notice.
- b. Do not issue benefits while appeal is pending.
- c. County agency must submit all appeal requests within 2 working days of receipt to the State Appeals Office.
- d. If the client wins the appeal, issue corrective payment within 7 days of receiving the appeal decision.

Forms: Combined Application – DHS 5223
Crisis Work Sheet – EA - ELIG 115A, EGA - ELIG 115B
~~Crisis Information Letter~~
Emergency Brochure – ELIG 110

**SOUTHWEST HEALTH AND HUMAN SERVICES
SOCIAL SERVICE POLICY NUMBER 26**

EFFECTIVE DATE: 05/16/12

REVISION DATE: ~~12/18/13~~ 11/19/14

AUTHORITY: Southwest Health and Human Services – Human Services Board
MN Statute 260B.331/MN Statute 260C.331
MN Statute 252.27
MN Rules Parts 9550.6200 to 9550.6240

--- FEES: 24-HOUR OUT-OF-HOME CARE ---
--- COLLECTION AND WAIVE OR REDUCE FEES ---

Section 1 - Purpose

- a. This policy governs the assessment and collection of fees from children and parents/guardians of children in 24-hour out-of-home care. A child is defined as an individual under the age of 18.

Section 2 - Dependent/neglected children or delinquent youth with no long-term disability

a. Income Determination

- The out-of-home placement fee shall be based on the net income of either birth or adoptive parents (if child is not on adoption subsidy) as well as the child's monthly net income. Net income shall be determined by the Income Maintenance Unit using the income computation section of form IM #102.
- When it is determined that a fee is needed, the minimum fee charged shall be \$10.00 per month. No fee shall be imposed when computations result in a net fee less than this amount.
- Removal homes receiving MFIP, GA, or MSA will not be charged a fee. A child's SSI payment is considered monthly income. Those removal homes receiving only Food Support or MA will be charged a fee based on income.
- Fees are in addition to insurance collections; however, the insurance coverage, the child fee, and the parent fee combined cannot exceed the total cost that Southwest Health and Human Services (SWHHS) incurs for placement.
- The payment of fees does not exclude the parent's/guardian's responsibility for medical coverage of the child.

**SOUTHWEST HEALTH AND HUMAN SERVICES
SOCIAL SERVICE POLICY NUMBER 26**

\$601 to \$650	17%	21%	24%	27%	29%	32%	34%
\$651 to \$700	18%	22%	25%	28%	31%	34%	36%
\$701 to \$750	19%	23%	27%	30%	33%	36%	38%
\$751 to \$800	20%	24%	28%	31%	35%	38%	40%
\$801 to \$850	21%	25%	29%	33%	36%	40%	42%
\$851 to \$900	22%	27%	31%	34%	38%	41%	44%
\$901 to \$950	23%	28%	32%	36%	40%	43%	46%
\$951 to \$1000	24%	29%	34%	38%	41%	45%	48%
\$1001 to \$5000	25%	30%	35%	39%	43%	47%	50%

e. The Non-Custodial Parent's Fee

- The amount of child support assigned to the non-custodial parent shall be the non-custodial parent's fee when the child is in an out-of-home placement. If it is determined that the non-custodial parent's assigned child support does not follow Minnesota State Statute Chapter 518A and the custodial parent is receiving public assistance, the case may be referred to the Child Support Enforcement Unit for modification of child support. It is the custodial parent's responsibility to see that the child support payments are passed through to SWHHS.
- When the child(ren) did not live with a parent during the eligibility month or at any time during the six months previous to the eligibility month, do not determine a parental fee against either parent. In these circumstances child support will be established for each parent.

f. Placements Under 72 Hour Holds

- When a child is placed on a 72 hour hold in a hospital setting the cost of such hold shall be billed to the parent's/guardian's medical insurance whenever possible.
- When the placement, (hold or voluntary) is in a shelter, foster care home, or juvenile detention center, SWHHS shall pay for placement costs and bill the parents at a minimum of \$25.00 per day. The fee will be waived for removal homes on MFIP, GA, SSI, or MSA.
- When a child remains in placement after a 72 hour hold and/or has a placement under 30 days, there will be a minimum charge of \$10 a day for up to 30 days (including the 72 hour hold days). After placement for 30 days, a parental fee will be determined based on the procedures outlined on the Social Service Request to Income Maintenance Form SS#039.



Protecting, maintaining and improving the health of all Minnesotans

October 29, 2014

Carol Biren, CHS Administrator
Southwest Health and Human Services Community Health Board
607 West Main Street, Suite 200
Marshall, MN 56258

Dear Carol,

The purpose of this letter is to notify you of your Title V MCH Block Grant (CFDA 93.994) award for January 1, 2015 through December 31, 2015 (CY 2015) and January 1, 2016 to December 31, 2016 (CY 2016). These CY awards are higher than your CY 2014 award as federal reductions due to sequestration were less than anticipated.

The awards for Southwest Health and Human Services Community Health Board are:

CY 2015 \$110,958

CY 2016 \$110,958

Adjustments to your award may be necessary if there are any changes to Minnesota's anticipated federal funding.

You will receive a grant project agreement for the Title V MCH Block Grant via e-mail shortly. Please review, sign and return to Janet Olstad as soon as possible so the necessary internal signatures can be obtained to have a fully executed contract in place by January 1, 2015.

If you have any questions about your award please contact Lynn Marzolf at 651-201-3592 or by e-mail at lynn.marzolf@state.mn.us. For programmatic questions or questions about the grant project agreement, please contact Janet Olstad at 651-201-3584 or janet.olstad@state.mn.us.

Sincerely,

A handwritten signature in black ink that reads "Maggie Diebel". The signature is written in a cursive, flowing style.

Maggie Diebel
Community and Family Health Division Director
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975

CC: Curtis Blumeyer, CHB Chair
Financial Management-MDH



Protecting, maintaining and improving the health of all Minnesotans

October 29, 2014

Carol Biren, CHS Administrator
Southwest Health and Human Services Community Health Board
607 West Main Street, Suite 200
Marshall, MN 56258

Dear Carol,

The purpose of this letter is to notify you of your Family Home Visiting (TANF) award for January 1, 2015 through December 31, 2015.

The awards for Southwest Health and Human Services Community Health Board are as follows:
January 1, 2015 through June 30, 2015 is \$63,938. Funding will not be available for services provided after June 30, 2015.

July 1, 2015 through December 31, 2015 is \$63,938.

Funds available for this award are federal funds and the Catalog of Federal Domestic Assistance (CFDA) number is 93.558. Adjustments to your award may be necessary if anticipated funding changes during the award time period.

You will receive a grant project agreement for the Family Home Visiting (TANF) funding via e-mail shortly. Please review, sign and return to Janet Olstad as soon as possible so the necessary internal signatures can be obtained to have a fully executed contract in place by January 1, 2015.

If you have any questions about your award please contact Lynn Marzolf at 651-201-3592 or by e-mail at lynn.marzolf@state.mn.us. For programmatic questions or questions about the grant project agreement, please contact Janet Olstad at 651-201-3584 or janet.olstad@state.mn.us.

Sincerely,

A handwritten signature in black ink that reads "Maggie Diebel".

Maggie Diebel
Community and Family Health Division Director
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975

CC: Curtis Blumeyer, CHB Chair
Financial Management-MDH

NOVEMBER 2014
BOARD APPROVAL ON THE FOLLOWING:

- Western Mental Health Center Inc (various locations) – 01/01/15 to 12/31/15;** Mental health services (block grant) to provide adult and children’s outpatient treatment, crisis treatment, medication mgmt, diagnostic assessment, and consultation, \$594,085 (no rate change) (renewal).
- Western Mental Health Center Inc (various locations) – 01/01/15 to 12/31/15;** Adult Community Support Services, Program Services \$57.50/hr, Community Support Aide \$24.75/hr, ARMHS Individual Service \$57.50/hr, ARMHS group service \$24.75/hr, Cert Peer Specialist \$57.50/hr (small increase) (renewal).
- Western Mental Health Center Inc (various locations) – 01/01/15 to 12/31/15;** Family Community Services, CCBMHS grant \$33,300 and FCSP \$5,000 – contractor agrees to provide up to 2 hours/week for 52 weeks of clinical supervision (no rate change) (renewal).
- Western Mental Health Center Inc (various locations) – 01/01/15 to 12/31/15;** In Home Family Therapy services, \$25,000 at \$6,250/qtr (no rate change) (renewal).
- Western Mental Health Center Inc (various locations) – 01/01/15 to 12/31/15;** Children’s Crisis services, \$250,000 at \$62,500/qtr (no rate change) (renewal).
- Western Mental Health Center Inc (various locations) – 01/01/15 to 12/31/15;** Memorandum of agreement to participate in pre-petition screenings for patients being considered for admission to a State mental health facility (renewal).
- Resmaa Menakem (Minneapolis, MN) – 12/01/14 to 11/30/15;** Independent contractor for consulting services on organizational culture project, \$185/hour (new).
- Western Community Action (Marshall, MN) – 01/01/15 to 12/31/15;** Client transportation services, volunteer driver rate of \$.71/mile (.56 IRS rate + .15 administrative fee) (no rate change)(renewal).
- Prairie Five Community Action Council Inc (Montevideo, MN) – 01/01/15 to 12/31/15;** client transportation services, rate of \$.83/mile (.56 IRS rate + .27 administrative fee) (no rate change)(renewal).
- Affiliated Community Medical Centers (Willmar, MN) – 10/01/14 to open;** A business associate agreement in regard to Protected Health Information and compliance with the HIPAA rules (new).

- MDH Local Public Health** – 01/01/15 to 12/31/19; Grant to address the areas of public health responsibility and address local priorities developed through the community health assessment and health improvement planning process, 2015 award LPH \$368,942 (renewal).
- MDH Healthy Homes** – 10/01/14 to 06/30/17; Grant to promote healthy homes and address housing-based health threats, \$40,000 annually for SFY 2015, 2016, & 2017 (renewal).
- SWMN Housing Partnership** – 12/01/14 to 06/30/17; An agreement in conjunction with Healthy Homes grant to promote healthy homes and address housing-based health threats, \$83,160 over the 3 year period (new).
- UCARE (Minneapolis, MN)** – 09/01/13; Amendment to County participation agreement to address legislative changes to Elderly Waiver services. Rate increase of 1% effective April 1st and rate increase of 5% effective July 1st of 2014. Retro payments will become effective upon signature (amendment).

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 19**

EFFECTIVE DATE: 02/15/12

REVISION DATE: ~~06/18/14~~ 11/19/14

AUTHORITY: Southwest Health and Human Services Joint Governing Board

- - - MEDICAL LEAVE FOR FITNESS- - -

Section 1 - General Policy Statement

- a. It is the policy of SWHHS to promote the health and safety of employees and encourage regular participation in moderate to vigorous physical activity.
- b. SWHHS is dedicated to creating a healthy work environment that supports employee and workplace health. SWHHS feels it is important to provide employees with healthy physical activity opportunities to support our efforts to prevent disease and attain optimum health.

Section 2 - Employee Benefit

- a. Employees who have accumulated medical leave balances may trade their medical leave hours to cover the cost of fitness expenses for the employee, spouse and their eligible dependents as defined by eligibility to be on a parents' insurance.
- b. General Provisions
 - Maximum of \$ 1,200(gross pay) in claims per employee per calendar year.
 - Claims can be submitted for expenses incurred for the employee, spouse, or eligible dependents, as defined under the agency's health insurance plan.
 - A minimum of three weeks (112.50 hours) of medical leave must remain after reimbursement; only medical leave can be cashed in for this taxable reimbursement.
 - Employees who are in the process of terminating employment are not eligible for this program.
 - Expenses that have been reimbursed by flexible spending or VEBA are not eligible.
 - Staff may only be reimbursed for the net cost of any expense, less any other reimbursements such as the Preferred One fitness discount.
- c. Eligible Expenses
 - Health club memberships, swim passes, and swimming lessons (single, couple, family if eligible and including any tax and/or enrollment fees)
 - Fitness/exercise programs (i.e., Jazzercise, Curves, martial arts, etc...)
 - Personal trainers
 - New or used stationary personal exercise equipment that can be used year-round in the home (i.e., treadmill, exercise bike, stair-stepper, etc....) or

**SOUTHWEST HEALTH AND HUMAN SERVICES
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non-stationary exercise equipment (i.e., bike, jogger stroller, child carrier, and helmets)

- Maintenance/repairs/warranties on eligible equipment
- Recreational Equipment (i.e., rollerblades, skis, snow shoes, canoes/Kayaks etc.)
- Monitoring devices (i.e., pedometer, heart rate monitor, Fitbit, and GPS watch)
- Fitness media (DVDS, videos, and games (i.e., fitness games or Wii fit). Title must be in request.
- Running, walking, cross-trainer or aerobic shoes

d. Expenses not Eligible

- Club membership of a primarily social nature (i.e., Country club/golf course membership)
- Clothing items (i.e. shirts, shorts, jackets, etc...)
- Medical related expenses (i.e., lab tests, prescriptions, glucose monitor, blood pressure monitor, etc...)
- Camping equipment (i.e., tents, packs, etc...)
- Fees (i.e., registrations, park entrances, court/green fees, lift tickets, lockers, tanning, etc...)
- Sports equipment for an activity that is used in school, league, or organized sports (i.e., tennis, football, basketball, baseball, hockey, golf, etc.)Bike racks, car mountings, or carriers used to haul fitness equipment.
- Gaming systems, such as Wii or Xbox.

Section 3 – Procedures

a. To claim a reimbursement under this program, submit a Medical Leave for Fitness Reimbursement Form with appropriate documentation attached, to the Wellness Coordinator. Providing the request meets the general provisions and is an eligible expense, it will be approved within 10 business days. You will be reimbursed on your regular payroll check, providing it is approved by Monday noon the week of payroll.

b. Submission Deadlines

- Expenses must be submitted in the year incurred. Reimbursement requests may not exceed the maximum amount of \$ 1,200 per payroll year and must be received before the last full payroll period of the year in order to be processed for that year. Reimbursement requests may not exceed the maximum amount of \$1,200 per calendar year. The date of expense dictates which calendar year the expense will be applied to. Expenses for the previous year must be submitted to the Wellness Coordinator no later than the Monday noon deadline of the second payroll date of the new year.