



Southwest Health and Human Services
 Board Agenda
 Wednesday, June 17, 2015
 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 05/20/15 board minutes

D. Financial

E. Caseload

	05/15	04/15	03/15
Social Service	3,655	3,668	3,646
Licensing	487	486	487
Out-of-Home Placements	165	157	149
Income Maintenance	12,419	12,898	12,436
Child Support Cases	3,504	3,517	3,515
Child Support Collections	\$845,206	\$919,623	\$929,577
Non IV-D Collections	\$47,366	\$139,114	\$87,168

F. Decision Items

- 1. Social Service Policy Number 26 – Fees: 24-Hour Out-of-Home Care – Collection and Waive or Reduce Fees

G. Discussion/Information

- 1. Stacey Longtin – Adult Protection
- 2. Stacy Jorgensen – Adult Mental Health
- 3. Success story – Becky Deterling
- 4. Legislation for child protection

COMMUNITY HEALTH

- H. Call to order
- I. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 05/20/15 board minutes

J. Financial

K. Caseload	05/15	04/15	03/15
WIC		2201	2191
Family Home Visiting	98	105	99
PCA Assessments	30	23	19
Managed Care	213	273	269
Dental Varnishing	91	102	122
Refugee Health	2	3	2
Latent TB Medication Distribution	39	44	46

- L. Decision Items
 - 1.

- M. Discussion/Information
 - 1. Legislative updates
 - 2. SHIP – Judy Pitzl

GOVERNING BOARD

- N. Call to order
- O. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 05/20/15 board minutes
- P. Financial
- Q. Introduce new staff members; Connie Seaman, Accounting Technician; Patricia Mock and Rachel Schroeder, Social Workers; Amy Jelen, Tobacco Control and Policy Coordinator

GOVERNING BOARD (cont.)

R. Employee Recognition

- Stephanie Busjahn, 1 year, Social Worker, Luverne
- Abbie Stough, 1 year, Social Worker, Redwood Falls
- Andrew Peltz, 1 year, Case Aide (Circle School Liaison), Marshall
- Chantelle Mercie, 1 year, Eligibility Worker, Marshall
- Michelle Schutz, 1 year, Eligibility Worker, Marshall
- Kristin Malin, 10 years, Social Worker Team Leader, Marshall
- Lori Everett, 15 years, Social Worker, Slayton
- Ann Guttormsson, 15 years, Lead Eligibility Worker, Marshall
- Roxanne Rose, 25 years, Case Aide, Redwood Falls

S. Decision Items

1. Danielle Ossefoort, Social Worker, completion of 6 month probationary period, no salary increase, effective 06/22/15
2. Stephanie Busjahn, Social Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 06/16/15
3. Chantelle Mercie, Eligibility Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 06/16/15
4. Michelle Pick, Social Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 06/18/15
5. Michelle Schutz, Eligibility Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 06/24/15
6. Andrew Peltz, Case Aide (Circle School Liaison), completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 06/30/15
7. Abigail Stough, Social Worker, completion of 12 month probationary period, 1% salary increase (per labor agreement), effective 07/06/15
8. Diana Meaden, Office Support Specialist, probationary appointment (12 months), \$16.00 per hour, effective 06/01/15
9. Connie Seaman, Accounting Technician, probationary appointment (12 months), \$15.00 per hour, effective 06/01/15
10. Mariah McCloud, Social Worker (CPS), probationary appointment (12 months), \$37,320.00 annual, effective 06/01/15
11. Jill Toering, Social Worker, probationary appointment (12 months), \$45,000.00 annual, effective 06/08/15
12. Karla Drown, reclassification – Fiscal Supervisor II to Fiscal Manager, \$64,750.00 annual, effective 06/01/15
13. Alyssa Sorensen, Office Support Specialist, leave without pay request
14. Lisa Luckhardt, Social Worker, leave without pay request
15. Brandi Westphal, Social Worker (CPS), resignation, effective 06/05/15
16. Nicole DeBiase-Mertens, Eligibility Worker, resignation, effective 06/16/15

GOVERNING BOARD (cont.)

- S. Decision Items (cont.)
17. Administrative Policy Number 20 – Auxiliary Aids
 18. Administrative Policy Number 21 – Electronic Signature Policy
 19. Personnel Policy Number 2 – Conditions of Employment
 20. Personnel Policy Number 3 – Leaves and Holiday
 21. Personnel Policy Number 5 – Use of Vehicles for Agency Business
 22. Jail contract
 23. Contracts
 24. Donation
 25. Bomgar additional licensing
- T. Discussion/Information
1. Construction update
- U. Closed session – Director’s evaluation
- V. Adjournment

Next Meeting Dates:

- **Wednesday, July 15, 2015 – Marshall**
- **Wednesday, August 19, 2015 – Marshall**
- **Wednesday, September 16, 2015 – Marshall**

Please note: Following the board meeting there will be an Executive Meeting to meet with the Human Service and Public Health Union.

SOUTHWEST HEALTH & HUMAN SERVICES

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

SUMMARY OF FINANCIAL ACCOUNTS REPORT

For the Month Ending: **May 31, 2015**

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

Description	Month	Running Balance
BEGINNING BALANCE		\$2,013,688
RECEIPTS		
Monthly Receipts	2,146,328	
County Contribution	664,808	
Interest on Investments	515	
TOTAL MONTHLY RECEIPTS		2,811,652
DISBURSEMENTS		
Monthly Disbursements	2,700,193	
TOTAL MONTHLY DISBURSEMENTS		2,700,193
ENDING BALANCE		\$2,125,147

REVENUE

<i>Checking/Money Market</i>	\$2,125,147
<i>CD's/Bonds</i>	\$1,894,000
<i>Magic Fund</i>	\$0

**Average Balance
last two years
\$4,307,831**

ENDING BALANCE **\$4,019,147**

REVENUE DESIGNATION



Checking/Money Market
 CD's/Bonds
 Magic Fund

Southwest Health and Human Services

As of 05/2015

Treasurer's Cash Trial Balance

KJD
6/8/15 7:54AM

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1	Health Services Fund			
	1,613,823.07			
	Receipts	284,423.70	1,366,557.38	
	Disbursements	43,222.98-	425,725.76-	
	Payroll	271,528.22-	1,013,189.74-	
	Journal Entries	0.00	862.50	
	Fund Total	30,327.50-	71,495.62-	1,542,327.45
5	Human Services Fund			
	410	General Administration		
	791,336.93			
	Receipts	43,676.33	223,945.60	
	Disbursements	40,823.31-	224,688.06-	
	Payroll	12,152.71-	53,061.41-	
	Journal Entries	0.00	40,941.81-	
	Dept Total	9,299.69-	94,745.68-	696,591.25
5	Human Services Fund			
	420	Income Maintenance		
	2,562,473.99-			
	Receipts	671,024.07	2,324,518.20	
	Disbursements	237,763.31-	1,587,113.41-	
	Payroll	464,288.91-	1,799,111.32-	
	Journal Entries	0.00	1,955.00	
	Dept Total	31,028.15-	1,059,751.53-	3,622,225.52-
5	Human Services Fund			
	431	Social Services		
	7,755,565.16			
	Receipts	1,551,798.69	3,611,243.02	
	Disbursements	82,067.57-	585,834.74-	
	SSIS	529,501.65-	2,776,338.97-	
	Payroll	731,803.19-	2,817,314.69-	
	Journal Entries	0.00	2,932.50	
	Dept Total	208,426.28	2,565,312.88-	5,190,252.28
5	Human Services Fund			
	461	Information Systems		
	1,794,967.25-			
	Receipts	6,651.50	40,002.00	

Southwest Health and Human Services

As of 05/2015

Treasurer's Cash Trial Balance

KJD 6/8/15 7:54AM

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
5				
Human Services Fund	471	LCTS Collaborative Agency		
	0.00			
Receipts		10,579.00	12,074.00	
Journal Entries		10,579.00-	12,074.00-	
Dept Total		0.00	0.00	0.00
Fund Total	4,189,460.85	142,903.41	3,800,614.68-	388,846.17
61				
Agency Health Insurance	52,721.51			
Receipts		243,498.17	1,071,346.10	
Disbursements		209,943.56-	1,151,140.83-	
Journal Entries		0.00	40,941.81	
Fund Total		33,554.61	38,852.92-	13,868.59
71				
LCTS Lyon Murray Collaborative Fund	471	LCTS Collaborative Agency		
	137,922.21			
Disbursements		38,500.00-	80,725.50-	
Journal Entries		4,110.00	4,679.00	
Dept Total		34,390.00-	76,046.50-	61,875.71
Fund Total	137,922.21	34,390.00-	76,046.50-	61,875.71
73				
LCTS Rock Pipestone Collaborative Fund	471	LCTS Collaborative Agency		
	70,596.26			
Receipts		0.00	650.00	
Disbursements		0.00	4,923.00-	
Journal Entries		2,024.00	2,299.00	
Dept Total		2,024.00	1,974.00-	68,622.26
Fund Total	70,596.26	2,024.00	1,974.00-	68,622.26

Southwest Health and Human Services

As of 05/2015

Treasurer's Cash Trial Balance

KJD 6/8/15 7:54AM

<u>Fund</u>		<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
75	Redwood LCTS Collaborative				
		471	LCTS Collaborative Agency		
		84,241.34			
	Disbursements		6,732.00-	41,484.00-	
	Journal Entries		4,445.00	5,096.00	
	Dept Total		2,287.00-	36,388.00-	47,853.34
	Fund Total	84,241.34	2,287.00-	36,388.00-	47,853.34
77	Local Advisory Council				
		477	Local Advisory Council		
		1,772.99			
	Disbursements		19.53-	19.53-	
	Dept Total		19.53-	19.53-	1,753.46
	Fund Total	1,772.99	19.53-	19.53-	1,753.46
All Funds		6,150,538.23			
	Receipts		2,811,651.46	8,650,336.30	
	Disbursements		659,284.45-	4,104,164.67-	
	SSIS		529,501.65-	2,776,338.97-	
	Payroll		1,511,407.37-	5,800,973.91-	
	Journal Entries		0.00	5,750.00	
	Total		111,457.99	4,025,391.25-	2,125,146.98

Southwest Health and Human Services



KJD
 6/8/15 7:55AM
 1 Health Services Fund
 Trial Balance
 As of 05/2015
 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>
1001 Cash in Bank - Checking	1,613,823.07	30,327.50-	71,495.62-	1,542,327.45
1090 Investments	334,962.50	0.00	862.50-	334,100.00
Total Assets	1,948,785.57	30,327.50-	72,358.12-	1,876,427.45
--- Liabilities and Balance- Liabilities				
Total Liabilities	0.00	0.00	0.00	0.00
Fund Balance				
2881 Unassigned Fund Balance	1,948,785.57-	0.00	0.00	1,948,785.57-
2885 Revenue Control	0.00	284,416.92-	1,365,490.00-	1,365,490.00-
2887 Expenditure Control	0.00	314,744.42	1,437,848.12	1,437,848.12
Total Fund Balance	1,948,785.57-	30,327.50	72,358.12	1,876,427.45-
Total Liabilities and Balance	1,948,785.57-	30,327.50	72,358.12	1,876,427.45-
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



KJD
6/8/15 7:55AM
5 Human Services Fund

Trial Balance
As of 05/2015
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	791,336.93	9,299.69	94,745.68	696,591.25
Total Assets	791,336.93	9,299.69	94,745.68	696,591.25
--- Liabilities and Balance----				
Liabilities				
2080 Medical Insurance Payable	40,941.81	0.00	0.00	40,941.81
2090 Due To Flexible Plan Employees	2,028.02	0.02	21.71	2,006.31
Total Liabilities	38,913.79	0.02	21.71	38,935.50
Fund Balance	752,423.14	0.00	0.00	752,423.14
2881 Unassigned Fund Balance	0.00	9,299.71	94,767.39	94,767.39
2887 Expenditure Control	752,423.14	9,299.71	94,767.39	657,655.75
Total Liabilities and Balance	791,336.93	9,299.69	94,745.68	696,591.25
420 Income Maintenance				
1001 Cash In Bank - Checking	2,562,473.99	31,028.15	1,059,751.53	3,622,225.52
1090 Investments	625,915.00	0.00	1,955.00	623,960.00
Total Assets	1,936,558.99	31,028.15	1,061,706.53	2,998,265.52
--- Liabilities and Balance----				
Liabilities				
Total Liabilities	0.00	0.00	0.00	0.00
Fund Balance	1,936,558.99	0.00	0.00	1,936,558.99
2881 Unassigned Fund Balance	0.00	669,412.00	2,230,292.48	2,230,292.48
2885 Revenue Control	0.00	700,440.15	3,291,999.01	3,291,999.01
2887 Expenditure Control	1,936,558.99	31,028.15	1,061,706.53	2,998,265.52
Total Fund Balance	1,936,558.99	31,028.15	1,061,706.53	2,998,265.52
Total Liabilities and Balance	1,936,558.99	31,028.15	1,061,706.53	2,998,265.52
431 Social Services				
----- Assets-----				

Southwest Health and Human Services



KJD
6/8/15 7:55AM

5 Human Services Fund

Trial Balance
As of 05/2015

Report Basis: Cash

Account	Beginning Balance	Actual This-Month	Actual Year-To-Date	Current Balance
1001 Cash In Bank - Checking	7,755,565.16	208,426.28	2,565,312.88-	5,190,252.28
1090 Investments	938,872.50	0.00	2,932.50-	935,940.00
1205 County Advances - MFIP (Chippewa Cty)	80,749.47	0.00	0.00	80,749.47
Total Assets	8,775,187.13	208,426.28	2,568,245.38-	6,206,941.75

--- Liabilities and Balance-----

Liabilities
Total Liabilities

Fund Balance

2881 Unassigned Fund Balance	8,775,187.13-	0.00	0.00	8,775,187.13-
2885 Revenue Control	0.00	1,531,964.61-	3,567,580.30-	3,567,580.30-
2887 Expenditure Control	0.00	1,323,538.33	6,135,825.68	6,135,825.68
Total Fund Balance	8,775,187.13-	208,426.28-	2,568,245.38	6,206,941.75-

Total Liabilities and Balance

8,775,187.13- 208,426.28- 2,568,245.38 6,206,941.75-

461 Information Systems

----- Assets-----

1001 Cash In Bank - Checking
Total Assets

1,794,967.25- 25,195.03- 80,804.59- 1,875,771.84-
1,794,967.25- 25,195.03- 80,804.59- 1,875,771.84-

--- Liabilities and Balance-----

Liabilities
Total Liabilities

Fund Balance

2881 Unassigned Fund Balance	1,794,967.25	0.00	0.00	1,794,967.25
2885 Revenue Control	0.00	6,651.50-	40,002.00-	40,002.00-
2887 Expenditure Control	0.00	31,846.53	120,806.59	120,806.59
Total Fund Balance	1,794,967.25	25,195.03	80,804.59	1,875,771.84

Total Liabilities and Balance

1,794,967.25 25,195.03 80,804.59 1,875,771.84

471 LCTS Collaborative Agency

----- Assets-----

Total Assets

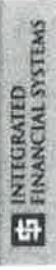
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--- Liabilities and Balance-----

Liabilities

0.00 0.00 0.00 0.00

Southwest Health and Human Services



KJD 6/8/15 7:55AM

RM- Stmt of Revenues & Expenditures

Page 2

As Of 05/2015 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2015 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	83,716.50-	381,710.00-	763,420.00-	50	42
INTERGOVERNMENTAL REVENUES	9,568.08-	77,313.59-	336,450.00-	23	42
STATE REVENUES	87,701.97-	299,423.55-	813,453.00-	37	42
FEDERAL REVENUES	74,295.54-	432,798.52-	965,792.00-	45	42
FEES	27,769.38-	169,726.26-	485,899.00-	35	42
EARNINGS ON INVESTMENTS	77.32-	1,287.38-	1,200.00-	107	42
MISCELLANEOUS REVENUES	1,288.13-	3,230.70-	1,300.00-	249	42
TOTAL REVENUES	284,416.92-	1,365,490.00-	3,367,514.00-	41	42
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	42
PAYROLL AND BENEFITS	271,528.22	1,013,189.74	2,567,555.00	39	42
OTHER EXPENDITURES	43,216.20	424,658.38	799,959.00	53	42
TOTAL EXPENDITURES	314,744.42	1,437,848.12	3,367,514.00	43	42

Southwest Health and Human Services



KJD 6/8/15 7:55AM

RM- Stmt of Revenues & Expenditures

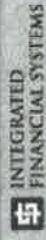
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As Of 05/2015 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2015 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	581,091.79-	668,942.75-	9,179,271.00-	7	42
INTERGOVERNMENTAL REVENUES	0.00	18,143.14-	36,804.00-	49	42
STATE REVENUES	444,918.23-	1,142,938.14-	3,914,232.00-	29	42
FEDERAL REVENUES	979,642.12-	2,734,184.34-	6,821,224.00-	40	42
FEES	143,607.46-	687,843.87-	1,750,500.00-	39	42
EARNINGS ON INVESTMENTS	438.17-	7,295.01-	15,000.00-	49	42
MISCELLANEOUS REVENUES	58,330.34-	578,527.53-	1,210,923.00-	48	42
TOTAL REVENUES	2,208,028.11-	5,837,874.78-	22,927,954.00-	25	42
EXPENDITURES					
PROGRAM EXPENDITURES	659,321.08	3,663,376.84	8,659,766.00	42	42
PAYROLL AND BENEFITS	1,237,026.15	4,836,457.36	11,929,861.00	41	42
OTHER EXPENDITURES	168,777.49	1,143,564.47	2,338,327.00	49	42
TOTAL EXPENDITURES	2,065,124.72	9,643,398.67	22,927,954.00	42	42

Southwest Health and Human Services

KJD
6/8/15 7:56AM



Revenues & Expend by Prog,Dept,Fund

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Report Basis: Cash

Element	Description	Account Number	Current Month	Year-To-Date	Budget	% of Bdg't	% of Year
502 PROGRAM	Jail		0.00	14,623.75-	0.00	0	42
			6,785.02	13,552.59	0.00	0	42
			6,785.02	1,071.16-	0.00	0	42
510 PROGRAM	SHIP		29,784.31-	93,721.86-	270,000.00-	35	42
			16,232.07	103,497.33	270,265.00	38	42
			13,552.24-	9,775.47	265.00	3,689	42
530 PROGRAM	Cleanway Grant		0.00	37,498.44-	150,000.00-	25	42
			19,481.73	42,737.31	143,031.00	30	42
			19,481.73	5,238.87	6,969.00-	75-	42
900 PROGRAM	Emergency Preparedness		23,696.69-	57,266.67-	110,000.00-	52	42
			10,079.53	41,114.09	120,597.00	34	42
			13,617.16-	16,152.58-	10,597.00	152-	42
901 PROGRAM	Med Reserve Corps		3,500.00-	3,500.00-	3,500.00-	100	42
			14.11	149.17	2,796.00	5	42
			3,485.89-	3,350.83-	704.00-	476	42
483 DEPT	Health Education	Totals:	64,045.50-	242,532.04-	606,300.00-	40	42
			57,687.55	244,647.50	688,859.00	36	42
			6,357.95-	2,115.46	82,559.00	3	42
485 DEPT	Environmental Health		1,947.08-	39,228.20-	138,000.00-	28	42
800 PROGRAM	Environmental		12,477.06	54,692.20	161,721.00	34	42
			10,529.98	15,464.00	23,721.00	65	42
820 PROGRAM	Healthy Homes Grant		3,846.26-	3,846.26-	18,079.00-	21	42
			1,690.34	11,180.22	18,229.00	61	42
			2,155.92-	7,333.96	150.00	4,889	42
485 DEPT	Environmental Health	Totals:	5,793.34-	43,074.46-	156,079.00-	28	42
			14,167.40	65,872.42	179,950.00	37	42
			8,374.06	22,797.96	23,871.00	96	42
1 FUND	Health Services Fund	Totals:	284,416.92-	1,365,490.00-	3,367,514.00-	41	42
			314,744.42	1,437,848.12	3,367,514.00	43	42
			30,327.50	72,358.12	0.00	0	42

Southwest Health and Human Services

KJD
6/8/15 7:56AM



Revenues & Expend by Prog,Dept,Fund

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Report Basis: Cash

Element	Description	Account Number	Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
760 PROGRAM	Adult Services		102,689.30-	436,078.98-	1,027,000.00-	42	42
			8,279.07	53,752.85	144,000.00	37	42
			94,410.23-	382,326.13-	883,000.00-	43	42
765 PROGRAM	Adults Waivers		53,378.58-	177,769.02-	410,000.00-	43	42
			4,107.44	12,840.80	27,000.00	48	42
			49,271.14-	164,928.22-	383,000.00-	43	42
431 DEPT	Social Services	Totals:	1,531,964.61-	3,567,580.30-	13,849,900.00-	26	42
			1,323,538.33	6,135,825.68	15,073,771.00	41	42
			208,426.28-	2,568,245.38	1,223,871.00	210	42
461 DEPT	Information Systems						
0 PROGRAM	...		6,651.50-	40,002.00-	78,500.00-	51	42
			31,846.53	120,806.59	350,215.00	34	42
			25,195.03	80,804.59	271,715.00	30	42
461 DEPT	Information Systems	Totals:	6,651.50-	40,002.00-	78,500.00-	51	42
			31,846.53	120,806.59	350,215.00	34	42
			25,195.03	80,804.59	271,715.00	30	42
5 FUND	Human Services Fund	Totals:	2,208,028.11-	5,837,874.78-	22,927,954.00-	25	42
			2,065,124.72	9,643,398.67	22,927,954.00	42	42
			142,903.39-	3,805,523.89	0.00	0	42
FINAL TOTALS	900 Accounts		2,492,445.03-	7,203,364.78-	26,295,468.00-	27	42
			2,379,869.14	11,081,246.79	26,295,468.00	42	42
			112,575.89-	3,877,882.01	0.00	0	42

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	242	331	37	842	28	484	464	334	2789
2015	12	13	223	316	33	829	24	418	460	344	2672
2016											
2017											

2015	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	12	13	224	323	36	821	24	416	461	332	2662
February	12	14	221	318	34	834	24	403	458	331	2649
March	12	13	222	317	28	839	23	401	460	351	2666
April	12	13	225	308	32	823	24	440	461	350	2688
May	12	13	225	312	37	828	23	432	459	354	2695
June											
July											
August											
September											
October											
November											
December	12	13	223	316	33	829	24	418	460	344	2672

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	18	0	4	31	127	104	106	0	1	16	449
2015	37	16	0	3	28	150	129	102	0	1	21	486
2016												
2017												

2015	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	36	15	0	3	28	142	120	100	0	1	28	473
February	35	15	0	3	27	160	132	103	0	1	23	499
March	36	16	0	3	27	151	138	99	0	1	22	493
April	38	17	0	3	29	155	131	103	0	1	17	494
May	38	16	0	3	28	144	123	105	0	1	15	473
June												
July												
August												
September												
October												
November												
December												
	37	16	0	3	28	150	129	102	0	1	21	486

**May 2015 - Placement by Category
165 Kids in Placement**



2015 KIDS IN OUT OF HOME PLACEMENT

	May	
	# of placements	Probation placements
Lincoln	8	1
Lyon	46	5
Murray	3	2
Pipestone	23	1
Redwood	57	7
Rock	12	0
Totals	149	16
Total # of kids	165	

May 2015: Total kids in placement = 165

Total of 15 Children entered placement

1	Lyon	Group Home
1	Lyon	Residential Treatment Facility
1	Lyon	Probation
3	Murray	Foster Home
6	Redwood	Foster Home
1	Redwood	Residential Treatment Facility
2	Rock	Foster Home

Total of 7 Children were discharged from placement (discharges from previous month)

1	Lyon	Residential Treatment Center
4	Murray	Foster Home
1	Rock	Residential Treatment Facility
1	Redwood	Hospital

NON IVD COLLECTIONS
MAY 2015

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5802	0.00
TANF (MFIP/DWP/AFDC)	05-420-610.5803	1,867.31
GA	05-420-620.5803	1,163.13
FS	05-420-630.5803	220.45
CS (PI Fee, App Fee, etc)	05-420-640.5501	1,805.00
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	9,808.77
REFUGEE	05-420-680.5803	0.00
CHILDRENS		
Parental Fees, Holds	05-431-710.5501	920.00
Corp FC Licensing	05-431-710.5505	1,200.00
OOH/FC Recovery	05-431-710.5803	16,385.55
CHILDCARE		
Licensing	05-431-720.5502	1,500.00
Over Payments	05-431-721&722.5803	580.00
CHEMICAL DEPENDENCY		
CD Assessments	05-431-730.5519	4,051.76
Detox Fees	05-431-730.5520	2,501.53
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0.00
Over Payments	05-431-741 or 742.5803	5,356.80
DEVELOPMENTAL DISABILITIES		
Insurance Copay	05-431-750.5803	0.00
ADULT		
Insurance Copay	05-431-760.5803	5.50
TOTAL NON-IVD COLLECTIONS		47,366

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

EFFECTIVE DATE: 05/16/12

REVISION DATE: ~~11/19/14~~ 06/17/15

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**

- All fees shall begin on the date of placement. The placing Social Worker shall have all referral documents related to the placement to the appropriate Eligibility Worker within 10 days following the date of placement, including form SS#039 Social Service Request to Income Maintenance.
- b. Children under Adoption Assistance
- For children receiving Basic (maintenance) Adoption Assistance, no parental fee based on the parental income will be charged. If during placement the adoptive family continues to receive the Adoption Assistance, the Basic Adoption Assistance and Supplemental Adoption Assistance is considered to be the child’s obligation and will be applied to placement costs. SWHHS will charge the family the total amount of Adoption Assistance which is being received. Any reductions from the Adoption Assistance for personal needs must be approved by the social worker.
- c. The Child's or Dependent Adult's Fee
- The child's fee is the full amount of his/her unearned income, such as social security, SSI, trusts, investments, veteran's benefits, child support, insurance, adoption subsidy, etc. Parents/guardians will be responsible for forwarding these benefits to SWHHS. If payments are not kept current, then redirection to SWHHS will be required. When the child turns 18 and is still in placement, that dependent adult's fee continues to be the full amount of his/her unearned income. An 18 year-old in placement needs to meet the MFIP definition of a dependent child for the out-of-home placement fee to continue. For dependent adults, a 30 day break in placement will result in the ending of the parental fee.
- d. The Custodial Parent's Fee (in addition to any child fee)
- The custodial parental/removal home’s fee shall be determined using the procedures outlined within form SS#039 Social Service Request to Income Maintenance and Procedures for Determining Parent Fees for Out-of-Home Placements for Children.

PARENTAL FEE TABLE

Monthly Net Income	Number of Children in the Home						
	1	2	3	4	5	6	7
\$550 and below	---	---	No	Fee	---	---	---
\$551 to \$600	16%	19%	22%	25%	28%	30%	32%

**SOUTHWEST HEALTH AND HUMAN SERVICES
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\$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.

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g. Hardship

- The parents have the option of paying a minimum of 50% of the assessed monthly fee on an extended term, if it can be demonstrated that the fee would create a hardship for the family.
- SWHHS has the authority to waive fees for social services. If a client requests a reconsideration, the Eligibility Worker or Social Worker shall obtain a written request from the client with the reason for the waiver request, including household expenses and why the fees pose a hardship. The assigned Social Worker shall convene the Fee Review Committee, which shall be comprised of that worker's direct supervisor, the involved Eligibility Worker, that worker's direct supervisor, Collections Officer, that worker's direct supervisor, and the Division Director. The panel shall review the written request and other collateral information possessed by the Social Worker and Eligibility Worker. The panel shall issue a finding on the client's request and the Social Services Supervisor will notify the client in writing, with a copy to the Collections Officer. The record of this meeting shall be placed in the Income Maintenance case record and Social Services case record. The client may appeal the panel's findings to the DHS Appeals Office, or, if the fee is for the placement of a child under a CHIPS, the client may appeal to the court of jurisdiction.

h. Respite Care (private pay or care provided outside of a CP/CW need or risk)

- When a child is placed in 24-hour out-of-home respite care, the parent/guardian fee will be the monthly cost divided by 30 and multiplied by the number of days per month the child is in care. Any part of a day will be counted as a full day. Income will be determined based on the declared income and expenses as set out within SWHHS form SS#039. No expenses are to be used to reduce the fee.

i. Parental Fee Reviews

- The parental/guardian fee amount must be reviewed at least every 12 months; when there is a change in household size; and when there is a change in income from one month to another in excess of ten percent. This amount may be retroactive if the parent/guardian does not report the income change within 10 days.
- SWHHS shall mail a written notice 30 days in advance of the effective date of a change in the parental/guardian fee amount. A reduction in the parental/guardian fee amount is effective in the month that the parent/guardian verifies a reduction in income or change in household size.

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Section 3 - Children who are receiving other case management services through SWHHS who require out of home placement

a. Persons Subject to Fees

~~• Under Minnesota Statutes, section 252.27, parents/guardians may have to pay a fee because their child under age 18 receives services reimbursed by Medical Assistance (MA), through county social services, or a combination of both MA and social service funding. The following affect the parental/guardian fee of parents/guardians whose children receive MA without consideration of parental income, including parents of children receiving services under:~~

- ~~○ TEFRA~~
- ~~○ Waivers for persons with mental retardation or a related condition (DD waivers)~~
- ~~○ Community Alternatives for Chronically Ill Individuals (CAC)~~
- ~~○ Community Alternatives for Disabled Individuals (CADI)~~
- ~~○ 24-hour care outside the home with a diagnosis of developmental disability or a related condition, severe emotional disturbance, or a physical disability.~~

b. Procedure

~~• SWHHS must give a copy of DHS Form #2977 (Important Notice about Parental Fees) to all parents/guardians of children applying for MA without consideration of parental income and assets.~~

~~• Notify parents/guardians that their liability for parental fees begins with the first month of eligibility or retroactive eligibility in which MA or covered services are received.~~

~~• Review the formula for parental fees with the parents. Parental Income Deductions change each fiscal year due to annual changes in the Federal Poverty Guidelines:~~

~~○ Begin with the parent/s' adjusted gross income as reported on the previous year's Federal Tax Form 1040 (line 31) or 1040A (line 16). See Minnesota Statutes 1995, section 252.27, subdivision 2a, paragraph (b).~~

~~○ The Eligibility Worker will complete DHS Form #2982 (County Parental Fee Referral to DHS) if DHS is responsible for the assessment and collection of the parental fee. The Department will collect the fees in cases where the child has been approved under TEFRA, has a condition of mental retardation or a related condition, or an emotional or a physical handicap. In those cases:~~

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- ~~* If the child is in 24-hour care outside the home, the Department will collect the fees only if the cost of services is being paid by MA or a combination of MA and social services money.~~
- ~~* If the cost of services is being paid by only social services funds, SWHHS will collect the fees.~~
- ~~* If the cost of services is being paid through social services funds and the child is using an MA card to pay for ancillary services (e.g., dentist visits, prescription drugs, medical and psychological visits), SWHHS will collect the fees.~~
- ~~• Enter the proper Eligibility Type on MMIS-II in order for the State to bill and collect a parental fee (Attachment C). Please contact the MMIS-II Research and User Support Section's MMIS-II County Help Desk at 612-282-3744 or 1-800-366-7894 if you have questions about Eligibility Types.~~

a. Referrals to DHS for Parental Fee

- DHS collects parental fees for children with certain types of MA eligibility or living arrangements. Refer cases to DHS for children who are eligible for MA and meet any of the following:
 - Eligible through the TEFRA option.
 - Children who receive services under one or more of the following waiver programs:
 - Community Alternatives for Chronically Ill Individuals (CAC).
 - Community Alternatives for Disabled Individuals (CADI).
 - Developmental Disabilities (DD).
 - Brain Injury (BI).
 - Are in 24-hour out-of-home placement: ICF/DDs and Rule 5 facilities.

b. Procedure

- Notify parents that their liability for parental fees begin the first full month in which MA is effective or waiver services are received.
- Give them a copy of the *Important Notice and Parental Fee Worksheet (DHS-2977)*.
Note: Parents may be liable for fees through the month of the child's 18th birthday.
- MMIS must be updated in order for the State to bill and collect a parental fee. Update RLVA as follows:
 - For DD, CAC and CADI waivers - the 'U' code should be ended with a date of the day before services are needed. The SWKR provides the *Request*

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for Payment of Long Term Care Services (DHS 3543A) before the 'U' code can be changed.

- *RULE 5 - end the 'Living Arrangement' code '80' the day of placement and enter a new span with the same date. The 'Living Arrangement' code will be '54' then enter the corresponding NPI number of the facility in the 'Out of Home' column. This code is provided by the SWKR.*
- *Submit a completed **County Parental Fee Referral** form to DHS (DHS-2982).*

Section 4 - Collections

- a. After the case has been opened by collections, the accounting unit will begin billing the responsible payer on a monthly basis through the Agency's Collections System.
- b. The Collections Officer will review a monthly printout from the County Collection System (CCS) which will show the status of the payer's account. If the payer is delinquent 60 or more days, the Collections Officer will contact the Social Worker in an effort to determine the reason for non-payment.
- c. If the Social Worker is unaware of a reason for non-payment, the Collections Officer will proceed with appropriate collection efforts. If the collection efforts are unsuccessful and the case is open and the service is not mandatory, the Social Worker will notify the parents/guardians in writing that the case is being closed within 15 days. If the service is mandatory without regard to income, i.e., child and/or adult protection, the Social Worker should discuss requesting that the fee be waived or reduced with the unit supervisor.
- d. At no time should a case remain on the Agency's Collections System that is over 60 days delinquent without the Collections Officer and the Social Worker initiating some action; both will communicate about strategies and next steps.

Agency Forms Regarding This Policy:

SS#039 - Social Service Request to Income Maintenance

IM#102 – Foster Care Fee Calc-Parental Fee Determination: Children in Out-of-Home Placement

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 20**

EFFECTIVE DATE: 06/17/15

REVISION DATE:

AUTHORITY: Southwest Health and Human Services Joint Governing Board
Office of Civil Rights

--- AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES ---

Section 1 - Purpose

- a. Southwest Health and Human Services (SWHHS) will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. All necessary auxiliary aids and services shall be provided without cost to the person being served.
- b. All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

Section 2 - Procedures

- a. Identification and assessment of need
 - SWHHS provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our brochures, handbooks, letters, and through notices posted in waiting rooms and lobbies. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.
- b. Provision of Auxiliary Aids and Services
 - SWHHS shall provide the following services or aids to achieve effective communication with persons with disabilities:
 - For Persons Who Are Deaf or Hard of Hearing

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- For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the front desk person in each office is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.
- In the event that an interpreter is needed, the front desk person in each office is responsible for:
 - Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability. This list is assessable in the shared drive labeled “Interpreters”.
 - Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or obtaining an outside interpreter if a qualified interpreter on staff is not available. This information is provided in the shared drive labeled “Interpreters”.
- c. Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing
 - SWHHS utilizes a Telecommunication Device for the Deaf (TDD) for external communication. The telephone number for the TDD is 1-800-627-3529. The TDD and instructions on how to operate it are located in the lobby in the facility.
 - SWHHS utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The State relay service number is 1-800-627-3529.
 - For the following auxiliary aids and services, staff will contact Dale Hiland, Social Services Supervisor, who is responsible to arrange the aids and services in a timely manner:
 - Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.
 - Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that

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individual and after an offer of an interpreter at no charge to the person has been made by the agency. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

d. For Persons Who are Blind or Who Have Low Vision

- Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision.
- The following types of large print, taped, Braille, and electronically formatted materials are available: DHS forms and pamphlets. These materials may be obtained by calling Dale Hiland, Social Services Supervisor (507) 532-1224.
 - Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

e. For Persons With Speech Impairments

- To ensure effective communication with persons with speech impairments, staff will contact Dale Hiland, Social Services Supervisor (507) 532-1224.
- Examples of aides and services include: writing materials, typewriters, TDDs, computers, flashcards, alphabet boards, communication boards.

f. For Persons With Manual Impairments

- Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following:
 - Note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids

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and services, staff will contact Dale Hiland, Social Services Supervisor (507) 532-1224 who is responsible to arrange the aids and services in a timely manner.

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

EFFECTIVE DATE: 06/17/15

REVISION DATE:

AUTHORITY: Southwest Health and Human Services Joint Governing Board
The Paperwork Reduction Act of 1980 (P.L. 96-511)
The Computer Matching and Privacy Act of 1987, 5-USC-522a (as amended)
Computer Security Act of 1987
FIPSPUB46-1 -- Data Encryption Standard; Jan. 22, 1988
FIPSPUB140A -- General Security Requirements for Equipment Using the Data
Encryption Standard; April 14, 1982

--- ELECTRONIC SIGNATURE POLICY ---

Section 1 - Purpose

- a. This policy establishes the criteria for the use and validity of electronic signatures associated with internal electronic transactions within Southwest Health and Human Services. They are intended to ensure that, as agency programs implement this technology, they do so in a manner that is both consistent across the agency and compatible with the practices of other government agencies. A uniform approach encourages cost effectiveness and potential for future connectivity and integration of enterprise-wide electronic processing applications.
- b. This policy defines an Electronic Signature used by an employee, contractor, or grantee of Southwest Health and Human Services as having specific qualities:
 - shall be unique to the person using it;
 - shall be capable of reliable verification; and
 - shall be linked to a record in a manner so that if the record is changed the electronic signature is invalidated.

Section 2 – Scope and Applicability

- a. This policy applies to any electronic transaction originated by any employee, contractor, or grantee working for Southwest Health and Human Services that involves providing approval, authorization, or certification, via the use of electronic signature, for actions or data.
- b. This policy specifically applies to any such electronic transaction that:
 - Is being implemented as a replacement for (or complement to) a paper form or document originated by an employee, contractor, or grantee of Southwest Health and Human Services;

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ADMINISTRATIVE POLICY NUMBER 21**

- Involves the use of agency wide data processing, data storage and data communications facilities;
 - Replaces (or complements) documents or forms that require originator signature certification; or
 - Involves, or implies, procurements, financial commitments, obligations, certification of time and attendance, or disbursements.
- c. An electronic signature solution should not be considered when a requirements analysis indicates there is no clearly defined cost or productivity advantage to be gained from the application. If the requirements analysis demonstrates a clear need for encrypted signatures, then the application will conform to standards cited in applicable Federal Information Processing Standards (FIPS) and Agency policies.

Section 3 - Background

- a. General
- Innovations in computer technology now allow the creation, processing and maintenance of documents in electronic form without requiring creation of corresponding paper media.
 - Automated information processing is rapidly becoming the preferred mode for management and transfer of information in business and government. Automation of administrative procedures has demonstrated that:
 - Information can be processed more quickly;
 - Costs of re-keying data are diminished;
 - Data accuracy is increased.
 - Many forms and documents used in Southwest Health and Human Services activities require signatures of the responsible parties. The uses of electronic signatures may include, but are not limited to:
 - Certification of the transmission, receipt, and authorization of data;
 - Authorization or approval of an official action;
 - Certification and validation of the accuracy of agency databases.
 - Procedures for the use of electronic signatures in creating and processing documents must provide adequate safeguards for the application, transmission, verification, and security of a signature and any accompanying data or information. If security profiles are modified, the system should be equipped with an audit trail capability to provide the User ID, time and date of the last person who made the modifications.
 - Pursuant to Par. 4, AUTHORITIES, of this policy, as such information migrates into an electronic environment, it is essential to ensure that all official documents are

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developed, processed, and maintained consistent with applicable Federal and agency policies regarding electronic recordkeeping.

Section 4 – Existing Technology for Electronic Signatures

- a. The following technology areas provide effective electronic signature systems.
 - Signature authentication allows users to verify the approval authority of a transmission. It is usually used in combination with other technologies to provide a complete electronic signature system. Signature authentication methods include:
 - Passwords

Section 5 – Policy

- a. Southwest Health and Human Services is committed to support the implementation of integrated electronic processing applications which expedite the workload and reduce duplicate activities, consistent with applicable Federal and agency policies regarding electronic recordkeeping and security.
- b. For all Southwest Health and Human Services internal administrative applications involving the use of electronic approval, signature and distribution procedures, an electronic signature will be deemed as legally binding as a paper signature, provided each application is developed, implemented, and monitored in accordance with this policy.

When a determination has been made to fully automate a paper-based system that employs written signatures, all affected agency offices shall use electronic signatures.

Any application involving the use of data processing, storage and communications systems will be considered an agency wide application and will conform to the use of electronic signature solutions stated in this policy.

When an electronic message containing a signature is signed, transmitted, and received, the following requirements must be met:

- Signature Authentication:
 - The electronic signature must establish sender/user authenticity;
 - It must be possible to assure with a reasonable degree of certainty that the sender's signature has not been forged;
 - Sufficient audit trails must be provided to resolve disputes, with a reasonable degree of certainty, involving cases where an individual disavows sending a message.

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- Message Authentication:
 - It must be possible to assure, with a reasonable degree of certainty, that a document and its signature have not been changed after it is signed.

Electronic information and forms processing applications involving the use of electronic signatures must incorporate signature and message authentication, as above, and may incorporate the following additional considerations:

- The need for the signature on a document to be obscured from disclosure during transmission (i.e., data encryption);
- The need for only a few individuals to have access to signing, processing, or viewing capabilities (i.e., access control);
- Consistent with the goal of agency wide compatibility, only digital signature applications are addressed by this policy. Analog or facsimile signatures are not necessarily electronic, may be forged, and will not be considered valid for determining signature authenticity.

Section 6 - Responsibilities

- a. The Information Systems Director, Agency Director, and Human Resources Director are responsible for:
- Reviewing all currently automated systems within their respective areas to determine applicability to this policy and establishing procedures to ensure current and future systems comply with the requirements of this policy.
 - Identifying a specific technical approach for all required technology areas that cost-effectively addresses the risks of the application.
 - Determining the level of security required for any proposed application of electronic signature The Information Systems Director is responsible for:
 - Providing training and awareness about the policy;
 - Providing guidance and assistance in implementing this policy;
 - Ensuring that information security and Privacy Act issues have been met;
 - Periodically reviewing electronic signature applications to ensure that electronic records are being maintained in accordance with applicable Federal and agency policies and procedures;
 - Re-evaluating/revalidating the policy within 5 years of approval;
 - Developing and maintaining policies and procedures for the acceptable use of specific commercially available electronic signature hardware components and software.

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- Southwest Health and Human Services management staff are responsible for:
 - Assuring compliance with this policy and its procedures on distributed systems operated by their staff members; Owners of electronic signature applications are responsible for compliance with the provisions of this policy.

Section 7 - Definitions

- a. **Access Control** - A method of providing security designed to limit access to computer systems and applications. Types of access control include:
 - Login Control
- b. **Automated Information Processing** - The electronic creation, processing, and exchange of information without the creation of corresponding paper media.
- c. **Data Decryption** - The process of converting cipher text (an encrypted message) into readable form.
- d. **Data Encryption** - A security method which conceals message meaning by changing intelligible messages to unintelligible ones. Encryption is the process in which plaintext messages are converted into apparently random nonsense, called cipher text, using an encryption algorithm and a data encryption "key".
- e. **Data Encryption Key** - A bit string that controls a data encryption algorithm. The data encryption algorithm will produce a different output depending on the specific key used.
- f. **Electronic Record** - Any information that is recorded in a form that only a computer can process and that satisfies the definition of a Federal record.
- g. **Electronic Reporting** - The computer-to-computer exchange of information in a standard format via either an electronic .
- h. **Electronic Signature** - A data element, entered into a computer by an authorized person, that is used for noting the ownership, approval, acceptance, or certification of another object (e.g., a document or message). Electronic signatures provide the same validation and authentication capabilities as hand written signatures.
- i. **Encryption Key Management** - The generation, distribution, entry, and destruction of encryption keys. While data encryption algorithms are publicly known, depending on the

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specific key used, a unique output will be produced. Therefore, it is the encryption key that provides the desired security.

- j. **Form** - For the purpose of this policy, any paper or electronic document with blanks for the insertion of data or information, circulated within Southwest Health and Human Services., that requires approval involving signature certification (e.g., travel authorization, travel voucher, procurement request/purchase order, etc.).
- k. **Login Control** - Specifies the conditions users and programs must meet for gaining access to a system. For example, a user usually requires a valid user ID and password before access to a system is provided. Additional methods used to control login include:
 - Type of computer login (e.g., local, dial-up, remote, network, batch)
- l. **Private Key** - A cryptographic key used with a public key cryptographic algorithm, uniquely associated with an entity, and not made public.
- m. **Public Key** - A cryptographic key used with a public key cryptographic algorithm, uniquely associated with an entity, and possibly made public.
- n. **Records** - In records management, this term refers to recorded information of continuing administrative, fiscal, legal, historical or informational value, including published materials, papers, maps, photographs, microfilm, audiovisual, machine-readable materials (tapes/disks) or other documentary material, regardless of physical form or characteristics, made or received by the agency that evidences organizations, made or received by the agency that evidences organization, functions, policies, decisions, procedures, operations or other activities of Southwest Health and Human Services.
- o. **Risk Analysis** - The process of methodically and comprehensively examining a system to identify the areas that pose a threat of failure to the system.

Section 8 - Approved devices

- a. Topaz signature pad
- b. Ipad
- c. Surface Pro/HP Tablet

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

EFFECTIVE DATE: 01/01/11

REVISION DATE: ~~05/20/15~~ 06/17/15

AUTHORITY: Southwest Health and Human Services Joint Governing Board

- - -CONDITIONS OF EMPLOYMENT- - -

Electronic copies of the Personnel Policies shall be available for employees in each office. Employees shall be responsible for reviewing and abiding by the terms of the Personnel Policies.

Section 1 - Workweek

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

Section 2 - Working Hours

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

Section 3 – Employee Definitions

- a. Probationary Period – The first year of employment with the agency, during which the employee shall receive orientation and new employee training. For employees promoted to a new position, the probationary period shall be six (6) months. For employees promoted to a supervisory position, the probationary period shall be twelve (12) months.

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

based upon the number of hours worked during the pay period. Vacation and medical leave shall be rounded to the nearest half-hour.

- i. Emergency Appointment Employees are eligible only for holiday leave. They shall not accrue vacation or medical leave.
- j. Probationary Employees are eligible for holiday leave and medical leave.
- k. VEBA/Health Savings Account Contributions
 - 1. Employees who opt for a health insurance policy with a VEBA or Health Savings account, contributions to the VEBA/Health Savings account will be semi-monthly.

l. Retiring employees who:

- 1. Were employed by Lincoln, Lyon, and Murray Human Services (LLMHS) and were employed by that agency prior to August 22, 2005 and worked continuously for LLMHS through December 31, 2010 with no break in service; and
- 2. Were hired by the EMPLOYER effective January 1, 2011 with no break in service and are employed on a full-time basis with the EMPLOYER; and
- 3. Are receiving a disability benefit or PERA annuity, or have met age and service requirements necessary to receive a PERA annuity;
 - Shall be entitled to receive 4% per year of service toward the employee's (dependents are excluded) health and dental single insurance premium, including their years of service at LLMHS.
 - This amount shall not exceed 100% nor shall the total amount exceed the amount paid by Southwest Health and Human Services on behalf of their employees. Payment of this amount will be discontinued if the employee's share of the premium(s) is not paid within the deadline set by the EMPLOYER. Payment shall also be discontinued when the employee becomes eligible for Medicare or if the employee obtains employment where single health insurance is available at no cost to the employee.
 - Employees hired after August 22, 2005 by Lincoln, Lyon, and Murray Human Services are not eligible for retirement health insurance benefits. No employees hired by the EMPLOYER who were not employed by LLMHS are entitled to retirement health insurance benefits.

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

EFFECTIVE DATE: 01/01/11

REVISION DATE: ~~03/18/15~~ 06/17/15

AUTHORITY: Southwest Health and Human Services Joint Governing Board

- - -LEAVES AND HOLIDAYS- - -

Section 1 – Vacation Leave

- a. 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 for 10 - 14 years of service
 - 7.35 hours of vacation leave for 15+ years of service

- b. Vacation leave will be prorated for part-time employees. Part-time employees, or employees whose status has changed from part-time to full-time (or vice-versa), are not eligible for automatic increases based upon years of service. Any increase in vacation leave is based upon total months of service.

- c. Vacation leave can accumulate to a maximum of 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 hour. Vacation leave cannot be used until it is earned.

- d. Requests for vacation leave must be made to the employee's supervisor in writing and must be authorized in advance by the supervisor in writing.

- e. Upon voluntary separation of employment, any employee who has six (6) months of satisfactory service will be paid for any accrued vacation leave that has not been used. Employees may not use more than three (3) days during the last two weeks of employment. Employees terminated for misconduct shall not be entitled to be paid accrued unused vacation leave. This shall not apply to employees terminated for poor work performance.

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

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- d. In the event of a death in the family the employee shall inform the supervisor in the same manner as for medical leave.

Section 9 – Holidays

- a. An employee must be in pay status the day preceding and the day following a holiday to earn holiday pay. Holiday pay for part-time employees will be prorated.

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

- b. New Year's Day
Martin Luther King Day
President's Day
Memorial Day
Independence Day
Labor Day
Veteran's Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve Day at noon if December 24th falls on Tuesday, Wednesday, or Thursday
If Christmas Eve falls on a Monday, then the full day holiday is observed
Christmas Day

Section 10 – Leave Without Pay

- a. Up to 37.5 hours of leave without pay per calendar year can be approved by administration. The supervisor in his/her discretion has the authority and responsibility to deny a leave request when such a request could have negative effect on the service delivery of the agency.
- b. Whenever an employee requests leave without pay under the total of 37.5 hours per calendar year, the Leave Without Pay/Overtime Authorization (AG#006) must be completed and given to the supervisor. The supervisor will then give it to the Director for final approval. At the end of the payroll period the Leave/Overtime Authorization should be attached to the employee's time sheet and routed to their supervisor. Salary, vacation, and medical leave (earned) will be prorated in the same manner as for part-time employees. Health insurance coverage will not be affected unless the employee takes leave without pay in excess of 37.5 hours per calendar year.
- c. Leave without pay of more than 37.5 hours per calendar year will require Southwest

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 5**

EFFECTIVE DATE: 01/01/11

REVISION DATE: ~~12/17/14~~ 06/17/15

AUTHORITY: Southwest Health and Human Services Joint Governing Board

--- USE OF VEHICLES FOR AGENCY BUSINESS ---

Section 1 – Requirements for Using Agency Vehicles

- a. Only agency employees and student interns may use Southwest Health and Human Services' cars. Agency employees and student interns must have valid driver's licenses to drive an agency car. If their driver's license has been revoked, suspended, or cancelled they shall not drive an agency car. Employees must report any changes in their driving status to their supervisor immediately. Before using an agency car for the first time, a statement (Form AG#007) must be signed confirming that the driver has a valid driver's license. It is also required that a photo copy of your driver's license be in your personnel file. If this policy is violated, it could be grounds for dismissal.
- b. The agency vehicles are to be used only for business purposes. If in the course of work personal use is necessary, it is to be approved by your immediate supervisor. Permission from your supervisor must be obtained if you wish to transport anyone other than agency employees. If you are transporting anyone other than a client or another agency employee, the person to be transported must sign a Waiver of Liability for Presence in Agency Vehicle (AG#106). Signed waivers should be forwarded to the Deputy Director. Permission is not necessary to transport clients to fulfill conditions of their Social Services Plan.
- c. Upon supervisory approval an agency vehicle may be parked overnight at a staff person's residence. (Example: Use of vehicle early morning or late evening.)
- d. After a vehicle is used, it is the driver's responsibility to ensure that the inside of the car is clean and neat and fill the vehicle with gas if less than a half a tank registers on the gas gauge.
- e. All agency vehicles must be operated in a safe, lawful, and defensive driving manner at all times.
- f. In case of an automobile accident, the accident should be reported to your supervisor and the Deputy Director as soon as possible. Obtain the following information: 1) name and address of each driver, passenger, and witness; 2) name of the insurance company and the policy number for each vehicle involved; and 3) do not admit fault or liability. The Deputy Director shall complete the Automobile Loss Notice Form and submit it to our insurance company.
- g. Prior to driving, all agency vehicles must be checked for proper lights, reflectors, brakes,

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 5**

steering, tires, horn, and wiper blades. Any deficiencies must be reported to the supervisor immediately with the use of the form AG#070.

- h. Seat belts shall be worn by the driver and all passengers whenever the vehicle is in motion.
- i. Employees are required to attend defensive driving training at least every 3 years. The training will be provided by the agency on agency time.
- j. All employees who access agency vehicles, which includes access to the Wright Express Gas Card, are responsible for obtaining an itemized receipt and immediately turning that receipt into accounting. If an employee fails to obtain a receipt, they first must go back to the vendor and attempt to get a duplicate receipt. If that is not available, the employee will be allowed to complete a Declaration of Expenses which is available from the Deputy Director. If an employee has multiple occurrences, then their supervisor will be notified and they may be restricted from using the Wright Express Gas Card.

Section 2 – Requirements for Using Personal Vehicles

- a. Use of employee vehicles to transport clients exposes the employee and employer to risk. Clients should be encouraged to utilize other modes of transportation such as public transit or have a family member or friend transport them. If no other alternatives exist, employees should be aware of the liability associated with this activity.
- b. Risks the employee face include:
 - having their vehicle damaged;
 - liability claim brought against them either by clients injured while entering, riding in, or exiting their vehicles or by drivers and passengers of other vehicles that may collide with them; or
 - the employees may sustain injuries themselves.
- c. Employees who claim mileage for the use of personal vehicles to conduct agency business must:
 - Possess a valid driver's license. A copy of the driver's license must be made and placed in their personnel file.
 - Provide a copy of the declaration page of the employee's insurance policy. This copy must also be placed in their personnel files. Personal automobile liability coverage should at least be at the State required minimum limits. Any changes in insurance coverage must be reported to the employee's supervisor and a copy of the new declaration page must be filed in their personnel file.
 - Sign a statement acknowledging that when the agency pays mileage, the agency is also purchasing insurance coverage and that the expectation is that personal coverage is primary and the agency is excess (AG#007).

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 5**

- Maintain personal vehicle in good operating condition at all times.
- d. The agency's auto liability coverage protects both the agency and its employees while employees are actually using personal vehicles on agency authorized business. However, this coverage is provided on an excess basis, which means an employee's personal auto liability coverage would be the first to respond to a claim or lawsuit filed against the employee.
- e. Motorcycles are not an approved mode of transportation for agency business.

Section 3 – Mileage Expense

- a. When there are no agency cars available for use, the agency will pay the current IRS rate for mileage. The rate of reimbursement, when an agency car is available, when using your personal car, will be the operational cost of SWHHS vehicles (calculated annually).
- b. If more than one employee is traveling to the same meeting/location, they must ride share. If one chooses to ride separately, they travel at their own expense. Employees must make travel arrangements prior to actual travel.

Agency Forms Regarding This Policy:

AG#007 - New Employee Statement

AG#070 - Vehicle Check - Repair Request

AG#106 - Waiver of Liability for Presence in Agency Vehicle

JUNE 2015

GRANTS ~ AGREEMENTS ~ CONTRACTS

for Board review/approval

- Children's Home Society (Sioux Falls, SD)** – 07/01/15 to 06/30/16; provide client residential mental health treatment services in 3 facility types, Madsen House \$239.38/day (increase of \$5.84/day), Boys Unit \$323.78/day (increase of \$7.90/day), and VanDeMark House \$239.38/day (increase of \$5.77) (renewal).

- Clearway Minnesota (Minneapolis, MN)** – 07/01/15 to 06/30/16; Grant to reduce tobacco use and secondhand smoke exposure through research, action, and collaboration, \$149,902 maximum paid out in installments based on reporting (renewal).

- Heartland Industries Inc (Redwood Falls, MN)** – 07/01/15 to 12/31/15; provide imaging/scanning services of agency files and documentation, \$153.60 per day (NEW).

BOARD MEETING – 06/17/15

DONATION

- **Winds of the Prairie Ministry, Ivanhoe, MN donated several baby/children's items.**

Printable Version



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 578 Highland Colony Parkway
 Paragon Center, Suite 140
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 Phone 678.787.0922
 Fax 866.823.5012

Sales Rep.
 Barrett Elkins
 Date
 6/11/2015
 Quote #
 B-201505-79312

Quote | Order Form

Quote To:
 Karri Harvey
 Southwest Health & Human
 Services
 607 W Main St, Ste 200
 Marshall, MN 56258-3171
 United States

* Deliver To:
 Karri Harvey
 607 W Main St, Ste 200
 Marshall, MN 56258-3171
 United States
 * Must match shipping address on purchase order (if applicable)

Quote Expiration Date: June 30, 2015 Renewal Date: June 01, 2015

Qty	Description	Unit Price	Discount	Ext. Price
2	Bomgar License	\$2,995.00		\$5,990.00
1	Bomgar License-3-for-2 promo pricing	\$2,995.00	\$2,995.00	\$0.00
3	First Year Maintenance Bomgar License	\$0.00		\$0.00
Subtotal				\$5,990.00
Sales Tax				\$441.76
Total				\$6,431.76

DNS Name (ex: support.mydomain.com):

The purchase and use of the licenses and products described herein are subject solely to the standard terms and conditions of the Bomgar License and Online Services Agreement (the "Bomgar Standard Terms and Conditions") located at <http://www.bomgar.com/eula> which is incorporated herein by reference. The Bomgar Standard Terms and Conditions and this Quote/Order Form are collectively referred to as the Agreement. By signing this Quote/Order Form you are agreeing that you have read and agreed to the terms and conditions of the Agreement. The terms of the Agreement may only be modified as provided therein. Pricing is subject to sales tax and shipping charges where applicable. Maintenance fees are prorated based on the effective date of the agreement and are therefore subject to change. All prices are in U.S. dollars. Customer is responsible for all sales, use, and VAT taxes and any related import fees.

Follow these steps to continue with this order:

Step 1 E-sign the quote below or [click here to identify the person responsible for e-signing.](#)

Step 2 Make payment arrangements below or [click here to identify the person responsible for payment.](#)

Step 1 E-Signature **Step 2** Payment

I have read and agree to be bound by the terms and conditions referenced above.

Enter your name:

Enter your title:

Enter your email address:

Confirm your email address:

Note: the requested email address is where Bomgar will send a copy of the executed order form with this e-signature applied.

E-Sign and Continue