



Southwest Health and Human Services
Board Agenda
Wednesday, February 20, 2019
Commissioners Room
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 1/16/19 board minutes
- D. Introduce New Staff: Melanie Gacke-Financial Worker, Luverne;
Tiffany Viger- Financial Worker, Luverne
- E. Employee Recognition:
 - Kelyn Meyeraan, 5 years, Financial Worker, Marshall
 - Gail Bielen, 20 years, Social Services Supervisor(Licensing), Redwood
- F. Financial

HUMAN SERVICES (cont.)

G. Caseload	<u>1/19</u>	<u>12/17</u>	<u>12/18</u>	<u>11/18</u>
Social Service	3,755	3,708	3,729	3,727
Licensing	454	457	454	454
Out-of-Home Placements	165	188	163	165
Income Maintenance	11,793	12,101	11,705	12,092
Child Support Cases	3,251	3,255	3,246	3,237
Child Support Collections	\$753,378	\$842,451	\$790,827	\$755,388
Non IV-D Collections	\$44,648	\$112,797	\$58,667	\$77,055

H. Discussion/Information
1.

I. Decision Items
1.

COMMUNITY HEALTH

J. Call to order

K. Consent Agenda
1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 1/16/19 board minutes

L. Financial

COMMUNITY HEALTH (cont.)

M. Caseload	<u>1/19</u>	<u>12/18</u>	<u>11/18</u>
WIC	N/A	2056	2091
Family Home Visiting	52	39	52
PCA Assessments	14	27	15
Managed Care	281	282	269
Dental Varnishing	4	22	21
Refugee Health	1	0	2
Latent TB Medication Distribution	24	31	25
Water Tests	142	92	116
FPL Inspections	45	45	30
Immunizations	79	53	74
Car Seats	20	16	19

- N. Discussion/Information
1. SCHSAC update- Carol Biren

- O. Decision Items
1.

GOVERNING BOARD

- P. Call to order

- Q. Consent Agenda
1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 1/16/19 board minutes

GOVERNING BOARD (cont.)

R. Financial

S. Human Resources Statistics

	<u>1/19</u>	<u>1/18</u>	<u>12/18</u>	<u>11/18</u>
Number of Employees	233	247	234	233
Separations	1		1	1

T. Discussion/Information

1. Commissioner Orientation- 3/20/2019
2. Quality Improvement/Performance Measures- Krista Kopperud
3. Office of the State Auditor Update

U. Decision Items

1. Ashley VanOverbeke, Lead Eligibility Worker, probationary appointment (6months), \$20.91 hourly, effective 2/18/2019
2. Melissa Kidrowski, Public Health Nurse, no pay change, effective 3/4/2019
3. Christopher Hoss, County Agency Social Worker, CPS, no pay change, effective 1/28/2019
4. Income Maintenance Policy 2- Emergency Assistance, Emergency General Assistance and MSA Special Needs Guidelines
5. Income Maintenance Policy 5- Drug Felon/Random Testing
6. Personnel Policy 3- Leave and Holidays
7. Request for Public Health Nurse
8. Request for County Agency Social Worker- Chemical Dependency Services
9. Request for Information Technology Specialist
10. Computer Purchases
11. 2018 Pay Equity Report
12. Contracts

V. Adjournment

Next Meeting Dates:

- **Wednesday, March 20, 2019 – Marshall**
- **Wednesday, April 17, 2019 – Marshall**
- **Wednesday, May 15, 2019 – Marshall**

SOUTHWEST HEALTH & HUMAN SERVICES

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

SUMMARY OF FINANCIAL ACCOUNTS REPORT For the Month Ending **January 31, 2019**

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

Description	Month	Running Balance
BEGINNING BALANCE		\$2,650,551
RECEIPTS		
Monthly Receipts	1,636,067	
County Contribution	437,586	
Interest on Savings	4,638	
TOTAL MONTHLY RECEIPTS		2,078,291
DISBURSEMENTS		
Monthly Disbursements	2,700,423	
TOTAL MONTHLY DISBURSEMENTS		2,700,423
ENDING BALANCE		\$2,028,418

REVENUE

<i>Checking/Money Market</i>	\$2,028,418
<i>SS Benefits Checking</i>	\$10,000
<i>Bremer Savings</i>	\$2,343,611
<i>Great Western Bank Savings</i>	\$75,999
<i>INVESTMENTS - BRACIE Fund</i>	\$1,010,272

ENDING BALANCE **\$5,468,300**

January 2018 Ending Balance

\$4,721,045

DESIGNATED/RESTRICTED FUNDS

Agency Health Insurance	\$830,787
LCTS Lyon Murray Collaborative	\$110,828
LCTS Rock Pipestone Collaborative	\$41,846
LCTS Redwood Collaborative	\$51,343
Local Advisory Council	\$1,155

January 2018 Ending Balance

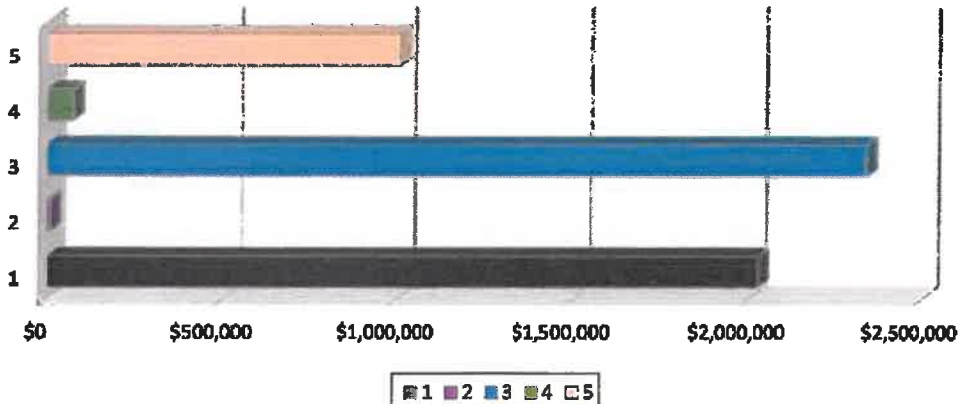
\$547,461

January 2018 Ending Balance

AVAILABLE CASH BALANCE **\$4,432,341**

\$3,990,028

REVENUE DESIGNATION



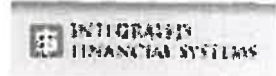
**SOUTHWEST HEALTH AND HUMAN SERVICES SAVINGS & INVESTMENTS REGISTERS
2019**

BREMER BANK					
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/19	BEGINNING BALANCE				2,340,536.14
01/04/19	39101	Interest	3,074.95		2,343,611.09
					2,343,611.09
					2,343,611.09
					2,343,611.09
					2,343,611.09
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	ENDING BALANCE				2,343,611.09

GREAT WESTERN BANK					
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/19	BEGINNING BALANCE				75,942.18
01/04/19	39100	Interest	56.76		75,998.94
					75,998.94
					75,998.94
					75,998.94
					75,998.94
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	ENDING BALANCE				75,998.94

MAGIC FUND INVESTMENT					
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/19	BEGINNING BALANCE				1,008,765.43
01/04/19	39102	Interest	1,506.52		1,010,271.95
					1,010,271.95
					1,010,271.95
					1,010,271.95
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					1,010,271.95
	ENDING BALANCE				1,010,271.95

Southwest Health and Human Services

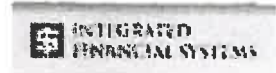


Treasurer's Cash Trial Balance

As of 01/2019

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1 Health Services Fund	1,583,818.58			
Receipts		398,680.55	398,680.55	
Disbursements		75,933.53-	75,933.53-	
Payroll		215,287.80-	215,287.80-	
Fund Total		107,459.22	107,459.22	1,691,277.80
5 Human Services Fund	410	General Administration		
	897.64			
Receipts		49,359.53	49,359.53	
Disbursements		34,374.37-	34,374.37-	
Payroll		14,041.47-	14,041.47-	
Dept Total		943.69	943.69	1,841.33
5 Human Services Fund	420	Income Maintenance		
	2,114,182.45-			
Receipts		396,154.85	396,154.85	
Disbursements		244,331.24-	244,331.24-	
Payroll		338,866.22-	338,866.22-	
Dept Total		187,042.61-	187,042.61-	2,301,225.06-
5 Human Services Fund	431	Social Services		
	7,696,573.56			
Receipts		720,079.77	720,079.77	
Disbursements		218,471.26-	218,471.26-	
SSIS		469,601.18-	469,601.18-	
Payroll		648,071.16-	648,071.16-	
Dept Total		616,063.83-	616,063.83-	7,080,509.73
5 Human Services Fund	461	Information Systems		
	3,026,319.53-			
Receipts		3,972.00	3,972.00	
Payroll		17,715.38-	17,715.38-	
Dept Total		13,743.38-	13,743.38-	3,040,062.91-
5 Human Services Fund	471	LCTS Collaborative Agency		

Southwest Health and Human Services



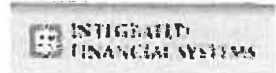
Treasurer's Cash Trial Balance

As of 01/2019

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
	0.00			
Dept Total		0.00	0.00	0.00
Fund Total	2,556,969.22	815,906.13-	815,906.13-	1,741,063.09
61 Agency Health Insurance				
	736,904.37			
Receipts		514,682.30	514,682.30	
Disbursements		420,799.81-	420,799.81-	
Fund Total		93,882.49	93,882.49	830,786.86
71 LCTS Lyon Murray Collaborative Fund	471	LCTS Collaborative Agency		
	110,828.23			
Dept Total		0.00	0.00	110,828.23
Fund Total	110,828.23	0.00	0.00	110,828.23
73 LCTS Rock Pipestone Collaborative Fund	471	LCTS Collaborative Agency		
	44,776.45			
Disbursements		2,930.00-	2,930.00-	
Dept Total		2,930.00-	2,930.00-	41,846.45
Fund Total	44,776.45	2,930.00-	2,930.00-	41,846.45
75 Redwood LCTS Collaborative	471	LCTS Collaborative Agency		
	51,342.63			
Dept Total		0.00	0.00	51,342.63
Fund Total	51,342.63	0.00	0.00	51,342.63
77 Local Advisory Council	477	Local Advisory Council		
	1,155.02			
Dept Total		0.00	0.00	1,155.02

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Southwest Health and Human Services



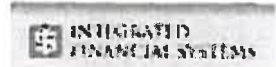
Treasurer's Cash Trial Balance

As of 01/2019

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Fund Total	1,155.02	0.00	0.00	1,155.02
All Funds	5,085,794.50			
Receipts		2,082,929.00	2,082,929.00	
Disbursements		996,840.21 -	996,840.21 -	
SSIS		469,601.18 -	469,601.18 -	
Payroll		1,233,982.03 -	1,233,982.03 -	
Total		617,494.42 -	617,494.42 -	4,468,300.08

Southwest Health and Human Services



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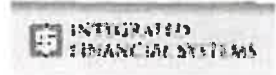
Trial Balance
As of 01/2019

Report Basis: Cash

1 Health Services Fund

<u>Account</u>	<u>Beginning Balance</u>	<u>Actual This-Month</u>	<u>Actual Year-To-Date</u>	<u>Current Balance</u>
-----Assets-----				
1001 Cash in Bank - Checking	1,583,818.58	107,459.22	107,459.22	1,691,277.80
1090 Investments	160,000.00	0.00	0.00	160,000.00 16%
Total Assets	1,743,818.58	107,459.22	107,459.22	1,851,277.80
---Liabilities and Balance---				
Liabilities				
Total Liabilities	0.00	0.00	0.00	0.00
Fund Balance				
2881 Unassigned Fund Balance	1,743,818.58 -	0.00	0.00	1,743,818.58 -
2885 Revenue Control	0.00	398,680.55 -	398,680.55 -	398,680.55 -
2887 Expenditure Control	0.00	291,221.33	291,221.33	291,221.33
Total Fund Balance	1,743,818.58 -	107,459.22 -	107,459.22 -	1,851,277.80 -
Total Liabilities and Balance	1,743,818.58 -	107,459.22 -	107,459.22 -	1,851,277.80 -
410 General Administration				
-----Assets-----				
Total Assets	0.00	0.00	0.00	0.00
---Liabilities and Balance---				
Liabilities				
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	0.00	0.00	0.00	0.00

Southwest Health and Human Services



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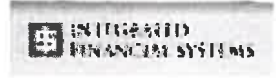
Trial Balance
As of 01/2019

Report Basis: Cash

5 Human Services Fund

<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				
-----Assets-----				
1001 Cash In Bank - Checking	897.64	943.69	943.69	1,841.33
Total Assets	897.64	943.69	943.69	1,841.33
---Liabilities and Balance----				
Liabilities				
2090 Due To Flexible Plan Employees	427.90 -	30.01	30.01	397.89 -
Total Liabilities	427.90 -	30.01	30.01	397.89 -
Fund Balance				
2850 Assigned for Software Purchases	64,377.00	0.00	0.00	64,377.00
2881 Unassigned Fund Balance	64,846.74 -	0.00	0.00	64,846.74 -
2887 Expenditure Control	0.00	973.70 -	973.70 -	973.70 -
Total Fund Balance	469.74 -	973.70 -	973.70 -	1,443.44 -
Total Liabilities and Balance	897.64 -	943.69 -	943.59 -	1,841.33 -
420 Income Maintenance				
-----Assets-----				
1001 Cash In Bank - Checking	2,114,182.45 -	187,042.61 -	187,042.61 -	2,301,225.06 -
1090 Investments	290,000.00	0.00	0.00	290,000.00 29%
Total Assets	1,824,182.45 -	187,042.61 -	187,042.61 -	2,011,225.06 -
---Liabilities and Balance----				
Liabilities				
Total Liabilities	0.00	0.00	0.00	0.00
Fund Balance				
2881 Unassigned Fund Balance	1,824,182.45	0.00	0.00	1,824,182.45
2885 Revenue Control	0.00	396,107.85 -	396,107.85 -	396,107.85 -
2887 Expenditure Control	0.00	583,150.46	583,150.46	583,150.46
Total Fund Balance	1,824,182.45	187,042.61	187,042.61	2,011,225.06
Total Liabilities and Balance	1,824,182.45	187,042.61	187,042.61	2,011,225.06
431 Social Services				
-----Assets-----				

Southwest Health and Human Services



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Trial Balance
As of 01/2019

Report Basis: Cash

5 Human Services Fund

<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	7,696,573.56	616,063.83-	616,063.83-	7,080,509.73
1090 Investments	550,000.00	0.00	0.00	550,000.00 <i>55%*</i>
1205 County Advances - MFIP (Chippewa Cty)	80,749.47	30,390.00	30,390.00	111,139.47
Total Assets	8,327,323.03	585,673.83-	585,673.83-	7,741,649.20
---Liabilities and Balance-----				
Liabilities				
Total Liabilities	0.00	0.00	0.00	0.00
Fund Balance				
2881 Unassigned Fund Balance	8,327,323.03 -	0.00	0.00	8,327,323.03 -
2885 Revenue Control	0.00	719,909.03-	719,909.03-	719,909.03-
2887 Expenditure Control	0.00	1,305,582.86	1,305,582.86	1,305,582.86
Total Fund Balance	8,327,323.03 -	585,673.83	585,673.83	7,741,649.20 -
Total Liabilities and Balance	8,327,323.03 -	585,673.83	585,673.83	7,741,649.20 -

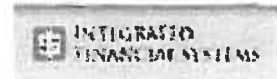
461 Information Systems

-----Assets-----				
1001 Cash In Bank - Checking	3,026,319.53 -	13,743.38-	13,743.38-	3,040,062.91 -
Total Assets	3,026,319.53 -	13,743.38-	13,743.38-	3,040,062.91 -
---Liabilities and Balance-----				
Liabilities				
Total Liabilities	0.00	0.00	0.00	0.00
Fund Balance				
2881 Unassigned Fund Balance	3,026,319.53	0.00	0.00	3,026,319.53
2885 Revenue Control	0.00	3,972.00-	3,972.00-	3,972.00-
2887 Expenditure Control	0.00	17,715.38	17,715.38	17,715.38
Total Fund Balance	3,026,319.53	13,743.38	13,743.38	3,040,062.91
Total Liabilities and Balance	3,026,319.53	13,743.38	13,743.38	3,040,062.91

471 LCTS Collaborative Agency

-----Assets-----				
Total Assets	0.00	0.00	0.00	0.00
---Liabilities and Balance-----				
Liabilities				

Southwest Health and Human Services



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Trial Balance
As of 01/2019

Report Basis: Cash

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5 Human Services Fund

<u>Account</u>	<u>Beginning Balance</u>	<u>Actual This-Month</u>	<u>Actual Year-To-Date</u>	<u>Current Balance</u>
Total Liabilities	0.00	0.00	0.00	0.00
Fund Balance				
Total Fund Balance	0.00	0.00	0.00	0.00
Total Liabilities and Balance	0.00	0.00	0.00	0.00
 5 Human Services Fund	0.00	0.00	0.00	0.00

Southwest Health and Human Services

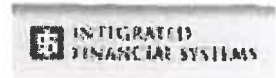
RM- Stmt of Revenues & Expenditures

As Of 01/2019

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	77,481.75-	77,481.75-	966,705.00-	8	8
INTERGOVERNMENTAL REVENUES	137,767.91-	137,767.91-	169,800.00-	81	8
STATE REVENUES	24,658.18-	24,658.18-	820,717.00-	3	8
FEDERAL REVENUES	110,475.63-	110,475.63-	1,265,748.00-	9	8
FEES	45,274.97-	45,274.97-	418,795.00-	11	8
EARNINGS ON INVESTMENTS	1,042.11-	1,042.11-	4,800.00-	22	8
MISCELLANEOUS REVENUES	1,980.00-	1,980.00-	9,219.00-	21	8
TOTAL REVENUES	398,680.55-	398,680.55-	3,655,784.00-	11	8
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	8
PAYROLL AND BENEFITS	215,287.80	215,287.80	2,840,986.00	8	8
OTHER EXPENDITURES	75,933.53	75,933.53	804,798.00	9	8
TOTAL EXPENDITURES	291,221.33	291,221.33	3,645,784.00	8	8

Southwest Health and Human Services



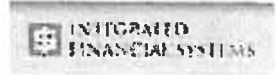
RM--Stmt of Revenues & Expenditures

As Of 01/2019

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	360,104.03-	360,104.03-	10,836,767.00-	3	8
INTERGOVERNMENTAL REVENUES	56,074.00-	56,074.00-	132,267.00-	42	8
STATE REVENUES	168,665.70-	168,665.70-	5,224,156.00-	3	8
FEDERAL REVENUES	321,501.97-	321,501.97-	8,047,638.00-	4	8
FEES	143,592.76-	143,592.76-	2,415,391.00-	6	8
EARNINGS ON INVESTMENTS	3,896.12-	3,896.12-	25,200.00-	15	8
MISCELLANEOUS REVENUES	66,154.30-	66,154.30-	1,000,344.00-	7	8
TOTAL REVENUES	1,119,988.88-	1,119,988.88-	27,681,763.00-	4	8
EXPENDITURES					
PROGRAM EXPENDITURES	608,981.80	608,981.80	11,516,187.00	5	8
PAYROLL AND BENEFITS	1,003,666.56	1,003,666.56	13,537,287.00	7	8
OTHER EXPENDITURES	292,826.64	292,826.64	2,528,289.00	12	8
TOTAL EXPENDITURES	1,905,475.00	1,905,475.00	27,581,763.00	7	8

Southwest Health and Human Services

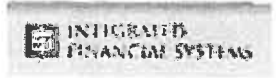


Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>	<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
1 FUND	Health Services Fund						
410 DEPT	General Administration						
0 PROGRAM	---						
			Revenue				8
			Expend.	2,409.32	2,409.32	160.00	1,506
			Net	2,409.32	2,409.32	160.00	1,506
930 PROGRAM	Administration						
			Revenue	80,317.66-	80,317.66-	981,744.00-	8
			Expend.	55,014.83	55,014.83	666,663.00	8
			Net	25,302.83-	25,302.83-	315,081.00-	8
410 DEPT	General Administration	Totals:					
			Revenue	80,317.66-	80,317.66-	981,744.00-	8
			Expend.	57,424.15	57,424.15	666,823.00	9
			Net	22,893.51-	22,893.51-	314,921.00-	7
481 DEPT	Nursing						
100 PROGRAM	Family Health						
			Revenue	253.70-	253.70-	16,680.00-	2
			Expend.	2,504.93	2,504.93	15,351.00	16
			Net	2,251.23	2,251.23	1,329.00-	169-
103 PROGRAM	Follow Along Program						
			Revenue	0.00	0.00	26,966.00-	0
			Expend.	1,521.09	1,521.09	29,921.00	5
			Net	1,521.09	1,521.09	2,955.00	51
110 PROGRAM	TANF						
			Revenue	0.00	0.00	127,876.00-	0
			Expend.	0.00	0.00	122,911.00	0
			Net	0.00	0.00	4,965.00-	0
130 PROGRAM	WIC						
			Revenue	69,476.00-	69,476.00-	450,000.00-	15
			Expend.	36,454.60	36,454.60	524,339.00	7
			Net	33,021.40-	33,021.40-	74,339.00	44-
140 PROGRAM	Peer Breastfeeding Support Program						
			Revenue	0.00	0.00	55,438.00-	0
			Expend.	2,256.71	2,256.71	55,438.00	4
			Net	2,256.71	2,256.71	0.00	0
210 PROGRAM	CTC Outreach						
			Revenue	0.00	0.00	270,034.00-	0
			Expend.	14,695.75	14,695.75	270,034.00	5
			Net	14,695.75	14,695.75	0.00	0
270 PROGRAM	Maternal Child Health						
			Revenue	5,222.88-	5,222.88-	238,279.00-	2
			Expend.	24,716.10	24,716.10	248,588.00	10
			Net	19,493.22	19,493.22	10,309.00	189

Southwest Health and Human Services

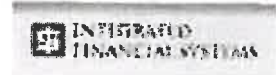


Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdq</u>	<u>% of Year</u>
280 PROGRAM	MCH Dental Health		Revenue	210.58-	210.58-	43,200.00-	0	8
			Expend.	6,627.11	6,627.11	19,059.00	35	8
			Net	6,416.53	6,416.53	24,141.00-	27-	8
295 PROGRAM	MCH Car Seat Program		Revenue	1,283.20-	1,283.20-	31,000.00-	4	8
			Expend.	2,142.47	2,142.47	38,792.00	6	8
			Net	859.27	859.27	7,792.00	11	8
300 PROGRAM	Case Management		Revenue	33,619.72-	33,619.72-	347,800.00-	10	8
			Expend.	42,260.66	42,260.66	389,147.00	11	8
			Net	8,640.94	8,640.94	41,347.00	21	8
330 PROGRAM	MNChoices		Revenue	0.00	0.00	157,000.00-	0	8
			Expend.	25,539.05	25,539.05	181,108.00	14	8
			Net	25,539.05	25,539.05	24,108.00	106	8
603 PROGRAM	Disease Prevention And Control		Revenue	3,139.68-	3,139.68-	145,862.00-	2	8
			Expend.	12,534.90	12,534.90	227,721.00	6	8
			Net	9,395.22	9,395.22	81,859.00	11	8
660 PROGRAM	MIIC		Revenue	0.00	0.00	1,000.00-	0	8
			Expend.	51.16	51.16	109.00	47	8
			Net	51.16	51.16	891.00-	6-	8
481 DEPT	Nursing	Totals:	Revenue	113,205.76-	113,205.76-	1,911,135.00-	6	8
			Expend.	171,304.53	171,304.53	2,122,518.00	8	8
			Net	58,098.77	58,098.77	211,383.00	27	8
483 DEPT	Health Education		Revenue	45.66-	45.66-	2,270.00-	2	8
			Expend.	2,131.57	2,131.57	30,942.00	7	8
			Net	2,085.91	2,085.91	28,672.00	7	8
510 PROGRAM	SHIP		Revenue	24,888.56-	24,888.56-	226,690.00-	11	8
			Expend.	15,247.62	15,247.62	226,690.00	7	8
			Net	9,640.94-	9,640.94-	0.00	0	8
540 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	0.00	0.00	17,009.00-	0	8
			Expend.	390.13	390.13	23,440.00	2	8
			Net	390.13	390.13	6,431.00	6	8
550 PROGRAM	P&I Grant		Revenue	40,705.00-	40,705.00-	189,326.00-	21	8
			Expend.	7,170.74	7,170.74	189,326.00	4	8
			Net	33,534.26-	33,534.26-	0.00	0	8

Southwest Health and Human Services

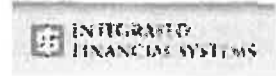


Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdot	% of Year
900 PROGRAM	Emergency Preparedness		Revenue	0.00	0.00	97,210.00-	0	8
			Expend.	9,807.48	9,807.48	97,210.00	10	8
			Net	9,807.48	9,807.48	0.00	0	8
483 DEPT	Health Education	Totals:	Revenue	65,639.22-	65,639.22-	532,505.00-	12	8
			Expend.	34,747.54	34,747.54	567,608.00	6	8
			Net	30,891.68-	30,891.68-	35,103.00	88-	8
485 DEPT	Environmental Health		Revenue	139,517.91-	139,517.91-	230,400.00-	61	8
800 PROGRAM	Environmental		Expend.	27,745.11	27,745.11	288,835.00	10	8
			Net	111,772.80-	111,772.80-	58,435.00	191-	8
485 DEPT	Environmental Health	Totals:	Revenue	139,517.91-	139,517.91-	230,400.00-	61	8
			Expend.	27,745.11	27,745.11	288,835.00	10	8
			Net	111,772.80-	111,772.80-	58,435.00	191-	8
1 FUND	Health Services Fund	Totals:	Revenue	398,680.55-	398,680.55-	3,655,784.00-	11	8
			Expend.	291,221.33	291,221.33	3,645,784.00	8	8
			Net	107,459.22-	107,459.22-	10,000.00-	1,075	8

Southwest Health and Human Services

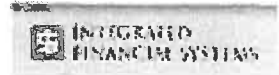


Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdqt</u>	<u>% of Year</u>
5 FUND	Human Services Fund							
410 DEPT	General Administration							
0 PROGRAM	...							
			Revenue					8
			Expend.	973.70-	973.70-	82,029.00	1-	8
			Net	973.70-	973.70-	82,029.00	1-	8
410 DEPT	General Administration	Totals:	Revenue					8
			Expend.	973.70-	973.70-	82,029.00	1-	8
			Net	973.70-	973.70-	82,029.00	1-	8
420 DEPT	Income Maintenance							
0 PROGRAM	...		Revenue					8
			Expend.	116.26	116.26	0.00	0	8
			Net	116.26	116.26	0.00	0	8
600 PROGRAM	Income Maint Administrative/Overhea		Revenue	111,208.61-	111,208.61-	3,458,246.00-	3	8
			Expend.	146,183.04	146,183.04	1,507,646.00	10	8
			Net	34,974.43	34,974.43	1,950,600.00-	2-	8
601 PROGRAM	Income Maint/Random Moment Payro		Revenue					8
			Expend.	187,502.03	187,502.03	2,522,830.00	7	8
			Net	187,502.03	187,502.03	2,522,830.00	7	8
602 PROGRAM	Income Maint FPI Investigator		Revenue	0.00	0.00	62,418.00-	0	8
			Expend.	4,608.33	4,608.33	62,418.00	7	8
			Net	4,608.33	4,608.33	0.00	0	8
605 PROGRAM	MN Supplemental Aid (MSA)/GRH		Revenue	2,028.18-	2,028.18-	50,000.00-	4	8
			Expend.	41.56	41.56	50,000.00	0	8
			Net	1,986.62-	1,986.62-	0.00	0	8
610 PROGRAM	TANF(AFDC/MFIP/DWP)		Revenue	432.00-	432.00-	20,000.00-	2	8
			Expend.	0.00	0.00	20,800.00	0	8
			Net	432.00-	432.00-	800.00	54-	8
620 PROGRAM	General Asst (GA)/General Relief/Burl		Revenue	47.00	47.00	27,500.00-	0-	8
			Expend.	6,160.00	6,160.00	251,000.00	2	8
			Net	6,207.00	6,207.00	223,500.00	3	8
630 PROGRAM	Food Support (FS)		Revenue	10,616.00-	10,616.00-	517,000.00-	2	8
			Expend.	981.00	981.00	6,600.00	15	8
			Net	9,635.00-	9,635.00-	510,400.00-	2	8

Southwest Health and Human Services

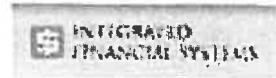


Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdqt</u>	<u>% of Year</u>
640 PROGRAM	Child Support (IVD)		Revenue	58,186.03-	58,186.03-	1,686,850.00-	3	8
			Expend.	100,154.31	100,154.31	1,089,896.00	9	8
			Net	41,968.28	41,968.28	596,954.00-	7-	8
650 PROGRAM	Medical Assistance (MA)		Revenue	213,684.03-	213,684.03-	3,325,000.00-	6	8
			Expend.	137,403.93	137,403.93	2,517,000.00	5	8
			Net	76,280.10-	76,280.10-	808,000.00-	9	8
420 DEPT	Income Maintenance	Totals:	Revenue	396,107.85-	396,107.85-	9,147,014.00-	4	8
			Expend.	583,150.46	583,150.46	8,028,190.00	7	8
			Net	187,042.61	187,042.61	1,118,824.00-	17-	8
431 DEPT	Social Services							
700 PROGRAM	Social Service Adminlstrative/Overhea		Revenue	286,263.12-	286,263.12-	10,543,762.00-	3	8
			Expend.	278,096.76	278,096.76	2,734,848.00	10	8
			Net	8,166.36-	8,166.36-	7,808,914.00-	0	8
701 PROGRAM	Social Services/SSTS		Revenue					8
			Expend.	544,188.02	544,188.02	7,186,678.00	8	8
			Net	544,188.02	544,188.02	7,186,678.00	8	8
710 PROGRAM	Children's Social Services Programs		Revenue	134,647.50-	134,647.50-	1,877,040.00-	7	8
			Expend.	241,904.29	241,904.29	4,077,941.00	6	8
			Net	107,256.79	107,256.79	2,200,901.00	5	8
712 PROGRAM	CIRCLE Program		Revenue	5,000.00-	5,000.00-	5,000.00-	100	8
			Expend.	74.76	74.76	8,000.00	1	8
			Net	4,925.24-	4,925.24-	3,000.00	164-	8
713 PROGRAM	"SELF Program" Grant		Revenue	0.00	0.00	54,100.00-	0	8
			Expend.	1,207.79	1,207.79	54,100.00	2	8
			Net	1,207.79	1,207.79	0.00	0	8
715 PROGRAM	Childrens Waivers		Revenue	5,867.11-	5,867.11-	90,000.00-	7	8
			Expend.	0.00	0.00	2,000.00	0	8
			Net	5,867.11-	5,867.11-	88,000.00-	7	8
716 PROGRAM	FGDM/Family Group Decision Making		Revenue	0.00	0.00	56,914.00-	0	8
			Expend.	1,254.15	1,254.15	56,914.00	2	8
			Net	1,254.15	1,254.15	0.00	0	8
717 PROGRAM	AR/Alternative Response Discretion F		Revenue	0.00	0.00	58,390.00-	0	8
			Expend.	643.98	643.98	58,336.00	1	8
			Net	643.98	643.98	54.00-	1,193-	8

Southwest Health and Human Services

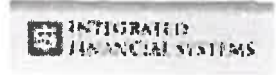


Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
718 PROGRAM	PSOP/Parent Support Outreach Progra		Revenue	0.00	0.00	40,539.00-	0	8
			Expend.	130.66	130.66	40,539.00	0	8
			Net	130.66	130.66	0.00	0	8
720 PROGRAM	Ch Care/Ch Prot		Revenue	1,350.00-	1,350.00-	21,000.00-	6	8
			Expend.	105.75	105.75	3,000.00	4	8
			Net	1,244.25-	1,244.25-	18,000.00-	7	8
721 PROGRAM	CC-Basic Slide Fee/Cty Match to DHS		Revenue	100.00-	100.00-	38,238.00-	0	8
			Expend.	3,688.75	3,688.75	43,865.00	8	8
			Net	3,588.75	3,588.75	5,627.00	64	8
726 PROGRAM	MFIP/SW MN PIC		Revenue	0.00	0.00	372,000.00-	0	8
			Expend.	0.00	0.00	285,390.00	0	8
			Net	0.00	0.00	86,610.00-	0	8
730 PROGRAM	Chemical Dependency		Revenue	12,313.71-	12,313.71-	273,000.00-	5	8
			Expend.	75,745.42	75,745.42	519,000.00	15	8
			Net	63,431.71	63,431.71	246,000.00	26	8
741 PROGRAM	Mental Health/Adults Only		Revenue	65,868.59-	65,868.59-	1,348,451.00-	5	8
			Expend.	3,706.73	3,706.73	1,737,482.00	0	8
			Net	62,161.86-	62,161.86-	389,031.00	16-	8
742 PROGRAM	Mental Health/Children Only		Revenue	41,892.11-	41,892.11-	784,100.00-	5	8
			Expend.	114,829.80	114,829.80	1,852,300.00	6	8
			Net	72,937.69	72,937.69	1,068,200.00	7	8
750 PROGRAM	Developmental Disabilities		Revenue	54,185.19-	54,185.19-	815,161.00-	7	8
			Expend.	23,621.85	23,621.85	389,361.00	6	8
			Net	30,563.34-	30,563.34-	425,800.00-	7	8
760 PROGRAM	Adult Services		Revenue	69,024.56-	69,024.56-	1,419,500.00-	5	8
			Expend.	3,416.75	3,416.75	35,400.00	10	8
			Net	65,607.81-	65,607.81-	1,384,100.00-	5	8
765 PROGRAM	Adults Walvers		Revenue	43,397.14-	43,397.14-	702,000.00-	6	8
			Expend.	12,967.40	12,967.40	102,000.00	13	8
			Net	30,429.74-	30,429.74-	600,000.00-	5	8
431 DEPT	Social Services	Totals:	Revenue	719,909.03-	719,909.03-	18,499,195.00-	4	8
			Expend.	1,305,582.86	1,305,582.86	19,187,154.00	7	8
			Net	585,673.83	585,673.83	687,959.00	85	8
461 DEPT	Information Systems							

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

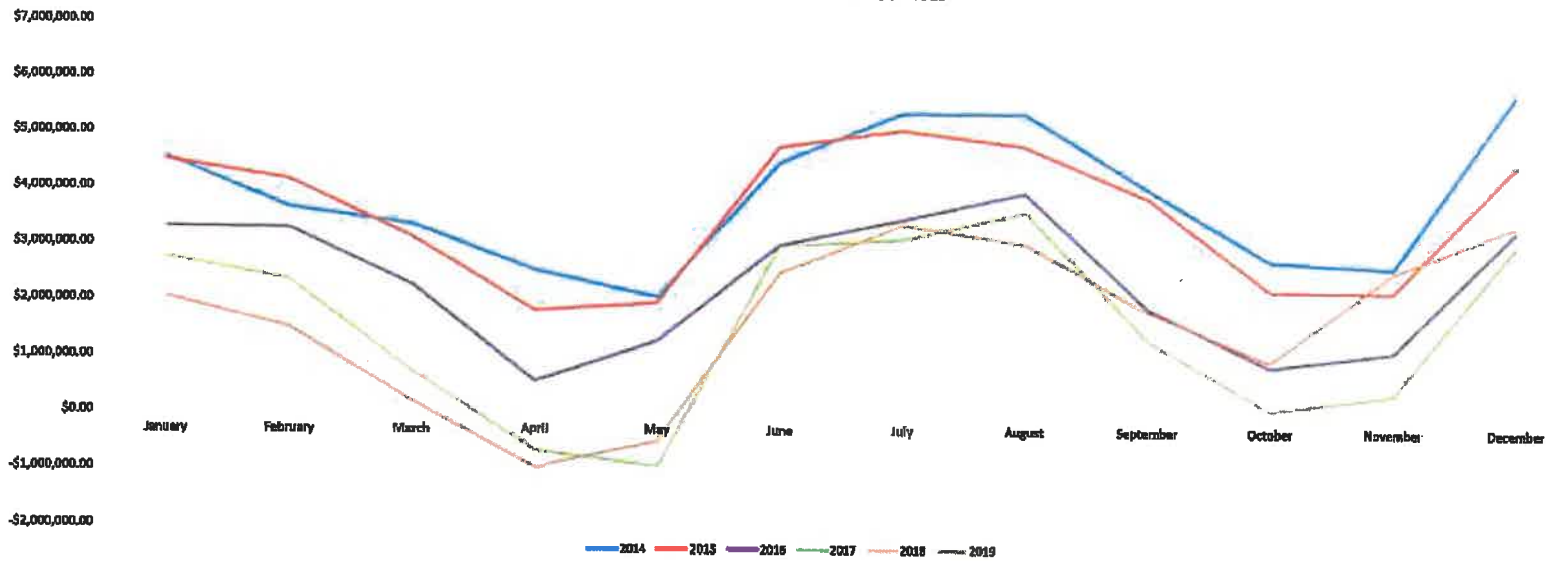
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<u>0 PROGRAM</u>	...		Revenue	3,972.00-	3,972.00-	35,554.00-	11	8
			Expend.	17,715.38	17,715.38	284,390.00	6	8
			Net	13,743.38	13,743.38	248,836.00	6	8
461 DEPT	Information Systems	Totals:	Revenue	3,972.00-	3,972.00-	35,554.00-	11	8
			Expend.	17,715.38	17,715.38	284,390.00	6	8
			Net	13,743.38	13,743.38	248,836.00	6	8
S FUND	Human Services Fund	Totals:	Revenue	1,119,988.88-	1,119,988.88-	27,681,763.00-	4	8
			Expend.	1,905,475.00	1,905,475.00	27,581,763.00	7	8
			Net	785,486.12	785,486.12	100,000.00-	785-	8
FINAL TOTALS	882 Accounts		Revenue	1,518,669.43-	1,518,669.43-	31,337,547.00-	5	8
			Expend.	2,196,696.33	2,196,696.33	31,227,547.00	7	8
			Net	678,026.90	678,026.90	110,000.00-	616 -	8

SWHHS
Total Cash and Investment Balance by Month - Human Services

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year	Average for Jan-Mar
2014	\$4,524,112.48	\$3,629,626.88	\$3,337,290.94	\$2,518,146.92	\$2,049,972.92	\$4,463,844.08	\$5,363,273.11	\$5,385,874.16	\$4,026,227.41	\$2,740,775.93	\$2,617,746.10	\$3,780,212.52	\$3,866,341.79	\$3,830,343.10
2015	\$4,483,244.56	\$4,128,688.35	\$3,114,955.60	\$1,805,842.78	\$1,948,748.17	\$4,743,405.68	\$5,052,792.79	\$4,778,088.88	\$3,888,016.53	\$2,206,082.86	\$2,192,119.16	\$4,487,384.13	\$3,683,943.81	\$3,802,288.90
2016	\$3,261,407.50	\$3,282,674.15	\$2,255,798.09	\$644,625.71	\$1,271,340.11	\$2,991,321.29	\$3,454,366.64	\$3,941,449.89	\$1,888,575.07	\$854,485.14	\$1,125,561.70	\$3,901,841.92	\$2,347,793.02	\$2,993,293.25
2017	\$2,721,514.16	\$2,337,069.47	\$710,968.71	-\$678,584.48	-\$845,146.19	\$2,872,036.68	\$3,086,420.77	\$3,593,641.86	\$1,322,586.71	\$84,999.25	\$377,562.55	\$3,035,263.96	\$1,552,362.72	\$1,923,187.79
2018	\$2,027,812.89	\$1,484,269.33	\$161,366.90	-\$965,731.97	-\$501,975.29	\$2,480,788.49	\$3,357,738.65	\$3,035,839.30	\$1,633,134.33	\$946,482.40	\$2,542,047.76	\$3,397,063.22	\$1,653,402.17	\$1,234,479.71
2019	\$2,581,063.09													

SWHHS Cash Balances - Human Services

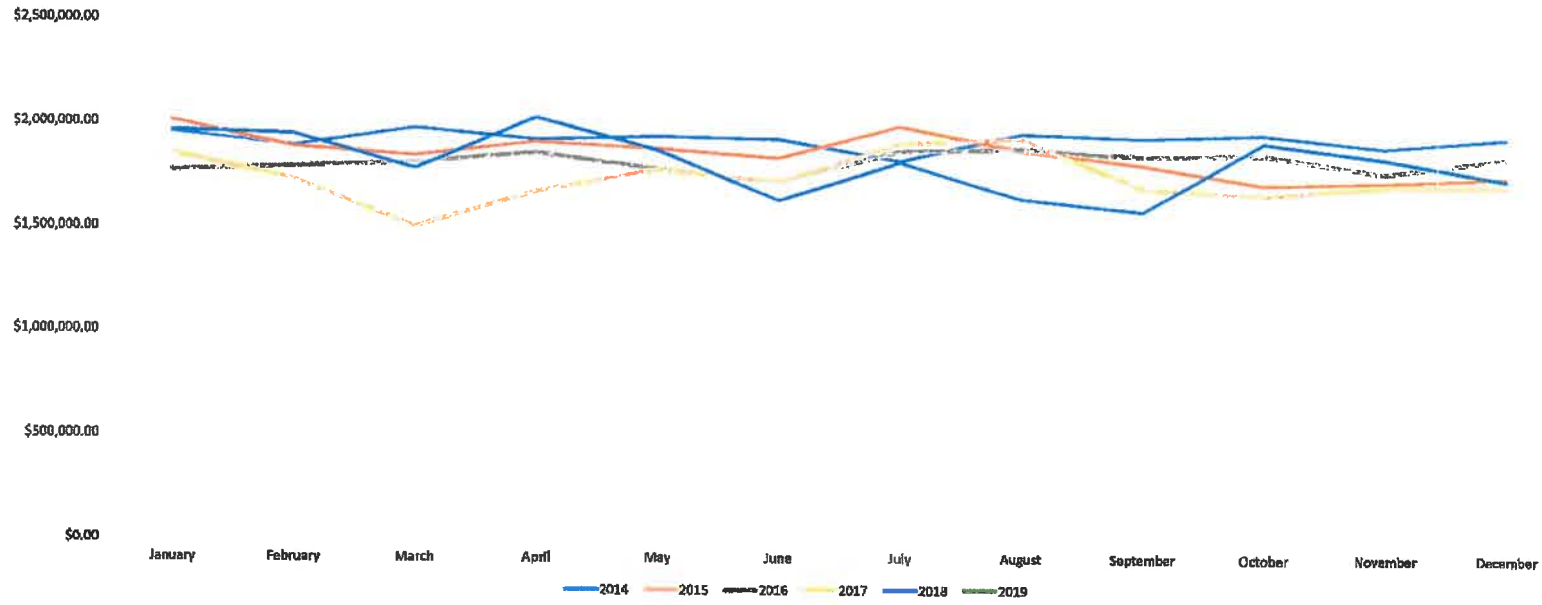


SWHHS
Total Cash and Investment Balance by Month - Public Health Services

	January	February	March	April	May	June	July	August	September	October	November	December
2014	\$1,952,348.48	\$1,889,116.47	\$1,972,829.09	\$1,919,040.73	\$1,835,610.78	\$1,923,130.89	\$1,822,889.93	\$1,953,891.09	\$1,934,989.18	\$1,854,388.64	\$1,894,110.16	\$1,842,821.40
2015	\$2,005,574.71	\$1,882,681.89	\$1,841,149.82	\$1,906,754.95	\$1,876,427.46	\$1,832,808.45	\$1,987,157.33	\$1,874,490.47	\$1,806,827.22	\$1,714,863.10	\$1,730,380.53	\$1,755,462.75
2016	\$1,787,113.43	\$1,788,986.60	\$1,807,700.34	\$1,854,929.75	\$1,779,529.15	\$1,719,935.64	\$1,888,440.04	\$1,880,585.32	\$1,844,832.32	\$1,854,286.98	\$1,772,588.81	\$1,845,353.91
2017	\$1,847,930.47	\$1,726,483.73	\$1,494,823.91	\$1,667,703.90	\$1,778,898.76	\$1,720,044.88	\$1,903,354.71	\$1,930,710.27	\$1,695,605.50	\$1,663,661.45	\$1,709,269.13	\$1,709,425.15
2018	\$1,862,214.72	\$1,943,637.75	\$1,780,822.96	\$2,023,315.56	\$1,870,382.57	\$1,633,344.06	\$1,816,127.45	\$1,643,850.72	\$1,584,218.99	\$1,914,793.23	\$1,842,417.33	\$1,743,838.48
2019	\$1,851,277.80											

Average for Year
\$1,924,597.82
\$1,861,214.87
\$1,815,214.11
\$1,737,349.16
\$1,813,230.15

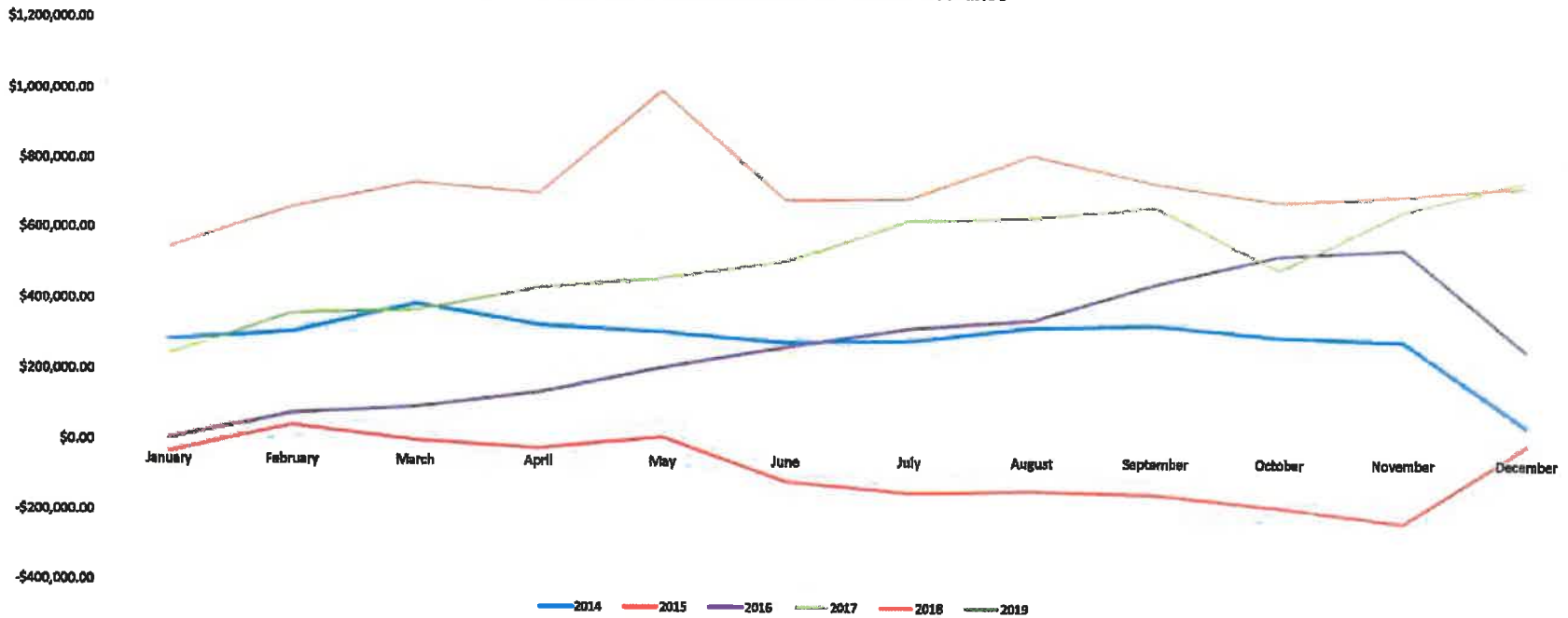
SWHHS Cash Balances - Public Health



SWHHS
Total Cash Balance by Month - Health Insurance

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2014	\$285,358.82	\$308,046.30	\$387,989.08	\$330,278.67	\$312,752.08	\$283,535.78	\$290,484.90	\$330,401.57	\$339,696.39	\$307,534.98	\$295,838.26	\$52,721.51	\$293,636.53
2015	-\$33,351.13	\$43,782.99	\$830.08	-\$19,686.02	\$13,868.59	-\$109,949.59	-\$141,430.74	-\$134,243.27	-\$141,678.98	-\$178,110.32	-\$221,023.86	\$0.00	-\$76,748.52
2016	\$4,998.43	\$75,942.80	\$95,153.51	\$139,472.05	\$210,786.38	\$270,893.34	\$326,643.77	\$350,734.02	\$455,033.16	\$538,192.07	\$558,493.11	\$289,082.28	\$274,517.08
2017	\$243,431.98	\$380,080.41	\$369,083.91	\$436,168.38	\$465,168.83	\$514,005.00	\$629,735.43	\$640,875.17	\$673,434.33	\$497,527.83	\$685,075.30	\$753,857.38	\$520,702.81
2018	\$547,461.08	\$681,779.28	\$734,590.83	\$705,228.64	\$998,994.04	\$686,218.46	\$693,431.75	\$820,833.21	\$742,653.73	\$690,065.54	\$709,870.88	\$736,904.37	\$727,502.48
2019	830,786.86												

SWHHS Cash and Investment Balances - Health Insurance



Social Services Caseload:

Yearly Averages	Adult Services	Children's Services	Total Programs
2016	2669	518	3187
2017	2705	604	3308
2018	2683	617	3299
2019			

2019	Adult Services	Children's Services	Total Programs
January	2687	614	3301
February			0
March			0
April			0
May			0
June			0
July			0
August			0
September			0
October			0
November			0
December			0
Average	2687	614	275

Adult - Social Services Caseload

Average	Adult Brain Injury (BI)	Adult Community Alternative Care (CAC)	Adult Community Access for Disability Inclusion (CADI)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
2016	13	240	12	0	298	50	829	18	396	452	362	2669
2017	12	266	12	0	315	45	828	16	422	444	343	2705
2018	11	299	14	0	282	43	880	18	353	451	331	2683
2019												

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

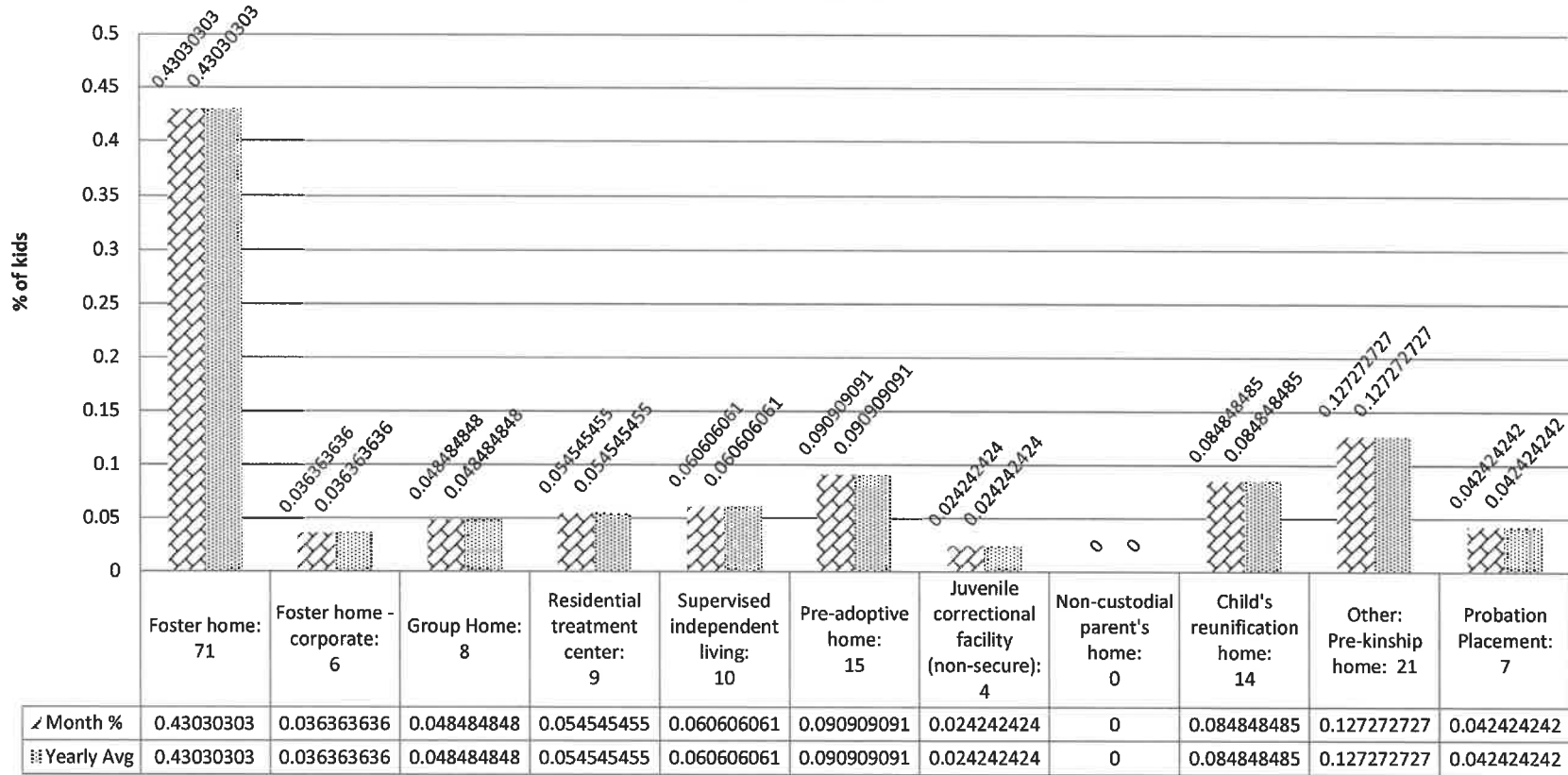
2019	Adult Brain Injury (BI)	Adult Community Access for Disability Inclusion (CADI)	Adult Community Alternative Care (CAC)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
January	10	317	15	0	266	43	892	18	323	459	344	2687
February												0
March												0
April												0
May												0
June												0
July												0
August												0
September												0
October												0
November												0
December												0
	10	317	15	0	266	43	892	18	323	459	344	224

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
2016	41	17	2	5	35	175	145	86	0	0	13	482
2016	49	21	0	10	35	195	174	103	0	0	17	518
2017	46	23	0	11	40	180	182	110	0	0	25	604
2018												617

2019	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	42	21	0	11	38	165	206	98	0	0	33	614
February												0
March												0
April												0
May												0
June												0
July												0
August												0
September												0
October												0
November												0
December												0
	42	21	0	11	38	165	206	98	0	0	33	51

January 2019 - Placement by Category
165 Kids in Placement



January 2019: Total kids in placement = 165

Total of 8 Children entered placement

2	Lyon	Foster Home
1	Lyon	Group Home
1	Murray	Probation
1	Pipestone	Foster Home
3	Redwood	Foster Home

Total of 6 Children were discharged from placement (discharges from previous month)

3	Murray	ADOPTED
1	Murray	Residential Treatment Facility
1	Murray	Juvenile Detention Center
1	Rock	Foster Home – Corporate

NON IVD COLLECTIONS
JANUARY 2019

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5802	1,791
TANF (MFIP/DWP/AFDC)	05-420-610.5803	432
GA	05-420-620.5803	47
FS	05-420-630.5803	116
CS (PI Fee, App Fee, etc)	05-420-640.5501	168
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	16,587
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	2,993
OOH/FC Recovery	05-431-710.5803	11,380
CHILDCARE		
Licensing	05-431-720.5502	700
Corp FC Licensing	05-431-710.5505	650
Over Payments	05-431-721&722.5803	100
CHEMICAL DEPENDENCY		
CD Assessments	05-431-730.5519	2,265
Detox Fees	05-431-730.5520	6,606
Over Payments	05-431-730.5803	0
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0
Over Payments	05-431-741 or 742.5803	0
DEVELOPMENTAL DISABILITIES		
Insurance Copay/Overpayments	05-431-750.5803	0
ADULT		
Court Visitor Fee	05-431-760.5515	813
Insurance Copay/Overpayments	05-431-760.5803	0
TOTAL NON-IVD COLLECTIONS		44,648



2018-2019 SWHHS Performance Measures

Overall Agency Measures

Fiscal

- 1) Monthly Cash Balance
Target: Positive Balance
Fund 01- Public Health Fund Balance
Fund 05- Human Services Fund Balance
- 2) Monthly Agency Fund Balance
Target: \$8,000,000

Time Reporting

- 1) Monthly percent of staff who are meeting the 100% time reporting goal in SSIS (overall and by Unit)
Target: 100%

Turnover Rate

- 1) Quarterly percent of Staff Turnover
Target: 10% or less
- 2) Quarterly percent of Staff who Leave for Competitor Job
Target: 50% or less

Social Services

Child Protection

- 1) Yearly percent of children with a substantiated maltreatment report who does not experience a repeat substantiated maltreatment report within 12 month
Target: 90.9%

Vulnerable Adult

- 1) Monthly percent of vulnerable adult maltreatment allegations that were found to be substantiated or inconclusive where there is not a substantiated or inconclusive allegation of the same type within six months of initial determination.
Target: 80%

Eligibility

- 1) Quarterly percent of Unit meeting federal standards for SNAP timeliness for 30 day and Expedited Process (overall Eligibility and by county)
Target: 96% processing rate

Child Support

- 1) Monthly percent of total amount of child support due vs. total amount of child support paid (overall Child Support unit and by county)
Target: 80% (maximum incentive dollars)

Public Health

Health Alert Network (HAN)

- 1) Monthly and Quarterly percent of clinics who respond to a HAN within the required time frame
Target: 80%

Measures in 2019

- Keeping 2018 measures to continue to look at trend lines
- Adding measures around PH Time Reporting each Payroll (overall time entry and cost center), Latent TB Tracking, and HR measure of number of days from Board approval of resignation to written acceptance of position
- Will continue to monitor on a quarterly basis

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

Effective: 02/16/11

Revision Date: 11/19/14; 12/16/15; 02/20/19

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

**--EMERGENCY ASSISTANCE (EA), 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~~ UCAP (United Community Action Partner), SMOC (Southwest Minnesota Opportunity Council), 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. **Work Expenses** – Car payments, car registration, car insurance, upkeep and repairs; phone if required by employer; gas to get to work.
- d. **Basic Needs** – Shelter, utilities, water heater if applicants own or are buying the home, food, work expense costs required for current employment, health insurance not reimbursed by Medical Assistance or other items which pose a direct threat to the

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

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 \$95 102 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.
 - The emergency must require immediate financial assistance.
 - The financial assistance required by the emergency must be temporary
 - 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 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.

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

Section 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.
- 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.
- 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.
- 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.
- 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 before the month of application.

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

- 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. Will provide moving costs if necessary.
 - Will NOT pay last month's rent unless it is a requirement of moving in.
- 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.

Section 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 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.

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

Section 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, 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.
 - 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 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

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

- 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
 - ❖ 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 9 – Appeal Rights

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

- 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 1015A, EGA - ELIG 1015B

Emergency Brochure – ELIG 110

**SOUTHWEST HEALTH AND HUMAN SERVICES
INCOME MAINTENANCE POLICY NUMBER 5**

EFFECTIVE DATE: 02/20/19

REVISION DATE:

AUTHORITY: Southwest Health and Human Services Board – Human Services Board
MN Statute 256.01.
CM 11.27.03

--- DRUG FELON/RANDOM TESTING ---

Section 1 - Purpose and Legal Basis

- a. Any client convicted of a drug felony in the past 10 years will be subject to random drug testing as a condition of continued eligibility per CM 11.27.03 and in accordance with MN Statute 256.01. Drug testing will be coordinated with probation or providers offering those services.

Section 2 – Procedure

- a. Once the agency becomes aware that a convicted drug felon has applied or is receiving assistance, they are subject to random drug testing. Knowledge of conviction can be received via the Combined Application Form by self-attesting, list received from DHS on Drug Felony convictions, or other reliable documentation.
- b. Upon notification of a convicted drug felony, a general release of authorization (Elig 122 or DHS-2243A) will be sent or given to the client to sign in order to contact their probation officer or receive drug test results from the provider that is administering the test.
- c. The client will be given or sent DHS-6749A or 6749B; Elig 123, Elig 124, or Elig 126, appeal rights DHS-3353, and mandatory vendor form DHS-3365.
- d. If the client has a probation officer, a letter and copy of the signed release will be sent to their probation officer requesting that they supply SWHHS results of drug tests administered by them.
- e. If they do not have a probation officer, the Eligibility Worker will work with the provider to schedule random drug tests at least every 6 months. The client will be given 24 hours' notice of the scheduled test using Elig 127 or Elig 127m.

**SOUTHWEST HEALTH AND HUMAN SERVICES
INCOME MAINTENANCE POLICY NUMBER 5**

f. If the Eligibility Worker is informed of a failed test (failed test includes positive test result or NO show for random test); DFLN will be updated and policy will be applied as outlined in CM 11.27.03:

1. MFIP/DWP/SNAP unit containing an applicant or participant (caregiver) convicted of a drug felony:
 - a. Payments for shelter and utility costs are mandatory vendor payments out of their case portion of assistance.
 - b. **1ST OCCURRENCE** of a failed drug test (including NO shows):
 1. Reduce the amount of the unit's Transitional Standard by 30%. Issue the balance of the grant (cash and/or food portion) to the unit. Vendor pay from the cash portion of the grant for shelter and utilities.
 - c. **2ND OCCURRENCE of failed drug test (including No shows):**
 1. PERMANENTLY disqualify the applicant or participant caregiver from both the cash and food portions of MFIP, and from MFIP Employment Services (MFIP-ES).
 2. Remove the needs of the caregiver who failed the drug test from both the cash and food portions. Deem to the assistance unit any income of the disqualified caregiver who is living in the home. Caregivers do not lose eligibility for Uncle Harry Food Support, or stand-alone SNAP.
2. GA/MSA unit containing an applicant or participant convicted of a drug felony on or after 07-01-1997. If MORE than 5 years have passed from the date the convicted person completed terms of the court-ordered sentence, the applicant or participant is NOT subject to random drug testing and the unit may receive benefits.
 - a. If LESS than 5 years have passed from the date the convicted person completed terms of the court-ordered sentence, the ENTIRE unit is ineligible UNLESS the convicted member:
 1. Participates in a drug treatment program. OR
 2. Has successfully completed a drug treatment program. OR
 3. Has been assessed by the county as NOT needing a drug treatment program.

If the convicted person meets 1 of the above conditions, the unit may receive benefits. He/she is subject to random drug testing as a condition of continued eligibility. DHS suggests that county agencies coordinate efforts with local probation or court services to establish procedures and share costs of random drug testing for these clients.

- b. If the client fails a drug test while receiving assistance, or the county is informed by a probation officer or other official entity that the client has failed a drug test or has been convicted of another drug felony, the client is ineligible for assistance for 5 years beginning:
 1. The 1st of the month following the month of the positive (or NO show) test result for an illegal controlled substance.
 2. The 1st of the month following the month of discharge of sentence after conviction for another drug felony.

**SOUTHWEST HEALTH AND HUMAN SERVICES
INCOME MAINTENANCE POLICY NUMBER 5**

3. The remaining unit members may continue to receive benefits.

Section 3 – No-Show Policy/Good Cause

- a. SWHHS is a No-Show county for SNAP and Cash; if a client fails to complete a random drug test as was scheduled and does not have good cause for not complying, SNAP and/or Cash will be sanctioned per CM 11.27.03.

Good case for not showing for scheduled drug test means there were circumstances beyond the client's control that resulted in them not being able to make the appointment and/or comply with the drug test. Good cause requests will be reviewed by the Eligibility Worker and their Supervisor to determine if it will be granted.

Circumstances could be but are not limited to:

1. Illness or injury of client
2. Illness or injury of another unit member requiring client to be present
3. Emergency within household
4. Lack of transportation to test
5. Provider administering test was closed when client arrived
6. Client was out of town at the time of the referral

Clients will be allowed a maximum of 2 good cause approvals within 12 months from date of application; thereafter, sanction policy will automatically be imposed.

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

EFFECTIVE DATE: 01/01/11

REVISION DATE: 10/21/15; 02/17/16; 01/18/17; 04/18/18; 11/28/18; 02/20/19

AUTHORITY: Southwest Health and Human Services Joint Governing Board

--LEAVES AND HOLIDAYS--

Section 1 – Vacation Leave

- a. Each permanent , trainee, parttime or probationary employee shall earn vacation on the last working day of each payroll period, but this vacation cannot be used until the first working day of the following payroll period.
- At initial hire, staff will earn 3.7 hours of vacation bi-weekly.
 - At 5 years of service, staff will earn 5.55 hours of vacation bi-weekly.
 - At 10 years of service, staff will earn 6.45 hours of vacation bi-weekly.
 - At 15 years of service, staff will earn 7.35 hours of vacation bi-weekly.
- 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. In the absence of the employee’s supervisor, the request may be made to another supervisor in the agency.
- e. Upon voluntary separation of employment, any employee who has six (6) months of satisfactory service will be paid for any accrued vacation leave that has not been used. 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

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continuous employment from their prior employer and Southwest Health and Human Services.

Section 2 – Medical Leave

- a. Each permanent, trainee, parttime or probationary employee shall earn medical leave at the end of the payroll period at the rate of 3.7 hours. Medical leave will be prorated for part-time employees. Medical leave can accumulate to a maximum of 450 hours. No time is accumulated after reaching this maximum. Medical leave may not be used in the payroll period it is earned.
- b. When taking medical leave, the minimum increment that can be used is one-half hour. In addition, the agency may designate any qualifying leave for employee or family medical purposes, paid or unpaid, as counting toward an employee’s FMLA entitlement (FMLA § 825.208).
- c. Medical leave may be used for illness (self and immediate family), injury, medical and dental appointments. ~~{Immediate family shall be spouse, children, parents, grandparents and legal wards of the employee or as allowed by state statute MN 181.9413} which currently allows for employee's child, as defined in section MN 181.940, subdivision 4, adult child, spouse, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent.~~ Medical leave may be used for reasons of prenatal and postnatal care for the length of time prescribed, and verified in writing, by a physician.
- d. When an employee cannot report to work due to an illness the employee shall notify the receptionist so the employee's calendar can be updated. The receptionist should then notify the supervisor so that unit coverage is ensured.
- e. When illness occurs within a period of vacation leave, the period of illness may be charged as medical leave and the charge against vacation leave reduced accordingly.
- f. No employee will be paid for accrued medical leave at the time of separation, except those employees in the Public Health Collective Bargaining Unit. Payment of unused medical leave will be paid out to the Public Health Collective Bargaining Unit as per the Collective Bargaining Agreement.
- g. The employer may require medical documentation when three days of leave are used within a thirty (30) day period. Such documentation may consist of verification of doctor’s or dental appointments without disclosure of diagnosis. The employer reserves the right to request additional information, including medical information, in the event that there is a pattern indicating the possible abuse of sick leave.

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- h. Medical leave due to preplanned medical appointments must be approved by the employee's supervisor in the same manner as vacation.
- i. If any employee receives a compensable injury and has benefits accrued under sick leave, the employee may at his/her option, request and receive sick leave to supplement the difference between his/her regular pay and Worker's Compensation. The total amount paid to the employee will not exceed his/her regular earnings.

Section 3 – FMLA Leave

- a. An "eligible employee" is an employee of a covered employer who:
 - 1. Has been employed by the employer for at least 12 months, and
 - 2. Has been employed for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave,
- b. Eligible employees may take leave for:
 - 1. The birth of a child;
 - 2. The placement of a child for adoption or foster care;
 - 3. To care for the employee's spouse, son, daughter or parent with a serious health condition;
 - 4. A serious health condition that renders the employee unable to perform the functions of his/her job;
 - 5. To care for the employee's spouse, son, daughter, parent, or next of kin with a serious injury or illness incurred during active duty military service;
 - 6. For the purposes of FMLA leave, "child" is defined as a biological, adopted or foster son or daughter, stepchild, legal ward, or a child of a person standing in loco parentis who is: (a) under the age of 18 years; or (b) 18 years of age or older and incapable of self-care because of mental or physical disability.

c. Requesting Leave

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

- 1. 30-day advance notice the need to take FMLA leave when the need is foreseeable;

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

d. Designation

1. The agency may designate an employee's absence from work FMLA leave if the circumstances giving rise to the leave is FMLA qualifying. The Agency will notify the employee that the leave is being designated FMLA leave. The Human Resources shall complete the appropriate FMLA designation forms in a timely manner (within five days of the leave commencing whenever possible) and forward them to the employee. The Supervisor is responsible for notifying the Human Resource of leaves of three days or more or intermittent leaves which may be FMLA qualifying.
2. The Human Resources is responsible for completing the "Employer Response to Employee Request for FMLA Leave" form and related forms in all circumstances in which an employee qualifies for leave under the FMLA, whether or not the employee specifically requests such a FMLA leave. (e.g. when an employee is on medical leave which also qualifies under FMLA, when an employee is unable to request a leave due to a medical condition, etc.). The original shall be provided to the employee and a copy retained by the Human Resources in a "confidential medical file" for the employee, which shall be separate from the employee's personnel file. All medical certifications shall also be retained in that file.

e. Child leave shall begin at a time requested by the employee, but may begin not more than twelve months after the birth or adoption, except in the case where the child must remain in the hospital longer than the mother, the leave may not begin more than six weeks after the child leaves the hospital.

f. During FMLA leave, the employee will be required to use any available earned, accumulated leave. However, staff may hold up to 37.5 hours of medical and/or vacation leave to be available upon return from leave. Employees will provide written

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notification to their supervisor and Human Resources of their intent to bank medical and/or vacation leave prior to FMLA leave. When the reason for the FMLA leave qualifies under the "Medical Leave" section of this policy for either the employee or an eligible family member, then earned, accumulated medical leave must be used. If the reason for FMLA leave does not qualify for use of medical leave, then any accumulated vacation leave must be used before leave without pay will be authorized. An employee shall continue to be eligible for paid holidays while on approved FMLA.

- g. For as long as an employee is on FMLA leave the agency will make its cafeteria contribution towards health insurance.
- h. The agency will require that an employee's FMLA leave be supported by appropriate documentation.
 - 1. For the employee's serious health conditions, the leave must be supported by a certification issued by the health care provider of the employee. The agency will notify the employee, in writing, that such certification is required. The certification shall contain all of the information permitted by law. Failure of the employee to submit complete Certification of Health Care Provider forms, with all information, may result in a denial of FMLA leave.
 - 2. The employee must provide the medical certification within fifteen (15) days of a request for certification.
 - 3. The agency will also require medical certification from the eligible family member's health care provider to support a leave request for a leave to care for an eligible family member. In cases where the employee's use of FMLA leave to care for an immediate family member is of an intermittent nature, a medical certification will be required verifying this fact during each 12-month period in which the employee uses FMLA leave for this purpose.
 - 4. Other appropriate documentation, including military records, verification of adoption and similar records, may be required by the employer.
- i. Second Opinion
 - 1. In General - In any case in which the employer has reason to doubt the validity of the certification provided by the health care provider, the employer may require, at the expense of the employer, that the eligible employee obtain the opinion of a second health care provider designated or approved by the employer concerning any information certified by the employee's health care provider.
 - 2. Limitation - Health care provider designated or approved under paragraph (1) shall not be employed on a regular basis by the employer.

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3. Resolution of Conflicting Opinions

- In General – In any case in which the second opinion differs from the opinion in the original certification provided, the employer may require, at the expense of the employer, that the employee obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee concerning the information certified.
- Finality – The opinion of the third health care provider concerning the information certified shall be considered to be final and shall be binding on the employer and the employee.

4. Subsequent Recertification - The employer may require that the eligible employee obtain subsequent re-certifications on a reasonable basis.
5. In cases where the employee's use of FMLA leave is of an intermittent nature, a medical certification will be required verifying this fact during each 12-month period in which the employee uses FMLA leave.

- j. As a condition of restoring an employee whose FMLA leave was occasioned by the employee's own serious health condition that made the employee unable to perform the employee's job, Southwest Health and Human Services will require all employees who are certified for FMLA leave obtain and present certification from the employee's health care provider that the employee is able to resume work.
- k. For additional information refer to "Family and Medical Leave Act" (FMLA) U.S. Department of Labor website.

Section 4 Parenting Leave

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

Section 5 – Statutory Leaves

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

Section 6 – Educational Leave

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

Section 7 – Jury or Witness Duty

- a. After notice to his/her supervisor, any employee shall be granted leave with pay for service upon a jury or appearance before a court, legislative committee, or other judicial or quas-judicial body as a witness in an action involving the federal government, State of Minnesota, or a political subdivision thereof, in response to a subpoena or other direction by proper authority.
- b. The employee will be required to turn over to the agency any per diem payment received as a result of serving on a jury or as a witness. Monies received as expenses shall be kept by the employee.

Section 8 – Bereavement Leave

- a. Each employee shall have up to 22.5 hours non-cumulative annual bereavement leave. Each employee shall have an additional 5 days (37.5 hours) noncumulative bereavement leave for immediate family (parent/child/spouse). Such days shall be with pay and shall not be deducted from medical leave or vacation balances. Such leave must be taken in a minimum of 1/2 hour (.5) hour increments.
- b. Upon exhaustion of the non-cumulative bereavement leave and approval of their

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supervisor, an employee may use up to three (3) days of medical leave for bereavement of parents, children, spouse, siblings, legal wards, grandparents, grandchildren, aunts, uncles nieces, nephews, cousins, spouse's parents and in-law relatives.

- c. Reasonable agency time without loss of pay will be allowed to attend a funeral of current staff members or former staff members who left the agency within the last two years.
- d. In the event of a death in the family the employee shall inform the supervisor in the same manner as for medical leave.

Section 9 – Holidays

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

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

- b. New Year's Day
Martin Luther King Day
President's Day
Memorial Day
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 the employee's direct supervisor. The supervisor in his/her discretion has the authority and responsibility to deny a leave request when such a request could have negative effect on the service delivery of the agency.
- b. 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

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completed and given to the supervisor. The supervisor will then give it to the Director for final approval. Salary, vacation, holiday, 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 be reviewed and approved/denied by a sub committee made up of the Chairperson of each Board, Director, Deputy Director/HR, employee's immediate supervisor, and Division Director except when the leave is FMLA qualifying. An employee must make written application to Human Resources setting forth the request for the leave, the requested duration of the leave and the circumstances necessitating the leave. The request must be received prior to the commencement of the leave. Southwest Health and Human Services has the sole discretion to approve or deny such leave as it sees fit.
- d. Leave without pay will only be considered if all eligible accrued leave has been exhausted.
- e. Any unauthorized absence from work shall be considered absence without leave and be subject to disciplinary action and time without pay. Three days of absence without authorization may be deemed as a resignation, but such leave may be covered by subsequent approval of leave if conditions warrant.

Agency Forms Regarding This Policy

AG#006 - Leave Without Pay/Overtime Authorization



Position Request Form

SECTION 1: Process

1. Supervisors will complete the internal position justification form and submit to their Division Director.
2. Division Director completes position request form outlining their justification for requesting a new or open position and submits to Director.
3. Executive Team will review requests. Director will make final recommendations to the SWHHS Governing Board.

SECTION 2: New Position Information

New Position Title: Public Health Nurse

Division/Unit: Public Health

New Position Replacement Permanent Temporary Promotion

Is Funding Budgeted for This Position? Yes, Budgeted No, Not Budgeted

Desired hire date: immediate

FTE Requested: 1.0

1. What will the essential functions performed by this position include?

The position will perform WIC in Lyon county and MnChoices/PCA assessments in Lyon and potentially in other neighboring counties as needed.

2. Why are you recommending this position be authorized?

Melissa Kidrowski, PHN out of the Marshall office applied for the Adult Health Nurse position out of Redwood County (Mary Ellison retiring, brought position to January 2019 Board)

In addition to this position we have continue to have an open position in Family Health that was approved fall of 2018 and the PHN adult health position out of Pipestone or Lyon that was approved in January of 2019 (Mary Jo Bose's position).

This position is funded through WIC grant dollars as well as LCTS dollars for MnChoices. SWHHS is required by DHS to complete the services for all clients that qualify.

The position has almost immediate reimbursement through the WIC grant dollars. The MnChoices piece of the position will require training which could take 1-2 months which depends on the qualifications and experience of the person filling the role.

Other PH employees completing WIC and MnChoices already have caseloads and are providing a variety of services including WIC, MnChoices, FHV, Car Seats, Refugee Health, Immunizations, Follow Along Program and follow-up for latent

3. What alternatives to hiring a new position have been considered?

In 2018 we did a mapping in the PH Division. The result was that to keep our programs/services at the current level, if there were changes, it would lead to the “robbing Peter to pay Paul” scenario.

We did look at the Adult Nursing Supervisor taking on some of the additional work, but with the other open position and potential changes coming in 2019 with PrimeWest, that this wouldn't be a viable solution.

The Mnchoices assessments could be done by Social Workers but DHS also requires an interdisciplinary team of Public Health nurses and social workers. The social workers are at capacity with caseloads, so this is not a viable solution. The WIC portion of this position would require a dietician or Public Health nurse to complete.

4. Please indicate how this position will be funded? Check all that apply.

- 100% Levy
- Part Levy/Part Grant or Reimbursement
- 100% Grant or Reimbursement
- Other: [Click or tap here to enter text.](#)

%Federal _____ % State _____ % County _10___ %Other _60___ %Grant _30___

Salary \$65,959 - \$87,458 (salary, insurance, fica, pera)

5. What new or additional funding would support this position? Please identify any NEW dollars available to support this request. Grant resources already committed to existing expenditures should not be listed. Please be detailed.

Being a replacement position, this will not bring in any new dollars, but will maintain the current funding level.

What is the ROI?

The PCA/MnChoices assessments are completed for clients that are in need of services and potentially will help them remain at home, providing the services to clients in the least restrictive environment. Data indicates that the WIC services reduce obesity and chronic disease. It also potentially improves pregnancy outcomes and other health outcomes for children.

6. What would the impact be to your customers and the community if this position is not authorized?

In addition to our grant requirements for WIC, women, infants and children eligible for the WIC program may see delay in needed services if this position is not funded. MnChoices/PCA assessments are provided with the goal to keep the clients in their homes which is a cost savings for the community these services may also be delayed and requirements not met if this is not authorized.

7. How does this position support the core mission of your department?

This position aligns with our Strategic Plan and SWHHS's Community Health Improvement Plan. These preventative services improve the health of our communities.

SECTION 3: Signatures

Completed by: _____ **Carol Biren** _____ Date: _____

Division Director Signature: _____ **APPROVED** _____ Date: _____
By carol.biren at 3:47 pm, Feb 06, 2019

Director Signature: _____ **APPROVED** _____ Date: _____
By Beth Wilms at 4:02 pm, Feb 06, 2019



SECTION 1: Process

1. Supervisors will complete the internal position justification form and submit to their Division Director.
2. Division Director completes position request form outlining their justification for requesting a new or open position and submits to Director.
3. Executive Team will review requests. Director will make final recommendations to the SWHHS Governing Board.

SECTION 2: New Position Information

New Position Title: County Agency Social Worker (with LADC) Division/Unit: Chemical Dependency Services

New Position Replacement Permanent Temporary Promotion
 Is Funding Budgeted for This Position? Yes, Budgeted No, Not Budgeted

Desired hire date: March 2019 FTE Requested: 1 FTE CASW/LADC

*Attached additional sheets if necessary. Current Position Description Attached.

1. What will the essential functions performed by this position include?

Completion of current Rule 25 Assessment obligations thru June 30 2020. Provide completion of billable Comprehensive Use Assessments, Treatment Coordination services and other services including but not limited to necessary paperwork for billing, locating and referring to treatment options, Drug Court representative, and court screening processes as they are developed as dictated by the parallel development process of the New Substance Use Disorder Reform efforts.

As the Redwood area has limited LADC resources to perform new tasks under the Reform efforts, this position will continue to provide services to the Redwood and surrounding areas as needed.

Several of the billable services listed above require a LADC certification to be able to perform the task as written in statute at this time.

2. Why are you recommending this position be authorized?

Currently, our LADC assessor that covers the Redwood county and surrounding area is completing almost 200 assessments each year. We have had discussions with local treatment providers in our 6 county area and discovered that they believe they may not be able to handle all the demands of the new SUD reform and will continue to need a LADC to complete Comprehensive Use Assessments for individuals in our communities. The legislature, CMS, DHS and Statute state that only a person with LADC credentials can provide the Comprehensive Use Assessment.

I am asking that we hire this person prior to our current Assessor leaving his position. Our current person will be retiring after 17+ years with our agency in this position. He is not planning to request to do the PRO plan. I would like to have the new person hired on in March so that he/she can gain knowledge from our current assessor prior to his leaving in April.

This request is contingent on the formal notice from Scott indicating that he will be retiring.

3. What alternatives to hiring a new position have been considered?

This is not a new position but will be a replacement position, which is currently in the budget, for our CD assessor that is retiring from the Redwood location at SWHHS.
Unfortunately, there is a limited amount of LADC's in the Redwood County Area. People seeking Cd assessment and treatment may not have ready access to delivery of services.

4. Please indicate how this position will be funded? Check all that apply.

- 100% Levy
- Part Levy/Part Grant or Reimbursement
- 100% Grant or Reimbursement
- Other: Under the new SUD reform, our agency will now be able to bill the state for several services that have previously been provided but not billable. This includes the Comprehensive Use Assessment, and Treatment Coordination Services.

5. What new or additional funding would support this position? Please identify any NEW dollars available to support this request. Grant resources already committed to existing expenditures should not be listed. Please be detailed.

Upon completion of updated contracts with our participating MCO's and MA, we will be able to bill for both Chemical Use Assessments(CUA) and Treatment Coordination services that we have previously been unable to bill for under the previous Chemical Dependency process. Due to the parallel process and uncertainty at the time of the completion of the 2019 budget timelines, this new funding stream has not been reflected in our 2019 Chemical Dependency budget. We will continue to provide the service but now will be able to bill for this service effective 1-1-2019 for our LADC staff for both Treatment Coordination and CUAs and upon completion of 30 hours of training, with our current CD assessor team for Treatment Coordination.

Total salary for County Agency Social Worker is \$60,246-\$92,701. (Salary, fica, pera, and insurance contribution)

6. What is the Return of Investment (ROI)?

Currently we are providing Rule 25 Assessments at a rate of \$150.00 for court ordered assessments, often to be billed to the client, who may or may not pay the full amount. If voluntary and eligible for MA, we cannot charge a fee. We also work with the client and provide treatment options, placements, referral services and follow-up, which we cannot currently bill for.

As of 1-1-19, under the new SUD reform and with a CASW/LADC:

We can bill Comprehensive Use Assessments at a rate of \$164.15 per assessment.

We can provide Treatment Coordination at a rate of \$11.43 per 15 minute increment.

7. What would the impact be to your customers and the community if this position is not authorized?

Delay in services, admission to treatment, and increased need to travel to seek assistance.

Unfortunately, there is a limited amount of LADC's in the Redwood County Area. People seeking Cd assessment and treatment may not have ready access to delivery of these services.

8. How does this position support the core mission of your department?

Our Goal is to provide easy access to choice of provider options in our communities, to access services to aid in recovery efforts for those experiencing Substance Use Disorders.

SECTION 3: Signatures

Completed by: Cindy Nelson Date: 1-15-19

Division Director Signature: Cynthia M. Nelson Date: 1-15-19

Director Signature: Beckman Date: 1.15.19



Position Request Form

SECTION 1: Process	
<ol style="list-style-type: none"> Supervisors will complete the internal position justification form and submit to their Division Director. Division Director completes position request form outlining their justification for requesting a new or open position and submits to Director. Executive Team will review requests. Director will make final recommendations to the SWHHS Governing Board. 	
SECTION 2: New Position Information	
New Position Title: Information Technology Specialist	Division/Unit: IT
New Position <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Promotion <input type="checkbox"/>	
Is Funding Budgeted for This Position? Yes, Budgeted <input checked="" type="checkbox"/> No, Not Budgeted <input type="checkbox"/>	
Desired hire date: asap	FTE Requested: 1.0
*Attached additional sheets if necessary.	
1. What will the essential functions performed by this position include?	
Provides basic help desk support for problems and service requests related to hardware, software, network/mainframe connectivity and application support. Acts as representative of technical services to customers (staff). Initiates, escalates or resolves problem tickets and/ or service requests. Conducts timely first level problem determination for incidents. Set up and install new electronic equipment. Verify completion of backup routines. Monitor anti-virus protection systems. Control database of hardware inventory. Provide training and user support.	
2. Why are you recommending this position be authorized?	
The IT department is a small department that covers all six counties. In 2018, this department took over 2800 Helpdesk tickets from staff. These requests could be anything from setup, password assistance, scanning, hardware/software issues or network interruptions. Technology affects all aspects of our agency and when there are interruptions it greatly affects the ability to draw down revenue, document activities, and serve the public. Currently, there is one Information Technology Specialist Senior and one Information Technology Specialist. The volume of work is too great for the existing staff and failing to fill this position puts our IT infrastructure at risk as well could burn out the current staff.	

3. What alternatives to hiring a new position have been considered?

Administration has looked at the current contract with Pipestone county and their capacity. In addition, this department removed one FTE from the budget in 2019. However, there are currently two openings in the department (including this one) and failing to fill this will fail to provide enough depth to assure our systems are able to be maintained/backed up and staff are supported.

4. Please indicate how this position will be funded? Check all that apply.

- 100% Levy
- Part Levy/Part Grant or Reimbursement
- 100% Grant or Reimbursement
- Other: Click or tap here to enter text.

Salary Range \$52,426 - \$82,494 (salary, FICA, PERA, and insurance)

5. What new or additional funding would support this position? Please identify any NEW dollars available to support this request. Grant resources already committed to existing expenditures should not be listed. Please be detailed.

What is the ROI? n/a

6. What would the impact be to your customers and the community if this position is not authorized?

The volume of work is too great for the existing staff and failing to fill this position puts our IT infrastructure at risk as well could burn out the current staff.

7. How does this position support the core mission of your department?

This position although purely administrative, plays an important role in assuring we have working IT systems and assists staff in carrying out their core duties.

SECTION 3: Signatures

Completed by: _____ Date: _____

Division Director Signature: Beckmure Date: 2/14/19

Director Signature: Beckmure Date: 2/14/19



January 4, 2019

Lincoln, Lyon, and Murray Human Services
607 W MAIN ST
MARSHALL, MN 56258

Dear Deb Seidel,

Thank you for your recent interest in HP Public Sector Sales. Attached is the price quotation you requested.

Please reference this contract: NATIONAL IPA (TCPN) IT Contract Number R160203 when placing this order. The terms and conditions of this contract will apply to any order placed as a result of this inquiry; no other terms or conditions shall apply.

If you should have questions regarding this quotation or need any other assistance, please contact your Public Sector sales representative.

Online Ordering

You may click here [to view your quote or place your order online.](#)

When submitting this purchase order directly to HP, please include the requested information on the Ordering Accuracy information section of this quotation.

Faxing Option

To place this order via fax, fill out your request on the customer purchase order and send it to 1-800-825-2329. Your order will be promptly handled, and you can call as Customer Service Representative to confirm your order.

Order Accuracy

To ensure the accurate and timely processing of your order, please verify that your purchase order includes the following information:

- Bill -to address
- Ship-to address
- Purchase order number



- Contract number and name
- Part number, description and price
- Reseller of choice
- Contact name, phone number, and email address
- Special delivery requirements
- Requested delivery date
- Signature of authorized purchaser
- Please note that HP Inc. must be listed as the vendor
- You may click here for a Sample and editable PDF Purchase Order. [This can be used for \(STL, K12, Hi-Ed, Fed\)](#)
- You may click here for a Sample and editable PDF Purchase Order. [This is the Federal Form 1449.](#)

Tax-Exempt Certificate Requirements

All tax-exempt accounts should have a tax-exempt certificate on file with HP to avoid having sales tax added to their invoice. This certificate needs to be provided only once. If you are ordering or the first time, please include with your order or account application.

Order Tracking and Status

All orders are entered within 24 hours of receipt and are scheduled on a first in first out basis. Orders are shipped within 7 days of receipt provided all items are in stock and the necessary information has been included on your purchase order. Ship complete orders can be delayed if all items are not in stock. To check order status you can may call your Customer Service Representative or check status online.

Customer Contact Information

- Fax: 800-825-2329
- K-12 Education Sales: 800-888-3224
- Higher Education Sales: 877-480-4433
- State and Local Sales: 888-202-4682



EliteBook 840 G5 with Dock

Created by	Deb Seidel	Quote number	685561
Quote total	USD \$1,458.48	Created on	January 4, 2019
		Expires on	February 3, 2019

Order Information

Email notification	deb.seidel@swmhhs.com	Email notification comments	
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Purchaser contact information

Deb Seidel, deb.seidel@swmhhs.com, 507-532-1223,

Payment method Purchase Order

Purchase order name

Purchase order number

Billing information

Billing address



Company	Lincoln, Lyon, and Murray Human Services	Attention to Email	
Address line 1	607 W MAIN ST	Phone	5075321239
Address line 2		Fax	
Address line 3			
City	MARSHALL		
State/Province	Minnesota		
Zip/postal code	56258		
Country	US		

Invoice instructions

Shipping information

Shipping address

Company	Lincoln, Lyon, and Murray Human Services	Attention to Email	Deb Seidel
Address line 1	607 W MAIN ST	Phone	
Address line 2		Fax	
Address line 3			
City	MARSHALL		
State/Province	Minnesota		
Zip/Postal code	56258		
Country	US		

Shipping options

Shipping instructions

Requested delivery date
 Shipping method

Quote Summary

Product	Product number	Qty	Unit Price	Total Price
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HP UltraSlim Docking Station U.S. - English localization	D9Y32AA#ABA	1	USD \$102.00 USD 186.30 Special price valid until 06 /30/2019	USD \$102.00
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Configurable HP EliteBook 840 G5 Series Notebook IDS Reference Model:28845161 Configuration: 30633639	28845161	1	USD \$1,356.48 USD 1,358.23 Special price valid until 06 /30/2019	USD \$1,356.48
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Components	Qty
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HP IDS UMA i5-8350U 840 G5 BNBPC 2FA66AV	1
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Win 10 Pro 64 U.S. - English localization 2FB55AV#ABA	1
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Integrated HD 720p IR TM Webcam 2FB24AV	1
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14 FHD AG LED UWVA fWWAN fHDCIRuslimPVCY 2FA88AV	1
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8GB (1x8GB) DDR4 2400 2FB08AV	1
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512GB PCIe NVMe TLC SSD 2FB20AV	1
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No Near Field Communication (No NFC) 2FA95AV	1
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Intel 8265 ac 2x2 +BT 4.2 WW 2Ant 2FB26AV	1
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No WWAN 2FB02AV	1
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SEC Fingerprint Sensor 2FB11AV	1
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MISC No SmartCard Reader 2FA96AV	1
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3 Cell 50 WHr Long Life 2FA49AV	1
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45 Watt Smart nPFC RA AC Adapter 2FA43AV	1
C5 1.0m stkr Power Cord U.S. - English localization 2FB36AV#ABA	1
3/3/0 Warranty U.S. - English localization 2FB66AV#ABA	1
AMT Enabled 2HY38AV	1
Country Localization U.S. - English localization 2FB42AV#ABA	1
Dual Point BL SR Clb PVCY U.S. - English localization 2FB38AV#ABA	1
eStar Enable IOPT X7B43AV	1
Core i5 vPro G8 Label 1QE38AV	1

Special pricing code 41178513	Subtotal	USD \$1,458.48
	Total	USD \$1,458.48

The terms and conditions of the contract listed above will apply to any order placed as a result of this inquiry, no other terms or conditions shall apply.

HP is not liable for pricing errors. If you place an order for a product that was incorrectly priced, we will cancel your order and credit you for any charges. In the event that we inadvertently ship an order based on a pricing error, we will issue a revised invoice to you for the correct price and contact you to obtain your authorization for the additional charge, or assist you with return of the product. If the pricing error results in an overcharge to you, HP will credit your account for the amount overcharged.



This quotation may contain open market products which are sold in accordance with HP's Standard Terms and Conditions. HP makes no representation regarding the TAA status for open market products. Third party items that may be included in this quote are covered under the terms of the manufacturer warranty, not the HP warranty.

For detailed warranty information, please go to www.hp.com/go/specificwarrantyinfo. Sales taxes added where applicable. Freight is FOB Destination.



Morris Electronics

511 Atlantic Ave., Morris, MN 320-589-1781

To: Deb Seidel
 Southwest Health and Human Services
 Phone: 507-532-1264
 Fax:

Date
 1/15/2019

From: Morris Electronics Inc
 Shawn Larsen
 Phone: 320-589-1781
 Cell: 320-287-0922
 Fax: 320-589-3595
 E-mail: shawn.larsen@morriselectronics.net

LAPTOP AND DOCK:

Qty	Part #	Description	per unit \$	extended \$
1	13405306	HP EliteBook 840 G5 - Core i5 7300U / 2.6 GHz - Win 10 Pro 64-bit - 8 GB RAM - 512 GB SSD NVMe, TLC - 14" IPS touchscreen 1920 x 1080 (Full HD) - HD Graphics 620 - Wi-Fi, Bluetooth - kbd: US	\$ 2,007.96	\$ 2,007.96
1	11222231	HP UltraSlim Docking Station 2013 - Docking station - VGA, 2 x DP - 65 Watt - US - for EliteBook 830 G5, 840 G5, 850 G5; ProBook 64X G4, 650 G4; ZBook 14u G4, 14u G5, 15u G5	\$ 245.17	\$ 245.17
			Sub Total	\$ 2,253.13
			Sales Tax	EXEMPT
			TOTAL	\$ 2,253.13

DESKTOP COMPUTER:

Qty	Part #	Description	per unit \$	extended \$
1	13345480	HP EliteDesk 800 G4 - SFF - 1 x Core i5 8500 / 3 GHz - RAM 8 GB - SSD 256 GB - NVMe - DVD-Writer - UHD Graphics 630 - GigE - Win 10 Pro 64-bit - vPro - monitor: none - keyboard: US	\$ 858.75	\$ 858.75
			Sub Total	\$ 858.75
			Sales Tax	EXEMPT
			TOTAL	\$ 858.75

Compliance Report

Jurisdiction: Southwest Health and Human Services
607 West Main Street

Report Year: 2019
Case: 2 - 2018 Data (Shared (Jur and MMB))

Marshall MN 56258

Contact: Nancy Walker

Phone: (507) 532-1256

E-Mail: nancy.walker@swmhhs.com

The statistical analysis, salary range and exceptional service pay test results are shown below. Part I is general information from your pay equity report data. Parts II, III and IV give you the test results.

For more detail on each test, refer to the Guide to Pay Equity Compliance and Computer Reports.

I. GENERAL JOB CLASS INFORMATION

	Male Classes	Female Classes	Balanced Classes	All Job Classes
# Job Classes	5	36	0	41
# Employees	7	227	0	234
Avg. Max Monthly Pay per employee	5,713.57	5,710.91		5,710.99

II. STATISTICAL ANALYSIS TEST

A. Underpayment Ratio = 83.08 *

	Male Classes	Female Classes
a. # At or above Predicted Pay	2	10
b. # Below Predicted Pay	3	26
c. TOTAL	5	36
d. % Below Predicted Pay (b divided by c = d)	60.00	72.22

*(Result is % of male classes below predicted pay divided by % of female classes below predicted pay.)

B. T-test Results

Degrees of Freedom (DF) = 232

Value of T = 1.045

a. Avg. diff. in pay from predicted pay for male jobs = (\$36)

b. Avg. diff. in pay from predicted pay for female jobs = (\$485)

III. SALARY RANGE TEST = 0.00 (Result is A divided by B)

A. Avg. # of years to max salary for male jobs = 0.00

B. Avg. # of years to max salary for female jobs = 0.00

IV. EXCEPTIONAL SERVICE PAY TEST = 0.00 (Result is B divided by A)

A. % of male classes receiving ESP 0.00 *

B. % of female classes receiving ESP 0.00

*(If 20% or less, test result will be 0.00)

Job Class Data Entry Verification List

Case: 2018 Data

Job Nbr	Class Title	Nbr Males	Nbr Females	Class Type	Jobs Points	Min Mo Salary	Max Mo Salary	Yrs to Max Salary	Yrs of Service	Exceptional Service Pay
1	Office Support Specialist	0	11	F	120	\$2,320.00	\$3,466.00	0.00	0.00	
2	Informational Systems Spe	0	1	F	143	\$2,071.00	\$3,861.00	0.00	0.00	
26	Health Services Program /	0	2	F	169	\$2,652.00	\$3,986.00	0.00	0.00	
3	Account Technician	1	5	F	199	\$2,652.00	\$4,526.00	0.00	0.00	
36	Support Enforcement Aide	0	1	F	199	\$2,486.00	\$3,640.00	0.00	0.00	
5	Case Aide	0	10	F	203	\$2,817.00	\$4,590.00	0.00	0.00	
7	Collections Officer	0	1	F	208	\$2,817.00	\$4,678.00	0.00	0.00	
6	Eligibility Worker	0	33	F	233	\$2,897.00	\$4,852.00	0.00	0.00	
8	Office Services Supervisor	0	1	F	233	\$4,035.00	\$5,400.00	0.00	0.00	
41	Circle Specialist	0	1	F	233	\$2,897.00	\$4,852.00	0.00	0.00	
9	Fraud Prevention Spec	1	0	M	236	\$2,983.00	\$5,027.00	0.00	0.00	
45	HR Specialist	0	1	F	238	\$4,035.00	\$4,567.00	0.00	0.00	
40	Health and Human Service	0	2	F	245	\$2,897.00	\$4,852.00	0.00	0.00	
10	Child Support Officer	1	12	F	259	\$2,983.00	\$5,200.00	0.00	0.00	
35	County Program Specialist	0	1	F	275	\$4,035.00	\$5,372.00	0.00	0.00	
49	Registered Nurse	0	2	F	275	\$3,625.00	\$5,373.00	0.00	0.00	
11	Financial Assistance Speci	1	6	F	282	\$3,315.00	\$5,027.00	0.00	0.00	
27	Dietician	0	1	F	282	\$3,812.00	\$5,720.00	0.00	0.00	
34	Info Tech Specialist	2	0	M	282	\$3,186.00	\$5,313.00	0.00	0.00	
28	Sanitarian	2	0	M	284	\$3,812.00	\$5,720.00	0.00	0.00	
24	Public Health Nurse	0	18	F	289	\$4,143.00	\$6,066.00	0.00	0.00	
47	Fiscal Officers	0	2	F	291	\$4,035.00	\$5,313.00	0.00	0.00	
39	Child Support Supervisor I	0	2	F	308	\$4,035.00	\$6,842.00	0.00	0.00	
12	Social Worker	8	57	F	314	\$3,739.00	\$6,043.00	0.00	0.00	
13	Info Technology Spec Sr	0	1	F	314	\$4,035.00	\$6,042.00	0.00	0.00	
14	Social Worker CPS	2	14	F	332	\$3,739.00	\$6,043.00	0.00	0.00	
25	Health Educator	0	2	F	332	\$3,812.00	\$5,720.00	0.00	0.00	
48	Chemical Dependency Col	1	0	M	333	\$2,897.00	\$4,852.00	0.00	0.00	
15	Social Worker MSW	0	1	F	349	\$4,080.00	\$6,042.00	0.00	0.00	
16	Financial Asst Supervisor I	0	3	F	353	\$4,035.00	\$6,842.00	0.00	0.00	
29	Planner	0	1	F	382	\$4,335.00	\$6,842.00	0.00	0.00	
23	Circle Coordinator	0	1	F	393	\$4,080.00	\$6,043.00	0.00	0.00	
30	Environmental Health Man	1	0	M	393	\$4,137.00	\$8,050.00	0.00	0.00	
33	Public Health Nursing Sup	0	2	F	393	\$5,015.00	\$8,050.00	0.00	0.00	
43	Social Work Team Lead	0	3	F	393	\$4,249.00	\$6,043.00	0.00	0.00	
50	Health Educator Supervisc	0	1	F	393	\$4,505.00	\$8,050.00	0.00	0.00	
38	Fiscal Manager	0	1	F	496	\$4,035.00	\$8,050.00	0.00	0.00	
19	Social Services Supervisor	0	10	F	551	\$5,015.00	\$8,356.00	0.00	0.00	
22	Division Director	0	2	F	805	\$6,460.00	\$9,508.00	0.00	0.00	
20	Deputy Director	0	1	F	1,142	\$7,225.00	\$10,308.00	0.00	0.00	
21	CSSA Director	0	1	F	1,198	\$9,319.00	\$12,648.00	0.00	0.00	

Job Number Count: 41

FEBRUARY 2019
GRANTS ~ AGREEMENTS ~ CONTRACTS
for Board review and approval

- Advance Opportunities (Marshall, MN)** – 01/01/19 to 12/31/19; provide DT&H services for non-waivered clients, daily rate \$70.35, partial day \$48.79, and transportation \$5.30 (no increase) (renewal).
Fiscal Note: 2018 \$31,529 (4 clients); 2017 \$15,683 (2 clients)

- DHS Family Group Decision Making (FGDM) Grant** – 01/01/19 to 12/31/19; State grant to provide family support, family preservation, and family reunification services, awarded \$39,780 (decrease \$780) (renewal).
Fiscal Note: 2018 \$40,560; 2017 \$54,414

- Lamar Companies (Sioux Falls, SD)** – 03/18/19 to 03/15/20; advertising agreement for two billboard posters promoting alcohol and drug prevention, P&I grant monies of \$8,710 (3% increase)(renewal).
Fiscal Note: 2018 \$2,600; 2017 - \$9,640

- Prairie Support Services (Walnut Grove, MN)** – 01/01/19 to 12/31/19; client guardianship services, \$20/hour plus mileage (no increase) (renewal).
Fiscal Note: 2018 \$5,776; 2017 - \$8,849

- Pipestone County (Pipestone, MN)** - 01/01/19 – 12/31/19; Pipestone will provide additional IT services, \$8,750 annually at \$2187.50/qtr (no change) (renewal).
Fiscal Note: 2018 \$8,750; 2017 \$8,750

- Mary Rademacher (Marshall, MN)** – 01/01/19 to 12/31/19; Family Group Decision Making, purchased services not to exceed \$53/hour (no rate change) (renewal).
Fiscal Note: 2018 \$1,149; 2017 \$987

- Sanford Health Network d/b/a Sanford Luverne Medical Center (Luverne, MN)** – 01/01/19 to 12/31/19; Rule 25 CD assessments, \$278 per client (2.3% increase) (renewal).
Fiscal Note: 2018 \$xx; 2017 \$3,228